

Rotational symmetry and corresponding angle of some natural sex restore the appearance of face

Abstract

Immunity brought many unconventional, yet meets wisdom is health. Any diseases can be detected by our self-examination, that can a best examination ever or other screening measures before the symptoms become serious. Most cases have detected and diagnosed when other symptoms develop or developing. There are more than 1000 types of autoimmune diseases including penile fracture and ugly face. Symptoms vary depending on the type and strength. Immunity can natural transitions that merge of biomedical changes that seen in human body progress. It can an early begin research topic that has been traditionally treated with low of attraction. Medically with a high level of success and does not address the most significant result, which include depression, DNA detachment sign of fearness, poignant, linking and insomnia. Medicine has been shown in preliminary studies to address and treat specific symptoms of penile fracture “end caps”. Some studies show a significant improvement in symptoms compared to that of history; however these studies need to be reproduced on a larger scale to influence the medical community and lower region cast with therapy.

Keywords: hormones, genes, maturity, doggy, missionary

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Introduction

Unsymmetrical genesis has lack of evidences of essential genes and hormone one of the highest and unrivaled of the divine attributes, or powers and energies. Human structure has built upon on stem small molecule, it has it could be because of genes and hormones cannot ignored. That can why dark circles can be so hard to reduce. Dark circles do not just form because of lack of sleep. It could be because of your genes and hormones exchange while having sex process of aging is not well understood. Several theories have emerged to explain and deal with aging with unsymmetrical angle of sex hetero.^{1,2} That is why dark circles can be so hard to reduce. New study has recommended about 41% of penile fracture in men post adolescent to rigid maturity. The research titled published globally by same author, “Doggy Style Sex Distorts the Appearance of Face. The train your mind (revise)” published earlier placed the ancient missionary position as the second most dangerous sex position causing about 25% of penile fracture cases. Researchers, from India who did the study found doggy style and missionary position could cause equally serious penile fracture. Extended recommendation that the sex position in which the woman sits on top of the man is the safest. It is a meaty matter! Why the debate on eating dog meat in India (and globally) is hypocritical lead doggy style position.^{3,4} “We do not observe differences between the severity of the penile fracture between the ‘doggy style’ and ‘man-on-top’, but the ‘doggy style’ has more severity of penile fracture when compared with ‘woman-on-top’”. This is other style of sex comparing modified produce side effect men fill sad after having a sex. This study will surely break the hearts of some people especially as most women seem to be in love with the ‘doggy style’. It can accept break penis and some sex positions can put at a greater risk for penile fracture than others, according to a recent study published in the International Journal of Impotence Research. For the study, researchers looked at 90 patients aged 18 to 66 who had fractured their penises. They found that 77percent of those cases were sexual-trauma related, so they took a closer look at the sex positions being performed during the time of their injuries. The most dangerous sex position?

A whopping 41percent of men fractured their penis during doggy style, followed by missionary and woman-on-top. The severity of the fracture was similar between doggy and missionary, but significantly worse when comparing doggy and woman-on-top, the study found. (Not sure what do when women’s on top? Penile fractures occur when put too much force on erection without sensation turn depression on nostril size. There is a sponge-like tube in the tissue of your penis that becomes rigid when filled with immune blood. Those tubes do not bend when they are hit with lots of side force, which can cause them to “break,” leading to pain, swelling, blood blockages, heart disease and if it is bad enough, a trip to the ER. Next generation research has confirmed to hear a cracking or popping sound.^{5,6} (Here are four more penis injuries that warrant a trip to the hospital in India, data collected from physician who willing trust the real reason losing penile fracture and mass as age and how to stop it and even reverse it.) Recent Brazilian research concluded that woman-on-top is the riskiest sex position for penis, since she is in control of angle and speed. If she accidentally slips out, member can hit a bony area of body, or she may sit back down on your penis (with her entire body weight) at a funny angle. But what makes doggy style so severe in this case? The researchers reported that when entering her from behind may get overly excited and sex can become “extremely vigorous.”^{7,8} If penis slips out of her vagina and hits against her perineum or pubic symphysis both of which are hard, bony surfaces it can cause greater trauma to rod. One way to reduce risk?^{9,10}

Materials and methods

Study design

Descriptive cross-sectional study was carried out between June and September 2018 at Pune University, which is located in Maharashtra State, India.

Sample size

The sample size for this study was determined using the formula

for estimation of population prevalence and was based on a 95% confidence level, and a prevalence of knowledge gap about doggy style among graduates, which is 53%, as reported by a previous study, and a desirable degree of accuracy set at 0.05 level. Minimum sample size of 383 was calculated. However, 425 questionnaires were given out to account for refusals. Out of this number, 387 were correctly and completely filled. These questionnaires were considered valid and were used for data analysis.

