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AYURVEDIC MANAGEMENT OF SWAPNADOSHA ASSOCIATED WITH OCCUPATIONAL STRESS: A CASE REPORT

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INTRODUCTION

Swapnadosha, commonly known as nightfall or involuntary seminal discharge during sleep, is often regarded as a physiological event in adolescence and early adulthood. However, when its frequency increases and is accompanied by psychological distress, fatigue, anxiety, or reduced concentration, it assumes clinical significance. In the contemporary era, characterized by sedentary lifestyles, long working hours, irregular food habits, and high screen exposure, particularly among young professionals, the occurrence of Swapnadosha has become more pronounced. Constant exposure to occupational stress, poor sleep hygiene, and lack of physical activity contribute to both physical depletion and psychological imbalance, aggravating the condition.

Ayurveda offers a comprehensive explanation of Swapnadosha beyond the mechanical understanding of seminal discharge. Frequent episodes are considered to arise from Shukra kshaya (depletion of reproductive tissue), Vata aggravation, and disturbances in Manovaha srotas (channels of the mind). Shukra dhatu is regarded as the essence of all seven dhatus, supporting both physical vigor and mental stability. Its depletion, therefore, leads not only to reduced vitality but also to psychological symptoms such as anxiety, lack of focus, and poor confidence. Management in Ayurveda emphasizes nourishment of Shukra dhatu, pacification of aggravated Vata, and stabilization of mental functions through Rasayana (rejuvenative), Medhya (nootropic), and supportive lifestyle measures.

Unlike symptomatic suppression, Ayurvedic interventions target the root cause by rejuvenating depleted tissues, improving digestion and assimilation, calming the mind, and promoting restorative sleep. This holistic approach is particularly relevant in modern occupational contexts where mental strain and lifestyle irregularities form the background of disease manifestation. The present case report highlights the successful management of Swapnadosha in a young IT professional using a Rasayana- and Medhya-based Ayurvedic protocol.

Case Report

A 28-year-old unmarried male, working as an IT professional, presented with the chief complaints of frequent Swapnadosha occurring 3–4 times per week for the past 5–6 months. The patient reported associated symptoms of disturbed sleep, generalized fatigue, anxiety, and poor concentration at work. These repeated episodes caused significant psychological stress and guilt, which further aggravated his condition. On detailed history, it was revealed that the patient had a sedentary lifestyle due to prolonged screen exposure and irregular work hours. He frequently consumed late-night dinners and had inconsistent dietary patterns.

History of Presenting Illness

The patient, a 28-year-old unmarried male working as an IT professional, reported experiencing frequent episodes of Swapnadosha (involuntary seminal discharge during sleep) for the past 5–6 months. Initially, the frequency was once or twice a week, but over time it gradually increased to 3–4 episodes per week. Each episode was followed by disturbed and incomplete sleep, leading to next-day fatigue, irritability, and reduced efficiency at work. He also complained of difficulty concentrating, mild anxiety, and a persistent sense of guilt related to the condition, which further heightened his stress levels.The patient denied any history of fever, urinary tract infection, burning micturition, or systemic illness. There was no history suggestive of psychiatric disorders, substance abuse, or chronic medication use. He attributed his worsening symptoms to long working hours, high screen exposure, irregular dietary habits, and inadequate rest due to late-night sleep schedules. The persistent recurrence of episodes, despite attempts at self-care, prompted him to seek Ayurvedic treatment.

Past History

- No history of chronic systemic diseases such as diabetes mellitus, hypertension, tuberculosis, or epilepsy.
- No past psychiatric illness reported.
- No history of genitourinary tract infections or sexually transmitted diseases.
- No prior hospitalization or surgical interventions.

Personal History

- Appetite: Irregular, with frequent late-night meals.
- Bowel habits: Regular, no constipation or diarrhea.
- Micturition: Normal, no dysuria or frequency.

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- Sleep: Disturbed, with delayed onset due to prolonged screen exposure.
- Addictions: None (no tobacco, alcohol, or recreational drug use).
- Dietary habits: Mixed diet, often oily and spicy food, consumed at irregular times.
- Physical activity: Minimal; predominantly sedentary due to IT-based occupation.

Family History

- No family history of psychiatric illness, neurological disorders, or genitourinary diseases.No hereditary or genetic disorders reported.

General Examination

- Built: Moderate.
- Nourishment: Adequate.
- Height/Weight: Within normal range for age.
- Pulse: 78/min, regular.
- Blood Pressure: 118/76 mmHg.
- Respiration: 18/min, regular.
- Temperature: Afebrile.
- Pallor/Icterus/Cyanosis/Clubbing/Edema/Lymphadenopathy: Absent.
- Mental Status: Alert, oriented, but mildly anxious.

