

Oligospermia (Low Sperm Count): Causes, Symptoms, Diagnosis, Treatment and the Role of Unani Medicine

By Dr. Nizamuddin Qasmi

Founder & Chief Physician, Saira Health Care
Focused Practice in Sexual Disorders & Infertility

BUMS – Hamdard University, Delhi

MD

CGO

Certificate in Infertility – MGBIMS, Delhi

Certificate in Urology – London, UK

Masters in Male Infertility – MasterHealthPro (HealthPro)

Integrated Sexual and Reproductive Health – ISRH, UNFPA

Medical literature reviewed and updated: September 2026

Introduction: “Doctor, My Sperm Count Is Low. Can I Still Become a Father?”

One of the most common reports men bring to me at Saira Health Care is a semen analysis showing:

“Sperm count below normal.”

Naturally, the first question is usually:

“Doctor, can I still have a child?”

My answer is:

In many cases, yes. A low sperm count does not automatically mean permanent infertility.

But the next question is even more important:

“Why is the sperm count low?”

Oligospermia—more accurately called **oligozoospermia**—means that the concentration of sperm in semen is below the lower reference range seen in fertile men.

Older articles commonly defined oligospermia as fewer than **15 million sperm per millilitre**. That figure came from an earlier WHO manual and now requires updating.

According to the **WHO Laboratory Manual for the Examination and Processing of Human Semen, Sixth Edition**, the lower fifth-percentile reference value for sperm concentration is approximately:



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

16 million sperm/mL

with a total sperm number of approximately:

39 million sperm per ejaculate.

Other current lower reference values include approximately:

- semen volume: **1.4 mL**
- total motility: **42%**
- progressive motility: **30%**
- vitality: **54%**
- normal morphology: **4%**

These values are also reflected in current European and 2026 NICE guidance.

However, I want patients to understand an extremely important point:

16 million/mL is not a magical line separating fertile men from infertile men.

The WHO values represent statistical reference limits derived from men whose partners achieved pregnancy. There is substantial overlap between fertile and subfertile men. A man with 14 million/mL may achieve natural pregnancy, while a man with 50 million/mL may still face fertility difficulties because of poor motility, abnormal morphology, sperm DNA damage, female-partner factors or another reproductive problem.

Therefore, I never treat one sperm-count number in isolation.

I evaluate:

count + total sperm number + motility + morphology + semen volume + hormones + testicular health + sexual history + lifestyle + medical history + female-partner fertility.

That complete picture is far more meaningful.

What Is Oligospermia?

Oligospermia or oligozoospermia means that the semen contains a lower concentration of sperm than the lower reference level.

In current clinical practice, sperm concentration below approximately **16 million/mL** is commonly described as oligozoospermia.

The condition may be:

- temporary,



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

- persistent,
- mild,
- severe,
- caused by an identifiable disease,
- or unexplained despite appropriate investigation.

The number of sperm may also fluctuate considerably between samples.

This is why I tell patients:

Never make major fertility decisions from one isolated semen report unless there is an urgent clinical reason.

Is Oligospermia the Same as Male Infertility?

No.

A low sperm count increases the possibility of reduced fertility, but it does not prove that natural conception is impossible.

Infertility is defined at the **couple level**, usually as failure to achieve pregnancy after at least 12 months of regular unprotected intercourse.

WHO emphasizes that semen analysis helps evaluate male reproductive health but cannot by itself classify an individual man as absolutely fertile or infertile.

This distinction is very important.

A man's fertility depends not only on how many sperm are present but also on:

- how well they move,
 - how many are normally shaped,
 - total sperm output,
 - sperm functional quality,
 - frequency and timing of intercourse,
 - and his partner's reproductive health.
-

Oligospermia Is Different From Azoospermia

Patients frequently confuse these conditions.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Oligospermia

Sperm are present, but the concentration is reduced.

Azoospermia

No sperm are identified in the appropriately processed ejaculate.

Cryptozoospermia

Sperm are so scarce that none may be visible initially, but rare sperm are found after centrifugation and careful examination.

These distinctions are important because diagnosis, treatment and fertility planning differ greatly.

Oligospermia Is Also Different From Low Motility

Another common misunderstanding is:

“Low sperm means all sperm problems.”

Actually, semen abnormalities have different names.

Oligozoospermia

Reduced sperm concentration.

Asthenozoospermia

Reduced sperm motility.

Teratozoospermia

Reduced percentage of normally shaped sperm.

Oligo-astheno-teratozoospermia – OAT

Low count, poor motility and abnormal morphology occur together.

Multiple semen abnormalities are generally more clinically significant than one mildly abnormal parameter alone. Current AUA/ASRM guidance specifically emphasizes that semen-analysis abnormalities are most meaningful when several parameters are abnormal.

How Low Is “Low”?

The WHO Sixth Edition does not formally divide oligozoospermia into universal mild, moderate and severe categories.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

However, clinicians often use practical descriptions according to sperm concentration.

Particular attention is given to:

Severe oligozoospermia

Below approximately 5 million sperm/mL.

At this level, the probability of important testicular or genetic abnormalities becomes greater, and a more extensive male-fertility evaluation may be needed.

Very severe oligozoospermia

When concentration approaches **1 million/mL or below**, genetic evaluation becomes especially relevant.

The amended 2024 AUA/ASRM guideline now recommends **Y-chromosome microdeletion analysis** particularly for men with primary infertility and sperm concentration **≤1 million/mL** when there is evidence of impaired sperm production such as raised FSH or testicular atrophy.

This is an important update from older recommendations.

What Does Sperm Count Actually Measure?

The semen report may contain two related numbers.

Sperm Concentration

How many sperm are present in each millilitre of semen.

For example:

12 million/mL

Total Sperm Number

Sperm concentration multiplied by semen volume.

For example:

If concentration = 12 million/mL

and semen volume = 3 mL,

then approximately:

36 million sperm are present in the complete ejaculate.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Current European guidance emphasizes that **total sperm number per ejaculate can have greater diagnostic value than concentration alone**, which is why accurate semen-volume measurement matters.

Therefore, simply reading:

“count 12 million”

without looking at semen volume gives an incomplete picture.

Can Sperm Count Change From One Test to Another?

Absolutely.

Semen parameters naturally fluctuate.

Changes can occur because of:

- fever,
- illness,
- incomplete semen collection,
- abstinence interval,
- medicines,
- recent stress,
- laboratory variation,
- lifestyle changes,
- or normal biological variation.

This is why current guidelines advise confirmation of an abnormal semen analysis.

The **2025 WHO infertility guideline** recommends that when one or more semen parameters fall outside WHO reference ranges, the semen analysis should generally be repeated after a minimum of approximately **11 weeks**. This interval reflects the biological duration of sperm development.

The **2026 NICE guideline** similarly recommends a repeat confirmatory test, usually around three months after the first abnormal analysis, although very severe abnormalities may justify earlier confirmation and specialist assessment.

Why Does Treatment Usually Need Several Months Before We Judge the Result?



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Patients sometimes take treatment for ten or fifteen days and ask:

“Doctor, should I repeat my semen test tomorrow?”

Usually, that is too early.

Human sperm formation is a long biological process.

