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# ROLE OF BASTYADA SIDDHA KSHEERA BASTI IN IMPROVING SEMEN PARAMETERS AND SEXUAL FUNCTION IN MALE INFERTILITY: A CASE STUDY

**Dr. Siddalinga Swamy J. M.*[1], Dr. Sanjay Kumar M. D.[2], Dr. Ananta S. Desai[3]**

[1]Third Year Post Graduation Scholar, Department of Kayachikithsa, GAMC Mysuru.
[2]Professor Department of Kayachikithsa, GAMC Mysore.
[3]Professor and HOD Department To Pg and Phd Studies In Kayachikitsa, Government Ayurveda Medical College Mysore.

***Corresponding Author: Dr. Siddalinga Swamy J. M.**

Third Year Post Graduation Scholar, Department of Kayachikithsa, GAMC Mysuru.
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## ABSTRACT

Infertility is a complex condition that affects many couples globally, with male-related issues accounting for nearly half of all cases. In Ayurveda, male infertility is correlated with conditions such as *Klaibya*, *Shukra Kshaya*, and *Beeja Dushti*,[1] primarily involving vitiation of *Vata Dosha*, especially *Apana Vata*. The present case study evaluates the therapeutic effect of ***Bastyada Siddha Ksheera Basti*** in a 10-year history of primary infertility associated with erectile dysfunction, premature ejaculation, and varicocele. A 35-year-old male patient with Type 2 Diabetes Mellitus presented with reduced sexual performance and inability to conceive despite regular unprotected intercourse. Clinical assessment included semen analysis and International Index of Erectile Function (IIEF) scoring before and after treatment. The patient underwent *Yogabasti* regimen for 8 days along with *Shamana Oushadhis* for 3 months. Post-treatment findings showed improvement in sperm count (38.4 to 64 million/ml) and significant enhancement in erectile function (IIEF score from 17 to 27). The study highlights the efficacy of *Ksheera Basti* in improving reproductive health through *Vata Shamana*, *Brimhana*, and *Rasayana* effects, thereby enhancing *Shukra Dhatu* quality and sexual function.

**KEYWORDS:** Male infertility, *Basti* therapy, *Ksheera Basti*, *Shukra Dhatu*, Erectile dysfunction, Ayurveda.

## INTRODUCTION

Infertility refers to the failure to achieve conception despite one year of regular, unprotected cohabitation and represents a significant global health concern affecting both males and females. It results from a combination of factors including endocrine disturbances, anatomical defects, infections, genetic abnormalities, and adverse lifestyle practices. In Ayurveda, infertility is understood in the context of *Vandhyatva*, *Klaibya*, *Shukra Kshaya*, and *Beeja Dushti*,[1] where successful conception depends upon the proper functioning of *Garbha Sambhava Samagri—Ritu* (fertile period), *Kshetra* (reproductive organs), *Ambu* (nutrition), and *Beeja* (gametes). Among these, derangement of *Vata Dosha*, especially *Apana Vata*[2], is considered a primary etiological factor affecting reproductive processes. *Basti* therapy[3], being the principal line of treatment for *Vata* disorders, plays a vital role in restoring reproductive health. *Bastyada Siddha Ksheera Basti*, a specialized form of medicated milk enema, exerts a dual action of nourishment and regulation. The *ksheera* and *ghrita* components provide *Brimhana* and *Rasayana* effects, facilitating the replenishment of *Shukra Dhatu* and improving its quality. By correcting *Vata* imbalance and enhancing reproductive tissue function, this therapy contributes significantly to improving fertility outcomes and increasing the probability of conception.

## MATERIALS AND METHODS

### CASE STUDY

***Pradana vedana*** – unable to pregnant his partner since 10years.

***Anubandhi vedana*** – loss of libido since 2 years, unable to maintain an erection for longer duration since 3 years and loss of rigidity and stiffness and performance anxiety since 1year.

***Vedana vrittanta*** – A male patient k/c/o T2 DM, N/K/C/O HTN, was before marriage after he gradually develops complaints of inability to achieve conception despite regular unprotected sexual intercourse for the past 10 years, suggestive of primary infertility. The condition had a gradual onset and has been progressively affecting marital life. He also reports associated sexual dysfunction in the form of premature ejaculation for the past 3 years, characterized by ejaculation occurring within a short duration of penetration with poor voluntary control, leading to dissatisfaction. Additionally, he gives a history of erectile dysfunction for the same duration, described as difficulty in attaining and maintaining sufficient penile rigidity for satisfactory sexual performance. The patient notes reduced sexual confidence, though libido mildly decreased. There is a known history of varicocele on the left side diagnosed as Testicular microlithiasis since 7 months ago, associated with a dull aching pain in the scrotal region, which is aggravated by prolonged standing and relieved on lying down. There is no history of prior conception. He denies any history of trauma, sexually transmitted infections, or major systemic illness. However, he may report associated symptoms such as generalized weakness, mental stress, or disturbed sleep. The condition has been persistent and gradually worsening, prompting consultation for evaluation and management to GAMC HOSPITAL for further management on 14th Aug 2025.

