RESEARCH ARTICLE

The Relationship Between the Use of L-Carnitine Supplements and the Male Sub-infertility

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ABSTRACT

The assignment involves four chapters. The first discourses the institution of infertility in rapports of types, causes, pathophysiology, and dealing, as well as some statistics about L-carnitine, its use in the treatment of infertility in males and literature review on this subject. Theme. This study discusses the material, illness statistics, and data collected in this work. Chapter 3 discusses the results of this work and compares with the same work. Chapter Four discusses the results of this study and recommends future trials.

Keywords: L-carnitine supplements, Male sub-infertility, Urinary tract infections.

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INTRODUCTION

Definition

Infertility is the incompetence of non-sexually energetic couples to avoid spontaneous gravidity in an year.1 Infertility in men is a problem that reduces the chance of partner in pregnancy. About 13 out of 100 couples cant get pregnancy often due to a sperm problem; male infertility is a big unruly upsetting 7.5% of the male people. Approximately 60% of these belongings are idiopathic and connected to sperm imbalances.2

Etiology

Male fertility can be caused by congenital or acquired propagative system malformations, malignant tumors in the temperature, genital UTI, scrotal rise (eg, due to testicular disease, endocrine disorders, genetic abnormalities, and immune factors).3

Diagnosis

Predictable inquiries embrace semen examination and hormone identification. Other inquiries may be needed contingent on the separate condition.4

1.3.1-Semen analysis

In non-obstructive azoospermia (NOA), after centrifugation, semen inspection appears to be of usual azoospermia and sperm size. The suggested process is to centrifuge it at 3,000 g for 15 minutes and the microscopic microscopy by distinction optics by magnifying the pellet at 200x. Microscopic re-observation and staining were done by all the samples.5 (M) 1515, total sperm count (M) 3939, Motility (%) 4040, Morphology Normal (%) 4 4, WBC (M/mL) <1.0].6

Hormone determinations (FSH), (LH), and occasionally little ranks of testosterone. In general, FSH ranks are concomitant with spermatogonia. When the endocrine glands are preoccupied or importantly lessened, the FSH morals frequently rise. When many spermatogonia are typical, but the existence of maturation happens at the spermatid or spermatid level, FSH morals are within the usual range. However, for a separate illness, FSH ranks do not correctly envisage the condition of sperm formation, because men with stellar tissue for maturity can have usual FSH and usual testicular size, and are quite underweight.7,8

Biopsy of testes

A patient who has clinical symptoms of NOA in intracytoplasmic sperm injection meaning (ICSI), a portion of it is a testicular process. The favored process is the testicular sperm abstraction (TESE). Around 50% of men with NOA, the spermatogenesis may be focal, and sperms can be originated and applied in micro-injections. Most authors have mentioned that numerous testicular examples were made. There is a good connection between the diagnostic biopsy and tissue and the prospect of finding advanced sperm cells during sperm rescue from the microscopic inoculation and testis.1,8

Symptoms of infertility

Symptoms depend on what causes infertility, which includes a change in hair growth, a change in sexual desire, swelling or swelling in the testicles, small testicles, erectile dysfunction, and ejaculation.9

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L-Carnitine

A quadrilateral ammonium compound, N-n-trichylamineopotrate (n-n-trichylamineopotrate) is complex in the metabolism of the largest mammals, plants and some bacteria. Carnitine can occur in isomer, de carnitine and carnitine, pure carnitine is white ash and soluble in water, with little poison. Most people can produce carnitine. About 1 in 350 males are unable to produce them because of the genetic sources of the X chromosome. Carnitine appeared in 1905 because of its great interest in muscle tissue. Carnitine was initially named as BT vitamin, where human body manufactures carnitine, and does not measure vitamin. Carnitine can be produced by most people. Around 1 in 350 males cannot generate them because of genetic origins on the chromosome X. It contributes to the oxidation of the fatty acids and is intrinsic in the lack of carnitine. Studies have been done to minimize and delegate other gears and is applied as an augmentative medicine to enact.

Importance of L-carnitine

L-Carnitine (LC) is extremely concerted in the productions of epididymis as a crucial role in sperm ripeness and metabolism. It is concomitant with sperm crusade and has antioxidant stuffs. The object of this paper is to abridge the numerous protagonists that productions of LC in male reproduction, and for focusing its restrictions as along with its welfare in the conduct of infertility in males. An assortment of studies maintenance the deduction that LC with overall diurnal eating of minimum 3g/day can suggestively advance entire sperm count and sperm attentiveness in men with oligoasthenozoospermia or attenuation. Though numerous clinical tribunals have confirmed favorable belongings of LC in certain cases of infertility in males, the utmost of these studies are lacking in double-edged design, which made it critical in reaching a particular result. Additionally, well-designed studies are considered required for further endorsement of carnitine used in the behavior of infertility in males, specifically in men with humble sperm.