Complete spermatogenesis takes approximately **74 days**, followed by additional maturation during passage through the epididymis.

Therefore, meaningful changes resulting from treatment of many reversible factors are usually assessed over approximately one spermatogenic cycle rather than after only a few days.

This does not mean every medicine needs to be taken for exactly three months.

It means that biologically, sperm production requires time.

Symptoms of Oligospermia

Oligospermia usually produces **no obvious symptom**.

Many men have:

- normal sexual desire,
- normal erections,
- normal ejaculation,
- normal orgasm,
- normal-looking semen,
- and normal external genital appearance.

The condition may be discovered only when the couple has difficulty conceiving.

Therefore:

You cannot judge sperm count by semen colour, thickness or volume.

A semen analysis is required.

Associated Symptoms May Give Clues to the Cause

Although low sperm count itself may not cause symptoms, the underlying condition sometimes does.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

A man may notice:

- testicular pain,
- scrotal swelling,
- prominent veins around the testis,
- small testes,
- reduced sexual desire,
- erectile dysfunction,
- reduced facial or body hair,
- breast enlargement,
- difficulty ejaculating,
- very low semen volume,
- infertility,
- or symptoms of hormonal disease.

These findings do not occur in every patient, but they help guide investigation.

Causes of Oligospermia

There is no single cause.

I broadly divide the causes into:

1. testicular causes,
2. hormonal causes,
3. genetic causes,
4. varicocele,
5. infection or inflammation,
6. medications and hormones,
7. medical diseases,
8. lifestyle and metabolic factors,
9. environmental or occupational exposures,
10. unexplained or idiopathic causes.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Let us understand them individually.

1. Varicocele

A **varicocele** is an abnormal enlargement of veins around the testicle, most commonly on the left side.

Varicocele is common even among fertile men, so its presence does not automatically mean infertility.

However, it occurs more frequently in men with abnormal semen parameters.

Current EAU guidance reports varicocele in approximately:

- 15% of the general male population,
- around 25% of men with abnormal semen analysis,
- and approximately 35–40% of men presenting with infertility.

Possible mechanisms include:

- increased scrotal temperature,
- oxidative stress,
- altered testicular circulation,
- and impaired sperm production.

Some men with clinically significant varicocele experience reduced:

- sperm count,
- motility,
- morphology,
- or several parameters together.

Does Every Varicocele Need Surgery?

No.

This is an important point.

Current EAU guidance recommends treatment particularly in an infertile man who has:

- a **clinical/palpable varicocele**,
- abnormal semen parameters,



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

- otherwise unexplained infertility,
- and a female partner with reasonable ovarian reserve.

It specifically recommends **not treating a subclinical varicocele found only by imaging when it cannot be felt clinically.**

Therefore:

Ultrasound varicocele = surgery

is not an appropriate rule.

Treatment should be individualized.

2. Hormonal Problems

Normal sperm production depends on communication between:

hypothalamus → pituitary gland → testes.

Important hormones include:

- GnRH,
- FSH,
- LH,
- testosterone.

If this system is disturbed, sperm production may fall.

Possible hormonal causes include:

- hypogonadotropic hypogonadism,
- pituitary disorders,
- high prolactin,
- severe testosterone abnormalities,
- and other endocrine conditions.

AUA/ASRM guidance recommends hormonal evaluation including **FSH and testosterone** in infertile men with oligozoospermia, azoospermia, small testes, erectile or libido problems, or clinical evidence suggesting endocrine abnormality.

Additional tests such as LH or prolactin are selected according to the findings.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Low Testosterone Does Not Always Mean “Take Testosterone”

This is one of the most important messages I give male-fertility patients.

A man may see a low testosterone result and immediately start:

- testosterone injections,
- testosterone gel,
- bodybuilding hormones,
- or anabolic steroids.

If he wants children, this can be a serious mistake.

External testosterone suppresses LH and FSH signals from the brain.

These signals are necessary for sperm production inside the testis.

Therefore, testosterone treatment can sometimes reduce sperm count dramatically and may even cause azoospermia.

AUA/ASRM guidance clearly states:

Testosterone monotherapy should not be prescribed to men interested in current or future fertility.

Fertility-preserving treatment of hormonal problems is different.

3. Genetic Causes

Genetic abnormalities become especially important when the sperm count is extremely low.

Current AUA/ASRM recommendations include:

Karyotype

Recommended particularly in men with primary infertility and sperm concentration **below 5 million/mL** when elevated FSH, testicular atrophy or another sign suggests impaired sperm production.

Y-Chromosome Microdeletion Testing

Recommended particularly for primary infertility with azoospermia or sperm concentration **≤1 million/mL** when impaired sperm production is suspected.

Genetic evaluation is not required for every mildly reduced sperm count.

The clinical context matters.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Why Genetic Testing Matters

It can:

- explain severe infertility,
- prevent unnecessary treatment,
- guide fertility prognosis,
- identify inherited conditions,
- and provide information relevant to future children.

For example, certain Y-chromosome abnormalities associated with infertility may be transmitted to male offspring when assisted reproduction is used.

Therefore, genetic counselling sometimes becomes an important part of infertility treatment.

4. Undescended Testes

A testicle that did not descend normally into the scrotum during childhood may develop impaired sperm-producing capacity.

The risk is greater when:

- both testes were affected,
- correction occurred late,
- or significant testicular damage developed.

I always ask infertile men about childhood testicular history.

5. Previous Testicular Injury or Torsion

Major trauma or testicular torsion can damage sperm-producing tissue.

A unilateral injury may have little effect when the opposite testis functions normally.

Bilateral or severe damage can cause more significant fertility impairment.

6. Mumps Orchitis

Mumps infection after puberty can occasionally cause painful inflammation of the testes.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Severe bilateral orchitis can impair future sperm production.

Not every man who had mumps becomes infertile, but it remains an important clinical history.

7. Infection and Inflammation

Certain infections can affect:

- testes,
- epididymis,
- prostate,
- or reproductive ducts.

However, antibiotics should not be prescribed simply because the sperm count is low.

If semen shows increased white blood cells or symptoms suggest infection, the patient should be properly evaluated.

AUA/ASRM guidance recommends investigating men with **pyospermia** for infection rather than treating semen abnormalities blindly.

8. Fever and Recent Illness

High fever can temporarily impair sperm production.

Because sperm development takes several months, the effect of a major febrile illness may still be visible on a semen analysis weeks later.

The 2025 WHO infertility guideline specifically recognizes recent febrile illness as one reason semen results can temporarily become abnormal.

Therefore, I always ask:

“Were you seriously ill or febrile during the last two or three months?”

9. Diabetes

Poorly controlled diabetes can influence male reproductive health through:

- metabolic dysfunction,
- oxidative stress,



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

- hormonal changes,
- erectile or ejaculatory problems,
- and neuropathy.

Diabetes treatment is therefore part of fertility care when diabetes is present.

Taking only a sperm supplement while ignoring uncontrolled blood glucose is incomplete treatment.

10. Obesity and Metabolic Health

Obesity, metabolic syndrome and low physical activity are associated with poorer sperm quality in many studies.

