

Influence of acupuncture on idiopathic male infertility in assisted reproductive technology.

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The clinical effects of acupuncture on idiopathic male infertility in sperm parameter and on therapeutic results in assisted reproductive technology were investigated. 22 patients failed in intracytoplasmic sperm injection (ICSI) with idiopathic male infertility were treated with acupuncture twice weekly for 8 weeks, followed by ICSI treatment again. The sperm concentration, motility, morphology, fertilization rates and embryo quality were observed. Quick sperm motility after acupuncture (18.3% +/- 9.6%) was significantly improved as compared with that before treatment (11.0% +/- 7.5%, $P < 0.01$). The normal sperm ratio was increased after acupuncture (21.1% +/- 10.4% vs 16.2% +/- 8.2%, $P < 0.05$). The fertilization rates after acupuncture (66.2%) were obviously higher than that before treatment (40.2%, $P < 0.01$). There was no significant difference in sperm concentration and general sperm motility between before and after acupuncture. The embryo quality after acupuncture was improved, but the difference between them was not significant ($P > 0.05$). Acupuncture can improve sperm quality and fertilization rates in assisted reproductive technology.

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Does acupuncture treatment affect sperm density in males with very low sperm count? A pilot study

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Classic therapies are usually ineffective in the treatment of patients with very poor sperm density. The aim of this study was to determine the effect of acupuncture on these males. Semen samples of 20 patients with a history of azoospermia were examined by light microscope (LM) and scanning electron microscope (SEM), with which a microsearch for spermatozoa was carried out. These examinations were performed before and 1 month after acupuncture treatment and revealed that the study group originally contained three

severely oligoteratoasthenozoospermic (OTA), two pseudoazoospermic and 15 azoospermic patients. The control group was comprised of 20 untreated males who underwent two semen examinations within a period of 2–4 months and had initial andrological profiles similar to those of the experimental group. No changes in any of the parameters examined were observed in the control group. There was a marked but not significant improvement in the sperm counts of severely OTA males following acupuncture treatment (average= $0.7 \pm 1.1 \times 10^6$ spermatozoa per ejaculate before treatment vs. $4.3 \pm 3.2 \times 10^6$ spermatozoa per ejaculate after treatment). A definite increase in sperm count was detected in the ejaculates of 10 (67%) of the 15 azoospermic patients. Seven of these males exhibited post-treatment spermatozoa that were detected even by LM. The sperm production of these seven males increased significantly, from 0 to an average of $1.5 \pm 2.4 \times 10^6$ spermatozoa per ejaculate ($Z = -2.8$, $P \leq 0.01$). Males with genital tract inflammation exhibited the most remarkable improvement in sperm density (on average from $0.3 \pm 0.6 \times 10^6$ spermatozoa per ejaculate to $3.3 \pm 3.2 \times 10^6$ spermatozoa per ejaculate; $Z = -2.4$, $P \leq 0.02$). Two pregnancies were achieved by the IVF-ICSI procedure. It is concluded that acupuncture may be a useful, nontraumatic treatment for males with very poor sperm density, especially those with a history of genital tract inflammation.

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[Modification of semen quality by acupuncture in subfertile males]

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Our first attempt in treating subfertility by acupuncture was carried out on 28 males. The results obtained from the experiences in veterinary medicine encouraged us to attempt this type of therapy. Each patient received a total of 10 treatments for a period of three weeks. Several spermograms were made after diagnosis subfertility. We checked spermograms and hormone levels before and after acupuncture. Total count, concentration and motility were evaluated. In all cases we observed a statistically significant improvement of sperm quality. Having obtained these good results in our first studies, we now intend to continue acupuncture therapy in subfertile males for insemination or intercourse at the time of the ovulation of their female partners.

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