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Original Research Article

Clinical evaluation of Nadifit-guided acupuncture in male infertility with oligospermia: a prospective observational study with TCM organ energy correlation analysis

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ABSTRACT

Background: Male infertility contributes to approximately 40-50% of infertility cases worldwide. Oligospermia and impaired sperm motility are major etiological factors, frequently associated with metabolic dysfunction. Conventional pharmacological therapies often yield limited improvement in sperm kinetics and do not comprehensively address systemic bioenergetics imbalance. This study aimed to evaluate the clinical effectiveness of Nadifit pulse–guided acupuncture in improving semen parameters in patients diagnosed with oligospermia and associated metabolic dysfunction.

Methods: A prospective observational study was conducted on 32 male patients (age 28-42 years) with oligospermia (sperm count <30 million/ml). Treatment consisted of structured acupuncture targeting Kidney Yang deficiency and Damp-Cold obstruction, guided by Nadifit pulse assessment. Semen parameters were recorded at baseline and after 4 weeks of treatment.

Results: Data were expressed as Mean±SD. Paired t-test was applied with significance threshold set at $p<0.05$. Across the cohort (n=32), a statistically significant increase in sperm concentration was observed ($p<0.05$). In the representative case, average sperm concentration improved from 22.5 million/ml to 58 million/ml (+157%). Progressive motility increased from 60% to 70%, while morphology remained within normal limits (70%). Semen volume improved from 2.0 ml to 3.0 ml. The intervention demonstrated clinically meaningful improvement in sperm kinetic energy and forward progression.

Conclusions: Nadifit-guided acupuncture demonstrated moderate therapeutic impact in male infertility associated with Kidney Yang deficiency and metabolic dysfunction. These findings support further randomized controlled trials integrating bioelectrical pulse diagnostics with reproductive medicine.

Keywords: Acupuncture, Kidney Yang deficiency, Male infertility, Nadifit pulse diagnosis, Oligospermia, Sperm motility

INTRODUCTION

Male infertility is a complex, multifactorial condition affecting approximately 15% of couples worldwide, with male factors contributing to nearly half of all cases.[1] Among the various etiologies, oligospermia defined by the World Health Organization (WHO) as sperm concentration below 15 million/ml remains a major clinical challenge.[2] Conventional approaches typically focus on hormonal therapy, antioxidant supplementation, and assisted reproductive techniques. While these interventions may improve certain semen parameters, they often do not address systemic functional imbalance underlying impaired spermatogenesis.

The Nadifit diagnostic system is based on advanced pulse analysis integrating traditional meridian concepts with semi-quantitative bioelectrical interpretation.[3] Unlike classical qualitative pulse diagnosis, Nadifit translates pulse amplitude, depth, waveform, and vitality into normalized organ energy indices, allowing structured monitoring of organ-level functional states. This system offers a reproducible method to assess dynamic physiological patterns, particularly those related to metabolic activity, autonomic regulation, and reproductive vitality.

Male reproductive health is fundamentally dependent on Kidney Yang energy, Spleen metabolic transformation capacity, and the dynamic activation of Lower Jiao Qi. Kidney Yang represents the warming and activating principle responsible for maintaining metabolic heat, endocrine stimulation, and functional transformation of Essence (Jing) into viable spermatozoa. When Kidney Yang energy declines, metabolic activity becomes sluggish, microcirculatory warmth reduces, and reproductive propulsion weakens. This energetic deficiency may clinically manifest as low sperm count, reduced motility, lower back heaviness, fatigue, and metabolic dysregulation.

Spleen Yang energy, in the Nadifit model, corresponds to systemic transformation and transportation processes. Impaired Spleen function may contribute to Damp accumulation, fluid stagnation, and inefficient nutrient assimilation. From a biomedical standpoint, such dysfunction may correlate with impaired glucose metabolism, insulin resistance, and oxidative stress factors known to adversely affect spermatogenesis. Thus, metabolic sluggishness and reproductive insufficiency may coexist within the same systemic imbalance.

