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# Azoospermia treated with individualized homoeopathic medicine: A case report

**Dr. Mehadi Arif Billah, Dr. Surbhi, Dr. Faiza Khan and Dr. Suranjana Ghosh**

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**Abstract**
Azoospermia is the medical term used when there are no sperm in the semen. It can be "obstructive," where there is a blockage preventing sperm from entering the ejaculate, or it can be "no obstructive" when it is due to decreased sperm production by the testis. A 26 years old male presented with the complain of having no issues for past 6 years. After semen analysis he was diagnosed with the condition of Azoospermia. On the basis of presentation and characteristic symptoms, the patient was given individualized homoeopathic medicine. His condition was effectively restored from No sperm in the semen to 25 million sperms per millilitre within a time span of 4 months. Rationale of this particular case is to show the better outcome of azoospermia with individualized homoeopathic medicines.

**Keywords:** Azoospermia, individualized homoeopathic medicine, totality of symptoms, homoeopathy

## Introduction

Infertility has significant negative social impacts on the lives of infertile couples and is defined as the failure to conceive within one or more years of regular unprotected coitus. Infertility is a major health issue and approximately 60 to 80 million couples suffer from infertility worldwide. It is estimated that 15 to 20 million couples are suffering from infertility as per W.H.O. in India. The male is directly responsible in about 30-40 percent, the female in about 40-55 percent and both are responsible in about 10 percent cases. The remaining 10 percent, is unexplained, in spite of thorough investigations with modern technical knowhow [1].

Male infertility refers to a male's inability to result pregnancy in a fertile female. "Male factor" infertility is seen as an alteration in sperm concentration and/or motility and /or morphology in at least one sample of two sperm analyses, collected 1 and 4 weeks apart [2]. Males with sperm parameters below the WHO normal values are considered to have male factor infertility. The most significant of these are low sperm concentration (oligospermia) or no sperm (azoospermia), poor sperm motility (asthenospermia), and abnormal sperm morphology (teratospermia) [3].

**Table 1:** Analyse of Semen (WHO- 2010) [1]

| Analysis of Semen | Normal reference value and lower reference (within parenthesis) limit |
|---|---|
| Volume | 2 mL or more (1.5mL) |
| pH value | 7.2 - 7.8 |
| Viscosity of semen | Less than 3 (scale 0 - 4) |
| Sperm Concentration | 20 million/mL (1.5 million/mL) |
| Total count of sperm | More than 40 million/ejaculate (39 million/ ejaculate) |
| Motility | More than 50% progressive forward motility (Progressive motility = 32%) |
| Morphology of sperm | More than 14% normal form (4%) |
| Viability | 75% or more living (58%) |
| Leucocyte count | < 1 million/ml |
| Round Cell count | More than 5 million/ml |
| Agglutination of sperm | Less than 10% spermatozoa with adherent particles |

The most severe form of male infertility is known as "Azoospermia" and it is defined as the

complete absence of or no spermatozoa in two separate centrifuged semen specimens. It affects nearly 1% of the male population and about 10%-15% of all males with infertility. Azoospermia can be broadly classified into 3 types, namely pre-testicular, testicular and post-testicular causes. While the other type of classification is based on the presence or absence of obstruction in the ducts or vas deferens, i.e., Obstructive azoospermia (OA) and Non-obstructive azoospermia (NOA). The majority of azoospermic men, about 60%, present with nonobstructive azoospermia making it the most common type of azoospermia. Severe defects in spermatogenesis resulting from primary testicular failure or dysfunction accounts for most of the cases of NOA. Dysfunction of the pituitary or hypothalamus also give rise to some cases of Non-Obstructive Azoospermia. The exact pathology of nonobstructive azoospermia is often idiopathic. Remaining 40% of the Azoospermic men have obstructive azoospermia. Obstructive azoospermia may be due any of the following causes, such as congenital bilateral absence of the vas deferens, obstruction of ejaculatory and epididymal ducts, atresia of the seminal vesicles, various infections of the genitourinary tract resulting in obstruction or pelvic and inguinal procedures leading to a complete blockage such as a bilateral vasectomy.

Infertility in men (and that too with total spermatic failure), in our society hits hard to the male ego because of their non-acceptance of the fact, makes it more difficult and challenging for the physician to provide them with the medical care. Diagnostic modalities used for patients with azoospermia are hormonal assessment, biomarkers in semen, ultrasonography, testicular biopsy, and vasography [4].

In this case of long standing azoospermia despite taking all the conventional care with no relief, the holistic and individualized approach of Homoeopathy based upon the characteristics and totality of the symptoms proved a boon for the patient. Homoeopathy not only reversed his azoospermia but also improved the general state of his health.

**Case presentation**

Male patient, HK, aged 26 years, came to our OPD, in NIH, Salt Lake on 10.11.2021. He presented with the complain of having no issue despite being married for 6 years and having regular unprotected coitus since then. For this, the patient had taken both allopathic and homoeopathic any treatment without any improvement.

**Past history**

Measles, severe diarrhoea in childhood and has been operated for cholelithiasis in 2018. According to his mother he started walking at the age of 2 ½ years for which she consulted with the paediatrician.

**Family history**

Father has hypertension, Mother has OA knee.

**Personal history**

Addiction- smoking.

