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Oligospermia vs Spermatorrhea: A Comparative Review from Unani and Modern Perspectives

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Abstract: Oligospermia and spermatorrhea are two significant yet distinct disorders of the male reproductive system, frequently encountered in both modern urology and traditional Unani medicine. Oligospermia refers to a low sperm count, which is a direct cause of male infertility. In contrast, spermatorrhea involves the involuntary discharge of semen without orgasm, which, although not always linked directly to infertility, reflects deeper neuromuscular or psychological imbalances. This review discusses the pathophysiology, clinical presentation, diagnostic criteria, and treatment strategies for both conditions with a focus on the traditional Unani system. Emphasis is laid on the temperament-based (mizaji) approach of Unani Tibb and its integration with modern medical understandings.

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I. INTRODUCTION

Infertility affects approximately 15% of couples globally, with male factors contributing to nearly half of these cases[1]. Among the many causes, oligospermia is one of the most common, marked by a sperm concentration of less than 15 million/ml[2]. On the other hand, Spermatorrhea is often considered a sexual dysfunction, typically presenting as involuntary, excessive, or frequent seminal discharge without sexual activity or orgasm, and may be associated with psychological or neurological causes[3].Unani medicine classifies these disorders based on the principles of mizaj (temperament), akhlat (humors), and the balance of body systems. Oligospermia corresponds to Qillat-e-Mani usually due to cold and dry temperament, while spermatorrhea is identified as Jiryan-e-Mani, often associated with cold and moist temperament or weakness of organs[4].Understanding the similarities and differences between these conditions is essential for effective diagnosis and treatment.

II. DEFINITION AND CLASSIFICATION

Oligospermia(Qillat-e-Mani):Oligospermia is defined as a sperm concentration of less than 15 million sperm per milliliter of semen. It is classified as:- Mild: 10–15 million/mL- Moderate: 5–10 million/mL- Severe: <5 million/mL[5].

In Unani medicine, the condition of low sperm count is referred to as Qillat-e-Mani. Buqrat has clearly mentioned that semen is as product at the 4th stage of Hazim (digestion)[6]. Healthy semen indicates optimal Quwwat-e-Bah (reproductive power) necessary for conception.In the Unani System of Medicine, the semen deformities are mentioned under the caption of Qillat-e-Mani and Riqqat-e-Mani. These Conditions are mainly responsible for sexual disorders like Zof-e-Bah (Sexual dysfunction), Uqr (Infertility), Surat-e-Inzal (Premature ejaculation), Kasrate Ehtelam (Nocturnal Emission), Jiryan (Spermatorrhoea) etc.Decreased quantity of haiwane manwiya(Spermatozoa) in Mani (seminal fluid) is called as Qillat-e-Mani or Qillate haiwane manwiya[7].

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The modern term equivalent for Qillat-e-Mani or Qillat-e-Haiwain-e-Manvia is Oligospermia. Ibn Sina in Al-Qanun fi al-Tibb described ideal semen as thick, white, viscous, and musky. He linked poor semen quality to weak digestion, loss of innate heat, and psychological disturbances.A warm and moist (Har wa Ratab) temperament supports reproductive function, while cold and dry (Barid wa Yabis) states make semen thin and scanty, reducing fertility. Factors like excessive intercourse (Kathrat-e-Jima‘), consumption of cold/dry foods, and mental stress can weaken Tabiyat and diminish semen production. It is considered a result of su-e-mizaj barid wa yabis (cold and dry temperament), zauf-e-quwā (organ weakness), or insufficient production of mani due to imbalance in akhlat.

Spermatorrhea:(Jarayān Al Mani): The normal ejaculation of semen results from specific reflex and motor impulses triggered by friction of the glans penis, with sexual intercourse serving as the only fully physiological means of initiating this process. However, when abnormal internal conditions arise within the body, leading to the loss of semen either through involuntary ejaculation or continuous leakage, the condition is identified as spermatorrhea[8]. It is characterized by the involuntary discharge of semen without orgasm, remains an under-researched and poorly documented condition in modern scientific literature. Reliable prevalence data are scarce, making it difficult to determine the exact burden of this disorder on the general population. This lack of robust epidemiological evidence is partly due to the fact that spermatorrhea is more frequently described in historical and traditional medical systems, such as Unani and Ayurveda, rather than in contemporary biomedical texts.In modern medical literature, spermatorrhea is infrequently addressed and is generally regarded as a manifestation of anxiety or other underlying psychological disturbances rather than a distinct pathological entity.

