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Assignment

Write short note on the following:

1. Spermatogenesis
2. Testosterone
3. Semen
4. Male orgasm
5. Male infertility

Answers

1. **Spermatogenesis**

Spermatogenesis is the process by which haploid spermatozoa develop from germ cells in the seminiferous tubules of the testis. This process starts with the mitotic division of the stem cells located close to the basement membrane of the tubules. These cells are called spermatogonial stem cells. The mitotic division of these produces two types of cells. Type A cells replenish the stem cells, and type B cells differentiate into primary spermatocytes. The primary spermatocyte divides meiotically (Meiosis I) into two secondary spermatocytes; each secondary spermatocyte divides into two equal haploid spermatids by Meiosis II. The spermatids are transformed into spermatozoa (sperm) by the process of spermiogenesis. These develop into mature spermatozoa, also known as sperm cells. Thus, the primary spermatocyte gives rise to two cells, the secondary spermatocytes, and the two secondary spermatocytes by their subdivision produce four spermatozoa and four haploid cells.

Spermatozoa are the mature male gametes in many sexually reproducing organisms. Thus, spermatogenesis is the male version of gametogenesis, of which the female equivalent is oogenesis. In mammals it occurs in the seminiferous tubules of the male testes in a stepwise fashion. Spermatogenesis is highly dependent upon optimal conditions for the process to occur correctly, and is essential for sexual reproduction. DNA methylation and histone modification have been implicated in the regulation of this process. It starts at puberty and usually continues uninterrupted until death, although a slight decrease can be discerned in the quantity of produced sperm with increase in age (see Male infertility).

Spermatogenesis starts in the bottom part of seminiferous tubes and, progressively, cells go deeper into tubes and moving along it until mature spermatozoa reaches the lumen, where mature spermatozoa are deposited. The division happens asynchronically; if the tube is cut transversally one could observe different maturation states. A group of cells with different maturation states that are being generated at the same time is called a spermatogenic wave. For humans, the entire process of spermatogenesis is variously estimated as taking 74 days (according to tritium-labelled biopsies) and approximately 120 days (according to DNA clock measurements). Including the transport on ductal system, it takes 3 months. Testes produce 200 to 300 million spermatozoa daily. However, only about half or 100 million of these become viable sperm.

1. **Testosterone**

Testosterone is the primary male sex hormone and anabolic steroid. In male humans, testosterone plays a key role in the development of male reproductive tissues such as testes and prostate, as well as promoting secondary sexual characteristics such as increased muscle and bone mass, and the growth of body hair. In addition, testosterone is involved in health and well-being, and the prevention of osteoporosis. Insufficient levels of testosterone in men may lead to abnormalities including frailty and bone loss.

Testosterone is a steroid from the androstane class containing a keto and hydroxyl groups at positions three and seventeen respectively. It is biosynthesized in several steps from cholesterol and is converted in the liver to inactive metabolites. It exerts its action through binding to and activation of the androgen receptor. In humans and most other vertebrates, testosterone is secreted primarily by the testicles of males and, to a lesser extent, the ovaries of females. On average, in adult males, levels of testosterone are about 7 to 8 times as great as in adult females. As the metabolism of testosterone in males is more pronounced, the daily production is about 20 times greater in men. Females are also more sensitive to the hormone.

In addition to its role as a natural hormone, testosterone is used as a medication in the treatment of low testosterone levels in men, transgender hormone therapy for transgender men, and breast cancer in women. Since testosterone levels decrease as men age, testosterone is sometimes used in older men to counteract this deficiency. It is also used illicitly to enhance physique and performance, for instance in athletes. In general, androgens such as testosterone promote protein synthesis and thus growth of tissues with androgen receptors. Testosterone can be described as having virilising and anabolic effects (though these categorical descriptions are somewhat arbitrary, as there is a great deal of mutual overlap between them).

