

# A Case Study on “Treating Azoospermia with vericocele by *Ayurvedic Procedure* and *Raktamoshana Therapy* by *Jalouka*”

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## **Abstract:**

This case study explores a treatment approach using *Ayurvedic Procedure* and *Raktamoshana Therapy* by *Jalouka*. We report the case of a 32-year-old man who's diagnosed for Azoospermia with vericocele, initially presented with the symptom of fatigue, general weakness, sometime burning micturition, and occasionally pain in both testicle. Although the patient had no family or personal history of azoospermic vericocele. Vericocele is dignosed manually examination by hand, feel 3-4 cord like mild thicked prominent vein specially above the left testicle, both testicle are also small then normal appearance of testis and confirmatory diagnosed by USG Scrotum. After Post-treatment evaluations revealed significant improvements, Total sperm voloume 1 to 2 ml, count 2 million/ml, Progressive motility 40 %, and morphology of sperm normalized with 60 %, of sperm showing normal forms. Subjective Parameter like *Daurbalya*, *Erection*, *Sexul desire*, *Ejaculation*, etc. are also showed notable improvement, in this case patient underwent a treatment regimen including *Ayurvedic Procedure* and *Raktamoshana Therapy* by *Jalouka* over a period of 7 month.

**Keyword:-** Azoospermia, Vericocele, *Ayurvedic Procedure*, *Raktamoshana*.

**Introduction:** Azoospermia is defined as a complete absence of sperm in a given semen sample, which may have several causes behind it. Having no sperm can make it more difficult to conceive naturally and it is becoming a very common cause of infertility nowadays. Approximately 15% of men in the general population have varicoceles, and varicoceles are diagnosed in 40% of men presenting for fertility evaluations<sup>1</sup>. Varicocele<sup>2-5</sup> is associated with a progressive and duration dependent decline in testicular function. Elevated intrascrotal temperature resulting in reduction of testosterone synthesis, injury to germinal cell membranes and altered protein metabolism. Impaired venous drainage results in hypoxia, poor clearance of gonadotoxins and elevated level of oxidative stress.<sup>6</sup> Vericocele can be correlate to *Sirajagranthi* of *Vrushanakosha*.<sup>7-8</sup> According to *Acahrya Sushruta*, in the pathogenesis of *Siragranthi*, *Vata* and *Pitta Dosha* are predominant.<sup>6-7</sup> So, the dilated and tortous veins in the scrotum can be correlated to *Sirajagranthi* of *Vrushanakosha* which are majorly caused due to *Vata* and *Pitta*. In *Ayurveda*, azoospermia iscorresponds to *shukrakshaya* (diminution of semen). According to *Ayurveda* there are seven *Dhatus* with *Shukra* being the seventh *Dhatu*, these are *Rasa* (plasma), *Rakta* (formed blood cells), *Mamsa* (muscle tissues), *Meda* (fatty tissues), *Asthi* (bone tissue), *Majja* (bone marrow and nervous tissues) and *Shukra* (reproductive tissues). *Shukra* is the seventh *Dhatu*, which is considered as essence of all *Dhatus* providing the body with power and vitality.<sup>9</sup> In its *Prakrut Awastha* (equilibrium form), *Shukra Dhatu* provides nourishment to the body & helps in reproduction, while in its *Dushta Awastha* (imbalance

form), it can lead to various health issues related to fertility and sexual health. Today era Azoospermia is one of the burning issues in reproductive health system in India incidences of this issue expands day by day because of the disturbing lifestyle pattern, food habit, abnormal sexual life (ex.-time, age) bad habits like - smoking, excessive alcohol intake), obesity, increase in environmental pollution, industrial and occupational hazards (exposure to heat, chemical and radiation etc.)<sup>10</sup> all these contributed to the increased incidence of Azoospermia. Approximately 40% of cases of azoospermia and is caused by anatomical obstruction of the extratesticular ductal system anywhere between the rete testis and the ejaculatory ducts.<sup>11</sup> The purpose of this case report is to discuss a diagnostically challenging presentation of azoospermia with varicocele in the context of current recommendations and to propose a situation-specific treatment algorithm to aid in the management of azoospermia with varicocele.

### **Case description:**

#### **Patient History and Information:**

A 32-year-old male patient, resident of village- Ravdiya, of Jodhpur, Rajasthan; come to Sanjeevani Ayurvedic hospital, OPD No. 5 Department of SRPT (*Stri Roga evum Prasooti Tantra*), presented with the complaints of fatigue, general weakness, sometime burning micturition, and occasionally pain in both testicle, and decreased body strength. The patient has been explained his condition as 'low sperm count' for which he has taken allopathic & Ayurveda medication for last 2 Years but saw no improvement in the seminal parameters. Then patient take Ayurvedic treatment for the same. Case reporting follows the CARE case report guidelines.

