Speman tablets (The Himalaya Drug Co.) have been reported to increase the sperm count and improve the motility and morphology of the sperm, due to its composition of reputed herbal ingredients stimulating spermatogenesis. Its oral use has been very favourably reported by Bhargava, N.C., Vaze, V.H., Vaidya, M.D. Its action of promotion of spermatogenesis is reported but its specific action on the initiation of spermatogenesis in cases of arrested spermatogenesis has not been adequately reported.

A male A.K. aged 28 years married for five years, teacher by profession, was examined by me on 8-11-77 for sterility. Investigations of his wife showed no abnormality. There was no previous history of mumps, orchitis, gonorrhoea, epididymo-orchitis, exposure to radiation or any toxins or chemical agents. He was unsuccessfully treated for sterility for three years. On examination he is found to be of a moderate build and well-nourished, he has leucodermic patches on his face and lips. His penis, scrotum and both his testes are normal in size. There is no abnormality of the testes or epididymis or the vas on palpation. Other systems do not reveal any abnormality. Complete hemogram, blood chemistry, routine urine examination and chest fluoroscopy are normal. His semen was collected by the standard method and revealed azoospermia. The three successive semen examinations at intervals of one month after the usual 4 days of abstinence showed persistence of azoospermia. Bilateral testicular biopsy after 3 months (30-1-78) showed functioning testes with the arrest of spermatogenesis. He was put on testosterone propionate 25 mg weekly with vitamins A and E and B-complex. This treatment was continued for 3 months during which the semen analysis was done at regular interval of one month with abstinence for four days and all the three successive counts showed persistent complete azoospermia.

Empirically Speman 2 tablets t.i.d. were added and the sperm count was done at the end of one month and showed oligospermia. The report being: semen volume 3 cc., sperm count 2 million/ml, motile sperms 10%, total motile count 0.6 million, no precursor cells seen. Being encouraged by the results in this resistant case of azoospermia, the treatment was continued with the same regimen with Speman tablets 2 t.i.d.

After continuous Speman therapy his semen report on 30th July 1978 showed a remarkable improvement i.e., normospermia. The semen report showed volume 3 ml, sperm count 48 million/ml, total sperm count 144 millions, motile sperms 40%, total motile sperm count 57.6 million. Plenty of the motile sperms showed excellent motility. I have thereafter employed this regimen with excellent sperm count results returning to normal in many cases with complete azoospermia. The precise mode of action of Speman in cases of complete azoospermia is not known but Speman certainly helps in initiating and normalising the semen values, total sperm count and motility in cases of arrested spermatogenesis. This case has given excellent and very salutary result in the treatment of azoospermia by Speman tablets. I strongly recommend the use of the same in these clinically and therapeutically problematic cases.