Biosynthesis and Metabolism

Persons produce carnitine from the TML substrate (6-N-trimethyllysin), which in crack is unoriginal from the amino acid lysine. TML hydroxyl is then finished by trimethyllysine to trimethyl-lysine hydroxy-line (HTML), lacking the ascorbic acid incidence. The HTML aldose prepared the HTML aldose with a NAD-based rejoinder. A quadrilateral ammonium compound, N-n-trichylamineo, is complex in the transverse transference of fatty acids and the mitochondrial sheath, by making the ester of an elongated acetyl carnitine manacle that is transferred by the palmitoyltransferase carnitine and the subsequent carnitine palmitoyltransferase. Carnitine also productions a person in stabilizing Acetyl-CoA and enzyme-helper ranks through the capacity to accept or stretch the acetyl group.

Pharmacokinetics

- Captivates in the intestine by an amalgamation of dynamic transport and negative relaxation, max blood deliberations are gotten around 3.5 hours. With a half-life of around 15 years after the oral dose. Stowed in skeletal muscle, myocardium, epididymis, liver, and adrenal glands.
- Disregard through kidneys.
- The bioavailability mottled by 54–87%.

Sources

An animal produces such as poultry, fish, meat, and yogurt are the preeminent foundations. In common, the development of carnitine depends on the redness of the meat. Carnivorous dairy yields mainly contain whey, in small expanses equated to red meat.

Indications

- Mathematical performance
- Around athletes take carnitine to progress enactment. However, research accompanied over 20 years has not exposed constant proof that supplementation of carnitine can progress physical enactment or exercise in healthy people - at doses extending from 2–6 grams/day directed from 1 to 28 days.
- Aging
- Mitochondrial decay contributes to the aging process. Carnitine is included due to reducing tissue with age and decreases the integrity of mitochondrial membrane.
- Peripheral arterial disease
- Various studies have indicated the impacts of carnitine in the progression of peripheral arterial disease (the major symptom is; impairment of blood circulation in legs, as intermittent lobe) and cardiac hypertension (restriction of flow of blood to the heart). Preclusion to perceive cancer.
- As prophylaxis for cancer.
- Type 2 diabetes
- The struggle of insulin that has an imperative role in the progression of type 2 diabetes may be related to weakened fatty acids oxidation in muscles.
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Application of Carnitine in Male Infertility

Carnitine comfortable of sperm directly connects with the number of sperm and motion. Portentous that the composite may be valuable in the cure of infertility in males. Many studies suggest that supplementation of carnitine (2–3 g/day for 3–4 months) amended eminence of sperm. A double-blind, randomized trial showed that 100 sterile men took 2 g/day of carnitine for two months. Concentration was given to the total and frontal movement of their sperm. The established profits may be accompanying to augmented oxidation of fatty acids of mitochondria (given that more energy to the sperm) and concentrated cellular testicular death. But, a current randomized trial was done on 21 infertile men originated that 3 grams/day of carnitine was taken for 24 weeks that did not result in important rises in sperm movement or a total number of motor sperm equated with placebo. Precise studies need to be conducted for assessing the impending value of carnitine as a cure of infertility. In one study of 101 men, a confident affiliation was initiate between carnitine comfortable in semen and sperm motility, morphological number (p < 0.01). Another study to display the evaluation of L-carnitine and free sperm quality. An appropriate sample was used to control the condition to assess male people who have infertility of fertility. The assemblages were compared using the t-test of the student, and p < 0.05 were statistically important. The results of this study indicate that the level of carnitine in sperm plasma acting a key role in continuing the fertility of men. However, greater studies of the Pakistani population are warranted with this approach. The Pakistani people with this slant is justified. Menchini-Fabries GF et al., 1984 initiate a link between the comfortable of carnitine semen and motility of sperm and a number was examined in 124 infertile illness. The results exposed an affirmative association between free sperm count and L-carnitine (r = 0.617; P less than 0.01), L-carnitine free sperm undertaking (r= 0.614; P less than 0.01), free L-carnitine and number of animals Sperm per milliliter (r = 0.646; P < 0.01).

