# **ORIGINAL ARTICLE**

# Investigation of Male Reproductive System Organ Weights and Serum Testosterone Levels In Terms Of Different Exercise Loads in Rat Metabolic Syndrome Model

#### MUHAMMED EMRE KARAMAN<sup>1</sup>

<sup>1</sup>Firat University, Faculty of Sport Sciences, Department of Coach Training

Correspondence to: Dr. Muhammed Emre KARAMAN, Email. mekaraman @firat.edu.tr, Tel: +90 424 237 00 00 - 4417

## ABSTRACT

**Background:** While the effects of high fructose-induced metabolic syndrome on the male reproductive system continue to be the focus of attention, exercise interventions gain importance to avoid these effects in terms of intensity.

**Aim:** The purpose of the present study is to investigate the change in testicular and accessory glands weights caused by different exercise loads in metabolic syndrome induced rats by high fructose and to examine the relationship between testosterone and tissue weights.

**Methods:** 24 male Wistar-Albino rats were used in the study. Rats were divided into 4 groups in equal numbers in each group. Metabolic syndrome induced by 30% fructose in tap water. Rats in exercise intervention groups exercised for six weeks. At the end of the study rats were sacrificed and tissue samples collected and weighed immediately.

**Results:** Metabolic syndrome caused significant reductions absolute weight of testis, entire epididymis, cauda epididymis, seminal vesicle and ventral prostate (p<0.05). It also caused decreased serum testosterone levels in the same group. Moderate aerobic exercise intervention increased testis weights, cauda epididymis weights and serum testosterone levels significantly. Cauda epididymis and testosterone increases in exercise intervention groups also significantly positive correlated (p<0.05).

**Conclusion:** As a conclusion, metabolic syndrome induced by high fructose causes reductions in male rat reproductive system organ weights and serum testosterone levels, and aerobic exercises have positive effects on weight and serum testosterone level reductions.

**Keywords:** metabolic syndrome, male reproductive system, reproductive organ weights, serum testosterone, aerobic exercise, anaerobic exercise, fructose

## INTRODUCTION

Decreases in male reproductive health have been reported due to factors such as sedentary lifestyle, air pollution, waste and radiation contaminating the air, food and water with endocrine disruptors<sup>1-3</sup>. As a dietary based disease, metabolic syndrome is a cardiovascular risk factor that with components such as dyslipidemia, occurs hypertension, abdominal obesity and high glucose<sup>4</sup>. High fructose, which is widely used in the food and beverage industry today and taken with diet, is effective in the emergence of metabolic syndrome components after a while<sup>5</sup>. In addition to diet habits, physically inactive lifestyle plays a role in the formation of metabolic syndrome<sup>6</sup>. Although the underlying mechanisms are not clear yet, studies on metabolic syndrome and male fertility emphasized the negative effects of metabolic syndrome on reproductive system<sup>7-10</sup>. Metabolic syndrome may increase the inflammation in testis, seminal vesicles, epididymis and prostate, and sperm quality becomes poor as a result of this inflammation<sup>11, 12</sup>. In addition, metabolic syndrome may associate with erectile dysfunction and may be treated by lifestyle modification (nutrition program and physical activity intervention) approaches<sup>13</sup>. It has been reported in studies that men who do regular physical activity show a better reproduction health than men who have a sedentary lifestyle<sup>14-16</sup>. Physical activity interventions gain importance in order to return the male reproductive system to a healthy state, which is disrupted by the effect of metabolic syndrome. Exercises at different intensities have different effects on the male reproductive system in metabolic syndrome<sup>16</sup>. The aim of the present study is to investigate the change in testicular and accessory glands weights caused by different exercise loads in metabolic syndrome induced rats by high fructose and to examine the relationship between testosterone and tissue weights.