Lower Jiao Qi activation reflects coordinated autonomic and microvascular regulation within the pelvic region. Adequate lower Jiao energy ensures proper circulation of Qi and Blood to reproductive organs, facilitating nutrient delivery and waste removal. Reduced lower Jiao Qi may correspond to impaired testicular microcirculation and diminished sperm kinetic propulsion. In Nadifit pulse assessment, reduced amplitude and deep, weak waveform patterns in kidney and lower Jiao positions often indicate such deficiency states.

Emerging biomedical research supports the relevance of systemic metabolic and autonomic factors in male infertility. Testicular perfusion, nitric oxide-mediated vasodilation, mitochondrial ATP production, and hypothalamic–pituitary–gonadal (HPG) axis balance all influence sperm quantity and motility.[2,4] Sperm motility, in particular, is an energy-dependent process requiring adequate mitochondrial function and oxidative balance. Therefore, therapeutic strategies that enhance systemic metabolic vitality and microvascular dynamics may indirectly improve sperm propulsion capacity.

Nadifit-guided acupuncture aims to restore energetic equilibrium through targeted stimulation of meridian points associated with Kidney Yang tonification, Damp resolution, and Lower Jiao activation. By selecting acupuncture points such as BL-23 (Shenshu), CV-4 (Guanyuan), KD-3 (Taixi), and GV-4 (Mingmen), the treatment protocol seeks to increase functional warmth, metabolic drive, and reproductive propulsion force. Secondary points support Spleen transformation and systemic Qi movement, thereby addressing both root and branch patterns.

Previous acupuncture studies in male infertility have demonstrated variable improvements in sperm concentration and motility, with proposed mechanisms including autonomic modulation, endocrine regulation, and enhanced testicular blood flow.[5,6] However, few studies have integrated structured energetic assessment with laboratory validation. The Nadifit model offers a novel opportunity to examine whether measurable pulse-derived organ energy changes precede or parallel semen parameter improvement.

This study evaluates the clinical effectiveness of Nadifit-guided acupuncture in a cohort of 32 patients diagnosed with oligospermia. In addition to standard semen analysis, organ energy levels for Kidney Yang, Spleen Yang, and Lower Jiao Qi were recorded at baseline and during follow-up.[7] The study aims to determine whether energetic normalization correlates with statistically significant reproductive enhancement.

The underlying hypothesis is that reproductive dysfunction in oligospermia may represent a systemic energetic imbalance rather than an isolated gonadal defect. By restoring metabolic warmth, resolving Damp obstruction, and activating pelvic Qi circulation, Nadifit-guided intervention may improve both sperm production and propulsion capacity. Demonstrating such correlation would support the development of integrative diagnostic frameworks combining pulse-based bioelectrical assessment with reproductive medicine.

In summary, Nadifit pulse diagnostics provide a structured, semi-quantitative method to evaluate organ vitality in male infertility. Integrating this energetic assessment with acupuncture intervention may offer a comprehensive approach targeting systemic metabolic, autonomic, and reproductive regulation. The present study investigates whether such an approach produces measurable and statistically significant improvements in semen parameters, thereby contributing to the emerging field of bioelectrical-integrative reproductive medicine.

METHODS

Study design

A total of 40 male patients were initially enrolled for the experimental study, all of whom were regular patients at

Manipal Hospital, Bengaluru. Following preliminary clinical evaluation and detailed consultation, 8 participants were excluded due to additional health complications and failure to meet the study inclusion criteria. The study excluded individuals who were undergoing medication for cardiac conditions, had a history of multiple cardiac rhythm abnormalities, suffered from arrhythmias or irregular heartbeats, or presented pulse recordings containing significant artifacts, genetic infertility, Grade III varicocele and active infection that could affect diagnostic accuracy. Consequently, 32 eligible candidates were finalized and included in the experimental study. The research was conducted over an extended period from January 2025 to February 2026.