The Translator of Sharah Asbab, Hakeem kabiruddin wrote that the excretion of seminal fluid during micturition or during defecation or just by sexual desire or thoughts in an involuntary way is called Jarayān(Spermatorheoa)[9]. Nocturnal emission is also a type of Spermatorheoa. 2.Allama Hakeem Mohd.Kabeer Uddin in his Book Kuliyat-e-Nafeesi mentioned as When the Quantity of semen is increased in the seminal Vesicles it tends to get discharged from the body thereby stimulates the sexual desire in this condition semen has to be excreted out and if not it leads to excess amount of semen production causing Hiddat in the body[10].

III. ETIOLOGY (CAUSES)

➢ *Modern Causes of Oligospermia (Low Sperm Count):*

- Varicocele:Varicocele is an abnormal enlargement of the veins within the scrotum. It increases testicular temperature and affects sperm production and quality. It is one of the most common reversible causes of male infertility[11].
- Hormonal imbalances:Hormonal disorders such as low testosterone (hypogonadism), elevated prolactin, or dysfunction of the hypothalamic-pituitary-gonadal axis can impair spermatogenesis. Conditions like Kallmann syndrome or pituitary tumors may contribute[12].
- Infections: Infections such as orchitis, epididymitis, or sexually transmitted infections (like chlamydia or gonorrhea) can damage the testicles or seminal tract. Chronic infections may lead to inflammation and obstruction, reducing sperm production[13].
- Obstruction in seminal ducts: Blockages in the vas deferens or epididymis prevent the transport of sperm. This may occur due to congenital absence (as in cystic fibrosis), surgical injury, infection, or trauma, resulting in oligospermia or azoospermia[14].
- Environmental toxins, smoking, alcohol:Exposure to chemicals like pesticides, heavy metals (lead, cadmium), and radiation can impair spermatogenesis. Smoking and alcohol disrupt hormonal balance and reduce sperm count and motility[15].
- Genetic abnormalities:Chromosomal disorders such as Klinefelter syndrome (47,XXY), Y chromosome microdeletions, or mutations in genes involved in spermatogenesis can lead to oligospermia or complete absence of sperm[16]

➢ *Unani Perspective on the Causes of Qillat-e-Mani (Oligospermia):*

In the Unani system of medicine, the etiology of Qillat-e-Mani (oligospermia) is considered complex and multifactorial. It arises from disruptions in the equilibrium of the body’s mizaj (temperament), imbalance in humors, and functional impairments of the reproductive organs. The key contributing factors include:

- Su-e-Mizaj of Reproductive Organs: A disturbance in the temperament—particularly a shift toward cold (Barid) and dry (Yabis) states—of the reproductive organs weakens the innate heat (Hararat-e-Ghariziyah), which is critical for semen production. This change results in semen that lacks viscosity, thickness, and potency, leading to reduced fertility[17].
- Zo‘f-e-Bah (Sexual Debility): General weakness of the sexual faculty (Quwwat-e-Bah), often caused by chronic disease, advanced age, excessive sexual activity, or overwork, impairs the capacity to generate healthy semen, indicating reduced reproductive strength.
- Decline in Hararat-e-Ghariziyah: The innate heat is crucial during the fourth stage of digestion (Hazm) where nutrients are refined into reproductive material. A weakened Hararat-e-Ghariziyah, due to chronic illness, cold exposure, sedentary life, or aging, leads to defective semen production.
- Poor Digestion and Nutritional Deficiency: Unani medicine links semen formation to digestion. When digestive power (Quwwat-e-Hazima) is impaired, the body fails to produce Ghiza-e-Latif (subtle nourishment) essential for sperm generation. Improper dietary habits and weak digestion thus contribute to oligospermia.
- Emotional and Psychological Stress:Mental stress, including grief, fear, or anxiety, affects the functioning of the heart (Qalb) and brain (Dimagh), disturbing the flow

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of vital spirit (Ruh). This disruption negatively impacts sexual vigor and semen formation.