Current EAU guidance recommends counselling infertile men about:

- obesity,
- insufficient physical activity,
- smoking,
- and high alcohol intake

because improving these factors may increase sperm quality and chances of conception.

Weight management should be gradual and medically appropriate.

Extreme dieting is not fertility treatment.

11. Smoking

Smoking has been associated with poorer semen parameters.

Current EAU evidence cites a large meta-analysis involving thousands of men showing a negative association between smoking and sperm quality.

For an infertile man, stopping tobacco is one of the clearest lifestyle recommendations I can make.

This includes avoiding habitual use of combustible tobacco and other harmful nicotine exposures.

12. Excessive Alcohol



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Evidence regarding moderate alcohol intake and semen quality is mixed, but heavy chronic alcohol consumption is associated with poorer reproductive and hormonal health.

Current EAU guidance advises reducing high alcohol intake in infertile men.

13. Recreational Drugs and Anabolic Steroids

Anabolic steroids are especially important.

Men sometimes take these substances for:

- bodybuilding,
- gym performance,
- or appearance.

They may cause severe suppression of sperm production.

Recovery after discontinuation is variable and sometimes requires specialist hormonal management.

Recreational drugs may also negatively affect reproductive or sexual health.

A complete infertility consultation should therefore include honest discussion of all substances being used.

14. Medications

Certain medicines may adversely affect spermatogenesis, hormone production or ejaculation.

Examples can include particular:

- cancer therapies,
- hormonal treatments,
- immunosuppressive drugs,
- and other medications.

However, patients should **not stop prescription medicines on their own**.

When medication-related infertility is suspected, treatment should be reviewed with the prescribing clinician.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

15. Cancer Treatment

Chemotherapy and radiotherapy can affect sperm-producing cells.

The degree of damage depends on:

- treatment type,
- dose,
- radiation field,
- age,
- and individual susceptibility.

Whenever possible, men who may receive gonadotoxic cancer treatment should be counselled about **sperm cryopreservation before treatment**.

16. Heat Exposure

The testes function best at a temperature slightly below core body temperature.

Repeated intense heat exposure may adversely affect sperm production in some circumstances.

I therefore advise infertile men to avoid unnecessary chronic testicular heat, especially when their semen parameters are already impaired.

However, internet claims frequently exaggerate this issue.

Occasional normal daily heat exposure is not equivalent to a proven cause of permanent infertility.

17. Occupational and Environmental Exposures

Certain occupational exposures to:

- pesticides,
- industrial chemicals,
- heavy metals,
- solvents,
- radiation,
- or excessive heat



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

may contribute to impaired reproductive health.

The actual risk depends on dose and duration.

A detailed occupation history can therefore be relevant, particularly in unexplained severe cases.

18. Sexual Frequency and Timing

Frequent intercourse does not cause permanent oligospermia.

Likewise, masturbation does not permanently destroy sperm production.

The semen concentration in an individual sample can vary according to the abstinence interval, but this should not be confused with permanent infertility.

Couples trying to conceive should generally focus on regular intercourse during the fertile window rather than saving semen for very prolonged periods.

19. Psychological Stress

Stress alone is rarely an adequate explanation for severe oligospermia.

However, chronic psychological distress can indirectly influence:

- sleep,
- endocrine health,
- sexual function,
- relationship intimacy,
- lifestyle,
- and overall well-being.

Infertility itself can also create severe emotional pressure.

Therefore, psychological health deserves attention—but I do not blame a patient's sperm count simply on “thinking too much.”

20. Idiopathic Oligospermia

In many men, complete evaluation does not identify one definite cause.

This is often described as **idiopathic male infertility**.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

The EAU guideline notes that a substantial proportion of men with abnormal sperm parameters have historically been classified as idiopathic after standard clinical, hormonal and genetic evaluation fails to establish a clear explanation.

Research suggests that some apparently idiopathic cases may eventually prove to involve:

- genetic factors,
- epigenetic factors,
- oxidative stress,
- environmental effects,
- or currently unrecognized biological mechanisms.

“Idiopathic” therefore means:

we have not identified the cause with currently available routine investigations.

It does not mean the condition is imaginary.

How Oligospermia Is Diagnosed

The foundation is a properly performed **semen analysis**.

A semen report should ideally assess:

- semen volume,
- sperm concentration,
- total sperm number,
- progressive motility,
- total motility,
- morphology,
- vitality when appropriate,
- pH,
- and relevant microscopic findings.

Current EAU guidance strongly recommends semen testing according to the most recent WHO manual.

Why the Complete Sample Matters



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

If the beginning of the ejaculate is accidentally lost during collection, the reported sperm concentration or total count may become misleading because the sperm-rich portion of semen may not have been captured completely.

Patients should tell the laboratory if part of the sample was lost.

It is better to repeat the test than to make treatment decisions from an unreliable sample.

Repeat Semen Analysis

If the first semen analysis is abnormal, confirmation is generally appropriate.

The **2025 WHO infertility guideline** suggests repeating an abnormal semen analysis after at least approximately **11 weeks**, although urgent or severe cases may require earlier specialist assessment.

Current EAU guidance also recommends at least two semen analyses when the initial test is abnormal.

This prevents temporary biological variation from being mistaken for permanent disease.

Hormonal Tests

For oligospermia, I commonly consider:

- FSH,
- total testosterone,
- LH where indicated,
- prolactin where indicated,
- and additional endocrine investigations according to symptoms.

AUA/ASRM specifically recommends FSH and testosterone assessment in infertile men with oligozoospermia.

Physical Examination

A proper male-fertility examination may evaluate:

- testicular size and consistency,
- epididymis,
- vas deferens,



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

- varicocele,
- penile anatomy,
- secondary sexual characteristics,
- and signs of hormonal disease.

A semen report cannot provide this information.

Scrotal Ultrasound

Ultrasound can be useful when there is:

- a testicular abnormality,
- uncertain examination,
- suspected varicocele,
- pain,
- swelling,
- or another clinical indication.

But ultrasound should complement clinical examination rather than become a substitute for it.

Genetic Tests in Severe Oligospermia

If sperm concentration is very low and the clinical picture suggests impaired sperm production, genetic testing may be appropriate.

Current AUA/ASRM recommendations distinguish:

- karyotype testing in appropriate men with sperm concentration **<5 million/mL**,
- Y-chromosome microdeletion testing particularly at **≤1 million/mL** with evidence of impaired spermatogenesis.

This distinction should be included in modern oligospermia care.

Should Every Man Get Sperm DNA Fragmentation Testing?

No.

Sperm DNA fragmentation is not recommended as a routine first test for every infertile man.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Current guidelines reserve it mainly for selected situations such as:

- recurrent pregnancy loss,
- repeated ART failure,
- or certain cases of unexplained infertility.

Therefore, I do not advise ordering every advanced test simply because it is available.

A useful investigation should answer a clinical question.

Treatment of Oligospermia

Treatment depends on the cause.

This is the most important sentence in the entire article.

There is no single universal medicine for low sperm count.

Treatment can include:

1. correction of lifestyle factors,
 2. treatment of medical disease,
 3. hormonal treatment,
 4. treatment of infection where proven,
 5. varicocele treatment in selected men,
 6. correction of reproductive-tract abnormalities,
 7. individualized Unani treatment,
 8. assisted reproductive techniques when required.
-

Lifestyle Treatment

For many men, improving overall health is an important part of fertility treatment.

