Success story of Vajikarana - A Case Study

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Abstract

Ayurveda is a science of life and it has taken the foremost place in the management of lifestyle disorders. In a country like India where population is a burning problem, yet the infertility is much more serious problem which may become the basis of marital disharmony. The major Focus of fertility problems in the past has been the female patient but with the advancement of diagnostic technology, it was realized that males were also responsible for infertility. In general Male infertility factors are suspected of contributing to infertility in almost 40% of infertile couples. Out of many causes of male infertility Oligospermia and Azospermia are the leading causes. In the present case study, A 30year old male patient (Registration No.16874/464) had visited Kayachikitsa OPD of Ayurveda Mahavidyalaya Hospital, Hubli with chief complaints of Unable to get a child since married life of 5 years and associated complaint was inability to maintain prolonged erection. On the basis of patient’s complaints and semen analysis reports patient was diagnosed as Azospermia and Beejopaghataja Klaibya/Nirbeeja according to Ayurvedic view. The patient was treated with Siddha Vrushya Yapana Basti and Bastanda Prayoga. By this treatment we could able to reverse the pathology from Azospermia into Oligospermia and gradual progress helped to impregnant his partner. After 2 months of treatment, we could be able to achieve ultimate goal of Vajikarana i.e. Conception. His partner became pregnant with her first child after 5 years of continuous trying for a baby. The pregnancy progressed normally as per Masanumasika Garbha Lakshana without any problems. The couple were blessed with a healthy baby girl of 2.75kg in October 2017. Currently the couple are enjoying the parenthood. This case report provides us a guideline that even Azospermia can be successfully treated in Ayurveda with valid Chikitsa Siddhanta.

Key words: Azospermia, Oligospermia, Beejopaghataja Klaibya, Siddha Vrushya Yapana Basti, Bastanda Prayoga.

Introduction

Though population of the world is increasing day by day yet 20-30% population of the world are the victims of the infertility.[1] In India, 1 out of 10 couples suffer from infertility and about half of cases, men alone are the victims. Fertility is the essential thing for the human being. It is an important factor to keep both the partners to lead the happy married life. Acharya Kashyapa while explaining about the importance of children; He says that ‘Aputrasya Gatirnasti’, without progeny the person will not attain Moksha.

Vajikarana is the specialized branch of Ashtanga Ayurveda deals with Shukra Dushti and Klaibya. Though it mainly concentrates on Shukra Dosh and Vandhyatwa (Infertility), but the basic aim of this therapy is to maintain the sexual potency, fertility and to procreate healthy progeny in order to fulfill the four fold means of life i.e. Dharma, Artha, Kama and Moksha.[2]

A couple may be considered as infertile if not conceived even after one year of regular sexual
intercourse without any contraception. 40% of infertility is due to male sexual dysfunction. It is due to the factors like Oligozoospermia, Asthenozoospermia, Azospermia etc.\(^4\) For successful fertility sperm count should be 40 mill/ml or more,\(^5\) but studies have shown that if sperm cells are having good progressive motility besides of less sperm count (even less than 10 million/ml), there is probability of conception.

There is no satisfactory treatment in modern medicine for these conditions as it is based on Hormonal therapy. This Hormonal therapy has got its own side effects and limitations. Even with the advancement of modern techniques, the success rate of conception is low; the cost of treatment is very expensive and common man cannot afford. So Ayurveda is the better option for these conditions.

In Ayurveda terms like Kshina Shukra, Alpa Retas, Kshina Retas, Shukra Dosha are indicating towards Oligospermia and Bijopaghata, Ashukra Shandatva, Nirbeeja, Abeja are indicating towards Azospermia. In this case study, a success story of patient suffering from Azospermia has been presented who was treated with Siddha Vrushya Yapana Basti procedure followed by Shamanoushadhi.

**CASE REPORT**

A 30 year old male patient (Registration No.16874/464), residing in Yallapur, visited Kayachikitsa OPD of Ayurveda Mahavidyalaya Hospital, Hubli on 19\(^{th}\) September 2016, presented with chief complaints of Unable to get a child since married life of 5 years. And other associated complaints were Inability to maintain prolonged erection, Less penile rigidity, Watery semen, Post-coital exhaustion, Early ejaculation of 3-4min since 5 years.

On the basis of patient’s complaints and semen analysis reports patient was diagnosed as Azospermia and Beejopaghataja Klaibya/ Nirbeeja according to Ayurvedic view.

