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IMPACT OF OXIDATIVE STRESS AND ANTIOXIDANT THERAPIES ON MALE REPRODUCTIVE HEALTH

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ABSTRACT

The male factor is a major contributory factor to infertility. Oxidative stress is the important cause of male infertility which is oxygen-derived radicals, generated constantly as a main part of normal aerobic life. These radicals are formed in mitochondria as oxygen is reduced along the electron transport chain and collectively known as reactive oxygen species (ROS). It is a powerful mechanism causing sperm damage, deformity and finally leads to male infertility. Antioxidants suppress the action of these reactive oxygen species in a regulatory manner but in several conditions *viz.*, aging, physical injury, chronic disease and toxin exposure, these ROS production increases and causes oxidative stress which leads to cellular damage. The review article enlightens the physiological and pathological role of ROS in normal sperm function and to explore the role of antioxidant therapies in management of ROS causes infertility.

KEYWORDS

Reactive Oxygen Species, Antioxidants, Infertility and Oxidative Stress.

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INTRODUCTION

At present time infertility is a major clinical health issue, affecting medically and psychosocially to couples. Male infertility is a foremost factor in infertile couples. There are several cases which lead infertility such as varicocele, cryptorchidism, obstructive lesions, cystic fibrosis, trauma and tumours. Of the many causes of male infertility, Oxidative stress (OS) is also considered as one of the cause for male infertility.

Oxygen is essential to sustain life for all aerobic forms. ROS are reactive oxidizing agents' contain free radicals. Mainly reported ROS having a potent

role in reproductive biology includes the superoxide anion radical, the hydroxyl radical, the peroxy radical, subclass of free radicals derived from nitrogen, which includes nitric oxide, peroxy nitrite, nitroxyl anion, peroxy nitrous acid, hydrogen peroxide, peroxy radical and hypochlorite ion. In several complications such as chronic disease states, aging, toxin exposure, physical injury, and exposure to many types of foods, the level of these ROS get increases and causes oxidative stress which leads to cellular damage. OS has been defined as an imbalance between the Reactive Oxygen Species (ROS) generation and antioxidant scavenging activities¹.

Many antioxidant therapies have been used to improve sperm quality. Treatment includes varied compounds, viz., carnitines, kallikrein, phosphatidylcholine, pentoxifylline and vitamins A, C and E^{2,3}. This research area has received a great impulse and the importance of ROS generation and lipid per oxidation has been underlined as a mechanism that damages mammalian spermatozoa^{4,5}. This article briefly enumerates the pathophysiological effects of ROS generation on the male reproductive system and the possible ways of preventing and minimizing oxidative stress with the goal of achieving positive results in infertile males and review the pathways of sperm OS and antioxidant defense to better understand which conditions are at risk of disequilibrium and which antioxidant therapies can lead to a real improvement of human sperm quality *in vitro* and *in vivo*.

Reactive Oxygen Species (ROS) and Oxidative Stress (Figure No.1)

Oxygen is most important element for all aerobic life. Oxygen is used into all biological oxidation mechanisms. ROS are formed as necessary intermediates of metal catalyzed oxidation reactions. Most reactive oxygen species are generated as by-products during mitochondrial electron transport. Atomic oxygen has two unpaired electrons in separate orbits in its outer electron shell and this electron structure makes it more susceptible for radical formation. The continuously reduction of oxygen through the addition of electrons leads to the formation of ROS. These ROS have a large

category of molecules such as radical (superoxide; hydroxyl ions; nitric oxide; peroxy etc.) and non-radical (hydrogen peroxide; lipid peroxide; ozone; singlet oxygen)⁶. The production of ROS by spermatozoa has been suggested to occur through two ways: Nicotinamide adenine dinucleotide phosphate (NADPH) oxidase system at the level of the sperm plasma membrane and NADPH-dependent oxidoreductase (diphorase) at the mitochondrial level^{7,8}. The principal ROS produced by spermatozoa seems to be the superoxide anion radical, which generates hydrogen peroxide, spontaneously or following the activity of superoxide dismutase⁹. The excessive production of ROS leads to oxidative stress in cells and associated with several complication such as cell damage, DNA destruction and cell membrane damage *etc.* Scientific evidence supported the role of oxidative stress (OS) as a causative factor in many human degenerative processes, diseases, syndromes and ageing processes^{10,11}.