Systemic Examination

- Cardiovascular system: S1, S2 heard; no murmurs, normal heart sounds
- Respiratory system: Bilateral air entry equal; no added sounds
- Abdomen: Soft, non-tender; no organomegaly; bowel sounds present
- Central Nervous System: Conscious, oriented to time, place, and person; higher functions normal; no focal neurological deficit

Local Examination

- External Genitalia: Normal in appearance; no congenital or acquired abnormalities observed
- Penis: Normal size and shape; no lesions, ulceration, or urethral discharge
- Scrotum: Normal; no edema, thickening, or varicosities.
- Testes: Bilateral, normal in size and consistency; no tenderness or nodularity; epididymis and spermatic cord within normal limits.
- Urethral Meatus: Normal position, no discharge, redness, or narrowing.
- Inguinal Region: No lymphadenopathy or hernia detected.
- Perineum: Healthy, no swelling, tenderness, or signs of infection.

Ayurvedic Examination

Dashavidha Pariksha

- Prakriti: Vata–Pitta predominant.
- Vikriti :Vata prakopa with Shukra kshaya.
- Sara : Madhyama Shukra sara.
- Samhanana : Madhyama samhanana (moderately built).
- Pramana : Within normal limits.
- Satmya : Madhyama satmya (habitual to mixed diet.
- Satva: Madhyama satva (mild anxiety observed under stress).
- Aahara Shakti: Irregular, occasional manda agni (low digestive power) due to late-night meals.
- Vyayama Shakti: Poor, due to sedentary lifestyle.
- Vaya : Yuva avastha (28 years)

Trividha Pariksha

- Darshana (Inspection): Patient appeared healthy, moderately nourished, slightly anxious**.**
- Sparshana (Palpation): No local tenderness or systemic abnormalities**.**
- Prashna (History/Inquiry): Revealed frequent Swapnadosha, disturbed sleep, and occupational stress as primary concerns.

Nidana Panchaka

1. Hetu
   - Aharaja: Irregular food timings, late-night dinners, oily and spicy food.
   - Viharaja: Sedentary habits, prolonged screen time, irregular sleep.
   - Manasika: Occupational stress, anxiety, guilt, excessive thinking
2. Purvarupa
   - Disturbed sleep
   - Mild anxiety and fatigue
   - Difficulty concentrating
3. Rupa
   - Frequent Swapnadosha (3–4/week)
   - Morning fatigue and irritability
   - Poor concentration at work
   - Psychological stress and low confidence
4. Upashaya/Anupashaya
   - Upashaya: Adequate sleep, stress reduction, Rasayana and Medhya therapy
   - Anupashaya: Late-night sleep, irregular diet, stress, excessive screen exposure
5. Samprapti

Prolonged indulgence in mithya ahara–vihara and manasika nidana leads to aggravation of Vata dosha, particularly Apana vata. Disturbed Rasa and Majja dhatus impair nourishment and mental stability, while depletion of Shukra dhatu results in involuntary seminal discharge. Simultaneously, Manovaha srotodushti due to stress and anxiety aggravates the condition. Collectively, this manifests as Shukra kshaya janya Swapnadosha associated with psychological disturbances.

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Samprathi Ghatakas

Factor	Involvement
Dosha	Predominantly Vata (Apana Vata), mild Pitta
Dushya	Shukra, Rasa, Majja
Srotas	Shukravaha, Manovaha
Agni	Manda Agni due to irregular food habits
Udbhava Sthana	Pakwashaya (due to disturbed diet & lifestyle)
Adhisthana	Shukravaha Srotas
Sanchara Sthana	Sarva Shareera (systemic depletion)
Vyaktisthana	Shukra dhatu
Rogamarga	Madhyama rogamarga (involving Manovaha and Shukravaha srotas)

Treatment

Therapeutic Principles

1. Shukra dhatu poshana – Nourishment and rejuvenation of reproductive tissue
2. Vata shamana – Pacification of aggravated Vata dosha
3. Manas shanti – Calming of the mind and improvement of sleep
4. Agni deepana & Rasa poshana – Improving digestion and nutrition to support dhatu formation'

Thus, a Rasayana–Medhya–Vata-shamaka chikitsa approach was adopted.

Internal Medications

1. Saraswatarishta – 20 ml twice daily with equal water after meals (6 weeks)
2. Ashwagandha Churna – 3 g twice daily with warm milk (6 weeks)
3. Brahmi Churna – 2 g at bedtime with lukewarm water (6 weeks)
4. Triphala Churna – 5 g at bedtime on alternate nights with warm water (6 weeks)

Diet & Lifestyle Modifications

Diet

- Early and light dinner before 9:00 pm.
- Avoidance of spicy, oily, and heavy food at night.
- Inclusion of milk, ghee, fruits, and easily digestible wholesome diet

Lifestyle

- Strict sleep schedule (by 10:30 pm).
- Reduction of screen time, especially before bedtime.
- Daily evening walk or light yoga to relieve stress.
- Avoidance of excessive mental strain and overthinking.
- Regular counseling and psychological reassurance.