I commonly advise:

- stop smoking,
- avoid anabolic steroids,
- avoid recreational drugs,
- reduce heavy alcohol consumption,



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

- maintain healthy weight,
- exercise regularly,
- control diabetes,
- sleep adequately,
- eat a balanced diet,
- reduce unnecessary occupational toxins,
- and avoid excessive chronic heat exposure.

EAU guidance supports lifestyle improvement particularly regarding obesity, physical inactivity, smoking and high alcohol consumption in infertile men.

Treatment of Hormonal Causes

If the man has genuine **hypogonadotropic hypogonadism**, treatment can be highly effective.

Specialist therapy may involve:

- hCG,
- FSH or FSH analogues,
- or other cause-specific hormonal treatment.

AUA/ASRM guidance notes that sperm production and pregnancies can be achieved in many appropriately treated men with idiopathic hypogonadotropic hypogonadism.

This is very different from giving testosterone.

Treatment of Low Testosterone When Fertility Is Desired

In selected infertile men with low testosterone, specialists may consider medicines such as:

- hCG,
- selective estrogen receptor modulators,
- aromatase inhibitors,

depending on endocrine findings.

However, evidence differs between patient groups and these medicines are not universal sperm boosters.

Current AUA/ASRM guidance permits selected use but emphasizes individualized treatment.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Treatment of Infection

If a genuine reproductive-tract infection is identified, appropriate antimicrobial treatment may be indicated.

Antibiotics should not be used simply because:

“sperm count is low.”

Unnecessary antibiotics expose patients to:

- adverse effects,
- resistance,
- and expense

without treating the actual problem.

Treatment of Varicocele

Varicocele repair may be considered when a man has:

- infertility,
- clinically palpable varicocele,
- abnormal semen analysis,
- and appropriate couple-level fertility circumstances.

Current EAU evidence indicates improvement in several semen parameters after varicocele treatment in appropriately selected patients.

However:

Not every ultrasound varicocele should be operated upon.

Clinical examination and fertility context matter.

Assisted Reproductive Treatment

Some couples may require assisted reproductive technology even after appropriate treatment.

The appropriate technique depends on:

- severity of sperm abnormality,



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

- total motile sperm number,
- female partner's age,
- ovarian reserve,
- tubal status,
- duration of infertility,
- and previous treatment.

IUI – Intrauterine Insemination

IUI involves preparing the semen sample and placing concentrated motile sperm into the uterus around ovulation.

It may be suitable for selected couples with mild male-factor infertility.

However, when the **total motile sperm count after processing is below approximately 5 million**, current AUA/ASRM guidance notes that the chance of successful pregnancy with IUI becomes limited.

This does not mean pregnancy is impossible.

It means the couple should receive realistic counselling about whether IVF or ICSI may provide a better option.

IVF and ICSI

When male-factor infertility is more severe, **IVF with ICSI** may be recommended.

With ICSI, an embryologist injects an individual sperm into an egg.

ICSI was developed specifically to overcome severe male-factor fertilization problems and remains an important reproductive technique.

However:

A sperm count below normal does not automatically mean every couple requires IVF/ICSI.

The whole couple must be evaluated.

Why the Female Partner Must Also Be Evaluated

I tell patients:



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

“Infertility is a couple's condition, even when one semen report is abnormal.”

Current WHO and EAU guidance emphasize evaluation of both partners rather than treating one person in isolation.

Treatment selection may change completely according to the woman's:

- age,
- ovarian reserve,
- ovulation,
- tubal health,
- uterine condition,
- and duration of infertility.

For example, spending one year attempting to improve a mildly abnormal sperm count may be reasonable in one couple but inappropriate in another where the female partner has rapidly declining ovarian reserve.

Fertility treatment is about achieving pregnancy safely and efficiently—not simply making one laboratory number look perfect.

Antioxidants and Male Fertility Supplements

Patients frequently ask:

“Doctor, which vitamin is best for sperm?”

Antioxidants have a plausible biological role because oxidative stress can damage sperm membranes and DNA.

Several studies have reported improvements in sperm parameters.

However, the overall evidence is conflicting.

Current EAU guidance notes that some studies have reported improved pregnancy or live-birth outcomes, while the MOXI randomized trial found no improvement in semen parameters, DNA integrity or cumulative live birth with a commonly used antioxidant combination.

The EAU therefore concludes that evidence remains insufficient to recommend routine antioxidant treatment for idiopathic male infertility.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Similarly, AUA/ASRM guidance states that the clinical value of supplements such as antioxidants and vitamins remains questionable and that evidence is insufficient to recommend specific agents.

Therefore:

supplements may be supportive in selected patients, but they should not replace diagnosis.

Oligospermia in the Unani System of Medicine

In contemporary Unani literature, reduced sperm count has been described using terminology such as:

Qillat-e-Haiwanat-e-Manawiya

and related traditional concepts of:

Qillat-e-Mani.

The terminology requires careful interpretation because classical Unani descriptions were developed long before modern microscopic semen analysis became available.

Therefore, I do not believe every classical reference to reduced *Mani* should automatically be translated as modern laboratory-defined oligozoospermia.

Still, Unani medicine has a longstanding framework for evaluating male reproductive weakness through:

- Mizaj,
- reproductive-organ function,
- nutrition,
- digestion,
- general vitality,
- physical activity,
- sleep,
- psychological state,
- and traditional humoral concepts.

CCRUM literature discussing oligospermia describes the term **Qillat-e-Haiwanat-e-Manawiya** and links it in the traditional framework with altered temperament of the reproductive organs and reduced seminal production.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

This is a traditional explanatory framework and should be distinguished from modern biological mechanisms such as:

- FSH and LH deficiency,
- varicocele,
- genetic abnormalities,
- oxidative stress,
- testicular injury,
- or metabolic disease.

Understanding Mizaj in Male Reproductive Health

Mizaj, or temperament, is one of the central concepts of Unani medicine.

Traditional Unani physicians assess the patient's constitutional and functional state rather than treating every patient with exactly the same formulation.

The Ministry of AYUSH describes Unani medicine as emphasizing an individualized approach based on:

- Mizaj,
- psychosomatic health,
- Akhlat,
- lifestyle,
- and clinical observation.

This individualized philosophy can be useful in infertility care.

However, I combine it with modern investigations.

If a patient's FSH is very high, I do not ignore it because his Mizaj has been assessed.

If he has a palpable varicocele, I do not ignore the varicocele.

If his sperm concentration is below 1 million/mL, I consider genetic evaluation.

Traditional assessment and modern diagnosis can complement each other when used responsibly.

Akhlat and the Traditional Humoral Concept



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Classical Unani medicine describes four humors:

- **Dam** – blood,
- **Balgham** – phlegm,
- **Safra** – yellow bile,
- **Sauda** – black bile.

Traditional Unani theory considers health to depend partly on their appropriate balance and on normal organ temperament.

The Ministry of AYUSH continues to describe this humoral framework as part of classical Unani theory.

However, patients should understand:

These humors are part of a traditional medical model. They are not the same as measurable modern hormones, blood-cell counts or biochemical markers.