**Generals (including both mental and physical)**

The thermal reaction of the patient is chilly in and at the same time he has a tendency to catch cold easily. He has a good appetite and cannot tolerate hunger. He has a desire for sweets and a strong craving for eggs. He neither has aversion nor intolerance to any food item. He drinks about 2 to 3 L of water in a day. His tongue is moist and clean. He has profuse perspiration especially on forehead even while sleeping. He passes stool at an interval of 2-3 days which is hard in consistency which has to be removed with finger. He passes clear transparent urine. He takes a sound sleep for 6 to 7 hours per day with having significant dreams.

Mentally the patient appeared very confused and forgetful. He desires company and has an aversion to any kind of physical and mental work.

**Physical examination**

On physical and systemic examination, nothing significant was noted except that the patient was fatty in appearance.

**Diagnosis**

A diagnosis of Azoospermia was made basing on the serum analysis reports which were done beforehand by the patient.

**Totality of Symptoms**

Forgetful and confused. Averse to mental and physical work.
Thermal reaction- Chilly
General tendency- Catches cold easily
Desire- Sweets; Craves egg
Perspiration- Profuse, over forehead even during sleep
Stool- Hard, at an interval of 2-3 days, has to be mechanically removed
Appearance- fatty
P/H/O- delayed milestone i.e, late walking

**Table 2:** Conversion of Symptoms into Rubrics

| Symptoms | Rubrics |
|---|---|
| Confused | MIND- Confusion of mind |
| Memory- Forgetful | Mind- Forgetful |
| Thermal reaction- Chilly | Generals- Heat- lack of vital heat |
| General tendency- Catches cold easily | Generals- cold; taking A- tendency |
| Craving- eggs | Generals- food and drinks- Desire for eggs; |
| Desire- sweets | Generals- food and drinks- Desire for sweets |
| Perspiration- over forehead | Head- perspiration of scalp; Forehead |
| Perspiration- during sleep | Perspiration- sleep- during |
| Stool- hard | Stool- hard |
| Stool has to be removed mechanically | Rectum- constipation- removed mechanically; stools have to be |
| Appearance - Fat and Obese | Generals- obesity- young people; in |
| H/O late walking | Generals- walking- tardy development of bones; late learning to walk |

**Reportorial Analysis**

After appropriate evaluation of symptoms, repertorisation was done using Synthesis 2.0 [v. 202] repertory software (figure-1)

