Infertility is the inability of the female partner to conceive after one year of regular, unprotected intercourse. Infertility may be due to a single cause in either male or female partner, or a combination of factors that may prevent a pregnancy from occurring.

Causes of male infertility can be divided into three main categories:

- Sperm production disorders affecting the quality and/or the quantity of sperm:
  - Affected by the raised local (scrotal) temperature,
  - Presence of varicocele,
  - Use of tight under-garments,
  - An occupational hazard where men are subjected to excessive heat

- Anatomical:
  - Incomplete development of testis.
  - Late descent or non-descent of the testis

- Obstructions can be due to
  - Infections
  - Injury,
  - Absence of the tract (vas) from birth.

Other factors such immunological disorders:

The five main factors that contribute to sperm quality are:

<table>
<thead>
<tr>
<th>Sperm count</th>
<th>Concentration</th>
<th>Motility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speed</td>
<td>Morphology</td>
<td></td>
</tr>
</tbody>
</table>

Many factors can interfere with optimal sperm quality in men. The main causes are described below:

<table>
<thead>
<tr>
<th>Varicocele</th>
<th>Hypogonadism</th>
<th>Anti-sperm antibodies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lifestyle factors</td>
<td>Infections</td>
<td>Medications</td>
</tr>
<tr>
<td>Cancer</td>
<td>Genetic disorders</td>
<td>Retrograde ejaculation</td>
</tr>
</tbody>
</table>
Sperm count:

The sperm count is the total number of sperm found in semen. A normal sperm sample has at least 40 million sperm cells. If the sperm count is lower than 40 million, this does not necessarily imply that the man is infertile, however it may take longer to achieve conception.

Concentration:

The concentration is the number of sperm cells per millilitre of semen. A concentration of at least 20 million sperm per milliliter is considered “normal”.

Motility:

Sperm motility refers to the ability of the sperm to move or “swim”. The ability of the sperm to travel through the cervical mucus and to the fallopian tubes is essential. Enough sperm should be able to move quickly enough and in a straight direction to be capable of fertilization. “Normal” sperm motility is about 50 per cent.

Speed:

Speed is sometimes referred to as “rapid linear progression”. It refers to the number of sperm that are the fastest swimmers and are likely to fertilize the egg.

Morphology:

Morphology is the size and shape of the sperm. Normal sperm have an oval “head” and a long tail. Defects in sperm morphology may impair the swimming strength or the ability of the sperm to penetrate and fertilize an egg. In a semen analysis, 15 per cent or more of the sample should be normal sperm.

Varicocele:

Varicocele is varicose (enlarged and twisted) veins located in the testicles. Varicocele can impair sperm production and therefore reduce sperm counts.

Hypogonadism:

Hypogonadism is a condition that results in markedly decreased levels of the hormone testosterone. This deficiency negatively impacts sperm production and therefore sperm count. Typically hypogonadism is a congenital (present at birth) problem, however it can develop later in life from various brain tumors, radiation treatments, or rarely, unknown causes.

Anti-sperm antibodies:

Both men and women can have anti-sperm antibodies, which are proteins in the body that “attack” sperm cells and disable them, preventing them from reaching and fertilizing a viable egg. Anti-sperm antibodies can attach to either the head or the tail of sperm. It may take longer to achieve conception. Thus, the antibodies mainly affect sperm motility and morphology.

<table>
<thead>
<tr>
<th>Minimal standards of adequacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volume</td>
</tr>
<tr>
<td>Sperm</td>
</tr>
<tr>
<td>Motility</td>
</tr>
<tr>
<td>Speed</td>
</tr>
<tr>
<td>Morphology</td>
</tr>
<tr>
<td>Fructose</td>
</tr>
</tbody>
</table>

The volume of the semen sample, approximate number of total sperm cells, sperm motility/forward progression and per cent of sperm with normal morphology are measured. This is the most common type of fertility testing. Semen deficiencies are often labeled as follows:

- Oligospermia or Oligozoospermia - decreased number of spermatozoa in semen
- Aspermia - complete lack of semen
- Hypospermia - reduced seminal volume
- Azoospermia - absence of sperm cells in semen
- Teratospermia - increase in sperm with abnormal morphology
- Asthenozoospermia - reduced sperm motility

Investigations indicated to diagnose a case of Infertility:

- Testicular biopsy
- Radio-immunoassays like FSH, LH, Prolactin
- Agglutination tests
- Scrotal Sonography or Colour-doppler

Management:

Prevention:

