International Journal of Research in Indian Medicine

Vol. 10th | Issue: 5th | September 2026 | e-ISSN: 2456-4435

Open-Access, Peer-reviewed, Double Bind e-Research Journal of Ayurveda

Article Received on: 03/07/2026 | Reviewed on: 27/08/2025 | Accepted on: 05/09/2026

Shukradhatu Vichar: Male Reproductive Physiology, Pathology, and Therapeutics in Ayurveda - A Literary Review

Ashok G. More[1], Venkat S. Kamble*[2]

[1]Professor, HOD Balrog Dept., [2]Professor, HOD, Sharir Rachana Dept.

KG Mittal Punarvasu Ayurved College, Charni Road, Mumbai, M. S., India

***Corresponding Author: drkamblev@gmail.com**

Abstract

The Ayurvedic concept of *Shukra Dhatu* represents a comprehensive, systemic understanding of male reproductive health, sperm biology, and metabolic vitality. This literature review systematically compiles and synthesizes classical principles from authoritative scriptures, including the *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, *Ashtanga Sangraha*, and *Sharangadhara Samhita*. It explores the metabolic origin of *Shukra Dhatu* as the ultimate essence (*Sara*) of nutritional plasma (*Aahara Rasa*) following the sequential, time-bound transformation of bodily tissues. The paper examines the pervasive, systemic nature of *Shukra*—traditionally compared to ghee in milk or sweetness in sugarcane juice—and details the physiological mechanism of physical semen ejaculation (*Shukra-pradurbhava*) driven by mental desire, tactile stimulation, and neuromuscular effort. The qualitative physical criteria for healthy, fertile semen (*Shuddha Shukra*) are delineated, characterised by its crystalline clarity (*Sphatika-sannibha*), unctuousness, sweetness, and honey-like odor, rendering it fit for fertilization (*Garbhadhana-yogya*). Additionally, the etiology, pathogenesis, and clinical features of the eight pathological semen disorders (*Shukra-dushti*) are classified, highlighting their reproductive impact (*Abeeja* or *Garbhadharana-asamartha* states) and prognostic outcomes. Special emphasis is placed on the clinical features of *Vataja Shukra-dosha* and its management using systemic purificatory enemas (*Niruha* and *Anuvasana Basti*). Finally, a comparative structural overview of female menstrual vitiations (*Aartava-dushti*) is provided. This review establishes an integrated Ayurvedic framework of reproductive physiology and pathology, offering valuable insights for the modern clinical management of reproductive disorders and male infertility.

Keywords: *Shukra Dhatu*, *Aahara Rasa*, *Dosha*, *Basti*, and *ovum*

Introduction

In the classical medical system of Ayurveda, reproductive health is examined through a sophisticated paradigm that links local organ function to systemic metabolic equilibrium. Within this paradigm, *Shukra*

Dhatu Vichar (the principles of male reproductive tissue evaluation) and *Aartav Vichar* (menstrual and female reproductive principles) represent the twin pillars of reproductive science. *Shukra Dhatu* is classified as the seventh and most refined tissue (*Dhatu*) in the sequential chain of metabolic synthesis (*Dhatu-parinama*). It represents both the physical semen secreted during sexual arousal and ejaculation, and a subtle, systemic vitality (*Ojas*) that determines physical stamina, immunity, and overall strength.

According to classical authors, *Shukra* is not localized solely within the reproductive organs, but resides in an invisible, pervasive state throughout the entire body, analogous to butter in milk or sweetness in sugarcane juice. Upon mental stimulation (*Hridaya-avesha*), sexual desire (*Sankalpa*), and physical interaction (*Maithuna*), this subtle tissue is mobilized from all organs, collects in the semen-carrying channels (*Shukra-vaha srotas*), and is physically ejaculated, resembling water being squeezed from a wet cloth. Vitiation of *Shukra Dhatu* by the biological humors (*Doshas*) due to physical, dietary, or psychological stressors leads to pathological semen disorders (*Shukra-dushti*), rendering the individual incapable of fertile reproduction (*Abeeja* state). This literature review provides a systematic compilation and analysis of the classical physiological, pathological, and therapeutic principles governing *Shukra Dhatu*, complemented by a comparative analysis of female menstrual pathology (*Aartava-dushti*).