- Excessive Sexual Activity (Kathrat-e-Jima‘): Frequent ejaculation without sufficient recovery time can exhaust the semen reserves and fatigue the reproductive system, causing a long-term decline in semen quality and quantity.
- Barid wa Yabis Ghiza (Cold and Dry Food):Regular consumption of cold and dry-tempered foods (e.g., cucumber, lentils, sour curd) suppresses internal heat and moisture needed for semen formation, thereby reducing sperm count.
- Environmental and Lifestyle Factors:Elements like cold climates, prolonged sitting, using laptops on the lap, night shifts, and exposure to excessive heat can impair testicular efficiency and weaken the body's natural faculties (Tabiyat), contributing to oligospermia.
- Use of Cold-natured Medicines (Barid Advia):Long-term use of drugs such as opium, antipsychotics, some antibiotics, and steroids—classified as cold in temperament—diminishes sexual energy and innate heat, leading to a decline in sperm production.
- Tafarruq-e-Ittisal (Structural Abnormalities): Conditions like varicocele or physical blockages in the reproductive tract hinder the release of semen, causing reduced semen output even if sperm production is intact.
- Oxidative Stress and Toxic Build-up:The accumulation of toxins and waste materials (Fuzlat) in the bloodstream or semen may harm sperm health. Oxidative stress plays a destructive role by damaging the integrity and functionality of sperm cells[18].

➢ *Modern Causes of Spermatorrhea (Involuntary Seminal Discharge):*

- Sexual overactivity or chronic masturbation: Frequent sexual activity or excessive masturbation can lead to hypersensitivity of the genital nerves and exhaustion of the ejaculatory muscles. Over time, this may weaken the voluntary control of ejaculation and cause involuntary discharge of semen without arousal or erection[19.]
- Spinal cord lesions or nerve damage:Injury or disease affecting the spinal cord, especially the sacral segments (S2–S4), can disrupt the neural control of ejaculation. Conditions like spinal trauma, multiple sclerosis, or diabetic neuropathy can lead to seminal leakage due to loss of coordination between ejaculation-related muscles and nerves[20].
- Chronic stress, anxiety, depression, or nutritional deficiencies; Psychological conditions such as stress, anxiety, and depression can alter the autonomic nervous system. This affects ejaculatory control by increasing parasympathetic activity. Nutritional deficiencies, especially of zinc, vitamin B12, or magnesium, weaken the nervous system and sexual function, contributing to spermatorrhea.
- Prostatitis: Chronic or non-bacterial inflammation of the prostate gland can irritate the seminal vesicles and ejaculatory ducts. This irritation can cause leakage of semen, particularly during urination or defecation, even without sexual excitement[21].
- Certain medications: Some drugs interfere with the ejaculatory mechanism. These include antidepressants (especially SSRIs), antipsychotics, alpha-blockers, and sedatives. These medications may lower the tone of the seminal tract, resulting in passive leakage of semen[22].

➢ *Causes of Jarayān Al Mani in Unani Medicine:*

- Weakness of Nerves and Sexual Power (Za‘f al-A‘ṣāb wa Quwwat al-Bāh): When the nerves that control the reproductive system become weak due to overexertion, chronic illness, or frequent sexual activity, they fail to retain semen.This also weakens *Quwwat-e-Bah*, the power responsible for erection and ejaculation, leading to involuntary discharge of semen, even without arousal or erection[23].
- Increased Heat and Irritability of Semen (Hiddat-e-Mani):Due to predominance of *Safra’* (bilious humor), the semen becomes thin, hot, and more irritant.This hyper-irritability causes spontaneous ejaculation, especially during urination or defecation, without any stimulation[24].
- Liquefaction of Semen (Tahleel-e-Mani):Excess heat or dryness causes the semen to lose its natural viscosity (lazujat), making it watery.Such thin semen cannot be held by the seminal vesicles and leaks out without sexual stimulation.
- Abnormal Hot and Dry Temperament (Sū’-e-Mizāj Ḥār wa Yābis):The organs involved in semen production and ejaculation (testes, spine, bladder) develop an abnormally hot and dry temperament, usually due to inappropriate diet or environment.This disrupts the natural balance of humors (akhlaṭ), resulting in lack of control over semen.
- Excessive Masturbation (Istimnā):Frequent masturbation depletes seminal reserves and weakens the semen-retaining mechanisms.It also causes fatigue of the nervous system, resulting in reduced Quwwat-e-Masika (retentive power), leading to involuntary discharge.
- Obsessive Sexual Thoughts (Waswasa):Constant thinking about sexual acts and fantasies stimulates the sexual organs without physical activity.This psychological stimulation is enough to trigger mild sexual response and cause discharge without full erection or satisfaction[25].
- Spasm or Flaccidity of Urethral Sphincters (Tashannuj or Tahallul):When the urinary or seminal sphincters become too tight (spasm) or too loose (flaccid), the semen is either forced out or leaks unintentionally.This may happen during straining at stool or while urinating.
- Inflammation of Bladder or Seminal Vesicles (Iltihāb al-Mathāna):Chronic irritation or inflammation in these organs leads to continuous stimulation of the semen pathway.This false stimulation results in minor or continuous leakage of semen.
- Accumulation of Morbid Humors (Fazool Akhlāt):Improper digestion or metabolism results in the formation of abnormal humors.These humors affect the semen's quality and the function of its organs, reducing control and causing spontaneous emissions.
- Poor Digestion (Za‘f-e-Hadm):Weak digestion leads to production of impure or defective semen.It also leads to general body weakness, which includes weakness of the *quwā* (faculties) responsible for semen retention.

