

Transcranial magnetic stimulation in a male brain and his genitals for the influence of his genital system with problems related to his spermatozoa mobility and density

Abstract

Studies on a case of a woman that experienced many miscarriages without having any serious gynecological problems led us to search as an alternative to examine in a microbiological diagnostic laboratory her husband's genital system. This test detected problems in man's genital system. To overcome these problems, we thought of applying weak magnetic fields of the order of pT-TMS (pico-Tesla Transcranial Magnetic Stimulation) on man's brain and genital system in order to influence his genital system for its proper function with respect to the movement, the density and the better penetration of the spermatozoa after ejaculation in his wife ovule.

Keywords: MEG, pT-TMS, spermatozoa, man genitals

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Introduction

In general, the man spermatozoa consist from the head, the main body and the tail. The head has diameter $3.4-5 \times 10^{-6} \text{m}$ in length and transversal diameter $1.5-2.8 \times 10^{-6} \text{m}$. The volume of the head calculated electronically is $15-29 \times (10^{-6} \text{m})^3$ and the main body of the spermatozoa consists from the neck and the medium section. The neck has length about $1 \times 10^{-6} \text{m}$ and the medium section $5-7 \times 10^{-6} \text{m}$ and diameter $1 \times 10^{-6} \text{m}$.

The tail of the spermatozoa consists from the main part with length about $45 \times 10^{-6} \text{m}$ and the final section of the tail has length $5-7 \times 10^{-6} \text{m}$.

The head of the spermatozoa is covered from the acrosoma where is riched with phospholipidia, glycoproteins and different enzymes and is covered with internal and external cloak. The best enzyme of this space is the acrosini which is important for the penetration of the spermatozoa in the woman ovule. The head of the spermatozoa has special figure to be able to go through the liquids. The movement of the spermatozoa is based on the mechanisms of the micropipes. In the region of the middle section of the spermatozoa is covered with mitochondria which give energy for the movement of the spermatozoa.

The Sperma is characterized from the liquid mass which comes out from the man urethra during the ejaculation. The Sperma consists from the spermatozoa and the sperma plasma. These two are not homogeneous immediately after ejaculation. The more part of the cells of normal sperma is the spermatozoa which are motion cells with head, with cell body and tail. On the head of the spermatozoa are sit upon in the form mantle the acrosoma which consists from different enzymes as is the acrosini. In the acrosoma there are different enzymes as is the glycosidase and others. The acrosoma plays important role for the penetration of the sperma in the woman ovule. In order the spermatozoa to penetrate the woman ovule it is necessary the chemical

change in the cell membrane and after the changes in the actosoma. In the physiological state of the spermatozoa 90-95% has acrosoma after the ejaculation. In case that the spermatozoa are out from the somatic plasma then 15% of the spermatozoa loss the acrosoma and the power to penetrate the woman ovule. The middle part of the spermatozoa consists from the axonima which has around it the mitochondria. The mitochondria create a lot of energy which is needed for the movement of spermatozoa. The tail and the inside of it axonima and the two central and nine external micronimatia produce the great movement of the spermatozoa which is the proper power for the fertilization. The best movement of the spermatozoa from the biochemical point of view depends from the neucleotide (ATP). The density in ATP goes with the movement magnitude of the spermatozoa and the duration of the movement.

In addition to the energy from mitochondria there are others substances as electrolytes, potassium, spermatozoa. If the speed of the spermatozoa is $30-100 \mu\text{m}/\text{sec}$ is possible to approach the woman ovule, which is 15cm away, in one hour after the ejaculation. The physiological number of spermatozoa during the ejaculation is 10-120milions/ml for fertilization. From this only 50% are active whereas the 20% developed problems of their membranes and only 40% of the spermatozoa don't have physiological forms. In the spermatozoa there are also spermatides which don't have acrosoma.

There is other kind of cells of spermatozoa the epithelial cells which comes from the different parts of the discharged way of spermatozoa. Other cells in the sperma in case of inflammation are the kokkiocells and lymphocells. There is also amino acid in the plasma of the spermatozoa. In the amino acid Karnitine which is in $250 \mu\text{g}/\text{ml}$ in normal spermatozoa if then after cutting the spermatid passage then the karnitine is lowered very much the spermatid plasma. There are also concentrations of proteins in the spermatozoa plasma in $58 \text{g}/\text{l}$.

Most of the proteins are enzymes and after the ejaculation was seen coagulation of the spermatozoa and after 20-30min is liquefied the spermatozoa with one enzyme the semin. The perforation of the cell membrane of the woman ovule comes from the acrosini of the spermatozoa. In the plasma of the spermatozoa there are lipidia as the sperminiand prostaglandins. In the plasma of the spermatozoa there are also testosterone and cortizoli and FSH and prolactine which are important for the movement of the spermatozoa. In the spermatozoa and other substances of the plasma can create antibodies which are very important for immunological reactions.⁸

Methods

Studies with the use of weak magnetic fields²⁻⁸ in patients with different brain disorders and their effect we have thought to influence the man genitals system for the proper function with respect to the movement, the density and the better penetration of the spermatozoa after ejaculation in the woman ovule.