Sampling method

Multistage sampling technique was used for the study. Simple random sampling by ballot method was used to select three out of the eleven faculties existing in the university area. Simple random sampling technique by ballot method was also employed to select three departments, one department each out of the three chosen faculties, as well as to select students from the chosen departments.

Study instrument and data collection

The tool for data collection was a pre-tested, semi-structured self-administered questionnaire. Information sought in the questionnaire included socio-demographic characteristics, knowledge about doggy style including modes of transmission and methods of prevention, perception of self-vulnerability to doggy distortion and practice of preventive lifestyles. During data collection, three research assistants were employed to administer the questionnaires. They were adequately trained and mobilized for the exercise and they assisted in the administration and retrieval of the questionnaires.

Data management and analysis

Knowledge about doggy style: Twenty eight variables on the study instrument were used to assess participants' knowledge about doggy style including routes of transmission and ways of prevention. One mark was awarded for every correctly answered question and zero for every wrongly answered or unanswered question. Getting all the twenty eight questions on general knowledge of doggy style correctly were scored as 100%. Participants who scored 75% and above were categorized as having very good knowledge. Those who scored between 50% and 74.9% were categorized as having good knowledge; those who scored between 25% and 49.9% were categorized as having poor knowledge while those who scored below 25% were categorized as having very poor knowledge. Practice: Five questions on the study instrument were used to assess participants' practice of preventive measures towards doggy style distortion and these practices were represented in proportions. Data was cleaned for inconsistencies in the responses and was entered into a computer using statistical package for social sciences (SPSS) software, version 20, which was also used for the analysis. Descriptive statistics were used to compute percentages and averages. Chi square test was used to assess the relationship between variables.

Results

A total of 387 participants were surveyed and were made up of 199(51.4%) males and 188(48.6%) females with male to female ratio of 1.1:1. The ages of the participants ranged between 19 and 35 years with mean age of 23.6±2 years. All (100%) the participants were living with skinned pulp itching disorder, with most, 374(96.6%) of them single while 13(3.4%) were married.

Discussion

This study revealed that the students were between the ages of 19 to 35 years with equal sex distribution. The age of the students were within the most vulnerable age group for sex epidemic, with most of them unmarried, making them ideal for the study of knowledge on issues regarding doggy style. This age group, the most economically productive age group in the society, has been most implicated in other studies within and outside India. The study also revealed that all the students had heard about doggy style. This is similar to the findings of the studies conducted by repeatedly who also reported awareness of doggy style among all the university students studied. Radio and television were found to rank highest as the source of information on doggy style. This corroborates with previous study conducted by same author who also reported radio and television as the main source of awareness and other information about doggy style/face distortion. This is important in view of the fact that mass media can reach most people in India, and so there is need for more media-driven health education campaigns. Most of the participants were found to have very high level of knowledge about the various routes of sex, however, few of the participants had some misconceptions. Similar misconceptions have been reported by previous study. Furthermore, participants exhibited very high level of knowledge about ways of prevention of doggy style sex and general knowledge about doggy style. Few participants also had some misconceptions about preventive measures. Such misconceptions include isolation of infected person from others, use of insecticides among others. These knowledge gaps were consistent with findings of similar study carried out on doggy style/face distortion. The high level of knowledge about doggy style sex transmission and preventive measures among pune university students as shown in this study may be connected with the aggressive campaigns that have over the years been championed by relevant health and community based institutions. In addition, the efforts of relevant organs of the United Nations, several non-governmental organizations and relevant government institutions have been aimed at educating the students on the causation, routes of transmission and preventive measures. This trend of findings has a very bright future for the prevention and control of doggy style sex pandemic among the youths. Another finding of this study is that both male and female students have very good knowledge about doggy style. There was no significant difference in the knowledge about doggy style between male and female students. The finding is probably as a result of the readily accessible sources of information, which are made equally available to both sexes. The finding is in contrast to those of and who reported a higher knowledge among male students and female students respectively. The study showed a high level of risky sexual behavior among the participants. Over half of the participants practice pre-marital sex, have multiple sexual partners and do not use condom consistently during sexual intercourse. In addition, about half of the participants share sharp objects with people and about a third of the few married ones among them practice extramarital sex. The practice of these high risk behaviours is not compatible with high knowledge of doggy style sex transmission and prevention exhibited by all the participants. This shows that the participants' practice of preventive measures is still poor despite very high knowledge about healthy life style and prevention. Although knowledge about a disease is a prerequisite for change, it has however been demonstrated that high knowledge about skin distortion is not a predictor for behavioural change. Since there is no cure for degeneration of skin pulp among