Physiological role of ROS on Reproductive health

The physiological levels of reactive oxygen species are necessary to maintain normal sperm cell function, but in limited quantity¹². The balance between the amounts of ROS produced and the amounts of antioxidant scavenged at any moment governs whether a given sperm function will be stimulated or inhibited¹³. Minimum amount of ROS is requiring for sperm motility, acrosomal reaction and capacitation as well for fertilization^{14,15}. The low levels of ROS are associated with sperm high motility^{16,17}. Co-incubation of spermatozoa with low concentrations of hydrogen peroxide stimulates sperm capacitation, hyper activation, acrosome reaction and oocyte fusion.^{16,18,19} ROS also have been implicated in sperm-oocyte interaction²⁰. Lipid per oxidation caused by low levels of ROS leads to modification of the plasma membrane, thus facilitating sperm-oocyte adhesion¹⁸.

Pathological role of ROS on Reproductive health

ROS damage the mitochondrial membrane and the damaged mitochondrial membrane causes an increase in ROS production²¹. WHO concluded that oxidative stress occurs even in patients with a very

low seminal leukocyte count (between 0 and 1×10^6 /ml) and a rise in ROS occurs with an increase in leukocyte count and presence of any leukocytes is associated with oxidative stress may impair infertility²². Lipid per oxidation present in sperm plasma membrane in the form of polyunsaturated fatty acids (PUFA). ROS attacks PUFA in the cell membrane, leading to a cascade of chemical reactions called lipid per oxidation. The reactions proceed through three main steps- initiation, propagation and termination^{12,16,23,24}. Malondialdehyde is the byproduct of lipid per oxidation, used in various biochemical assays to monitor the degree of per oxidative damage sustained by spermatozoa^{12,25}.

Effect on Sperm DNA

Sperm chromatin protects the genetic integrity and facilitates the transfer of the paternal genome through the male and female reproductive tracts. Tight packaging of sperm DNA and the antioxidants in seminal plasma protects sperm DNA from oxidative stress²⁶. Despite this tight DNA packaging and the seminal plasma protection from oxidative damage, many correlations have also been observed between ROS generation and DNA alteration²⁶⁻³⁰. The exposure of spermatozoa to iatrogenically induced ROS significantly increases DNA fragmentation, modification of all bases, and production of base-free sites, deletions, frame shifts, DNA cross-links and chromosomal rearrangements^{31,32}. Indeed, ROS have been shown to induce the DNA protein cross-linking in chromatin³³⁻³⁵. Significant positive correlation with DNA fragmentation, high frequency of DNA single and double-strand breaks^{30,32,36,37}. And oxidative DNA base changes^{38,39}. DNA fragmentation seems to be inversely correlated with sperm count, morphology, motility and fertilization rate^{35,40-42}. ROS also causes gene mutations, resulting in decreased semen quality^{43,44}. Other mechanisms such as denaturation and DNA base-pair oxidation also may be involved³⁹. A common byproduct of DNA oxidation, 8-hydroxy-2-deoxyguanosine has been considered a key biomarker of this oxidative DNA damage⁴⁵. DNA damage in the Y chromosome also can cause gene deletion in the Y

chromosome of the offspring, leading to infertility⁴².