Aim

To systematically compile, evaluate, and present classical Ayurvedic principles governing male reproductive physiology, pathology, and therapeutics (*Shukra Dhatu Vichar*) as documented in ancient Sanskrit medical literature, and to analyze their clinical relevance in managing male infertility and reproductive disorders.

Objects (Objectives)

The specific objectives of this study are:

1. To define the metabolic origin, digestion, and sequential development of *Shukra Dhatu* from nutritional plasma (*Aahara Rasa*).
2. To explore classical Ayurvedic analogies explaining the systemic pervasiveness (*Vyapakata*) and physical ejaculation (*Pradurbhava*) of *Shukra*.
3. To compile and detail the physical and physiological attributes of healthy, fertile semen (*Shuddha Shukra*).
4. To investigate the physical, dietary, behavioral, and psychological etiologies (*Hetu*) that lead to semen vitiation (*Shukra-dushti*).
5. To classify the eight types of semen disorders (*Shukra-dushti*), outlining their distinct clinical features and reproductive prognoses (*Sadhyasadhyatva*).
6. To synthesize the therapeutic guidelines, including purification therapies (*Shodhana*) and herbal formulations, for restoring semen quality and managing parallel female menstrual vitiations (*Aartava-dushti*).

Observations

1. Definition and Metabolic Origin of *Shukra Dhatu*

According to the classical text *Ashtanga Sangraha Sharirasthana* 5/6:

"Tatraaharasya samyak parinatasya krumanmajjan-manupraptasya sarah shukrasamjna labhate." [1]

This indicates that when the food digested by the gastrointestinal tract undergoes complete and proper digestion, it transforms into *Aahara Rasa* (nutritional plasma). This plasma sequentially nourishes and transforms into the seven bodily tissues (*Dhatus*) through the action of tissue-specific metabolic fires (*Dhatvagni*). This progressive transformation operates according to three classical metabolic laws: *Kshira-dadhi nyaya* (the milk-to-curd transformation law), *Kedar-kulya nyaya* (the irrigation canal network law), and *Khale-kapota nyaya* (the selective pigeon-pecking law). Through these mechanisms, the nutritional plasma transforms from *Rasa* (plasma) to *Rakta* (blood), *Mamsa* (muscle), *Medas* (adipose), *Asthi* (bone), *Majja* (marrow), and finally, the ultimate essence (*Sara*) of *Majja Dhatu* receives the name *Shukra Dhatu*.

2. Systemic Pervasiveness (*Vyapakata*) of *Shukra Dhatu*

Ayurvedic texts clarify that *Shukra* is not localized solely within the reproductive glands but is systemic in its nature and distribution. According to *Ashtanga Sangraha Sharirasthana* 5/7 and *Sushruta Samhita Sharirasthana* 4/21:

"Tatukshira iva sarpirikshurasa iva gudah sharire shukradharam." "Yatha payasi sarpistu guda shvekshurase yatha, sharireshu tatha shukram nrunam vidyad-dvishagnirah." [2]

Just as ghee (clarified butter) is present invisibly and homogeneously within milk, and jaggery exists pervasively within sugarcane juice, *Shukra Dhatu* is distributed throughout the entire body of men. The presence of *Shukra* is clinically inferred from the person's overall physical unctuousness (*Sneha*), strength (*Bala*), voice, and skin luster. To make this latent, pervasive *Shukra* visible, a process of physical stimulation and mental arousal is required, analogous to churning milk to extract butter or compressing and boiling sugarcane to extract jaggery. Only then is semen accumulated in the testes (*Andakosha*) and ejaculated during sexual union (*Maithuna*).