Anabolic effects include growth of muscle mass and strength, increased bone density and strength, and stimulation of linear growth and bone maturation. Androgenic effects include maturation of the sex organs, particularly the penis and the formation of the scrotum in the fetus, and after birth (usually at puberty) a deepening of the voice, growth of facial hair (such as the beard) and axillary (underarm) hair. Many of these fall into the category of male secondary sex characteristics. Testosterone effects can also be classified by the age of usual occurrence. For postnatal effects in both males and females, these are mostly dependent on the levels and duration of circulating free testosterone.

1. **Semen**

Semen, also known as seminal fluid, is an organic fluid that contains spermatozoa. It is secreted by the gonads (sexual glands) and other sexual organs of male or hermaphroditic animals and can fertilize the female ovum. In humans, seminal fluid contains several components besides spermatozoa: proteolytic and other enzymes as well as fructose are elements of seminal fluid which promote the survival of spermatozoa, and provide a medium through which they can move or "swim". Semen is produced and originates from the seminal vesicle, which is located in the pelvis. The process that results in the discharge of semen is called ejaculation. Semen is also a form of genetic material. In animals, semen has been collected for cryoconservation. Cryoconservation of animal genetic resources is a practice that calls for the collection of genetic material in efforts for conservation of a particular breed.

Semen is typically translucent with white, grey or even yellowish tint. Blood in the semen can cause a pink or reddish colour, known as hematospermia, and may indicate a medical problem which should be evaluated by a doctor if the symptom persists.

After ejaculation, the latter part of the ejaculated semen coagulates immediately, forming globules, while the earlier part of the ejaculate typically does not. After a period typically ranging from 15 – 30 minutes, prostate-specific antigen present in the semen causes the decoagulation of the seminal coagulum. It is postulated that the initial clotting helps keep the semen in the vagina, while liquefaction frees the sperm to make their journey to the ovary.

In fertilization Depending on the species, spermatozoa can fertilize ova externally or internally. In external fertilization, the spermatozoa fertilize the ova directly, outside of the female's sexual organs. Female fish, for example, spawn ova into their aquatic environment, where they are fertilized by the semen of the male fish. During internal fertilization, however, fertilization occurs inside the female's sexual organs. Internal fertilization takes place after insemination of a female by a male through copulation. In most vertebrates, including amphibians, reptiles, birds and monotreme mammals, copulation is achieved through the physical mating of the cloaca of the male and female. In marsupial and placental mammals, copulation occurs through the vagina. Its composition is as follows:

* Testes: The approximate fraction is 2%-5%. Approximately 200 million – 500 million spermatozoa (also called sperm or spermatozoans), produced in the testes, are released per ejaculation. If a man has undergone a vasectomy, he will have no sperm in the ejaculation.
* Seminal Vessicles: The approximate fraction is 65%-75%. Amino acids, citrate, enzymes, Flavin’s, fructose (2–5 mg per mL semen, the main energy source of sperm cells, which rely entirely on sugars from the seminal plasma for energy), phosphoryl choline, prostaglandins (involved in suppressing an immune response by the female against the foreign semen), proteins, vitamin C.
* Prostate: The approximate fraction is 25–30%. Acid phosphatase, citric acid, fibrinolysin, prostate specific antigen, proteolytic enzymes, zinc. (The zinc level is about 135±40/mL for healthy men. Zinc serves to help to stabilize the DNA-containing chromatin in the sperm cells. A zinc deficiency may result in lowered fertility because of increased sperm fragility. Zinc deficiency can also adversely affect spermatogenesis).
* Bulbourethral Glands: The approximate fraction is < 1%. Galactose, mucus (serve to increase the mobility of sperm cells in the vagina and cervix by creating a less viscous channel for the sperm cells to swim through, and preventing their diffusion out of the semen. Contributes to the cohesive jelly-like texture of semen), pre-ejaculate, sialic acid.

