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A CASE REPORT ON CRYPTOZOOSPERMIA TREATED THROUGH SIDDHA SYSTEM OF MEDICINE

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ABSTARCT

Cryptozoospermia is a common cause of male infertility and is a severe sperm disorder that is characterized by a very low sperm count. In India, 10-15% couples of reproductive age group are infertile. Out of this 25% cases are male infertility. Male infertility affects 1 in 20 men and is the sole or contributory factor in half of assisted reproductive treatments (ARTs). Cryptozoospermia can be correlated with Aan maladu in Siddha system of medicine. Siddha System of medicine is ancient traditional indigenous Indian system of medicine and has a vast repository of both internal and external medicines. This system has wide range of medicines scattered in the literature with indications of male infertility. A case report of 27 years old male with cryptozoospermia, married 5 years back had primary infertility is presented here to enlighten hidden treasure of Siddha treatment principles in present scenario diseases.

KEYWORDS: Cryptozoospermia, Aan maladu, Siddha system.

INTRODUCTION

Infertility is a problem of global proportions affecting on an average 8-12% of couples worldwide.[1] The various causes of increase in infertility are consumption of alcohol, drugs and tobacco, emotional stress, lifestyle disorders such as diabetes, hypertension, and Obesity, electromagnetic radiation, malnutrition an exposure to environmental pollution.[2] Cryptozoospermia is defined as a very low sperm count in the ejaculate. In fact, it is often confused with azoospermia, that is, the total absence of sperm in the ejaculate. Males with

cryptozoospermia are considered to have virtual azoospermia, that is, the number of sperm present in their ejaculate is extremely low. According to the guidelines published by the World Health Organization (WHO), in order to consider that a man has a normal sperm count, the number of sperm found in the ejaculate should be equal to or higher than 15million sperm/ml. Discovering the particular causes of cryptozoospermia is a considerably difficult task. In the majority of cases, the man is unaware that he has this sperm disorder until he starts trying to conceive. However, the potential causes can be classified into the following groups depending on their origin: Pre testicular causes include conditions such as hypogonadism, or unhealthy habits (tobacco, alcoholic drinks, environmental toxics, etc.). Testicular causes: They affect the testicles directly, including cryptorchidism, hydrocele, trauma, and varicocele. Post-testicular causes: They cause obstructive cryptozoospermia, as they prevent the sperms from flowing to the outside world. Examples include ejaculatory duct obstruction, absence of ejaculatory ducts, vasectomy, and urethritis (inflammation of the urethra).[3]

Levels of Low Sperm Count

In the latest statement of semen quality (2010), the WHO now considers a sperm count of 15 million sperm/ml to be low for fertile men. The table below shows how low sperm counts are described.[4]

Table 1: Levels of Low Sperm Count.

Definition	Sperm Concentration in Ejaculate
Mild Oligospermia	10 million to 20 million sperm/mL
Moderate Oligospermia	5 million to 10 million sperm/mL
Severe Oligospermia	0 to 5 million sperm/mL
Cryptoozospermia	0-rare sperm
Azoospermia	0 sperm

According to Siddha System, human body sustains the state of healthy living via keeping the Three Humours- Vatham, Pitham and Kabam in equilibrium, influenced by dietary habits, daily activities and the environment around. The three humours represent the five basic elements or Bhuthas. In case this equilibrium is disturbed, it leads to a condition known as disease.

According to T.V.Sambasivam pillai dictionary, A disease by which men or women are rendered incapable of producing child by reason of defective semen or mensus in them is termed as Maladu in Siddha. (P.no 731 Vol V). Maladurogam can be classified into two

types: 1.Aan maladu 2.Pen maladu (P.no 732 Vol V) The term “Maladan” means a Male with no issues (P.no 731 Vol V).[5]

Yugimuni explains about Aan maladu in his treatise Yugimuni Sikitcha Saaram. According to Yugimuni, A person with semen of following qualities.

- Lack of sweetness.
- Buoyancy on water.
- Absence of virility/ viability.
- and Frothy micturition will be incapable to impregnate women.[6]

Siddhars’ thought about the basic units of reproduction- semen and ovum, crossed the limits of procreation and waved towards attaining their spiritual target. In Siddha, Sukkilam is considered as Sivam and naadham is considered as Sakthi. By which karu is considered as Sathasivam. As per Siddha text, Vatham on derangement causes weakness to body parts. In male infertility the weakness of genital organs (Erectile dysfunction and Ejaculatory defects) is due to Vatha derangement. Abaanan, one of the Vatham is responsible for controlling ejaculatory function. In Aan maladu, primarily affected Vayukkal are Pranan, Abanan, Vyanan, Samanan, Thevadhathan.[7] Line of treatment for Aan maladu/male infertility would start with alleviation of primarily affected humour, followed by compensation of the secondarily affected humour, then toning up of the affected Udalthathukkal. This paper was written according to the CARE guidelines.

