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# 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 Azoospermia 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 Azoospermia 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 Azoospermia 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 Azoospermia can be successfully treated in Ayurveda with valid *Chikitsa Siddhanta*.

**Key words:** Azoospermia, 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.<sup>[1]</sup> 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 Dosha* and *Vandhyatwa* (Infertility), but the basic aim of this therapy is to maintain the sexual potency, fertility and to procreate healthy progeny<sup>[2]</sup> in order to fulfill the four fold means of life i.e. *Dharma*, *Artha*, *Kama* and *Moksha*.<sup>[3]</sup>

A couple may be considered as infertile if not conceived even after one year of regular sexual

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intercourse without any contraception. 40% of infertility is due to male sexual dysfunction. It is due to the factors like Oligozoospermia, Asthenozoospermia, Azoospermia etc.<sup>[4]</sup> For successful fertility sperm count should be 40 mill/ml or more,<sup>[5]</sup> 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*, *Abeeja* are indicating towards Azoospermia. In this case study, a success story of patient suffering from Azoospermia 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<sup>th</sup> 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 Azoospermia 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 built. 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 Azoospermia 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*
- Akrti : *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: 15million/ml, Sperm Motility: 20%, Pus cells:2-3cells/hpf : Oligo-Asthenospermia

**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**

*Atisevana of Amla, Lavana, Katu Aahara dravyas*

*Atisevana of Ruksha and Ushna, Ativyayama*

*Virudda Ahara-Vihara*

**Poorvaroopa**

*Phenila Shukra, Tanu Shukra and Ruksha Shukra.*

**Roopa**

*Linga Shaitilya, Glana Shishnata, Nirbeeja/Nirveerya, Mogasankhalpa, Maithuna Ashakta,*

**Upashaya**

*Vrushya, Brumhana*

**Anupashaya**

*Vata Vardhaka Ahara (Ruksha, Laghu, Katu)*

*Vata Vardhaka Vihara (Ativyayama, 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.*
- *Adhithana : 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*
- *Sadhyasadyata : Krichrasadhya*

## MATERIALS AND METHODS

### Treatment given

- *Vanari Kalpa* - (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 : 3months

### Panchakarma

- *Sarvanga Abhyanga* with *Mahamasha Taila*
- *Sarvanga Nadi Swedana*
- *Vrushya Yapana Basti*

(2 course of *Kala Basti* Schedule)

1<sup>st</sup>course: From 19/09/16 to 04/10/16 - 16days

2<sup>nd</sup>course: From 20/11/16 to 05/12/16 - 16days

### 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.<sup>[6]</sup>

As per *Ayurveda* classics *Garbhotpadana* is a vital function of *Shukra Dhatu*.<sup>[7]</sup> If there is any form of *Bijadusti* (*Shukra Dusti*) ultimately results in failure of conception.<sup>[8]</sup> *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 *Manodosha*. 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*”<sup>[9]</sup>
- “*Prashasta Shukradosheshu Bastikarma Visheshata*”<sup>[10]</sup>
- “*Basti Prayogaat Shandopi Puman Bhavati Sarvasha*”<sup>[11]</sup>

- “*Ksheena Shukram Vajikaroti*”<sup>[12]</sup>
- In *Klaibya* and *Vandhyatwa*, *Basti* may be given in the form of *Niruha*, *Anuvasana*, *Uttara Basti* and *Yapana Basti*. *Basti* removes obstruction in the path of *Shukra Visarga*, protects the body from *Dhatu Kshaya*.<sup>[13]</sup>

### Vanari Kalpa<sup>[14]</sup>

- *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 Vishesh* 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.<sup>[15]</sup> (Eu.Jr.Int.Med-2010).

### Siddha Vrushya Yapana Basti

- *Basti Karma* is considered as the best treatment in *Shukra Dosha* by *Charaka's* statement “*Prashashtha-Shukradosheshu Basti Karma Visheshatha*”.
- The ingredients used in Preparation of *Siddha Vrushya Yapana Basti* are *Bala*,<sup>[16]</sup> *Ashwagandha*,<sup>[17]</sup> *Kapikachu*,<sup>[18]</sup> *Ashwagandhadi Ghrita*, *Phala Ghrita* along with *Ksheera*. Because these are specially attributed with the property of *Vrushya*, *Shukrala*, *Brimhana*, *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

*Dhatuamyata*. It is said to possess best *Brimhana* and *Rasayana* effect which magnifies the quality of *Rasa Dhatu* and *Dhatwagni*.

#### **Ashwagandhadi Ghrita**<sup>[19]</sup>

- 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**<sup>[20]</sup>

- *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 Dosa* 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**<sup>[21]</sup>

- 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*, *Kapikachu*, *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 cavernosum muscles resulting in increased blood flow. It also promotes Spermatogenesis by improving testicular functions.