**History of Present Illness**

- Patient was apparently normal 5 years back. After getting married he was unable to conceive his partner even after regular unprotected sexual intercourse and inability to maintain prolonged erection.

- He attained normal puberty and he was non-diabetic, non-hypertensive with good physical build. His appetite was normal, with regular bowel habits. He had a chronic history of tobacco chewing since 12 years.

- His partner was normal on clinical and Endocrinological investigations. She had regular menstrual cycles and no history of any reproductive tract disorders or any surgery.

- His semen analysis reveals 3 subsequent samples shows Azospermia and one sample shows Oligo-Asthenozoospermia.

- Patient had consulted Endocrinologists and taken Hormonal Therapy and got some relief in associated complaints. And even tried with ICSI but not satisfied because his partner didn’t get conceived.

- He came to Ayurveda Mahavidyalaya Hospital, Hubli for Ayurvedic management of Infertility.

**History of Past Illness**

- No H/o any major illness in the past.

- No/H/o DM, HTN, Thyroid disorder, TB, Mumps

- No H/o Trauma, No/H/o Pelvic Surgery

- He did not have any kind of allergies with respect to food and medicines.

**Family History**

No significant family history found.

**Personal History**

- Diet : Mixed

- Addiction : Tobacco chewing (Since 12years)

- Sleep : 6-7 hours/Day (Undisturbed)

- Occupation : Horticulture

- Education : B.Com

- Bowel Habits : Regular 1time/day
**Micturation**: 4-5 times/day

**General Examination**
- **Built**: Well built
- **Gait**: Not Effected
- **Clubbing/ Cyanosis/ Icterus/ Edema/ Lymphadenopathy**: Absent
- **Pallor**: Mild

**Systemic Examination**
- **CVS**: S1,S2+. No murmurs. NAD
- **RS**: NVBS, B/L Air entry equal, NAD
- **CNS**: Higher mental functions were intact.
- **Sensory and Mental functions**: Normal.
- **P/A**: Soft, Non-tender, No organomegally on palpation.

**Reproductive System (Local Examination)**
- **Prepuce skin**: Normal with both testes are distended.
- **Proper hygiene maintained.**
- **Testicles**: Hypoplastic gonads (Small Testicles noted on palpation), No tenderness
- **Spermatic cord**: No abnormality detected.
- **No Vericocele, No edema, No redness**
- **Penis**: No abnormality detected.
- **Secondary sexual characters**: Normal
  - (Pubic hairs, Axillary hairs, Beards and Moustache)

**Vital Signs**
- **Pulse Rate**: 82/min (With normal Rhythm and Volume)
- **Weight**: 78kgs
- **Respiratory Rate**: 19times/min
- **Blood Pressure**: 130/70 mm of Hg
- **Temperature**: 98.4°F

**AYURVEDOKTA PARIKSHA**

**Asthavidha Pariksha**
- **Nadi**: 82/min (Sama Nadi)
- **Mala**: Regular 1time/day (No vit vibandha; Prakruta Varna, Gandha).
- **Mutra**: 4-5time/day (Prakruta Varna, Gandha)
- **Jiwha**: Nirliptata
- **Shabdha**: Prakruta
- **Sparsha**: Khara (Prakruta)
- **Drika**: Prakruta
- **Akruti**: Madhyama

**Dashavidha Pariksha**
- **Prakruti**: Kapha-Vataja
- **Vikruti**: Dosha- Vata, Pitta
  - Dushya- Rasa, Majja, Shukra
- **Sara**: Madhyama
- **Samhanan**: Madhyama
- **Pramana**: Madhyama
- **Satmya**: Madhura, Lavana, Katu Rasa
- **Satwa**: Madhyama
- **Ahara shakti**: Abhyavarana Shakti : Madhyama
  - Jarana Shakti : Prakruta
- **Vyayamashakti**: Pravara
- **Vaya**: Madhyama

**Investigations**

**Semen Analysis**: On 01-06-2013
- **Sperm Count**: NIL, Sperm Motility: NIL, Pus cells: 6-8 cells/hpf : Azoospermia
- **Date**: 02-09-2013: RBS: 101mg/dl, SGPT: 70 IU/L, HBA1C: 5.30%, TSH: 3.10 mIU/ml, FT4: 18.10 pmol/l, FSH: 7.64 mIU/ml, Prolactin: 10.20 ng/ml, Testosterone: 3.18 ng/ml.(All were WNL)

**Semen Analysis**: On 06-12-2013
Sperm Count: 15 million/ml, Sperm Motility: 20%, Pus cells: 2-3 cells/hpf: Oligo-Asthenspermia

**Semen Analysis:** On 19-09-2016
Sperm Count: NIL, Sperm Motility: NIL: Azoospermia
**USG Scrotum:** On Date: 19-09-2016
**Impression:** Small volume bilateral testicles and Small sized seminal vesicles.