## **MATERIAL & METHODS**

Experimental Design: A total of 24 male Wistar-Albino rats were used in the present study. The rats were housed in rooms with controlled humidity, temperature and lighting. All rats were fed standard food and had free access to water. Rats were divided into 4 groups in equal numbers in each group. These groups were named as; Control group (G1), Metabolic Syndrome Group (not exercising) (G2), Metabolic Syndrome + Aerobic Exercise Group (G3) and Metabolic Syndrome + Anaerobic Exercise group (G4). While the control group was drinking standard tap water, 30% of fructose<sup>17</sup> was added to the drinking water of the animals in the other 3 metabolic syndrome groups. Drinking water which containing 30% fructose was refreshed every day. After 8 weeks of feeding in this way, blood samples were taken from the animals and serum fasting blood glucose, triglyceride and HDL levels were evaluated in order to make a diagnosis of metabolic syndrome. Metabolic syndrome formation was confirmed by considering the NCEP ATP III diagnostic criteria (high fasting glucose > 110 mg / dL, high triglycerides > 150 mg / dL and low HDL < 40 mg / dL)<sup>18</sup> (Figure 1).

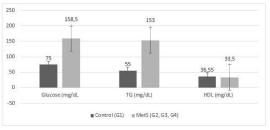
**Exercise Protocol:** Rats in G3 and G4 groups were the exercise groups. For one week these groups performed

adaptation exercises on the treadmill exercise device for 5 minutes on the first day and the adaptation period went up to 20 minutes on the next days with an increasing amount of time each day. All rats exercised at a constant speed throughout the adaptation week. After the end of the adaptation week the maximum running capacity of all rats that will be exercised is determined as previously explained by Koch and Britton<sup>19</sup>. Aerobic exercises are applied to 50-60% of the maximum running capacity of the animals in G3. Anaerobic exercises were applied to 80-90% of the animals in G4 at their maximum running capacity as it was explained by Karaman et al.(2021)<sup>15</sup>.

**Sample Collection:** After 6 weeks of exercise interventions, animals in all groups were sacrificed and blood and tissue samples were taken. Testes, epididymis, prostate and vesicular seminal tissues were removed, cleared of adhering connective tissue and weighed. Testosterone levels determined by fallowing the ELISA method procedure of commercial ELISA kit.

**Statistical Evaluations:** Kruskal-Wallis, Mann-Whitney U non-parametric tests and were used for the statistical evaluations in the IBM SPSS 22.0 package program.

Figure 1. Fasting Glucose, Triglyceride and HDL Levels Before Exercise Interventions



## RESULTS

High fructose mediated metabolic syndrome (G2) found to reduce the testis (A), epididymis (B), cauda (C) and seminal vesicle (D) weights significantly (p<0.05). Accordingly, it caused an increase in prostate (E) levels as shown in the Figure 2. Cauda and prostate weights and serum testosterone (F) levels were significant in the aerobic exercise group (G3).

Figure 2. Alterations in Testis, Entire Epididymis, Cauda Epididymis, Seminal Vesicle, Ventral Prostate Weights and Serum Testosterone Levels

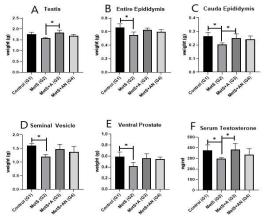


Table 1. Association in Serum Testosterone and Cauda Epididymis Weight

Cauda Epididymis	G1	G2	G3	G4
Testosterone	Ns	Ns	R = 0.842 p = 0.035	R = 0.880 p = 0.021

As a result of the correlation analysis between all parameters, a strong and positive correlation was found between cauda weights and serum testosterone levels of both aerobic and anaerobic exercise groups (p<0.05) (Table 1).

#### DISCUSSION

In the present study, the weight changes of testis, epididymis, seminal vesicle, prostate and cauda tissues in terms of different exercise loads in the metabolic syndrome model induced by high fructose consumption in rats were examined. It has been shown that metabolic syndrome caused a decrease in the weight levels of these tissues and aerobic exercise makes the weight gain in these tissues closer to control group. The situation was at the opposite way in terms of prostate weight. In addition in the weight change in tissues, it has been shown that metabolic syndrome significantly reduced serum testosterone levels and aerobic exercise significantly increased serum testosterone levels compared to the metabolic syndrome group (Figure 2).