Effect on Sperm Motility

Increased ROS production reduces the sperm motility^{1,46}, spermatozoa-oocyte fusion^{14,47} and acrosome activity⁴⁸. It has been reported that more than half (55%) of the oligozoospermic patients who display a spermatozoa-oocyte penetration rate lower than 25% have an elevated ROS production⁴⁹. Furthermore, spermatozoa of oligozoospermic patients have been confirmed as a very important source of ROS⁵⁰. A strong correlation between sperm function, including motility and the percentage of ROS-producing spermatozoa has been reported⁵¹. Some studies reported midpiece abnormalities^{52,53} and some others showed that ROS-induced motility decrease is associated with a growth of lipid per oxidation measured as malondialdehyde (MDA)⁵⁴⁻⁵⁶ and DNA modifications⁵⁵. It has also been postulated that OS could be a cause for hyper-viscosity of seminal plasma in infertile males⁵⁷. Increased ROS levels also have been correlated with decreased sperm motility⁵⁸⁻⁶⁰. Glucose-6-phosphate dehydrogenase (G-6-PD) in sperms, used to fuel the ROS generation by NADPH oxidase⁶¹. Another study involved a series of interrelated events resulting in a decrease in axonemal protein phosphorylation and sperm immobilization, associated with a reduction in membrane fluidity that is necessary for sperm-oocyte fusion⁶².

Apoptosis

The Apoptotic process referred to a sequential biochemical and structural changes in response to tissue damage and it helps in elimination of abnormal spermatozoa⁶³. Increase levels of ROS disturb the inner and outer mitochondrial membranes as well as stimulate releasing of the cytochrome-c protein and induced the caspases and apoptosis. In patients with male factor infertility, increased sperm damage by ROS was shown to correlate with higher levels of cytochrome c and caspase9 and 3 indicative of apoptosis⁶⁴.

Antioxidant mechanism against Oxidative stress (Fig-2)

An antioxidant is a molecule that reduces the oxidative stress in cells and protects them from damage. Seminal fluid have enzymatic antioxidants such as superoxide dismutase (SOD), catalase and glutathione peroxidase/ glutathione reductase as well as non-enzymatic antioxidants viz., vitamin A, vitamin E, ascorbate, urate, pyruvate, glutathione, albumin, ubiquinol, taurine, and hypotaurine. There are several studies claimed that these antioxidants avoided ROS producing abnormal spermatozoa, scavenge ROS produced by leukocytes, prevent DNA fragmentation, reduce cryo-damage to spermatozoa, block premature sperm maturation and stimulate spermatozoa. Some experimental and clinical summary of role of antioxidant against ROS causes oxidative stress in reproductive system are described below:-

Superoxide dismutase (SOD)

SOD defends spermatozoa against spontaneous O₂ toxicity and LPO. SOD and catalase also eliminate O₂ produced by NADPH oxidase in neutrophils and play an important role in reducing LPO activity and hence protecting spermatozoa against oxidative damage. Human seminal plasma contains an amount of SOD which is responsible for high motility of spermatozoa via inhibits the lipid per oxidation in the xanthine oxidase system⁶⁵. Another study suggested that SOD may protect rabbit spermatozoa from LPO induce oxidative stress⁶⁶.

Catalase

It was found that the activity of catalase is measured lower in as the no zoo spermic infertile subjects when compared to normal zoo spermic subjects and it protects spermatozoa from O₂induced toxicity⁶⁷.

Glutathione (GSH) and Glutathione peroxidase (GPx)

GSH and GPX are the main agents that can eradicate the hydrogen peroxide generated. The

