MANAGEMENT OF
MALE INFERTILITY
"Infertility patients are not sick, but they are heart sick and the help they seek is to them as urgent as any in medical practice."

- Kleagman, S.

Management of male infertility does not fall under the purview of the present discussion. Nevertheless it will not be out of place to mention few words on it.

Bernoth et al. (1976) suggest an intensive organisational plan for more intensity in the field of medical care and research on sterility and infertility. They advise for the diagnosis and therapy at highly specialised centres.

In a developing country like ours, all the patients are not able to reach such proposed centres located at far off places. Utilising the limited resources how best we can help them?

A detailed history of the patient including his habits (Evans et al. 1981) are to be noted. All possible and available investigations should be included to rule out the probable pseudo cases. It can also spare the patient and his wife from the considerable cost and anxiety and also from the far too frequent multiple
consultation with doctors (De Krestor, 1974). The likely role of both partners in certain assessments is to be remembered (Laval and Sarochi, 1976). A practical coordination between andrologists and gynecologists should be of immense help (Schirren, 1975). Wherever the speciality of andrology is not developed, like that in our country, the responsibility of the gynecologists is significantly increased (Rocha, 1963).

Statistical analysis of a survey conducted by Van Kepp and Elmendorff (1975) reveals that the male partner becomes very serious about the childlessness when he seeks a proper diagnosis. De Krestor (1974) suggests that a doctor can help the sterile male also, by his tact, compassion and explanation to realise that his role as a husband is not compromised despite sterility, thereby preventing needless strain on his mental unit.