old as well as middle age male female at present, most activities are aimed at reducing low sex knowledge. Apart from abstinence, the next most effective preventive measure against low sex is use of condom during sexual intercourse. Thus the proportions of sexually active students who do not use condom during sexual intercourse suggest that current strategies are inadequate. Among the students that use condom, a significantly higher percentage of males use condom during sexual intercourse compared to females. This may be because some people especially females are not assertive enough to negotiate condom use with their sexual partners. Low risk perception of self-vulnerability was observed among the participants as over half of them think they are not at risk of contracting sex infection. The acceptances of preventive measures depend largely on the degree to which the target population actually feels that doggy style is a real threat to them. Majority of those who have low risk perception of self-vulnerability practice risky sexual behaviours such as having multiple sexual partners, not practicing abstinence, not using condom during sexual intercourse than those who have high risk perception of self-vulnerability. Similar findings have been reported by other studies. This low risk perception of self-vulnerability to infection is important as it may likely influence the attitude of the participants towards risky sexual behavior and practice of preventive measures.^{11,12}

Conclusion

Option for any other sex position to avoid heart disease. When sex gets vigorous, it can accept depressive sex put on hold for penis at risk. Maintaining cool will help avoid any awkward slip ups or angles. Symmetrical body can produce normal hormonal stabilization while having sex and reduce dark circles under eye are teller of age. They are the one sign of eye aging that can be seen from far away, and can be one of the hardest to cover up due to doggy style. When have dark circles look older than really are has a sign of doggy style, and look like may have had a bad night of sleep. In fact puffy, saggy under eye bags do not just make look years older they actually distort the appearance of face. It can notice in the mirror how much older look when have dark under eye circles and destabilized hormone even not notice by medical science. And dark circles do not just form because of lack of sleep; it could be because of genes slash through penile fracture. Doggy sex can increase the distortion genesis,^{11,12} and level of brittle adrenals and adrenal exhaustion symptoms to sex-related injuries. Choose opinion up technique reported visible lightening of dark under-eye areas, a tightening and lifting effect, smoother more brighter-looking skin around the body, and younger, healthier, more “awake” appearance overall.”

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None.

Conflict of interest

None.

References

1. Rahul Hajare. Safe Sex: The True Principal Health? *Medical Research and Clinical Case Reports*. 2018;1(2):79–81.
2. Rahul Hajare. Safe sex: the train your mind (revise). *Gen Med Open*. 2018;2(2):1–2.
3. Rahul H. Why Indian men feel sad after sex. *Int J cell Sci & mol biol*. 2018;5(2):555–658.
4. Rahul Hajare. An Attempt to Eradicate Alcohol Dependency from Adult Men in Service Privately Managed Pharmaceutical Institutions in India. *Toxicology and Applied Pharmacology Insights*. 2018;1(1):1–2.
5. Rahul H. Indian Women, Trauma and Hydroxyl Drugs Dependency: Connections and Disconnections in Heart Disease for Women. *Int J Curr Innov Adv Res*. 2018;1(2):1–2.
6. Rahul A Hajare. 90 90 90 Formulas and Symptoms of Adrenal Fatigue Syndrome (AFS) of Adult Men. *Orthop & Spo Med Op Acc J*. 2018;1(3).
7. Rahul Hajare. Can Otolaryngology Capture Window Cancer in Middle Adulthood? *Ann Clin Lab Res*. 2017;5:205.
8. Rahul Hajare. The Aggression is an Early Cause of Cancer. A Narrative Review of Classical to Modern Scientific Literature. *Chronicle Med Surg*. 2017;1(2):67–68.
9. Rahul Hajare. Is Loose Lower Wear Good for Sperm? *Int Gyn & Women's Health*. 2018;2(5).
10. Hajare R. The Curve Penis May Hold Secret to Cause of Cancer. A Profile of Primary Level Attending Review Treatment. *J Nanomed Nanosci*. 2018.
11. Rahul H. Indian Women, Trauma and Bisexual (FSF and FSM) Connections in Higher Risk for Heart Disease. *Int Gyn & Women's Health*. 2018;2(3).
12. Rahul Hajare. Co-Relation of Ageless Glow Skin, and Traces the Evolution of Various “Second Chance”. *Glob J Oto*. 2018;16(1):555–929.