3. Mechanisms of Physical Semen Ejaculation (*Shukra-pradurbhava*)

The manifestation and ejaculation of semen are driven by coordinated psychological and physical factors. According to *Ashtanga Sangraha Sharirasthana* 1/8 and *Sushruta Samhita Sharirasthana* 4/23:

"Krutsnadehashritam shukram prasannamanasastatha, strishu vyak chhatashchapi harshattatsam-pravartate." [3]

Under the influence of mental joy, emotional arousal (*Hridaya-avesha*), intense desire, and tactile stimulation during intercourse, the systemic *Shukra Dhatu* emerges from every organ of the body, travels through the semen-carrying channels (*Shukra-vaha srotas*), and is discharged through the urethral passage. *Ashtanga Sangraha Sharirasthana* 1/47 further explains the physical physics of ejaculation:

"Tatra stryapurusha samyoge chesta sankalpa peedanat, shukram prachyavate sthanat jalam aardrat patat iva."[3]

Just as water is squeezed and forced out from a wet cloth under compression, semen is dislodged and expelled from its anatomical reservoir due to physical movement (*Chesta*), sexual desire (*Sankalpa*), and localized pressure (*Peedana*) during male-female union. If *Shukra* is depleted (*Shukra-kshaya*), the body becomes dry, weak, and depleted of vitality, just as milk becomes completely

fat-depleted and watery after churning, or sugarcane becomes a dry fiber after its juice has been completely extracted.

4. Quality and Parameters of Pure, Fertile Semen (*Shuddha Shukra Guna*)

Healthy, fertile semen that possesses the capacity for successful fertilization (*Garbhadhana-yogya*) is defined by precise physical and sensory qualities. Authoritative classical texts list these as follows:

- ***Ashtanga Sangraha Sharirasthana* 1/9:** *"Tatsaumyam snigdham guru shuklam madhuragandhi madhuram picchilam bahu bahalam ghruta taila kshaudranyatamavarnacha shukram garbhadhana yogyam bhavati."*[3]
- ***Sushruta Samhita Sharirasthana* 2/13:** *"Sphatikabham dravam snigdham madhuram madhuragandhi cha, shukramichhanti kechitu tailakshaudranibham tatha." [2]*
- ***Charaka Samhita Sharirasthana*:** *"Snigdham ghanam picchilam cha madhuram cha avidahi cha, retah shuddham vijani-yachhretam sphatika sannibham."*[4]

Synthesizing these classics, pure, fertile semen must possess the following properties: It is *Somya* (mild and nourishing) and *Sheeta* (cool in thermal energy); *Shweta* (white) or crystalline and clear like quartz/crystal (*Sphatika-sannibha*); *Snigdha* (unctuous and oily); *Guru* (heavy in weight); *Madhura* (sweet in taste) and *Madhu-gandhi* (sweet-smelling, like honey); *Picchila* (slimy and cohesive); *Bahu* (abundant in quantity); and *Bahala* (moderately thick, neither too watery nor too clotted). Physically, it may resemble the color and luster of ghee, oil, or honey. Crucially, it must cause absolutely no burning sensation (*Avidahi*) during ejaculation, indicating the absence of pathological thermal (*Pitta*) imbalance.

5. Etiology of Semen Vitiation (*Shukra-dushti Hetu*)

The corruption and quality depletion of *Shukra Dhatu* are caused by a combination of physical, dietary, behavioral, and mental stressors. According to *Charaka Samhita Chikitsasthana* 30/133-139, the primary etiological factors include:

- **Behavioral/Physical Stressors:** Excessive sexual intercourse (*Ati-maithuna / Ati-vyavaya*), excessive physical exercise (*Ati-vyayama*), suppressing natural physiological urges (*Vegaghata*), unseasonable coitus (*Akaala-maithuna*), unnatural sexual practices (*Ayoni-maithuna*), and absolute sexual abstinence despite intense arousal.
- **Dietary Stressors:** Over-consumption of dry (*Rooksha*), bitter (*Tikta*), astringent (*Kashaya*), excessively salty (*Ati-lavana*), sour (*Amla*), and hot (*Ushna*) foods, as well as unwholesome dietary combinations (*Asatmya-ahara*).
- **Psychological Stressors:** Persistent anxiety (*Chinta*), grief (*Shoka*), anger (*Krodha*), fear (*Bhaya*), and loss of trust or emotional betrayal (*Visrambha-ghata*). Coitus with an unloving or unresponsive partner (*arasajna stri*) induces deep psychological distress, resulting in psychological erectile dysfunction and impotence (*Shandhatva*).

