



**TANTIA UNIVERSITY JOURNAL OF HOMOEOPATHY
AND MEDICAL SCIENCE
CASE REPORT**

Volume 2 Issue 3(July-Sept. 2019)

**E-ISSN - 2581-8899
P-ISSN – 2581-978X**

Management Of Male Infertility Case With Homoeopathy

Dr. K. Z. Patil¹, Dr. Rajinder Girdhar²

¹Principal, Merchant Homeopathic Medical College & Hospital Mehsana, Gujarat (Ph.D.-Scholar)

²Principal, Abohar Homoeopathic Medical College & Hospital, Abohar, Punjab

Abstract-

“Infertility is defined as failure to conceive within one or more years of unprotected coitus.”

As per DHS (Dedicated Healthcare Service) survey, in India the percentage of primary infertility of married women having sexual intercourse but no live birth as per the age have risen from 11 – 16%. As per Dr. Hrishikesh Pai of Mumbai- vice-president of the India Society of Assisted Reproduction., "Infertility will become more common in future generations with more couples needing help to have a baby," mentioned in British Medical Journal, and "If there are about 300 million couples in the fertile age group of 18 to 44 years, 10 per cent, or 30 million couples, are infertile." Prevalence - As per WHO, overall estimate of primary infertility in India is between 3.9 to 16.8%. As per 1981 census of India, the rate of infertility was around 4-6%, and according to NHFS (National Family Health Survey)-1 it was around 2.4% in the married women. The prevalence of primary infertility was 12.6. It is around 4.9 million of primary infertility and if added with secondary infertility, the total number of infertile couple is 17.9 million.

Key word: infertility, cases, types, fluoric acid

Received: 28/09/2019

Revised: 30/09/2019

Accepted: 30/09/2019

Corresponding author: Dr. K. Z. Patil, Principal, Merchant Homeopathic Medical College & Hospital Mehsana, Gujarat.

How to cite- Patil KZ, Girdhar R., Management of Male Infertility Case with Homoeopathy, TU J. Homo & Medi Sci. 2019; 2(3):71-75

Introduction-

As per World health organization – Infertility is a “disease of the reproductive system defined by the failure to achieve a clinical

pregnancy after 12 months of the regular unprotected sexual intercourse”

Incidence - 80% of the couples achieve conception if they so desire, within one year of having regular intercourse with adequate

frequency (4-5 times a week). Another 10% will achieve the objective by the end of second year. As such 10% remain infertile by the end of second year.⁴ As per national health survey 2005- 1006, the percent of infertility in women as per the age at time of marriage differs, i.e. –

1. 18 or below age – 1.68%
2. Above 18 years – 2.35%

Infertility may be primary or secondary.

Primary infertility - Primary infertility refers to infertility of a couple/ women who is not able to bear a child, either due to inability to become pregnant or the inability to carry a pregnancy to a live birth. Thus, it may include women who had spontaneous miscarriages, whose pregnancy resulted into still birth or who never had a live birth.

Secondary infertility – Secondary infertility refers to a couple/ women who is unable to have/ bear a child, either due to inability to become pregnant or carry a pregnancy to a live birth following either a previous pregnancy or a previous ability to carry a pregnancy to a live birth. Thus, women with spontaneous miscarriages, whose pregnancy results in still birth, were following a previous pregnancy or ability to continue pregnancy.

Infertility a Worldwide issue - Up to 25% couples has difficulty in conceiving at some point during their life, and are been resolvable/ resolved with conservative management. But some may remain unresolved/ Infertile i.e. 3.6. The causes can be anxiety, grief, depression, disappointment, poor adjustment, relationship problems, guilt, unconscious resistance or dishonestly motivated will to have a child. Early sexual experiences or childhood traumas

can influence future sexual behavior. For example, in males, if a teenager conditions himself to ejaculate quickly to avoid being caught masturbating, it may later be difficult to break the habit. Strict upbringing and believes about sex⁸. In these stressful conditions, cortisol is produced and it affects reproductive system of men impairing the testosterone and sperm production. In women it leads to irregular/ painful menstrual cycle. Thus, stress can theoretically interfere with the pregnancy through direct hormonal effects or indirectly by impairing sexual functioning

CASE REPORT

28 years male patient from came with the complaint of sterility. Married since 3 years, but his wife is not conceiving since marriage. By occupation he is painter.