**Roga Pariksha: Nidana Panchaka**

**Nidana**
Atiswvana of Amla, Lavana, Katu Aahara dravyas
Atiswvana of Ruksha and Ushna, Ativayyama

**Viruddha Ahara-Vihara**

**Poorvaroopa**
Phenila Shukra, Tanu Shukra and Ruksha Shukra.

**Roopa**
Lingga Shaithilya, Glana Shishnata, Nirbheja/Nirveerya, Mogasankhalpa, Maithuna Ashakta,

**Upashaya**
Vrushya, Brumhana

**Anupashaya**
Vata Vardhaka Ahara (Ruksha, Laghu, Katu)
Vata Vardhaka Vihara (Ativayyama, Ativyavaya)

**Samprapti Ghataka**

- **Dosha**: Tridosha with Vata-Pitta Pradhana (Vyanavata, Apanavata)
- **Dushya**: Rasa, Majja, Shukra Pradhana
- **Agni**: Shukra Dhatwagni
- **Ama**: Dhatwagni Janya Ama.
- **Srotas**: Rasavaha, Majjavaha, Shukravaha and Manovaha
- **Sroto Dusti**: Sanga.
- **Adhisthana**: Shukravaha Srotas (Vrushana and Medra)
- **Udbhava Sthana**: Pakwashaya.

- **Vyakta Sthana**: Apana Kshetra (Vrushana and Medra)
- **Sanchara Sthana**: Rasayani, Shukravaha srotas
- **Vyadhi Swabhava**: Chirakari
- **Rogamarga**: Abhyantara
- **Sadhyasadhya**: Krishrasadhya

**MATERIALS AND METHODS**

**Treatment given**

- **Vanari Kolpa** - (10 gms with luke warm milk at bed time)
- **Tab Manmatha Rasa** - (1 tablet with luke warm milk BD after food)
- **Cap Rejuspermin** - (1 capsule with warm water BD after food)
- **Sri Gopala Taila** (Local Application)
- **Bastanda Siddha Paya** (Twice in a week)
- **Duration of treatment**: 3 months

**Panchakarma**

- **Sarvanga Abhyanga with Mahamasha Taila**
- **Sarvanga Nadi Swedana**
- **Vrushya Yapana Basti**
  (2 course of Kala Basti Schedule)
  1st course: From 19/09/16 to 04/10/16 - 16 days
  2nd course: From 20/11/16 to 05/12/16 - 16 days

**Siddha Vrushya Yapana Basti**

- **Madhu**: 80gms
- **Saindhava Lavana**: 3gms
- **Sneha dravya**: Ashwagandhadi Ghrita 50ml
  **Phala Ghrita** 50ml
- **Kalka dravya**: Kapikacchu beeja Churna 15gms
- **Kwatha dravya**: Bala moola Churna 20gms
  **Ashwagandha Churna** 20gms
- **Avapa dravya**: Ksheera 500ml
**DISCUSSION**

To produce progeny four things are necessary i.e. Ritu, Kshetra, Ambu and Beeja and presence of any Dushti in the above factors will lead into Shukradushti which is the prime cause of infertility.

In the present era, Modernization is affecting all aspects of human life in the form of diet, diurnal, climatic change and harmful irradiations contributing a lot in producing Shukra Dusti (poor quality semen) as a result, a vast population is being suffering from Male Infertility.

Out of many causes of male infertility Oligo-asthenozoospermia and Azoospermia are the leading causes. According to WHO guidelines Oligo-asthenozoospermia is the condition where the Sperm count is less than 20million/ml or 40million/Ejaculate and Sperm Motility less than 40%. And Azoospermia is a condition where semen contains no spermatozoa at all i.e. Zero sperm count.[6]

As per Ayurveda classics Garbhotpadana is a vital function of Shukra Dhatu.[7] If there is any form of Bijadusti (Shukra Dusti) ultimately results in failure of conception.[8] Acharya Sushruta explained that there is vitiation of Apana Vayu and Vyana Vayu in the Shukradosha, because site of Shukra is the whole body and Apana Vayu is responsible for the proper expulsion of Shukra Dhatu. i.e. vitiation of Apana Vayu can impair the function of Shukra.

