

# Morphology and Ultrastructural Effects on Sertoli and Spermatogenic Cells of Man after Testosterone Treatment

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## INTRODUCTION

It is now an old and established fact that Men live less than women and suffer more. The difference in life span of the two sexes ranges from 3-12 years in most regions of the world making it an almost universal phenomenon. Many diseases like metabolic syndrome, suicide, cardiovascular disease, road traffic accidents, occupational hazards and mental illnesses affect and kill men more than women. It has been estimated that most of these chronic health illnesses are preventable (upto 70%) and arise out of lifestyle issues and sociocultural factors. Even though women fall sick more often with minor ailments, they have lower mortality resulting from better care for their illnesses. Contrary to this when men turn up in hospitals their disease is more advanced and less amenable to cure. Right from genetic makeup to the external environment most factors are not conducive for survival of men. The need for health promotion and illness prevention to uplift health care for men is also largely unmet across all age groups and adds to the morbidity. Even adolescent and young adult male health receives very little attention despite being aware of the fact that even little intervention can lead to a huge impact in smoothening the disparities and inequalities between the two sexes. We classically look at men's health from two viewpoints, the first is arising from studies on men and masculinity and the other from comparison between health of men and women [7] while there is a need to amalgamate the two to make a positive difference. This article amalgamates the two and updates the readers regarding the concept of men's health.

Across the four major epicenters for health in the ancient world, men's health was given high priority with focus being on sexual health. Literature from that era teems with spirits, daemons and venereal diseases from which the man had to protect himself. Seminal qualities and 'doshas' were realized and were an important arena of research. Erectile function was a major morbidity and numerous elixirs, broths, herbs and drugs were prescribed to protect masculinity. The concept of chronic and lifestyle disease was unknown and deaths in men due to warfare and trauma were rampant. It was not earlier than the 18th century

when focus shifted mainly to women in view of maternity related morbidity and men's health was self-sustained during preparation for wars. Since then the health of women and children has overtaken men's health and today major health policies are directed at upliftment of health of women especially during the reproductive years. With the change in physical requirements and recognition of lifestyle and non-communicable diseases men's health status has reverted and the deterioration has become apparent in the last two decades. Current Literature suggests that men are a weaker sex from the very beginning. A number of factors including prenatal factors, familial conditioning and education influence male health outcomes. Certain influences mediated by epigenetic changes can be transferred genetically and can alter the expression of disease. Males are weaker since inception and more susceptible to maternal stress. Premature birth, stillbirth, brain damage, cerebral and congenital anomalies of the genitalia and limbs are more common in the male child. Physiologically a new born girl is stronger and equivalent to a 4-6 week new born boy. Similarly many disabilities also target males more commonly making men fragile as compared to women and males suffer more often from premature death during early adulthood.

There is a growing health inequality based on economic factors, age, race, ethnicity and sexuality. Men are linked to hegemonic masculinity and traditional gender roles are widespread in the community. It is well recognized that masculine beliefs are associated poor mental and sexual health outcomes and levels of engagement with health services are also inferior. A recent study of male population in South Korea revealed an increase in disease burden in elderly men due to rapid westernization of society leading to an acute economical health burden. There is an increase in prostate related diseases, erectile dysfunction, heart disease, Hypertension, cancers, obstructive lung diseases, metabolic syndrome, diabetes and mental disorders like depression dementia and sleep disorders. At the same time there has been a better understanding of the interrelationship between cardiovascular disease, metabolic syndrome, prostate health and erectile function.

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