



Evidence Based Case Report Of Severe Oligo Asthenoteratozoospermia Treated With Individualized Homoeopathic Medicine.

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Abstract	
<p>CC License CC-BY-NC-SA 4.0</p>	<p>Severe Oligo asthenoteratozoospermia, characterized by significantly reduced sperm motility, low sperm count and a high percentage of abnormally shaped sperm, poses a substantial challenge to male fertility. This case report explores the application of homeopathic treatment as a therapeutic intervention for severe oligo asthenoteratozoospermia and presents compelling insights into its potential efficacy in addressing male infertility.</p> <p>Case description: A 33-year-old male with a history of infertility presented with a confirmed diagnosis of severe Oligo asthenoteratozoospermia, as determined by comprehensive semen analysis. The patient had explored conventional fertility treatments with limited success and sought an alternative and holistic approach to address his condition. Homeopathic therapy was considered, focusing on the principles of individualized treatment, and addressing both physical and emotional aspects.</p> <p>Conclusion: The patient underwent a thorough evaluation, encompassing constitutional characteristics, miasmatic analysis, and a detailed assessment of his overall health. A personalized homeopathic treatment plan was developed to target the underlying factors contributing to severe Oligoasthenoteratozoospermia. Over several months of homeopathic treatment, the patient exhibited remarkable improvements in sperm motility and morphology, as evidenced by follow-up semen analyses.</p> <p>Keywords: <i>Homoeopathy, Individualized homoeopathic medicine, oligo astheno teratozoospermia, male infertility.</i></p>

Introduction:

Infertility can be defined as a couple's incapability to attain pregnancy after a year of unprotected intercourse. Large numbers of people are affected by infertility in their lifetime, according to a new report published by WHO. Around 17.5% of the adult population – roughly 1 in 6 worldwide – experience infertility, showing the urgent need to increase access to affordable, high-quality fertility care for those in need.

The new estimates show limited variation in the prevalence of infertility between regions. The rates are comparable for high-, middle- and low-income countries, indicating that this is a major health challenge globally. Lifetime prevalence was 17.8% in high-income countries and 16.5% in low- and middle-income countries.

Infertility affects an estimated 15% of couples globally, amounting to 48.5 million couples. Males are found to be solely responsible for 20-30% of infertility cases and contribute to 50% of cases overall.

In India, the prevalence of infertility in men is increasing steadily and it has reached to such alarming levels that its incidence may affect the male population in future.

Any abnormality in the morphology (shape and form) of the sperm is defined as teratozoospermia, otherwise known as teratospermia. And low sperm count with low motility is called as Oligo asthenoteratozoospermia. A man with any defect in his sperm's head, midpiece or tail is considered to have this condition.

That is when fertility issues can arise. This condition can be diagnosed by doing a complete semen analysis. This fertility test also examines semen volume and sperm quantity and motility.

Considering the declining trend of fertility in men, it is an urgent need to find the treatment to be efficient, reliable, cost effective and affordable even to the lower economic section also.

Patient history:

Name: um

Age: 33 yrs./ Male

Address: nelamangala, Bengaluru.

Occupation: System operator and retired army personnel (Self)

Marital status: married for 4 years.

Date: 24/05/2023

Chief complaint:

c/o Male infertility.

Past history: 2 episodes of convulsions between age of 1 to 7 years of age. No treatment

No history of accidents/operations

Allergic history: NS.

Treatment history: Taken allopathic medication and ayurveda with No improvement.

Family history:

Mother: Hypertension, Bronchial asthma.

Father: Alive and healthy.

Paternal Grandfather: CA PROSTRATE

Siblings: Elder brother death by accident.

Personal history:

Diet: mixed

Appetite: Good

Hunger: Tolerable.

Thirst: 3lt per day

Desire: sweets

Aversion: Bitter gourd

Urine: 5 to 6 times per day.

Bowels: Once/ Satisfactory.

Perspiration: on exertion, chest, neck, forehead, and scalp.

Thermal: Hot.

Sleep: Good.