1. **Male Orgasm**

The male orgasm is a complex system involving multiple hormones, organs, and nerve pathways. The hormone testosterone, produced in the testicles, plays a central role by enhancing the sexual desire (libido) that leads to arousal, erection, and ultimately orgasm. By contrast, low testosterone not only decreases a man's energy and mood, it makes him less responsive to sexual stimuli, both physical and mental. With that being said, a man often only requires physical stimulation to achieve arousal, while women typically need physical and mental stimulation to achieve the same. Men differ from women in that their orgasms—the climax of the sexual response come on faster and are shorter than women's. By and large, the male orgasm will last for five to 10 seconds. Women will last 10 to 15 seconds on average, although some have reported orgasms that last as long as a minute (a virtual impossibility for men). The male ejaculate, semen, is comprised of sperm cells and seminal fluid, the latter of which contains phosphorylcholine (an enzyme that aids in fertility) and fructose (which provides fuel for sperm). The average volume of semen expelled by a healthy man is around a teaspoon.

**Phases of Male Orgasm**

There are four phases of male orgasm, they are as follows:

* **Arousa**l: This is the stage in which physical, sensory, and emotional cues prompt the brain to release a neurotransmitter known as acetylcholine. This, in turn, triggers the release of nitric oxide into the arteries of the penis, causing them to expand and rapidly fill with blood. The resulting erection is generally accompanied by changes in respiration, increased overall muscle tension, and the retraction of the scrotal sac.
* **Plateau**: This is the phase immediately preceding orgasm in which the voluntary thrusts of the body, specifically the pelvis, suddenly become involuntary, increasing both in intensity and speed. ﻿ It is at this stage that the heart rate increases to between 150 and 175 beats per minute, accompanied by a marked rise in blood pressure and body temperature. Traces of seminal fluid ("pre-cum") may leak from the urethra. The release of pre-ejaculatory fluid is more than just incidental; it alters the pH of the urethra so that the sperm has a better chance of survival. All told, the plateau phase lasts between 30 seconds and two minutes.
* **Orgasm**: The orgasm phase is divided into two parts. The first, known as emission, is the stage where ejaculation is inevitable. This is immediately followed by the second stage, ejaculation, in which strong contractions of the penile muscle, anus, and perineal muscles help propel the semen from the body. During orgasm, the reward center of the brain (specifically the cerebellum, amygdala, nucleus accumbens, and ventral tegmental area) is flooded with neurochemicals, inciting the intense emotional response associated with an orgasm. At the same time, the lateral orbitofrontal cortex located behind the left eye shuts down entirely. This is the part of the brain that plays a central role in judgment and self-control. The effect explains why people often describe an orgasm as a state where "nothing else matters.
* **Resolution and Refraction**: Resolution is the phase following orgasm where the penis starts to lose its erection. This is often accompanied by feelings of extreme relaxation or even drowsiness. Refraction, also known as the refractory period, is the stage following climax when a man is unable to achieve another erection even with stimulation. In younger men, the refractory period may be as short as 15 minutes. In older men, it may last as long as an entire day.

**Male Orgasm Disorders**

Orgasm disorders differ from ejaculation disorders in that the latter refers to the actual emission of semen. Common ejaculation disorders include premature ejaculation, retrograde ejaculation (in which semen is redirected to the bladder), and anejaculation (inability to ejaculate). Retrograde ejaculation should not be confused with dry orgasm,7﻿ a condition in which very little semen is expelled during climax. Also known as orgasmic anejaculation, dry orgasm commonly occurs after bladder or prostate surgery, or as the result of low testosterone, sperm duct blockage, high blood pressure, or an enlarged prostate. By contrast, anorgasmia is a condition in which a man or woman is unable to achieve orgasm. Anorgasmia may be caused by psychological problems, such as stress, trauma, and performance anxiety, or physical ones, such as diabetes, hypertension, and hypogonadism (low testosterone). Prostate surgery (prostatectomy) is also a common cause, as are certain medications such as selective serotonin reuptake inhibitors (SSRIs) used to treat depression. The treatment of anorgasmia depends on the underlying cause and may include psychotherapy, a change of medications, testosterone replacement therapy, or the use of Dostinex (cabergoline), a dopamine promoter that can alter the hormonal response in men with anorgasmia. Unfortunately, erectile dysfunction drugs like Viagra (sildenafil) and Cialis (tadalafil) cannot treat orgasm problems, as their only function is to increase blood flow to the penis. They do not enhance libido and typically fail to work in the absence of sexual stimulation. On the other hand, some men are able to enhance both an erection and orgasm with digital prostate massage. This is a technique in which a finger is inserted into the rectum prior to and/or during sex to manually stimulate the prostate gland. Located on the front wall of the rectum, the walnut-sized gland is considered by some to be the male G-spot.

