

“CAUSES OF AZOOSPERMIA IN MALE INFERTILITY”***Vd. Saudamini Chaudhari and Vd. Pushkaraj S. Valvi****(M.D.) Professor, (M.S. 2nd year)**

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ABSTRACT

Azoospermia is the absence of spermatozoa. It is generally classified in 3 major categories-

1. Pre Testicular

2. Testicular

3. Post Testicular.

Also Azoospermia is Obstructive or Non-Obstructive. Through the medical history, physical examination and hormonal profile are the essential in evaluation of Azoospermic male. Imaging studies, a genetic work up and testicular biopsy may work up in evaluation of Obstructive and Non-Obstructive azoospermia required different treatment approaches. In Ayurveda, Azoospermia can be correlated

with Shukradushti or Klaibya. In Ayurveda Virya parikshana and physical examination are the main evaluatory criterion for diagnosis of Azoospermia.

INTRODUCTION

The absence of spermatozoa in semen is called as Azoospermia. It can be classified as Obstructive or Non-Obstructive Azoospermia. The etiological classification of Azoospermia is categorised as Pre-Testicula, Testicular, Post- Testicular. In Pre-Testicular type, the Azoospermia is due to Endocrinological cause that means is related twith glands secretion i.e. hormones. Testicular Azoospermia is either Congenital or. Aquired testicular Azoospermia may be due to trauma, medicine, torsion, infection, tumour etc. The Post-Testicular Azoospermia is due to ejaculatory dysfunction or due to obstruction either in epididyma, vasa, or ductus. In ayurveda, it should be correlated with Shukradushti or Klaibya as follows. According to “CHARAK CHIKITSA 30” the causes of Shukradushti or Klaibya are trauma, rasadi dhatu dushti and kshaya, shukranasha, abhighata, shukaproyaga i.e. medicine taken, nakha-danta abhighata i.e. infection and Janmajataja as prakupita vayu in foetus obstructs the

shukravaha strotasa there is Shukranasha. Rasadidhatu are the srawa (secretions) from the respective shrotasa. If Azoospermia or Klaibya is due to this then it can be correlated with Pre-Testicular type as it is due to abnormal secretions of Endocrine gland and Pre-Testicular Azoospermia co related with Beejopaghataja Klaibya due to same reason. 2nd type according to ayurveda is Dhvajopaghataja Klaibya. It includes the reasons like trauma, infection, medicine taken, thus this can be co-related with the Acquired Testicular Azoospermia, 3rd type according to ayurveda is Janamajataja Klaibya i.e. Azoospermia since Garbhavastha (Fetal period) as there Shukravaha Srotasa nasha and Shukranasha due to Prakupita Vayu. In this type, male baby has well developed genital organ but still having Shukranasha and this can be co-related with Congenital Testicular Azoospermia.

PATIENT	XYZ 32yrs 75180 primary infertility willing for conceive	XYZ 35yrs 196 Primary infertility Willing for conceive	XYZ 30yrs 31267 Primary infertility Willing for conceive
O/E P- (/min) BP-(mmhg)	80 120/80	84 110/70	80 130/80
S/E RS- CVS- CNS-	NAD NAD NAD	NAD NAD NAD	NAD NAD NAD
P/A-	Soft and non tender	Soft and non tender	Soft and non tender
Local Examination	Genital organs	Genital organs	Genital organs
Investigations-	FSH- 24.16 USG Scrotum- Bilateral varicocoele Lt.simple epididymal cyst	Testicular Biopsy- I and II B/L testicular tissue atrophic seminiferous tubules and early spermatogenic arrest.	USG Prostate- small dia.seminal vesicle ejaculatory duct not properly seen how ever thin ecogenic area seen i.e atropic screeningof scrotum show multiple cystic lesion at head of epididymis.
Sperm count	Zero	Zero	Zero
Other Investigations			1)Testicular FNAC- Right Testes-Normal spermatogenesis Left testes- Hypo- spermatogenesis 2)USG KUB- Left kidney is not seen in left renal fossa

TREATMENT

- 1) Klaibya (Azoospermia) chikitsa sutra – Basti, Kshirsarpi, Vrushyayoga, Rasayana prayoga according to Deha-Dosha-Agni bala and Bheshaja kala, Daivavyapashraya chikitsa.
- 2) Shodhana chikitsa – Snehana-Swedana and then Snehayukta Virechana_Aasthapana, Anuvasana, _Erandatwaka, Palash, Musta kwath siddha basti.
- 3) Vajikarana yoga should be utilised in Bijopaghataja Klaibya.
- 4) Raktamokshana, Snehapana, Snehayukta Virechana, Anuvasana, Asthapana and Vranavachha kriya should be done in Dhvajopaghataja Klaibya.
- 5) Rasayanadi prayoga, Yapana basti can also be given.

DISCUSSION

In M.A. Podar hospital, Mumbai no. Of patient came with complaints of primary Infertility. Then we had examined and investigate the patient thoroughly and rule out the cause of infertility. If the cause is Azoospermia then we advice the patient Ayurvedic paricharya and give ayurvedic treatment.

CONCLUSION

Approximately 1% of all men in the general population suffer from Azoospermia. In M.A. Podar Hospital Worli Mumbai in2015-2016, while treating the couple infertility, Azoospermia men constitute approx. 10-15% of all infertile group. It is very common in 20-40 age group. Thus this group of patient represents a significant population in the field of male infertility.

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