Chief complaints:

Location	Sensation & pathology	Modality
Male Genito Urinary System – since 7 years	Azoosprmia Semen analysis – Sperm count – 0, Increased sexual desire++ Unable to control++(had to visit Prostitutes) Masturbate++	A/F – excessive sex++ < Porn videos
Scrotal region D – continuous	Pain+2	A/F – Suppress sexual desire ++

Physical Generals

Perspiration – Forehead+2

Craving- Pungent+3, Ghee+3

Stool- unsatisfactory

Hunger – Intolerance, < Weakness

Aversion- sweets+2

Thermals – C3H2

Sensitive – Noise < Anger

Motion – Vomiting < Bus+2

Sleep & dreams – Dead body+2, Ghost+2,
Water flowing+

Sexual complaints – pre- marital sex,

- Desire – Increased Uncontrolled

- Masturbation – 4-5/ week since 5- 6 years

-Early excitement

- Coition – Painful after 4-5 days

Marital adjustment – Didn't want to marry

Investigation reports: semen analysis –

Sperm count – 0, Active motile – 0%, Sluggish

motile – 0%, Non- motile – 0%

Life events:

Patient born and brought up in an average socio – economic family having 2 Br. Patient is 2nd sibling, he says since childhood he is impulsive and angry by nature, and doesn't like to share his feelings. In school patient didn't like to study much but was average in studies, had limited number of friends. Once, his maths teacher asked him to solve sum and check of other students, so he did corrections of his friends only but not of other classmates because of which they used to get punishment.

He used to do this repeatedly and once other students came to know about it and came to beat him, but he was saved by other students at that time. Since then he used to go to school only if his friends come to school, due to fear that if he will be caught alone and beaten. Once it happens that he was caught alone and a boy pulled him, he fell and got injury in

lumbar region. Patient got angry, went to collect his bag, took his slate and hit that boy back in anger and returned home.

He says, that time he wasn't getting what is he doing, and while returning his Father saw him, so he told that he is not feeling well. Next day after getting to know about the incidence through school and Father beat patient in anger. Father beat him badly, made him naked and left him in ground in a rainy day. Since then he doesn't like his Fathers behavior, but as Father love him lot, so as per patient they fight a lot and share good relation also. Left studies after 10th standard and joined ITI as per Fathers instructions, but didn't like it there and joined Father business later.

While living in a chawl in Mumbai, patient didn't mix up there with friends, but got mix-up with guys of other chawl who were ' Tapori type'. He also started behaving in same manner as it was liked by a girl. While trying to match up his friend and that girl he got to know that girl liked him not his friends. And there onwards they were in relationship and wanted to get married. Once the love letter by his GF was read by her Father accidently and complained to patient's Father, and he was sent to aunt's place.

That period of 5-6 months was depressing for patient, but later that girl married somewhere else and patient joined his Father business. Once while driving a tempo came in front of his car, patient got angry and started beating him in anger but said "he didn't understood what was happening to me". Once the same incidence happened and patient went to beat the driver, but that man was tall and giant, so

he was afraid to beat him, but beat him in anger, and fight started as he got boost up by his friends who was passing by as he was afraid of fighting alone, needs support for it always. But the crowd gathered and fight stopped, but still patient has that anger and wants to beat him.

Due to bad company of friends patient got habit of masturbation and porn videos, and his sexual desire increased, and if not ejaculated he starts with scrotal/ hypogastric pain. Thus, he started going to prostitutes, but also had fear of exposing of sexually transmitted

diseases. Again, patient had an affair and wanted to have sexual relation with that girl, but she refused so patient got angry. When Father got to know about affair, arranged his marriage.

Patient didn't want to marry because of past bad experience of brother's marriage and family separation after it. Thus, he didn't want to marry in order to be with parents and serve them. After marriage also patient had increased sexual desire and used to gets angry if wife refuses for it and starts with pain in scrotal region.