1. **Male Infertility**

Male infertility refers to a male's inability to cause pregnancy in a fertile female. In humans it accounts for 40–50% of infertility. It affects approximately 7% of all men. Male infertility is commonly due to deficiencies in the semen, and semen quality is used as a surrogate measure of male fecundity.

**Causes**

These include:

* Immune infertility: Antisperm antibodies (ASA) have been considered as infertility cause in around 10–30% of infertile couples. ASA production are directed against surface antigens on sperm, which can interfere with sperm motility and transport through the female reproductive tract, inhibiting capacitation and acrosome reaction, impaired fertilization, influence on the implantation process, and impaired growth and development of the embryo. Risk factors for the formation of antisperm antibodies in men include the breakdown of the blood‑testis barrier, trauma and surgery, orchitis, varicocele, infections, prostatitis, testicular cancer, failure of immunosuppression and unprotected receptive anal or oral sex with men.

**Under Genetics we have**: Chromosomal anomalies and genetic mutations account for nearly 10–15% of all male infertility cases.

* Klinefelter Syndrome: One of the most commonly known causes of infertility is Klinefelter Syndrome, affecting 1 out of 500–1000 newborn males Klinefelter Syndrome is a chromosomal defect that occurs during gamete formation due to a non-disjunction error during cell division. Resulting in males having smaller testes, reducing the amount of testosterone and sperm production. Males with this syndrome carry an extra X chromosome (XXY), meaning they have 47 chromosomes compared to the normal 46 in each cell. This extra chromosome directly affects sexual development before birth and during puberty (links to learning disabilities and speech development have also been shown to be affected). There are varieties in Klinefelter Syndrome, where some cases may have the extra X chromosome in some cells but not others, referred to as Mosaic Klinefelter Syndrome, or where individuals have the extra X chromosome in all cells. The reduction of testosterone in the male body normally results in an overall decrease in the production of viable sperm for these individuals thereby forcing them to turn to fertility treatments to father children.
* Y chromosome deletions: Y chromosomal infertility is a direct cause of male infertility due to its effects on sperm production, occurring in 1 out of every 2000 males. Usually affected men show no sign of symptoms other than at times can exhibit smaller teste size. Men with this condition can exhibit azoospermia (no sperm production), oligozoospermia (small number of sperm production), or they will produce abnormally shaped sperm (teratozoospermia). This case of infertility occurs during the development of gametes in the male, where a normal healthy male will produce both X and a Y chromosome, affected males have genetic deletions in the Y chromosome. These deletions affect protein production that is vital for spermatogenesis. Studies have shown that this is an inherited trait; if a male is fathered by a man who also exhibited y chromosome deletions then this trait will be passed down. These individuals are thereby “Y-linked”, although daughters are not affected due to the lack of the Y chromosome.

**Pre-testicular causes include**:

Pre-testicular factors refer to conditions that impede adequate support of the testes and include situations of poor hormonal support and poor general health including

* Tobacco smoking
* Varicocele
* DNA Damage
* Epigenetic

**Post-testicular Causes include**:

Post-testicular factors decrease male fertility due to conditions that affect the male genital system after testicular sperm production and include defects of the genital tract as well as problems in ejaculation:

* Vas deferens obstruction
* Lack of Vas deferens, often related to genetic markers for cystic fibrosis
* Infection, e.g. prostatitis
* Retrograde ejaculation
* Ejaculatory duct obstruction
* Hypospadias
* Impotence