#### **Bastanda Prayoga**<sup>[22]</sup>

- This is based on the *Siddhanta* - "*Sarvadhya Sarvabhavanam Samanyam Vriddhikaaranam*".<sup>[23]</sup> 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 Vriddhikara Dravya* in olden days. (Eg: *Nakra Retas* acts as *Shukra Vriddhikara Dravya* if taken orally).<sup>[24]</sup>
- *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*, *Picchila Guna*.

#### **Sri Gopala Taila**<sup>[25]</sup>

- 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 Sthambhaka*, *Shukra Rechaka*, *Balya* and *Vrushya* properties.
- It helps in Vaso-dilation 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*<sup>[26]</sup>

- It was used for *Sarvanga Abhyanga* in this patient because it is *Brumhana*, *Balya*, *Pusthivardhana* 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 former 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**

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



	ng/ml	2 <sup>nd</sup> course- ? (Not done)
	AZOOSPERMIA	OLIGO-ASTHENOSPERMIA

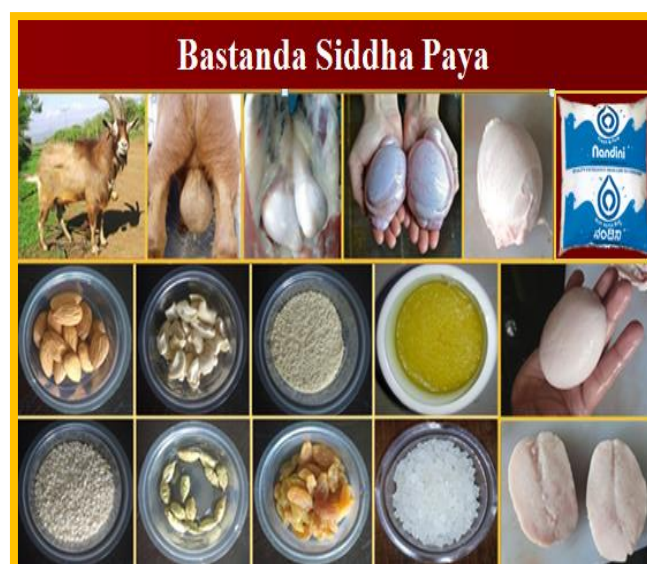
## RESULTS

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

USG Abd and Pelvis	Impression
<b>Early Obstetric Scan:</b> On Date: 27-02-2017, H/o LMP: 03-01-2017	Early Intrauterine Live Gestation with Gestational age of 7-8 weeks. Cardiac Activity seen. FHR-156 bpm, USG EDD- 13/10/2017
On Date : 06/04/2017, H/o LMP : 03/01/2017	Single live intrauterine gestation with estimated gestational age of 13weeks, 5days with good cardiac activity. FHR-160bpm
On Date : 08/06/2017,	Single live intrauterine gestation of around 21weeks 4days.

H/o LMP : 03/01/2017	Normal Amniotic Fluid Index. Fetal Body weight:447 gms+/-65gms, USG EDD- 15/10/2017
On Date : 24/07/2017,	Single live intrauterine fetus of around 27weeks 3days.
H/o LMP : 03/01/2017	Adequate Amniotic Fluid. Fetal Body weight: 1kg+/-100gms USG EDD- 15/10/2017



## 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**

**AYURVEDA MAHAVIDYALAYA HOSPITAL**  
 (Recognised by Govt. of Karnataka & C. C. I. M. New Delhi & Affiliated to Rajiv Gandhi University of Health Sciences, Bangalore)  
 Heggeri Extension, Hubli - 580024.

Name: [Redacted] Date: 24/09/2016 Time 04:06  
 Age/Gender: 29 Years/Male Lab ID: 2  
 Ref,Dr: Dr. A S PRASANTHA.

TEST	Results	Normal values
<b>SEMINAL FLUID EXAMINATION</b>		
Macroscopical Examination:		
Volume	: 1.5 ml ml	(1.5 - 6 ml)
Colour	: Normal whitish	(Milky White)
Odour	: seminal	(Seminal)
Viscosity	: watery	(Viscous)
Liquefaction time	: With in 20 minutes	(With in 30 minutes)
Reaction	: Alkaline	(Alkaline)
Microscopic Examination:		
Spermatozoa	: Nil	
Pus cells	: 1 to 2	
R.B.C.	: Nil	
Epithelial cells	: Nil	
Motility	: <u>sperms are not seen</u>	
Viability	: Poor	
Impression	: Absent	

Abnormal findings should ideally be confirmed twice/thrice.

Lab Technologist.

**AYURVEDA MAHAVIDYALAYA HOSPITAL**  
 (Recognised by Govt. of Karnataka & C. C. I. M. New Delhi & Affiliated to Rajiv Gandhi University of Health Sciences, Bangalore)  
 Heggeri Extension, Hubli - 580024.

