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Menopause, Andropause And Other Hormone Imbalances
Impair Healthy Healing In People Over The Age Of 30!

Factors That Will Affect Sperm Health

By Dr. Mike Berkley

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The Sperm DNA Integrity assay (SDIA) like the Sperm Chromatin Structure Assay

(SCSA) is a tool for measuring clinically important properties of sperm nuclear chromatin integrity. Chromatin is that portion of the cell nucleus which contains the entire DNA of the nucleus in animal or plant cells.

The results correlate well with the potential of sperm from a given male to produce embryos that would be sufficiently "competent to produce a live birth. The SDIA utilizes the metachromatic features of acridine orange (AO), a DNA probe, and the principles of flow cytometry (FCM).

SDIA data are not well correlated with classical sperm quality parameters and have been solidly shown to predict sub/infertility and poor reproductive performance. The SDIA measures DNA damage. The degree of abnormalities in the genetic material of the sperm is expressed numerically as the DNA Fragmentation Index (DFI). DNA damage may be present in sperm from both fertile and infertile men. Therefore, this sperm DNA damage analysis may reveal a hidden abnormality of sperm DNA in infertile men classified as unexplained based on apparently normal standard sperm parameters.

Infertile men with abnormal sperm characteristics exhibit increased levels of DNA damage in their sperm. Sperm from infertile men with normal-appearing sperm may have DNA damage to a degree comparable to that of infertile men with abnormal-appearing sperm. The data suggests that an abnormal SDI assay is more likely to occur in cases of abnormal semen parameters.

Cancer treatments are well known to adversely affect male fertility. Reduction of sperm output arises from the cytotoxic effects of chemo- or radiotherapy upon the spermatogenic epithelium.

Optimal sperm chromatin packaging seems necessary for full expression of the male fertility potential. SDI assays emerge as predictors of the probability to conceive and carry the pregnancy to viability.

Factors That Will Affect Sperm Health

The improvement seen in sperm motility after treatment is not associated with a similar improvement in sperm DNA integrity (SDIA assay results). These data suggest that sperm processing techniques will not minimize sperm DNA damage and the potential transmission of genetic mutations in assisted reproductive cycles.

It is important to add that most current data available on the significance of abnormal SDIA results in infertile couples seeking treatment has emanated from non-IVF pregnancies.

Preliminary data suggests the following:

The viable (>12 weeks) IVF pregnancy rate (and thus presumably also the birth rate) could be as much as 2 times lower in women under 33yrs of age, whose husbands have abnormal SDI assays (with a DFI of

Although it is possible for abnormal SDIA results to sometimes spontaneously revert back to normal, this probably occurs quite infrequently.

Although abnormal SDIA results are detected in men with apparently normal semen analyses, abnormal results are more commonly seen in cases of men who have abnormal sperm parameters (abnormal sperm count, motility and/or morphology)

There is some suggestion that the use of antioxidant therapy (Pycnogenol 200mg daily, L-Carnitine 3 grams per day, acetyl carnitine 500mg per day, Vitamin C 1,000mg per day, Vitamin E 800IU per day and acupuncture and certain herbal medicines) taken for several months, can causes the SDI assay to revert to normal in many cases.

There is some suggestion that men who have varicoceles (a collection of distended veins in the scrotum) associated with an abnormal SDI assay may experience a reversion of the SDI assay back to normal, 3-6 months following surgical or radiological ablation of the varicocele. Of course acupuncture and herbal medicine will enhance and stimulate blood flow to the testicles facilitating a more rapid recovery with greater possibility of healthy sperm production after a varicocelectomy.

In summary, an abnormal SDI assay augers poorly for the outcome of fertility treatment in general and IVF/ICSI in specific. In such cases, the fertilization rate and pregnancy rates are reduced and the chance of early pregnancy loss appears to be increased significantly. An abnormal SDIA result does not totally preclude a successful pregnancy.

The prognosis worsens progressively as the age of the egg provider advances beyond 33 yrs. Although abnormal SDIA results rarely revert to normal spontaneously this can and does happen on occasion.

Selective surgical ligation of a varicocele and medical anti-oxidant treatment may be effective in restoring the SDIA to normal. Antioxidant properties are to be found in Vitamins C and E and herbal medicine specific to this situation.