**Life Style (Personal) History:** Patient take only vegetarian food, like milk, chapatti, rice, sesonal vegetables, dals etc. Preferred bike, travel from one place to another place to routine occupational work and another kinds of work, patient doesn't have any medical and family history, but have surgical history (Operated Appendectomy before 15 years), good sound sleep, but sometime burning micturition, The sexual history revealed proper libido with satisfied intercourse with frequency of 2-3 times per week,

#### **Clinical Findings:**

The patient was subjected to a detailed examination which was done based on the information provided by the patient. No pallor, icterus, cyanosis, clubbing or lymphadenopathy was noted on physical examination. No abnormality was detected on systemic examination of respiratory, gastrointestinal, central nervous and musculoskeletal systems. But while examine external genital area, manually examination by hand urethral opening is slightly downward at glance penis, feel 3-4 cord like mild thicked prominent vein specially above the left testicle, and both testicle are also slightly small then normal voloume of testis. So Patient suggest to USG Scrotum and semen analysis for date 22/12/2024 to conformity diagnosis, and further management was taken forward.

The *Roga pareeksha* (disease assessment) and *Rogi pareeksha* (assessment of the patient) of the patient exhibited *Rasavaha*, *Raktavaha* and *Shukravaha Srotas* involvement with *Sanga* (obstruction) pathology, making the prognosis *Kastsadhya*.

### Assessment criteria for Azoospermia

Patients were assessed on Subjective parameters and Objective parameters. The scoring pattern prepared by **Mehra and Singh, 1995** and **Jitesh Padaria, 2010** had been adopted for the assessment of the effect of therapies on sexual parameters.

### SUBJECTIVE PARAMETERS:

- \**Daurbalya*                      \* Performance anxiety
- \**Mukhashosha*                \* Post act exhaustion
- \*Sexual desire                \* Partner satisfaction
- \*Erection
- \*Ejaculation
- \*Self-satisfaction.

**Table No. 1 Subjective Parameter**

| Symptoms           | Grade                                                         | Scale |
|--------------------|---------------------------------------------------------------|-------|
| <i>Daurbalya</i>   | Cannot do any work                                            | 4     |
|                    | Weakness and work affected                                    | 3     |
|                    | Weakness but routine work not affected                        | 2     |
|                    | Slight weakness                                               | 1     |
|                    | No weakness                                                   | 0     |
| <i>Mukhashosha</i> | Dryness not relieved by anything                              | 2     |
|                    | Dryness relieved by putting anything in mouth                 | 1     |
|                    | No dryness of mouth                                           | 0     |
| Sexual Desire      | No desire at all                                              | 3     |
|                    | Lack of desire                                                | 2     |
|                    | Desire only in Demand of partner                              | 1     |
|                    | Self and partner normal desire                                | 0     |
| Erection           | No erection or swelling without any methods                   | 5     |
|                    | Erection with artificial method                               | 4     |
|                    | Very slight swelling but unable to penetrate                  | 3     |
|                    | Some swelling, able to penetrate                              | 2     |
|                    | Erection with occasional failure                              | 1     |
|                    | Full swelling whenever desire                                 | 0     |
| Ejaculation        | On mere thoughts/slight or no ejaculation at all              | 5     |
|                    | During fore play                                              | 4     |
|                    | Before penetration                                            | 3     |
|                    | During sexual intercourse<30 s/ at least 1-5 pelvic thrust    | 2     |
|                    | During sexual intercourse< 60s / at least 5- 10 pelvic thrust | 1     |
|                    | During sexual intercourse>60s / at least >10 pelvic thrust    | 0     |
| Self- Satisfaction | No satisfaction after every act                               | 4     |
|                    | Satisfaction in 25% act                                       | 3     |
|                    | Satisfaction in 50% act                                       | 2     |
|                    | Satisfaction in 75% act                                       | 1     |

|                       |                                                  |   |
|-----------------------|--------------------------------------------------|---|
|                       | Satisfaction after every act                     | 0 |
| Performance anxiety   | Anxiety that hamper in almost all the encounters | 5 |
|                       | Anxiety that hamper in 75% the encounters        | 4 |
|                       | Anxiety that hamper in 50% the encounters        | 3 |
|                       | Anxiety that hamper in 25% the encounters        | 2 |
|                       | Slight anxiety, does not hamper sexual act       | 1 |
|                       | No anxiety at all                                | 0 |
| Post-act Exhaustion   | After every sexual act                           | 5 |
|                       | In 75% of the encounters                         | 4 |
|                       | In 50% of the encounters                         | 3 |
|                       | In 25% of the encounters                         | 2 |
|                       | Slight exhaustion occasionally                   | 1 |
|                       | No exhaustion at all                             | 0 |
| Partners Satisfaction | No satisfaction after every act                  | 4 |
|                       | Satisfaction in 25% act                          | 3 |
|                       | Satisfaction in 50% act                          | 2 |
|                       | Satisfaction in 75% act                          | 1 |
|                       | Satisfaction after every act                     | 0 |

**Investigations:** Hb% - 15.6gm%, ESR – 5mm/hr, CT- 5.43 min , BT- 2.26 sec, RBS -

141gm/dl, HIV & HbsAg - Non reactive, Urine- epithelial cells 2-4/hpf.

