

Sperm Anomalies

"A Brief Discussion of 35 Cases of Asthenospermia Treated by *Qiang Jing Jian* (Strengthen the Essence Decoction)" by Sun Jie-ping, *Jiang Su Zhong Yi (Jiangsu Chinese Medicine)*, #11, 1993, p. 14

In this clinical audit, 35 men were treated Chinese herbal medicine for infertility due to asthenospermia. Twenty-three men were 30 years old or younger. Twelve men were between the ages of 31-40. Five cases had not been able to successfully fertilize their partner in a half year. Eighteen had not been able to fertilize their partner in from 1-2 years. And twelve had not been able to fertilize their partner in more than two years of trying. Among this group there were anomalies in amount of seminal fluid, sperm count and motility, and lower than normal pH.

The formula used, *Qiang Jing Jian*, was comprised of: cooked Radix Rehmanniae (*Shu Di*), Radix Dioscoreae Oppositae (*Shan Yao*), Fructus Corni Officinalis (*Shan Zhu Yu*), Radix Angelicae Sinensis (*Dang Gui*), and Fructus Lycii Chinensis (*Gou Ji Zi*), 12g each, Placenta Hominis (*Zi He Che*), mix-fried Bombyx Batryticatus (*Jiang Can*), and dried Lumbricus (*Di Long*), 15g each, Herba Cistanchis Deserticolae (*Rou Cong Rong*) and Cornu Cervi (*Lu Jiao Pian*), 10g each. If there was simultaneous yin vacuity with effulgent fire,

Tuber Ophiopogonis Japonici (*Mai Dong*) and Plastrum Testudinis (*Gui Ban*), 10g each, were added. If there was damp heat in the lower burner, Cortex Phellodendri (*Huang Bai*) and Semen Plantaginis (*Che Qian Zi*), 10g each, were added. If there was stasis and obstruction of the seminal pathway, Radix Ligustici Wallichii (*Chuan Xiong*) and Semen Vaccariae Segetalis (*Wang Bu Liu Xing Zi*), 10g each, were added. And if there was kidney yang deficiency and vacuity, Herba Epimedii (*Xian Ling Pi*) and Radix Morindae Officinalis (*Ba Ji Tian*), 10g each, were added. One *ji* was given per day with two months equaling one course of treatment. During the course of treatment, alcohol was prohibited, and patients were instructed that it would be better to restrict normal sexual activity.

After treatment with *Qiang Jing Jian*, of the 35 cases with less than class II sperm motility, 27 had between class II-III motility. Of the 25 cases who had had a motility rate below 50%, 18 cases had a motility rate in excess of 60%. In addition, in a significant number of cases, pH rose to more normal levels. Interestingly, the author did not include either a discussion of the mechanisms associated with seminal abnormalities nor the Chinese medical rationale for the basic formula used. Although, from an analysis of its ingredients, it is clear that its aim is to primarily supplement the kidneys and fulfill the essence.

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