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# The importance of men's health in fertility

Treatment and strategies for the main issues

by Thierry Clerc MARH MSc LCPH



Thierry Clerc practises homeopathy in Cambridge. He is a graduate of the College of Practical Homeopathy. Prior to his 'conversion', he enjoyed a successful career as an executive in the telecommunications industry. When fate hit him with a severe bout of arthritis, he went back to France to see his old homeopath and, after prompt recovery, decided to study and become one. Thierry also provides supervision and business advice to homeopaths and health practitioners.

It is now considered that up to 60% of infertility is actually due to the male partner (Fox, 1994). This article provides an overall strategy and some suggestions to assist the male partner of a couple who want to have children. Of course, the female partner also often needs treatment.

A lot of men, especially in the Western world, do not see their lifestyle and nutrition as a key element to having children or improving the odds of fertilisation. This is because, besides suggesting a basic supplements programme, conventional medicine does not have a lot to offer when a sperm test shows minor or major problems. Usually, the response is to put the female partner on hormone treatment, to increase the odds. Homeopaths, with the help of sound nutritional advice and a good case-analysis, can help a lot. It is however important to understand what can cause fertility issues and how best to address them.

## Semen analysis briefly explained

When a couple seeks help for fertility, it is important to get the medical history and a recent sperm and semen test for the male partner. This helps set metrics and measure improvement. A semen analysis evaluates certain characteristics of a male's semen and the sperm contained in the semen. Its key parameters are:

### Sperm count

Sperm count measures the concentration of sperm in a man's ejaculate. It is measured in millions of sperm per millilitre. Over 15 million

sperm per ml is considered normal (WHO in 2010), while older definitions stated 20 million. The average sperm count today is around 60 million per ml in the Western world, having decreased by 1-2% per year from a substantially higher number decades ago (Dindyal, 2004).

Successful pregnancy increases with a higher sperm count. With everything else equal, a reading of 20 million increases a chance of successful pregnancy by 20%, while 30 million increases the odds by 40%. Above 50 million, the successful pregnancy rate link is flatter. This demonstrates that a male should aim at a sperm count of about 50-60 million per millilitre. Any holistic treatment should aim primarily at increasing the sperm count to that range.

### Total sperm count

Total sperm count, or total sperm number, is the total number of spermatozoa in the entire ejaculate. It is the sperm count multiplied by the volume of semen, which should be at least 2 ml.

### Motility

The motility of the sperm shows good forward movement, and is

similar to the quality of the sperm. Not all sperm is good quality, and an average of 50-60% of observed sperm with good quality is considered good by conventional medicine (Cooper et al, 2010). A man can have a high total number of sperm, but still have bad quality, because too few of them are motile. This reduces the chance of successful procreation. This is the second key metric, and should be as high as possible and at least 50%.

### Morphology

The morphology of the sperm is also evaluated. The WHO criteria in 2010 was that a sample was normal if 4% or more of the observed sperm have normal morphology. Morphology is a predictor of success in fertilising oocytes during in-vitro fertilisation.

### Sperm volume

The volume of the sample is measured. Conventionally, volumes between 1.5 ml and 6.5 ml are considered normal. Low volume may indicate partial or complete blockage of the seminal vesicles, or that the man was born without seminal vesicles.

### Fructose level

The level of fructose in the semen is also usually measured. Absence of fructose may indicate a problem with the seminal vesicles.

### pH

The pH of the sample is measured as well. Good sperm should be



➤ slightly alkaline, with a normal range of 7.2-7.8. A pH value outside the normal range is harmful to sperm. Acidic ejaculate (lower pH value) may indicate one or both of the seminal vesicles are blocked. A basic ejaculate (higher pH value) may indicate an infection.

Other data is sometimes measured, such as:

- **liquefaction:** process when the gel formed by proteins from the seminal vesicles is broken up and the semen becomes more liquid
- **MOT:** measures how many million sperm cells per ml are highly motile
- **total motile spermatozoa:** combination of sperm count, motility and volume, measuring how many million sperm cells in an entire ejaculate are motile
- **white blood cells:** a high level of white blood cells (over 1 million per ml) may indicate an infection.

### Important sperm test metrics and nutritional advice

In most cases, poor sperm quality is the primary reason for male infertility. A high sperm count (over 50-60 million) and a high motility rate (> 50%) should then be the first elements to address in order to help a male increase the chances of fertilisation. At the first consultation, I ask all male patients to go to their GP and ask for a sperm test (most already have), and then to do another one after four months of treatment, as this is about the time the sperm takes to mature.