***Vyayaktika Vrittanta***

- Diet – mixed diet (non veg – mutton and chiken trice in month).
- Appetite – Good.
- Bowel – regular twice in day (normal).
- Micturation – 5-6 time/ day. 2 times in night.
- Sleep – disturbed.
- Habit – no habits.

**General physical examination**

- General condition – fair
- Build – moderate
- Nourishment – well
- Pallor – absent
- Icterus – absent
- Clubbing – absent
- Cynosis – absent
- Odema – absent
- Lymhedenopathy – not palpable
- Appearance – Fair
- Pulse rate -75b/min
- B.P. -130/90 mm hg
- R.R. – 16 cycles/ min
- Weight- 75 kg
- Height- 168 cm
- Temperature – Afebrile
- R.S. – Bilateral Air entry clear
- C.V.S. – S1S2 heard, no abnormal Murmur heard
- C.N.S. – conscious and oriented to time place and name etc.

**Genitourinary System (Local Examination – Detailed)**

**1. Inspection**

The patient is examined in both standing and supine positions under adequate exposure and privacy. The external genitalia appear normally developed. The penis is normal in size and shape with no visible deformities such as curvature suggestive of Peyronie's disease. The skin over the penis and scrotum is healthy, with no ulcers, scars, sinuses, or discharge. The urethral meatus is normally placed at the tip of the glans with no signs of inflammation or discharge.

The scrotum appears normally developed with mild asymmetry, the left side appearing slightly enlarged compared to the right. The scrotal skin shows normal rugosity without edema. No visible swelling suggestive of hydrocele or inguinal hernia is noted.

**2. Palpation**

Palpation is performed gently, comparing both sides.

- **Testes**

Both testes are palpable within the scrotum. The right testis is normal in size, shape, and consistency. The left testis may be slightly reduced in size and softer in consistency. No nodules or focal masses are felt, Testicular Microlithiasis, which is usually not palpable clinically.

- **Epididymis**

The epididymis is palpable posterolateral to each testis. It is soft and non-tender bilaterally, with no nodularity or thickening.

- **SpermaticCord**

On the left side, the spermatic cord feels thickened with multiple dilated, tortuous veins giving a characteristic "bag of worms" sensation, which becomes more prominent on standing and during Valsalva maneuver and reduces on lying down. The right spermatic cord is normal.

- **Tenderness**

Mild dull aching tenderness elicited over the left scrotal region.

**Rogi Pareeksha**

- Prakruti: PittaKapha
- Sara: Madhyama
- Satva: Madhyama
- Samhanana: Madhyama
- Kostha: Madhyama
- Agni: Vishama
- Pramana: Madhyama
- Aharashkti: Madhyama
- Jaranashakti: Madhyama
- Vyayamashakti: Madhyama
- Vaya:Madhyama

**Ashta vidha Pareeksha**

- Nadi : Vata Kapha
- Mutra: 4-6 times (day), 2-3 times(night)
- Mala : 1 time/day
- Jihwa : Lipta (Saama)
- Shabda : Prakrutha
- Sparsha : Samshittoshna
- Druka: Prakruta
- Akruti : Madhyama

**Investigation**

**1. Semen analysis[4]**

| Date | Before treatment 13/06/2025 | After treatment 15/09/2025 |
|---|---|---|
| | Volume – 1.0ml<br>Liquification – 20min<br>Sperm count – 38.4 milion / ml<br>Active motile – 30 %<br>Sluggish motile -30%<br>Non motile – 35 % | Volume – 0.5 ml<br>Liquification – 30min<br>Sperm count – 64 milion / ml<br>Active motile – 10 %<br>Sluggish motile -30%<br>Non motile – 52 % |