### **Therapeutic Intervention:**

The line of management followed the protocol based on principles of *Shukra dushti*, *Nashta shukra* for Azoospermia and *Raktamoshana* Therapy by *Jalouka* for Vericocele.

#### **1. Raktamoshana Therapy by Jalouka (Jalaukavacharana)-**

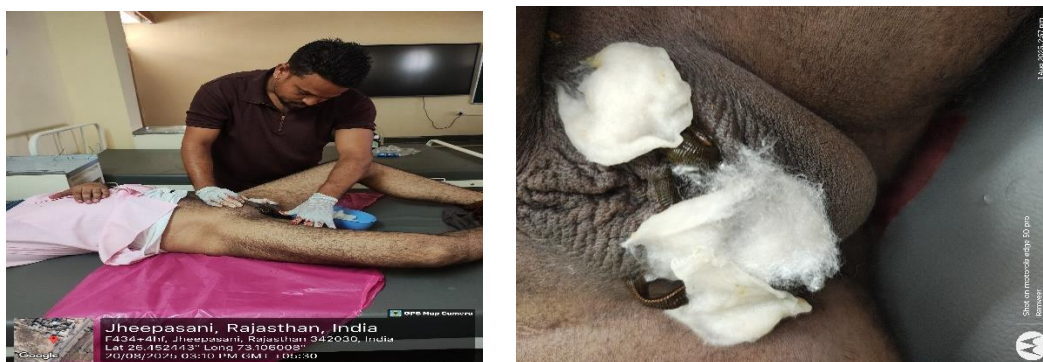
After *Verechan* karma by the *Varunadi-ghrita* with the help of *Trivrutt-avleh*, then proper laboratory investigation, leech therapy was planned. Cleaning the site (betadine liquid / *Triphala kwath*) with the help of cotton gauze piece, to which leech is going to be applied was done. The whole procedure was explained in detail to the patient, in his own language and written consent was taken. The patient was put on supine position and advised to come with clean shaved scrotal region. Then the leeching area was identified and leech was kept to bite over the site. Then leech stuck and started sucking the blood which was evident by hood like structure of leech. Cover the leech with wet gauze piece. While sucking the blood following signs appear in the body of leech.

- Gradual distension in the central portion of the body.
- Itching and burning sensation at the site of bite.
- Pulsations on the body of leech may be visible.

After 30-45 minutes the leech detached by itself, then the leeched site was given soft pressure by a gauze piece without hurting the patient. The bleeding stopped in 3 to 5 minutes, then the wound was applied the lep of *Haridra-churna* and *Goghrita* then scrotal bandage was done. The leech that is applied to the lesion undergoes a process of *Vamana*. For the *Vamana* of leech, turmeric powder is applied over the mouth of leech. The leech vomits out all the blood sucked. After proper *Vamana*, leech should be put in turmeric water then fresh water. Replace the leech in a clean jar.

**Table No. 2 Quantity of blood let out after Jalaukavacharana in every sitting**

| Quantity of blood let out during <i>Raktamoshana</i> | 1st sitting | 2 <sup>nd</sup> sitting | 3 <sup>rd</sup> sitting |
|------------------------------------------------------|-------------|-------------------------|-------------------------|
|                                                      | 10 ml       | 8 ml                    | 6 ml                    |



**Picture 1: Process of Jalaaukavacharana**

## 2. Ayurvedic Procedure.

(A) *Uttar Basti with Kakolyadi Tail* – Total 12 basti given in patient (Continuous 3 day gap of 3 day with in 2 month).

### 1) Purva Karma

- "Koshtha Dosha" effectively addressed by using mild purgatives *Eranda Bhrishta Haritaki*. This preparation is known to help with constipation and potentially restore normalcy to the Pratimola Apana Vayu.
- Before *Uttar Basti*, *Abhyanga* (*Dasmoola, mahanarayan tail* etc.) is specifically done in *Kati, Prushtha, Parshva* and *Adhodara Pradesha*, upper thigh region simontesly tap lightly with a flat hand which is main seat of *Apana Vayu* and relax the *Apan Pradesha*.
- Vitiated *Apana Vayu*, gets its normal function, due to *Ushna Guna* of *Swedana*, *Vata Dosha* pacify & pain does not produced during *Uttar Basti*. It helps to dissolve *Shleshma*.