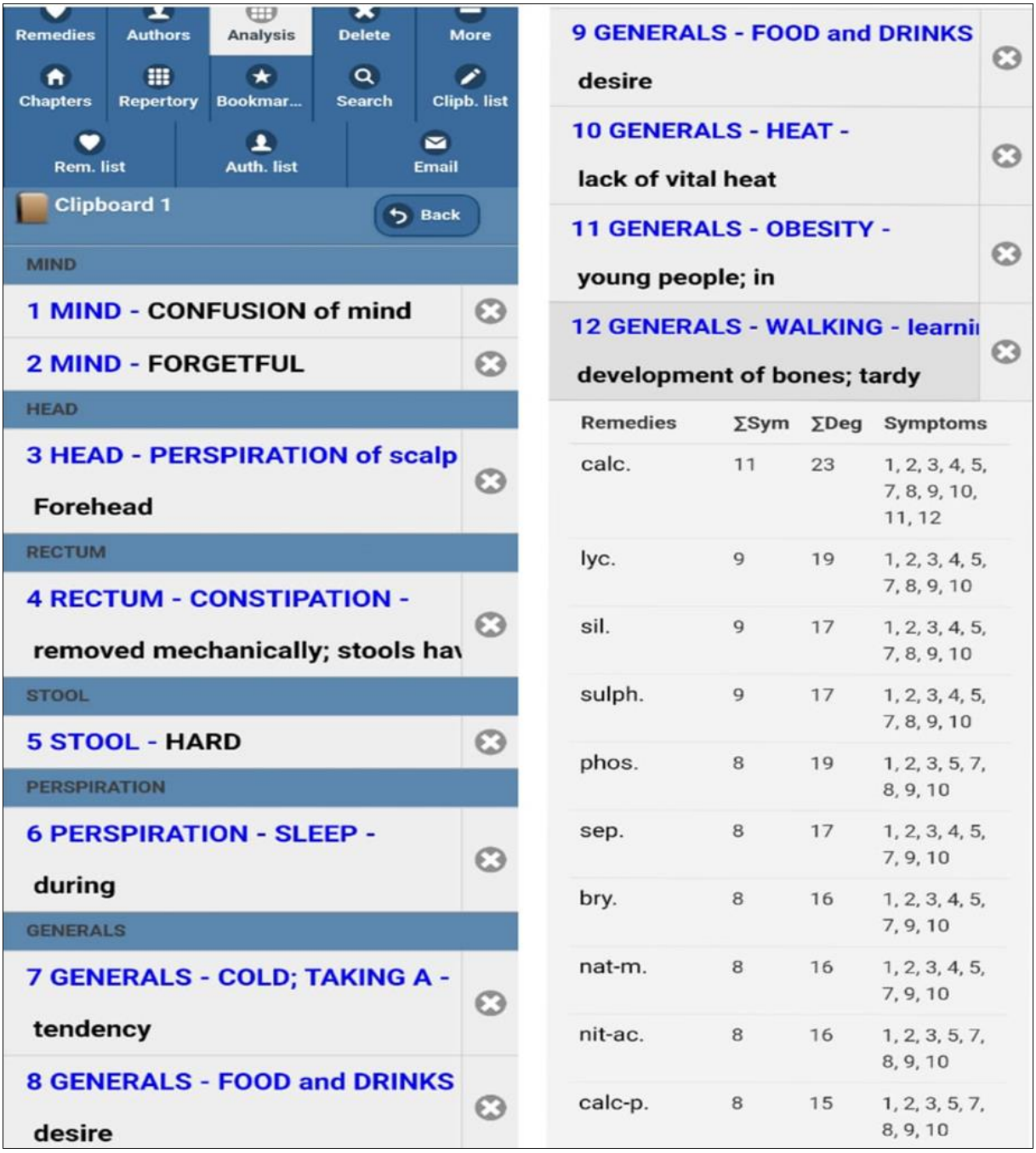



**Fig 1:** Symptoms and Rubrics, Repertorisation was done using Synthesis 2.0 [v. 202] repertory software

**Selection of Remedy and Follow ups-**

After repertorising (Using Synthesis 2.0 [v. 202] repertory software) the case and subsequently referring to Materia medica the final remedy selected was Calcarea Carbonicum. Accordingly, the patient was prescribed Calcarea Carbonicum 200C 1 dose O.D. for 1 day, followed by a placebo and the patient was asked to report after 1 month. Further follow-ups are summarized in table-3.

**Table 3:** Medicine prescribed and follow-up records

| Date | Observations and Result | Medicine and Potency |
|---|---|---|
| 10-11-2021 | - | 1.Calcarea carb 200C 1dose<br>2.Placebo foe 30 days |
| 08-12-2021 | General condition of the patient is improved. | 1.Placebo for 30 days |
| 05-01-2022 | General condition of the patient is better but passing hard stools. | 1.Calcarea Carb 1000C 1dose<br>2.Placebo for 30 days |
| 08-02-2022 | General condition of the patient is improved. | 1.PLACEBO for 1 month |
| 08-03-2022 | General condition of the patient is improved. | 1.PLACEBO for 1 month |

## Discussion

Infertility is more than a disease condition as it is associated with the social stigma of being childless which creates emotional, psychological and social pressure on the infertile couples. Mostly it is the female partner who is blamed all the time for the infertility even though both the partners may be responsible for being childless. The social pressure upon the female partner is so high that she is forced to compare herself to a barren land and the couple is ready to pay any price and undergo various grave procedures for years together with lots of failure and catastrophic results just to get a child. But in this case of male partner was diagnosed with azoospermia and a complete recovery was noted in a time span of 5 months (figure 2- ). Characteristic symptoms were noted after detail case taking as per Dr. Hahnemann's Organon of Medicine [5], followed by analysis and repertorisation of the case with the help of Synthesis repertory (using Synthesis 2.0 [v. 202] repertory software) [6], which gives a list of nearly suggestive medicines but with characteristic features, totality and with history of the case, Calcarea carbonicum was selected and follow-ups were done according to Dr. Kent's advice on second prescription and follow-ups [7]