I believe this distinction is essential for scientific honesty.

Asbab-e-Sitta Zarooriya: Six Essential Factors

One of the most practically useful concepts in Unani health maintenance is **Asbab-e-Sitta Zarooriya**, traditionally involving:

1. air and environment,
2. food and drink,
3. physical activity and rest,
4. mental activity and rest,
5. sleep and wakefulness,
6. retention and elimination.

Current Ministry of AYUSH descriptions continue to emphasize these factors within the Unani approach to preventive and restorative healthcare.

Several of these are highly relevant to male reproductive health.

For example:

Diet

Poor metabolic health and nutritional deficiencies may adversely affect overall reproductive health.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Activity

Regular physical activity supports weight control and metabolic health.

Rest

Chronic exhaustion can affect endocrine and sexual health.

Psychological balance

Infertility creates significant emotional stress.

Sleep

Sleep is relevant to endocrine and general health.

Therefore, classical Unani lifestyle principles can fit naturally into comprehensive male-fertility management.

Four Major Modes of Unani Treatment

The Ministry of AYUSH identifies four major therapeutic approaches in Unani medicine:

Ilaj-bil-Ghiza

Dietotherapy

Ilaj-bit-Tadbir

Regimenal therapy

Ilaj-bid-Dawa

Pharmacotherapy

Ilaj-bil-Yad

Surgical treatment

For oligospermia, the first three may be particularly relevant as supportive or therapeutic approaches depending on the diagnosed cause.

Ilaj-bil-Ghiza: Dietotherapy for Low Sperm Count

In my approach, dietary treatment does not mean:

“Eat one food and sperm count will become 50 million.”

Instead, I assess:



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

- body weight,
- protein intake,
- fruit and vegetable intake,
- healthy fats,
- diabetes,
- metabolic health,
- digestive health,
- micronutrient deficiency,
- alcohol intake,
- smoking,
- and overall nutritional quality.

A nutritionally balanced diet supports the physiological environment required for spermatogenesis.

When a patient has obesity, uncontrolled diabetes or poor dietary habits, simply giving a reproductive tonic while ignoring these factors is incomplete treatment.

Ilaj-bit-Tadbir: Regimenal and Lifestyle Treatment

In male infertility, regimenal principles may include:

- appropriate exercise,
- healthy sleep,
- weight management,
- stress reduction,
- reduction of harmful exposures,
- and other individualized measures.

Classical Unani regimenal therapy also includes procedures such as massage and Hijama for selected health conditions.

However, I do not present **Hijama as a scientifically proven stand-alone treatment for oligospermia.**

At present there is not sufficient high-quality evidence to say:



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

“Cupping will reliably raise sperm count.”

If regimenal procedures are used, they should form part of individualized care and should not replace established evaluation and cause-specific fertility treatment.

Ilaj-bid-Dawa: Unani Pharmacotherapy

Unani medicine contains several traditional single drugs and compound formulations historically used to support reproductive health.

Depending on the patient's:

- Mizaj,
- general health,
- semen parameters,
- reproductive history,
- nutritional state,
- associated sexual symptoms,
- metabolic health,
- and identified cause,

an appropriately qualified Unani practitioner may select individualized pharmacotherapy.

This is very different from saying:

“Every man with low sperm count should take the same medicine.”

I do not believe in that approach.

Commonly Discussed Herbs and Male Fertility

Patients frequently ask about herbs such as:

- Asgand or Ashwagandha,
- Kaunch,
- Musli,
- Amla,
- Talmakhana,
- Salab Misri,



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

- and various traditional fertility preparations.

Some individual herbs and traditional formulations have preliminary research suggesting possible effects on semen parameters.

However:

evidence for one plant cannot automatically be transferred to every product containing that plant.

The dose, extraction, formulation, manufacturing quality and patient population all matter.

Similarly:

an improvement in sperm concentration in a study does not automatically prove an improvement in live-birth rate.

This distinction is essential.

What Does Unani Research Say About Oligospermia?

Unlike some severe male infertility conditions, oligospermia has been directly studied in Unani clinical literature.

One CCRUM-associated publication reported an **observational open uncontrolled study** at the National Institute of Unani Medicine examining a classical compound formulation in men with oligospermia.

Another published retrospective comparative analysis reviewed **126 diagnosed patients with idiopathic oligospermia** from four treatment groups and reported varying improvements in semen volume, sperm count and motility depending on the formulation studied.

I consider these findings encouraging because they demonstrate that Unani treatment for male infertility deserves further scientific study.

However, there are limitations.

These studies:

- are relatively old,
- include small numbers,
- use older WHO semen thresholds,
- are not equivalent to large multicentre randomized trials,
- and do not provide enough evidence to guarantee pregnancy or live birth.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Therefore, the scientifically appropriate conclusion is:

Unani treatment shows promising clinical observations in oligospermia, but stronger modern controlled research is still required.

Special Treatment Approach by Dr. Nizamuddin Qasmi at Saira Health Care

My approach to low sperm count is built around one principle:

“Do not treat only the sperm count—treat the man and the cause.”

At Saira Health Care, I generally approach oligospermia through a structured pathway.

Step 1: Confirm That the Sperm Count Is Truly Low

Before prescribing long-term treatment, I review:

- laboratory quality,
- semen volume,
- sperm concentration,
- total sperm number,
- motility,
- morphology,
- abstinence history,
- whether the entire sample was collected,
- and recent illness.

Where appropriate, an abnormal test is confirmed.

This prevents unnecessary treatment based on a temporary abnormal result.

Step 2: Determine the Severity

A patient with:

14 million/mL

does not require the same evaluation as a patient with:

0.5 million/mL.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Very severe oligospermia requires much greater attention to:

- testicular function,
 - hormones,
 - genetics,
 - and fertility planning.
-

Step 3: Assess All Semen Parameters

I do not ask only:

“What is the count?”

I assess:

- total sperm number,
- progressive motility,
- morphology,
- vitality,
- volume,
- and other relevant findings.

A patient with:

12 million/mL + excellent motility

is very different from:

12 million/mL + 5% motility + severe abnormal morphology.

Step 4: Search for the Cause

I investigate potential:

- varicocele,
- hormonal dysfunction,
- testicular disease,
- infection,
- metabolic problems,



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

- previous surgery,
- steroid use,
- medications,
- childhood testicular disease,
- occupational exposures,
- and genetic causes where appropriate.

This step is essential.

Step 5: Assess Sexual Health

My clinical focus includes both sexual disorders and infertility.

Therefore, I also ask about:

- erectile function,
- ejaculation,
- premature ejaculation where relevant,
- libido,
- intercourse frequency,
- and ability to have intercourse during the fertile period.

Sometimes what appears to be a fertility problem is being worsened by untreated sexual dysfunction.

Step 6: Assess the Female Partner

If pregnancy is the goal, I believe the woman's reproductive health must be considered at the same time.

Her:

- age,
- ovarian reserve,
- ovulation,
- tubal health,
- and reproductive history



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

may influence how much time we can reasonably spend attempting to optimize semen parameters before considering ART.