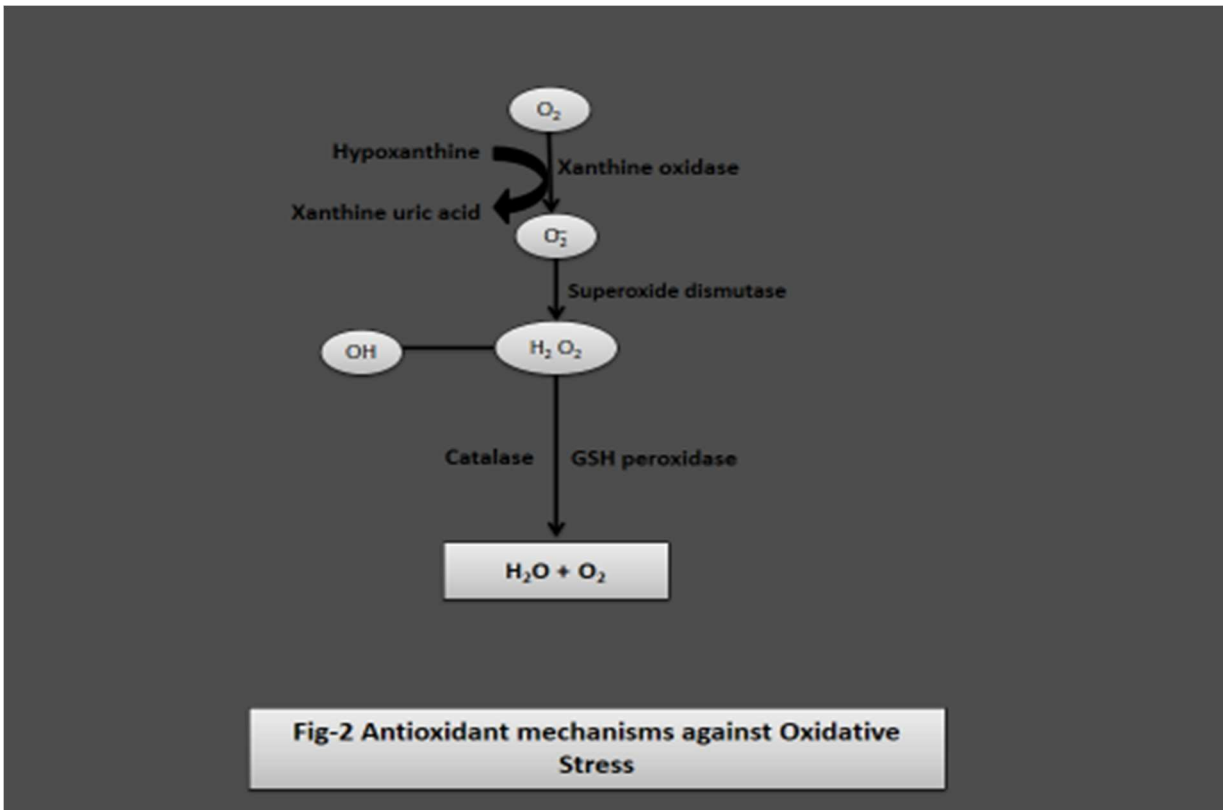
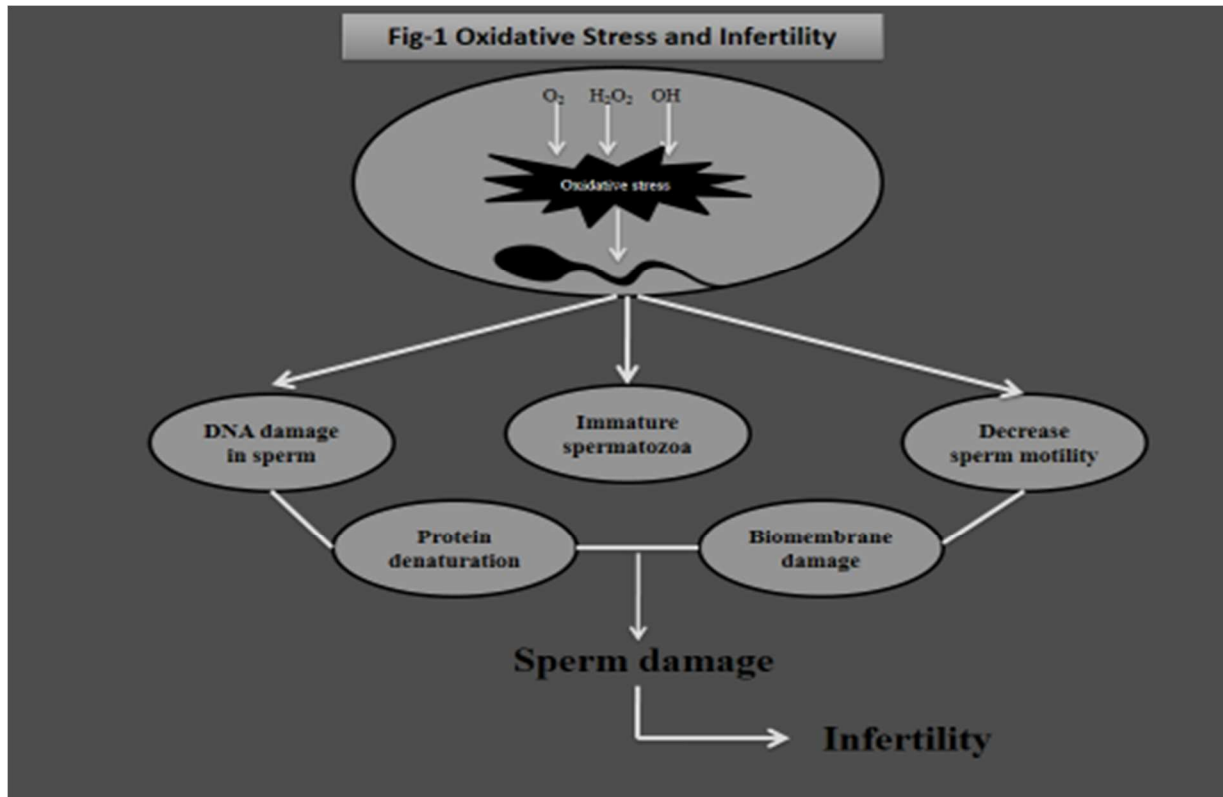
sulphydryl group (SH) of glutathione confers its protective action against oxidative damage⁶⁸. In mouse and human sperm cells, glutathione peroxidase removes hydroperoxide and protects sperm from peroxidation⁶⁹. This scavenging activity of GSH reduce the effects of oxidative stress in sperm cells, which could result in lipid per oxidation of plasma lemma, irreversible loss of motility, leakage of intracellular enzymes and damage of the chromatin⁷⁰. SOD and GPx combined together, play an important role against the damaging effects of superoxide anion radical and hydrogen peroxide⁶⁵.