- **Pathological/Traumatic Factors:** Severe emaciation and tissue depletion (*Karshya / Kshaya*) due to chronic debilitating diseases, physical trauma from surgical instruments (*Shastra*), chemical alkalis (*Kshara*), accidental burns (*Agni*), and malevolent spells (*Abhichara*).

These etiological factors cause the bodily humors (*Vata*, *Pitta*, *Kapha*) to become severely vitiated. These corrupted *Doshas* migrate and invade the semen-carrying channels (*Retovaha Siras/Srotas*), rapidly corrupting the structural and functional parameters of *Shukra Dhatu*.

6. Pathological Classification of Semen Vitiations (*Shukra-dushti*)

According to classical sources (*Charaka Chikitsasthana* 30/139), when the vitiated *Doshas* corrupt *Shukra Dhatu*, it manifests as eight pathological semen disorders (*Shukra-dushti*). Vitiated semen is rendered clinically sterile (*Abeeja* or *Garbhadharana-asamartha*). The *Sushruta Samhita Sharirasthana* 2/3 and *Ashtanga Hridaya Sharirasthana* 1/9 clarify that these eight disorders are highly pathological and prevent successful reproduction. These eight types, their dominant biological humors, clinical features, and clinical prognoses (*Sadhyasadhyatva*) are systematically tabulated below:[4

Semen Disorder Type	Dominant Humor / Pathology	Clinical Features & Physical Attributes	Clinical Prognosis
1. *Phenila* (Frothy)	*Vata*	Semen is frothy, aerated, containing micro-bubbles, and discharged with pain.	Curable (*Sadhya*)
2. *Tanu* (Thin)	*Vata*	Semen is extremely watery, thin, and diluted, lacking normal viscosity.	Curable (*Sadhya*)
3. *Rooksha* (Dry)	*Vata*	Semen is dry, lacking unctuousness, reducing tissue lubrication.	Curable (*Sadhya*)
4. *Vivarna* (Discolored)	*Pitta*	Semen exhibits abnormal colors such as yellowish, dark blue, or dark blackish.	Curable (*Sadhya*)
5. *Pooti-gandhi* (Putrid)	*Pitta* / *Kapha*	Semen has an extremely foul, putrid odor resembling a dead body or decomposing tissue.	Difficult (*Krichhrasadhya*)
6. *Picchila* (Slimy)	*Kapha*	Semen is excessively sticky, highly cohesive, slimy, and slow to liquefy.	Curable (*Sadhya*)
7. *Anya-dhatu-samsrushta*	*Rakta Dhatu* (Blood)	Semen is mixed with blood, displaying reddish discoloration and painful ejaculation.	Difficult (*Krichhrasadhya*)
8. *Avashadi / Granthi-bhuta*	*Vata* & *Kapha*	Semen contains clotted, glandular, lumpy masses. Flow is slow, delayed, and painful.	Difficult (*Krichhrasadhya*)

7. Clinical Features and Therapeutic Management of *Vataja Shukra-dosha*

Among the single-humor semen disorders, *Vataja Shukra-dosha* is highly prevalent. According to *Sushruta Samhita Sharirasthana* 1/4 and *Ashtanga Sangraha Sharirasthana* 1/24, semen vitiated by *Vata* is thin (*tanu*), dry (*rooksha*), frothy (*phenila*), and displays a reddish-pink or copper discoloration (*aruna-varna*). It is ejaculated in highly scanty quantities (*alpa*), is physically interrupted and delayed (*chira*), and causes severe, sharp pricking or splitting pain (*saruja*) in the urethral tract and genital region during ejaculation. [2]

The primary clinical strategy for managing *Vataja Shukra-dosha* is systemic bio-purification (*Shodhana*) and nervous system stabilization. The *Charaka Samhita Chikitsasthana* 30/147 establishes this classical protocol:

"Vataanvite hitaah shukre niruhaah saanuvaasanaah."