Factors That Will Affect Sperm Health

It is quite likely that the SDIA or the SCSA will in time become regarded as required baseline tests (to be performed, regardless of their basic traditional semen analysis parameters (count, motility and sperm morphology) in all cases of recurrent pregnancy loss and IVF where the sperm provider has not previously participated in a pregnancy that has proceeded beyond the 12th week (the traditional point of likely viability).

It should be noted that when the typical sperm analysis reveals normal count, morphology and motility this does not mean that sperm DNA fragmentation is not manifest. In other words, unless the SDIA test is specifically run, fragmentation issues will not be revealed. This type of case then may be labeled 'idiopathic' infertility.

It is our opinion based on clinical experience that ideally, both the man and the women should be treated even if there is no apparent male factor evident. The reason for this is that stress has been shown to reduce sperm count. Going through the tortuous trial of trying to conceive leaves many couples extremely stressed out. So, which at the time of sperm analysis everything appears normal, over time, due to the stress inherent with the situation, the sperm quantity may in fact be effected.

Therefore, including acupuncture, herbal medicine and the proper supplements can be seen as either

reactive (if pathology is evident) or proactive (if pathology is not evident). It is our opinion that proactive behavior often obviates the need to be reactive. Prevention is key.

Dr. Mike Berkley has been treating male factor fertility disorders since 1996 with amazing results. He works exclusively in the area of reproductive medicine and enjoys working in conjunction with some of New York's most prestigious reproductive endocrinologists. Sign up for his free newsletter at

Men Infertility: Be Open-Minded When Seeking For Help

By Jeanette Pollock

Who said infertility is conventionally a woman thing? Isn't it that male infertility produces great impact to conception? Now who is at the risk of infertility? Who is to be blamed?

Infertility is not a sole problem that is faced by women. As most cultures practice, infertility is typically blamed on the part of the women. They are obviously wrong. There is nobody to be blamed for the matter. The inability to bear a child can be caused by several factors that are affecting both the couple. There is also the renowned male factor which means that the problem lies on the part of the male.

The concept of male infertility is no longer a new term these days. Medical findings have long started to point on the male reproductive system as a primary cause of infertility. But then because of men's too much pride, they find it hard to bring about acceptance for men infertility. There are no recognized symptoms or signs of men infertility. They can only be detected by the routinely health checkups. As

Factors That Will Affect Sperm Health

couples, you need to be aware of your fertility status. Women are not always the ones at fault when it comes to the incapacity to bear a child. Men infertility should be accepted with an open mind.

In the available studies and reports that medical teams have further gathered, they see that men infertility comprises at least 1/3 of its overall total. In contrast with the female reproductive system, the male reproductive system is less complicated. Men infertility is usually associated with the problem in sperm count and other known sperm disorders. The fertility process commonly takes place during the intercourse when there are millions of sperm cells that get deposited into the vagina during the male ejaculation. Only a few of the semen can successfully get through the protective walls of the egg cell to enable pregnancy. Therefore, the more sperm cells that are able to go through the egg's protective walling, the more chances of allowing a successful fertilization. For a progressive fertilization, the sperm quality, sperm size and shape, sperm motility, and sperm count are great factors to consider.

Logically, any problem with any of these factors is likely to bring about a difficulty in male fertility. The explanation to this is that a great number of sperm count and an optimum quality of sperm cells are sure to give a hundred percent male fertility.

Men infertility is likewise confronted with an array of environmental and health issues which can affect the difficulty in conceiving. The age is a renowned factor. Obviously, as man ages, his capacity to reproduce lessens. Specialists say that from the age of 35, the sperm cell quality starts to diminish. One's lifestyle choices also pose an impact to men infertility. Men infertility is likely to be affected by the intense exposure to heat and by using overly tight underwear, the extreme exposure to pesticides, electromagnetic emissions, radioactivity and other hazardous substances. It is also to be noted that men infertility is greatly brought about by STDs, too much use of drugs, smoking, and the abuse of alcohol.

If you've got concerns or queries regarding men infertility, there are various infertility specialists from whom you can seek help. Furthermore, it pays off to be open-minded when accepting the truth regarding men infertility.

Jeanette Pollock is a freelance author and website owner of

. Visit

Jeanette's site to learn more about men infertility.

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