The Relationship Between the use of L-carnitine supplements and the Male Sub-Infertility

MAZINADAY HASSON

Surgery department, College of Medicine, University of Thi-Qar, Iraq.

Email id: Mazinuro78@gmail.com

Received: 05.04.19, Revised: 05.05.19, Accepted: 05.06.19

ABSTRACT

The assignment involves of 4 chapters. The first discourses the institution of infertility in rapports of types, causes, pathophysiology and dealing, as well as some statistic about L-carnitine, its use in the treatment of infertility in males and literature review on this subject. Theme. Chapter 2 discusses the material, illess statistic 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.

INTRODUCTION

Definition

Infertility is the incompetence of non-sexually energetic couples to avoid spontaneous gravidity in one year [1]. Infertility in men is a problem in men 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 urinary tract infections, 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].

<u>Semen analysis</u>

In NOA, after centrifugation, semen inspection appear to be of usual azoospermia and sperm size. The suggested process is to centrifuge it at 3,000 g for 15 mins and the microscopic microscopy by distinction optics by magnifying the pellet at 200 x. Microscopic re-observation and staining was 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 a number of spermatogonia is typical, but the existence of maturation happens at the spermatic or spermatid level, FSH morals are

within usual range. However, for an 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 quiet underweight [7,8].

Biopsy of Testes

A patient who has clinical symptoms of NOA in ICSI, a portion of it is testicular process. The favored process is the testicular sperm abstraction (TESE). Around 50% of men with NOA, the spermatogenesis may be focal and sprems 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 [1,9].

Symptoms of infertility.

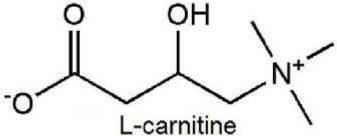
Symptoms depend on what causes infertility, which includes a change in hair growth, a change in sexual desire, swelling or swelling in the testicles, small testicles, erectile dysfunction and ejaculation [8].

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 [10,11,12]. Carnitine can occur in isomer, de carnitine and carnitine, pure carnitine is white ash and soluble in water, with little poison. Carnitine can be produced by most people [13]. About 1 in 350 males are unable to produce them because of the genetic sources of the X chromosome [14]. 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 [7]. Carnitine can be produced by most people. Around 1 in 350 males cannot

generate them because of genetic origins on the chromosome X [15,16]. It contributes in the fatty acids oxidation and is intricate in the lack of carnitine.

Studies have been done to minimize and delegate other gears and is applied as an augmentative medicine to enact [11].



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 welfares in the conduct of infertility in males. An assortment of studies maintenance the deduction that LC with an 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, 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 use in the behavior of infertility in males, specifically in men with humble sperm [17].

Biosynthesis and Metabolism

Persons produce carnitine from the TML substrate (6-N-trimethyllysine), which in crack is unoriginal from the amino acid lysine. TML hydroxyl is then finished by trimethyl-lysine to trimethyl-lysine hydroxy-line (HTML), lacking the ascorbic acid incidence. The HTML aldose prepared the HTML piece, glycerin and generous 4-trimethyl amino-butyraldehyde (TMABA). Hydrogen is then impassive into gamma-butropitin, enthused by TMABA dehydrogenase, in a NADbased rejoinder. The gamma-butyro-betaine is then hydrolyzed by gamma butyro-betaine hydroxylase in L-carnitine, which entails iron in the form of Fe2 +. Carnitine 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 palmitoyl-transferase carnitine and the subsequent carnitine palmitoyltransferase [18]. Carnitine also productions a person in stabilizing Acetyl-CoA and enzyme-helper ranks through the capacity to accept or stretch the acetyl group [19].

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 [20].
- Disregard through kidneys [21].
- The bioavailability mottled by 54-87% [22].

Sources

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 [23,24].

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 [25].

Aging

The mitochondrial decay contributes to the aging process. Carnitine is included due to reducing tissue with age and decreases the integrity of mitochondrial membrane [26].

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). 4. Preclusion to perceive cancer [27,28].

As prophylaxis for cancer. [29].

Type 2 Diabetes

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 [30].

Carnitine & Male Reproductive System [31].

