

Effect of L- Carnitine in Teratospermia and Oligospermia

Dr. Lokesh. K¹, Dr. Borus Purushothaman², Dr. Yashmi Agwina Xavier³,
Veerammal⁴, Dr. Suman Sharma⁵

Dr. Borus Andro Lab And Research Center, Chennai, India

Date of Submission: 01-11-2024

Date of Acceptance: 10-11-2024

ABSTRACT

Teratospermia and oligospermia are male infertility conditions characterized by abnormal sperm morphology and low sperm count, respectively. These conditions often hinder fertility, impacting a significant number of men worldwide. L-carnitine, a naturally occurring amino acid derivative, has garnered interest for its potential therapeutic effects on male reproductive health, particularly in improving sperm quality. L-carnitine is known to play a crucial role in mitochondrial function and energy metabolism, both essential for sperm motility and health. This study aims to examine the effects of L-carnitine supplementation on sperm quality parameters in men diagnosed with teratospermia and oligospermia. Existing research suggests that L-carnitine may enhance sperm motility, concentration, and morphology, potentially due to its antioxidative properties, which reduce oxidative stress—a key factor contributing to sperm damage. Clinical trials involving oligospermic and teratospermic men have demonstrated that L-carnitine supplementation can lead to a significant increase in sperm concentration and improvement in sperm morphology, potentially enhancing fertility outcomes. The mechanisms underlying these effects are believed to include improved mitochondrial activity and reduced lipid peroxidation within sperm cells, protecting against damage and promoting healthier sperm development.

KEYWORDS: L- Carnitine, male reproductive health, teratospermia, oxidative stress, oligospermia, sperm quality.

I. INTRODUCTION

Male infertility is a complex condition influenced by numerous genetic, lifestyle, and environmental factors. Among the primary contributors to male infertility are sperm abnormalities, with teratospermia (abnormal sperm morphology) and oligospermia (low sperm count) being among the most common. These conditions affect sperm quality and function, thereby reducing

the likelihood of successful fertilization and conception. With infertility rates rising globally, there is a pressing need for effective, evidence-based interventions that can improve sperm health and enhance fertility outcomes.

L-carnitine, a naturally occurring amino acid derivative, has gained considerable attention for its potential to support male reproductive health. Known primarily for its role in mitochondrial function and energy metabolism, L-carnitine helps transport long-chain fatty acids into the mitochondria, where they are oxidized to produce energy. This energy production is particularly critical for sperm cells, as it fuels motility and enhances their capacity to reach and fertilize the egg. Additionally, L-carnitine has antioxidative properties that reduce oxidative stress, a factor that is strongly linked to sperm damage and impaired function in conditions like teratospermia and oligospermia.

Studies indicate that L-carnitine supplementation may positively affect sperm parameters, leading to improvements in sperm count, morphology, and motility. Clinical evidence supports the theory that L-carnitine's role in enhancing mitochondrial function and reducing oxidative damage can address key physiological deficits in men with teratospermia and oligospermia. Improved sperm quality may result from reduced lipid peroxidation in sperm cells, preservation of cellular integrity, and optimized energy levels that enhance overall sperm performance.

The role of L-carnitine in improving sperm quality has become a significant focus in reproductive health, particularly for conditions like teratospermia (abnormal sperm morphology) and oligospermia (low sperm count). These conditions are substantial contributors to male infertility, often resulting from oxidative stress, impaired mitochondrial function, or lifestyle factors that affect sperm production and quality. L-carnitine, a naturally occurring amino acid derivative, offers potential benefits through its involvement in mitochondrial energy production, cellular

protection, and its antioxidative properties, all of which are crucial for sperm health and function. Below is a detailed look at how L-carnitine affects teratospermia and oligospermia.^[1-8]

ROLE IN MITOCHONDRIAL FUNCTION AND ENERGY PRODUCTION

L-carnitine plays a critical role in mitochondrial function and energy production, which are essential processes for maintaining sperm motility and quality. Mitochondria, the cell's powerhouses, generate ATP (adenosine triphosphate), the primary energy source that sperm rely on to move efficiently through the female reproductive tract to reach the egg. Here's how L-carnitine supports mitochondrial function and energy production, specifically in relation to sperm health:

1. Fatty Acid Transport and Oxidation

- L-carnitine is essential for transporting long-chain fatty acids across the inner mitochondrial membrane, where they undergo β -oxidation to generate ATP. In the absence of sufficient L-carnitine, fatty acids cannot enter the mitochondria efficiently, limiting the amount of energy available for cellular functions.
- This process is particularly important for sperm cells, which require significant energy for motility. The midpiece of the sperm, which contains numerous mitochondria, uses the energy from β -oxidation to fuel the flagellar movements needed to propel the sperm forward.

2. ATP Production and Sperm Motility

- Sperm motility is one of the most important parameters for fertility. ATP generated in the mitochondria is used by the sperm's tail (flagellum) to enable progressive, vigorous

swimming. Adequate L-carnitine levels ensure a steady supply of ATP, which translates to better motility, enhancing the sperm's ability to reach the egg.

- In men with teratospermia and oligospermia, low sperm motility often correlates with mitochondrial dysfunction. By supporting efficient energy production, L-carnitine helps maintain the high ATP demand, thus improving motility in cases where poor energy production is a limiting factor.