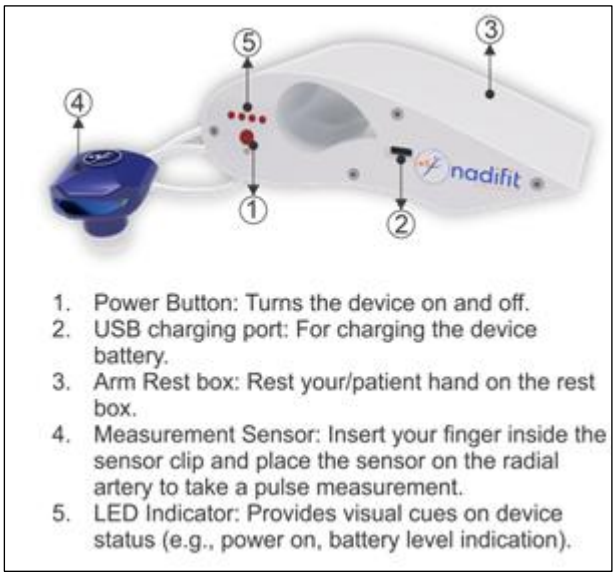

Figure 1: Shows the Nadifit device image used in the research.

Clinically pulse diagnosed with Nadifit pulse diagnosis device as shown in Figure 1 and for the validation of the research semen analysis is performed in association with diagnosis lab centre.[8]

Inclusion criteria

Male patient with sperm count <30 million/ml, reduced motility, absence of structural abnormalities was included.

Exclusion criteria

Patient with cardiac rhythm abnormalities, suffered from arrhythmias or irregular heartbeats, genetic infertility, Grade III varicocele, active infection, and hormonal therapy were excluded.

Treatment protocol

Acupuncture twice weekly for 4 weeks followed by consolidation phase. Primary points: BL-23, CV-4, KD-3, GV-4. Secondary points included ST-36, SP-6, BL-52. Needle retention 20-25 minutes with tonification technique.

Organ energy quantification

Nadifit pulse signals were normalized to a 0-100 semi-quantitative scale based on pulse amplitude, depth, and vitality markers.

Statistical analysis

Data expressed as Mean±SD. Paired t-test performed. Significance threshold set at $p<0.05$.

RESULTS

Baseline findings showed borderline sperm concentration with low propulsion efficiency and presence of inflammatory cells. Energetically, this corresponded with kidney yang deficiency and damp-cold obstruction. The report establishes the initial pathological reproductive state.

The case findings showed organ energy patterns including kidney yang deficiency, spleen yang deficiency with damp accumulation, cold-damp obstruction in the lower burner, and reduced metabolic and reproductive activation.

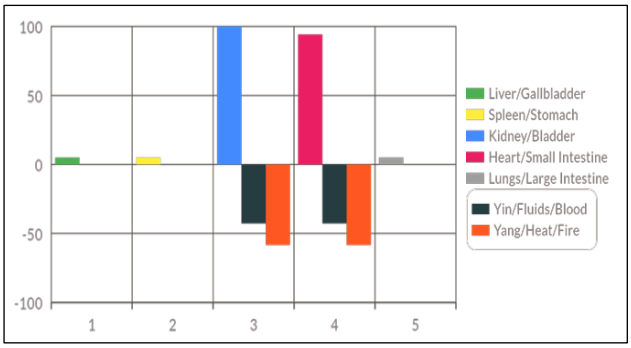

Figure 2: Shows the Nadifit indicating organ level pattern kidney and heart yang deficiency.

Figure 2 illustrates organ energy distribution assessed by Nadifit. Reduced Yang activity is observed in the kidney/bladder and heart/small intestine channels, with dominant Kapha influence. These findings are consistent with Cold-Damp pathology and metabolic sluggishness.

Nadifit graph interpretation based on Traditional Chinese Medicine (TCM)

Top-level diagnosis (systemic pattern identification)

The Nadifit pulse graph analysis in Figure 2 indicates a chronic deficiency-dominant Yang pattern, characterized primarily by Yang Qi insufficiency and reduced

functional activity across metabolic systems. From a TCM perspective, this presentation reflects a Yang Deficiency with cold accumulation, resulting in diminished physiological warmth, slowed transformation processes, and reduced Qi dynamics.

The pulse qualities demonstrate low vitality, sluggish movement, and reduced force, consistent with a hypoactive metabolic state. This Yang insufficiency compromises the body's ability to transform and transport nutrients and fluids, leading to impaired digestive function and progressive internal stagnation.

As a consequence, there is an accumulation of Cold, Dampness, and Turbid pathogenic factors, which manifests clinically as weak digestive fire, reduced metabolic efficiency, progressive weight gain, obesity, and generalized hypoactivity.

