

AYURVEDIC MANAGEMENT OF PCOD ASSOCIATED INFERTILITY WITH  
*SAHACHARADI TAIL MATRA BASTI*: A SINGLE CASE STUDYDr. Pratiksha Godbole\*<sup>1</sup>, Dr. Reetu Pandey<sup>2</sup>, Dr. Atul Pawar<sup>3</sup>, Dr. Praffulla Ramesh Kantak<sup>4</sup><sup>1</sup>PG Scholar, PG Department of Prasuti Tantra Evum Stree Roga, R.D. Memorial P.G. Ayurveda College, Bhopal, Madhya Pradesh, India.<sup>2</sup>Associate Professor PG Department of Prasuti Tantra Evum Stree Roga, R.D. Memorial P.G. Ayurveda College, Bhopal, Madhya Pradesh, India.<sup>3</sup>Professor & HOD, Department of Panchakarma, R.D. Memorial P.G. Ayurveda College, Bhopal, Madhya Pradesh, India.<sup>4</sup>Assistant Professor PG Department of Prasuti Tantra Evum Stree Roga, R.D. Memorial P.G. Ayurveda College, Bhopal, Madhya Pradesh, India.**\*Corresponding Author: Dr. Pratiksha Godbole**PG Scholar, PG Department of Prasuti Tantra Evum Stree Roga, R.D. Memorial P.G. Ayurveda College, Bhopal, Madhya Pradesh, India. DOI: <https://doi.org/10.5281/zenodo.20022691>**How to cite this Article:** Dr. Pratiksha Godbole\*<sup>1</sup>, Dr. Reetu Pandey<sup>2</sup>, Dr. Atul Pawar<sup>3</sup>, Dr. Praffulla Ramesh Kantak<sup>4</sup>. (2026). Ayurvedic Management of Pcod Associated Infertility with Sahacharadi Tail Matra Basti: A Single Case Study. European Journal of Pharmaceutical and Medical Research, 13(5), 370–375.

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**ABSTRACT**

Infertility is defined as a failure to conceive within one or more years of unprotected coitus. Primary Infertility denotes those patients who have never conceived. Secondary Infertility indicates previous pregnancy but failure to conceive subsequently. PCOD (Polycystic Ovarian Disease) is one of the most common causes of female infertility, affecting 5-10% of women of reproductive age. It is an endocrine disorder characterized by hormonal imbalance, leading to anovulation (lack of ovulation) which directly impairs fertility. The symptoms of PCOD associated infertility resembles *Arajaska yonivyapad* as one of the *yonivyapad*. To evaluate the efficacy of *Sahachar Tail* in the management of PCOD associated infertility w.s.r. to *Arajaska yonivyapad*. A single case study was conducted on 26 years female with a history of irregular menstruation since 5-6 years before marriage. After marriage the cycle was still irregular. The patient was assessed based on *Ayurvedic* principles and found to have sign of *Apan vayu dushti*. She was treated with *matra basti* with *Sahacharadi Tail* for 7 days after cessation of menstruation for 6-7 consecutive cycles. Along with *Matra basti* internal medication were prescribed to support hormonal balance and improve uterine strength. Lifestyle and dietary modifications were also advised according to *Ayurvedic* guidelines. Intervention was found to be highly effective as the patient demonstrated improvement in PCOD symptoms following *Sahacharadi Tail Matra Basti*, with marked enhancement in Menstrual regularity, pain reduction, regular flow, hormonal balance, normalize weight and overall well-being, indicating the effectiveness of the intervention. The result is satisfactory *Sahacharadi Matra basti* is proved to be effective, time saving, affordable and acceptable treatment in infertility without causing any adverse effect.

**KEYWORDS:** *Sahacharadi tail, Arajaska Yonivyapad, Infertility, PCOD (Polycystic Ovarian Disease), Apan Vayu.***INTRODUCTION**

Fertility is a vital aspect of human life and plays an essential role in individual, family, social, and national contexts. Fertility is a vital aspect of human life, and its importance extends beyond personal and emotional realms to social and economic domains.