3. Reducing Metabolic Waste and Cellular Damage

- Efficient mitochondrial function also helps minimize the buildup of metabolic waste products, which, if accumulated, can lead to oxidative stress and damage the sperm cell. L-carnitine assists in the removal of toxic by-products of fatty acid metabolism, reducing the cellular stress on mitochondria and helping preserve mitochondrial integrity.
- This is especially important for maintaining sperm quality, as oxidative stress can lead to DNA damage, compromised membrane integrity, and other structural issues that negatively affect fertility.

4. Support for Mitochondrial Biogenesis

- Some research suggests that L-carnitine may influence mitochondrial biogenesis—the process by which new mitochondria are formed within cells. Increased mitochondrial content can enhance the overall energy capacity of the sperm, further supporting motility and viability, especially in conditions where mitochondrial function may be compromised, as seen in teratospermia and oligospermia.^[9-19]

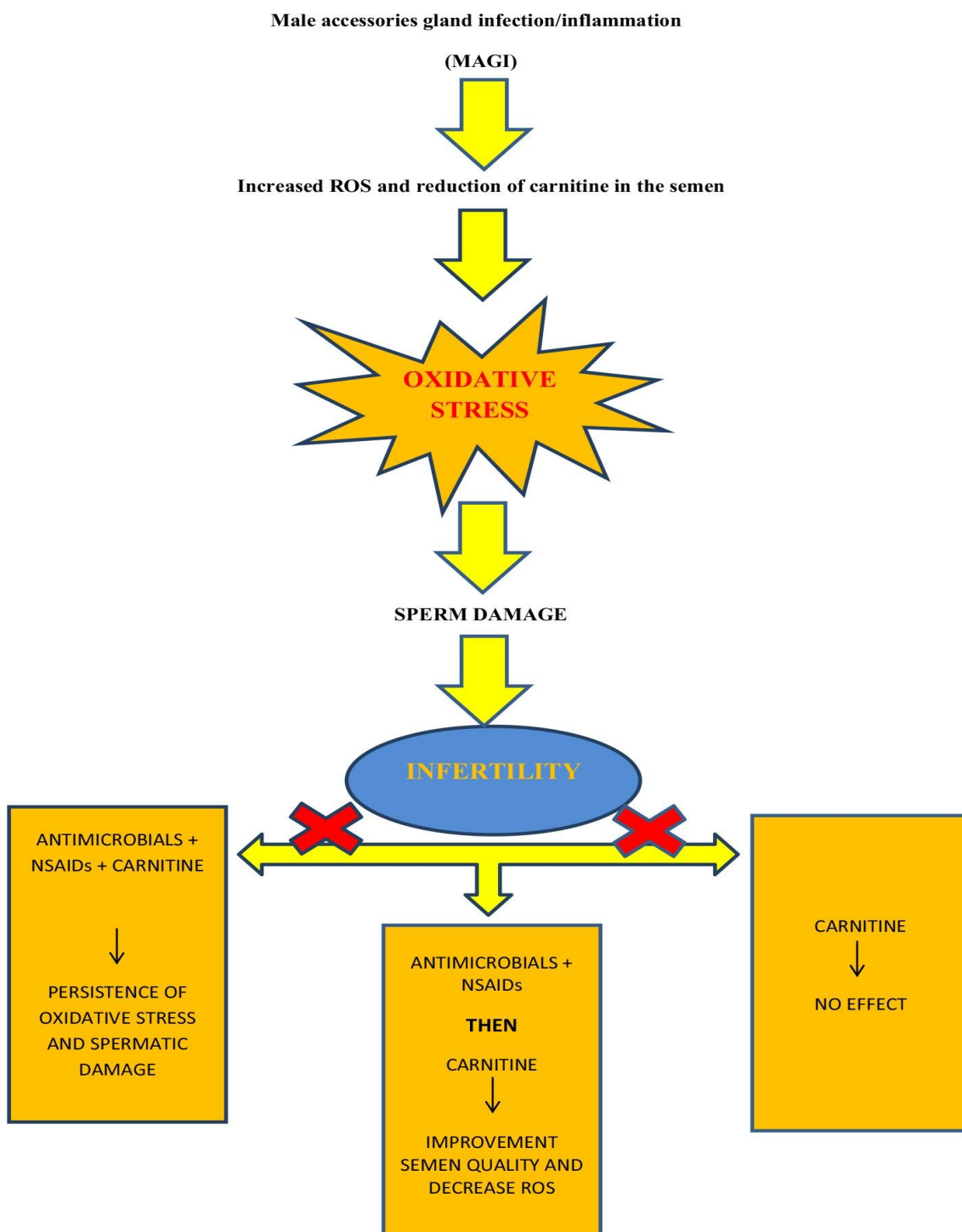


Fig. Role of L- Carnitine in male infertility

ANTIOXIDATIVE PROPERTIES AND REDUCTION OF OXIDATIVE STRESS

L-carnitine’s antioxidative properties are a crucial aspect of its therapeutic potential for conditions like teratospermia and oligospermia.

