

**Unexplained male infertility:** A randomised controlled trial that evaluated the ultramorphologic sperm features of idiopathic infertile men after acupuncture therapy. A total of 40 men with idiopathic oligozoospermia, asthenozoospermia, or teratozoospermia took part. Twenty eight of the patients received acupuncture twice a week over a period of 5 weeks. The samples from the treatment group were randomised with semen samples from the 12 men in the untreated control group and evaluated by transmission electron microscopy. The data showed a significant increase after acupuncture in the percentage and number of sperm without ultrastructural defects. However, specific sperm pathologies in the form of apoptosis, immaturity, and necrosis showed no statistically significant changes between the control and treatment groups before and after treatment. The researchers concluded that idiopathic male infertility could benefit from acupuncture treatment, and result in a general improvement of sperm quality, specifically in the ultrastructural integrity of spermatozoa.

(Pei J et al. Quantitative evaluation of spermatozoa ultrastructure after acupuncture treatment for idiopathic male infertility. *Fertility and Sterility* 2005; 84: 141-7.)

**Oligoasthenozoospermia:** A randomised single-blind placebo-controlled trial including 57 infertile men with severe oligoasthenozoospermia, which compared traditional Chinese medicine (TCM) acupuncture with placebo acupuncture. The TCM acupuncture group had a significantly higher percentage of motile sperm (World Health Organization categories A-C) than the placebo acupuncture group.

(Dieterle S et al. A prospective randomized placebo-controlled study of the effect of acupuncture in infertile patients with severe oligoasthenozoospermia. *Fertility and Sterility* 2009; 92: 1340-3.)

**Low sperm count:** A study that assessed the effects of acupuncture treatment on sperm output in patients with low sperm density associated with a high scrotal temperature. A total of 39 men were given acupuncture for a low sperm output. Based on 18 men with normal fertility (the control group), threshold scrotal skin temperature was set at 30.5°C, and temperatures above this were considered to be high. Accordingly, 34 of the 39 participants in the experimental group initially had high scrotal skin temperature; the other five had normal values. Scrotal skin temperature and sperm concentration were measured before and after acupuncture treatment. Following treatment, 17 of the 34 patients with hyperthermia, all of whom had genital tract inflammation, had normal scrotal skin temperature; in 15 of these 17 patients, sperm count increased. In the remaining 17 men

with scrotal hyperthermia, neither scrotal skin temperature nor sperm concentration was affected by the treatment; however, 90% had high gonadotrophins or mixed aetiological factors. The five patients with initially normal scrotal temperatures were not affected by the acupuncture treatment. The researchers concluded that low sperm count in patients with inflammation of the genital tract seems to be associated with scrotal hyperthermia, which can be reversed with acupuncture treatment.

(Siterman S et al. Success of acupuncture treatment in patients with initially low sperm output is associated with a decrease in scrotal skin temperature. *Asian Journal of Andrology* 2009; 11: 200-8.)

**Semen abnormalities:** A randomised controlled treatment that evaluated the effect of acupuncture and moxa treatment on the semen quality in 19 men with semen abnormalities, such as low concentration, abnormal morphology and/or progressive reduced motility without apparent cause. Patients were either given acupuncture and moxa or sham acupuncture for 10 weeks. Semen analyses were performed before and after the treatment course. The patients given acupuncture had a significant increase in the percentage of normally-formed sperm compared to the sham group.

(Gurfinkel E et al. Effects of acupuncture and moxa treatment in patients with semen abnormalities. *Asian Journal of Andrology* 2003; 5: 345-8.)

**Low sperm count:** Azoospermia. Light microscope (LM) and scanning electron microscope (SEM) were used to examine semen before and 1 month after acupuncture treatment. The study group originally contained three severely oligoteratoasthenozoospermic, 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. A definite increase in sperm count was detected in the ejaculates of 10 (67%) of the 15 azoospermic patients, 7 of whom 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  $1.5 \times 10^6$  spermatozoa per ejaculate ( $p=0.01$ ). Males with genital tract inflammation exhibited the most remarkable improvement in sperm density (on average from  $0.3 \times 10^6$  spermatozoa per ejaculate to  $3.3 \times 10^6$  spermatozoa per ejaculate;  $p=0.02$ ). The researchers 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.

(Siterman S et al. Does acupuncture treatment affect sperm density in males with very low sperm count? A pilot study. Andrologia 2001 32: 31-9.)

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