Most couples are more correctly considered to subfertile,

rather than infertile, as they will ultimately conceive if given enough time. This concept of subfertility can be reassuring. However, there are obvious exceptions, such as the woman with bilaterally obstructed fallopian tubes or the azoospermic male. In general, infertility evaluation is offered to any couple that has failed to conceive in 1 year. But, several scenarios may prompt earlier intervention. For example, delayed assessment in an

anovulatory woman or a woman with a history of severe pelvic inflammatory disease (PID) may not be appropriate. Of particular note, fecundability is highly age-related. A significant decrease begins at approximately age 32 years, and a more rapid decline follows after age 37 (American Society for Reproductive Medicine, 2014). This decline in conception rates is associated with a rise in poor pregnancy outcome rates, primarily due higher aneuploidy rates. Thus, most experts agree that evaluation is considered after only 6 months in women older than 35 years.

Successful pregnancy requires a complex sequence that includes ovulation, ovum pick-up by a fallopian tube, fertilization, transport of a fertilized ovum into the uterus, and implantation into a receptive uterine cavity. With male infertility, sperm of adequate number and quality must be deposited at the cervix near the time of ovulation. Remembering these critical events can aid a logical evaluation and treatment strategy. In general, infertility can be attributed to the female partner one third of the time, the male partner one third of the time, and both partners in the remaining one third. This approximation emphasizes the value of assessing both partners before instituting therapy.

Both partners are urged to attend the initial consultation. This time provides an excellent opportunity to educate about the normal conception process and about methods to optimize their natural fertility. Couples are taught the concept of a fertile window for conception. If the male partner has normal semen characteristics, a couple ideally has daily intercourse during this period to maximize the chance of conception. Many myths surround the ability to conceive.

#### AIMS AND OBJECTIVES

To evaluate the efficacy of *Sahacharadi Tail Basti* in the management of PCOD associated Infertility w.s.r. to *Arajaska Yonivyapad*.

#### MATERIALS AND METHODS

Case study in single patient is discussed in this research paper.

#### Diagnostic Criteria

Patients was thoroughly examined both subjectively and objectively. Diagnosis was made on the basis of typical cardinal symptoms found in PCOD i.e., painful menstration (dysmenorrhea), absence of menstration found in advanced cases of the disease. Patient with symptoms like hirsutism, pain (*vedana*), scanty flow (*srava*), irregular menstrual cycle etc.

#### Interventions

Administration of *Matra Basti* from 6<sup>th</sup> day i.e. cessation of menstration for 6 consecutive cycles of *Sahacharadi Tail Matra basti* for 7 days.

**Period of study:** 6 month.

**Follow up Period:** 30 days or till symptoms subside.

#### Inclusion Criteria

1. Infertile Patients of reproductive age group woman.
2. Clinically diagnosed primary infertility.
3. Duration of Infertility-at least 1 year of unprotected intercourse without conception.
4. Patients having previous investigations like (Female) USG, HSG, AMH, Hormonal profile, Viral marker.
5. Willing to give informed consent & regular follow up.

#### Exclusion Criteria

1. Known Case of AIDS, Hepatitis B, STD, HBsAg, HCV, VDRL, Diabetes.
2. Psychiatric illness, Secondary Infertility.
3. Patient unfit for *snehan*, *swedan*, & *matra basti*.
4. Known case of HTN, DM, Thyroidism.
5. Severe systemic illness (TB), TORCH infection, any bleeding disorder.

#### Patient Management

After giving *Matra Basti* the patient is instructed to rest for 30 minutes, if within 15 minutes the patient feel gaseous pain then strictly we made them to lie in left lateral position or uplift the *Kati Pradesh*. So, 30 minutes resting time helps in holding the *basti*. The normal time of *Pratyagamana Kala* of *Sneha Basti* is 3 *Yama* i.e. 9 hours. Since, *Matra Basti* is the type of *Sneha Basti*, its *Pratyagamana Kala* is also 3 *Yama* i.e. 9 hours. There is no harm if *Matra Basti* is retained in the body, because while describing *Anuvasana Basti*, *Acharya* has explained that it does not injure body, even in the event of its being retained in the body for a whole day. Also the dose of *Sneha* in *Matra Basti* is very small which can get easily absorbed in the body without coming out. It is believed that *Sneha Basti* should retained in the body. If *Basti* returns much earlier, it cannot produce the described *Sneha* effect in the body.

#### *Pathya* and *Apathya* Advised During Treatment

***Pathya*:** Green grams, rice, wheat, green vegetables, fruits, adequate sleep at night.

***Apathya*:** Oily, fried, spicy, eatables, bakery item, curd, junk food, cold drinks etc.

*Ratrijagran*, *Diwaswapan*.

