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Editorial

MALE INFERTILITY

Until recently, the male partner of an infertile couple was totally neglected in regard to careful history taking, clinical examination and semen analysis. Recent awareness that 30 to 40 per cent of the causes of infertility are due to the male partner has brought about appreciation of considering the male and the female of an infertile couple as a unit. In developing countries male dominance in marriage makes adequate evaluation of the male factor a difficult problem. It is recognised in all countries that the male is not uncommonly resistant to being evaluated. The male ego of being considered after evaluation as mainly or solely responsible for the barren marriage is frequently the reason for his resistance or non-compliance. His hostility towards the gynaecologist or the urologist who detects a major factor for the barren marriage is sometimes remarkable as well as amusing.

Female gynaecologists are at a disadvantage in getting proper sexual history from the male partner and have to frequently refer the male to a urologist for evaluation. It is pertinent to state that in even developed countries all urologists are not considered competent to evaluate and manage the problem pertaining to male fertility because sufficient knowledge in reproductive biology is essential to meet this challenge.

Oligospermia due to occupation of the

male necessitating prolonged absence from home or occupations in which the testes are exposed to excessive warmth for several hours of the day as boilerman, proper guidance and advice restores sperm density and motility.

Frequency of coitus is also an important consideration. Too frequent coitus or infrequent coitus are both unfavourable. In a lighter view this point is emphasised. In a sexual guidance class, the professor asked how many have sex once a day and several raised their hands; how many twice a week and some others raised their hands and this went on to once a week and once a month. Finally he asked how many once a year and a young man smilingly raised his hand. The professor quipped 'what is there to smile about' and prompt came the reply 'today is the day, Sir'.

This brings into focus of explaining the importance of having coitus during the short span of ovulation by BBT record. This appears elementary but experience shows that the present day busy gynaecologists engrossed in laboratory investigations and technological advances, neglect this simple yet rewarding tests.

Semen analysis should be relied on when it is done in well equipped laboratories by trained technicians. Sperm density should not be considered alone but together with sperm motility and morphology. Sperm density of 60 millions

or as low as 30-40 millions is to be regarded as satisfactory only when sperm motility is vigorous in large percentage for many hours.

Sperm analysis by itself loses much of its value unless Sims-Huhner Post-coital test is also done. Unfortunately, this valuable, simple procedure is not carried out routinely for evaluating the sperm-cervical interrelationship. The American Fertility Society (1980) has brought out a useful manual on 'How to organise a basic study of infertile couple and this manual is useful and informative.

Human fertility is known to be susceptible to various immune responses. In some couples, infertility is due to sperm antibody. It appears that there is a separate antibody for tail to tail sperm agglutination and another antibody for head to head agglutination. It is stated that about 14 per cent of the males and about 20 per cent of the women have sperm agglutinating antibodies in the serum. When the serum agglutinating antibody is present in a woman, the treatment is by using condom at every

coitus for six to twelve months. The success rate, in terms of pregnancies, is about 50%. When the male has the antibody, condom treatment cannot be employed. Recently, two methods have been developed for male sperm antibody. One is by insemination after sperm washing and the other is some degree of suppression of circulating antibody by using corticosteroids.

Recently, several new techniques for investigation of functional defects have been developed. These involve the study of the ability of sperms to penetrate the zona pallucida and assay the level of acrosin, a trypsin-like hormone which is essential for penetration of zona pallucida. Mohsenian *et al* (Fertil. Steril., 35: 2505, 1981) measured acrosin by radioimmunoassay and found significantly higher in spermatozoa obtained from fertile men than the spermatozoa obtained from infertile men. At present these studies are research problems which in future may throw important light.

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