When people hear the importance of these two metrics in procreation, and that they can easily improve them with lifestyle changes, they are usually open and eager to make the necessary changes. Diet is the most significant single factor.

The two most important elements for good sperm are essential fats (making about 85% of the sperm mass) and zinc (about 15%

of the sperm mass). The usual dosage I suggest is 15 mg of zinc supplementation and 100 mg fish oil, with 1,000 mg vegetable oil. I also add 1,000 mg vitamin C as it has shown to significantly improve sperm quality.

Supplements are not a substitution for a better diet and lifestyle, so ask people to improve their overall diet. Good nutrition should include a significant amount of vegetables and fruit, ideally organic, and plenty of fatty fish, seeds and unrefined vegetable oil, the best being flaxseed, sesame, sunflower and pumpkin. Good sources of zinc are oysters, wholemeal and rye bread, green peppers, potatoes, eggs, chicken and apples.

This is often enough for most clients. However, nutritional advice may need to be fine-tuned if a patient has an extremely poor diet. Likewise, a heavy smoker or drinker or someone on chronic medications may need some extra supplementations. B-complex or multi-vitamins may be required to assist absorption

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of the zinc and good quality fat. Specific homeopathic support for such a condition can also be helpful.

In the UK, especially, it is also important to ensure that the patient reduces his intake of 'nutrients' robbers. These include highly refined foods, man-made fats, sugar, coffee, alcohol and toxins. For example, it is estimated that smoking reduces sperm concentration by 24%, while alcohol is toxic to the male reproductive tract (de Kretser, 1996).

Products that are known to impact male fertility also include many commonly used additives or artificial products. Major hormonal disrupters include phthalates (plastics found in food packaging), alkylphenols (detergents), Bisphe-nol A (food coating), organochlo-rine pesticides (such as Lindane, DDT), vinclozolin (fungicide used on foods) and phytoestrogens (refined soya products).

Many patients in the UK find it hard to move quickly to a healthy normal diet, which ideally consists of unprocessed organic foods with

no use of plastic packaging, and little or no sugar, coffee and alcohol. For this reason, providing supple-mentations while the patient slowly shifts to a better diet may be a more successful approach.

Many couples need help with fertility issues

**A lot of men, especially in the Western world, do not see their lifestyle and nutrition as a key element to having children or improving the odds of fertilisation**

#### *Addressing emotional issues*

Any currently existing emotional issues which directly impact the sexual act (such as impotence or reduced sex drive) need to be addressed in order of priority. In these cases, of course, homeopathy has the most to offer.

The male hormonal system is usually more resilient to stress than the female system, so depression or long-term chronic stress are less likely to be a major block to male fertility. However, if this is accom-ppanied by poor dietary habits or drug addiction, they may need to be addressed.

#### **Importance of sources of toxicity for male patients**

While good nutrition provides sig-nificant improvement in the vast majority of cases, the male patient should have at least one consulta-tion to assess any other issues that may impact his sperm quality.

In my experience, 20 to 30% of male patients require additional forms of support. In these cases, supplements and nutrition improve ➤



## Short therapeutics for male fertility

### Impotence

<i>Agnus castus</i>	Impotency, infertility, cold penis, premature old age; indicated after sexual overindulgence, masturbation or venereal disease. Desire without power. Emissions without any sex drive. Poor memory. Regrets past mistakes.
<i>Baryta carb</i>	Diminished desire, premature ejaculation, emissions at night or after intercourse. Testes atrophied, retracted. Erections in morning, absent or delayed at other times.
<i>Conium</i>	Increased desire but decreased power. Brief or feeble erections. Effects of prolonged abstinence, of loss of loved ones, or excessive indulgence. Emissions from merely touching, loss of control. Sadness after ejaculation.
<i>Lycopodium</i>	Chronic impotence. Erections incomplete. Emissions too quick or too slow. Excessive or weak desire. Repulsed by sex. Lack of confidence, but egoistic, dictatorial and angered. Digestive weakness with bloating, hunger.
<i>Phosphoricum acidum</i>	Impotence, hypersensitive penis. Premature ejaculation. Loss of desire. Emissions at stools or urination, in sleep. Erections without any desire. Masturbation with guilt. Desire increased after ejaculation. Apathy, indifference.
<i>Selenium</i>	Sexual thoughts but no ability. Incomplete erections, quick or delayed emission. Weak and irritable after sex. Easy fatigue. Hair loss. Loss of semen while sitting, at stool, in sleep. Averse to company of friends, forgetful.
<i>Thalamus</i>	Impotence with dwindling libido and lack of orgasm. Sex painful with premature ejaculation.
Other suggestions	<i>Caladium, Calcareo carbonica, Calcareo sulphurica, China officinalis, Medorrhinum, Phosphorus, Nux vomica, Sepia officinalis.</i>