**Shodhana in Klaibya**

The main factors involved in the Samprapti of Klaibya are Bahudoshavastha particularly Prakupita Vata, Dhatukshaya in general and Shukra Kshaya in particular with involvement of Shukravaha Srotodusti and Manodosh. Hence in order to overcome Bahudoshavastha, Shodhana is must that too Sasneha Shodhana. Some scattered references which glorifies the importance of Shodhana in Klaibya.

- “Beejam Bhavati Karmukam”[9]
- “Prashasta Shukradosheshu Bastikarma Visheshata”[10]
- “Basti Prayogaat Shandopi Puman Bhavati Sarvasha”[11]
- “Ksheena Shukram Vajikaroti”[12]
- “In Klaibya and Vandhyatwa, Basti may be given in the form of Nira, Anuvasa, Uttar Basti and Yapana Basti. Basti removes obstruction in the path of Shukra Visarga, protects the body from Dhatu Kshaya.”[13]

**Vanari Kalpa**[14]

- Kapikachu Beeja Churna is Madhura, Tikta Rasa, Snigdha, Guru Guna, Sheeta Virya, Madhura Vipaka and Shukrala Prabhava. i.e., Vatapittahara, Balya, Brimhana, Vrishya.

- If we look at the Kapikachu carefully it resembles like the structure of male genital organ. Hence Samanya Vishesha theory of Ayurveda is beneficial in the treatment of Male infertility.

- Kapikachu contains L-dopa naturally. This L-dopa (contains MAO inhibitor hormones) helps the brain to release Dopamine. When this dopamine is secreted in optimum levels, it increases Testosterone and GH. So it is responsible for the elevated mood, increased libido and vitality. So it is said to be the best Vajikarana dravya in male infertility. It acts at the level of Pituitary hormones FSH and LH.[15] (Eu.Jr.Int.Med-2010).

**Siddha Vrushya Yapana Basti**

- Basti Karma is considered as the best treatment in Shukra Dosha by Charaka’s statement “Prashastha-Shukradosheshu Basti Karma Visheshatha”.

- The ingredients used in Preparation of Siddha Vrushya Yapana Basti are Bala,[16] Ashwagandha,[17] Kapikachu,[18] Ashwagandhadi Ghrita, Phala Ghrita along with Ksheera. Because these are specially attributed with the property of Vrushya, Shukrala, Brumhana, Rasayana, Dipana and Srotoshodhana which enhance the quality and quantity of Shukra.

- Most of the ingredients of Basti Dravyas are having Sheeta Virya, Madhura Vipaka, Balya, Snigdha and Vatapitta Shamaka properties.

- Therefore Yapana Basti by its own potency is able to expel morbid Doshas and establishes the
Dhatusamyata. It is said to possess best Brimhana and Rasayana effect which magnifies the quality of Rasa Dhatu and Dhatwagni.

**Ashwagandhadi Ghrita**\(^{[19]}\)

- The ingredients of this Ghrita are having Brumhana, Balya and Vrushya properties. Its indication in Ksheena Shukra and Vandyatwa has been explained.

- In the Phalashruti of this Ghrita, Acharyas have stated that by using this Ashwagandhadi Ghrita, Person becomes capable to perform sex even with one hundred women. It turns elderly into youthful and the person can even make a sterile woman pregnant.

**Phala Ghrita**\(^{[20]}\)

- Phala Ghrita is a commonly used and prescribed Ayurvedic polyherbal formulation in male and female infertility. In classics, Phala Ghrita has also been indicated in the management of Shukra Dosha and Vandyatwa.

- And has been attributed as Ayushya, Paushtika, Medhya and Pumsavana Karma. Due to the drugs like Ashwagandha, Shatavari, Gokshura, Punarnava which is processed in medicines like Manjistha, Daruharidra, Haridra, Priyangu and Goksheera. It has been attributed with Vrushya effect along with potency of penetration till Shukra Dhatu.

**Manmatha Rasa**\(^{[21]}\)

- The ingredients of Manmatha Rasa are having the properties like Vrushya, Balya, Shukrala, Srotoshodhaka, Shukrastambhaka and Vatapittahara. This Yoga is best Rasayana, Balya and Uttama Vajikarana.