Oxidative stress, which results from an imbalance between reactive oxygen species (ROS) and antioxidants, is a well-known factor contributing to sperm abnormalities and infertility. High ROS levels can damage cellular structures, including

DNA, proteins, and lipids, compromising sperm function and viability. Here's how L-carnitine mitigates oxidative stress and protects sperm health:

1. Neutralization of Reactive Oxygen Species (ROS)

- L-carnitine acts as a powerful antioxidant by directly scavenging and neutralizing ROS, reducing the damage they cause to sperm cells. ROS, which are highly reactive molecules, can lead to oxidative damage of cellular components. Sperm cells are especially susceptible to oxidative stress due to the high concentration of polyunsaturated fatty acids in their membranes, which are prone to oxidation.
- By reducing ROS levels, L-carnitine helps protect sperm DNA from fragmentation and mutation, preserving sperm integrity and genetic quality. This is particularly beneficial in conditions like teratospermia, where abnormal morphology may stem from oxidative damage during sperm development.

2. Protection Against Lipid Peroxidation

- Lipid peroxidation is a process where ROS attack polyunsaturated fatty acids in cell membranes, leading to membrane instability and functional impairment. In sperm cells, lipid peroxidation can significantly impact motility and viability, as the sperm membrane is critical for interaction with the egg during fertilization.
- L-carnitine prevents lipid peroxidation by scavenging ROS before they can damage the sperm membrane. By preserving membrane integrity, L-carnitine helps maintain sperm motility and structural stability, addressing a key challenge in both teratospermia (where sperm morphology is affected) and oligospermia (where sperm production and viability are reduced).

3. Enhancing Sperm Viability and Reducing Apoptosis

- Oxidative stress can trigger apoptosis, or programmed cell death, in sperm cells, leading to reduced sperm count and quality. In oligospermia, where sperm production is already low, any increase in cell death further exacerbates the problem.
- L-carnitine's antioxidative properties help stabilize the cellular environment, reducing the likelihood of apoptosis in sperm cells. By

protecting against oxidative stress-induced apoptosis, L-carnitine supports higher sperm viability, which is essential for increasing sperm count and improving overall fertility.

4. Synergistic Effects with Other Antioxidants

- When combined with other antioxidants, such as vitamin E, zinc, and coenzyme Q10, L-carnitine can have an amplified protective effect against oxidative stress. These combinations have been shown in studies to further enhance sperm quality parameters by providing a multifaceted defense against ROS and other oxidative factors.
- Such synergistic effects can be especially beneficial in patients with severe oxidative stress, making L-carnitine a valuable component of combination therapies for male infertility.^[20-31]

SPERMATOGENESIS AND HORMONAL INFLUENCE

L-carnitine has a significant role in supporting spermatogenesis (the process of sperm production) and may positively influence hormonal pathways essential for male fertility. In conditions such as teratospermia and oligospermia, where sperm quality and quantity are affected, disruptions in spermatogenesis and hormonal balance are often contributing factors. Below is a detailed look at how L-carnitine aids spermatogenesis and supports hormonal pathways:

1. Supporting Spermatogenesis in Oligospermia

- **Enhancing Cellular Environment:** Spermatogenesis, the multi-stage process that produces mature sperm, relies on a well-balanced environment free from excessive oxidative stress and supported by optimal cellular function. L-carnitine's antioxidative properties help create a favorable environment for spermatogenesis by protecting developing sperm cells from oxidative damage.
- **Increasing Energy Availability:** L-carnitine enhances mitochondrial energy production by facilitating fatty acid transport into mitochondria for β -oxidation, resulting in an increased supply of ATP. This additional energy supports the metabolically demanding processes of cell division and differentiation required for spermatogenesis, especially in oligospermia, where sperm production is limited.

- **Improving Cell Survival:** L-carnitine also contributes to cellular resilience during spermatogenesis, reducing oxidative stress-induced apoptosis (programmed cell death) in sperm cells. By promoting cell survival, L-carnitine helps increase the overall sperm count and the quality of sperm produced, which is critical in managing oligospermia.

2. Influence on the Hypothalamic-Pituitary-Gonadal (HPG) Axis

- **Impact on Testosterone Production:** The HPG axis, which regulates reproductive hormones, plays a crucial role in male fertility. Studies have shown that L-carnitine may help maintain or slightly increase testosterone levels, a hormone essential for initiating and sustaining spermatogenesis. Higher testosterone levels stimulate the production and maturation of sperm cells in the testes.
- **Stimulation of Gonadotropin Release:** Gonadotropins, primarily luteinizing hormone (LH) and follicle-stimulating hormone (FSH), are key regulators of spermatogenesis. LH stimulates testosterone production in the Leydig cells of the testes, while FSH promotes sperm cell development in the seminiferous tubules. L-carnitine's supportive effects on mitochondrial function and oxidative stress reduction can indirectly optimize the environment for LH and FSH activity, thereby enhancing spermatogenesis.

3. Impact on Sperm Maturation and Function

- **Enhancing Epididymal Sperm Maturation:** After spermatogenesis in the testes, sperm undergo final maturation in the epididymis, a process essential for developing motility and functional competence. L-carnitine concentrations are naturally high in the epididymis, where it supports sperm maturation by reducing oxidative stress and supplying energy. Supplementation with L-carnitine enhances this maturation process, producing sperm that are more capable of motility and fertilization.
- **Improving Sperm Membrane Integrity:** During epididymal transit, sperm membranes develop structural properties necessary for fertilization. L-carnitine's antioxidative action helps protect the integrity of these membranes, allowing sperm to maintain better functionality, crucial in overcoming the

challenges of teratospermia, where sperm morphology is often compromised.