**Semen analysis report before treatment**

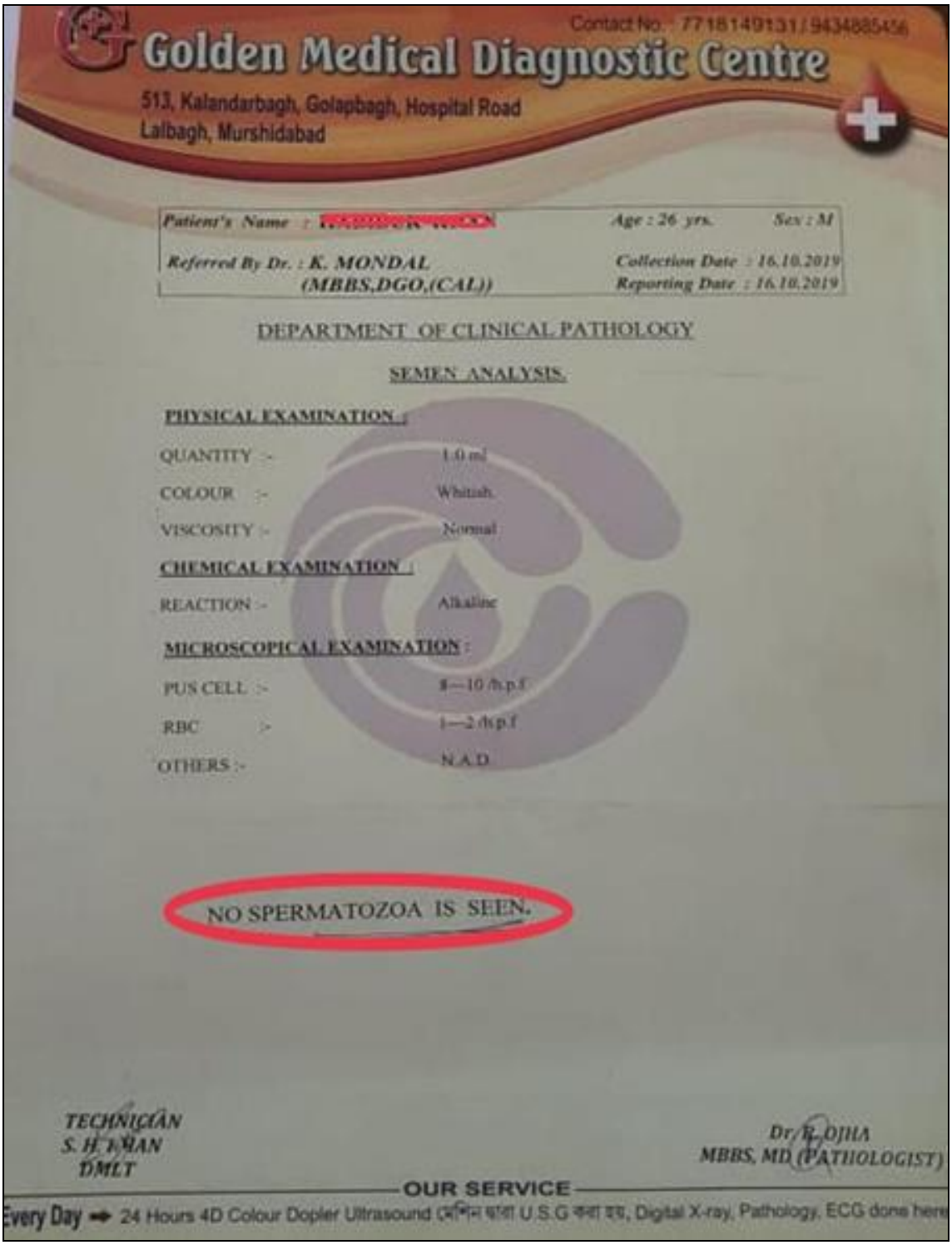
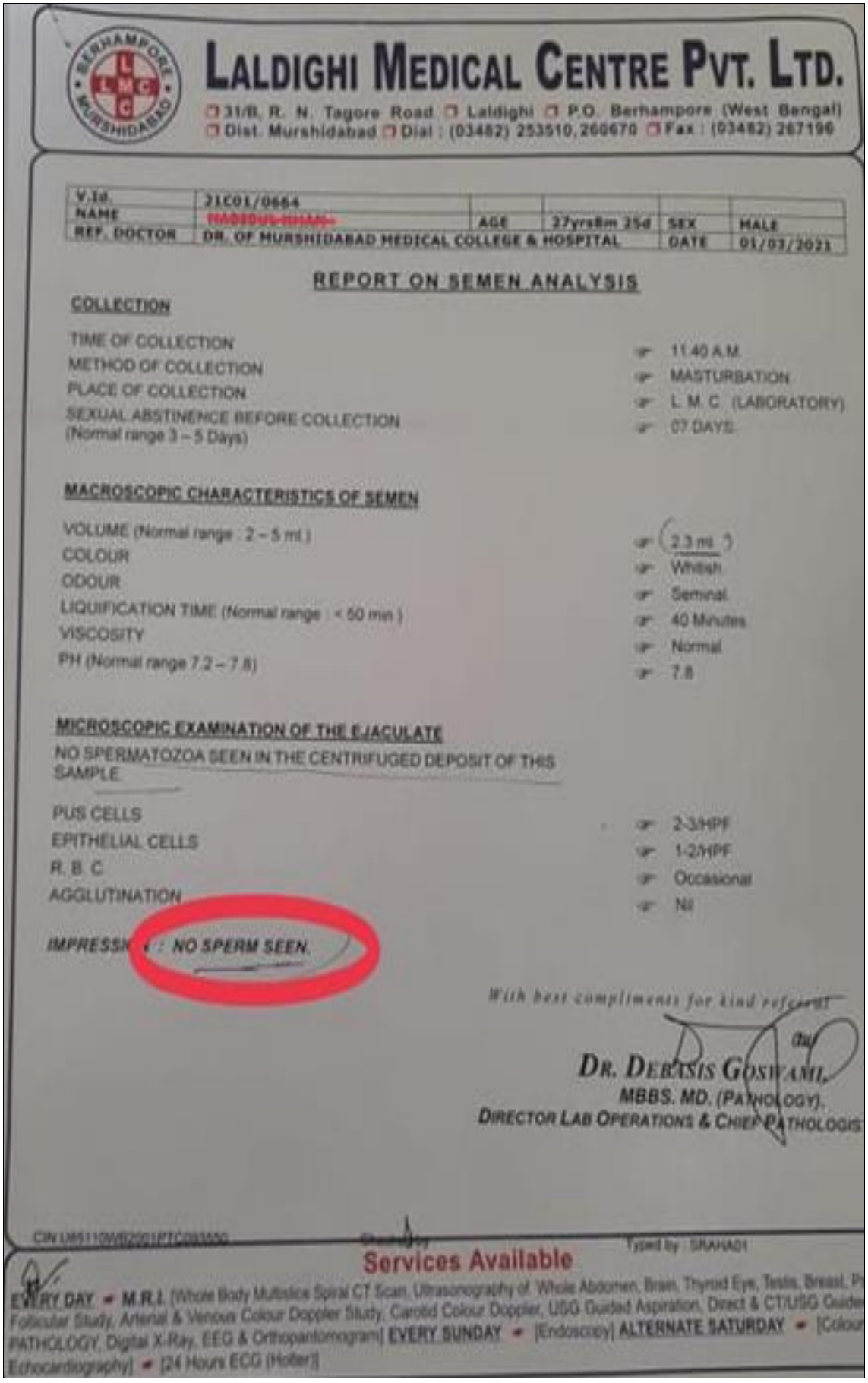



**Fig 2:** Semen Analysis dated 16-10-2019 showing No sperm.



LALDIGHI MEDICAL CENTRE PVT. LTD.