A fascinating aspect is the high meditation of carnitine initiate in the male reproductive system, exclusively in the epididymis, signifying its vital role in vitality metabolism and in the ripeness of sperm.Carnitine L-carnitine is situated in the epididymis of the plasma and is actively transferred across the epithelial cells into the epidermal plasma. Based on numerous studies, it performs that this process of energetic transport can be mediated by the specific OCTNs in the testis, especially in the lumen of spermatozoa and cytoli, which are expressed in persons, rats, and mice. The initial member of OCTNs, OCTN1 (dissolved carrier 22A4), transfers cationic cationic organisms, such as tetraethylammonium, and has low activity to transport carnitine.OCTN2 (SLC22A5) is a carnitine bus that relies on Nad's, great altitude (Km = 4-25μM). Mortal Carnitine Transfer CT2 (SLC22A16) and carrier Carnitine carrier OCTN3 (SLC22A21) transferred carnitine with high affinity (Km = 20 and respectively) in a sodium manner independently. Finally, L-carnitine will be produced into the sperm done negative diffusion.Based on numerous studies, it acts that this progression of active transport is refereed by a particular carnitine carrier (CT2), located in the testicle, especially in the looming of the spermatic tubes and in the cytoli cells. Finally, L-carnitine will be produced within the negative spread of spermatozoa sperm. Since sperm in the epididymis are talented to use fatty acids and phospholipids as an energetic source, L-carnitine is also likely to act as an adjuvant in mitochondrial and succeeding oxidation of transfer acids. Moreover, the great concentrations of this molecule seem to reduce the metabolic bustle of the sperm inducing sperm (whose metabolites are mainly glucose), but not those of the bacterium whose main source of energy is fatty acids.

Application of Carnitine in Male Infertility

Carnitine comfortable of sperm directly connects with the number of sperm and motion [32,33] 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 [34,35]. 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 [36]. 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 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 [37]. In one study of 101 men, a confident affiliation was initiate between carnitine comfortable in semen and sperm motility, morphological number (P <0.01) [38]. 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 suffering from infertility of fertility. The assemblages were compared using the ttest of the student and p < 0.05 were statistically important. The results of this study indicate that the level of carnitine in the 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 [39]. 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 less than 0.01) [40].

Toxicity of L-Carnitine [41]

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 purposeful 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 Lcarnitine L, carnitine has been exposed to effectively strive for extracting calcium ions. In fact, 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 blood coagulation involved in 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

Illnesss

Sixty-four illnesss 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

illess were examined and diagnosed by the Urologist selected for infertility and frequent visits to the Nasserite infertility 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 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. Illnesss 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

ANOVA comparisons were made by the SPSS (Statistical Package for Social Sciences) version 20. The non-variable t test was 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 illesss

Sixty-four illesss 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 \pm 5.07 years, and the average duration of infertility was 5.6 \pm 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 a 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.

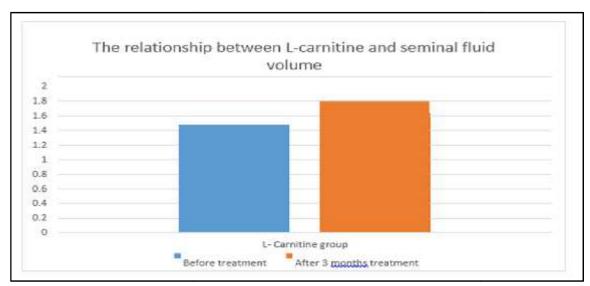


Figure 1. Shoe connection between L-carnitine and seminal fluid volume

<u>Correlation of L- Carnitine and sperm concentration</u> When the sperm concentration was confirmed, the results exposed a important improvement in the total sperm count. The total mean was 18.6 \pm 4.96 m. After 3 months of treatment with 2 g of carnitine, the

total count was improved to 22.38 \pm 6.12 m Statistically important.

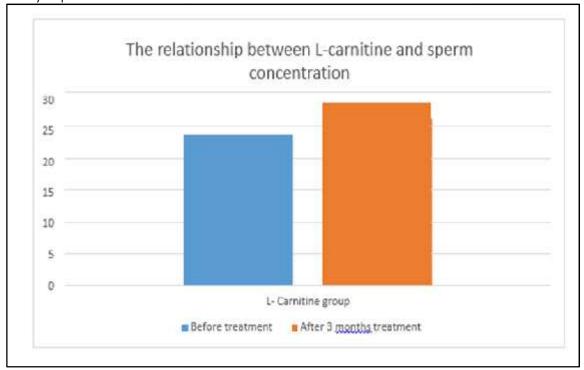


Figure 2. Shoe connotation between L-carnitine and sperm concentration

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 a important improvement.