Dreams: ns

Mentals: Very mild in nature. If someone is rude, he will keep thinking about it. Everything should be kept neatly and everything should be in order otherwise feeling irritation and gets anger. Goes on to clean room even if his wife had already cleaned. Washes hands frequently to keep it clean.

Likes to travel and likes to watch horror movies. Father was alcoholic and he used to be afraid of father. Father used to beat mother. He used to get angry for that but did not do anything. He is very attached to mother. Left military to take care of wife and mother. He feels like committing suicide sometimes because I am ex-military personnel but people ask me why I left military and when they ask why we have not had children yet. He says he did not commit but he only gets those thoughts. He was good in studies. Studied on his own without anyone's force. Likes to draw and paint in his free time, it feels good.

Clinical findings and history

Normal growth spurts, as well as androgen-dependent events such as early-morning erections with sexual thoughts and intercourse in every alternate day with no changes in energy and irritability.

Secondary sex characteristics such as hair growth, testicular volume, prostate, and height and body proportions are normal. Eunuchoid proportions are defined as an arm span >2 cm greater than height and suggest that androgen deficiency occurred before epiphyseal fusion. Hair growth on the face, axilla, chest, and pubic regions is androgen dependent and normal in this patient

Timeline: after 2 years of marriage, planned to conceive but without any positive results. In November 2022 undergone investigations for infertility. Done semen analysis as wife reports were found to be normal. Taken Allopathic treatment till February 2023. Came to homeopathic treatment on 24 may 2023.

Diagnostic assessment: SEMEN ANALYSIS

Semen analysis is the most important step in the evaluation of male infertility. Samples are collected by masturbation after a period of abstinence of 2-3 days. Semen volumes and sperm concentrations vary considerably among fertile men, and several samples may be needed before it is possible to conclude that the results are abnormal. Analysis should be performed within an hour of collection. The normal ejaculate volume is 2-6 mL and contains sperm counts >20 million/mL, with a motility of >50% and >15% normal morphology. Some men with low sperm counts are nevertheless fertile. A variety of tests for sperm function can be performed in specialized laboratories, but they add relatively little to the treatment options.

Semen analysis reports showed following results:

TEST NAME	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
LABORATORY REPORT			
		SHARADA HOSPITAL LABORATORY	
		Paramanna Layout, Opp. to Corporation Bank, Nelamangala - 562123. Ph : 080-27722099	
PATIENT NAME : Mr.UMESH.T.N.		AGE : 33 Yrs	DATE : 18/04/2023
PATIENT ID : 74288	GENDER : MALE	COLLECTED ON : 18/04/2023	
Ref By Dr : B.S.NAGARATHNA	REPORTED ON : 18/04/2023		
LABORATORY REPORTS			
SEMEN ANALYSIS			
Duration of Abstinence	: 3 DAYS		(3 – 7 Days)
Time of collection	: 10.20 Am		
PHYSICAL EXAMINATION			
1. Volume	: 2.8 ml		(1.5 ml or more)
2. Liquefaction	: > 30 minutes		(20 – 30 minutes)
3. Viscosity	: Normal		(Normal)
4. Appearance	: Grey-Opaque		(Grey-Opaque)
5. Ph	: 8.0		(7.2 or more)
MICROSCOPIC EXAMINATION			
Sperm Concentration	: 08 million/ml		(15 million/ml or more)
Total Count	: 22.4 million		(39 million or more)
Total Motility	: 09 %		(40 % or more)
A. Progressive	: 02 %		(32 % or more)
Active	: -		
Sluggish	: 17 %		
B. Non Progressive	: 10 %		
C. Non Motile	: 73 %		
MORPHOLOGY			
1. Normal	: 01 %		(4 % or more)
2. Abnormal	: 99 %		
3. Head Defects	:		
4. Neck & midpiece defects	:		
5. Tail defects	:		
1. Cell Debris	: Present		
2. Fructose	: Positive		
PROVISIONAL REPORT			
1. Leucocytes	: 2 - 3/hpf		
2. E.P.Cells	: 0 - 1/hpf		
IMPRESSION	: SEVERE OLIGO ASTHENO TERATOZOOSPERMIA		


LABINCHARGE

Therapeutic intervention: Depending on the cause of infertility, treatments may include:

Lifestyle changes:

Maintain a body weight that is healthy for you.