CASE REPORT

A 27 year old male came for treatment for male infertility married since 5 years; his wife is gravida (G) 0, para (P) 0 with regular cycles and no history of reproductive tract disorders, pelvic infection, or surgery. His BMI is normal, 71kg, Vatha pitha prakiruthi, normal secondary sexual characters, and his semen analysis showed occasional spermatozoa.

PAST HISTORY: No H/o of Diabetes mellitus/Hypertension/Tuberculosis/Mumps/chicken pox/ trauma.

FAMILY HISTORY: There is no family history of infertility.

PERSONAL HISTORY: Non vegetarian, there is no history of smoking/Alcoholism/Tobacco/Pan chewing, Habits of frequent eating of junk foods, Occupation – Gardener.

En vagai thervu (Eight fold Examination)

Naa (Tongue)

Thanmai (Appearance) : Coated tongue

Niram (Colour) : Normal

Suvai (Taste) : Pulippu

Vainer ooral (salivation) : Normal

Niram (Complexion) : Wheatish

Mozhi (Voice) **:** Sama oli (Normal voice)

Vizhi (Eyes)

Niram : Sivappu (Red)

Thanmai : Normal

Malam (Stools)

Thanmai : Normal

Niram (Colour) : Manjal (Yellow)

Moothiram (urine)

Neerkuri

Niram : Paleyellow (ilamanjalniram)

Manam (Smell) : Mild aromatic

Nurai (Frothy) : Present

Edai(Density) : Normal

Alavu : Normal

Enjal (Deposit) : Present

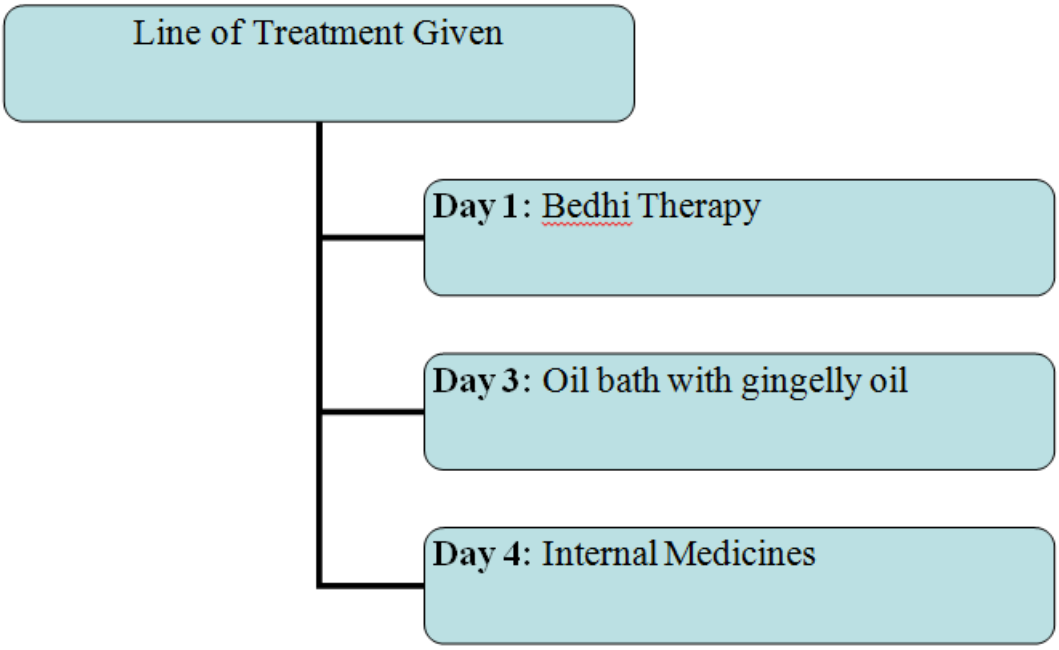
Neikkuri

Features of oil-on-urine sign : Coin shaped

Naadi (pulse) **:** Vathapitham

Sparisam (Touch) **:** Mitha Vemmai

Treatment given



Day 1 Bedhi Therapy: Agasthiyar Kuzhambu -130 mg with ginger decoction.