31/B, R. N. Tagore Road ❒ Laldighi ❒ P.O. Berhampore (West Bengal)
❒ Dist. Murshidabad ❒ Dial : (03482) 253510, 260670 ❒ Fax : (03482) 267190

| | | | | | |
|---|---|---|---|---|---|
| V.Id. | 21C01/0664 | | | | |
| NAME | [redacted] | AGE | 27yrs8m 25d | SEX | MALE |
| REF. DOCTOR | DR. OF MURSHIDABAD MEDICAL COLLEGE & HOSPITAL | | | DATE | 01/03/2021 |

## REPORT ON SEMEN ANALYSIS

### COLLECTION

| | |
|---|---|
| TIME OF COLLECTION | 11.40 A.M. |
| METHOD OF COLLECTION | MASTURBATION |
| PLACE OF COLLECTION | L. M. C. (LABORATORY) |
| SEXUAL ABSTINENCE BEFORE COLLECTION (Normal range 3 – 5 Days) | 07 DAYS |

### MACROSCOPIC CHARACTERISTICS OF SEMEN

| | |
|---|---|
| VOLUME (Normal range : 2 – 5 ml.) | 2.3 ml. |
| COLOUR | Whitish |
| ODOUR | Seminal |
| LIQUIFICATION TIME (Normal range : < 60 min.) | 40 Minutes |
| VISCOSITY | Normal |
| PH (Normal range 7.2 – 7.8) | 7.8 |

### MICROSCOPIC EXAMINATION OF THE EJACULATE

NO SPERMATOZOA SEEN IN THE CENTRIFUGED DEPOSIT OF THIS SAMPLE

| | |
|---|---|
| PUS CELLS | 2-3/HPF |
| EPITHELIAL CELLS | 1-2/HPF |
| R. B. C | Occasional |
| AGGLUTINATION | Nil |

IMPRESSION : NO SPERM SEEN.

With best compliments for kind reference

DR. DEBASIS GOSWAMI,
MBBS. MD. (PATHOLOGY).
DIRECTOR LAB OPERATIONS & CHIEF PATHOLOGIST

Typed by : SRAHADI

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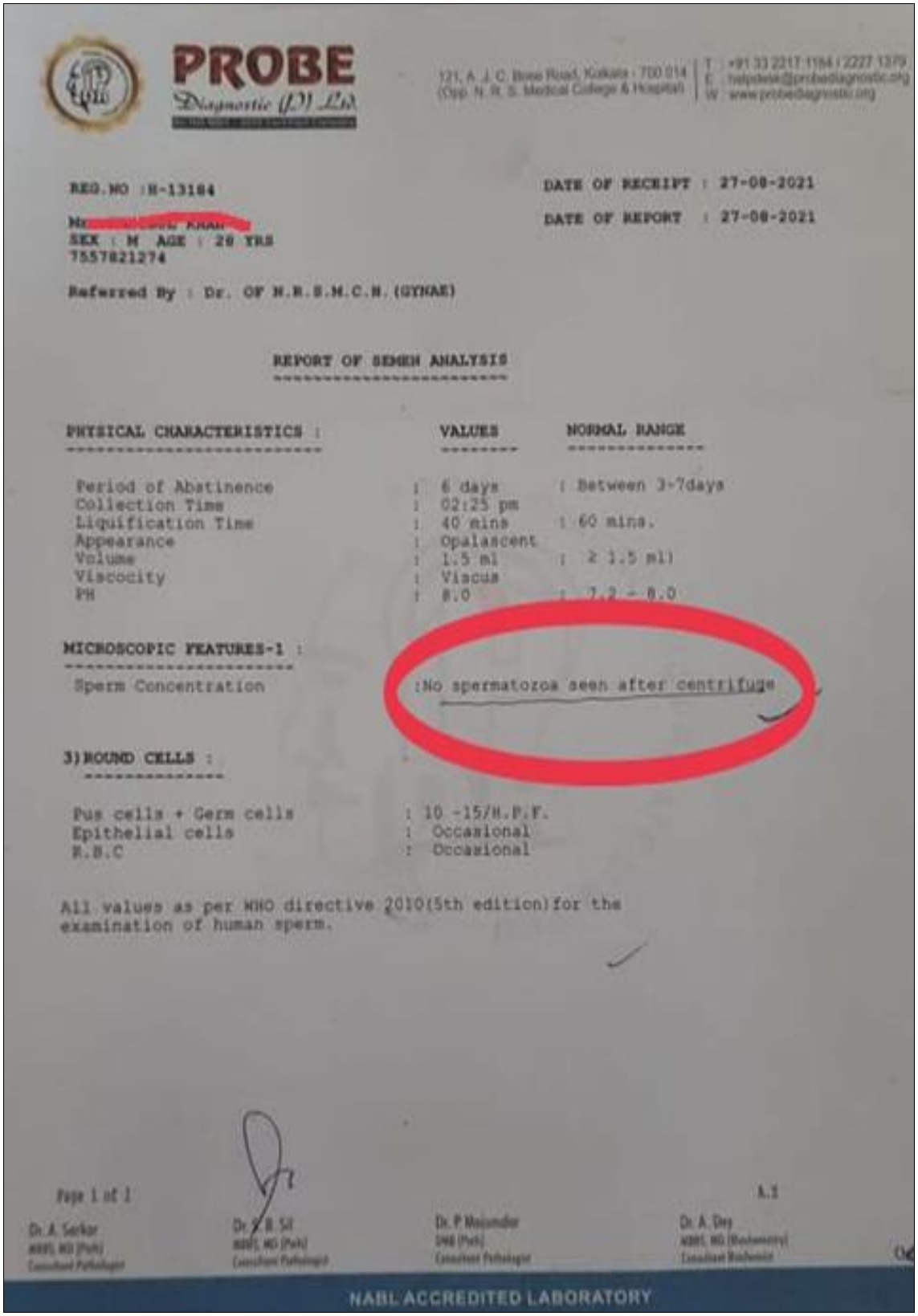
EVERY DAY • M.R.I. [Whole Body Multislice Spiral CT Scan, Ultrasonography of Whole Abdomen, Brain, Thyroid Eye, Testis, Breast, Pr... Follicular Study, Arterial & Venous Colour Doppler Study, Carotid Colour Doppler, USG Guided Aspiration, Direct & CT/USG Guide... PATHOLOGY, Digital X-Ray, EEG & Orthopantomogram] EVERY SUNDAY • [Endoscopy] ALTERNATE SATURDAY • [Colour Echocardiography] • [24 Hours ECG (Holter)]