Name: [Redacted] Date: 05/12/2016 Time 22:24  
 Age/Gender: 29 Years/Male Lab ID: 1  
 Ref,Dr: Dr. A S Parashanth.MD Ph.D.

TEST	Results	Normal values
<b>SEMINAL FLUID EXAMINATION</b>		
Macroscopical Examination:		
Volume	: 1.5 ml	(1.5 - 6 ml)
Colour	: Normal whitish	(Milky White)
Liquefaction time	: 10 minutes	(With in 30 minutes)
Reaction	: Alkaline	(Alkaline)
Microscopic Examination:		
Pus cells	: Nil	
R.B.C.	: Nil	
Epithelial cells	: Nil	
Actively motile	: 30%	(60 - 70%)
Sluggish motile	: 20%	(5 - 10%)
Non Motile	: 50%	
Total Spermatozoa count	: 15 million/ml	(60 - 250 millions/ml)
Impression	: Normal morphology are seen	

Abnormal findings should ideally be confirmed twice/thrice.

Lab Technologist.

**Aarya Vedanta**  
 SCAN CENTRE

Neel Plaza, Club Road, Near Court Circle, HUBBALLI-580 029.  
 Tel: 0836-2256781/82/83/84 | E-mail: aaryavedanta@gmail.com | Website: www.avsdiagnostics.com

Patient Name: [Redacted] Age: 29 Years/ Male  
 Ref.by: Dr.PRASHANT.A.S MD (Ayus Ph.D) Date: 27 Sep 2016

Thanks for referral

**REAL TIME ULTRASONOGRAPHY OF THE SCROTUM AND PELVIS COLOR DOPPLER STUDY WAS PERFORMED**

**TESTES:**

**RIGHT TESTIS:** Measures 3.0 x 2.1 x 1.5 cm Vol4.9cc.  
 Small in size and echotexture. No focal lesion. No surrounding free fluid.

**RIGHT EPIDIDYMS:** Measures 0.8 x 0.4 cm Normal in size, no lesion noted.

**LEFT TESTIS:** Measures 3.0 x 1.6 x 1.8 cm. Vol4.6cc.  
 Small in size and echotexture. No focal lesion. No surrounding free fluid.

**LEFT EPIDIDYMS:** Measures 0.8 x 0.6 cm. Normal in size, no lesion noted.  
 No evidence of any hydrocoele. No evidence of varicocele.

**PELVIS:**

**URINARY BLADDER:** Wall thickness normal. Luminal echoes normal. No calculi.

**PROSTATE:** Normal in size and measure 3.0 x 2.7 x 3.4 cm.vol 14.3 cc with normal echotexture.  
 Seminal vesicle measures 1.6 x 0.8 cm on right side & 1.7 x 0.8 cm on left side.  
 No free fluid in peritoneal cavity.

**IMPRESSION:**

- SMALL VOLUME BILATERAL TESTICLES.
- SMALL SIZED SEMINAL VESICLES.
- PROSTATE NORMAL VOLUME

Dr.Veerendra.M.Bali, MD(RD)  
 Consultant Radiologist

**After Treatment**

**Partner's Obstetric USG Scans**

**Aarya Vedanta**  
 SCAN CENTRE

Neel Plaza, Club Road, Near Court Circle, HUBBALLI-580 029.  
 Tel: 0836-2256781/82/83/84 | E-mail: aaryavedanta@gmail.com | Website: www.avsdiagnostics.com

Patient Name: Vasudha Hegde Age: 24 Years/ Female  
 Ref.by: Dr.Prashant.A.S MD (Ayus Ph.D) Date: 27 Feb 2017

Thanks for referral

**EARLY OBSTETRIC SCAN**

Urinary bladder is normal.

Uterus is anteverted and shows single live intrauterine gestational sac.

CRL - 1.23 cm corresponds to 7 weeks 02 days. Yolk sac measuring about 2.3 mm

Cardiac activity seen. FHR - 156 Bpm.

US EDD - 13 / 10 /2017

Internal os is closed.

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.

I, Dr.Ambika Chinwalar hereby declare that while conducting ultrasonography / imaging on Mrs Vasudha . I have neither detected nor disclosed the sex of her foetus to anybody in any manner.

Form F has been obtained and preserved [under proviso to section 4 (3) rule 9 (4) and rule 10 (1A) of pre-conception and Pre-Natal Diagnostic Act, 1994 as amended till date].