### 2) Pradhan Karma

During the *Uttar Basti* procedure *Kakolyadi Tail* (20 ml) administered through the urethral route, tail enters the *Sukravah Srotas* due to its *Sukshma Guna* and stimulate *virshna* (Testies).

Due to *Madhur, Singdha, sheeta* (*Somya-guna*), *jeevniya Guna* of *Kakolyadi Tail* it pacifies *Vata- pitta* and *kapha Dosha*.

### 3) Paschat karma

Local *abhyanga* and tap lightly with a flat hand at external genital and pelvic region.

**Table No. 3 Uttar Basti Shedule**

| Uttar-Basti | Day 1                                              | Day 2 | Day 3 | Gap 3day | Day 7 | Day 8 | Day 9 | Gap 21days | Day 31 | Day 32 | Day 33 | Gap 3day | Day 37 | Day 38 | Day 39 |
|-------------|----------------------------------------------------|-------|-------|----------|-------|-------|-------|------------|--------|--------|--------|----------|--------|--------|--------|
|             | Each day 20 ml matra of Kakolyadi tail Uttar Basti |       |       |          |       |       |       |            |        |        |        |          |        |        |        |



**Picture 2: Ayurvedic Procedure (Uttar Basti in Male)**

(B) **Shalmali moola Granules-** Orally 5 gm BD with 1 glass cow/buffalo milk (Morning B/F; Night before Sleeping)

#### **OBSERVATION AND RESULTS:**

After treatment there is total reduction in the pain along with reduction in the size of cord like structure felt at the site and USG Report shows, No significant abnormality seen after 3 Sittings of *Raktamoshana* Therapy by *Jalouka*. After first sitting, there was marked reduction of pain but the feeling of cord like structure persisted. After second sitting, there was further reduction in pain and slight reduction in the cord like feeling on palpation. After third sitting there was no pain and cord like structure palpable was absent.

Subjective parameter related to Semen, are also a remarkable results such as –

**Table No. 4**

| Sr. No. | Subjective parameter  | B.T. | A.T. |
|---------|-----------------------|------|------|
| 1.      | Daurbalya             | 3    | 1    |
| 2.      | Mukhashosha           | 0    | 0    |
| 3.      | Sexual Desire         | 1    | 0    |
| 4.      | Erection              | 2    | 0    |
| 5.      | Ejaculation           | 1    | 0    |
| 6.      | Self- Satisfaction    | 2    | 0    |
| 7.      | Performance anxiety   | 2    | 1    |
| 8.      | Post-act Exhaustion   | 2    | 1    |
| 9.      | Partners Satisfaction | 2    | 1    |

**Table No. 5: Semen Analysis Before & After Treatment:**

| Seminal Parameters  | Before Treatment | After Treatment |
|---------------------|------------------|-----------------|
| Date                | 22/12/2024       | 19/11/2025      |
| Semen Volume        | 1 ml             | 2 ml            |
| Colour & Appearance | Clear            | Whitish         |

|                                    |                    |                         |
|------------------------------------|--------------------|-------------------------|
| <b>Liquefaction Time</b>           | 25 minutes         | 30 minutes              |
| <b>Sperm Count</b>                 | Nil                | <2 million/ml           |
| <b>Motility;</b> a. Progressive    | Nil                | 40%                     |
| b. Non- Progressive                | Nil                | 10%                     |
| c. Non- Motile                     | Nil                | 50%                     |
| <b>Morphology;</b> a. Normal Sperm | Nil                | 60 %                    |
| b. Abnormal Sperm                  | Nil                | 40%                     |
| c. Pus-cells                       | 5-7/HPF            | 0-2/HPF                 |
| d. Epithelial cells                | 2-4/HPF            | Nil                     |
| <b>Condition</b>                   | <b>Azoospermia</b> | <b>Oligozoospermia*</b> |

\*After treatment, Oligozoospermia (Less Sperm count) was noted,

but marked improvement in Motility & Morphology of sperm is noted.

**Table No. 6 : USG Scrotum Before & After Treatment:**

|                              |                                                             |                                  |
|------------------------------|-------------------------------------------------------------|----------------------------------|
| <b>USG Scrotum</b>           | Before Treatment:                                           | After Treatment:                 |
| <b>Date</b>                  | <b>22/12/2024</b>                                           | <b>09/09/2025</b>                |
| <b>Finding</b>               | B/L Lymph nodes seen; Mild to moderate varicocele left side | No significant abnormality seen. |
| <b>Right testis measures</b> | 3.3*1.8*2.5 cms                                             | 3.8*1.8*3 cms                    |
| <b>Left testis measures</b>  | 3.3*1.4*2.5 cms.                                            | 3.6*2.2*2.4 cms                  |

After treatment: No significant abnormality seen; and size of Testies also increase remarkable.