If there is no cell apoptosis, the increase and decrease in testicular weight can generally be associated with the change in fluid volume in its content<sup>20</sup>. Fructose, which can also be metabolized by testicular tissue, may contribute to testicular weight loss<sup>21</sup>. There are studies in which a high fructose diet has been associated with weight reduction in rat testicular tissue<sup>22-24</sup>. In a previous study, we showed that the metabolic syndrome induced by high fructose diet leads to a significant increase in oxidative stress of testicular tissue<sup>15</sup>. In addition, it has been previously reported that oxidative stress induced by the experimental diabetes model is the cause of disorders in the rat reproductive system<sup>25</sup>. As it was mentioned in above, the increase in testicular oxidative stress caused by metabolic syndrome can be associated with weight reduction.

Considering the total epididymis and cauda epididymis weights, it can be said that mechanisms cause weight loss in these tissues, similar to the change in testicular weight. Costa et al. (2019) reported in their study that obesity caused by nutrition and sedentary lifestyle reduced total epididymis and cauda epididymis weights<sup>26</sup>. On the other hand, in an experimental diabetes model study we mentioned earlier, decreases in total epididymis and cauda epididymis weights were reported, similar to present study<sup>25</sup>. Navarro-Casado et al. (2010) showed a decrease in the epididymis weights of the diabetes group in the experimental diabetes model<sup>27</sup>. Similarly, in the study by Soudamani et al. (2005), there was a decrease in the epididymis weight of the animals with diabetes<sup>28</sup>.

Among the results of the present study, when how the male accessory glands are affected by the metabolic syndrome were examined, a decrease in their weight (Figure 2) can be seen. This weight reduction in seminal vesicles and ventral prostate is thought to be caused by the same oxidative stress mechanisms mentioned above. When these changes in male reproductive organs are taken together, it is seen that metabolic syndrome has negative effects on male fertility at the level of organ weight. Serum testosterone level was similarly affected by this negative effect of metabolic syndrome (Figure 2). Costa et al 2019 and Türk et al. 2018 reported a decrease in seminal vesicles and ventral prostate weights in line with the present study<sup>25,26</sup>. There are also other studies in the literature reporting the reduction in the accessory <sup>glands29-31</sup>. Although these studies are not related to metabolic syndrome, diabetes studies can also be considered in terms of similarity of reproductive organ weight change mechanisms.

In the present study, it has been showed that high fructose-mediated metabolic syndrome causes a significant reduction in serum testosterone levels. It has been clearly shown in the literature that serum testosterone levels are negatively affected by diseases such as metabolic syndrome and diabetes <sup>32-37</sup>.

In terms of exercise interventions, it has been showed that the testis, cauda epididymis weights and serum testosterone levels increased significantly compared to the metabolic syndrome group (Figure 2). Moreover, it was determined that both aerobic and anaerobic exercise interventions had a positive association with the increases in cauda epididymis and serum testosterone levels (Table 1). In a previous study aerobic exercise reduced testicular oxidative stress levels in rats with metabolic syndrome was shown<sup>15</sup>. Furthermore, there was no significant change in reproductive system organ weights and testosterone levels in the group in which anaerobic exercise applied (Figure 2). As mentioned in the previous paragraphs, it is known that increased oxidative stress negatively affects reproductive system organs and hormones. It is known that intensive anaerobic exercise, which includes high-intensity loads, has negative consequences due to exercise-induced oxidative stress<sup>38</sup>. The inability to reduce reactive oxygen species, which are already high due to metabolic syndrome, with such high intensity exercise may be related to this result. Vaamonde et al. (2009) showed in their study that there was a negative relationship between increased exercise intensity and sperm parameters<sup>39</sup>. It was also demonstrated the similarity of this situation in athletes engaged in intense endurance sports although it was not statistically significant<sup>40</sup>. An increase in serum testosterone levels was reported in the study by Grandys et al. (2009) in which a moderate intensity exercise was applied<sup>41</sup>. Moreover, in a study by Wise et al (2011), it was shown that intensive anaerobic exercise negatively affected sperm production<sup>42</sup>. Furthermore, a very comprehensive study reported the negative effects of intense exercise on sperm parameters<sup>43</sup>. Instead of doing high-intensity exercises, doing moderate aerobic exercises rather than physically active contributes to both an increase in sex hormones and improved sperm parameters and sperm morphology<sup>39,44</sup>

