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A case of primary hypogonadism treatment

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Hypogonadism in men is a disease caused by a deficiency of hormones - androgens in the body. Depending on the etiology of the disease, it is customary to distinguish between primary hypogonadism and the secondary form of the disease (it is also hypogonadotropic hypogonadism). The primary form of the disease, characterized by an increased level of gonadotropic hormones in the body, is often called hypergonadotropic hypogonadism.

Primary hypogonadism may be congenital. manifested by testicular failure of the testicles or their complete absence (anorchism).

Disease

Further symptoms of congenital primary hypogonadism appear in adolescence. Young men with primary hypogonadism have the so-called "eunuchoid" type of skeleton, overweight, signs of gynecomastia, and a low degree of hair growth.

Congenital primary hypogonadism is a common occurrence in the genetic syndromes of Klinefelter, Reifenstein, Shereshevsky-Turner, Noonan and Del Castillo.

Primary hypogonadism in men can also be acquired. It is this form of the disease that is the most common and occurs on average in every fifth man diagnosed with infertility.

Acquired primary hypogonadism develops as a result of inflammation of the seminal glands with:

- orchitis (inflammation of the testicles);
- vesiculitis (inflammation of the seminal vesicles);
- trim (inflammation of the spermatic cord);
- epididymitis (inflammation of the epididymis);
- Infectious parotitis (mumps);
- chickenpox.

Possible provocative factor acquired primary hypogonadism is also considered cryptorchidism (undescended testicles into the scrotum). Injuries or radiation damage to the testicles can provoke a functional failure of the male sex glands.

With acquired primary hypogonadism in adolescence, the formation of secondary sexual characteristics does not occur. In adult men, the disease leads to an increase in body weight, a decrease in libido, erectile dysfunction and spermatogenesis, a decrease in the severity of male sexual characteristics and the development of infertility.

Secondary hypogonadotropic hypogonadism can also be congenital. It develops when there is a violation of the secretion of hormones by the pituitary gland and hypothalamus. Secondary hypogonadism accompanies the following genetic diseases:

- Pasqualini's syndrome;
- Maddock syndrome;

- Prader-Willi syndrome.

The development of hypogonadotropic hypogonadism is also not uncommon in craniopharyngiomas (tumors of the epithelium of the brain).

Acquired secondary hypogonadism develops as a result of complications of inflammatory processes in the brain. Its development can be provoked by such diseases as: meningitis, arachnoiditis, meningoencephalitis, encephalitis, etc., in which not only the function of the gonads suffers, but other pathologies of the hypothalamic-pituitary system also occur: disorders of thyroid secretion, thermoregulation, weight and linear growth.

Diagnosis of hypogonadism in men. Congenital primary hypogonadism is diagnosed if the testicles are not palpable in a newborn boy. To confirm the diagnosis, ultrasound of the pelvic organs and a blood test for hormones are used.

Typical signs of the disease are: testosterone levels are below normal, high levels of luteinizing and follicle-stimulating hormones in primary hypogonadism and a deficiency of the above hormones in hypogonadotropic hypogonadism.

In the diagnosis of secondary hypogonadism in men, CT, MRI, and electroencephalography of the brain are used.

To find out the causes of hypogonadism of the primary or secondary form, genetic differential diagnosis of pathology is carried out.

Clinical example

A mother and son of 14 years old came to our medical center. The woman was worried that the boy had stopped growing and had lagged behind his peers. At the time of treatment, his height was 142 cm, weight 60 kg. According to the mother, the child was born on time. At birth, the genitals were normal. Developed by age. Of the past diseases, he notes chickenpox at the age of 7 years and ARVI. From the age of 12, he almost stopped growing. Secondary sexual characteristics are not developed. The boy was examined by an endocrinologist, and a genetic study was carried out. Diagnosed with primary hypogonadism of unspecified etiology.

The examination by the ART method revealed the tension of the endocrine system 4 tbsp. on the pituitary gland and depletion of 4 tbsp. on the testicles. Excess hormones LH and FSH and deficiencies of androgens and testosterone were tested. An inflammatory process in the testes (testicles D12-15) was identified, associated with the presence of Toxoplasma D32 and Herpes zoster D200 virus. Interestingly, the same pathogens were found in the anterior pituitary gland.

Prescribed treatment: exogenous BRT ("testicles", "orchitis", "hypothalamus - pituitary gland - adrenal glands - sex glands "," hormonal balance ", anti-infectious frequencies);

ChRP was made using organopreparations Testicles, Anterior lobe of the pituitary gland in the identified dilutions and nosodes Toxoplasma and Herpes zoster.

The drug "Testosterone" was recorded (potency was selected using the drug Testosterone D6) for daily intake.

A constitutional homeopathic remedy has been selected.

Control after 3 months. According to his mother, the boy became more active, signed up for

wrestling section, lost 5 kg. Height was not measured, but the feeling that "stretched out" (according to the mother). A "fluff" appeared above the upper lip.

According to the results of ART, tension in the pituitary gland and depletion in the testicles of the 2nd stage are preserved, Toxoplasma D200 in the testes is determined.

The treatment continues. It was recommended to control the hormonal sphere in a month.

Conclusions: the ART method allows you to specifically, individually establish the causediseases and correct treatment.

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