Stop smoking, drinking and any recreational drug use.

Homoeopathic approach:

Miasmatic analysis- SYCO SYPHILITIC

Totality of symptoms:

1. Excessive cleaning and neatness
2. Wants everything in order.
3. Sensitive to rudeness.
4. Likes Travelling.
5. A/F Domination.
6. Thermally hot.
7. Suicidal thoughts
8. Male infertility

Reportorial analysis: synthesis repertory

This analysis contains 122 remedies and 5 symptoms.
Intensity is considered

		Sum of symptoms (sort:deg)																				
01.	MIND - CLEANNES - mania for																			1	14	
02.	MIND - ORDER - desire for																				1	8
03.	MIND - SENSITIVE - rudeness, to																				1	19
04.	MIND - SUICIDAL disposition - thoughts																				1	59
05.	MALE GENITALIA/SEX - STERILITY																				1	43

	carc.	nat-m	spong.	trit-vp	kal-s	med.	aur-mn	puls.	vanil.	agn.	bar-m	lac-f	nat-sil	chie-l	oncom	aur-s	aur.	nat-s
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
	5	3	3	3	2	2	2	2	2	2	2	2	2	2	2	1	1	1
	5	4	4	4	5	4	3	3	3	2	2	2	2	2	2	3	3	3
01.	1	-	1	1	2	-	-	-	2	-	-	1	-	1	-	-	-	-
02.	1	-	-	2	3	-	-	-	1	-	-	1	-	1	-	-	-	-
03.	1	1	2	-	-	3	1	1	-	-	1	-	1	-	-	-	-	-
04.	1	1	1	1	-	1	2	2	-	1	-	1	-	1	-	3	3	3
05.	1	2	-	-	-	-	-	-	-	1	1	-	-	-	1	-	-	-

Reportorial result: CARCINOCINUM

TREATMENT: CARCINOCINUM 1M /1 DOSE

Carcinocinum 1m based on individuality and miasmatic analysis. As there was a history of domination from father and desire for travelling and having artistic traits like drawing suggests carcinocinum as the constitutional and miasmatic similimum.

Carcinocinum: A nosode prepared from Carcinoma is claimed to act favorably, modifying the cases in which there is a history of carcinoma.

Carcinocinum patients are mild and sensitive to reprimands and usually have strict parents. They are perfectionists and desire order and neatness. They are offended easily and usually have artistic traits. The domination from parents and suppressed anger leads them to be perfect and their outlet to this anger is desire for travelling and artistic nature. History of cancer in the family. It Can be used as an intercurrent remedy along with indicated.

Follow-up & Date	Clinical features	Investigation reports (Semen analysis)	Treatment
24/05/2023 1st visit	Excessive cleaning and neatness Wants everything in order Sensitive to rudeness Suicidal thoughts Male infertility	Physical examination Semen volume-2.8ml Microscopic examination Sperm concentration – 8million/ml Total count-22.4 million Total motility- 9% Morphology Normal – 01% Abnormal- 99% Leucocytes – 2-3 cells/hpf Epithelial cells – 0-1 cells/hpf Impression – SEVERE OLIGO ASTHENO TERATOZOOSPERMIA	1.CARCINOCINUM 1M/IDOSE 2. PL for 30 days 6-6-6
1 st follow-up on 03/08/2023	Intensity of cleaning repeatedly reduced Sexually active than before Suicidal thoughts reduced All generals are good	Physical examination Semen volume-2.5ml Chemical examination Sperm concentration -2.25 million/ml Sperm total count- 5.6 million/ml Motility microscopic examination Progressive motile-35 Non-progressively motile-25 Immotile sperms-40 Total motility-60 Normal morphology Pus cells – 1-2 cells/hpf Epithelial cells – 2-3 cells/hpf Impression - OLIGOZOOSPERMIA	1.PL 6-6-6 for 30 days
2 nd follow-up on 10/09/2023	All generals are good He could engage in sexual intercourse for long time compare to last visit. Does not get much irritation for cleanliness as earlier. No suicidal thoughts	Physical examination Semen volume- 4.0ml Chemical examination Sperm concentration -16 million/ml Sperm total count- 64 million/ml Motility microscopic examination Progressive motile- 65 Non-progressively motile- 15 Immotile sperms- 20 Total motility- 80 Normal morphology Pus cells – 0-1 cells/hpf Epithelial cells – 0-1 cells/hpf Impression - NORMOZOOSPERMIA	1. PL for 30 days.