- In the Phalashruti of this Yoga, Acharyas have mentioned that by using this Manmatha Rasa, the person becomes capable to perform sex even with one hundred women without losing his strength. He feels Kamadeva himself. He looks attractive, energetic as young as of 16 years. It also eliminates Dhvajabhanga.

**Rejuspermin Capsule**

- The ingredients of this capsule are Ashwagandha, Kapikachhu, Shatavari, Balamoola, Vasa, Vidarikanda, Shilajatu, Punarnava, Amalaki, Shunthi, Gokshura, Pippalimoola, Anantamoola, Guduchi and Sweta musali.

- All these ingredients are having Shukra Janaka, Shukra Pravartaka, Balya, Vayosthapaka, Shukra Sthambhana and Apanavata Dustihara properties.

- So it corrects ED by relaxation of the cavernous muscles resulting in increased blood flow. It also promotes Spermatogenesis by improving testicular functions.

**Bastanda Prayoga**\(^{[22]}\)

- This is based on the Siddhanta - “Sarvadha Sarvabhavanam Samanyam Vruddhikaaranam”.\(^{[23]}\) Based on this, there is reference in Charaka Samhita like Rakta Raktena, Mamsam Mamsena. In the same way Shukram Shukrena in which testicles and semen of some animals and birds were used as Shukra Vruddhikara Dravya in olden days. (Eg: Nakra Retas acts as Shukra Vruddhikara Dravya if taken orally).\(^{[24]}\)

- Basta means Aja (Goat) and Anda means Testicle i.e. we have used Goat testicle for therapeutic purpose in male infertility.

- Just like Kheera (Payasam), Bastanda pieces were cooked in Ksheera along with some Prakshepaka Dravyas like Ghrita, Shweta Tila, Kajutaka, Badam, Draksha. All the Prakshepaka Dravyas we have used were Brumhaniya, Balya and Vrushya. After Swanga Sheeta, we have to administer to the patient to take orally twice in a week.

- This Bastanda Yoga is master drug in treating Azoospermia and Progressive Oligospermia. This is Ativrushya because the properties of this contents are similar to that of Shukra Dhatu like Guru, Snigdha, Picchilla Guna.

**Sri Gopala Taila**\(^{[25]}\)

- This Taila was used for local application which promotes blood flow to the groin and helps to achieve stronger erection.
The ingredients of this Taila are having Vatashamaka, Shukra Stambhaka, Shukra Rechaka, Balya and Vrushya properties.

It helps in Vasodilation of the penile tissue to allow the stronger erections and thus corrects ED.

It helps staying powerful and prolongs Ejaculation time so that person will get maximum desired pleasure.

It also helps to soothe and moisturize.

Mahamasha Taila\textsuperscript{[26]}

It was used for Sarvanga Abhyanga in this patient because it is Brumhana, Balya, Pustivardhana and Vatashamaka.

Azoospermia

In modern science, treatment of Azoospermia depends on the cause of obstruction or Non-obstruction. It is further categorized into Pre-testicular, Testicular and Post-testicular azoospermia. Most of the times farmer two are Non-obstructive types and later one is usually Obstructive type of azoospermia.

In recent years, a major advancement in technology like IVF with IUI, ICSI etc. In men with Post-testicular azoospermia (OA), IVF-ICSI or Microsurgery may be helpful for Retrograde Ejaculation. In men with Pretesticular and Testicular azoospermia (NOA), ICSI allows successful fertilization even with immature sperms and sperms are obtained directly from the Testicular tissues through techniques like TESA, PESA etc.

Pathyapathya

Advised to avoid salty, spicy and fried items in their routine diet.

Advised to avoid any sort of physical or mental exertion.

Advised to follow Abstinence during the course of treatment.

**Observations**

**Subjective observation**

After Basti patient was feeling of lightness in body with improved appetite and no weakness was reported after Basti evacuation. Patient was also reported a feeling of general wellbeing, physical and mental fitness and improvement in vigour and dynamism after completion of Basti regimen. The results observed after the treatment were excellent i.e. Marked improvement in sexual parameters like Sexual Desire, Erection and prolonged Ejaculation time was also observed.

**Objective observation**

Significant improvement was observed in total sperm count (i.e. from 0 to 15million/ml) and sperm motility (i.e. from 0 to 30% actively progressive sperms) after Basti schedule at the time of discharge from the hospital (Table 1).