4. Clinical Evidence and Hormonal Benefits

- **Increased Sperm Count and Quality:** Clinical studies have demonstrated that men with oligospermia who received L-carnitine supplementation experienced an increase in sperm count, motility, and overall quality, indicating a positive effect on spermatogenesis. These benefits may be partially attributed to the supportive effects of L-carnitine on hormonal pathways.
- **Supporting Balanced Hormonal Profiles:** While L-carnitine is not a direct hormonal stimulant, its supportive role in energy production and antioxidative protection helps maintain the balance of reproductive hormones. This hormonal balance is crucial for optimal spermatogenesis and sperm health, especially in individuals with pre-existing hormonal imbalances.^[32-39]

CLINICAL EVIDENCE AND DOSAGE CONSIDERATIONS

Clinical studies have extensively examined L-carnitine's effects on sperm quality parameters, particularly in men with conditions like teratospermia and oligospermia. Evidence suggests that L-carnitine supplementation can positively impact sperm count, motility, and morphology, offering a promising adjunct therapy for male infertility. Here is a detailed overview of the clinical evidence supporting L-carnitine's use, along with recommended dosages and considerations.

1. Evidence from Clinical Studies

- **Improvements in Sperm Motility:** Multiple studies have reported significant improvements in sperm motility among men with low sperm quality who supplemented with L-carnitine. In one study, men with oligoasthenospermia (a combination of low sperm count and poor motility) who received 2 to 3 grams of L-carnitine daily for three to six months demonstrated marked increases in sperm motility, with improvements often correlating with better pregnancy outcomes.
- **Increased Sperm Count and Morphology:** Research has also shown that L-carnitine can positively influence sperm count and morphology, two key factors affected in teratospermia and oligospermia. For example,

a randomized controlled trial involving men with idiopathic infertility (infertility with no clear cause) observed that daily supplementation with L-carnitine (2 grams) significantly increased sperm concentration and the percentage of morphologically normal sperm.

- **Reduced Oxidative Damage and DNA Fragmentation:** Studies suggest that L-carnitine's antioxidative properties play a central role in its benefits. Men who supplemented with L-carnitine showed reduced sperm DNA fragmentation and lower levels of oxidative markers, which are important for maintaining sperm integrity and viability. This reduction in DNA damage may translate to better overall sperm health and potentially improved fertility outcomes.

2. Mechanistic Insights from Clinical Trials

- **Antioxidant Synergy:** Several clinical trials have investigated the effects of L-carnitine in combination with other antioxidants, such as vitamin E, zinc, and coenzyme Q10. Results indicate that these combinations may provide additional benefits, with participants showing enhanced sperm parameters across motility, morphology, and count. These synergistic effects highlight L-carnitine's role in reducing oxidative stress and enhancing mitochondrial function, which are critical for improving sperm quality.
- **Duration of Supplementation:** The benefits of L-carnitine appear to be cumulative, with most studies recommending supplementation for at least 3 to 6 months to achieve optimal results. This duration aligns with the sperm production cycle, which takes approximately 70-90 days, allowing L-carnitine to exert its full effects on new sperm cells during spermatogenesis.

3. Dosage Recommendations and Safety Considerations

- **Standard Dosages:** Dosages in clinical trials typically range from 1 to 3 grams per day, administered in divided doses (e.g., 1 gram in the morning and 1 gram in the evening). This dosage range has consistently shown benefits without significant adverse effects. For severe cases or as part of combination therapy, some studies have used doses up to 4 grams daily.
- **Combination with L-Acetyl-Carnitine (LAC):** In some studies, combining L-

carnitine with L-acetyl-carnitine (LAC) has shown superior results for improving sperm motility and overall quality. LAC has a slightly different mechanism of action, with stronger effects on brain and mitochondrial function. Doses typically include 1 gram of L-carnitine combined with 1 gram of LAC, which has shown efficacy in enhancing sperm function.

- **Safety Profile:** L-carnitine is generally well-tolerated, with minimal side effects at the recommended doses. Some individuals may experience mild gastrointestinal discomfort, particularly at higher doses, but splitting the daily dosage into smaller amounts can help mitigate these effects. Long-term use appears to be safe, though it is always advisable for individuals to consult a healthcare provider before beginning supplementation, especially if they have any pre-existing medical conditions.

4. Considerations for Optimal Use

- **Timing and Consistency:** For the best results, L-carnitine should be taken consistently over the recommended duration. Dividing the daily dosage into two or more doses helps maintain stable blood levels and maximize bioavailability.
- **Potential as a Fertility Adjunct:** Given its safety profile and evidence of benefits, L-carnitine is often recommended as a complementary treatment alongside other fertility interventions. When used in combination with medical or assisted reproductive technologies (ART) like intrauterine insemination (IUI) or in vitro fertilization (IVF), L-carnitine supplementation may help improve sperm parameters and support better outcomes.^[40-46]

POTENTIAL MECHANISMS AND CELLULAR PATHWAYS

L-carnitine's beneficial effects on sperm quality and male fertility can be attributed to several cellular mechanisms and pathways. Understanding these mechanisms is crucial for appreciating how L-carnitine addresses issues in teratospermia and oligospermia by supporting sperm production, maturation, and viability. Here's an in-depth look at the potential cellular pathways and mechanisms involved:

1. Fatty Acid Transport and β -Oxidation Pathway

- **Mitochondrial Energy Production:** L-carnitine plays a key role in shuttling long-chain fatty acids across the mitochondrial membrane, where they undergo β -oxidation to produce ATP. This ATP is essential for sperm motility, a highly energy-dependent process, as sperm cells rely heavily on mitochondrial function for their movement.
- **Enhanced Sperm Motility:** By optimizing energy availability, L-carnitine directly supports the flagellar motion needed for sperm to reach the egg, making it particularly beneficial for improving motility in cases of oligospermia and teratospermia, where sperm may be structurally or functionally compromised.