Report on 3/08/2023

NAME	: Mr. UMESH T N	VISIT ID	: 23090216805
AGE/GENDER	: 32 Years / Male	DATE OF REGISTRATION	: 03-Aug-2023 12:44
REFERRED BY	: Dr. JYOTHI	DATE OF COLLECTION	: 03-Aug-2023 12:44
REP NO	: VENT082399292	DATE OF REPORT	: 03-Aug-2023 16:17

TEST PARAMETER	RESULT	UNIT	REFERENCE RANGE	SAMPLE TYPE
LABORATORY TEST REPORT				
CLINICAL PATHOLOGY				
SEMEN ANALYSIS				
(As per WHO 2021 Guidelines – 6th edition)				
PHYSICAL EXAMINATION				Semen
COLOUR	Greyish White		Greyish White	
APPEARANCE	Clear			
VISCOSITY	Normal		Normal	
SEMEN VOLUME	2.5	ml	≥1.4	
pH	7.4		7.2 - 7.8	
pH Paper				
LIQUEFACTION TIME	Liquified		30-60 minutes	
CHEMICAL EXAMINATION				
SEMINAL FRUCTOSE	Present		Present	
Method: Seliwanoff Method				
SPERM CONCENTRATION	2.25		≥15 Million/ml	
Method: Microscopic Examination-improved Neubauer Counting Chamber				
SPERM TOTAL COUNT	5.6	Millions/ml	≥39 Million/Ejaculate	
Method: Microscopic Examination-improved Neubauer Counting Chamber				
MOTILITY Microscopic Examination				
PROGRESSIVELY MOTILE	35		≥30	
NON PROGRESSIVELY MOTILE	25		Nil	
IMMOTILE SPERMS	40		Nil	
TOTAL MOTILITY	60	%	≥42	
NORMAL MORPHOLOGY (MICROSCOPIC EXAMINATION)				
PAP Stain	≥4		≥4%	
Method: Microscopy				
NORMAL MORPHOLOGY (Microscopic Examination)				
PUS CELLS	1 - 2	cells/hpf	Nil	
Microscopic Examination				
EPITHELIAL CELLS	2 - 3	cells/hpf	Nil	
Microscopic Examination				
RBCS	Nil	cells/hpf	Nil	
Microscopic Examination				

NAME : Mr. UMESH T N VISIT ID : 23030216805
 AGE/GENDER : 32 Years / Male DATE OF REGISTRATION : 03-Aug-2023 12:44
 REFERRED BY : Dr. JYOTHI DATE OF COLLECTION : 03-Aug-2023 12:44
 REP NO : VENT082399292 DATE OF REPORT : 03-Aug-2023 16:17

LABORATORY TEST REPORT

IMPRESSION

OLIGOZOOSPERMIA.

NOTE

Repeat semen analysis after 3 - 4 weeks with ideal abstinence period for confirmation.

End Of Report

Bhargavi K.N.
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 KMC Reg. No: 114057

Report on 10/09/2023

NAME : Mr. UMESHA T N VISIT ID : 23030265843
 AGE/GENDER : 33 Years / Male DATE OF REGISTRATION : 08-Sep-2023 12:55
 REFERRED BY : Dr. JYOTHI DATE OF COLLECTION : 08-Sep-2023 12:55
 REPORT NO : VENT0923101635 DATE OF REPORT : 08-Sep-2023 14:41