#### CONCLUSION

This study is an experimental study that limited only with male reproductive system organ weights and serum testosterone levels. However, the present study's strongest side is that it examines the effects of exercise interventions with different intensity in the rat metabolic syndrome model. In this context, it has been shown that metabolic syndrome induced by high fructose causes reductions in male rat reproductive system organ weights and serum testosterone levels, and aerobic exercises have positive effects on weight and serum testosterone level reductions. Moreover, it has been tried to emphasize that anaerobic exercise does not have a very effective protective effect in diseases that negatively affect the reproductive system such as metabolic syndrome. In the light of this information, it is thought that the present study has results that will contribute to the role of exercise interventions in terms of different loads in experimental male reproductive system diseases and that these results needs to be clarified by investigating the underlying molecular mechanisms.

#### REFERENCES

- Dupont C, Faure C, Daoud F, Gautier B, Czernichow S, Lévy R, & ALIFERT collaborative group. Metabolic syndrome and smoking are independent risk factors of male idiopathic infertility. Basic and clinical andrology, 2019; 29(9): https://doi.org/10.1186/s12610-019-0090-x
- Levine H, Jørgensen N, Martino-Andrade A, Mendiola J, Weksler-Derri D, Mindlis I, & Swan SH. Temporal trends in sperm count: a systematic review and meta-regression analysis. Human reproduction update, 2017; 23(6): 646-659.
- Sharpe RM, Irvine DS. How strong is the evidence of a link between environmental chemicals and adverse effects on human reproductive health? Bmj, 2004; 328(7437): 447-451.
- 4. Kasturi SS, Tannir J, Brannigan RE. The metabolic syndrome and male infertility. Journal of andrology, 2008;29(3): 251-259.
- Mortera RR, Bains Y, Gugliucci A. Fructose at the crossroads of the metabolic syndrome and obesity epidemics. Front Biosci Landmark Ed, 2019;24: 186-211.
- 6. Alberti KGMM, Eckel RH, Grundy SM, Zimmet PZ, Cleeman JI, Donato KA, Smith Jr SC. Harmonizing the metabolic syndrome: a joint interim statement of the international diabetes federation task force on epidemiology and prevention; national heart, lung, and blood institute; American heart association; world heart federation; international atherosclerosis society; and international association for the study of obesity. Circulation, 2009; 120(16): 1640-1645.
- Ventimiglia E, Capogrosso P, Colicchia M, Boeri L, Serino A, Castagna G, Salonia A. Metabolic syndrome in white E uropean men presenting for primary couple's infertility: investigation of the clinical and reproductive burden. Andrology, 2016; 4(5): 944-951.
- Lu JC, Jing J, Yao Q, Fan K, Wang GH, Feng RX, Yao B. Relationship between lipids levels of serum and seminal plasma and semen parameters in 631 Chinese subfertile men. PLoS One, 2016; 11(1): e0146304.
- Leisegang K, Bouic PJ, Menkveld R, Henkel RR. Obesity is associated with increased seminal insulin and leptin alongside reduced fertility parameters in a controlled male cohort. Reproductive Biology and Endocrinology, 2014; 12(1): 1-12.
- Pilatz A, Hudemann C, Wolf J, Halefeld I, Paradowska-Dogan A, Schuppe HC, Linn T. Metabolic syndrome and the seminal cytokine network in morbidly obese males. Andrology, 2017; 5(1): 23-30.
- Leisegang K, Henkel R, Agarwal A. Obesity and metabolic syndrome associated with systemic inflammation and the impact on the male reproductive system. American journal of reproductive immunology, 2019; 82(5): https://doi.org/10.1111/aji.13178
- Fan W, Xu Y, Liu Y, Zhang Z, Lu L, Ding Z. Obesity or overweight, a chronic inflammatory status in male reproductive system, leads to mice and human subfertility. Frontiers in physiology, 2018; 8: 1117.
- Maiorino MI, Bellastella G, Esposito K. Lifestyle modifications and erectile dysfunction: what can be expected?. Asian journal of andrology, 2015; 17(1): 5–10. https://doi.org/10.4103/1008-682X.137687
- Gaskins, A. J., Afeiche, M. C., Hauser, R., Williams, P. L., Gillman, M. W., Tanrikut, C., ... & Chavarro, J. E. (2014). Paternal physical and sedentary activities in relation to semen quality and reproductive outcomes among couples from a fertility center. Human Reproduction, 29(11), 2575-2582.
- 15. Karaman ME, Arslan C, Gürsu MF, Güngör HI, Arkali G, Yüce A, Türk