Step 7: Correct Reversible Lifestyle Factors

Where appropriate, I advise:

- smoking cessation,
- steroid avoidance,
- healthy weight management,
- regular activity,
- reduction of heavy alcohol,
- better sleep,
- control of diabetes,
- improved nutrition,
- and avoidance of unnecessary reproductive toxins.

This forms an important bridge between modern reproductive medicine and Unani concepts such as **Ilaj-bil-Ghiza** and **Asbab-e-Sitta Zarooriya**.

Step 8: Individualized Unani Treatment

After understanding the man's condition, I may design an individualized Unani programme based on:

- Mizaj,
- overall constitution,
- semen findings,
- associated symptoms,
- nutrition,
- metabolic health,
- sleep,
- psychological state,
- digestive health,



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

- and reproductive goals.

When pharmacotherapy is used, it is not selected merely because the label says:

“sperm booster.”

The treatment should fit the patient.

Step 9: Use or Recommend Modern Cause-Specific Treatment When Required

Responsible integrative medicine means recognizing when the patient requires:

- hormonal treatment,
- varicocele surgery,
- treatment of infection,
- genetic counselling,
- reproductive urology,
- IUI,
- IVF,
- or ICSI.

I do not believe a patient should lose valuable reproductive time simply because he wishes to use natural treatment.

Traditional care and modern fertility treatment can be combined intelligently.

Step 10: Reassess After an Appropriate Biological Interval

Because sperm development takes approximately 74 days, treatment response is generally judged over an appropriate spermatogenic interval.

The WHO's latest infertility guideline recommends repeat assessment after at least approximately 11 weeks when an initial semen analysis is abnormal.

At follow-up, I am interested not only in whether count increased but whether there has been improvement in:

- total sperm number,
- motility,
- morphology,



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

- semen quality,
- reproductive health,
- and ultimately the couple's chance of conception.

What About Saira Health Care Fertility Formulations?

Traditional formulations may be prescribed at Saira Health Care according to the individual patient's clinical assessment.

However, I believe such products should be presented responsibly.

A formulation can be used to support reproductive health without claiming:

“100% guaranteed pregnancy.”

or:

“Every patient's sperm count will become normal.”

International guidelines continue to describe the evidence for many fertility supplements and antioxidant products as uncertain.

Therefore, any Saira Health Care Unani fertility formulation should form part of a **complete programme** involving diagnosis, lifestyle management, follow-up semen analysis and appropriate referral where necessary.

How Successful Is Unani Treatment for Oligospermia?

Patients naturally ask me:

“What is your success rate?”

This cannot be answered honestly with one number.

Consider these two patients:

Patient A

Has mildly reduced sperm count because of:

- smoking,
- obesity,
- poor metabolic health,
- and potentially reversible lifestyle factors.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Patient B

Has 0.5 million sperm/mL because of a serious genetic defect affecting spermatogenesis.

Both technically have low sperm counts.

Their prognosis cannot possibly be identical.

Success depends on:

- baseline sperm count,
- underlying cause,
- testicular reserve,
- hormone profile,
- genetics,
- varicocele,
- lifestyle,
- treatment adherence,
- duration of infertility,
- semen motility and morphology,
- and female-partner fertility.

Therefore, I prefer to discuss **individual prognosis rather than advertise a fixed cure percentage.**

Saira Health Care's Experience With Oligospermia

Saira Health Care has made low sperm count and male infertility a major part of its clinical and educational work.

The clinic's existing published oligospermia material states that I have managed **more than 5,000 low-sperm-count/oligospermia cases involving patients in India and abroad.**

Experience with a large number of patients is valuable, but I also believe it should be interpreted responsibly.

The most important measure of good clinical practice is not simply:

“How many patients have been seen?”

It is whether each patient receives:



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

- appropriate diagnosis,
 - individualized treatment,
 - proper follow-up,
 - realistic counselling,
 - and referral when another treatment offers a better chance of fatherhood.
-

What Is a Genuine Oligospermia Success Story?

For me, success can mean different things.

In one patient

Sperm concentration and motility improve sufficiently for natural conception.

In another

Treatment of a clinical varicocele improves semen parameters.

In another

Stopping testosterone restores the body's normal reproductive hormonal signalling.

In another

Hormonal investigation identifies hypogonadotropic hypogonadism and appropriate endocrine treatment restores sperm production.

In another

Lifestyle changes improve obesity, diabetes and sperm quality.

In another

Unani treatment used alongside lifestyle management is associated with improved semen parameters on appropriately repeated testing.

In another

The count remains low, but the couple achieves pregnancy through IUI.

In a severe case

ICSI allows fertilization despite extremely low sperm numbers.

All of these may represent successful infertility management.

Why Pregnancy Is More Important Than Chasing a “Normal” Sperm Number



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

A patient may start at:

8 million/mL

and after treatment reach:

18 million/mL.

This appears excellent.

But another patient may remain at:

6 million/mL

and his wife becomes pregnant.

Which outcome matters more?

Ultimately, fertility treatment is about helping the couple achieve their reproductive goal safely and responsibly.

The semen report is an important tool.

It is not the final goal.

Common Myths About Oligospermia

Myth 1: Sperm below 16 million/mL means permanent infertility.

Fact: The WHO lower reference value is a statistical reference—not an absolute fertile/infertile boundary.

Myth 2: 15 million/mL is still the latest WHO cutoff.

Fact: The Sixth Edition WHO lower fifth-percentile sperm concentration is approximately **16 million/mL**.

Myth 3: Thick semen means high sperm count.

Fact: Semen appearance cannot reliably determine sperm concentration.

Myth 4: Thin semen means infertility.

Fact: Semen consistency and sperm concentration are different parameters.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Myth 5: A man with oligospermia is sexually weak.

Fact: Fertility and sexual performance are different. Many men with low sperm counts have completely normal erections and libido.

Myth 6: Masturbation causes permanent low sperm count.

Fact: Normal masturbation does not cause permanent oligospermia.

Myth 7: Frequent intercourse permanently reduces fertility.

Fact: Regular intercourse is part of natural conception. Abstinence can influence one semen sample but does not mean sexual activity has damaged sperm production.

Myth 8: Testosterone injections improve sperm count.

Fact: External testosterone can suppress sperm production and should not be used as fertility treatment in men seeking children.

Myth 9: Every varicocele needs surgery.

Fact: Current guidelines particularly support treatment of clinically palpable varicocele in appropriately selected infertile men with abnormal semen parameters—not every ultrasound finding.

Myth 10: Vitamins cure male infertility.

Fact: Antioxidant and supplement research remains inconsistent, and current major guidelines cannot recommend one universal supplement.

Myth 11: Herbal treatment never causes side effects.

Fact: Herbal medicines contain biologically active substances and require appropriate selection and supervision.

Myth 12: A single semen analysis determines fertility.

Fact: Semen parameters vary, and abnormal findings should generally be confirmed. The WHO's 2025 guideline recommends repeat analysis after an appropriate interval when initial parameters are abnormal.

Frequently Asked Questions

What sperm count is considered low in 2026?

The current WHO Sixth Edition lower fifth-percentile sperm concentration is approximately **16 million sperm/mL**.

Total sperm number is approximately **39 million per ejaculate** at the lower reference level.

