



“बेटी बचाओ, बेटी पढ़ाओ”

Role of Argentum Metallicum in Non Obstructive Azoospermic Male

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Abstract: . Azoospermia is defined as absence of sperm in at least two different ejaculate samples (with the centrifuged sediment). Azoospermia could be obstructive azoospermia (OA) or non-obstructive azoospermia (NOA), each having very different etiologies and treatments.

In the present case 32 years male driver of JCB presented with 9 years of azoospermia was successfully treated with Argentum Metallicum.

Introduction:

About 1% of all men in the general population have a medical condition azoospermia, and azoospermic men form approximately 10 to 15% of all infertile men.(1) Azoospermia is absence of sperm in at least two different ejaculate samples (with the centrifuged sediment) (2,3). In the general population, the prevalence of infertility is around 10 to 15% (4,5). Around 50% of these cases can because of male issue. Out of these infertile men, 10 to 20% (1% of all men in the general population) have azoospermia (4). Azoospermia may be obstructive azoospermia (OA) or non-obstructive azoospermia (NOA), each having very different etiologies and treatments. These two etiologies can be differentiated by history, physical examination and laboratory/genetic testing. OA may occur because of obstruction of the male reproductive tract, and is diagnosed through a combination of history/physical examination, laboratory testing, genetics cystic fibrosis transmembrane regulator (CFTR) and imaging studies. NOA (which includes primary testicular failure and secondary testicular failure) is differentiated from OA by clinical assessment (testis consistency/volume), laboratory testing (FSH), and genetic testing. A detailed history, a physical examination, a hormone profile, imaging and genetic counseling are important to establish the specific clinical classification of the azoospermia.

History: A 32 years male driver of JCB presented with 9 years of infertility. The chief complaints were primary infertility and azoospermia. Past history of mumps was noted in childhood.

There was no history of trauma, torsion and cryptorchidism; no history of pelvic, inguinal or scrotal surgeries; any potentially compromising testicular vascularization, vasal patency and ejaculatory function. Also, there was

a normal onset of puberty. No history of vasectomy, and Genitourinary infections, such as urethritis and epididymitis. No history of Systemic diseases like diabetes mellitus, tuberculosis, cirrhosis and chronic renal insufficiency. No previous malignancies, and no treatment with cytotoxic chemotherapy or radiotherapy. And no medications with gonadotoxic agents, such as cimetidine, nitrofurantoin and calcium channel blockers, were noted.

Examination: On physical examination hair distribution was normal and gynecomastia was absent. Normal serum testosterone level, estrogen-to-testosterone ratio and adrenal functions. Features of Klinefelter's syndrome and disproportionately long extremities (caused by testosterone deficiency at the time of puberty, leading to delayed closure of the epiphyseal plates) were not present.

Furthermore, the external genitalia revealed normal Penile curvature, no hypospadias and absence of surgical scar. The testis size and consistency was normal. Also there was absence of testicular mass but mild asymmetry noted on right side.

Investigation: Scrotal colour doppler dated 19/7/2016, Reg no. 1247/2011 showed right testis 35X24 mm and left testis 33X21 mm. Both Epididymii and pampiniform plexuses were normal. But Right sided hydrocele was noted.

On Investigation of Semen analysis, sample no. S120811035, from Prathima institute of Medical Sciences Karimnagar, Telangana dated 11/8/2012 after 3 days of abstinence, 0.5 ml of semen was collected and showed absence of sperm. Semen analysis, from Vijaya diagnostics Karimnagar, Telangana Lab no. 160718-128 dated 18/7/2016 after 4 days of abstinence 1ml of semen was collected showed absence of sperm. Hence the diagnosis of Azoospermia was confirmed.

Patients with Non Obstructive Azoospermia is differentiated from OA by clinical assessment.

Analysis & Evaluation of symptoms

Sr. no.	Symptom	Severity
1	Anxiety about future	+++
2	Feels himself of little consequence	+++
3	Irritable	++
4	Introvert	++
5	Hot patient	+++
6	Perspiration all over the body	++

7	Desire sweets	++
8	Sleep disturbed due to thoughts	++
9	Pain in right testis	++

Treatment given---Date 20/10/2017

Argentum Metallicum 30 single dose

Placebo – 4 globule/BD/ 2 mths.

Follow up—20/12/2017

Patient told feeling of general wellbeing.

Argentum Metallicum 200 single dose

Placebo – 4 globule/BD/ 15days.

Advice to repeat Semen Analysis after minimum 3 days of abstinence.

Follow up—05/01/2018

Semen analysis dated 30/12/2017 Lab.no.171230-210 after 3 days of abstinence 1ml of semen was collected showed Sperm count 12 millions/cumm.

Follow up treatment -- Placebo – 4 globule/BD/ 1month

Discussion : : A 32yrs. old male having H/O azoospermia since last 9yrs.was prescribed Argentum Metallicum as a constitutional medicine on the basis of mental symptoms & physical symptoms.

Potency was increased from 30 to 200 as patient felt better in general upto some extent with 30 potency.

After the dose of Argentum Metallicum 200,sperm count was started.

Conclusion: A 32yrs. old male having H/O azoospermia since last 9yrs.was diagnosed as non-obstructive azoospermia. Patient was treated with Argentum Metallicum 30,single dose followed by Argentum Metallicum 200 after 2 months which had initiated the sperm count to 12 million/cub.mm. with 60% motility. The azoospermia was successfully treated & his wife was conceived within 3 months of treatment. Future research on Argentum Metallicum in azoospermia will optimize management for azoospermic patients.

References:

- 1) Individualized homeopathic therapy for male infertility. article in homeopathy 91(3)133- 44. August 2002 with 110 reads.
- 2) Manual of Homoeopathic Materia Medica & Repertory—Dr. Willium Boericke