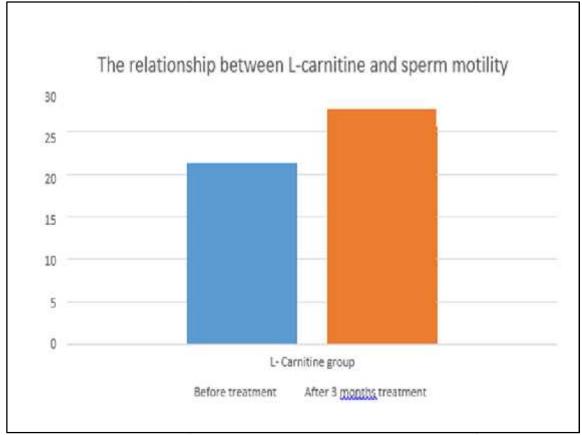


Figure 3. Shoe connection between L-carnitine and sperm motility

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 abovementioned tankers 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 an vitality birthplace. Thus, from all of these we can conclude that LC can be very useful for improving sperm parameter. Thus, any deficiency in the LC can make the sperm immobile (immature) or can rise in 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 \pm 4.96 to 22.38 \pm 6.12). Also, improvement in sperm movement (from 27.6 ± 14.8 to 35.8 ± 19.3).

References

- Abdel-Meguid TA ,Predictors of sperm recovery and azoospermia relapse in men with nonobstructive azoospermia after varicocele repair. J Urol.2012,187: 222-228.
- Ames BN, Liu J. Delaying the mitochondrial decay of aging with acetylcarnitine. Ann NY AcadSci2004:1033:108-16.
- 3. Bach AC, Schirardin H, SihrMO .Storck D. Free and totalcarnitine in human serum after oral ingestion of L-carnitine. DiabeteMetab1983;9:121-124.
- 4. Brass EP, Hiatt WR. The role of carnitine and carnitine supplementation during exercise in man and in individuals with special needs. J Am CollNutr1998;17:207-15.
- 5. Brass EP.Carnitine and sports medicine: use or abuse? Ann NYAcadSci 2004;1033:67-78.
- 6. Brass EP.Supplemental carnitine and exercise. Am JClinNutr 2000;72:618S-23S.
- 7. Bremer, J. "Carnitine metabolism and functions". Physiological Reviews.1983, 63 (4):1420–1480. doi:10.1152/physrev.1983.63.4.1420. ISSN 0031-9333. PMID 6361812.
- 8. Carey, W.D, et al .current clinical medicine 2010,2nd edition, suanders Elsevier,2010.
- 9. Carnitine: lessons from one hundred years of research. Ann NYAcadSci 2004;1033:ix-xi.
- Colpi GM, et al .Sperm retrieval for intracytoplasmic sperm injection in non obstructive azoospermia. MinervaUrolNefrol.2005 57: 99- 107.
- Costa M, Canale D, Filicori M, D'Iddio S, Lenzi A. L-carnitine in idiopathic asthenozoospermia: a multicenter study. Italian I group on carnitine and male infertility. Andrologia 1994;3:155-9.
- Cruciani RA, Dvorkin E, Homel P, Culliney B, Malamud S, Shaiova L, Fleishman S, Lapin J, Klein E, Lesage P, Portenoy R, Esteban- Cruciani N. L-