**Fig 3:** Semen Analysis dated 01-03-2021 showing No sperm.



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E : helpdesk@probediagnostic.org
W : www.probediagnostic.org

REG.NO : H-13184

DATE OF RECEIPT : 27-08-2021

DATE OF REPORT : 27-08-2021

Mr. [redacted] KHAN
SEX : M AGE : 28 YRS
7557821274

Referred By : Dr. OF N.R.S.M.C.H. (GYNAE)

REPORT OF SEMEN ANALYSIS

| PHYSICAL CHARACTERISTICS : | VALUES | NORMAL RANGE |
|---|---|---|
| Period of Abstinence | : 6 days | : Between 3-7days |
| Collection Time | : 02:25 pm | |
| Liquification Time | : 40 mins | : 60 mins. |
| Appearance | : Opalascent | |
| Volume | : 1.5 ml | : ≥ 1.5 ml) |
| Viscocity | : Viscus | |
| PH | : 8.0 | : 7.2 - 8.0 |

MICROSCOPIC FEATURES-1 :

Sperm Concentration :No spermatozoa seen after centrifuge

3) ROUND CELLS :

| | |
|---|---|
| Pus cells + Germ cells | : 10 -15/H.P.F. |
| Epithelial cells | : Occasional |
| R.B.C | : Occasional |

All values as per WHO directive 2010(5th edition)for the examination of human sperm.

Page 1 of 1

A.I

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Dr. [illegible] MBBS, MD (Path) Consultant Pathologist

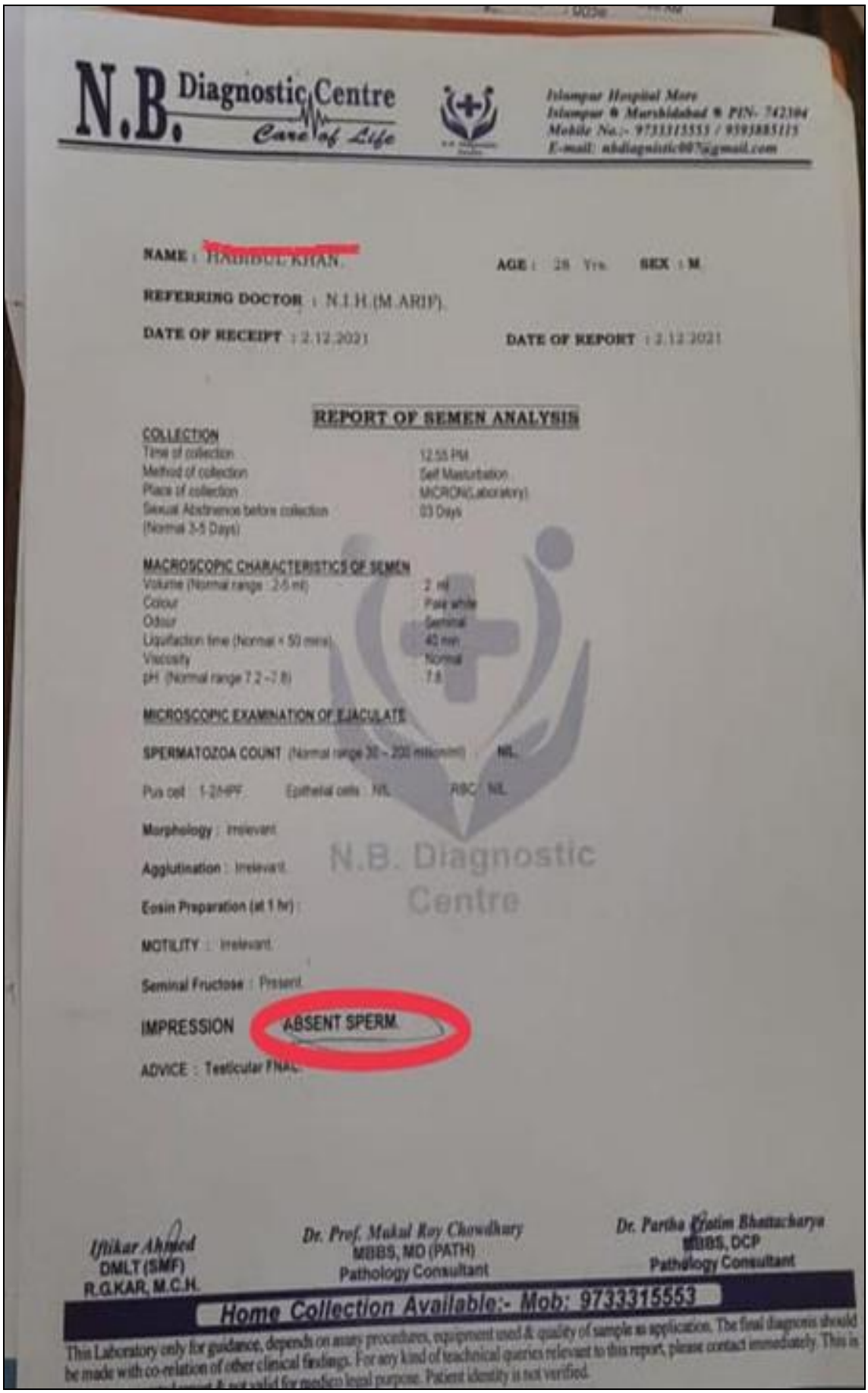
Dr. P Majumdar DMS (Path) Consultant Pathologist