- Infertility cannot always be prevented. But the following steps may help:
  - Avoid use of tobacco, marijuana, opiates, and anabolic steroids.
  - Avoid exposure to harmful chemicals and heavy metals.
- Avoid excessive use of alcohol.
- Protect yourself from sexually transmitted disease by using condoms and minimizing the number of sexual partners.
- Homoeopathy has an absolute solution that can augment the probability of conception. Homoeopathic treatment of Infertility addresses both physical and emotional imbalances in an individual. The psoric male suffers from oligospermia and the syphilitic male suffers from azoospermia resulting in infertility. Homoeopathy plays a role in treating Infertility by strengthening the reproductive organs in both men and women, by regulating hormonal balance, menstruation and ovulation in women, by escalating blood flow into the pelvic region, by mounting the thickness of the uterine lining and preventing the uterus from contracting hence abating chances of a miscarriage, and by increasing quality and quantity of sperm count in men.

Case 1 :

Preliminary data :

Name : Mr R.R
Age : 31 years
Sex : male
Education : 8th std
Occupation : Mill worker
Religion : Hindu
Address : Asaigoli

Chief complaint :
Patient came with complaint of inability to procreate since 5 years.

<table>
<thead>
<tr>
<th>Location</th>
<th>Sensation</th>
<th>Modality</th>
<th>Concomitant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male reproductive system</td>
<td>Inability to procreate</td>
<td>Thin watery semen</td>
<td>No pain during coition</td>
</tr>
<tr>
<td>Since 5 years</td>
<td>No trauma</td>
<td>Semen discharge quick</td>
<td></td>
</tr>
</tbody>
</table>

Past history : Malaria in childhood
Family history : Mother is diabetic
Treatment history : NIL

Personal history :
Appetite : Good'
Thirst : 2-3 litres
Bowel habit : 1/d

Bladder habit : 4-5/d, 1/n
Craving : Chicken²
Aversion : Sweets²
Perspiration : Nape of neck
Sleep : Good
Thermals : Hot patient
Addictions : Nil

General physical examination :
Moderately built and moderately nourished
Pallor 0; clubbing 0; icterus 0; cyanosis 0; oedema 0; lym 0

Vital signs :
Pulse : 72bpm, temperature : afebrile, RS : 18bpm, BP : 110/80mm of Hg, weight : 70kg

Systemic examination :
Respiratory system- Normal vesicular breath sounds heard
CVS- S1, S2

Male Genitalia :
No swelling
No discharge
No tenderness
No local rise of temperature

Investigation :
16/8/2011 – Semen analysis
No sperm seen (Azoospermia) :

*Life space investigation:*

Patient came from a middle class family. His father was a police and mother, a house-wife. She has one elder and younger sister.

His childhood was good. He used to play with his sister and neighbourhood friends.

He was not interested in studies, he only studied upto 8th std. He rarely used to attend classes for which his father used to shout at him.

At the age of 20 he started to sell chips and looked after the family. He got married at the age of 26. He has good relation with his wife. They were not having children for which they underwent investigations and found that he is having azoospermia. He was very sad about it. When someone asks about his complaints he feel sad and weeps.

He always likes to be with his family. His brother-in-law expired 7 years back, and he used to be very close with him. As a person he does not like to share his feelings. He does not mingles with people easily, neither keeps deep relations. He gets angry when anyone contradicts him and shouts back.

**Chronic constitutional totality:**

**Mental generals:**
- Irritable$^3$
- Reserved$^2$
- Disappointment$^2$ – A/F Infertility
- Obstinate$^2$
- Contradiction aggravates$^2$
- Does not like company
- Weepy$^2$ on getting emotional

**Physical generals:**
- Appetite : Reduced
- Craving : Chicken$^2$.
- Perspiration : More on nape of neck
- Thermally : Hot patient.

**Characteristic particulars:**

Semen-thin and watery
Semen discharge- quick

**Prescription:**

Rx Lyco.200/1p
No. 2 pills

**Followups:**

5/9/13
Semen thicker
USG : right epididymis cyst - 2.2cm
Rx Lyco.0/1p
No2 pills
7/11/13
Feels better
5/12/13
Peeling or skin in right forearm.
Rx Lyco.200/1p
No2 pills
3/4/14
Sperm count 12.8 million/ml

Total motile sperm 80 per cent
Non motile 20 per cent
Wife- Urine- pregnancy test – positive on 03-04-14

**Conclusion:**

Thus timely help; expert opinion, judicious use of current medical knowledge, investigation techniques, and tests, helped in appropriate management and cure of male infertility exemplifying and aptly demonstrating. The importance of constitutional prescribing in such cases.
REFERENCES


8. Infertility and Some Remedies in Treatment, Nikunj Trivedi, Hpathy Ezine, January, 2014