For *Vata*-vitiated semen, the administration of therapeutic enemas (*Basti*), specifically alternating decoction enemas (*Niruha Basti*) and unctuous oil enemas (*Anuvasana Basti*), is highly beneficial. These therapies directly pacify the root site of *Vata* in the colon (*Pakvashaya*), thereby restoring the physiological integrity of the semen-carrying channels and correcting the pain, dryness, and oligospermia associated with this condition.

8. Comparative Analysis: Female Menstrual Vitiations (*Aartava-dushti*)

Ayurvedic reproductive medicine exhibits a remarkable structural symmetry between male and female pathologies. As noted in the classical review, the specific etiological details of female menstrual disorders (*Aartava-dushti*) are briefly outlined by Acharya *Kashyapa*. According to the *Sharangadhara Samhita Purvakhanda* 7/175, there are eight pathological menstrual vitiations (*Aartava-dosha*) in women, which mirror the eight semen disorders in males. These eight menstrual vitiations are classified as follows:[5]

1. *Vataja Aartava-dosha*: Thin, dry, frothy, scanty, and highly painful menstrual flow.
2. *Pittaja Aartava-dosha*: Yellowish, dark blue, or dark blackish flow accompanied by intense burning sensations.
3. *Kaphaja Aartava-dosha*: Extremely thick, slimy, pale, cold, and slow menstrual discharge.
4. *Kunapa-gandhi*: Menstrual flow that smells like a decomposing corpse (*preta-gandha*), arising from severe *Rakta-pitta* (blood-bile) pathology.
5. *Pooya-sadrusha*: Menstrual fluid that contains purulent material, resembling and smelling of pus.
6. *Ksheena*: Highly deficient, scanty, and delayed menstrual discharge.
7. *Granthita*: Menstrual discharge containing thick, painful clots, arising from joint *Vata-Kapha* vitiation.
8. *Mala-samana / Mutra-purisha-gandhi*: Menstrual fluid that smells strongly of excreta (urine and feces).

Just like the eight semen disorders, these eight menstrual vitiations render the female reproductive system sterile (*Abeeja* state) and incapable of supporting fertilization or

implantation, until proper therapeutic purification (*Shodhana*) is completed.

Conclusion

The clinical evaluation of *Shukra Dhatu Vichar* provides an integrated metabolic, physiological, and pathological framework for understanding reproductive health and managing infertility in classical Ayurvedic medicine. The sequential transformation of tissues (*Dhatu-parinama*) highlights that the functional quality of *Shukra Dhatu* (the reproductive essence) is directly dependent on overall digestive efficiency and systemic metabolic balance. Pure, fertile semen (*Shuddha Shukra*) requires specific unctuous, cool, sweet, and honey-like characteristics to remain fertile. Physical, dietary, behavioral, and psychological stressors corrupt the semen-carrying channels, producing eight distinct types of semen disorders (*Shukra-dushti*) which cause infertility (*Abeeja* states). Among these, *Vataja Shukra-dosha* is characterized by dry, frothy, scanty, and painful ejaculation, which responds exceptionally well to systemic bio-purification using decoction and oil enemas (*Niruha* and *Anuvasana Basti*). The structural symmetry between the eight semen disorders in males and the eight menstrual disorders (*Aartava-dosha*) in females reveals a unified Ayurvedic approach to reproductive medicine. Therapeutic strategies focusing on *Shodhana* (purification), custom herbomineral formulations, and dietary adjustments are essential to restore the purity of both male and female reproductive factors, ensuring successful fertilization, healthy embryogenesis, and healthy offspring.

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Conflict of Interest: *Non* Source of funding: *Nil*

Cite this Article:

Ashok G. More, Venkat S. Kamble. "Shukradhatu Vichar: Male Reproductive Physiology, Pathology, and Therapeutics in Ayurveda - A Literary Review". Ayurline: International Journal of Research In Indian Medicine: 2026;10(5)

Crossref DOI: https://doi.org/10.52482/ayurline.v10i5.1105