- carnitine supplementation for the treatment of fatigue depressed mood in cancer patients with carnitine deficiency: a preliminary . Ann NY AcadSci2004;1033:168-76.
- Ferrari R, Merli E, Cicchitelli G, Mele D, Fucili A, CeconiC.Therapeutic effects of L-carnitine and propionyl-L-carnitine on cardiovascular diseases: a review. Ann NY AcadSci2004;1033:79-91.
- Flanagan, Judith L; Simmons, Peter A; Vehige, Joseph; Willcox, Mark DP; Garrett, Qian (16 April 2010). "Role of carnitine in disease". Nutrition & Metabolism. 7: 30. doi:10.1186/1743-7075-7- 30. ISSN 1743-7075.PMC 2861661. PMID 20398344...
- 15. Harmeyer, J. "The Phystiological Role of L-Carntine" (PDF). Lohmann Information.
- 16. Hauser R, et al . Fertility in cases of hypergonadotropic Fertile Sterile.1995, 63:631-636.
- 17. Hiatt WR.Carnitine and peripheral arterial disease. Ann NY AcadSci2004;1033:92-8.
- 18. Jean's Handbook of Organic Chemistry: 2nd ed by George W. Gokel 2004.
- Karlic, Heidrun; Lohninger, Alfred. "Supplementation of I-carnitine in athletes: does it make sense?".
 Nutrition.2004. 20 (7–8): 709–715. doi:10.1016/j.nut.2004.04.003. ISSN 0899-9007.
- L. Mongioi A. E. Calogero E. Vicari R. A. Condorelli G. I. Russo S. Privitera G. Morgia S. La Vignera .The role of carnitine in male infertility.2016, Page 1.
- L. Mongioi A. E. Calogero E. Vicari R. A. Condorelli G. I. Russo S. Privitera G. Morgia S. La Vignera .The role of carnitine in male infertility. 2016, page 6-7.
- Lenzi A, Lombardo F, Sgrò P, Salacone P, Caponecchia L, Dondero F, Gandini L. Use of carnitine therapy in selected cases of male factor infertility: a double-blind crossover trial. FertilSteril2003;79:292-300.
- 23. Li B, et al.The effect of enteral carnitine administration inhumans. Am J ClinNutr1992;55:838-845).
- 24. Martin-du-Pan RC, et al. Increased follicle stimulating hormone in infertile men. Is increased plasma FSH always due to 10 damaged germinal epithelium? Hum Report.1995, (8) 1940-1950.
- Matalliotakis I, Koumantaki Y, Evageliou A, Matalliotakis G, Goumenou A, Koumantakis E. Lcarnitine levels in the seminal plasma of fertile and infertile men: correlation with sperm quality. Int J FertilWomens Med 2000; 45:236-40.
- Menchini-Fabris GF, Canale D, Izzo PL, Olivieri L, Bartelloni M. Free L-carnitine in human semen: its variability in different andrologic pathologies. FertilSteril1984;42:263-7.
- 27. Mingrone G.Carnitine in type 2 diabetes. Ann NYAcadSci 2004;1033:99-107.
- 28. National Research Council. Food and Nutrition Board.Recommended Dietary Allowances, 10th Edition. National Academy Press, Washington, DC, 1989.

- 29. Ng CM, Blackman MR, Wang C, SwerdloffRS. The role of carnitine in the male reproductive system. Ann NY AcadSci 2004; 1033:177-88.
- Patrícia B. S. Celestino-Soper et al., A common X-linked inborn error of carnitine biosynthesis may be a risk factor for nondysmorphicautism, PNAS 109(21), 2012, pp. 7974-7981. doi:10.1073/pnas.1120210109,http://www.pnas.org/content/109/21/7974.full
- 31. Rebouche CJ. Carnitine. In: Modern Nutrition in Health and Disease, 9th Edition (edited by Shils ME, Olson JA, Shike M, Ross, AC). Lippincott Williams and Wilkins, New York, 1999, pp. 505-12.
- 32. Researchers investigate possible link between carnitine deficiency and autism, https://medicalxpress.com/news,2017-07-link-carnitine- deficiency-autism.html .
- 33. Sigman M, Glass S, Campagnone J, Pryor JL.Carnitine for the treatment of idiopathic asthenospermia: a randomized, double-blind, placebo-controlled trial. FertilSteril2006;in press.
- 34. Strijbis, Karin; Vaz, Frédéric M.; Distel, Ben . "Enzymology of the carnitine biosynthesis pathway". IUBMB Life. 2010, 62 (5): 357–362. doi:10.1002/iub.323. ISSN 1521-6551.

- 35. Vicari E, CalogeroAE.Effects of treatment with carnitines in infertile patients with prostatovesiculo-epididymitis. Hum Reprod 2001; 16:2338-42.
- 36. Vitali G, Parente R, Melotti C. Carnitine supplementation in human idiopathic asthenospermia: clinical results. Drugs ExpClin Res 1995;21:157-9.
- 37. World Health Organization. WHO Laboratory Manual for the Examination and Processing of Human Semen, 5th edition. 2010.
- 38. World Health Organization. WHO Manual for the Standardized Investigation and Diagnosis of the Infertile Couple2000, Cambridge University Press: Cambridge.
- World Health Organization. WHO Manual for the Standardized Investigation and Diagnosis of the Infertile Couple.2000, Cambridge University Press: Cambridge.
- World Health Organization. WHO Manual for the Standardized Investigation and Diagnosis of the Infertile Couple2000, Cambridge University Press: Cambridge.
- 41. Z.Paletal The Journal of Nutritional Biochemistry. Volume 12, Issue 5, May 2001, Pages 254-257.