

# Sexual Dysfunction and Spermogram Analysis in Men

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**Annotation:** Sexual conflict has been going on since the dawn of humanity. In many cases, a defect in one sex leads to the deterioration of these conditions and the state of extinction. This article discusses sexual dysfunction, which is now very common in men, and therefore the analysis and treatment of spermograms in this disease.

**Keywords:** male reproductive system, sexually active, ejaculation, Sperm concentration, infertility treatment.

Male infertility is one of the biggest problems today. In the past, the rate of male infertility was 30%, but today it has risen to 45%. According to statistics, the number of problems with the male reproductive system is growing. Male infertility refers to the inability of a woman to conceive if she has been sexually active for the past 12 months and has not used contraceptives.

Currently, infertility in men accounts for 50% of cases in infertile families. It should be noted that a quarter of a century ago, the male factor was only 40%, which means that men's health is deteriorating and male infertility is increasing.

Causes of infertility in men:

Idiopathic infertility - 31.1%

Varicocele - 15.6%

Endocrine (hypogonadism) - 8.9%

Infectious diseases (sexually transmitted infections) - 8.0%

Cryptorchidism - 7.8%

Erectile dysfunction, abnormalities - 5.9%

Immunological factor - 4.5%

Systemic diseases - 3.1%

Urinary tract obstruction - 1.7%

Testicular cancer - 0.3%

## Diagnosis of infertility in men

In men, infertility testing should begin with a sperm (ejaculation) analysis; laboratory diagnosis is required in male infertility. Sperm analysis in humans is very variable. This is because the spermatogenesis cycle (formation and formation of mature sperm) takes place within 72-74 days. During this period, many events that can adversely affect spermatogenesis can occur, such as high fever, intoxication, and inflammatory diseases with the use of a number of medications.

Various emotional and physical overloads, smoking, alcohol consumption and many other factors can have a negative impact. These negative actions may be temporary. Therefore, if the first analysis deviates from the normal values, then the analysis should be repeated after 2 weeks. The state of spermatogenesis can only be assessed by a few sperm analyzes, and if the analysis detects abnormalities but active spermatozoa are found, it is not a question of complete infertility in men, but a decrease in the

chances of a fetus. The World Health Organization changes the normal sperm count once every ten years, mostly downwards.

Male seed norm

Size - 1.5 (1.4 - 1.7)

Total number of sperm - 39 (33 - 46)  
( $10^6$  for ejaculation)

Sperm concentration - 15 (12 - 16)  
( $10^6$  per ml)

Overall mobility - 40 (38 - 42)  
(progressive and non-progressive,%)

Progressive mobility,% - 32 (31 - 34)

Survival - 58 (55 - 63)  
(live sperm,%)

Morphology (normal forms,%) - 4 (3 - 4)

#### Treatment of infertility in men

Infertility treatment in men to improve sperm quality is necessary to increase the likelihood of pregnancy at the beginning of the next pregnancy or in an ECO program.

Spermatogenesis is a very complex, sequential and multi-stage process. It contains a large number of biochemical reactions, which in turn are controlled by more than 200 genes. Disruption of any reaction leads to deterioration of sperm quality at any stage. The more accurately the cause of spermatogenesis failure is identified, the more successful the treatment of male infertility will be.

Spermatogenesis is a very sensitive process that affects the functioning of all the organs and systems of the body. The causes and methods of treating low sperm quality are very diverse, but sometimes it is enough to just prescribe health programs, quit smoking, give up alcohol abuse and other bad habits as a result the sperm quality improves.

However, treatment alone is sometimes not enough for pregnancy and additional treatments are required. To improve the quality of sperm, drugs and medications that affect the various stages of sperm formation and additional genital functions are used. If there are small deviations in the analysis of sperm, it is enough to take a course of L-carnitine, antioxidants, vitamins, trace elements, herbs, homeopathic remedies.

If there is a significant deviation in the analysis of sperm, then hormonal drugs are added or radical methods such as surgical treatment are suggested. The course of treatment should continue throughout spermatogenesis, ie within 2-3 months, but the first signs of improvement in sperm count can be observed after 3-4 weeks. Even if the sperm count does not change significantly after treatment, the sperm will still be of better quality. It is recommended to take a course for several cycles of spermatogenesis, and if the pregnancy does not occur within a few years, then reproductive aid technologies can be applied to ECO.

A spermogram is a microscopic examination of a man's semen (sperm, ejaculate). However, it should also be noted that the non-compliance of the analysis with the norm does not provide complete, reliable information about male infertility. The fact that the analysis differs from the norm only reduces the likelihood of pregnancy. No matter what the outcome, we cannot say it is completely infertile. The conclusion can only be made by the physician with other ancillary examinations. Preparing for the exam

In order to have reliable and complete information about the result, it is necessary to prepare as follows:

1. Sexual diet for a few days, that is, semen should not come out in any way. There may be different opinions in different literatures but most experts recommend that you have a sexual diet for 3-5 days to deliver semen. There are also those who say that in order to be natural, it is necessary to have a sexual diet in the middle of a normal sexual life.

2. It is also forbidden to drink alcohol, take various medications, and consume large amounts of caffeine on the same days. Preparing for the exam

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3. These days in high-temperature treatments - saunas, hot tubs, showers, solariums, sunbathing should be avoided.

Normally, a seed test should be performed at least twice, and it is important to remember that the second requires the same preparation as the first, and both must be tested in a laboratory you trust.

Methods of obtaining test material

The entire ejaculate removed by masturbation is given to the laboratory. The ejaculate must be delivered in a special room in the laboratory with a wide mouth. There are a lot of mistakes and inaccurate results in accepting home-made ejaculations in condoms that some labs do.

Analytical techniques

The ejaculate is first assessed by its appearance and then examined under a microscope.

Significance of the results (WHO Laboratory Manual for Human Semen and Sperm-Cervical Mucus Interaction (5th edition) -2010)

Ejaculatory volume

Norm: 1.5 (1.4–1.7) ml.

The above figure is minimal, and even lower volumes indicate a defect in shiitake transport. First of all, make sure that the ejaculate is correct and that everything is collected. If the material obtained is still small in size, it is necessary to dwell on the idea that there is a block (barrier) in the way that further disrupts the activity of these gonads. More inflammatory processes (prostatitis and vesiculitis) play a role in overweight.

Normal: white, gray, yellow.

A reddish or brown color indicates that blood has been added to the sperm. This condition is usually observed after genital trauma, chronic vesiculitis, calculous prostatitis.

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