Toxicity of L-Carnitine

There have been data on L-carnitine toxicity in various studies. In adding to the bustle of antioxidant, amalgams with chemical edifices encompassing two or more of the following powerful groups should be seen: - COOH, –S-, -SH, -OH, C = O, -O-, and amino groups for parading bustle Claw metal. L-carnitine with -OH and -COOH serve as metal claws, and exposed that a dose of 0.5 mg/ml of L-carnitine expressively amplified human sperm movement (5 x 106 cells/mL) In-vitro centrifugation and fertilization. But, the importance of L-carnitine (50 mg/mL) was toxic to sperm and was reported to decrease the movement of sperm. In favor to the mineral activity of L-carnitine L, carnitine has been exposed to strive for extracting calcium ions effectively. The contrary effect of the high dose of L-carnitine may be primarily because of the capability to bind Ca2 +, an important ion mandatory for moving sperm. In fact, L-carnitine showed 13.8 and 40.1% calcium adsorption at 0.075 and 0.75 mM, respectively. It must truly be that in the human body, a number of enzymes require Ca2 + as an adjunct to a perfect activity. Some examples of these enzymes are those involved in blood coagulation, such as; prothrombin. Consequently, squat meditations of Ca2 + may cut the activity of these enzymes and influence their activity. Thus, LC supplementation can slow blood clotting by lowering the equal of intact calcium. In addition to the clinical effect of carnitine, clinicians should be aware of the harmful conclusion of the high dose of carnitine L, and that enhancement in sperm parameters cannot be attained with increased dose.

MATERIAL AND METHODS

Illness

Sixty-four illness were selected from the Nasserite Infertility Center at Al Hussein Educational Hospital in Baqam. The study period was extended from November 2017 to April 2018. 10 out of 64 students were excluded from the study due to other diseases. With infertility such as varicose veins and was treated with 2 g/day dose for 3 consecutive months and illness were selected based on the criteria for inclusion and exclusion below:

Inclusion criteria

Gender: Male, Age between 35-45, No other associated diseases, No other drugs.

Exclusion criteria

• Have chronic diseases.
• Have genitourinary tract infections.
• Use hormonal therapy.

Study design

Illness were examined and diagnosed by the urologist selected for infertility and frequent visits to the Nasserite Infertility
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Center at Al Hussein Educational Hospital. They were then interviewed by the study team and answered the questions of the liquidator. After signing informed written consent, they performed semen analysis as a baseline before treatment with L-carnitine and then after 3 months treatment with 2gm/day L-carnitine, another semen analysis was performed to verify the differences in seminal fluid analysis parameters.

Seminal fluid analysis parameters
Two samples of semen were collected from each illness. The first sample was collected before starting treatment and the second sample was collected after 3 months of treatment. Illnesses were exposed for 3 days of sexual intercourse before sampling and parameters were investigated, including total account, movement and sperm volume. The parameters examined for analysis of seminal fluid are total calculation, sperm volume, percentage of active spermatozoa.

Statistical Analysis
Analysis of variance (ANOVA) comparisons were made by the SPSS (Statistical Package for Social Sciences) version 20. The non-variable t-test was a charity to test the importance of changes among different variables. The alteration was statistically important for p 0.05 and less.

RESULTS

Characteristics of the illness
Sixty-four illnesses were selected from the infertility center in Nasiriyah, who established L-carnitine where they attended the center from November 2017 to April 2018. The average age was 32.6 ± 5.07 years, and the average duration of infertility was 5.6 ± 6.2 years. The analysis was performed by examining sperm volume, concentration ratio and sperm movement according to WHO standard procedures.

Affiliation of L-carnitine and seminal fluid volume.
When semen volume was checked, there was an important improvement in semen volume when comparing sperm volume before and after treatment. Average semen volume before treatment was 1.16 ± 0.31 ml, while after 3 months of treatment with L-carnitine the average volume of liquid The mean was 1.44 ± 0.35 mL, which meant that the improvement was important.

Correlation of L-carnitine and sperm concentration
When the sperm concentration was confirmed, the results exposed an important improvement in the total sperm count. The total mean was 18.6 ± 4.96 m. After 3 months of treatment

![Figure 1: Shoe connection between L-carnitine and seminal fluid volume](image1)

![Figure 2: Shoe connotation between L-carnitine and sperm concentration](image2)
with 2 g of carnitine, the total count was improved to 22.38 ± 6.12 m Statistically important.

**Relationship of L-carnitine and sperm motility**

When the total sperm movement was examined, the mean sperm movement was 27.6 ± 14.8. After treatment, the mean sperm movement was 35.8 ± 19.3, which was an important improvement.

**DISCUSSION**

Initially, we also saw the importance of LC in the metabolism and sperm maturing, in which LC is actively transferred to the epididymis by the tankers as mentioned above and then to sperm through negative propagation and the critical role of the LC as an adjuvant agent for mitochondrial transfer and subsequent oxidization of fatty acids. The sperm depends on fatty acids as a vitality birthplace. Thus, from all of these, we can conclude that LC can be beneficial for improving the sperm parameter. Thus, any deficiency in the LC can make the sperm immobile (immature) or can rise in sperm metabolism due to immaturity and thus decrease in counting and conc. Another important role of LC acts as an antioxidant that protects the sperm from several oxidative disorders. According to the result in our article. We can see a significant improvement in semen volume after use of LC (from 1.16 ± 0.3 to 1.44 ± 0.35). And also, the improvement in sperm conc. (From 18.6 ± 4.96 to 22.38 ± 6.12). Also, improvement in sperm movement (from 27.6 ± 14.8 to 35.8 ± 19.3).

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