\* **Picture** - Lab Report of USG Scrotum & Semen Analysis Before and after Treatment\*

## रोग निदान सेवा

वास्तविक मूल्य पर जांच का प्राचीनतम केन्द्र

## ROG NIDAN SEWA

The Oldest Diagnostic Centre at Actual Cost

|                                                                                                                                                        |                                                                                                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Patient Name : Mr. I [REDACTED]</p> <p>Age/Sex : 32 Y/Male</p> <p>Patient ID : 012412220168</p> <p>Barcode : 10367380</p> <p>Ref. By : Dr. SELF</p> | <p>Sample Type : Semen</p> <p>Registered : 22/Dec/2024</p> <p>Collection : 22/Dec/2024 01:48PM</p> <p>Received : 22/Dec/2024 01:48PM</p> <p>Reported : 22/Dec/2024 02:15PM</p> <p>Panel : Walk-In</p> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Test Name                      | Value    | Status | Unit       | Bio Ref. Interval |
|--------------------------------|----------|--------|------------|-------------------|
| <b>SEMEN ANALYSIS</b>          |          |        |            |                   |
| Sample Type: Semen             |          |        |            |                   |
| <b>PHYSICAL EXAMINATIONS</b>   |          |        |            |                   |
| VOLUME                         | 1        |        | mL         |                   |
| Visual Observation             |          |        |            |                   |
| APPEARANCE                     | CLEAR    |        |            | Clear             |
| Visual Observation             |          |        |            |                   |
| LIQUEFACTION TIME              | 25.00    | L      | Minutes    | 30 - 60           |
| Macroscopic                    |          |        |            |                   |
| VISCOSITY                      | NORMAL   |        |            |                   |
| <b>CHEMICAL EXAMINATION</b>    |          |        |            |                   |
| REACTION                       | ALKALINE |        |            |                   |
| Douglas Indicator              |          |        |            |                   |
| FRUCTOSE                       | PRESENT  |        |            | POSITIVE          |
| SELIWANOFFS REAGENT, HEAT TEST |          |        |            |                   |
| <b>MICROSCOPIC EXAMINATION</b> |          |        |            |                   |
| TOTAL SPERM COUNT              | NIL      |        | million/ml |                   |
| PROGRESSIVE - PR               | -        |        | %          |                   |
| NON-PROGRESSIVE NP             | -        |        | %          |                   |
| MICROSCOPIC                    |          |        |            |                   |
| NON MOTILE                     | -        |        | %          |                   |
| <b>MORPHOLOGY NORMAL</b>       |          |        |            |                   |
| NORMAL SPERM                   | -        |        | %          |                   |
| ABNORMAL SPERM                 | -        |        | %          |                   |
| PUS CELLS                      | 5-7      |        | /HPF       | 1-2               |
| Microscopy                     |          |        |            |                   |
| EPITHELIAL CELLS               | 2-4      |        | /HPF       | 1-2               |
| Microscopy                     |          |        |            |                   |
| RBCs                           | 0-2      |        |            |                   |
| OTHERS                         | NIL      |        |            |                   |
| AZOOSPERMIA                    |          |        |            |                   |

\*\*\* End Of Report \*\*\*





  
 Dr. Vidhish Lohiya  
 Pathologist (M.D.)  
 RMC No. 31278

**RECENTLY INTRODUCED TEST - ESTRADIOL (E2), PROGESTERONE, CEA, AFP (ALPHA FETOPROTEIN)**

If test results are alarming or unexpected, patient is advised to contact the laboratory immediately for possible remedial action.

\* जामोरी गेट के अन्दर, जोधपुर ☎ 0291-2634987      \* ब्रांच : 5, 6, 7, 8 गल्लस गार्ड, तारपर के पीछे