#### Criteria for Assessment

Results was assessed on the basis of Subjective and Objective parameters associated with the disease.

**Table 1: Parameters for assessment.**

Subjective	Objective
<i>Vedana</i>	Weight
<i>Srava</i>	Height
Cycle Regularity	BMI
Duration of menstration	Waist circumference
Amount of flow	Hirsutism score
Hirsutism	Cycle length & frequency

Weight gain	
Body image concern	

2- Normal amount	2 score 3-7 days
<b>Body image concern</b>	<b>Cycle regularity</b>
0-3- Satisfied	Regular (every month)

<b>Amount</b>
0- No bleeding
1- Very light
2- Normal amount
3- Excessive amount
4- Unscheduled bleeding between periods
<b>Body image concern</b>
0-3- Satisfied
4-6- Mild concern
7-10- Severe concern

## OBSERVATION

Table 2: Patient wise observation.

S.No.	Observation	Maximum
1.	Age	26 years
2.	Sex	Female
3.	Religion	Hindu
4.	Marital status	Married
5.	Socioeconomic status	Middle
6.	Dietary pattern	Vegetarian
7.	Habitat	Rural
8.	Occupation	House wife
9.	<i>Sharir prakrati</i>	<i>Vatta-kaphaj</i>
10.	<i>Jatharagni</i>	<i>Manda</i>
11.	Bowel habit	Constipated
12.	Water intake	1L-2L

Table 3: Subjective parameters before treatment.

<b>Vedana (pain)</b>	<b>Srava (flow)</b>
3- severe pain	1- hypomenorrhea (scanty)
<b>Amount</b>	<b>Duration</b>
1- very high	1- <2 days
<b>Body image concern</b>	<b>Cycle regularity</b>
7-10 – severe concern	No regularity

Table 4: Objective parameters before treatment.

<b>Weight (kg)</b>	<b>Height (cm)</b>
72.4 kg	143 cm
<b>BMI</b>	<b>Waist size</b>
35.4 (Obese class 3)	86 cm
<b>Hirsutism score</b>	<b>Cycle length &amp; frequency</b>
2- Moderate	Cycle length- 35 days (oligomenorrhea) Flow- scanty
	Frequency-<7 cycles/ year in PCOD

Table 5: Subjective parameters after treatment.

<b>Vedana (pain)</b>	<b>Srava (flow)</b>
0- No pain	2- Normal flow
<b>Amount</b>	<b>Duration</b>

Table 6: Objective parameters after treatment.

<b>Weight (kg)</b>	<b>Height (cm)</b>
55kg	143 cm
<b>BMI</b>	<b>Waist size</b>
26.9	77 cm
<b>Hirsutism score</b>	<b>Cycle length &amp; frequency</b>
1- Few	Cycle length- 28-30 days (Normal) Flow- Normal Pad- 2-3 Day 1 (fully soaked) -1-2 Day 2 ( fully soaked) -1-2 Day 3 (half soaked) - 1 Day 4 ( spotting) Frequency- 12 cycles in a year

## RESULT

The present study demonstrated a remarkable improvement in clinical parameters among the patient of PCOD-associated infertility following *Apana vayu shaman aushadhi & Sahacharadi Tail matra basti*. After the course of treatment, significant regularization of the menstrual cycle was observed, with cycle length gradually approaching the physiological norm. Menstrual flow improved in terms of duration, quantity, and quality, indicating a restoration of endometrial health. Subjective symptoms such as dysmenorrhea, pelvic discomfort, showed considerable reduction, contributing to enhanced overall well-being of the patient. Objective assessment revealed a reduction in body weight and Body Mass Index (BMI), along with noticeable improvement in signs of hyperandrogenism, including hirsutism and acne.

Ultrasonographic evaluation revealed a decrease in ovarian volume and number of immature follicles, suggesting restoration of normal ovulatory function.

Furthermore, leading to the successful conception of the patient during the follow-up period. The treatment was well-tolerated, with no adverse effects reported, underscoring the safety and efficacy of the *Ayurvedic* approach in managing PCOD-related infertility.

## DISCUSSION

The present study revealed that incidence of disease is more common in the age group of 20-40 years (reproductive age group) as disease PCOD primarily affect adolescent age group commonly because hormones and *Shrukra Dhatu* are more fluctuating during this period.

