

MALE INFERTILITY

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ABSTRACT

This abstract reports on the case of a 30-year-old male patient who was diagnosed with oligospermia, a condition characterized by low sperm count. The patient's semen analysis showed a sperm count below 13 million/mL, a volume of semen sample over 1.5 mL, pH between 7.2 and 8.0, white or whitish gray color sometimes slightly yellowish, sticky jelly-like consistency without lump or strands, and a liquefaction time of 2 minutes. The patient had a motility of more than 32% with progressive motility, a morphology of 4% of sperm with normal shape, a vitality of 58% live sperm, and leukocytes of fewer than 1 million/mL. Since oligospermia is typically asymptomatic, it is usually detected when the affected male has been trying to conceive for a long period of time without success. Despite undergoing modern medication for one year, the patient did not see any improvement in his sperm count, prompting him to visit the OPD of PTSR Ayurvedic College Khurja Bulandshahr for counseling and treatment. The patient was advised to take specific herbal medication, namely Tulsi Beeja powder, orally twice a day for six months, during which he took the medication at home and followed up with monthly hospital visits. After six months of therapy, a comparison of the patient's sperm counts before and after treatment showed a significant increase, indicating that he responded well to the treatment.

Key words: male, infertility, Tulsi beeja powder.

INTRODUCTION

Male infertility refers to the inability of a sexually mature male to impregnate a fertile female and accounts for 40%-50% of infertility in humans, affecting approximately 7% of all men. The most common cause of male infertility is a deficiency in semen quality, which is used as a surrogate measure of male fecundity. Natural male reproduction depends on healthy sperm production, erection, and ejaculation, and problems with any of these can lead to infertility. Advance sperm analysis that examines intracellular sperm components is being developed. Causes of male infertility include sperm disorders, such as immature, abnormally shaped, or immotile sperm or a low sperm count, which may be due to conditions such as infection or inflammatory conditions, hormone or pituitary gland problems, immune problems where the patient produces antibodies against his own sperm, environmental and lifestyle factors, such as tobacco use, heavy alcohol consumption, steroid use, exposure to toxins, and genetic diseases such as cystic fibrosis and hemochromatosis. Structural problems that block the genital tract can also cause male infertility, as can erectile dysfunction or premature ejaculation, and liver or kidney disease. Male infertility can occur following inflammation of the prostate or genital infections, injury to the testicles, early or late puberty, exposure to high temperatures, hernia repair, or undescended testicles.

The WHO has revised a lower reference limit for semen analysis:

- Minimum sperm concentration: 15 million spermatozoa per mL
- If less than 15 million spermatozoa per mL then it is called oligospermia
- Volume: 1.5 ml

- Total sperm number: 39 million spermatozoa per ejaculate
- Morphology: 4% normal forms using strict Tygerberg method
- Vitality: 58% live
- Progressive motility: 32
- Total (progressive + nonprogressive motility): 40%

History of present illness

A 30-year-old male came to VYDS ayurvedic College Khurja with a complain of low sperm count. The semen volume, morphology, vitality, and motility were normal. The patient had taken allopathy medication but got a little relief and refused to continue that allopathy medication and came to VYDS Ayurvedic College Khurja to take ayurvedic treatment. His Sperm count was 13 million spermatozoa per mL.

History of past illness

The patient was physically fit and healthy earlier and has no any symptom of low sperm count.

After getting married and failing to achieve a pregnancy with his female partner after 12 months or more of regular unprotected sexual intercourse. Then he tried to get some treatment from allopathy medicine but did not get satisfactory treatment. Then he decided to consult in an Ayurvedic hospital.

Family history: There is no evidence of oligospermia or related conditions in the patient's family.

Physical examination

General condition- fair

PR - 78 per minute regular

BP - 120/80 mmHg

RR - 18/minute regular

Body temperature: 98.6-degree Fahrenheit

- Systematic examination (per abdomen): Normal & Testicular examination NAD.

Investigation: Summarize the semen analysis before and after treatment.

Parameter	Before treatment	After treatment
Volume	1.5 ml	2ml
Sperm concentration	Below 13 million spermatozoa per ml	25million spermatozoa per ml
Total sperm number	38 million spermatozoa per ejaculate	60 million spermatozoa per ejaculate
Morphology	4%	12%
Vitality	56% live	60% live
Progressive motility	32%	45%
non progressive motility	24%	15%

Treatment: The patient was given Tulsi Beeja Churna 3 grams orally twice a day along with water for 6 months.

DISCUSSION

Infertility is one of the most serious social problems facing advanced nations. In general, approximately half of all kinds of infertility are caused by factors related to the male partner. Tulsi seeds contain many nutrients (the major and minor constituents). The benefits of Tulsi seeds are wide and varied. They are anti-parasitic, antibacterial, and antiviral. Each seed is a storehouse of essential vitamins, minerals, and amino acids. One of the prominent factors of the Tulsi seed is to have anti-anxiety properties that help reduce stress levels in the body. Additionally, it helps to sleep better by relaxing muscles and calming nerves. Tulsi seeds help to increase sexual desire.

CONCLUSION

From the present study, it may be concluded that the effect of Tulsi Beeja churna in the management of oligospermia has shown encouraging results with an increase in sperm count from 13 million spermatozoa per ml to 25 million spermatozoa per ml. There was not any adverse effect found during and after the whole procedure in this case. Hence, the prepared formulation can be taken for the multi-Centre trial in a larger population to precisely infer its therapeutic efficacy and safety.

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