In order to improve the proper function of the spermatozoa which we have mentioned above¹ so that properly penetrate the woman's ovule after ejaculation we have thought to do first magnetoencephalographic (MEG) measurements using the biomagnetometer SQUID in our laboratory for the man with genital problems. After getting the MEG

recordings of the patient we have to do Fast Fourier Transform (FFT) statistical analysis in order to determine his alpha frequency (8-13HZ). In addition, we have to examine after the ejaculation of the patient the movements and the density of spermatozoa in diagnostic microbiological laboratory.

Then, after having determined the patient alpha frequency we can calibrate the electronic device⁹ in that frequency and advise the patient to use the device every night at the 23.30pm hour for one minute in frontal and occipital lobes of his head, and another minute for the right and left temporal regions of the patient head. After we have to advise the patient to turn off all the lights and go to bed to sleep. In addition, the patient has to use the electronic device⁹ for the treatment some time at noon, for his genitals organs for one minute every day. Furthermore, the patient has to do the above mention treatments for about a month and go for a diagnostic microbiological laboratory to analyze his spermatozoa after ejaculation. These spermatozoa conditions should to compare with previous results before and after treatment (Table 1) (Table 2). The same procedure the patient repeats for another month and if he has proper results from the diagnostic microbiological laboratory he should visit his gynecology medical doctor for his/her advise for his contacts with his wife in order to see if she can get pregnant. After his wife with the above treatment become pregnant we can see the progress of the fetus every week.

Table 1 Microbiological diagnostic findings before and after treatment from aimoanalysis Ebrou

Microbiological diagnostic findings before	Microbiological diagnostic findings after
Treatment from aimoanalysis Ebrou	Treatment from aimoanalysis Ebrou
June 23,2020	November 4,2020
Volume sperma before	Volume sperma after
2.0ml NV>2ml	1.5ml NV>2ml
Reaction(PH)7.5 NV>2ml	Reaction(PH)7.2
Head with head litle	Head with head litle
Tail with head rare	Tail with head rare
Tail with tail rare	Tail with tail rare
Mixtures more	Mixtures litle
Different shapes 7% NV>14	Different shapes 15% NV>14
Abnormals head 42%	Abnormals head 36% NV>14
Abnormal neck 30%	Abnormal neck 31% NV>14
Abnormal tails 10%	Abnormal tails 10% NV>14
Immature 11%	Immature 8%
Fast Motion in front 11% in 1h	Fast Motion in front 25% in 1h
Fast Motion in front in 6% in 3h	Fast Motion in front 15% in 3h
Sluggish in front 15% in 1h	Sluggish in front 20% in 1h
Sluggish in front 5% in 3h	Sluggish in front 15% in 3h
Local motion 25% in 1h	Local motion 30% in 1h
Local motion 10% in 3h	Local motion 25% in 3h
No motion 49% in 1h	No motion 25% in 1h
No motion 79% in 3h	No motion 45% in 3h

Table 2 Microbiological diagnostic findings after treatment July 29, 2020

Protypo diagnostic laboratory Demokritos
Volume sperma
Volume 2.0ml NV 1.5-5.0
Reaction(PH)7.7 NV>7.2ml
Liquefied 60 NV15-45
Number of sperma/ml23
NV>15X106
Number of sperma total 46
NV >39X106
Nomal forms 4% NV>=4%
Abnormal heads 65%
Abnormak tails 11%
Fast Motion in front 10% in 1h
Fast Motion in front 8% in 3h
Slow Motion 12% in 1h
Slow motion 10% in 3h
Sluggish motion 10% in 1h
Sluggish motion 9% in 3h
No motion 68% in 1h
No motion 73% in 3h

Discussion

In our studies with continuum many miscarriages of the woman without having any serious gynecological problems we thought to examined in a microbiological diagnostic laboratory her husband's genital system. With that examination we were able to find out problems in his genital system. In order to overcome these problems we thought of using weak magnetic fields of the order of pT-TMS (pico-Tesla Transcranial Magnetic Stimulation)^{2-8,9} in her husband's brain and genital system so that to be able to influence his genital system for its proper function with respect to the movement, the density and the better penetration of the spermatozoa after ejaculation in his wife ovule.

Of course further research is needed to be done in order to clarify our research results.

Results

After the application with pico-TMS⁹ in the different parts of her husband brain and genital system with the proper alpha frequency, obtained using FFT in the MEG recordings, we have to examine, after his ejaculation, the movements and the density of spermatozoa in a diagnostic microbiological laboratory as we have mentioned in our Methods.

By comparing these spermatozoa conditions before and after the external magnetic stimulation we have the results which are shown in Table 1 for the (for June 23, 2020 and, November 4, 2020) and from another microbiological laboratory for July 29, 2020 in Table 2. The

same procedure we have advised her husband to repeat for another month and after has proper results from the same microbiological laboratory he should visit his gynecology medical doctor for his/her advise for his contacts with his wife if she could get pregnant with these spermatozoa conditions.

Thus, if his wife with the above treatment becomes pregnant after so many miscarriages, we can see the normal progress of the fetus every week from microbiological diagnostic laboratory.

Conclusion

Using continuously the application of external pico-Tesla Transcranial Magnetic Stimulation on the different parts of the brain and genitals for the man who his wife was suffering with many miscarriages, she finally became pregnant.

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None.

Author's contribution

All the authors have accepted responsibility by the entire content of this manuscript and approved submission.

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Conflicts of interest

The authors declare no conflict of interest.

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