**Table 1: Assessment of effect of treatment**

<table>
<thead>
<tr>
<th>Assessment Parameter</th>
<th>Before Treatment 19/09/2016</th>
<th>After Treatment 05/12/2016 (On day of discharge from hospital)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sperm Count</td>
<td>NIL</td>
<td>15 million/ml</td>
</tr>
<tr>
<td>Sperm Motility</td>
<td>Sperms are not seen</td>
<td>Actively motile-30% Sluggish motile-20% Non-motile-50%</td>
</tr>
<tr>
<td>Pus cells</td>
<td>2 to 3</td>
<td>NIL</td>
</tr>
<tr>
<td>Liquefaction Time</td>
<td>20 min</td>
<td>10 min</td>
</tr>
<tr>
<td>Testosterone</td>
<td>2013-3.18 ng/ml</td>
<td>1\textsuperscript{st} course-4.72 ng/ml</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2\textsuperscript{nd} course- ? (Not done)</td>
</tr>
<tr>
<td>FSH</td>
<td>2013-6.73 mIU/ml</td>
<td>1\textsuperscript{st} course-7.07 mIU/ml</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2\textsuperscript{nd} course- ? (Not done)</td>
</tr>
<tr>
<td>Prolactin</td>
<td>2013-10.20</td>
<td>1\textsuperscript{st} course-12.79 ng/ml</td>
</tr>
</tbody>
</table>
RESULTS

- This case study showed that Siddha Vrushya Yapana Basti, Bastanda Prayoga and Vajikarana Yogas we used were containing Shukra Janaka, Shukra Vardhaka and Shukra Shoddhaka properties.

- By this we could able to reverse the pathology from Azoospermia into Oligospermia and gradual progress helped to impregnant his partner.

- After 2 months of treatment, we could able achieve ultimate goal of Vajikarana i.e. Conception. His partner became pregnant with her first child after 5 years of continuous trying for a baby.

- The pregnancy progressed normally as per Masanumasika Garbha Lakshana without any problems. The couple were blessed with a healthy baby girl of 2.75kg in October 2017. Currently the couple are enjoying the parenthood.

Partner’s Investigations: After Treatment

<table>
<thead>
<tr>
<th>USG Abd and Pelvis</th>
<th>Impression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Obstetric Scan:</td>
<td>Early Intrauterine Live Gestation with Gestational age of 7-8 weeks. Cardiac Activity seen. FHR-156 bpm, USG EDD- 13/10/2017</td>
</tr>
<tr>
<td>On Date : 06/04/2017, H/o LMP : 03/01/2017</td>
<td>Single live intrauterine gestation with estimated gestational age of 13weeks, 5days with good cardiac activity. FHR-160bpm</td>
</tr>
<tr>
<td>On Date : 08/06/2017,</td>
<td>Single live intrauterine gestation of around 21weeks 4days.</td>
</tr>
</tbody>
</table>

CONCLUSION

Male Infertility is mainly discussed under the heading of Klaibya and Purusha Vandhyatwa with some scattered references relating to the symptoms in Shukragatavata, Shukravrutavata, Shukra Kshaya and Sama Shukra conditions. On the basis of the present study it can be concluded that the combined effect of Siddha Vrushya Yapana Basti, Bastanda Prayoga and other Vajikarana Yogas have shown excellent results in bringing about excellent improvement in sexual and seminal parameters in cases of Azoospermia and Progressive Oligo-asthenozoospermia. However, it needs through more extensive studies and greater span of time whether ultimate goal of Vajikarana i.e. conception is achieved in all cases of male infertility through this line of treatment. The present case study highlights the efficacy of Siddha Vrushya Yapana Basti and Bastanda Prayoga. But study on larger sample size could yield a significant statistical results.
Before Treatment

**Microscopic Examination:**
- **Spermatozoa:** Absent
- **RBC:** Nil
- **WBC:** Nil
- **Epithelial cells:** Nil

**Impression:** Absent

Abnormal findings should ideally be confirmed twice/thrice.

**Partner’s Obstetric USG Scans**

**Early Obstetric Scan**

Uterus is anteverted and shows single live intrauterine gestational sac.

- **CRL:** 1.23 cm corresponds to 7 weeks, 0 days. Vaginal measurement is 2.3 mm.
- **UCG:** 13-19/2017
- **US EDD:** 13-19/2017

Informed consent is taken.

Both ovaries are normal in size and echo texture.

No free fluid in POD.

**Impression:**

- **Early Intrauterine Live Gestation with Gestational Age of 7-8 weeks.**

Dr. Ambika Chauhan also confirmed the same in the form of an ultrasound report.
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