G. Moderate Aerobic Exercise May Reduce Metabolic Syndrome Induced Testicular Oxidative Stress and Deterioration in Sperm Parameters. Journal of Pharmaceutical Research International, 2021; 33(11) 38-45.

- Hayden RP, Flannigan R, Schlegel PN. The Role of Lifestyle in Male Infertility: Diet, Physical Activity, and Body Habitus. Current urology reports, 2018; 19(7): 56.
- Pilar B, Güllich A, Oliveira P, Ströher D, Piccoli J, Manfredini V. Protective role of flaxseed oil and flaxseed lignan secoisolariciresinol diglucoside against oxidative stress in rats with metabolic syndrome. Journal of food science, 2017; 82(12): 3029-3036
- Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults: Executive Summary of the Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III). JAMA 2001; 285 : 2486 – 2497,
- Koch LG, Britton SL. Artificial selection for intrinsic aerobic endurance running capacity in rats. Physiol Genomics, 2001;5(1): 45-52.
- Creasy DM. Histopathology of the male reproductive system II: interpretation. Current protocols in toxicology, 2002; 13(1):16-4.
- Helsley RN, Moreau F, Gupta MK, Radulescu A, DeBosch B, Softic S. Tissue-Specific Fructose Metabolism in Obesity and Diabetes. Current diabetes reports, 2020; 20(11): 64. https://doi.org/10.1007/s11892-020-01342-8
- Burant CF, Takeda J, Brot-Laroche E, Bell GI, Davidson NO. Fructose transporter in human spermatozoa and small intestine is GLUT5. J Biol Chem. 1992; 267: 14523–6.
- Shibata K, Fukuwatari T. High d(+)-fructose diet adversely affects testicular weight gain in weaning rats horizontal line protection by moderate d(+)-glucose diet. Nutr Metab Insights. 2013; 6:29–34.
- Shibata K, Fukuwatari T, Higashiyama S, Sugita C, Azumano I, Onda M. Pantothenic acid refeeding diminishes the liver, perinephrical fats, and plasma fats accumulated by pantothenic acid deficiency and/or ethanol consumption. Nutrition, 2013; 29(5): 796-801.
- Türk G, Rişvanlı A, Çeribaşı AO, Sönmez M, Yüce A, Güvenç M, Arslan ÖH, Canlı N, Yaman M. Effect of gestational diabetes mellitus on testis and pancreatic tissues of male offspring. Andrologia, 2018; 10.1111/and.12976. Advance online publication. https://doi.org/10.1111/and.12976
- Costa V, Andreazzi AE, Bolotari M, Lade CG, Guerra MO, Peters VM. Effect of postnatal overfeeding on the male and female Wistar rat reproductive parameters. Journal of developmental origins of health and disease, 2019; 10(6): 667–675. https://doi.org/10.1017/S2040174419000163
- Navarro-Casado L, Juncos-Tobarra MA, Cháfer-Rudilla M de Onzoño LÍ, Blázquez-Cabrera JA, Miralles-García JM. Effect of experimental diabetes and STZ on male fertility capacity. Study in rats. Journal of andrology, 2010; 31(6): 584–592. https://doi.org/10.2164/jandrol.108.007260
- Soudamani S, Malini T, Balasubramanian K. Effects of streptozotocin-diabetes and insulin replacement on the epididymis ofprepubertal rats: histological and histomorphometric studies. Endocr Res. 2005;31:81–98
- Yannasithinon S, lamsaard S. Alterations of morphology and phosphorylated protein expression in the seminal vesicles of diabetic mice. Andrologia, 2019; 51(10): e13406. https://doi.org/10.1111/and.13406
- Sampannang A, Arun S, Burawat J, Sukhorum W, lamsaard S. Expression of testicular phosphorylated proteins in types 1 and 2 diabetes mellitus in mice: An experimental study. International

Journal of Reproductive BioMedicine, 2019; 17(8): 567.