2. Antioxidative Defense Mechanisms

- **ROS Scavenging:** L-carnitine acts as an antioxidant, scavenging excess reactive oxygen species (ROS) that can damage sperm DNA, membranes, and proteins. High ROS levels are common in teratospermia and oligospermia, contributing to structural abnormalities and reduced sperm function.
- **Protection Against Lipid Peroxidation:** Sperm cell membranes contain high levels of polyunsaturated fatty acids, making them particularly vulnerable to oxidative damage. L-carnitine reduces lipid peroxidation, thereby preserving membrane integrity, which is crucial for motility and the ability of sperm to fuse with the egg.
- **Reduced DNA Fragmentation:** Oxidative stress is a major cause of sperm DNA fragmentation, which can impair fertilization and lead to genetic defects in offspring. By reducing ROS levels, L-carnitine helps protect DNA, enhancing the genetic quality of sperm cells and supporting healthier pregnancies.

3. Stimulation of the Hypothalamic-Pituitary-Gonadal (HPG) Axis

- **Modulation of Testosterone Levels:** Some studies suggest that L-carnitine may support healthy testosterone levels, indirectly promoting spermatogenesis. Testosterone is critical for sperm production and maturation, as it regulates the process of spermatogenesis in the testes.
- **Support for LH and FSH Activity:** The HPG axis involves the release of luteinizing

hormone (LH) and follicle-stimulating hormone (FSH), which play direct roles in sperm production and testosterone synthesis. By supporting mitochondrial health and reducing oxidative stress, L-carnitine may help optimize conditions for the HPG axis to function effectively, enhancing sperm quality and production.

4. Apoptosis and Cell Survival Pathways

- **Inhibition of Apoptotic Pathways:** Excessive ROS and mitochondrial dysfunction can trigger apoptosis (programmed cell death) in sperm cells. This process, while normal in many cells, is detrimental to sperm count and quality when it occurs prematurely. L-carnitine reduces oxidative stress, thereby decreasing the likelihood of apoptosis in sperm cells and supporting overall sperm viability, particularly in conditions like oligospermia.
 - **Enhanced Cellular Resilience:** By preserving mitochondrial integrity and energy production, L-carnitine supports the survival of sperm cells throughout their maturation. This effect is especially important in men with oligospermia, where maximizing sperm production and reducing premature cell death are critical to improving fertility outcomes.
- ### 5. Role in Epididymal Maturation and Membrane Stabilization
- **Epididymal Sperm Maturation:** After spermatogenesis in the testes, sperm undergo further maturation in the epididymis, gaining motility and fertilizing capability. L-carnitine is naturally present in high concentrations in the epididymis, where it provides energy and antioxidant protection during this maturation process, producing functionally competent sperm.
 - **Membrane Stability:** L-carnitine contributes to stabilizing sperm cell membranes, which are essential for protecting the sperm during their journey to the egg. Membrane stability is important in teratospermia, where structural abnormalities can hinder sperm function. By enhancing membrane integrity, L-carnitine may improve sperm morphology and reduce the likelihood of structural defects.

6. Nitric Oxide (NO) Pathway Modulation

- **Improvement of Blood Flow and Testicular Health:** Nitric oxide is a vasodilator that enhances blood flow, including to the testes,

which is crucial for delivering nutrients and removing metabolic waste products. Some evidence suggests that L-carnitine may positively influence the NO pathway, potentially supporting testicular function and spermatogenesis by improving local circulation and nutrient availability.^[47-52]

- **Protecting Against Oxidative Damage:** The NO pathway, while beneficial for blood flow, can also produce reactive nitrogen species (RNS) that contribute to oxidative stress. L-carnitine's antioxidative properties help neutralize these reactive species, providing an additional layer of protection for sperm cells and supporting the overall health of the reproductive environment.^[53]

II. CONCLUSION

L-carnitine has demonstrated promising therapeutic benefits for male infertility, particularly in cases of teratospermia and oligospermia. By addressing key physiological factors that affect sperm health—such as energy production, oxidative stress, and cellular integrity—L-carnitine plays a multifaceted role in enhancing sperm quality. Its primary mechanism involves supporting mitochondrial function, ensuring adequate ATP production needed for sperm motility, which is often compromised in these conditions. Additionally, L-carnitine's antioxidative properties protect sperm DNA, membranes, and proteins from oxidative damage, a critical factor in preserving sperm structure and reducing abnormalities in sperm morphology. Furthermore, L-carnitine's influence on the hypothalamic-pituitary-gonadal axis and testosterone levels supports optimal spermatogenesis, improving sperm count and quality.