Is 10 million sperm/mL very low?

It is below the current WHO reference level and therefore warrants clinical interpretation.

Natural conception may still occur, particularly when:

- motility is good,
- total sperm number is reasonable,
- the female partner is fertile,
- and intercourse is appropriately timed.

The report should be evaluated as a whole.

Is 5 million sperm/mL serious?

Sperm concentration below approximately 5 million/mL is commonly considered severe oligozoospermia.

Such men deserve proper male-fertility evaluation because genetic and testicular causes are more common at very low sperm concentrations.

Does sperm below 1 million/mL require genetic testing?

In appropriate men with primary infertility and evidence of impaired sperm production, current AUA/ASRM guidance recommends Y-chromosome microdeletion analysis when sperm concentration is **≤1 million/mL**.

The individual clinical picture still matters.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Can oligospermia improve naturally?

Some reversible cases improve after:

- stopping smoking,
- stopping anabolic steroids,
- improving weight and metabolic health,
- recovering from fever,
- treating hormonal abnormalities,
- treating appropriate varicocele,
- or correcting another reversible cause.

Other cases may persist despite lifestyle improvement.

Can varicocele cause low sperm count?

Yes, varicocele is associated with abnormal semen parameters in some men.

However, not every varicocele causes infertility, and not every varicocele requires treatment.

Can diabetes lower sperm quality?

Poor metabolic health can contribute to male reproductive dysfunction.

Diabetes should therefore be properly controlled as part of fertility management.

Can stress lower sperm count?

Chronic stress may influence overall reproductive and endocrine health, but severe oligospermia should not automatically be blamed on stress without proper investigation.

Can smoking reduce sperm quality?

Yes.

Current EAU evidence associates smoking with poorer sperm parameters and recommends cessation as part of infertility management.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Can alcohol affect sperm?

Heavy chronic alcohol consumption can adversely affect male hormonal and reproductive health.

Reducing excessive alcohol is advised.

Can gym steroids cause low sperm count?

Yes.

Anabolic-androgenic steroids can suppress FSH and LH and severely reduce sperm production.

Can testosterone therapy cause infertility?

Yes.

Exogenous testosterone may suppress spermatogenesis.

Men wanting current or future fertility should discuss fertility-preserving alternatives with an appropriate specialist.

Can Unani medicine help low sperm count?

Unani medicine can provide a useful individualized framework focusing on:

- diet,
- lifestyle,
- general health,
- Mizaj,
- sleep,
- stress,
- metabolic health,
- and selected pharmacotherapy.

Some Unani clinical publications have reported improvements in semen parameters in oligospermia, although larger and stronger modern trials are still needed.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Is Unani treatment enough in every case?

No.

A patient with:

- severe genetic infertility,
- significant endocrine disease,
- reproductive obstruction,
- severe varicocele requiring surgery,
- or another major condition

may need conventional medical or surgical treatment.

The best approach is individualized and integrative.

Can IUI work with low sperm count?

Yes, in selected mild-to-moderate male-factor cases.

However, when post-processing total motile sperm count is below approximately **5 million**, IUI success is reduced and IVF/ICSI may need to be considered.

When is ICSI needed?

ICSI may be considered when male-factor infertility is sufficiently severe that conventional fertilization is unlikely, or according to the couple's complete fertility situation.

It is not required merely because one semen number is slightly below the WHO reference range.

When Should a Man Consult a Male Infertility Specialist?

I recommend proper evaluation when:

- sperm concentration remains below reference range on repeated testing,
- sperm concentration is below 5 million/mL,
- motility and morphology are also severely abnormal,
- sperm count is approaching 1 million/mL,
- there is testicular pain or swelling,



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

- testicular size is reduced,
- varicocele is present,
- testosterone or anabolic steroids have been used,
- childhood undescended testes were present,
- there is a history of testicular injury,
- chemotherapy or radiotherapy was received,
- sexual dysfunction accompanies infertility,
- or the couple has been unable to conceive.

The lower the sperm count, the more important it becomes to identify the underlying cause.

Dr. Nizamuddin Qasmi and Saira Health Care

I am **Dr. Nizamuddin Qasmi**, Founder and Chief Physician of **Saira Health Care**, with focused clinical practice in **sexual disorders and infertility**.

My professional education and training listed for this clinical work include:

- **BUMS – Hamdard University, Delhi**
- **MD**
- **CGO**
- **Certificate in Infertility – MGBIMS, Delhi**
- **Certificate in Urology – London, UK**
- **Masters in Male Infertility – MasterHealthPro (HealthPro)**
- **Integrated Sexual and Reproductive Health – ISRH, UNFPA**

Saira Health Care's public physician profile describes my focused work in sexual disorders and infertility and specifically lists conditions including:

- oligospermia,
- azoospermia,
- abnormal sperm morphology,
- asthenospermia,
- varicocele,
- epididymal disorders,



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

- hormonal imbalance,
- and other male and female reproductive-health conditions.

Saira Health Care's current professional material also lists the **Masters in Male Infertility – MasterHealthPro (HealthPro)** and **Integrated Sexual and Reproductive Health – ISRH, UNFPA** within my professional training.

This focused training is particularly relevant because male infertility cannot be understood through sperm concentration alone.

Proper care requires knowledge of:

- semen analysis,
- male reproductive physiology,
- hormones,
- sexual function,
- testicular health,
- varicocele,
- genetics,
- couple fertility,
- and available assisted-reproductive options.

Saira Health Care's Contribution to Sexual Disorders and Infertility

At Saira Health Care, we have devoted significant clinical and educational attention to sexual disorders and male and female infertility.

Our current website identifies oligospermia, azoospermia, asthenospermia, varicocele and other reproductive conditions among the centre's major areas of work.

The clinic's existing oligospermia information states that I have managed more than **5,000 cases of low sperm count and oligospermia involving patients from India and abroad.**

For me, however, experience should lead to **better diagnosis rather than bigger promises.**

Our goal should be to help a patient understand:

- why his sperm count is low,
- which factors can realistically improve,
- whether treatment is likely to help,



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

- when further testing is required,
 - when surgery should be considered,
 - when ART may be appropriate,
 - and how Unani medicine can be used responsibly within his complete fertility plan.
-

A Responsible Integrative Approach at Saira Health Care

I do not see responsible Unani medicine and modern reproductive medicine as competitors.

Consider several examples.

A man has obesity, poor sleep, smoking and mildly low sperm count

Dietotherapy, lifestyle treatment and appropriately selected Unani supportive treatment may be very relevant.

A man has hypogonadotropic hypogonadism

He requires specific endocrine treatment capable of stimulating spermatogenesis.

A man has a significant palpable varicocele with infertility and abnormal semen

A reproductive-urology opinion regarding repair may be appropriate.

A man has 0.5 million sperm/mL with small testes and elevated FSH

Genetic investigation becomes important.

A man has severe male-factor infertility and his wife has reduced ovarian reserve

Waiting indefinitely for a supplement to normalize the count may waste valuable reproductive time; IVF/ICSI should be discussed.

A man is taking testosterone for bodybuilding

Stopping fertility-suppressive androgen exposure and appropriate specialist management may be more important than any sperm tonic.