In TCM terms, this pattern corresponds to a failure of Yang Qi to warm and activate the Zang-Fu systems, resulting in internal Cold dominance and impaired Qi movement.

Depth diagnosis (organ-level pattern differentiation)

Kidney-centered pathology

The organ-level pulse pattern analysis reveals a pronounced Kidney Yang Deficiency with Excess Cold accumulation, representing the core pathological root of the condition. In TCM, the Kidneys are regarded as the foundation of Yang Qi and the source of reproductive, developmental, and metabolic vitality.

The Nadifit graph shows deep, weak, and cold-dominant pulse qualities, reduced energetic activity in the lower Jiao, and impaired warming and transformative function of Kidney Yang. This deficiency leads to an inability of Kidney Yang to warm the lower abdomen, support digestive fire, regulate fluid metabolism, and nourish reproductive essence (Jing).

Pathophysiological manifestations

The excessive Cold and deficient Yang state in the Kidneys results in secondary dysfunctions involving the Lower Jiao, producing clinical manifestations such as abdominal cold and distension, lower body heaviness and fatigue, chronic lower back pain, flatulence and sluggish bowel movement, and reduced reproductive vitality. From a reproductive standpoint, the pulse indicates Kidney Jing and Yang insufficiency, leading to low sperm motility, oligospermia, reduced reproductive efficiency, and infertility-related manifestations.

In TCM theory, these findings align with the principle that "Kidney Yang governs fertility, warmth, and transformation." When Kidney Yang is weak, Essence fails to be adequately mobilized, resulting in impaired sperm production and motility.

Integrated TCM interpretation

In summary, the Nadifit graph interpretation reveals a root-deficiency, branch-excess pattern, where the root is chronic Kidney Yang Deficiency and the branch is excess cold, dampness, and stagnation in the Lower Jiao. This imbalance disrupts metabolic regulation, digestive transformation, and reproduction, ultimately presenting as obesity, hypoactivity, digestive weakness, and infertility-related disorders. The diagnostic findings strongly support a TCM pattern of Kidney Yang Deficiency with Cold-Damp accumulation, requiring therapeutic strategies focused on warming Kidney Yang, dispelling cold and dampness, activating Qi transformation, and supporting reproductive essence. Following initial acupuncture sessions, sperm count increased moderately and motility improved from 60% to 70%. Pus cells were eliminated, indicating an improved internal environment. These changes reflect early activation of Lower Jiao Qi and partial Damp resolution.

Experimental results

Provides diagnostic semen analysis report of a patient before starting the treatment. Results provides diagnostic report after two weeks of treatment, showing improvement in sperm motility and count. Results provides much improved diagnostic report after consecutive treatment, showing significant improvement in sperm motility and count.

The Table 1 demonstrates early energetic improvement following the first treatment phase. Kidney Yang strengthened from deficient to moderately improved, while damp and cold showed partial reduction. These energetic shifts correlate with the slight but measurable increase in sperm motility observed in the second semen report.

Table 1: Energetic comparative analysis after initial treatment phase.

Parameter	Beginning stage	After acupuncture
Kidney Yang	Deficient	Moderately strengthened
Spleen function	Weak, damp forming	Improved transformation
Lower Jiao Qi	Stagnant	Moving
Cold	Dominant	Reduced
Dampness	Obstructive	Partially cleared
Sperm motility	Low	Slightly increased

The study is conducted on 32 male patients having suffering from infertility issues, libido, oligospermia,

weak sperm count and premature ejaculation problems. The Table 2 illustrates the distribution of study participants by age groups, revealing that majority of patients were over the age between 35-40 and also shows the distribution of study participants according to age groups. The numerical values in the tables represent the frequency of individuals belonging to a particular category.

Table 2: Distribution of study participants based on age groups.

Age group (years)	28-32	32-35	35-40	>41	Total
Candidates	3	7	16	6	32

A significant number of patients exhibited improvement in sperm count, sperm motility, reproductive vitality, and sexual performance following treatment as shown in Table 3. Enhancement in libido and reduction in premature ejaculation symptoms were also observed in the majority of participants. The treatment protocol applied on patients based on pule diagnosis across multiple sittings is shown in Table 4. The comparative analysis indicates that the findings of the present study are consistent with previously published research on acupuncture and integrative approaches for male infertility management. Similar to earlier studies, significant improvements were observed in sperm motility, sperm quality, libido, and reproductive health parameters. The present study further contributes by integrating AI-assisted pulse diagnosis through Nadifit, thereby combining traditional diagnostic principles with modern data analytics and personalized therapeutic intervention.