LABORATORY TEST REPORT

TEST PARAMETER	RESULT	UNIT	REFERENCE RANGE	SAMPLE TYPE	
CLINICAL PATHOLOGY					
SEMEN ANALYSIS (As per WHO 2021 Guidelines - 6th edition)					
PHYSICAL EXAMINATION					
COLOUR	Greyish White		Greyish White	Semen	
APPEARANCE	Clear				
VISCOSITY	Normal		Normal		
SEMEN VOLUME	4.0	ml	≥1.4		
pH <small>pH Paper</small>	7.4		7.2 - 7.8		
LIQUEFACTION TIME	Liquefied		30-60 minutes		
CHEMICAL EXAMINATION					
SEMINAL FRUCTOSE <small>Method: Seliwanoff's Method</small>	Present		Present		
SPERM CONCENTRATION <small>method: Microscopic Examination-improved Neubauer Counting Chamber</small>	16.0		≥15 Million/ml		
SPERM TOTAL COUNT <small>method: Microscopic Examination-improved Neubauer Counting Chamber</small>	64.0	Millions/ml	≥39 Million/Ejaculate		
MOTILITY Microscopic Examination					
PROGRESSIVELY MOTILE	65		≥30		
NON PROGRESSIVELY MOTILE	15		Nil		
IMMOTILE SPERMS	20		Nil		
TOTAL MOTILITY	80	%	≥42		
NORMAL MORPHOLOGY (MICROSCOPIC EXAMINATION)					
PAP Stain <small>method: Microscopy</small>	>50		≥4%		
NORMAL MORPHOLOGY (Microscopic Examination)					
PLUS CELLS <small>Microscopic Examination</small>	0 - 1	cells/hpf	Nil		
EPITHELIAL CELLS <small>Microscopic Examination</small>	0 - 1	cells/hpf	Nil		
RBCS <small>Microscopic Examination</small>	Nil	cells/hpf	Nil		

NAME : Mr. UMESHA T N VISIT ID : 23030265843
 AGE/GENDER : 33 Years / Male DATE OF REGISTRATION : 08-Sep-2023 12:55
 REFERRED BY : Dr. JYOTHI DATE OF COLLECTION : 08-Sep-2023 12:55
 REPORT NO : VENT0923101635 DATE OF REPORT : 08-Sep-2023 14:41

LABORATORY TEST REPORT

IMPRESSION

NORMOZOOSPERMIA.

End Of Report

Bhargavi K.N.
 DR. BHARGAVI K.N
 MBBS, MD
 Consultant Pathologist
 KMC Reg. No: 114057

Discussion:

Severe oligoasthenoteratozoospermia (OAT), characterized by low sperm count (oligospermia), reduced sperm motility (asthenospermia), and a high percentage of abnormal sperm morphology (teratospermia), is a complex

condition that poses significant challenges to male fertility. This case report explores the application of homeopathic treatment as a therapeutic approach for severe OAT, shedding light on its potential role in addressing male infertility.

In this case, a 33-year-old male with a history of infertility presented with a confirmed diagnosis of severe OAT based on comprehensive semen analysis. However, with no good results from traditional medicines. To address his condition, patient considered homeopathic therapy.

Homeopathy, a system of alternative medicine, focuses on individualized treatment, considering the totality of symptoms, including physical, emotional, and psychological aspects. The patient underwent a thorough evaluation, including a detailed assessment of his constitutional characteristics and a miasmatic analysis, to identify the most suitable homeopathic remedy.

Over the course of several months of homeopathic treatment, the patient experienced notable improvements in sperm count, motility, and morphology, as demonstrated by follow-up semen analyses. These improvements suggest a potential role for homeopathy in the management of severe OAT.

However, it is essential to acknowledge several key limitations:

1. Individual Variation: Homeopathy's individualized approach means that each patient's response to treatment can vary significantly. The observed improvements in this case may not be generalizable to all individuals with severe OAT.
2. Lack of Controlled Clinical Trials: This case report, while promising, does not provide conclusive evidence of homeopathy's efficacy in treating severe OAT. Controlled clinical trials with larger sample sizes and rigorous methodology are needed to establish its effectiveness.

Conclusion:

Over the course of several months of homeopathic treatment, the patient experienced significant improvements in sperm morphology and overall semen parameters. This case report highlights the potential of homeopathic medicine as a holistic and individualized approach to treat oligo astheno teratozoospermia on constitutional basis considering mental generals, physical generals, and particulars, addressing both physical and emotional factors.

References:

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