- Tsounapi P, Honda M, Dimitriadis F, Kawamoto B, Hikita K, Muraoka K, Takenaka A. Impact of antioxidants on seminal vesicles function and fertilizing potential in diabetic rats. Asian Journal of Andrology, 2017; 19(6): 639.
- Laaksonen DE, Niskanen L, Punnonen K, Nyyssonen K, Tuomainen TP, Salonen R, Salonen JT.Sex hormones, inflammation and the metabolic syndrome: a population-based study. European journal of endocrinology, 2003; 149(6): 601-608.
- Blouin K, Després JP, Couillard C, Tremblay, A, Prud'homme D, Bouchard C, Tchernof A. Contribution of age and declining androgen levels to features of the metabolic syndrome in men. Metabolism, 2005; 54(8): 1034-1040.
- Rodriguez A, Muller DC, Metter EJ, Maggio M, Harman SM, Blackman MR, Andres R. Aging, androgens, and the metabolic syndrome in a longitudinal study of aging. The journal of clinical endocrinology & metabolism, 2007; 92(9): 3568-3572.
- Jones TH, Arver S, Behre HM, Buvat J, Meuleman E, Moncada I, TIMES2 Investigators. Testosterone replacement in hypogonadal men with type 2 diabetes and/or metabolic syndrome (the TIMES2 study). Diabetes care, 2011; 34(4): 828-837.
- Traish AM, Haider A, Doros G, Saad F. Long-term testosterone therapy in hypogonadal men ameliorates elements of the metabolic syndrome: an observational, long-term registry study. International journal of clinical practice, 2014; 68(3): 314-329.
- Fernández-Miró M, Chillarón JJ, Pedro-Botet J. Déficit de testosterona, síndrome metabólico y diabetes mellitus [Testosterone deficiency, metabolic syndrome and diabetes mellitus]. Medicina clinica, 2016; 146(2): 69–73. https://doi.org/10.1016/j.medcli.2015.06.020
- Koozehchian MS, Daneshfar A, Fallah E, Agha-Alinejad H, Samadi M, Kaviani M, Kaveh BM, Jung YP, Sablouei MH, Moradi N, Earnest CP, Chandler TJ, Kreider RB. Effects of nine weeks L-Carnitine supplementation on exercise performance, anaerobic power, and exercise-induced oxidative stress in resistance-trained males. Journal of exercise nutrition & biochemistry, 2018; 22(4): 7–19. https://doi.org/10.20463/jenb.2018.0026
- Vaamonde D, Da Silva-Grigoletto ME, García-Manso JM, Vaamonde-Lemos R, Swanson RJ, Oehninger SC. Response of semen parameters to three training modalities. Fertility and sterility, 2009; 92(6): 1941-1946.
- Griffith RO, Dressendorfer RH, Fullbright CD, Wade CE. Testicular function during exhaustive endurance training. The Physician and sportsmedicine, 1990; 18(5): 54-64.
- Grandys M, Majerczak J, Duda K, Zapart-Bukowska J, Kulpa J, Zoladz JA. Endurance training of moderate intensity increases testosterone concentration in young, healthy men. International journal of sports medicine, 2009; 30(07): 489-495.
- Wise LA, Cramer DW, Hornstein MD, Ashby RK, Missmer SA. Physical activity and semen quality among men attending an infertility clinic. Fertility and sterility, 2011; 95(3): 1025-1030.
- 43. Safarinejad MR, Azma K, Kolahi AA. The effects of intensive, longterm treadmill running on reproductive hormones, hypothalamuspituitary-testis axis, and semen quality: a randomized controlled study. Journal of Endocrinology, 2009; 200(3): 259.
- 44. Mínguez-Alarcón L, Chavarro JE, Mendiola J, Gaskins AJ, Torres-Cantero AM. Physical activity is not related to semen quality in young healthy men. Fertility and sterility, 2014; 102(4): 1103-1109.