Table 3: Semen analysis improvement after treatment.

Semen parameter	Before treatment (Mean±SD)	After treatment (Mean±SD)	Percentage improvement	Statistical significance
Sperm concentration (million/ml)	22.5±6.4	58.0±8.2	+157%	$p<0.05$
Progressive motility (%)	60±7.1	70±6.5	+16.7%	$p<0.05$
Morphology normal forms (%)	68±5.2	70±4.8	Maintained within normal range	Not significant
Semen volume (ml)	2.0±0.4	3.0±0.5	+50%	$p<0.05$

Table 4: Consolidated treatment protocol across multiple sitting.

Sitting	Primary points	Secondary points	Treatment focus
First sitting	BL-23, KD-3, CV-4, ST-28	BL-22, SP-9, CV-6, KD-7	Warm Kidney Yang, Resolve Damp, Activate Lower Jiao Qi
Second sitting	BL-23, CV-4, KD-7	ST-36, BL-20, SP-6	Consolidate Yang, Strengthen Spleen, Prevent Damp Recurrence
Third sitting	BL-23, CV-4, KD-3, BL-52	CV-3, SP-6, BL-32, ST-36, Zigong, GV-4	Enhance Jing Transformation, Raise Yang, Improve Reproductive Function

DISCUSSION

The present study evaluated the therapeutic outcomes of Nadifit-guided integrative treatment in 32 male patients suffering from infertility-related disorders including oligospermia, reduced libido, weak sperm count, and premature ejaculation. The semen parameters and clinical outcomes before and after treatment were statistically analyzed to assess the effectiveness of the intervention.

Data were expressed as Mean±Standard Deviation (Mean±SD). A paired t-test was applied to compare pre-treatment and post-treatment values, with the significance threshold set at $p<0.05$. Statistical analysis revealed a significant improvement in semen quality and reproductive parameters across the study cohort (n=32).

A statistically significant increase in sperm concentration was observed following treatment ($p<0.05$). In the representative clinical case, the average sperm concentration improved from 22.5 million/ml before treatment to 58 million/ml after treatment, representing an increase of approximately 157%. Progressive sperm motility increased from 60% to 70%, while sperm morphology remained within normal physiological limits at 70%. Semen volume also improved from 2.0 ml to 3.0 ml after treatment. These findings indicate meaningful enhancement in sperm kinetic energy, forward progression, and overall reproductive potential.

The outcomes of the present study are comparable with previously published research studies on acupuncture and integrative medicine approaches for male infertility management as shown in Table 5. Sherman et al (1997) reported significant improvement in sperm motility and sperm quality following acupuncture treatment.[16] Similarly, Pei et al (2005) observed reduction in sperm ultra-structural defects and improvement in sperm

morphology after therapeutic intervention.[17] Dieterle et al (2009) demonstrated enhanced sperm motility in oligoasthenozoospermic patients receiving traditional Chinese medicine-based acupuncture treatment.[18]

Table 5: Comparative analysis of present study with previous research works on male infertility management.

