



International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493

P-ISSN: 2616-4485

www.homoeopathicjournal.com

IJHS 2020; 4(4): 195-197

Received: 08-08-2020

Accepted: 12-09-2020

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Homoeopathic treatment of Oligospermia: A case study

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Abstract

Nowadays a drop in sperm count and sperm motility, which make it harder for such couple to have babies has been a burning problem. Now a days different works have been done for it; different types of treatment have been introduced to increase the sperm count in different pathies including Allopathic mode of treatment. In this study a case has been corrected by two homoeopathic drugs namely Pulsatilla and Thuja oc. The selection of Pulsatilla has been done on the basis of proper case taking and evaluation of symptoms following classical homoeopathy which C.F.S. Hahnemann advocated and also some possible causes of small count is discussed.

Keywords: Hypothalamic pituitary gonadal axis, spermatogenesis, Pulsatilla and Thuja

Introduction

Homoeopathic medicine is generally not only used for a particular cause, because the principle of homoeopathy advocates the 'Principle of Individualization'. Homoeopathic physician must individualize, he must discriminate ^[1]. Case taking depends on personal history, family history, desire and aversion on food etc. ^[2, 13]. After making case taking and after evaluation of the symptoms of a patient, a medicine is selected such that it is most simillimum. This principle has been applied here and Pulsatilla emerged as a most Simillimum medicine. To cure a case absolutely, an anti-miasmatic and an interconnting remedy is to be required ^[12]. In this case, Thuja has been useful to increase sperm count and plays here as an interconnting drug.

Case Study

Presenting complaint

A 38 year old man was suffering from low sperm count. His sperm count during the time of homoeopathic treatment was 5 to 6 and most of the spermatozoa were non motile and morphologically abnormal.

History of presenting complaint

The wife of the said patient had been suffering from some Gynecological problem and had no issue. For such a reason couple went to the Gynecologist and were advised by a doctor to examine his sperm count. Analysis revealed 70 milion/ml. on 05.04.2011 and prescribed some drugs to increase more sperm count. After 4 months of treatment he made another semen analysis that revealed even worse result and sperm count dropped to 12-14 spermtozoa of which 2-3 sluggishly motile on 04.08.2011. On the basis of that result Gynecologist increased the dose of medicine in order to increase the sperm count which gave more fatal result and sperm count dropped to 5 to 6/HPF and most of the spermatozoa were non-motile and morphologically abnormal. Examination was conducted on 01.09.2011. This patient went for homoeopathic treatment on 27.09.2011. After examination of all reports, case taking had been conducted with maximum accuracy including family history, Personal history, mental symptoms and of course with miasmatic background.

Past History

- Illness/disease: Nothing significant
- Surgical Treatment: Nothing significant
- Medical Treatment: Different allopathic drugs used to increase sperm count more
- Family History: Mother- Bronchitis, CVA
Father- Nothing significant

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- **Personal History:**

- Sleep/Dream: Dream of ghost, of impending evils.
- Urine/Urinary tract: Nothing significant
- Bowel: Regular
- Thirst: Poor
- Constitution: Medium built
- Height: 5 ft 4 inch. weight: 65 kg
- Thermal relation: Hot patient
- Mentals: Calm and quiet. Occasionally becomes angry, emotional, weeping disposition, shyness, melancholic, amelioration from consolation.
- Physical General: Desire- sour food, meat and salt, desire for cold and open air.
- Personal Habit: Nothing significant.
- Systemic Examination: Nothing significant.

Diagnostic Criteria

After evaluation of symptoms it was found that the patient constitutionally indicates Pulsatilla [15], [16].

Result

On the basis of that, Pulsatilla 0/1 was given on 27. 09.2011. The patient made his second visit on 01.11.2011 and Pulsatilla 0/2 was prescribed which reveals mild improvement. Total sperm count was 20-25 spermatozoa of which 6-8 found to be sluggishly motile.

On his Third visit on 6.12.11, an important antisycotic drug Thuja 0/1 was given followed by his main Constitutional drug Pulsatilla 0/3 on 07.02.2012. Brilliant result was found on 01.03.2012. Semen analysis explored 88 million spermatozoa with sperm motility Index 248.

Table 1: Homoeopathic treatment and outcome

Date	Medicine	Potency	Dosage	Result
27 th September, 2011	Pulsatilla	0/1	One tea-spoon in early morning empty stomach, every one alternate day	No examination was conducted
1 st November, 2011	Pulsatilla	0/2	One tea-spoon in early morning empty stomach, every one alternate day	Total sperm count 20 to 25 of which 6-8 sluggishly motile
6 th December, 2011	Thuja	0/1	One tea-spoon in early morning empty stomach, every one alternate day	No examination was conducted
7 th February, 2012	Pulsatilla	0/3	One tea-spoon in early morning empty stomach, every one alternate day	Total sperm count 88 million with sperm motility index 248

Discussion

The case has been cured by Pulsatilla followed by Thuja OC. Initially patient did not response to Pulsatilla 0/1 and Pulsatilla 0/2. Very mild improvement was noticed. Spermatozoa increased from 5-6 to 25. Brilliant success was noticed after giving Thuja 0/1 followed by Pulsatilla 0/3 and sperm analysis revealed 88 million / ml. Now the question is the following why not only Pulsatilla was sufficient to increase the sperm counts alone? Why after giving an antisycotic drug (Thuja) sperm count were increased? The most probable explanation is that Pulsatilla 0/1 and 0/2 have stimulated the method and that increased the sperm count process and its potentiality, but the action of the medicinal power did not flourish with its full-fledged efficiency. There was of course some blockage for which Pulsatilla did not act properly. We homoeopath believe that this blockage is due to some miasmatic cause. For such a reason we need to require some most accurate anti-miasmatic remedy, which is necessary for a particular patient to open that blockage [12]. Here on the basis of the symptom similarity - patient represent himself in a sycotic trade and indicated Thuja OC which was best fitted to him and thus Thuja has been administered followed by Pulsatilla 0/3. All the above explanation are available from Philosophical point of view as homoeopathic principle advocate in that manner.