Email: info@rognidan.org      नेहरू पार्क, जोधपुर ☎ 0291-2972787

NOT VALID FOR MEDICO LEGAL CASES

Picture 2: Semen Analysis Before Treatment

## रोग निदान सेवा

लागत मूल्य पर जांच का प्राचीनतम केन्द्र

## ROG NIDAN SEVA

The Oldest Diagnostic Centre at ACTU

|                                                                                                                                                                |                                                                                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Patient Name</b> : Mr. I [REDACTED]<br><b>Age/Sex</b> : 32 Y/Male<br><b>Patient ID</b> : 012511190132<br><b>Barcode</b> : 10474923<br><b>Ref. By</b> : Self | <b>Sample Type</b> : Semen<br><b>Registered</b> : 19/Nov/2025<br><b>Collection</b> : 19/Nov/2025 11:30AM<br><b>Received</b> : 19/Nov/2025 11:30AM<br><b>Reported</b> : 19/Nov/2025 12:09PM<br><b>Panel</b> : Walk-In |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Test Name                      | Value    | Status | Unit       | Bio Ref.Interval |
|--------------------------------|----------|--------|------------|------------------|
| <b>Sample Type: Semen</b>      |          |        |            |                  |
| <b>SEMEN ANALYSIS</b>          |          |        |            |                  |
| <b>PHYSICAL EXAMINATIONS</b>   |          |        |            |                  |
| VOLUME                         | 2        |        | mL         |                  |
| APPEARANCE                     | WHITISH  |        |            | Clear            |
| LIQUEFACTION TIME              | 30.00    |        | Minutes    | 30 - 60          |
| VISCOSITY                      | NORMAL   |        |            |                  |
| <b>CHEMICAL EXAMINATION</b>    |          |        |            |                  |
| REACTION                       | ALKALINE |        |            |                  |
| FRUCTOSE                       | PRESENT  |        |            | POSITIVE         |
| <b>MICROSCOPIC EXAMINATION</b> |          |        |            |                  |
| TOTAL SPERM COUNT              | < 2      |        | million/ml |                  |
| PROGRESSIVE - PR               | 40.00    |        | %          |                  |
| NON-PROGRESSIVE NP             | 10.00    |        | %          |                  |
| ON MOTILE                      | 50.00    |        | %          |                  |
| <b>MORPHOLOGY NORMAL</b>       |          |        |            |                  |
| NORMAL SPERM                   | 60.00    |        | %          |                  |
| ABNORMAL SPERM                 | 40.00    |        | %          |                  |
| US CELLS                       | 0-2      |        | /HPF       | 1-2              |
| EPITHELIAL CELLS               | NIL      |        | /HPF       | 1-2              |
| RBCs                           | NIL      |        |            |                  |
| OTHERS                         | NIL      |        |            |                  |
| *** End Of Report ***          |          |        |            |                  |





*Dr. Amrit Raj K*  
**Dr. Amrit Raj K**  
 Pathologist (ML)  
 RMC NO.37074

**RECENTLY INTRODUCED TEST - BLOOD CULTURE, PUS CULTURE, CSF CULTURE**

If test results are alarming or unexpected, patient is advised to contact the laboratory immediately for possible remedial action.

10:15 am

जालंधरी रोड के अन्दर, जोधपुर ☎ 0291-2834987  
 Email: info@rognidan.org

ब्रांच : 5,6,7,8 गार्ल्स गार्डेंड, तापर के पीछे  
 नेहरू पार्क, जोधपुर ☎ 0291-2972787

NOT VALID FOR MEDICO LEGAL CASES

Picture 3 : Semen Analysis After Treatment

## रोग निदान सेवा

लागत मूल्य पर जांच का प्राचीनतम केन्द्र

## ROG NIDAN SEWA

The Oldest Diagnostic Centre at Actual Cost

|                                                                                                                                                                              |                                                                                                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Patient Name :</b> Mr. [REDACTED]<br><b>Age/Sex :</b> 32 Y/Male<br><b>Patient ID :</b> 012412220186<br><b>Barcode :</b> 10367401<br><b>Ref. By :</b> Dr. AYURHUB HOSPITAL | <b>Sample Type :</b><br><b>Registered :</b> 22/Dec/2024 01:11PM<br><b>Collection :</b> 22/Dec/2024 01:11PM<br><b>Received :</b><br><b>Reported :</b> 22/Dec/2024 01:37PM<br><b>Panel :</b> Walk-In |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### USG SCROTAL AND INGUINAL REGION

REAL TIME SONOGRAPHY OF SCROTUM DONE USING 12.0 MHZ PROBE SHOW:

RT. TESTIS IS NORMAL IN SIZE AND SHOWS MEDIUM LEVEL ECHOPATTERN. NO EVIDENCE OF CALCIFICATION OR FOCAL LESION SEEN.

RT. TESTIS MEASURES : 3.3 x 1.8 x 2.5 cms

LT. TESTIS IS NORMAL IN SIZE AND SHOWS MEDIUM LEVEL ECHOPATTERN NO EVIDENCE OF CALCIFICATION OR FOCAL LESION

LT. TESTIS MEASURES: 3.3 x 1.4 x 2.5 cms.

NO EVIDENCE OF HYDROCELE.

MULTIPLE INGUINAL LYMPH NODES OF SIZE ( 6 TO 10 mm ) SEEN IN RIGHT INGUINAL REGION  
 TWO TO THREE INGUINAL LYMPH NODES OF SIZE ( 4 TO 9 mm ) SEEN IN LEFT INGUINAL REGION  
 MILD TO MODERATE VARICOCELE CHANGE OF CALIBRE OF VEINS FROM ( 0.9 TO 2.3 mm) LEFT SIDE

EPIDIDYMIS ON RIGHT SIDE ( 0.9 x 0.4 x 0.9 cms ) GROSSLY APPEAR NORMAL.  
 EPIDIDYMIS ON LEFT SIDE ( 0.8 x 0.4 x 0.9 cms ) GROSSLY APPEAR NORMAL.