**2. Assessment criteria as per IIEC[5]**

| S,NO | QUESTIONS | GRADES |
|---|---|---|
| 1 | How often were you able to get an erection during sexual activity? | 0 No sexual activity<br>1 Almost never or never<br>2 A few times (less than half the time)<br>3 Sometimes (about half the time)<br>4 Most times (more than half the time)<br>5 Almost always or always |
| 2 | When you had erections with sexual stimulation, how often were your erections hard enough for penetration? | 0 No sexual activity<br>1 Almost never or never<br>2 A few times (less than half the time)<br>3 Sometimes (about half the time)<br>4 Most times (more than half the time)<br>5 Almost always or always |
| 3 | When you attempted intercourse, how often were you able to penetrate (enter) your partner? | 0 Did not attempt intercourse<br>1 Almost never or never<br>2 A few times (less than half the time)<br>3 Sometimes (about half the time)<br>4 Most times (more than half the time)<br>5 Almost always or always |
| 4 | During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner? | 0 Did not attempt intercourse<br>1 Almost never or never<br>2 A few times (less than half the time)<br>3 Sometimes (about half the time)<br>4 Most times (more than half the time)<br>5 Almost always or always |
| 5 | During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse? | 0 Did not attempt intercourse<br>1 Extremely difficult<br>2 Very difficult<br>3 Difficult<br>4 Slightly difficult<br>5 Not difficult |
| 15 | How do you rate your confidence that you could get and keep an erection? | 1 Very low<br>2 Low<br>3 Moderate<br>4 High<br>5 Very high |

Before treatment grade - 3+2+3+2+3+4 = 17 (mild to moderate)
After treatment grade - 4+5+4+4+5+5 = 27 (no ED)

**Treatment**

**1. Bastanda siddha ksheera Basti** for 8days

- *Madhu* – 192ml
- *Tila taila* – 192ml

- *Saindava* – 6gm
- *Kalka* - shatapuspa kalka 12gm
- *Ksheera* - 150ml
- Goat testicle *mamsa rasa* – 100ml for 8 days in *Yogabasti* pattern

**2. shamanoushadis**

Tab – *Kamainividravana Rasa*[8] 1-0-1 A/F with honey.
Tab – *Ashwagandha vati*[9] 1-0-1 A/F with milk.
Count plus Granules 1tsp with milk BD for 3 month.

## DISCUSSION

Male infertility is a complex clinical condition involving physiological, psychological, and lifestyle-related factors. In this case, the patient presented with long-standing infertility compounded by erectile dysfunction, premature ejaculation, and varicocele,[7] indicating both structural and functional impairment of the reproductive system.[10]

From an Ayurvedic perspective, the condition can be understood as *Shukra Kshaya* and *Klaibya* resulting from *Vata Prakopa*, particularly *Apana Vata Dushti*. The presence of *Vishama Agni*, disturbed sleep, and psychological stress further aggravates *Vata*, leading to impairment in *Shukra Dhatu formation* and ejaculation control.

### Role of Bastyada Siddha Ksheera Basti

Basti is considered the prime treatment for *Vata Dosha*, and its administration directly influences the pelvic organs, including the reproductive system. The selected formulation has both nourishing (*Brimhana*) and rejuvenating (*Rasayana*) properties.

- **Ksheera (Milk)**: Acts as *Shukra vardhaka* and promotes tissue nourishment
- **Ghrita and Taila**: Enhance *Snigdha guna*, correcting dryness and improving tissue integrity
- **Shatapushpa Kalka**: Known for *Vatahara* and *Vrishya* properties
- **Mamsa Rasa (Goat testicle extract)**: Provides direct *Dhatu poshana*, especially for *Shukra Dhatu*

The *Yogabasti* schedule ensures systemic as well as localized correction of *Dosha imbalance*.

### Clinical Outcomes Interpretation

- Significant improvement in sperm count indicates enhanced spermatogenesis.
- Improvement in IIEF score reflects better erectile function and sexual confidence.
- However, motility parameters showed limited improvement, suggesting the need for prolonged or adjunct therapy

The observed outcomes support the concept that *Basti* not only pacifies *Vata* but also restores the functional integrity of reproductive tissues. Additionally, the use of *Ashwagandha* and other *Vrishya* drugs contributes to neuroendocrine modulation and stress reduction, which are essential in managing sexual dysfunction.

## CONCLUSION

This case study demonstrates that ***Bastyada Siddha Ksheera Basti***, when administered in a structured *Yogabasti* regimen along with appropriate *Shamana Oushadhis*, can effectively improve male infertility associated with erectile dysfunction and varicocele. The therapy works through *Vata Shamana*, *Shukra Dhatu Poshana*, and enhancement of reproductive function. Significant improvement in sperm count and erectile performance indicates its clinical potential as a safe and holistic therapeutic approach. However, further large-scale clinical studies are required to validate these findings and establish standardized treatment protocols.

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