PCOD, is primarily characterized by a hormonal imbalance, specifically affecting the levels of androgens (male hormones) in women.

This imbalance disrupts the normal menstrual cycle and can lead to the development of cysts on the ovaries. The

hormonal fluctuations can also cause a range of symptoms, including irregular periods, difficulty in ovulating, and potential fertility issues.

The case discuss here is about a 26 years old, moderately fit, female patient consulted the general OPD of R.D.M.C. Hospital, Bhopal with the complaints of irregular menstruation, primary infertility for 2 years and with associated complaint of abnormal bowel movement with gaseous (*Adhyaman*), burning sensation in abdomen (*Udardaha*) after meal (acidity) since 1 year. During the examination, the patient revealed that she was absolutely normal 2 years back. Some time back she started experiencing pain and abnormality in menstrual cycle. The abnormality like scanty menstrual flow, cramps, nausea. This symptoms gradually developed to absence of 2 months, pain to an unbearable stage and force her to consult their family physician on urgent basis. The Physician had suggested her to go for medication and could give her a temporary relief of 3 months on consecutive treatment.

After marriage the symptoms worsen, but did not get relief. Hence, the patient consulted a local Gynecologist where was diagnosed with "PCOD ASSOCIATED INFERTILITY" through USG EXAMINATION. The patient was on conservative treatment for 6 consecutive months, and found only symptomatic relief.

#### PATIENT HISTORY

Patient was vegetarian with reduced appetite even though she had a regular habit of intake of homemade food. Her bowel movement was abnormal and frequency of micturition 5-6 times per day and had disturbed sleep. No allergies or addictions were reported. The Menstrual History is 60 days or 90 days irregular cycle for 2-3 days of heavy on- off, scanty on-off, irregular flow with clots and a lot of pain and cramps. The General Examination of the patient showed pallor in conjunctiva and nails.

#### OBSERVED DATA

Pulse rate-76/minutes, Respiratory rate- 18/minutes, Blood pressure- 100/60mmHg, Weight-45 kg.

#### PER ABDOMINAL EXAMINATION (P/A)

Tenderness in Right lower quadrants and uterus feels bulky at time of examination.

#### DIAGNOSIS

USG – suggests PCOD.

**Table 6: Treatment Schedule.**

<i>Sukumar Kashayam</i>	20 ml with 20 ml water
<i>Gandharvahrutaki</i>	10 gm BD with honey
<i>Hingvashatak churna</i>	30 gm BD with honey
<i>Kanchanar Guggul</i>	2 BD
<i>Praval panchamrut vati</i>	2 BD

The patient was advised to continue oral medicine for 1 month.

**Table 7: Treatment Schedule For Next Follow Up.**

Tab Folic acid	1 OD
<i>Streevyadhihar Ras</i>	1 BD
<i>Kuberaksha Vati</i>	2 BD
<i>Sukumar Kashayam</i>	30 ml BD A/F with water

The *Udardaha* (acidity) had reduced to zero percent. The bowel movement turned to normal. Hence the *Samata* (presence of *Aam*) has cured. Now, the medication given for PCOD.

**Table 8: Treatment Schedule For Next Follow Up.**

Tab Folic acid 5mg	1 OD
<i>Pushpadhanwa Ras</i>	1 BD
<i>Sukumar Kashayam</i>	20 ml BD
<i>Avipattikar Churna</i>	9 gm BD
<i>Sarvang Snehan Swedan</i> followed by <i>Sahacharadi tail Matra Basti</i>	60 ml for 7 days

The particular case was treated based on PCOD associated INFERTILITY (*Bandhyatwa*) w.s.r. to *Arajaska Yonivyapad* line of management. *Snehan* (oleation), *Swedan* (sudation) followed by *Sahacharadi tail Matra basti* (medicated enema) which was given for 6 consecutive months along with *Shaman Aushadhi* (oral medicines).

#### Probable Mode of Action of Matra Basti

*Dosha* balancing -PCOD is often associated with *Kapha-Vata* dominance along with *Ama* and *Srotorodha* (channel obstruction) in *Artavavaha Srotas*. *Matra Basti*, being *Sneha-pradhana*, helps in *Vata shamana*, especially *Apana Vata*, which governs ovulation, menstrual flow, and conception. *Srotoshodhana* (channel cleansing)-The unctuous and penetrating qualities of the medicated oil help remove *Avarana* (obstruction) caused by *Kapha/Medas* in ovarian and uterine channels. *Agni deepana & Ama pachana* -By improving *Jatharagni* and *Dhatvagni* (especially *Rasa & Artava Dhatu Agni*), it corrects *Dhatu poshana* (tissue nourishment) sequence, restoring healthy *Artava* production.

