HOMOEOPATHIC TREATMENT FOR MALE INFERTILITY DUE AZOOSPERMIA

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Abstract

Azoospermia is a great concern for 30% of the infertile male patients. Apart from the pre testicular and post testicular causes, occupational and environmental factors are additional contribution. Out of the *26* Homoeopathic medicines available for or male infertility, 9 are suitable

for the treatment of due to testicular atrophy. Similarly 5 medicines are available for the treatment having no seminal emission during intercourse, 2 weeks to 2 months was taken in 8 azoospermia patience to have an investigation report of 1.6 to 70 million sperm per ml Homoeopathic medicine is cost effective and safe for the treatment azoospermia

1. Introduction

Failure of conception after 12 months of unprotected intercourse is defined as infertility. It is a common problem affecting 14 to 26% of the couple. 30% of infertile male patients are suffering from azoospermia Out of this 48 to 50% are non obstructive form.

18 to 20% manner with a azoospermia or oligospermia are having microdeletion of the distal end of Y chromosomes which is otherwise known as AZF region [azoospermia factor] For successful Spermatogenesis RNA-binding protein is highly essential. Genetic mutation of androgen receptor gene Is another contributing factor for male infertility due to azoospermia

and Klinefelter syndrome, [men with X Y Y Karyotype chromosome] Exposure to heavy metals like Cadmium, lead, Zink and Arsenic are reported to impaired spermatogenesis.

The WHO standards are the following

Volume	PH	Count (Concentration)	Motility	Morphology
2-5	7.2 to	20 million/ml	50% 25% rapid linear movement	30%& above is enough for IVF for 70 – 80% success

Herbicides, Insecticides and tobacco smoking are other contributing factors. Heat exposure increases the incidence of congenital malformation and testicular cancer. Thyrotoxicosis, diabetes ,hepatic failure, renal failure ,to pituitary failure, Bronchiectasis, Sinusitis ,Bronchitis, paraplegia, Myotonic Dystrophy, mumps ,tuberculosis, syphilis, male accessory gland infection are some of the systemic cause of male infertility.

Seminal plasma spermazoa contains several antioxidant enzymes produced by epididymis. More antioxidants are seen in fertile men than infertile. Common causes of azoospermia are genital tract of obstruction[40%] defective spermatogenesis [60%] 48 to 50% of all non obstructive form of azoospermia is idiopathic.

Diagnosis of infertile male is to start with semen analysis. A sexual abstinence for at least 2 days but not longer than 7days before obtaining a sample is highly essential. The sample shall be obtained through masturbation without any lubricant.

STATEMENT SHOWING THE TREATMENT PLAN ARE GIVEN IN AN ABSTRACT FORM

SL NO	Diagnosis of disease and duration of disease	Name of Patient and date of consultation	Age	Date	Investigation before and during treatment					Medicine Prescribed
					Biopsy	Sperm count	Motility			
							Active	Slow/non motile	Dead	
1	Azoospermia Staph 10M/dose 5-6-1989-12.8Millian+25% 5-1989.12.9Minutes	Ismail 22-4-1984	22	12/10/1988 Before 28/4/1989 5/6/1989	Nil	NA	NA	NA	NA	Staph 10 M -1 D
					…..	9.6Million	8 %	12%	80 %	….
					……	12.8 Million	25%	15%	60	
2	Azoospermia 3 years of married life	Jacob 6-9-90 Teacher in a Parallel College	35	20/7/1990	…..	…….				
					……..					
3	Azoospermia 18 years	Kunhi Moosa 8-8-1988	40	18/8/1987 Before 30/10/1987	……	Nil	NA	NA		
						2.2 Million	……	1%	99 %	Staph6 (1+1x2)4/10 Staph 30/OD
4	Azoospermia 9 years duration	Moosa 8-8-1988 Agriculturist	34	15/11/1985 Before 3/9/1988	No 11454/85 Maturation Arrest	……	……	……..		Ars.Iod .3x1-DoseAn alternate days 10/10/88 Rpt1 doseon every 4th day
						1.6 Million	…..	1%	99 %	
5	4 years duration Azoospermia Staph 10 M 5/6/89 12.8 million	Ismail 24/4/1989	**22**	**12/10/1988 Before**	…….	……	NA	NA	NA	Staph 10M?1 Dose
				28/4/1987	….	9.6 Million	8%	12%	80 %	……..
				5/6/87		12.8 Milion	25%	15%		……
6	Azoospermia 3 years of married life	Jacob 6/9/90 Teacher in a Parallel College	35	20/7/1989 Before 12/10/1990		50,000	0-1/hpf	0-1 hpf		Staph 10M/1 Dose 2.3/1Staphy 50 M 1