**IMPRESSION:**

- B/L INGUINAL LYMPH NODES SEEN
- MILD TO MODERATE VARICOCELE LEFT SIDE
- BOTH TESTIS AND EPIDIDYMIS NORMALLY SEEN

PLEASE CORRELATE CLINICALLY  
 (Not valid for medico legal purpose)

\*\*\* End Of Report \*\*\*




*Rakhi*

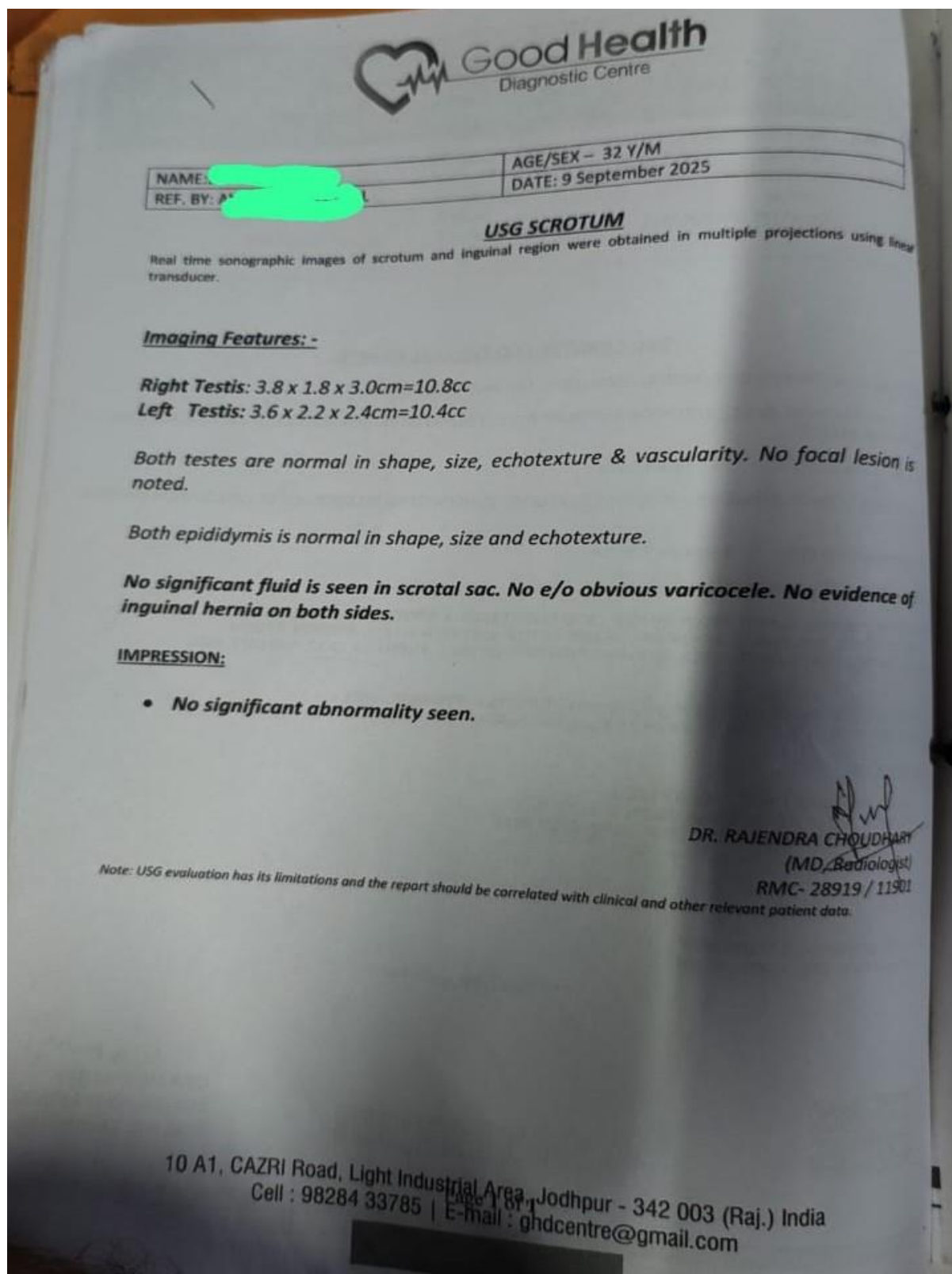
DR. RAKHI MEHTA  
 MD (RADIO-DIAGNOSIS)  
 RMC NO. 14187/4175

RECENTLY INTRODUCED TEST - ESTRADIOL (E2), PROGESTERONE, CEA, AFP (ALPHA FETOPROTEIN)

If test results are alarming or unexpected, patient is advised to contact the laboratory immediately for possible remedial action.