Adjuvant Support

- Patient was advised relaxation techniques like Nadi Shodhana pranayama and short meditation before sleep.
- Continued use of Brahmi Churna was advised for one additional month after completion of therapy for sustained effect.

CONCLUSION

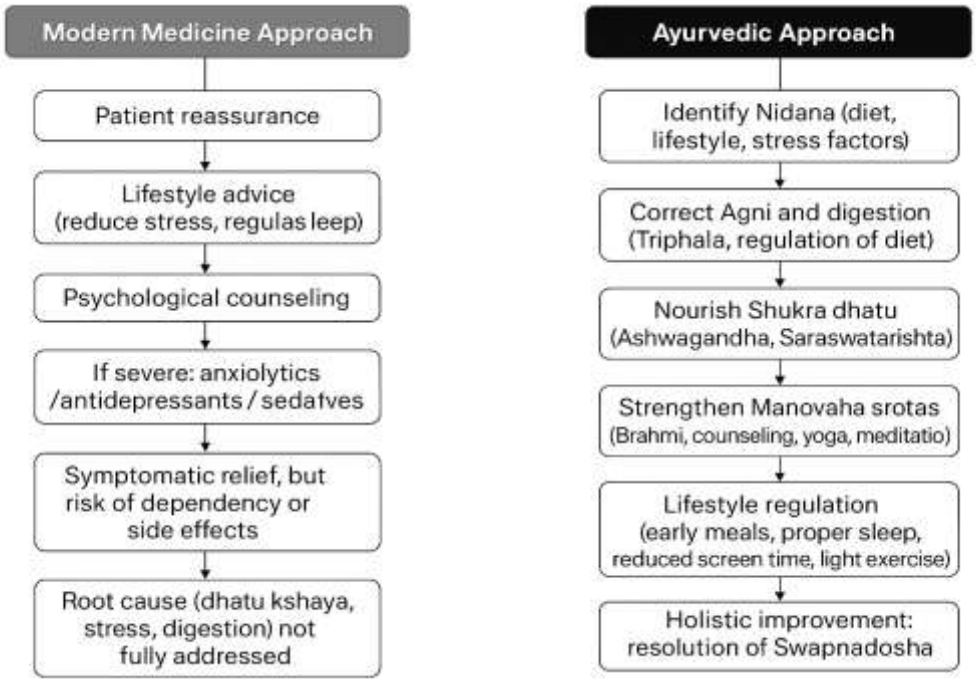
This case demonstrates that Swapnadosha (involuntary seminal discharge), when associated with occupational stress and lifestyle irregularities, can be effectively managed through an individualized Ayurvedic approach. The use of Rasayana and Medhya drugs such as Ashwagandha, Brahmi, and Saraswatarishta, along with supportive measures like Triphala for digestion and appropriate lifestyle modifications, provided holistic relief without adverse effects. The therapy not only resolved the episodes of Swapnadosha but also improved sleep quality, reduced anxiety, and enhanced mental clarity, reflecting the strength of Ayurveda in addressing both physical and psychological dimensions of health. This case highlights the potential of classical Ayurvedic principles in managing stress-related reproductive disorders in young professionals, offering a safe, sustainable, and integrative solution.

DISCUSSION

Swapnadosha, though considered a normal physiological occurrence in adolescence and early adulthood, becomes clinically significant when it is frequent, distressing, and associated with psychological disturbances. In this case, the patient's occupational stress, sedentary routine, irregular food habits, and disturbed sleep contributed to Vata prakopa, Shukra kshaya, and Manovaha srotodushti. The clinical features reflected both physical depletion and mental imbalance, highlighting the psychosomatic nature of the condition.From a modern perspective, nightfall is usually managed by reassurance, psychological counseling, stress reduction, and sometimes anxiolytics or antidepressants in severe cases. These approaches, while providing symptomatic relief, may not fully address tissue depletion or long-term balance, and medications may carry side effects.

Ayurveda, on the other hand, approaches the condition holistically. Ashwagandha acted as a Rasayana and adaptogen, reducing anxiety and improving vitality. Brahmi as a Medhya Rasayana improved sleep quality, concentration, and mental clarity. Saraswatarishta supported Majja and Shukra dhatus, enhancing both physical and psychological health. Triphala ensured smooth digestion and proper Rasa dhatu formation, indirectly supporting Shukra poshana. Lifestyle regulation further complemented the treatment by reducing aggravating factors.The patient achieved complete remission within six weeks, without recurrence or adverse effects, reflecting the sustainability and safety of Ayurvedic management. This case highlights that, compared to modern symptomatic strategies, Ayurvedic interventions target both root causes and associated mental disturbances, offering an integrative and holistic solution for stress-related reproductive disorders.

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