Dr.Ambika Chinwalar MD MS  
 Radiologist

SHRIPAD HEGDE KADAVE INSTITUTE OF MEDICAL SCIENCE, SIRSI - 581 402 08384 - 234843, 234833 Fax: 08384 - 238379 Email: tshospital@gmail.com Department of Radiology.		
NAME: VASUDHA R HEGDE	SEX: F	AGE: 24 years
April 6, 2017	DR. SWATI VINAYAK DGO, DNB	REG NO: P20170306028
<b>Report</b>		
<b>EARLY OBSTETRIC ULTRASONOGRAPHY</b>		
LMP - 03/01/2017	GA (LMP) - 13weeks and 2 days	
<b>FINDINGS:</b>		
Uterus - Anteverted, normal. Cervical length 43mm.		
Fetus - Measurement in back page.		
Fetal brain and spine are grossly normal.		
Lateral ventricles with choroid plexus are grossly normal.		
Anterior abdominal wall and umbilical cord insertion site are grossly normal		
Nuchal thickness is normal, measures 0.9mm.		
Nasal bone visualized. Fetal cardiac activity and fetal movements are seen.		
Fetal heart rate: 160 beats per minute.		
Placenta is anterior. No evidence of subchorionic collection at the time of scan. OS closed.		
<b>IMPRESSION: USG EDD: 10/10/2017</b>		
➤ Single, live intrauterine gestation with estimated gestational age of 13 weeks 5 days with good cardiac activity.		
➤ Maternal: Upper abdomen normal.		
➤ Follow up study for anomaly scan at 21-22 weeks.		
Needed clinical correlation and further evaluation.		
		DR. SATISH CONSULTANT RADIOLOGIST. PH: 7204764969

DECLARATION BY DOCTOR / PERSON CONDUCTING ULTRASONOGRAPHY  
I, Dr. satish, declare that while conducting ultrasonography / image scanning on this patient, I have neither detected nor disclosed the sex of her fetus to anybody in any manner. NOTE: Not all congenital anomalies can be detected by ultrasound, and those detectable depends on gestational age, amniotic fluid, fetal position, and maternal body habitus. I do thank & pledge that I only do quality ultrasound with adequate available time for scanning the fetus, the precious new life in patient's family.  
THANKS FOR REFERENCE - BASAS

SHRIPAD HEGDE KADAVE INSTITUTE OF MEDICAL SCIENCE, SIRSI - 581 402 08384 - 234843, 234833 Fax: 08384 - 238379 Email: tshospital@gmail.com Department of Radiology.		
NAME: VASUDHA R	SEX: F	AGE: 24 years
June 8, 2017	DR.	REG. NO.: P2
<b>USG INVESTIGATION: ANTENATAL SCAN</b>		
<b>Presentation: Breech</b>	<b>Head: Towards Fundus</b>	
<b>Spine: Left lateral.</b>	<b>FHR: normal.</b>	
<b>Liquor: adequate.</b>		
<b>Fetal weight : 447 gm +/- 65 gm.</b>	<b>Placenta : Anterior, not low lying.</b>	
-Fetal movements are good.		
<b>Cranium:</b> Fetal cranium and intracranial contents are normal. Midline falx normal. Posterior fossa normal.		
<b>Spine:</b> Vertebrae and spinal canal are normal in longitudinal and transverse scans. <b>Face:</b> Nose, mouth and both orbits are normal.		
<b>Neck:</b> neck of the fetus is normal.		
<b>THORAX:</b> cardiac activity noted. Fetal lungs are normal. No evidence of pericardial or pleural effusion.		
<b>Abdomen:</b> Stomach bubble is normal. No evidence of ascitis at the time of scan. Fetal kidneys normal, normal bladder.		
<b>Limbs:</b> Visualized extent of upper and lower limbs are normal.		
<b>IMPRESSION: LMP- 03/01 /2017 LMP (GA) 22 WEEKS 2 DAYS, USG EDD - 15 /10 /2017.</b>		
➤ SINGLE LIVE INTRAUTERINE GESTATION OF AROUND 21 WEEKS 4 DAYS.		
➤ NORMAL AMNIOTIC FLUID INDEX.		
➤ Needed follow up study as part of present investigation for fetal echo evaluation.		
Needed clinical correlation and further evaluation.		
		DR. SATISH CONSULTANT RADIOLOGIST. PH: 8077280900

DECLARATION BY DOCTOR / PERSON CONDUCTING ULTRASONOGRAPHY  
I, Dr. satish, declare that while conducting ultrasonography / image scanning on this patient, I have neither detected nor disclosed the sex of her fetus to anybody in any manner. NOTE: Not all congenital anomalies can be detected by ultrasound, and those detectable depends on gestational age, amniotic fluid, fetal position, and maternal body habitus. I do thank & pledge that I only do quality ultrasound with adequate available time for scanning the fetus, the precious new life in patient's family.  
THANKS FOR REFERENCE - BASAS

Normal Scanning fetal Sex. No other obvious fetal abnormality.  
A.F.I. Slight towards B-mom. SVDL 9.5cm.  
- Needed Note Follow up study in the near.

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