Clinical studies have shown that regular supplementation with L-carnitine, typically over a period of three to six months, significantly improves sperm motility, count, and morphology, with minimal side effects. These benefits make L-carnitine an effective adjunct therapy in managing male infertility, especially for men seeking to improve fertility outcomes and overall sperm health. Thus, L-carnitine supplementation offers a safe, effective, and well-tolerated option for enhancing reproductive health in men affected by teratospermia and oligospermia. During these years a few clinical preliminaries have been created to research the impacts of cell reinforcement supplementation (as Vitamin-A(as beta carotene), Vitamin-C(as ascorbic acid), Vitamin-D3(as

cholecalciferol), Vitamin-E, Vitamin-B1, Vitamin-B6(as pyridoxal-5-phosphate), folic acid, Vitamin-B12, Biotin(as d-biotin), Selenium (as selenomethionine), Copper(as anhydrous copper sulfate), Zinc(as zinc citrate), Molybdenum(ammonium molybdate), L-Carnitine, L-Tartate, L-Arginine, Lycopene(10%), Grape seed extract, N-Acetyl L-Cysteine, Coenzyme- Q10, Astaxanthin, Ginseng extract). Antioxidants had promising effects on sperm concentration, motility, morphology, and DNA fragmentation, according to many of them and so it is considered to be the first line treatment.

REFERENCE

- [1]. Dr. Lokesh. K, Dr. Borus Purushothaman, Dr. Yashmi Agwina Xavier, Veerammal, Dr. Suman Sharma, The Impact of Oxidative Stress in Male Infertility; Dr. Borus Andro Lan and Research Center, Chennai, 2024. Volume 9, Issue 5 Sep - Oct 2024, pp: 177-185.
- [2]. Dr. Lokesh. K, Dr. Borus Purushothaman, Dr. Harini. V, veerammal, Dr. Suman sharma, Antioxidant Supplementation and Duration of Antioxidant in Male Infertility – A Systemic Review; Dr. Borus Andro Lan and Research Center, Chennai, 2024.
- [3]. Dr. Lokesh. K, Dr. Borus Purushothaman, Dr. Harini. V, veerammal, Dr. Suman sharma, A Comprehensive Approach and Critical Evaluation of Clinical Practice Guidelines for Sperm DNA Fragmentation; Dr. Borus Andro Lan and Research Center, Chennai, 2024. Volume 9, Issue 3 May-June 2024, pp: 844-848.
- [4]. Dr. Lokesh. K, Dr. Borus Purushothaman, Dr. Yashmi Agwina Xavier, Veerammal, Dr. Suman Sharma, Antioxidants and Idiopathic Male Infertility: Their Impact on Sperm Quality Parameters and Pregnancy Rates; Dr. Borus Andro Lan and Research Center, Chennai, 2024. Volume 9, Issue 5 Sep - Oct 2024, pp: 335-340 www.ijprajournal.com
- [5]. Dr. Lokesh. K, Dr. Borus Purushothaman, Dr. Yashmi Agwina Xavier, Veerammal, Dr. Suman Sharma, Antioxidant therapy in unexplained male infertility; Dr. Borus Andro Lan and Research Center, Chennai; Volume 02, Issue 10, 2024 of International Journal of Pharmaceutical Science.
- [6]. Dr. Lokesh. K, Dr. Borus Purushothaman, Dr. Yashmi Agwina Xavier, Veerammal, Dr. Suman Sharma, Impact of Vitamin B12 and