This is the treatment philosophy I believe gives patients the greatest benefit.

Latest Scientific Perspective: 2025–2026

There have been several important recent updates in male-infertility care.

WHO Global Infertility Guideline – November 2025



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

In November 2025, WHO issued its first global guideline for the prevention, diagnosis and treatment of infertility.

For men whose first semen analysis shows one or more parameters outside WHO reference ranges, WHO suggests repeating the semen analysis after a minimum of approximately **11 weeks**, reflecting the duration of spermatogenesis.

NICE Fertility Guideline – March 2026

The updated 2026 NICE guideline incorporates WHO Sixth Edition semen reference values, including:

- **16 million/mL sperm concentration**
- **39 million total sperm/ejaculate**
- **30% progressive motility**
- **42% total motility**
- **4% normal morphology**
- **1.4 mL semen volume**

and recommends repeat confirmation after an abnormal result.

Current EAU Male-Infertility Guidance

Current European guidance emphasizes:

- comprehensive male evaluation,
 - repeated abnormal semen analysis,
 - appropriate hormonal assessment,
 - genetic investigation in severe cases,
 - lifestyle improvement,
 - selected varicocele treatment,
 - and caution regarding routine antioxidant therapy.
-

AUA/ASRM 2024 Genetic Update

The amended AUA/ASRM male-infertility guideline recommends:



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

- karyotype testing in appropriately selected men below **5 million/mL**,
- and Y-chromosome microdeletion analysis particularly at **≤1 million/mL** when impaired sperm production is suspected.

These newer recommendations make modern oligospermia treatment increasingly individualized.

My Final Message to Patients

If your semen report shows low sperm count, please do not panic.

And please do not immediately start five different fertility supplements.

Ask first:

Was the test performed properly?

Has the abnormal result been confirmed?

What is my total sperm number?

How is the motility?

How is the morphology?

Is there a varicocele?

What are my hormones?

Have I taken testosterone or bodybuilding steroids?

Was there a recent fever?

Do I smoke?

Do I have diabetes or obesity?

Is the sperm count severely low enough to justify genetic testing?

How is my wife's fertility?

These questions are much more valuable than asking:

“Which medicine increases sperm count fastest?”

At Saira Health Care, my aim is to provide both:

Hope and scientific honesty.

Hope—because many cases of low sperm count can improve, and natural conception or assisted pregnancy is possible for many couples.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Scientific honesty—because not every low sperm count has the same cause, not every patient responds to the same medicine, and no ethical physician should guarantee pregnancy from one tablet, herb or package.

Conclusion

Oligospermia, or oligozoospermia, is a condition in which sperm concentration is below the lower reference range.

According to current WHO Sixth Edition data, the lower fifth-percentile sperm concentration is approximately:

16 million sperm/mL

and total sperm number approximately:

39 million sperm per ejaculate.

These numbers are **reference values, not absolute fertility boundaries.**

Male fertility depends on:

- sperm concentration,
- total sperm number,
- motility,
- morphology,
- reproductive anatomy,
- hormones,
- sexual function,
- underlying diseases,
- and female-partner fertility.

Oligospermia may result from:

- varicocele,
- hormonal disorders,
- genetic abnormalities,
- testicular disease,
- undescended testes,



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

- testicular injury,
- infection,
- fever,
- diabetes,
- obesity,
- smoking,
- excessive alcohol,
- anabolic steroids,
- certain medications,
- cancer therapy,
- environmental exposures,
- or currently unexplained factors.

Proper diagnosis should include:

- standardized semen analysis,
- repeat testing where appropriate,
- clinical history,
- physical examination,
- hormonal investigation,
- and genetic or imaging studies when indicated.

Treatment must address the cause.

This may involve:

- lifestyle improvement,
- hormonal treatment,
- treatment of underlying disease,
- appropriate varicocele repair,
- treatment of proven infection,
- fertility-preserving medication strategies,
- individualized Unani treatment,



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

- IUI,
- IVF,
- or ICSI.

The **Unani system of medicine** offers a valuable whole-person framework through:

- **Mizaj**
- **Asbab-e-Sitta Zarooriya**
- **Ilaj-bil-Ghiza**
- **Ilaj-bit-Tadbir**
- **Ilaj-bid-Dawa**
- and individualized health assessment.

Published Unani literature includes clinical observations reporting improvement in semen parameters among men with oligospermia, although stronger contemporary randomized research is still required before universal success claims can be made.

At **Saira Health Care**, my approach is therefore:

Confirm the diagnosis.

Understand the severity.

Find the cause wherever possible.

Evaluate hormones and genetics when indicated.

Correct reversible lifestyle and medical factors.

Use Unani medicine individually rather than indiscriminately.

Monitor treatment over a biologically meaningful interval.

Evaluate the couple—not merely one semen report.

Use modern fertility treatment when it offers the patient a better opportunity.

And never replace proper investigation with unrealistic promises.

A low sperm count is an important finding.

But it is **not automatically the end of a man's possibility of fatherhood.**

The right next step is not fear.

The right next step is accurate diagnosis and individualized treatment.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

About the Author

Dr. Nizamuddin Qasmi

Founder & Chief Physician, Saira Health Care
Focused Practice in Sexual Disorders & Infertility

Professional Education & Training

- BUMS – Hamdard University, Delhi
- MD
- CGO
- Certificate in Infertility – MGBIMS, Delhi
- Certificate in Urology – London, UK
- Masters in Male Infertility – MasterHealthPro (HealthPro)
- Integrated Sexual and Reproductive Health – ISRH, UNFPA

Dr. Nizamuddin Qasmi's publicly available Saira Health Care profile describes his focused practice in sexual disorders and infertility and includes oligospermia, azoospermia, abnormal sperm motility and morphology, varicocele and other reproductive-health disorders among his clinical areas of work.

Saira Health Care's current published material also lists his Certificate in Urology – London, UK, Masters in Male Infertility – MasterHealthPro (HealthPro), and Integrated Sexual and Reproductive Health – ISRH, UNFPA within his professional training profile.

Medical Disclaimer

This article is intended for general patient education and health awareness.

It is not a substitute for individual medical consultation, physical examination, semen analysis interpretation, diagnosis or personalized infertility treatment.

Sperm concentration can vary considerably between samples. One abnormal semen analysis should therefore be interpreted carefully, and repeat testing may be appropriate according to current fertility guidelines.

Do not independently start or stop:

- testosterone,
- anabolic steroids,
- hormonal medicines,



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

- fertility medicines,
- antibiotics,
- herbal medicines,
- or dietary supplements

without appropriate professional guidance.

Men who want current or future fertility should inform their healthcare professional before using testosterone therapy because external testosterone can suppress sperm production.

Unani medicines should also be selected and used under appropriately qualified supervision.

Herbal or nutritional products should not be interpreted as guaranteed treatments for oligospermia or guaranteed methods of achieving pregnancy.

Men with severe or very severe oligospermia may require hormonal, genetic or reproductive-urological assessment.

Both partners should be evaluated when a couple experiences infertility.

Where a patient requires endocrinology, genetics, reproductive urology, varicocele surgery, IUI, IVF, ICSI or another specialist service, timely referral should form part of responsible fertility care.

