

Speman in Oligospermia

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INTRODUCTION

Oligospermia is an important clinical condition. There may be many factors responsible including endocrine inter-relationship, testicular function, genetic factors or conditions of the vas and genital tract, the seminal vesicles, pH of the vaginal fluids and the motility and general health of the spermatozoa in the seminal fluid and their viability in the female genital tract.

Infertility is one of the most demanding and social problems, perhaps one of the tragic problems of marital life. Mature men and women form one human unit and sex is the physical and emotional fusion of these two. The harmonious and fruitful union of the two sexes is one of the central pivots on which human society hinges. Sex is the most powerful drive and instinct in all living beings including humans. Infertility may be due to an inadequate number of spermatozoa in the male semen, the failure of the spermatozoa to move with sufficient vigour towards their goal or their deficiency in other respects. It presents a challenge and material for study and research in improving health, alleviating anxiety and mental suffering specially in sterile couples in whom the females are otherwise normal.

Many methods are available to evaluate a sample of male semen for fertility. The sample may be collected after masturbation or recovered from the vagina or cervix immediately after sexual intercourse and the sperms present in the fluid examined. Sometimes the sperms are promptly inactivated. In some cases the sperms tend to die in the existing pH of the vaginal or the spermatozoa are sensitive to something in the normal vaginal fluid. Either there is an incompatible interaction between the sperms and the vaginal fluid or the vaginal fluids are harmful to all spermatozoa. When considering infertility the sperm count, deformity in shape of the sperms, their tone, vigour and motility are very important.

Speman (of The Himalaya Drug Co.) is reported to be effective in improving the morphology and motility of the sperms, as reported by various workers. It is a compound of indigenous drugs reputed to have a pharmacological action in oligospermia. It tones up the system, improves the general vitality and acts as a restorative and nervine tonic. Speman also effects a more complete and powerful contraction of the seminal vesicles, consequently bringing about their complete evacuation and increases the quantity of semen ejaculated. Speman is a drug well reported upon and reputed in an important clinical condition where modern medicine offers little hope.

Each Speman tablet contains:

Orchis mascula	65 mg
Lactuca scariola	16 mg
Hygrophila spinosa	32 mg
Mucuna pruriens	16 mg
Exts. Parmelia perlata	16 mg
Argyreia speciosa	32 mg
Tribulus terrestris	32 mg

Leptadenia reticulata	32 mg
Suvarnavang (Mosaic Gold)	16 mg

The active ingredients of Speman are given by oral administration of 2 tablets, t.i.d. for a period of 4 to 6 months. Speman is reported to promote spermatogenesis, improve sperm motility, semen viscosity, raise the threshold of susceptibility to sexual stimuli and be useful in hyperaesthetic sexual conditions. These reports prompted us to study and evaluate Speman tablets in our cases of oligospermia.

MATERIAL AND METHODS

Three hundred and seven patients with primary or secondary sterility came to the special clinic. Each patient and her husband were carefully examined. They were between 22 to 45 years. All investigations including blood sugar, VDRL, X-ray of the chest, biopsy and dilatation of the uterus under anaesthesia (in females) were done.

All the patients were told about the long-duration of treatment and they took Speman religiously without any side-effects. Only 3 to 4 patients complained about dizziness of short duration. Ten patients were suffering from syphilis with VDRL test +ve and with 10-20 pus cells per high power field in urine. They were treated for syphilis and the urinary infection. In two cases recanalisation of the vas was done and sperms appeared in the semen.

All the males were given Speman tablets, 2 t.i.d. for 3 months. The patients were asked to come for a follow-up after 1 to 1½ months. Semen was collected initially at regular intervals. It was examined microscopically immediately after it was collected in an autoclaved petri dish in the laboratory. Total count was done and the sperm concentration and motility were determined by a haemocytometer.

Out of 307 patients, 35 were oligospermic, their count being less than 50 million. Of these, 24 patients had counts ranging between 10 to 20 million and 5 had only 1-2 sperms per high power field and numerous spermatogonia.

OBSERVATIONS

After 3 months of Speman therapy and follow-up for 1½ months, the total sperm count and motility were observed. No other drugs or treatment were given during all this time. The total count rose and the motility improved remarkably. To our great surprise 50% of the couples conceived after 1½ to 2 months of treatment.

In 2 patients, after recanalisation of the vas and the appearance of sperms, the administration of Speman increased the total sperm count and motility resulting in conception. Only syphilitic patients showed a slow response after prolonged treatment.

CONCLUSION

On Speman treatment alone, the patients responded remarkably well. Speman is economical and very effective. The tablets are small, easy to take and without any side-effects. The response was excellent in properly followed up males.

To sum up, Speman increases the sperm count and motility and brings about a rapid conversion of spermatocytes to sperms.