SIMS DOCTOR

Dr Umma Salma works with the SIMS clinic in Dublin, the first clinic to introduce DNA fragmentation testing. She sees mainly men aged between 35 and 40 at the clinic. She tells *Country Living* how a threemonth trial of lifestyle change can sometimes bring down the DFI – something that other assisted reproduction clinics in Ireland also advise.

"The couple would have been trying for a baby for a long time – perhaps five years – before they come to us," she says.

"We do the semen analysis and DNA fragmentation test and we ask the men to make lifestyle changes for three months. We ask them to stop smoking, excessive drinking, to eat better and we put them on multivitamin supplements also.

"The tests are then repeated to see if there is a change in the DFI. We have seen improvement in some cases after making these changes but it can depend on the age of the woman and her fertility also."

Dr Salma also tells us about the medical causes of male infertility.

"The first medical cause can be that there may be no sperm present in the ejaculate. This may be because of an obstruction in the 20 metre long tube from the testes.

"The second is when the structure is okay but the sperm production in the testes is faulty.

"Impotence may also be a problem. This can have a psychological or trauma (injury) cause.

"In relation to lifestyle change, regular, moderate exercise is important but don't overdo it," she says. "Marathon runners also have high rates of infertility."

She also points out that marijuana or other drugs can also cause abnormalities in the seminal fluid.

"Some prescription drugs can also affect fertility, like blood pressure tablets, diabetes medication and anti-depressants but we would not advise anyone to come off their drugs for a fertility issue because it is life-saving medication," she says.

She also adds that since ICSI technology came in in 1994/5 (injecting hand-picked sperm into the egg), the success rate for male factor infertility has gone up to 50%.

MEDICAL REPAIR MAY HELP

Dr Millett-Johnston of The Kilkenny Clinic mentions that medical attention may also be needed if the man has suffered injury to the groin, for example, or has an undescended testicle. Testicular swelling or a varicose vein that traverses the scrotum may also need to be checked out.

"Many things can be repaired but while repair might improve sperm quality a little bit," she says, "it is highly improbable that it will bring the DFI down substantially."

She recommends the GI diet (the diabetes diet – low glycaemic index diet) to help a man get his BMI down to 30 or under if he is overweight.

Note: In relation to assisted reproduction, the European take-

SEMEN ANALYSIS

- This test involves looking at the sperm count per millilitre: the number, how they move, how fast they move, what they look like and how many abnormal sperms there are.
- Antibodies are also looked for.
 Anti-sperm antibodies bound to the sperm can be caused by trauma (injury) to the testicles, genital infection or unknown cause. The antibodies cause the sperm to stick to one another and so effectively reduce the number of free-swimming sperm available to fertilise the egg.

home baby rate is still only around 20-31%, according to December 2010 figures. That means the vast majority of assisted reproduction cycles end in failure and there is no baby, according to the Kilkenny Clinic director. There is either no positive test or the positive test ends in miscarriage.

COUNSELLING

Counselling around infertility and assisted reproduction is advised but it is not always taken up, Dr Millett-Johnston says.

"We would always feel, especially where a third party, either egg donor or sperm donor is involved, that counselling is advisable because the issues are very big. It's mainly around donor anonymity and any offspring's health and well-being."

MEN FEEL INADEQUATE

SIMS Doctor Umma Salma believes that the psychological side of male infertility is neglected.

"Sometimes men feel inadequate or guilty or that they have let their partner down when pregnancy doesn't happen. I think it is really hard for men to come forward and get help with issues of infertility.

"Irish society is built in such a way that men are not taught to be emotional and they feel that there is stigma around counselling. Sometimes they don't even talk to their partners.

"When they come in for consultation, men sometimes overcompensate – the woman hardly gets to talk at all – or else they are very, very quiet. They may also be angry or blaming. This indicates to me that there are issues to be tackled in counselling."

UNDESCENDED TESTICLES

Dr Salma says she is surprised to see men today, even in their 30s, presenting at the clinic who have not been treated for undescended testicles.

"I was quite shocked. It is something there needs to be more awareness about. Mothers when they are bathing their babies should check that everything is normal, feel if there are two small buttons there or not. Sometimes men are not even aware if they are normal or abnormal. They should have an examination early on to check that everything is okay." **CL**



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Playing the blame game

ast week I discussed the notion of *owning* our reactions to other people and situations. All too often, if someone says or does something to us that we find unacceptable, our ensuing anger is often blamed on them. I remember once saying to someone more wiser: "He makes me so angry."

Her response was: "No he doesn't. He merely brings out the anger that is already in you. The anger is yours, not his."

If I can accept (albeit very reluctantly)

that the anger is mine, what am I supposed to do with it if I can't blame him for it? And if I don't blame him for it, and make him at least in part responsible for it, am I not just letting him off the hook or endorsing his unacceptable behaviour?

First things first; I need to deal with my anger. Different people say different things about how best to do

this. Some say it's best to remove yourself from the situation, and give yourself a bit of time and space to calm down. Others say that exercise is beneficial (particularly a punch bag!). Others again say that writing it down or talking it through with friends can help.

The mindful approach to dealing with anger is based on simple awareness: notice how it feels – tight stomach, pounding head. Notice the type of thoughts that are generated when your anger is up. You watch it all play out as though it were happening to someone else. You are there as an impartial

witness, a compassionate observer of the anger in you. Watching it, observing it, being aware of it without any judgement of it, is an effective way of dissolving it.

Secondly, it is a mistake to think that if I don't hold him responsible for my anger, I am letting him away with something. Once I deal with my anger, I can then address the issue in a calm manner. Nobody is let away with anything. Eckhart Tolle says that any action taken in anger is doomed to fail.

How many times have we fallen into

the trap of addressing an issue when we're angry? How effective is it as a long-term strategy? Isn't it better to respond calmly than react angrily?

Health

I hope you can see that dealing with our anger has nothing to do with the person who triggered the anger in us in the first place. How much time and energy have we wasted over the years convinc-

ing ourselves that we need to hold onto our anger and won't let it go until we get our apology – our justice?

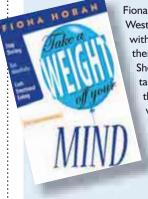
And isn't it true to say that even if the apology or justice materialise, the anger doesn't go away? Yes, the anger is ours. So, too, is the release of it.

Thankfully when the anger is dealt with and calm is restored, this calm is also something you can *own*, which means that you are not dependent on the offender for an apology or a U-turn in order for you to be calm.

And that's a really good place to be.



GET IN TOUCH



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WORDS OF LIFE

For the Lord is a sun and shield: the Lord will give grace and glory: no good thing will he withhold from them that walk uprightly.

Psalm ch. 84 v 11.

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