*Garbhashaya shodhana & poshana* -Direct contact of medicated *Sneha* in the pelvic region nourishes *Garbhashaya* (uterus) and *Artavavaha srotas*, supporting follicular maturation and endometrial receptivity.

#### Biomedical Correlation

##### Local hormonal modulation

*Basti* may influence hypothalamic-pituitary-ovarian (HPO) axis via neural reflexes and absorption of phytoconstituents through rectal mucosa, aiding hormonal balance (FSH, LH regulation). **Anti-inflammatory & antioxidant effects-** Many *basti dravyas* (e.g., *Sahacharadi Taila*, *Ksheerabala Taila*) have anti-inflammatory phytochemicals that reduce low-

grade chronic inflammation common in PCOD. **Improvement in pelvic circulation**-The warm unctuous *basti* improves microcirculation in pelvic organs, enhancing nutrient delivery to ovaries and uterus, promoting ovulation. **Insulin sensitization**- Some oils and herbal ingredients have mild insulin-sensitizing effects, indirectly improving ovarian function in insulin-resistant PCOD cases. **Stress & HPO axis regulation**-The calming, *Vata*-pacifying action may reduce cortisol and stress-related inhibition of reproductive hormones.

## CONCLUSION

The present case highlights the successful management of PCOD-associated infertility through the administration of *Sahacharadi Tail Vasti*, demonstrating its efficacy in restoring reproductive function. In Ayurveda, conditions resembling polycystic ovarian disease with anovulation and amenorrhea can be correlated with *Arajaska Yonivyapad*, characterized by the absence or irregularity of *Artava* due to vitiation of *Vata* and *Kapha dosha* along with *Agnimandya* and *Srotorodha*. *Sahacharadi vasti*, being predominantly *Vata-shamaka* and *Srotoshodhaka*, acts at the level of *Artavaha Srotas*, facilitating normalization of ovarian function, improving follicular maturation, and correcting hormonal balance. The *Vasti* therapy, regarded as the best treatment for *Vata Dosha*, plays a pivotal role in regulating the hypothalamic-pituitary-ovarian axis, therapy promoting ovulation.

In this case, the patient not only conceived following the treatment but also carried the pregnancy to term and delivered successfully, indicating the sustained therapeutic impact of *Vasti Chikitsa*. This supports the classical *Ayurvedic* principle that proper management of *Yonivyapad* leads to restoration of fertility.

The term *Arajaska Yonivyapad* indicates a symbolise absence / lack, *Rajas* symbolise menstrual blood (*Artava*). *Arajaska* together means absence of *Rajas* (amenorrhea). *Arajaska Yonivyapad* refers to a condition where a woman does not menstruate at the expected time, often due to deficiency or absence of *Artava* production or its proper excretion. It is similar to amenorrhea in modern medicine. *Lakshana* (Symptoms)- Absence of menstruation, Underdeveloped secondary sexual characteristics (if congenital). Possible weakness, dryness, and emaciation. *Samprapti* (Pathogenesis)- *Vata dosha* aggravation (especially *Apana Vata*), *Rasa-Rakta dhatu* depletion → *Artava* not formed or not expelled, Sometimes *Pitta-Kapha* involvement if there is obstruction in channels (*Srotorodha*). Types -1. *Sahaja Arajaska* – congenital absence of menses (primary amenorrhea), 2. *Jata Arajaska* – acquired later in life (secondary amenorrhea). *Chikitsa* (Management)-*Vata*-pacifying measures – *Snehana*, *Swedana*, *Vasti* karma.

The results was encouraging, hence it can be concluded that the patient of *Arajaska Yonivyapad* can be managed effectively by *Matra Basti* by *Sahacharadi Tail*. *Matra*

*basti* by *Sahacharadi tail* is proved to be an effective, time saving affordable and acceptable treatment in PCOD associated Infertility. The treatment proved to be fruitful, as it successfully restored the reproductive potential of patient and paved the way for conception.

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