- Folic Acid in sperm concentration; Dr. Borus Andro Lab and Research center; International Journal of All Research Education & Scientific Methods; Volume 12, Issue 10, October - 2024.
- [7]. Dr. Lokesh. K, Dr. Borus Purushothaman, Dr.YashmiAgwina Xavier, Veerammal, Dr. Suman Sharma, Effect of selenium in teratospermia and oligospermia ;Dr. Borus Andro Lab and Research Center, Chennai; Volume 9, Issue 5 Sep - Oct 2024, pp: 902-911 www.ijprajournal.com.
- [8]. Dr. Lokesh. K, Dr. Borus Purushothaman, Dr.YashmiAgwina Xavier, Veerammal, Dr. Suman Sharma, Impact of Vitamin A and Vitamin D3 in sperm morphology; Dr. Borus Andro Lan and Research Center, Chennai; Volume 9, Issue 5 Sep - Oct 2024, pp: 840-848 www.ijprajournal.com.
- [9]. Dr. Lokesh. K, Dr. Borus Purushothaman, Dr.YashmiAgwina Xavier, Veerammal, Dr. Suman Sharma, Impact of Vitamin B6 and Biotin in Sperm Concentration; Dr. Borus Andro Lan and Research Center, Chennai; International Journal of All Research Education and Scientific Methods (IJARESM), ISSN: 2455-6211, Volume 12, Issue 10, October-2024, Available online at: www.ijaresm.com
- [10]. Dr. Lokesh. K, Dr. Borus Purushothaman, Dr.YashmiAgwina Xavier, Veerammal, Dr. Suman Sharma, Impact of Vitamin C, Vitamin E and Thiamine in Sperm Concentration; Dr. Borus Andro Lan and Research Center, Chennai; International Research Journal of Pharmacy and Medical Sciences, ISSN (Online): 2581-3277.
- [11]. Dr. Lokesh. K, Dr. Borus Purushothaman, Dr.YashmiAgwina Xavier, Veerammal, Dr. Suman Sharma, Effect of Copper in Teratospermia and Oligospermia; Dr. Borus Andro Lan and Research Center, Chennai; International Journal of All Research Education & Scientific Methods; Volume 12, Issue 11, November - 2024.
- [12]. Lenzi, A., Sgro, P., Lombardo, F., Salacone, P., Caponecchia, L., Dondero, F., & Gandini, L. (2004).Use of carnitine therapy in selected cases of male factor infertility: A double-blind crossover trial. *Fertility and Sterility*, 81(6), 1578–1584.
- [13]. Vicari, E., Calogero, A. E., & Battiato, C. (2002).Effects of carnitine administration in infertile patients with poor sperm motility: A double-blind cross-over trial. *Fertility and Sterility*, 77(6), 1189–1192.
- [14]. Balercia, G., Regoli, F., Armeni, T., Koverech, A., Mantero, F., & Boscaro, M. (2005).Placebo-controlled double-blind randomized trial on the use of L-carnitine, L-acetylcarnitine, or combined L-carnitine and L-acetylcarnitine in men with idiopathic asthenozoospermia. *Fertility and Sterility*, 84(3), 662–671.
- [15]. Morgante, G., Leo, V. D., & Piomboni, P. (2010).Carnitines and male infertility. *Reproductive BioMedicine Online*, 20(6), 741–748.
- [16]. Cavallini, G., Ferraretti, A. P., Gianaroli, L., & Biagiotti, G. (2004).Carnitine versus varicocelelectomy in improving fertility in male infertility: A randomized, double-blind, placebo-controlled trial. *Human Reproduction*, 19(9), 2260–2265.
- [17]. Mínguez-Alarcón, L., & Gaskins, A.J. (2017). "Chronic diseases and lifestyle factors are associated with poor sperm morphology." *Asian Journal of Andrology*, 19(6), 652-658.
- [18]. Kuchakulla M, Soni Y, Patel P, Parekh N, Ramasamy R. A systematic review and evidence-based analysis of ingredients in popular male fertility supplements. *Urology*. 2020;136:133–141.
- [19]. Showell MG, Brown J, Yazdani A, Stankiewicz MT, Hart RJ. Antioxidants for male subfertility. *Cochrane Database Syst Rev*. 2011;(1):CD007411.
- [20]. Showell MG, Mackenzie-Proctor R, Brown J, Yazdani A, Stankiewicz MT, Hart RJ. Antioxidants for male subfertility. *Cochrane Database Syst Rev*. 2014;(12):CD007411.
- [21]. Majzoub A, Agarwal A. Systematic review of antioxidant types and doses in male infertility: benefits on semen parameters, advanced sperm function, assisted reproduction and live-birth rate. *Arab J Urol*. 2018;16:113–124.
- [22]. Smits RM, Mackenzie-Proctor R, Yazdani A, Stankiewicz MT, Jordan V, Showell MG. Antioxidants for male subfertility. *Cochrane Database Syst Rev*. 2019;3:CD007411
- [23]. Adewoyin M, Ibrahim M, Roszaman R, Isa MLM, Alewi NAM, Rafa AAA, et al. Male infertility: the effect of natural antioxidants and phytochemicals on seminal oxidative stress. *Diseases*. 2017;5:9.