Physiological analysis of spermatogenesis and probable cause of alteration of change

We do not know how the homoeopathic medicine has cured the low sperm count, literally we do not have idea about the pharmacodynamics of such medicine. Because prescribed potentized drug do not have any molecular existence, only the dynamics of that drug is present [13], yet when principally selected medicine has cured the case of course this dynamic medicine have changed dynamically some physiological activation so that altered physiology has again changed and restoration of health happened [13].

Here we know that spermatogenesis takes place in the Seminiferous tubules of testes [3]. In male the testis sub serves two principal functions: synthesis of testosterone by the interstitial Leydig cells under the control of LH, and spermatogenesis by sertoli cell under the control of FSH [3]. If any obstruction or any structural change occurs that hampers spermatogenesis, then it is different. But here such problem did not occur. Apart from that even any radio frequency signal can change the rate of spermatogenesis [4].

Stages of Spermatogenesis

Spermatogonia - Primaryspermatocyte - Secondary.

Spermatocyte - spermatid (maturation) – Spermatozoon [5], [8, 14].

Spermatogenesis is controlled by chiefly two gonadotropins FSH and LH [5, 8, 14]. Apart from these testosterone plays an important role for the production of sperm [5]. If there would be any disturbance at the Hypothalamic Pituitary Gonadal Axis [8], spermatogenesis would be hindered. In maximum cases problem lies in that Axis (Except Surgical and radiation factor) [4, 7, 11, 17]. This is the principle cause which plays an important role for the production of the sperm.

Gonadotropin-releasing hormone (GnRH) also called Luteinizing hormone releasing hormone (LHRH) regulates the production of gonadotropin i.e. FSH and LH [6, 8, 14]. Spermatogenesis largely depends on testosterone hormone which is produced in the leydig-cell of testes from cholesterol being regulated primarily by L.H [6, 14]. Testosterone feeds back to regulate the hypothalamic - pituitary production of L.H. It decreases the GnRH, leading to lower LH hypothalamic GnRH pulses frequency and diminishes pituitary sensitivity to level [6, 8, 14].

On the other hand FSH which is secreted from the anterior pituitary control the spermatogenesis - as well as Inhibin A and B which are heterodimeric Proteins (Composition $-\alpha-\beta_A$ or $-\alpha-\beta_B$ sub unit) Selectively suppresses FSH secretion without affecting LH Secretion. Inhibin B which is a major

form of Inhibin secreted from sertoli cell provides feedback control of FSH production. So, high level of FSH in serum suppresses spermatogenesis^[6]. From that point of view it is clear to us that lack of Inhibin B can increase the level of FSH which decreases the rate of spermatogenesis.

Testosterone enters the cell by passive diffusion and is converted to dihydrotestosterone by 5 α reductase 1 and 2^[6]. Among this, 5 α - reductase 2 is responsible for the formation of dihydrotestosterone in most androgen target tissue. Testosterone and/or dihydrotestosterone then bind to androgen receptor protein in nucleus. The hormone receptor complex then binds to the specific DNA sequence to regulate the transcription of mRNA for the synthesis of cellular protein. Regarding the matter of this fact the testosterone and dihydrotestosterone bind to the same receptor but their physiologic function is different^[6]. The testosterone receptor complex is responsible for the formation of Gonadotropin and spermatogenesis whereas Dihydrotestosterone-Receptor complex is responsible for sexual maturation at puberty.

So if there is any problem for the formation of such testosterone receptor complex which is responsible for androgen formation and spermatogenesis, sperm production would also be hampered.

Conclusion

When any medicine is acting, it changes some physiological or any pathological activation by some dynamic pathway which is not demonstrable to us. The role of GnRH is to regulate the production of gonadotropin. Increase level of FSH due to lack of Inhibin B spermatogenesis would hamper. Apart from that the formation of testosterone-receptor complex by 5 α -reductase 1 and 2 plays an important role in spermatogenesis and these are the most possible causes for the sperm production^{[8], [9]}. If there would be any problem which are described above cause Oligospermia which is the ultimatum resultant complex. Here the patient represent himself as a Pulsatilla patient. That is to say his internal trait indicates that patient needs Pulsatilla as well as Thuja as an interconnting remedy on the basis of miasmatic background to overcome from the problem which is lying under his genetic level. When Pulsatilla and Thuja had been charged upon the patient, the patient recovered –indicates that these two medicines simultaneously recovered the underlying cause by invisible dynamic pathway for which Oligospermia was responsible. Thus it is expected that in other cases some other medicines may be helpful which are best fitted to the patients. We hope in future more works will explore it with more accuracy.

Financial support and sponsorship: Nil

Conflicts of interest: There are no conflicts of interest

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