Dr. A. Dey MBBS, MD (Biochemistry) Consultant Biochemist

NABL ACCREDITED LABORATORY

**Fig 4:** Semen Analysis dated 27-08-2021 showing No sperm

**Semen Analysis Report After Treatment**



N.B. Diagnostic Centre
Care of Life

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Mobile No.:- 9733315553 / 9593885115
E-mail: nbdiagnostic007@gmail.com

NAME : [redacted] AGE : 28 Yrs. SEX : M

REFERRING DOCTOR : N.I.H.(M.ARIF)

DATE OF RECEIPT : 2.12.2021 DATE OF REPORT : 2.12.2021

REPORT OF SEMEN ANALYSIS

COLLECTION

| | |
|---|---|
| Time of collection | 12.55 PM |
| Method of collection | Self Masturbation |
| Place of collection | MICRON(Laboratory) |
| Sexual Abstinence before collection (Normal 3-5 Days) | 03 Days |

MACROSCOPIC CHARACTERISTICS OF SEMEN

| | |
|---|---|
| Volume (Normal range : 2-5 ml) | 2 ml |
| Colour | Pale white |
| Odour | Seminal |
| Liquifaction time (Normal < 50 mins) | 40 min |
| Viscosity | Normal |
| pH (Normal range 7.2 –7.8) | 7.8 |

MICROSCOPIC EXAMINATION OF EJACULATE

SPERMATOZOA COUNT (Normal range 20 – 200 million/ml) : NIL

Pus cell : 1-2/HPF Epithelial cells : NIL RBC : NIL

Morphology : Irrelevant

Agglutination : Irrelevant

Eosin Preparation (at 1 hr) :

MOTILITY : Irrelevant

Seminal Fructose : Present

IMPRESSION : ABSENT SPERM

ADVICE : Testicular FNAC

Iftikar Ahmed
DMLT (SMF)
R.G.KAR, M.C.H.

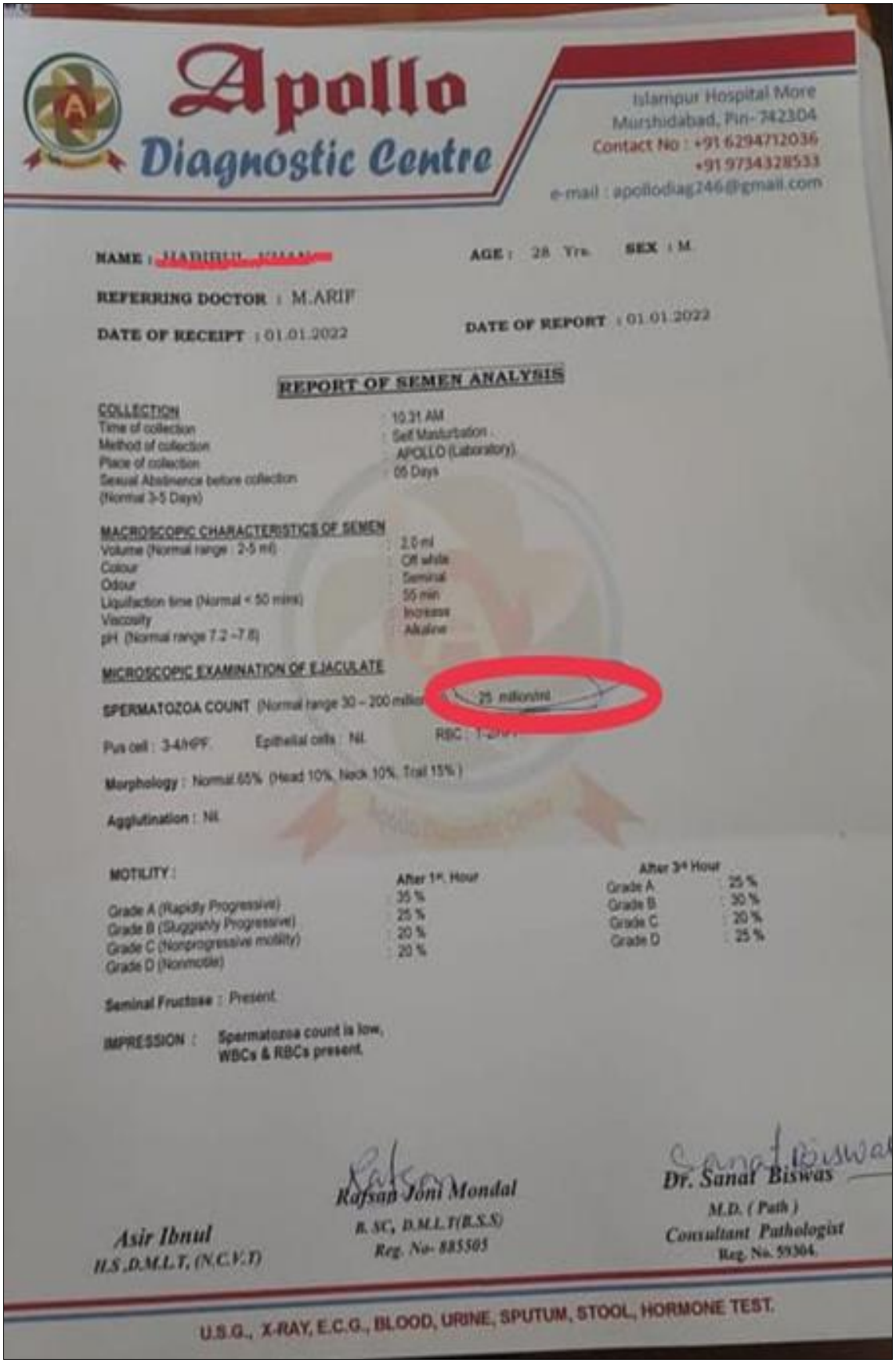
Dr. Prof. Mukul Roy Chowdhury
MBBS, MD (PATH)
Pathology Consultant

