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Geriforte Tablets in the Treatment of Azoospermia and Oligospermia

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INTRODUCTION

Since ancient times the indigenous system of medicine has claimed many formulations that tone up the metabolic processes and hence decrease the pace of degenerative changes. Drs. Lobo, Desai and Kulkarni (1975) reported that with Geriforte total testosterone in the serum remained unaffected, indicating the absence of any action on either the testes or the pituitary gland, but the free fraction was increased. This can occur by displacement from the binding sites on proteins. Increase in the free-fraction may make more hormone available to the tissues.

As per literature available on Geriforte, Geriforte does not stimulate any glands, but by making more hormones available in the free form, it may mitigate some of the effects of the lowered hormone in the body without putting undue stress on the endocrine system. Geriforte is also reported to produce a favourable change in metabolic processes such as lowering the glucose tolerance curve and lowering the serum cholesterol and bringing about increase in the serum proteins, specially in the albumin fraction. With Geriforte there is also a significant lowering of both serum cholesterol and triglyceride levels. Geriforte also improves endocrine functions, particularly the adrenal and testicular functions, and promotes better stress tolerance by correcting the level of neurohumors. Geriforte improves protein metabolism and effects a positive nitrogen balance (anabolic effect) as evidenced by the increase in serum protein level, correction of the albumin / globulin ratio, reduction in urinary nitrogen, creatinine, mucopolysachharides and hydroxyproline levels. These lead to a general toning up of the body and promote general well-being.

MATERIAL AND METHODS

I studied the effect of Geriforte tablets in cases of oligospermia and azoospermia in 25 patients who were known to have low sperm counts. There were 16 cases of azoospermia and nine cases of oligospermia. These patients hailed from places like Moga, Bhatinda, Patiala, Jammu, Chandigarh and other places. They were divided in four groups:

Group I (Geriforte + testosterone + placental extract)	:	12 cases
Group II (Geriforte alone)	:	6 cases
Group III (Geriforte alone)	:	2 cases
Group IV (Geriforte + testosterone)	:	5 cases
		25 cases

All were given Geriforte tablets 2 b.i.d. for a period of 4 to 6 months. Patients in Group I were treated additionally with testosterone injections and placental extract. Patients in Group II and Group III who had been previously treated with testosterone and placental extract were now solely maintained on Geriforte alone, while those in Group IV received Geriforte in combination with testosterone.

Out of these 25 cases, testicular biopsy was performed in nine cases, some at the Post-graduate Medical Institute, Chandigarh and others at the Rajendra Hospital, Patiala. These biopsy studies revealed the presence of precursor cells in some, whereas there were no precursor cells in others, and there were no sperms in any of the latter.

Normal spermatogenesis depends on the presence of precursor cells, which were detected in some of the biopsied cases studied. Biopsies of those cases which lacked precursor cells, which were also lacking in sperm count. These cases failed to improve and remained azoospermic *per se.* None of these couples got an issue. Where the sperm counts improved with Geriforte in cases of azoospermia and oligospermia, so did their motility and semen profile. A large number of females married to subjects in this study became pregnant and gave birth to healthy children. Geriforte thus stimulated normal spermatogenesis in those cases wherein precursor cells were present. This explains the results obtained in the present series both in cases of azoospermia and oligospermia.

OBSERVATIONS

Group I: (Geriforte + testosterone and placental extract)

In Group I, there were 12 patients, 9 of azoospermia and 3 of oligospermia. Their initial sperm counts ranged between 1 million and 8 million. After treatment with Geriforte tablets 2 b.i.d., the sperm count ranged between 70 to 80 million. They were also given injections of testosterone twice a week and placental extract on alternate days for two months. Semen examination was conducted six-weekly. In a short time, the wives of all the subjects conceived and gave birth to normal children.

Group II: (Geriforte alone)

Group II consisted of six cases, 3 each of azoospermia and oligospermia. Initial sperm count ranged from 40 to 50 million. These patients had been earlier administered testosterone injections, placental extract and Vitamin E, with no effect on the sperm count. They were now put solely on Geriforte, 2 tablets b.i.d. for 4 to 6 months. The sperm count rose up to 70 to 80 million. Geriforte therapy gave astounding results in improving the total sperm count, motility and morphology of the sperms. I am happy to report that the wives of all six of them conceived and gave birth to normal children.

Group III: (Geriforte alone)

There were two cases in Group III, one of azoospermia and oligospermia. The initial sperm count ranged from 20 to 30 million. Here too no ranged result was achieved with testosterone injection earlier. Geriforte 2 tablets b.i.d. were given for 5 to 6 months. The wife of the only case of oligospermia conceived and gave birth to a normal child.

Group IV: (Geriforte + testosterone)

In Group IV there were five cases, 3 of azoospermia and two of oligospermia. The initial maximum sperm count was one million. Geriforte tablets along with testosterone injections did not give any results. However, the sperm count went up to 40 million. There were no conceptions in this group.

There were no toxic or untoward effects on Geriforte therapy, although it was administered up to six months in all the cases.

Judging from this study, I find that the addition of testosterone or placental extract did not have any effect in cases of oligospermia or azoospermia. However, Geriforte seems to have an all-round stimulating effect on the process of spermatogenesis. It is difficult to pinpoint the basis of azoospermia or oligospermia, as the biopsies did not show any abnormality. Although this is a study in a new direction, Geriforte appears to have a place in the therapy of azoospermia and oligospermia. This is a condition, which needs further assessment and evaluation, as this could well open a new vista of treatment.

SUMMARY

1. Geriforte tablets 2 b.i.d. were given for a period of 4 to 6 months in 25 cases - 16 of azoospermia and 9 of oligospermia.

2. Testicular biopsy was performed in 9 cases. Out of these, some cases showed precursor cells but no sperm count (azoospermia) and these responded, but others who showed no precursor cells did not respond.

3. The patients were divided into four groups. There were 9 cases of azoospermia and 3 of oligospermia in Group I who received Geriforte tablets with testosterone and placental extract injections. All of them attained a fertile semen profile and the wives of all of them conceived.

4. Group II consisted of six cases - 3 of azoospermia and 3 of oligospermia. They had been earlier treated with testosterone and placental extract with no result. On treatment with Geriforte tablets 2 b.i.d. for 4 to 6 months, the wives of all the six conceived.

5. In Group III there were two cases, one each of azoospermia and oligospermia. These cases had not responded to injections earlier but on Geriforte therapy, one case of oligospermia attained fertility and his wife conceived.

6. In Group IV there were 5 cases, 3 of azoospermia and 2 of oligospermia. Here with Geriforte and testosterone, there was no response.

7. Geriforte helps to promote spermatogenesis and improves the sperm count, motility and morphology of the sperms.

8. Out of 25 patients, the wives of 19 subjects conceived. Hence it may be inferred that they attained a fertile semen profile. These included 13 cases of azoospermia and six cases of oligospermia.

9. There were no toxic or untoward effects.