Reportorial Totality

	phos.	flac	nux-v.	plat.	nat-m.	kalib.	lyc.	con.	sulph.	calc.	sep.	sta.ph.
1. MIND - AILMENTS FROM - celibacy (13) 1	3	1	-	1	-	-	1	1	-	1	1	-
2. MIND - SATYRIASIS (47) 1	2	2	1	2	1	2	-	1	1	-	-	-
3. MIND - THOUGHTS - sexual (53) 1	1	2	2	1	-	2	-	2	1	1	1	2
4. MIND - RAGE (144) 1	2	1	1	1	2	1	3	1	2	1	1	1
5. MIND - HATRED - revengeful; hatred and (17) 1	-	-	2	-	3	-	-	-	-	1	-	-
6. MIND - ANXIETY - health; about - own health; one's (84) 1	3	-	1	1	1	2	2	-	1	2	2	1
7. GENERALS - FOOD and DRINKS - spices - desire (92) 1	3	2	2	-	1	-	1	-	3	-	1	1
8. MALE GENITALIA/SEX - SEXUAL DESIRE - violent (75) 1	3	2	1	3	3	2	2	1	1	-	1	1
9. GENERALS - SEXUAL DESIRE - suppression of sexual des... (29) 1	3	1	-	1	-	1	1	3	-	1	-	1

Final Remedy: Fluoric acid 200

Follow Up:

- 8/7/16** – sperm count – 0, activity – 0%, sluggish motile – 0%, non – motile – 0%, - Sexual desire excessive, C/O – scrotal pain reduced
- 12/8/16** – sperm count – 3 mil., activity – 0%, non-motile – 90%
-Sexual desire normal, no C/O – scrotal pain after suppression of sexual desire.
- 20/12/16** – sperm count – 6 mil., active – 00, sluggish – 30%, non- motile – 70%

- 6/4/17** – sperm count – 5 mil., activity – 5%, sluggish – 35%, non- motile – 60% - Normal sexual desire, no C/O – scrotal pain.

Case Discussion:

- Primary infertility due to Azospermia
- Patient's violent nature with high sexual desire and scrotal pain from suppression of sexual desire with craving for spices and anticipatory anxiety about health are all characteristically marked in both Fluoric Acid and Lycopodium.
- Here Fluoric Acid is differentiated from Lycopodium on basis of the

characteristically marked sexual desire with immoral behaviour, impulsive reaction during and sexual desire with craving for spices. Whereas, Lycopodium covers the anticipatory anxiety, increased sexual desire sphere of action on male genital system.

Conclusion:

Mr A. K is known case of Primary Infertility due to Azoospermia. Patient frequently used positive and problem focused coping after Infertility. Patient's coping strategies has been used for the reportorial totality, remedy differentiation, therapeutic counseling and therapeutic resolution. Patient started trying to control his psychological complaints i.e. anxiety by channelizing it, and his sperm count has improved from 0 to 5 million within 9 months of continuous treatment.

References-

1. Cherney De and Nathan (2003): Current Obstetrics & Gynecology Diagnosis & Treatment, 9th edition, Lange, Page No. 4-5
2. David M .Hart M.D (FRCS, FRCOG) "Gynaecology Illustrated" fifth Edition, published by Harcourt publishers ltd. UK.
3. Dutta D.C.2013, Text Book of Gynecology, New Central Book Agency (P) limited, 6th edition, page 217.
4. Hahnemann Fredrick Samuel , 6th Edition of Organon of Medicine, by William Boricke, M.D. Indian books & periodical Publishers, Aphorism – 216, 217. Page – 238- 239
5. <http://www.who.int/reproductivehealth/topics/infertility/definitions/en/> viewed on 14th May 2017 at time 20:10 IST
6. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4188020/> viewed on 14th May 2017 at 21:00 IST
7. <http://www.who.int/reproductivehealth/topics/infertility/DHS-CR9.pdf?ua> Page -13, viewed on 9th May 2017 at 22:30 IST
8. <http://www.nhs.uk/Conditions/Infertility/Pages/Introduction.aspx>, viewed on 12th May 2017 at 12:30 IST
9. <http://www.nhs.uk/conditions/Infertility/Pages/Introduction.aspx> viewed on 14th May 2017 at 20:25 IST
10. <http://www.who.int/reproductivehealth/topics/infertility/DHS-CR9.pdf?ua=1> Page 44- 50, viewed on 15th May 2017 at 12:45 IST

Conflict of Interest: None

Source of Support: Nil



This work is licensed under a Creative Commons Attribution 4.0 International License