\* जांच : 5, 6, 7, 8 घंटे याईड, तारफ के पीछे

Picture 4 : USG Scrotum Before Treatment



Picture 5 : USG Scrotum After Treatment

## DISCUSSION

The therapeutic use of *Ayurvedic Procedure (Virechana karm, Uttar Basti with Kakolyadi Tail)* and *Raktamoshana Therapy* by *Jalouka* plays a crucial role in the management of Azoospermia with vericocoele, addressing seminal defects, sexual dysfunctions and testicle dysfunction in males. The present case demonstrates significant improvement in seminal parameters both subjective & objective parameter following the testicle dysfunction reinforcing the potential of these procedures in male infertility and sexual dysfunctional management.

*Jalauka* is very helpful to detox the *Dooshitha Rakta Vikara*, it sucks vitiated blood from selected part of the body. *Acharya Sushruta* describes *Jalauka* as *Anushashtra*. It is much safer and less invasive non complicated procedure. The saliva of leeches contains variety of bioactive constituents like Hirudin which inhibits blood coagulation by binding thrombin, Bdelins causes anti-inflammatory action by inhibiting Trypsin, Plasmin, Hyaluronidase increases interstitial viscosity, antibiotic action. Elgin's inhibit the activity of chymotrypsin act as anti-inflammatory, Histamin like substance and acetylcholine act as vasodilators. Leeches are *Sheeta* in nature commonly used in *Raktaja* and *Pittaja* disorders. Leech therapy induce pain relief through anti nociceptive effects. The jaws of leech penetrates into deeper tissue and diffusion of these pharmacological active substances into tissue.

*Kakolyadi tail* this formulation have equal parts of 4 main drugs such as *Kakoli*, *ksheerkakoli*, *Mudagaparni* and *Satavari*. Which is traditionally known for its *Jeevniya*, *vrhiniya*, rejuvenative and aphrodisiac properties. *Kakoli* rich in antioxidants like syringic acid, ferulic acid, and rutin, which help neutralize free radicals and fight oxidative stress and Contains apigenin and kaempferol, which provide strong anti-inflammatory and cellular-protection benefits<sup>12</sup>. *Ksheerkakoli* rich in Adaptogenic compounds that promote stamina, hormonal balance, and anti-fatigue effects<sup>13</sup>. *Mudagaparni* rich in quercetin, kaempferol, vitexin, luteolin, and isovitexin, which provide strong antioxidant, anti-inflammatory, and liver-protecting effects<sup>14</sup>. *Satavari* rich in Shatavarin IV is heavily studied for its estrogenic and adaptogenic properties ; Asparagamine A, a polycyclic alkaloid that acts as a neuroprotectant and antioxidant and Minerals & Vitamins such as Contains calcium, magnesium, potassium, zinc, and selenium are also rich in satavari<sup>15</sup>, these component Contributing to cellular longevity, immunity enhancement, and mental well-being mitigate stress, a significant contributor to sexual dysfunction, sperm production, vitality, thereby improving sexual performance and vital role in fortifying the reproductive system.

*Shalmali* granules rich in High levels of tannins precipitate proteins, which helps restore damaged epithelial mucosa, control bleeding, and treat diarrhea; presence of anabolic phytosterols works to improve sperm quality and quantity<sup>16</sup>.

These formulations *Ayurvedic Procedure (Virechana karm, Uttar Basti with Kakolyadi Tail)* and *Raktamoshana Therapy* by *Jalouka* are traditionally indicated for Shukra-dusti (Azoospermia), dysfunction

disorders, *Klaibya* and *Vericocele* Their multifaceted actions, including adaptogenic, immunomodulatory, and endocrine regulatory effects, contribute to optimizing seminal parameters, treat *verivoccele* and overall reproductive health.

## CONCLUSION:

In today's era, various physical stressors like dietary, lifestyle (Occupational & Personal), any injury at external genital area and environmental factors along with mental stressors, plays a pivotal role in manifestation of Azoospermia with *vericocele*. In this disease where seminal defects, sexual dysfunctions and testicles defect also, are the key parameters involved in infertility, this case delved into the realms of seminal defects with *vericocele* its solely Ayurveda based management with positive outcomes. Utilization of ayurveda based herbal drugs (Tail & Granules) and *Raktamoshana* Therapy by *Jalouka* is effective in taking the sperm count from zero to Approx. 2 million per millilitre and treat *vericocele* also. Such cases encourage further exploration and research in all dimensions of reproductive health and sexual medicine.

## INFORMED CONSENT:

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given his written consent for their images and other clinical information (Lab report etc.) to be reported in the journal.

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