Vitamin E and Vitamin C

Vitamin E and Vitamin Care major membrane protective factor against reactive oxygen species (ROS) and lipid per oxidation (LPO). They both are showing a chain-breaking activity in membrane. The bull semen was treated with Vitamin E (2.5 mM) in the presence of oxidative stress showed a significant increase in sperm motility and viability and reduced the level of LPO⁷¹. The oral administration of vitamin E (400 mg) and selenium (225 µg) in men for the period of 3 months showed reduction in malondialdehyde (MDA) concentration and an improvement in sperm motility⁷². In addition, vitamin C (100 mg/kgb.wt.) showed an inhibition of PCB-induced ROS generation in adult male albino rats⁷³.

Coenzyme Q-10

It is present in the mid part of spermatozoa and act as energy promoting factors⁷⁴. They are also showed a protective activity counter to per oxidative damage and recycle vitamin E and prevent its pro-oxidant activity.²³The dose of coenzyme Q-10 (200 mg/day) was given to idiopathic as the no zoo spermic subjects exhibit an improvement in sperm parameters⁷⁵.



CONCLUSION

In the last decade, a number of studies suggested the toxic effect of oxidative stress on male reproductive health. ROS generated oxygen toxicity is an inherent challenge to mankind. Spermatozoa and oocytes exhibit an inherent capacity to generate limited amount of ROS for the fertilization but in many cases these ROS production increases and causes oxidative stress which leads to cellular damage. A variety of defense mechanisms encompassing antioxidant enzymes i.e., SOD, catalase, GSH, peroxidase, reductase, vitamins and ubiquinol are available to balance risks from ROS and improve sperm quality. The review article may provide suitable information to newly researchers about pathophysiological role of ROS on male reproductive health as well as the antioxidants mechanisms against oxidative stress induced infertility.

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CONFLICT OF INTEREST

We declare that we have no conflict of interest.

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