### Infertility, low sperm count

<i>Agnus castus</i>	See above. A good remedy to support the pituitary gland in general.
<i>Carcinosin</i>	Sex drive increased. Troublesome or wanting erections, disposition to masturbation.
<i>Mercurius solubilis</i>	A good remedy if mercury toxicity is suspected. In the body, mercury competes with selenium, which is a key nutrient for sperm production. <i>Merc sol</i> is actually prepared from 'quick-silver', the compound used for mercury fillings.
Multi-minerals & vitamins	Can be used in low potency to help support absorption of nutrients.
<i>Radium bromatum</i>	Eczema of penis and inner surface of thighs. Itching. Dysuria, then erection.
<i>Silica</i>	Sexual weakness, nocturnal emotions. Sexual appetite increases or decreases. Extreme exhaustion after sex. Also useful when nutrition is deficient.
<i>Sulfanilamide</i>	Inhibition of the production of spermatozoa. Male infertility. Slowing down of all physical and mental functions.
X-ray	Lewd dreams. Sexual desire lost. Suppressed gonorrhoea or sycotic miasm. Sterility.

**In some cases, supplements and nutrition improve the sperm count but not the sperm quality, indicating that something else is going on in the reproductive system**

the sperm count but not the sperm quality, indicating that something else is going on in the reproductive system. The most common issues to keep in mind are toxicity and low-grade infection, both of which can impact sperm production:

Use of medical drugs that have a detrimental effect on testes: the major hormonal disrupters are steroids, anti-depressants and painkillers. However, any long-term use of medications should be considered. Checking the list of side effects may help to confirm if a medication can have an impact. For example, the drug sulphasalazine, used in treatment of ulcerative colitis, is known to reduce sperm counts.

A poor diet can lower male fertility



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**Use of recreational drugs:** particularly marijuana and opioids (heroin).

**Exposure to radiation.**

**Work hazards** such as dyes, solvents, weed killers, mercury or lead: if the patient works in close proximity to these chemicals, they should be considered. They are major hormonal disrupters, and if they show anywhere in the medical history, even a long time ago, they may need to be addressed.

Homeopathy can help to increase the chance of having a child

**Many patients in the UK find it hard to move quickly to a healthy normal diet**

**History of mumps and sexually transmitted diseases:** even if the client is asymptomatic, this should be flagged if this is in the case.

**Dental history (mercury fillings and root canal treatment):** mercury and metals in general are known toxins and hormonal disrupters, but health issues associated with root canals are less well publicised. A significant proportion of root canals tend to get infected (staphylococcus, primarily). The infection is painless as the root treatment has destroyed all the nerves, and the infection can overload the body with an 'internal' source of toxicity. I had a very healthy male patient who had a high sperm count but very low sperm quality, despite being in rude health. All symptoms pointed to an internal infection and his dental work. His sperm quality improved significantly after root canal treatment.

#### Strategy for complex cases

Any existing emotional and nutritional issues need to be addressed in order of priority. In my early days in practice I addressed only these two areas for the first four months of treatment, reassessing after a subsequent sperm test.

Then, if the sperm count had increased but the sperm quality was still low, I addressed toxicity and low-grade infections. This happened in about 20-30% of my cases, and these men were more likely to be over 35 years old.

Nowadays, I address the toxicity / infection in parallel with any emotional or nutritional issue from the beginning. This would be for example if there is a history of toxicity / infection with presenting symptoms of toxicity (such as skin issues).

#### Addressing toxicity

Using a tautopathic approach (= prescribing the toxin in homeopathic potency) is usually enough, but removing the source of toxicity can be necessary if this source is materially significant. I personally prescribe in the low potency range, starting with 6c or 9c daily and increasing by 3c each month.

#### Addressing low-grade infection

Clinical repertorisation of an infection and its presenting symptoms leads to the correct remedy. Adding the nosode can also be





➤ helpful. If the infection is still present, I use low potencies. If the infection has been present for a while, or if there is a history of suppression, I would increase the potency, up to 30c.

***Constitutional and complex support to boost sperm production***

When nutrition has been addressed and there is little evidence of toxicity or infection, constitutional prescribing can be successful in increasing sperm quality in a shorter time. There is also now a good range of homeopathic complexes. I have used them occasionally but have not found them as useful as following the suggestions made in this article.

The ones I have tried are:

- Narayani range: *Male balance* BR17 and *Male genital* OM 22
- HEEL: *Testis compositum*.

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## There is also now a good range of homeopathic complexes aimed at helping with sperm quality

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