Day 3 Oil bath with gingelly oil

Day 4: Internal Medicines

1. Rasagandhi Mezhugu Cap – 1 b.d, after food with milk.
2. Amukkara chooranam – 2gm + Silasathu Parpam – 200mg, b.d, after food with milk
3. Thetran Kottai Legiyam - 5gm, b.d, after food with milk

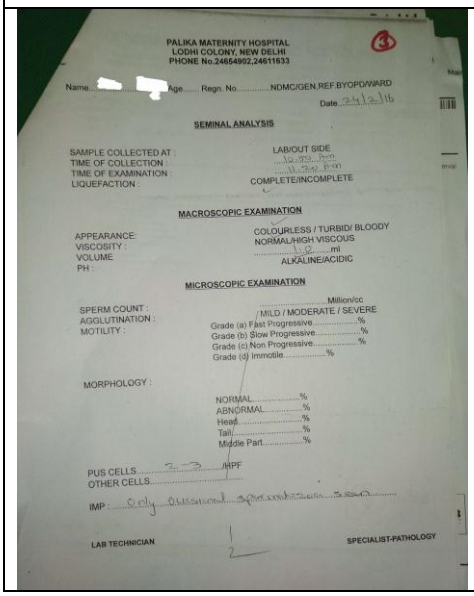
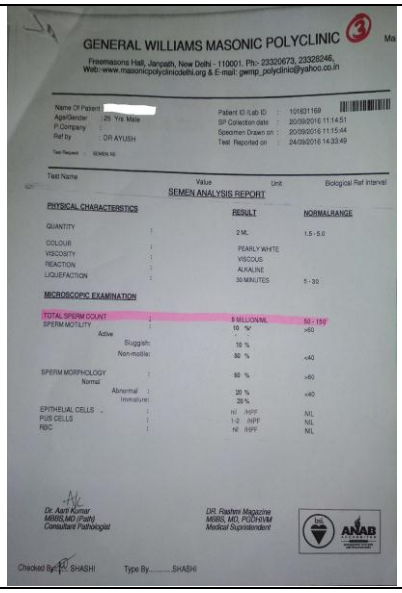
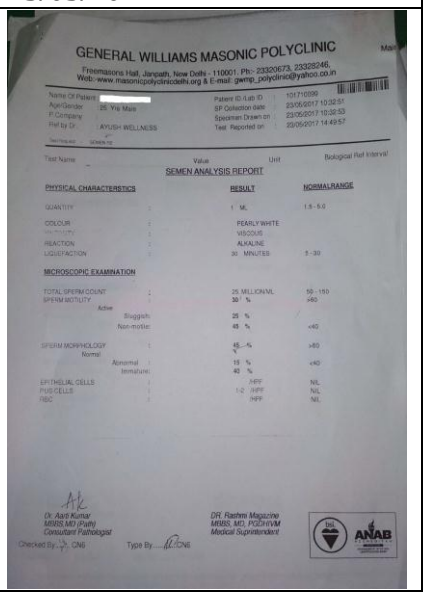
The above mentioned internal medicines have been continued for 7 months, then semen analysis was done on 20/09/2016, again same treatment was continued for 6 months i.e Bedhi therapy, Oil bath and internal medicines, Semen analysis was done on 23/05/2017.

Table 2: Semen Analysis Before and after treatment.

Semen Analysis	**Semen Analysis before treatment dated on 24/02/2016**	**Semen Analysis during the course of treatment dated on 20/09/2016**	**Semen Analysis after treatment dated on 23/05/2017**
Physical characteristics Quantity	1ml	2 ml	1ml
Colour	Pearly white	Pearly white	Pearly white
Viscosity	Viscous	Viscous	Viscous
Reaction	Alkaline	Alkaline	Alkaline
Liquefaction	30 minutes	30 minutes	30 minutes

Microscopic Examination Total sperm count	Only occasional spermatozoa seen	5 million/ml	25 million/ml
Sperm motility Active	-	10%	30%
Sluggish	-	10%	25%
Non motile	-	80%	45%
Sperm morphology Normal	-	60%	45%
Abnormal	-	20%	15%
Immature	-	20%	40%
Epithelial cells	Nil	Nil	Nil
Pus cells	1-2/HPF	1-2/HPF	1-2/HPF
RBC	Nil	Nil	Nil

Table 3: Image of semen analysis report.

Semen Analysis before treatment dated on 24/02/2016	Semen Analysis during the course of treatment dated on 20/09/2016	Semen Analysis after treatment dated on 23/05/2017
		

DISCUSSION

Initial sperm count i.e before treatment was only occasional spermatozoa seen, 7 months after taking medicines sperm count was 5 million/ml, 10% motile sperms, then he continued medicines for 6 months, total 13 months after taking medicines sperm count was 25 million/ml, 30% motile sperms, Being sperm count and motility gradually increasing he is still continuing the medication since pregnancy not yet occurred.

Line of treatment for Aan maladu/male infertility would start with alleviation of primarily affected humour i.e Vatham. Vatham on derangement causes weakness to body parts. In male

infertility the weakness of genital organs (Erectile dysfunction and Ejaculatory defects) is due to Vatha derangement. Abanan, one of the Vatham is responsible for controlling ejaculatory function. So the treatment starts with Bedhi therapy "Viresanathal Vatham Thazhum".[7] Next is Oil bath for rejuvenation and internal medicines for toning up of udal thathukkal.

CONCLUSION

The present case report is a basic step to enlighten Siddha treatment for Cryptozoospermia. Need for further research on a larger group of patients to arrive at more definite conclusions has been felt.

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