

Estimation of some biophysical parameters in semen of fertile and infertile patients

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Abstract

Objective: The objective of this study is to estimate the magnitude of viscosity and density of seminal fluid in various male subjects, collected randomly in Erbil city, and to observe role of density in fertilization.

Materials and Methods: Rotating viscometer was used for assessment of viscosity of semen, while volume method was used to measure the density of semen. Density of semen and vice versa and how it changes with fertile and infertile persons in Erbil city was assessed. These investigations included kinematic, dynamic and relative viscosity of semen at room temperature (25) Centigrade.

Results: The results were based on a total of 56 samples of fresh semen collected from 44 infertile and 12 fertile patients in an industrial laboratory. The data in Table (1) displays that density and kinematic viscosity was not changed significantly between fertile and infertile patients at range $p < 0.05$.

Conclusion and Discussion: The project concluded by demonstration of the changes of viscosity of semen; where displayed it explained changes in relative viscosity and kinematic viscosity and their effects on the physiology of the human body, moreover to the disadvantage of increasing and decreasing of semen density with the locality of people.

Summary: This research proved the investigation of the viscosity and density of semen, how it was affected and its prevalence which depends on molecules adhesiveness and its association with fertility of patients in Erbil city.

Key words: measurement, viscosity, density, kinematic viscosity, physical properties of semen.

Introduction

Viscosity is the internal frictional force between molecules. The rheological properties of semen change dramatically after the material coagulates and this material then liquifies. Liquefaction occurs over a period of 5 minutes in vivo, but may take 20-30 minutes in vitro (1, 2).

The biochemical mechanism of this coagulation in liquefaction has been investigated by numerous researchers (3).

The coagulation factors derive from the seminal vesicles, while liquefying factor comes from the prostate (4).

The prevalence of semen hyperviscosity is estimated to be between (12-29%) and can lead to male factor infertility in both vivo and in vitro (5).

Anatomically the seminal fluid is secreted by male accessory glands i.e. seminal vesicle and prostate; any diseases in these organs change the fluid viscosity. These organs are sited near each other, displaying the short prevalence and weak stability of biophysical consistency of the fluid and any change in the semen environment by change of viscosity, will lead to disability of sperm and their motility (5 and 6) .

Basic semen analysis has remained an essential screening test in the assessment of human male fertility and measurement of semen volume is an important parameter (5). The sample graduated cylindrical method is used for measuring weight of coagulate such as semen analysis(6). It is a direct relationship between weight and volume which hinges on the density of the semen.

Only a few studies have examined the effects of electromagnetic fields on semen and reproduction in general. A study by Tateuo et al, 1998, exposed human semen to electromagnetic fields. Current frequency was applied and showed no increases in abnormalities of the structural semen when compared to the control (7).

The sperm electric charge gradually decreases with semen aging and with growing concentration of lactic acid. Diminished electrical charge will decrease sperm motility

and leads to formation of the agglutinations. Viscosity is an atypical characteristic of a real fluid. It arises from the shear stress between the layers of the fluid flow (8).

It has been seen that biochemical, enzymatic or genetic factors are possible causes of hyperviscosity of seminal fluid (9).

The issue of the electrical conductivity and dynamic viscosity has been rarely studied (10, 11).

The possible use of semen physical properties as an additional measure in semen evaluation in stallions has been considered.

This can be applied on quantitative and qualitative biophysical parameters in semen of fertile and infertile humans in Erbil city.

Abnormal coagulation, liquefaction, volume, viscosity and PH strongly suggests gland dysfunction (12).

Materials and Methods

This experiment employed (44) infertile and (12) fertile healthy males in Erbil city, through taking their sperm in an industrial laboratory and determining their dynamic viscosity by rotating viscometer and estimating density of semen by volume method. A viscometer is an instrument used to measure the viscosity of fluids.

For liquids with viscosities, which vary with flow conditions; an instrument called a Rheometer is used. Viscometers are only used to measure under flow condition.

Results

The results are based on a total of 56 samples of fresh semen collected from 44 infertile and 12 fertile patients in an industrial laboratory. The data in Table (1) display that; density and kinematic viscosity are not changed significantly between fertile and infertile patients at range $p < 0.05$.

In Table (1) the results show that there are significant differences in the viscosity and relative viscosity between fertile and infertile patients.

Table 1: Biophysical parameters of fertile and infertile seminal fluids

<i>Biophysical parameters</i>	<i>Infertile=44 Mean±SD</i>	<i>Fertile=12 Mean±SD</i>	<i>Sign.</i>
<i>Viscosity/Cp</i>	4.85±0.58	4.45±0.23	S
<i>Density/Kg/m3</i>	1.05±0.03	1.04±0.01	NS
<i>Kinematic Viscosity/ cp.m3/kg</i>	4.50±0.57	4.25±0.20	NS
<i>Relative Viscosity</i>	4.83±0.58	4.45±0.23	S

Discussion

The results of this study (in Table 1) by using T-Test shows that, when comparing viscosity between fertile and infertile patients there are significant differences in increases in the viscosity of semen between them. This result agrees with other researchers (13,14,15).

In Table 1 density and kinematic viscosity is not significantly changed between fertile and infertile patients. This investigation disagrees with authors (16,17).

The data in Table1 shows the relative viscosity decreases significantly between fertile and infertile patients at range $p < 0.05$. This finding agrees with authors (18,19).

This study found that increase in density indicated increase in viscosity of semen. This increases the probability that patients will be infertile (and vice versa).

Recommendation

Since not much research has been done in the field of biophysical properties of semen, the comparison of our results with others was somewhat restricted. Our experiment offered an insight into the issue of a possible assessment of semen qualitative and quantitative characteristics, based on the determination of semen biophysical properties. However, the results of this study need to be repeated and that is recommended before any serious implications can be drawn and needs to be reconfirmed so that this alternative examination can be made.

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