										dose
				14/12/1990		75000	do	0-1 hpf		……
				19/1/1991		75000	do	1-2 hpf		…….
						Nill	NA	NA	NA	Staph Q - 5drops 9Thric e daily 3 days
7	Azoospermia 5 years duration	Rajeevan	35	Nill before 9/9/1991						
						20Milli on	10%	10%	80 %	
8	Azoospermia 200/2 doses	Solay Samy M 13/4/2000	34	13/4/2000 25/6/2000 28/6/2000		Nill	NA	NA	NA	Plumb um Met 200/2 dose2 4/5Bt
						7 Million	50%	50%	…..	
						23 Millon	60%	40%	… …	

The pH of the vaginal tract is acidic about 3-4 but it is greater than 7 during preovulatory period. During this period sperm can survive for two or more days otherwise only for 1 to 2 hours. WBC count of 1 million per ml is abnormal. Sperm function test sperm, penetration assay [S P A] Seminal Adenosine Triphosphate level, estimation of acrosome of the sperm head, are some of the other test is to be done apart from seminal analysis in problem cases.

The common cause of azoospermia are pre testicular testicular, and post testicular. The testicular cause is very difficult to cure. Psychosexual dysfunction, medication, neurological diseases, hypogonadotropic hypogonadism[low level pituitary FSH and LH] higher prolactin concentration abuse of anabolic steroid hormones, hemochromatosis, [iron over lead of pituitary gland causing isolated gonadotropin deficiency and testicular atrophy are the causes coming under the pretesticular Azoospermia

The testicular causes are Cryptochidism and [undescended testis]. An increase of FSH, normal testosterone and diminished size of the testes are seen. Obstructive lesion of the epididymis or ejaculatory duct

are the causes coming under post testicular cause of azoospermia. The first mutation of the Y chromosome that prevent sperm production and thereby male infertility is another newly finding by David Page

2. Materials and methods

About 200 male patients with infertility including azoospermia are seen during my practice .Majority of them are between the age group of 25 to 35 and 99% are having in investigation report. My special consideration and study was focused on azoospermia cases.

All the cases were treated after a detailed consultation with a specific and unique consideration of individualization. The particular desire or aversion to climate the effect of sudden change in the atmosphere, desires of patients to various kinds of food/drinks, the pattern of sleep dreams, character and conduct studied in detail along the diagnosis of the case. Baseline

Investigation needed for the case I was also done before and during the treatment. Potencies and the repetition pattern are selected according to Homoeopathic philosophy by considering the susceptibility of the patient, duration of the disease, extent of pathology of mental and physical symptoms and the source of medicine, the minimum and the observation no repetition of medicine as long as the medicine is acting according to the duration of action.

3. Result and Discussion

Homoeopathic treatment is effective in 8 cases .When further improvement was not seen they are advised to take an advice from an expert for IVF and the like. These patients are at least satisfied with that much of sperm productivity through a great concern not having a child of their own. The treatment is cost effective compared to other system except for investigation charge is concerned more than 26 medicines are available in Homoeopathy for male infertility. 9 medicines are available for testicular atrophy .Environmental and occupational hazards can be treated with Homoeopathic medicine.

Lead, Zinc Cadmium, x-ray radiation, Arsenic etc are having direct effect in producing azoospermia. If investigation results are available the potentised Homoeopathic medicine and their related medicines are effective for removing the toxic effect of the pollutants

4. Conclusion

If a cost effective is our concern definitely Homoeopathy stands first. In the treatment of azoospermia. Infertility due to very low motility and count varicocele, increased prolactin, lowered FSH are improved during treatment. 8 azoospermia cases have given a sperm count from 1.6 million to 70 million within 2 to 3 months when the causative factor is identified and removed the treatment become more effective.