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- Use of Hot and Dry Foods or Medicines:Excessive consumption of eggs, meat, spicy foods, ginger, garlic, or aphrodisiac drugs can increase internal heat.This causes semen to lose its natural consistency and become irritant, leading to discharge even on minor stimulation.
- Chronic Sexual Activity and Nocturnal Emissions: Continuous sexual activity or frequent wet dreams exhaust the Quwwat-e-jinsiyyah, leading to uncontrolled emissions. This is often the starting point for long-term weakness and involuntary discharges.
- Weakness of Retentive Power (Za'f-e-Quwwat-e-Māsikah): This is the body's natural power to hold and retain materials such as urine, stool, or semen. If this power is weak in the sexual organs, semen is not held and leaks prematurely or without cause.
- Obstruction or Irritation in Seminal Passages:Any partial blockage, structural abnormality, or irritation in the ejaculatory ducts can cause leakage due to pressure or inflammation.This is often noted in modern urology as well (e.g., prostatitis or urethritis).
- Psychological Factors: Stress, anxiety, depression, and guilt can influence the nervous system and reduce control over sexual functions. Such factors may exaggerate the condition and must be addressed in therapy.

Table 1 Comparative Table: Oligospermia vs Spermatorrhea

Oligospermia	Spermatorrhea
Low sperm count (<15 million/mL)	Involuntary semen discharge
Term: Qillat-e-Mani	Term: Silan al-Mani /Jarayān Al Mani
Cause: Hormonal or testicular	Cause: Psychological or nervous
Unani: Cold and dry mizaj	Unani: Cold and moist mizaj
Treatment: Tonics, Roghan, ART	Treatment: Astringents, Hijama, Khamira

IV. CONCLUSION

Oligospermia and spermatorrhea represent two distinct yet interconnected disorders of male reproductive health, each with profound implications for fertility, sexual function, and psychological well-being. While modern medicine emphasizes hormonal, genetic, neurological, and lifestyle-related etiologies, Unani medicine offers a complementary framework rooted in temperament (mizaj), humoral balance, and organ vitality.From the Unani perspective, oligospermia (Qillat-e-Mani) arises from cold and dry temperaments, sexual debility, and impaired digestion, leading to poor semen quality and diminished fertility. In contrast, spermatorrhea (Jaryān al-Manī) is largely attributed to abnormal internal heat, weakened retentive power, excessive masturbation, or obsessive sexual thoughts—conditions disrupting the natural retention of semen.The integration of classical Unani principles with modern biomedical insights highlights the multifactorial nature of these disorders. This comparative approach not only enhances our understanding of their pathophysiology and diagnosis but also opens avenues for holistic and individualized treatment strategies. Recognizing the psychosomatic dimensions in both paradigms further underscores the need for a multidisciplinary approach that incorporates dietary management, psychological support, lifestyle correction, and temperament balancing.Hence, a collaborative model that respects both traditional and contemporary views can pave the way for more effective, personalized, and culturally appropriate interventions in male sexual and reproductive health.

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