

MALE ORGASM

The following description of the physiological process of male orgasm in the genitals uses the Master's and Johnson four-phase model.

EXCITEMENT

When a man is stimulated physically PR psychologically, he gets an erection. Blood flows into the corpora- the spongy tissue running the length of the penis- causing the penis to grow in size and become rigid. The testicles are drawn up toward the body as the scrotum tightens.

PLATEAU

As the blood vessels in and around the penis fill with blood, the glans and the testicles increase in size. In addition, thigh and buttock muscles tense, blood pressure rises, the pulse quickens, and the rate of breathing increases.

ORGASM

Semen -a mixture of sperm (5%) and fluid (95%) - is forced into the urethra by a series of contractions in the pelvic floor muscles, prostate gland, seminal vesicles, and the VA's deferens.

Contractions in the pelvic floor muscles and prostate gland also cause the semen to be forced out of the penis in a process called **ejaculation**. The average male orgasm lasts for 10 to 30 seconds.

RESOLUTION

The man now enters a temporary recovery phase where further orgasms are not possible. This is known as refractory period, and it's length varies from person to person. It can last from a few minutes to a few days, and this period gradually grows longer as the man ages.

During this phase the man's penis and testicles return to their normal size.

CAUSES

Physiologically, orgasm occur following two basic responses to stimulation;

I. Vasocongestion: the process whereby body tissues fill up with blood, swelling in size as a result.

II. Mytonia: the process whereby muscles tense, including both voluntary flexing and

involuntary contraction

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

- Immune infertility
- Genetics
- Klinefelter Syndrome
- Y chromosome deletion
- Age
- Abnormal set of chromosomes
- Trauma
- Hypopituitarism
- Testicular cancer
- Acromosomal defects affecting egg penetration
- Drugs, alcohol
- Tobacco smoking

Vas deferens obstruction.

DIAGNOSIS

The diagnosis of infertility begins with a medical history and physical exam by a physician, physician assistant, or a nurse practitioner. Typically two separate semen analysis will be required. The provider may order blood test to look for hormone imbalances, medical conditions, or genetic issues.

PREVENTION

- **Avoid** smoking as it damages sperm DNA
- Avoid heavy marijuana and alcohol use
- Avoid excessive heat to testes
- Maintaining optimal frequency of coital activity
- Wearing a protective cap and jock strap to protect the testicles in any sport.
- Health diet.