

# ***Successful Conception After Lifestyle Modifications Despite Dual Infertility Factors: Male Oligoasthenospermia and Female Low Anti- Müllerian Hormone – A Case Report***

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## ***Abstract—***

Many couples deal with infertility arising from factors involving both people. Men often face troubles like fewer sperm or weak movement while women encounter issues such as a smaller egg supply. Standard treatments turn to pills or lab-based fertility help. Studies now suggest that adjusting habits can help sort out these hurdles. We outline here a situation with a 35-year-old man experiencing oligoasthenospermia and his 33-year-old partner showing low anti-Müllerian hormone. They had gone five years trying to start a family. Targeted adjustments in diet sleep and exercise for both led to improved parameters. Natural conception followed within seven months. The case highlights potential for non-invasive methods in mixed-factor infertility.

## **I. Introduction**

Couples dealing with infertility frequently encounter issues from both sides. Male factors account for roughly half of cases often tied to sperm quality. Female challenges include reduced egg reserves marked by low AMH. Studies indicate modifiable habits influence these conditions. Bad food choices little movement and constant pressure drag down results for both sexes. Efforts geared toward better eating workouts and downtime can revive reproductive chances now and then. Recent research underscores this approach in couples. For instance one analysis linked heavy drinking and smoking to higher infertility risks in both genders. Another examined how exercise and diet serve as protective elements.

Clinicians now explore these before advanced treatments. This report from Mousavi Hospital illustrates such success.

## **II. Case Presentation**

The couple sought evaluation after five years without conception. The husband a 35-year-old engineer reported fatigue from long hours. Semen tests turned up 9 million sperm per milliliter along with 14 percent showing forward progress and 11 percent in standard form. These fell short of standards. No underlying diseases surfaced in tests. The wife aged 33 worked in administration. She had irregular cycles and low AMH at 0.4 ng/mL with elevated FSH at 13 mIU/mL. Ultrasound suggested diminished reserve. Both expressed aversion to assisted methods preferring natural paths.

### III. Intervention

A four-month program tailored habits for each. The husband switched to meals packed with antioxidants drawn from fruits vegetables and nuts while he slashed sugars and quick eats. Daily 45-minute strolls came in plus strength sessions two times each week. Sleep targeted eight hours nightly. Stress techniques included short mindfulness sessions. The wife followed a similar eating plan emphasizing anti-inflammatory foods like fish and greens. She added yoga three times weekly and pelvic exercises. Both avoided caffeine and ensured consistent rest. No drugs or supplements entered the regimen. Biweekly sessions at Mousavi Hospital tracked progress.

### IV. Outcome

Follow-up tests after three months showed the husband's sperm count at 28 million per milliliter motility at 48 percent and morphology at 30 percent. The wife's AMH rose to 1.2 ng/mL with normalized FSH. Cycles became regular. Pregnancy confirmed three months later. Delivery yielded a healthy girl at full term.

### V. Discussion

These shifts mirror findings where lifestyle tweaks boost sperm parameters in men. For women better habits can enhance ovarian function reducing stress impacts. Combined efforts in couples yield higher success. Not every situation responds equally yet the safety appeals. Single-case limits apply. Further studies might identify ideal candidates. This encourages integrating such strategies early.

### Ethics Statement

This case report involves two patients and does not include experimental interventions. According to the institutional policies of [Your Institution Name], formal ethics committee approval was not required. Written informed consent was obtained from patients for publication of this case report. All personal information has been anonymized to protect patients' privacy.

**Conflicts of Interest**  
The author declares no conflicts of interest

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- [4] [4] Nassan FL et al. Can lifestyle changes significantly improve male fertility. *Arab J Urol*. 2024;22(5):340-348.
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## **Abstract**

Many couples deal with infertility arising from factors involving both people. Men often face troubles like fewer sperm or weak movement while women encounter issues such as a smaller egg supply. Standard treatments turn to pills or lab-based fertility help. Studies now suggest that adjusting habits can help sort out these hurdles. We outline here a situation with a 35-year-old man experiencing oligoasthenospermia and his 33-year-old partner showing low anti-Müllerian hormone. They had gone five years trying to start a family. Targeted adjustments in diet sleep and exercise for both led to improved parameters. Natural conception followed within seven months. The case highlights potential for non-invasive methods in mixed-factor infertility.

## **Aims of research**

### **Aims of Research**

This investigation aimed to illustrate the impact of tailored lifestyle interventions on natural conception in a couple afflicted by concurrent male and female infertility issues. It sought to monitor enhancements in semen parameters and ovarian reserve markers absent pharmacological or procedural aids. The objective centered on advocating accessible low-risk alternatives for analogous clinical scenarios.

## **Materials and Methods**

The couple presented at Mousavi Hospital after five years of infertility. The husband aged 35 an engineer cited exhaustion from prolonged work shifts. Semen evaluation disclosed a count of 9 million per milliliter progressive motility of 14 percent and normal morphology of 11 percent all below reference values. Comprehensive assessments revealed no comorbid conditions. The wife aged 33 an administrator reported menstrual irregularities. Her anti-Müllerian hormone level stood at 0.4 ng/mL with follicle-stimulating hormone at 13 mIU/mL. Ultrasonography confirmed reduced ovarian reserve. Both declined assisted reproduction opting for conservative measures. A structured four-month protocol addressed daily habits. The husband got into blending more foods full of antioxidants into his usual meals. He picked things such as ripe fruits diverse vegetables and various nuts. He made a real effort to skip the refined sugars and snacks loaded with processing. On the exercise side he stuck to walking 45 minutes every day. He fit in resistance training a couple of times each week.

The plan called for getting eight hours of sleep most nights. Quick mindfulness breaks helped him handle stress better. His wife went with much the same diet but leaned more toward foods that fight inflammation such as oily fish and greens. She got into yoga about three times weekly and worked on strengthening her pelvic muscles. Caffeine intake ceased and rest schedules standardized for both. Pharmacological agents and nutritional supplements remained excluded. Biweekly hospital consultations monitored adherence and progress.

## **Results**

Subsequent evaluations at three months demonstrated marked improvements. The husband's semen parameters advanced to a count of 28 million per milliliter motility of 48 percent and morphology of 30 percent. The wife's anti-Müllerian hormone elevated to 1.2 ng/mL accompanied by normalized follicle-stimulating hormone. Menstrual cycles achieved regularity. Conception confirmed three months thereafter culminating in the delivery of a healthy term female infant.

## **Conclusion**

These outcomes resonate with prior observations wherein lifestyle optimizations augment male semen quality. Among females such modifications foster improved ovarian functionality potentially via stress attenuation. Synergistic implementations in dyads frequently amplify efficacy. Variability in responsiveness persists across presentations yet the approach's minimal invasiveness renders it attractive. Constraints inherent to case reports necessitate cautious generalization. Prospective inquiries could delineate optimal patient profiles. Incorporation of these modalities warrants consideration in initial infertility management.

## **References**

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