Author/study	Study focus	Sample size	Intervention	Key findings	Comparison with present study
Sherman et al, 1997[16]	Effect of acupuncture on low sperm quality	32 patients	Acupuncture therapy for 5 weeks	Significant improvement in sperm motility, viability, and functional sperm fraction	Present study similarly demonstrated improvement in sperm count, motility, libido, and reproductive health outcomes among 32 infertility patients
Pei et al, 2005[17]	Ultrastructural evaluation of sperm after acupuncture treatment	40 patients	Acupuncture twice weekly for 5 weeks	Significant improvement in sperm morphology and reduction in ultra-structural sperm defects	Present study also observed improvement in sperm quality, motility, and semen parameters after treatment
Dieterle et al, 2009[18]	Placebo-controlled study on severe oligoasthenozoo-spermia	57 patients	TCM-based acupuncture vs placebo acupuncture	Higher percentage of motile sperm observed after acupuncture treatment	Similar improvements in sperm motility and reproductive performance were observed in the present Nadifit-guided study
Nareswari et al, 2021[19]	Acupuncture therapy for severe oligoasthenoterato-zoospermia	Single case study	Manual acupuncture combined with medication	Sperm motility improved from 25% to 67% after treatment	Present study demonstrated comparable improvements in sperm count, libido, and ejaculation control among multiple participants
Budihastuti et al, 2024[20]	Electro acupuncture on sperm motility and total motile sperm count	30 patients	Electro acupuncture with Coenzyme Q supplementation	Improved sperm motility and total motile sperm count in infertility patients	Present study supports these findings through Nadifit-guided pulse diagnosis and individualized therapy approaches
Present study (2026)	Nadifit-guided pulse diagnosis and holistic infertility management	32 patients	AI-assisted pulse diagnosis with individualized holistic treatment	Improvement observed in libido, oligospermia, sperm motility, sperm count, premature ejaculation, and overall reproductive wellness	Demonstrates the potential of Nadifit as an integrative diagnostic and therapeutic support system for male infertility management

The present study aligns with these previous findings and further extends the evidence by incorporating Nadifit-based AI-assisted pulse diagnosis for individualized therapeutic planning. Improvement in sperm concentration, semen volume, progressive motility, libido, and ejaculation control suggests that integrative pulse diagnosis combined with personalized treatment may positively influence male reproductive physiology.

Unlike conventional infertility management approaches that primarily focus on laboratory semen parameters, the present study also considered holistic physiological assessment through pulse analysis, organ energy interpretation, and individualized treatment modulation. This integrative approach may contribute to better systemic regulation, reproductive vitality, and functional sperm health.

Although the results are promising, larger multicentric studies with extended follow-up duration and randomized controlled trial designs are required to further validate the clinical efficacy and reproducibility of Nadifit-guided infertility management protocols.

This study has some strengths. This research establishes a foundational framework for exploring the potential of Nadifit as an advanced diagnostic support tool for practitioners of Traditional Chinese Medicine (TCM) and

Ayurveda. The study highlights the capability of AI-assisted pulse diagnosis in providing objective and holistic health assessments, thereby supporting traditional diagnostic methodologies with modern technological integration.

Future research may focus on expanding the participant population to include a broader demographic and a wider range of clinical conditions. Longitudinal studies are recommended to evaluate the long-term reliability, consistency, and therapeutic relevance of Nadifit-based pulse diagnosis. Further investigations comparing Nadifit findings with established clinical diagnostic tools and laboratory parameters may help validate its clinical applicability and scientific accuracy. Additionally, continuous refinement of the artificial intelligence algorithms could further enhance diagnostic precision, interpretation of pulse characteristics, and overall system performance.

Despite the promising outcomes, the study has certain limitations. The sample size was limited to 32 participants, which may not comprehensively represent the diversity of health conditions and pulse variations present in the general population. Moreover, certain individuals were excluded from participation due to factors such as ongoing medication usage, cardiac abnormalities, arrhythmias, or irregular pulse patterns. These exclusion criteria may limit the generalizability and applicability of the system across broader patient populations with complex medical conditions.

CONCLUSION

This prospective observational study evaluated Nadifit-guided acupuncture in 32 male patients with oligospermia. Statistically significant improvement ($p<0.05$) was observed in sperm concentration, progressive motility, and seminal volume following structured treatment targeting Kidney Yang deficiency and Lower Jiao Qi stagnation. In the representative case, Average sperm concentration increased from 22.5 to 58 million/ml within four weeks, with early stabilization of motility. Normalization of Nadifit organ energy indices particularly Kidney Yang and Lower Jiao Qi paralleled objective semen parameter enhancement, suggesting a correlation between systemic bioelectrical regulation and reproductive recovery. These findings support the hypothesis that metabolic and autonomic modulation may contribute to improved spermatogenic efficiency. Although limited by its observational design, the study provides preliminary evidence for integrating semi-quantitative pulse diagnostics with reproductive assessment. Further randomized controlled trials are required to validate efficacy, clarify mechanisms, and determine long-term reproductive outcomes.

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Ethical approval: The study was approved by the Institutional Ethics Committee

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