Dr. Partha Pratim Bhattacharya
MBBS, DCP
Pathology Consultant

Home Collection Available:- Mob: 9733315553

This Laboratory only for guidance, depends on assay procedures, equipment used & quality of sample as application. The final diagnosis should be made with co-relation of other clinical findings. For any kind of technical queries relevant to this report, please contact immediately. This is not valid for medico legal purpose. Patient identity is not verified.

**Fig 5:** Semen Analysis dated 02-12-2021 still showing No sperm



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NAME : [redacted] AGE : 28 Yrs. SEX : M

REFERRING DOCTOR : M.ARIF

DATE OF RECEIPT : 01.01.2022 DATE OF REPORT : 01.01.2022

REPORT OF SEMEN ANALYSIS

COLLECTION
Time of collection : 10.31 AM
Method of collection : Self Masturbation
Place of collection : APOLLO (Laboratory)
Sexual Abstinence before collection (Normal 3-5 Days) : 05 Days

MACROSCOPIC CHARACTERISTICS OF SEMEN
Volume (Normal range : 2-5 ml) : 2.0 ml
Colour : Off white
Odour : Seminal
Liquifaction time (Normal < 50 mins) : 55 min
Viscosity : Increase
pH (Normal range 7.2 –7.8) : Alkaline

MICROSCOPIC EXAMINATION OF EJACULATE

SPERMATOZOA COUNT (Normal range 30 – 200 millio : 25 millions/ml

Pus cell : 3-4/HPF Epithelial cells : Nil RBC : 1-2/H

Morphology : Normal 65% (Head 10%, Neck 10%, Trail 15%)

Agglutination : Nil

MOTILITY :

| | After 1st Hour | After 3rd Hour |
|---|---|---|
| Grade A (Rapidly Progressive) | 35 % | 25 % |
| Grade B (Sluggishly Progressive) | 25 % | 30 % |
| Grade C (Nonprogressive motility) | 20 % | 20 % |
| Grade D (Nonmotile) | 20 % | 25 % |

Seminal Fructose : Present

IMPRESSION : Spermatozoa count is low, WBCs & RBCs present.

Asir Ibnul
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U.S.G., X-RAY, E.C.G., BLOOD, URINE, SPUTUM, STOOL, HORMONE TEST.

**Fig 6:** Semen Analysis dated 01-01-2022 showing 25 million sperms/millilitre


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NAME : [redacted] AGE : 28 Yrs. SEX : M.

REFERRING DOCTOR : M. ARIF

DATE OF RECEIPT : 05.03.2022 DATE OF REPORT : 05.03.2022

REPORT OF SEMEN ANALYSIS

COLLECTION

| | |
|---|---|
| Time of collection | : 09.40 AM |
| Method of collection | : Self Masturbation |
| Place of collection | : APOLLO (Laboratory). |
| Sexual Abstinence before collection (Normal 3-5 Days) | : 05 Days |

MACROSCOPIC CHARACTERISTICS OF SEMEN

| | |
|---|---|
| Volume (Normal range : 2-5 ml) | : 2.0 ml |
| Colour | : Off white |
| Odour | : Seminal |
| Liquifaction time (Normal < 50 mins) | : 55 min |
| Viscosity | : Increase |
| pH (Normal range 7.2 –7.8) | : Alkaline |

MICROSCOPIC EXAMINATION OF EJACULATE

SPERMATOZOA COUNT (Normal range 30 – 200 million/ml) : 28 million/ml.

Pus cell : 3-4/HPF. Epithelial cells : Nil. RBC : 1-2/HPF.

Morphology : Normal 65% (Head 10%, Neck 10%, Trail 15%)

Agglutination : Nil.

MOTILITY :

| | After 1st. Hour | | After 3rd Hour |
|---|---|---|---|
| Grade A (Rapidly Progressive) | : 40 % | Grade A | : 25 % |
| Grade B (Sluggishly Progressive) | : 25 % | Grade B | : 30 % |
| Grade C (Nonprogressive motility) | : 15 % | Grade C | : 20 % |
| Grade D (Nonmotile) | : 20 % | Grade D | : 25 % |

Seminal Fructose : Present.

IMPRESSION : Spermatozoa count is low, WBCs & RBCs present.

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U.S.G., X-RAY, E.C.G., BLOOD, URINE, SPUTUM, STOOL, HORMONE TEST.

**Fig 2:** Semen Analysis dated 05-03-2022 showing 28 million sperms/ millilitre.

**Conflict of Interest**
Not available

**Financial Support**
Not available

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