- [24]. Buhling K, Schumacher A, Eulenburg CZ, Laakmann E. Influence of oral vitamin and mineral supplementation on male infertility: a meta-analysis and systematic review. *Reprod Biomed Online*. 2019;39:269–279.
- [25]. McPherson NO, Shehadeh H, Fullston T, Zander-Fox DL, Lane M. Dietary micronutrient supplementation for 12 days in obese male mice restores sperm oxidative stress. *Nutrients*. 2019;11:2196
- [26]. Salas-Huetos A, Bulló M, Salas-Salvadó J. Dietary patterns, foods and nutrients in male fertility parameters and fecundability: a systematic review of observational studies. *Hum Reprod Update*. 2017;23:371–389.
- [27]. Chattopadhyay R, Yasmin S, Chakravarty B. Effect of continuous 6 months oral antioxidant combination with universally recommended dosage in idiopathic male infertility. *IJIFM*. 2016;7:1–6.
- [28]. da Silva TM, Maia MCS, Arruda JT, Approbato FC, Mendonça CR, Approbato MS. Folic acid does not improve semen parameters in subfertile men: a double-blind, randomized, placebo-controlled study. *JBRA Assist Reprod*. 2013;17:152–157.
- [29]. Keskes-Ammar L, Feki-Chakroun N, Rebai T, Sahnoun Z, Ghazzi H, Hammami S, et al. Sperm oxidative stress and the effect of an oral vitamin E and selenium supplement on semen quality in infertile men. *Arch Androl*. 2003;49:83–94.
- [30]. Kessopoulou E, Powers HJ, Sharma KK, Pearson MJ, Russell JM, Cooke ID, et al. A double-blind randomized placebo cross-over controlled trial using the antioxidant vitamin E to treat reactive oxygen species associated male infertility. *Fertil Steril*. 1995;64:825–831.
- [31]. Ménéz YJ, Hazout A, Panteix G, Robert F, Rollet J, Cohen-Bacrie P, et al. Antioxidants to reduce sperm DNA fragmentation: an unexpected adverse effect. *Reprod Biomed Online*. 2007;14:418–421.
- [32]. Halliwell B. Free radicals and antioxidants - quo vadis? *Trends Pharmacol Sci*. 2011;32:125–130.
- [33]. Castagné V, Lefèvre K, Natero R, Clarke PG, Bedker DA. An optimal redox status for the survival of axotomized ganglion cells in the developing retina. *Neuroscience*. 1999;93:313–320.
- [34]. Henkel R, Sandhu IS, Agarwal A. The excessive use of antioxidant therapy: a possible cause of male infertility? *Andrologia*. 2019;51:e13162.
- [35]. Panner Selvam MK, Agarwal A, Henkel R, Finelli R, Robert KA, Iovine C, et al. The effect of oxidative and reductive stress on semen parameters and functions of physiologically normal human spermatozoa. *Free Radic Biol Med*. 2020;152:375–385.
- [36]. Bejarano I, Monllor F, Marchena AM, Ortiz A, Lozano G, Jiménez MI, et al. Exogenous melatonin supplementation prevents oxidative stress-evoked DNA damage in human spermatozoa. *J Pineal Res*. 2014;57:333–339.
- [37]. Martínez-Soto JC, Domingo JC, Cordobilla B, Nicolás M, Fernández L, Albero P, et al. Dietary supplementation with docosahexaenoic acid (DHA) improves seminal antioxidant status and decreases sperm DNA fragmentation. *SystBiolReprod Med*. 2016;62:387–395.
- [38]. Hosseini J, Mardi Mamaghani A, Hosseinifar H, Sadighi Gilani MA, Dadkhah F, Sepidarkish M. The influence of ginger (*Zingiber officinale*) on human sperm quality and DNA fragmentation: a double-blind randomized clinical trial. *Int J Reprod Biomed*. 2016;14:533–540.
- [39]. Stenqvist A, Oleszczuk K, Leijonhufvud I, Giwercman A. Impact of antioxidant treatment on DNA fragmentation index: a double-blind placebo-controlled randomized trial. *Andrology*. 2018;6:811–816.
- [40]. Ahmad MK, Mahdi AA, Shukla KK, Islam N, Jaiswar SP, Ahmad S. Effect of *Mucuna pruriens* on semen profile and biochemical parameters in seminal plasma of infertile men. *Fertil Steril*. 2008;90:627–635.
- [41]. Alizadeh F, Javadi M, Karami AA, Gholaminejad F, Kavianpour M, Haghhighian HK. Curcumin nanomicelle improves semen parameters, oxidative stress, inflammatory biomarkers, and reproductive hormones in infertile men: a randomized clinical trial. *Phytother Res*. 2018;32:514–521.
- [42]. Salehi P, Zahra Shahrokhi S, Kamran T, Ajami A, Taghiyar S, Reza Deemeh M. Effect of antioxidant therapy on the sperm DNA integrity improvement; a longitudinal cohort study. *Int J Reprod Biomed*. 2019;17:99–106.

- [43]. Hasoon MA. Using of the L-arginine and co-enzyme Q10 shows improvement of the male subfertility. *IJDDT*. 2019;9:544–551.
- [44]. Nurmawati D, Hinting A, Sudjarwo Astaxanthin improves erythrocyte sedimentation rate (ESR), Malondialdehyde (MDA), 8-hydroxydeoxyguanosine (8-OH-Dg) levels, and semen quality in human sperm. *IJSTR*. 2020;9:6896–6903.
- [45]. Hadi AM, Abbass YI, Yadgar MA. The impact of L-carnitine supplement on semen variables and the levels of sexual hormones (serum LH, FSH, testosterone, and inhibin) in males with infertility. *Medico Leg Update*. 2020;20:772–776.
- [46]. Schisterman EF, Sjaarda LA, Clemons T, Carrell DT, Perkins NJ, Johnstone E, et al. Effect of folic acid and zinc supplementation in men on semen quality and live birth among couples undergoing infertility treatment: a randomized clinical trial. *JAMA*. 2020;323:35–48.
- [47]. Comhaire FH, Christophe AB, Zalata AA, Dhooge WS, Mahmoud AM, Depuydt CE. The effects of combined conventional treatment, oral antioxidants and essential fatty acids on sperm biology in subfertile men. *Prostaglandins Leukot Essent Fatty Acids*. 2000;63:159–165.
- [48]. Paradiso Galatioto G, Gravina GL, Angelozzi G, Sacchetti A, Innominato PF, Pace G, et al. May antioxidant therapy improve sperm parameters of men with persistent oligospermia after retrograde embolization for varicocele? *World J Urol*. 2008;26:97–102.
- [49]. Oliva A, Dotta A, Multigner L. Pentoxifylline and antioxidants improve sperm quality in male patients with varicocele. *Fertil Steril*. 2009;91(4 Suppl):1536–1539.
- [50]. Festa R, Giacchi E, Raimondo S, Tiano L, Zuccarelli P, Silvestrini A, et al. Coenzyme Q10 supplementation in infertile men with low-grade varicocele: an open, uncontrolled pilot study. *Andrologia*. 2014;46:805–807.
- [51]. Pourmand G, Movahedin M, Dehghani S, Mehraei A, Ahmadi A, Pourhosein M, et al. Does L-carnitine therapy add any extra benefit to standard inguinal varicocelectomy in terms of deoxyribonucleic acid damage or sperm quality factor indices: a randomized study. *Urology*. 2014;84:821–825.
- [52]. Nematollahi-Mahani SN, Azizollahi GH, Baneshi MR, Safari Z, Azizollahi S. Effect of folic acid and zinc sulphate on endocrine parameters and seminal antioxidant level after varicocelectomy. *Andrologia*. 2014;46:240–245.