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## **Hypothesis: Who is Responsible for Sex of Offspring?**

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### **ABSTRACT**

The fact that male gamete possesses either of sex chromosome, he is known responsible for gender of baby. In this hypothesis placing all facts on female reproductive tract, authors state man's lone role is "surrendering" semen into vagina. All changes to millions of his gametes in female system from killing many, lifting, transporting, activating, permitting for its motility like processes done by her genital tract are responsible for preference of either X or Y chromosome carrying spermatozoan for fertilization. Hypothesis concludes female as solely responsible for determining sex of offspring.

**Key words:** Hypothesis, male-female sex, gender, offspring

### **INTRODUCTION**

In the natural process of sex selection of the offspring, male partner is responsible for fertilization by virtue of his contribution of either X or Y chromosome bearing spermatozoan. Y chromosome carrying spermatozoan fertilize an ovum to develop male and that of an X leads to female (Dutta, 2004). Though, the bioethical aspects of gender selection prior to implantation gained interest for non medical reasons (ASRM, 2001; Gleicher and Karande, 2002).

**Present knowledge:** Semen after deposition into vagina, clots, liquefies and spermatozoa make its entry into cervix. Motile spermatozoa pass through uterus and enter any one fallopian tube. Several reasons are shown for large requirement of number of spermatozoa for fertilizing one ovum. In an ejaculate some spermatozoa are non motile or dead; many are killed by low pH of vagina, several lose motility while travelling the whole length of female system. At the end, those surviving engage in separating cumulus oophorus to expose ovum and final preparation for the entry of one cell into it which is done by thinning oval membrane. Present knowledge is X or Y chromosome bearing spermatozoan determines sex of the child and so father is named as the deciding factor.

**Hypothesis:** The present hypothesis states mother is solely responsible for the sex selection of the offspring and not father.

**Evidences supporting hypothesis:** It is a common belief among different communities that mother is responsible for birth of a boy or a girl. It is observed some women repeatedly deliver children of same sex. Lord Krishna who is worshipped by billions of followers of Hindu religion,

was the only son born to his mother, after giving birth to seven daughters. His birth was eagerly awaited by all believing the prediction that this boy would kill devilish king of that time. Several reports of repeated delivery with same sex babies are available in literature.

During sexual process male partner “surrenders” semen into vagina to decide by female the fate of his of millions of gametes. Woman is fully responsible for any change takes place on spermatozoa or seminal plasma in her system. Physiological analysis of the process and time spent by spermatozoa in female system proves the female accepts or rejects male gametes in her territory. Though, X and Y chromosome bearing spermatozoa are equal in number in semen, world population has more male. Interestingly, sex studies in naturally aborted fetus showed majority of them were male. In real male sex determining spermatozoa are preferred by women.

Initially ejaculate forms a clot in posterior fornix of vagina. Its liquefaction requires 15 min time (WHO, 2010). Liquefaction in vagina needs 5 min less time less than in laboratory due to accelerating action of enzymes present there (Treadway, 1975). Vaginal secretion, contain transudation of epithelial cells, old superficial epithelial cells, lactic acid, electrolyte, proteins and leucocytes (Dutta, 2008; Jeffcoates, 2001; Padubiri and Daftary, 2009). This environment is highly hostile for spermatozoa but initially they are protected inside semen clot. Though, at this level millions of them perish after released from clot mainly due to presence of low pH which differs at different length (range 3.5-5.5). Effect of difference in pH on spermatozoa motility is known (Goodall and Roberts, 1976). The pH varies during different phases of menstrual cycle and which depends on the level of female hormones (Dutta, 2003). It is at peak at the time of menstruation (Jeffcoates, 2001; Padubiri and Daftary, 2009).

Spermatozoa and seminal plasma bring several antigens to female genital tract. They are inactivated and functionally cleansed by female genital tract. Infertility follows whenever failure occurs on this process (Skandhan, 1979; Skandhan *et al.*, 1976, 1981).

Motility of spermatozoa is initiated in vaginal fornix where glycogen level is high (2.5-3 mg%) compared to lower region (0.6-0.9 mg%) (Dutta, 2003). Glucose is present in semen (Patel *et al.*, 1988). This is the major source of glycolytic energy for sperm metabolism (Mann and Rottenberg, 1966; Peterson and Freund, 1969, 1971). Thus, the glycogen present in vagina is for functioning of spermatozoa at this level. Other than pH, factors cyclically changing and affecting sperm motility in vagina are viscosity, osmolarity, temperature, elements, ions and suspending fluid (Luis, 1997). Effect of temperature on sperm motility is reported by Makler *et al.* (1981). A change in temperature anywhere throughout the length of female system may cause a change in sperm motility. Among animals ambient temperature is a deciding factor of sex determination (Warner and Shine, 2011).

The entry of survived spermatozoa into cervix is restricted to ovulation time and menstruation. During other timings, the biophysical properties of cervical mucus remains like a thick coagulum of fine filaments which prevents spermatozoal entry. Male gamets get trapped here (Tauber and Zanveld, 1976). Effect of pH on spermatozoa motility is known. Spermatozoa are susceptible to change in pH of vaginal fluid and cervical mucus. Sperm penetration is quicker during ovulation time when pH of mucus is high (Jeffcoates, 2001; Lamar *et al.*, 1980).

Semen is viscous in nature. Sperm motility decreases whenever viscousness rises. Experimental evidences reported spermatozoa move easily in serum than seminal plasma where viscousness is less (Rozin, 1960). Velocity of spermatozoa increases when specimen is diluted with its own seminal plasma or saline (Makler *et al.*, 1979). The viscousness of cervical mucus is an important factor in sex selection. Viscous cervical mucus increases chances for male offspring (Smith *et al.*, 2005).

Osmolarity changes in cervix depends on level of hormones and accordingly the motility of spermatozoa. Selection of X or Y chromosome carrying spermatozoa which is accelerated or inhibited by osmolarity of cervical mucus. The chemical and physical nature of it does not permit all spermatozoa to penetrate through. Microstructure of cervical mucus functioned as a filter and allows only good quality spermatozoa to enter the upper tract (Jeuline *et al.*, 1985). Cheretein (1979) indicates the selection of X or Y chromosome carrying spermatozoa is done by cervix. When they arrive at cervix spermatozoa are swollen and those not swollen are denied further passage. Decrease in cell volume is essential for further movement of spermatozoa (Yeung *et al.*, 2003). Surrounding hypo osmolar medium permitting opening of ion channels whereby ions and water escape (Petrunkina *et al.*, 2004; Yeung *et al.*, 2005; Kelin *et al.*, 2006).

The chemical composition of cervical mucus shows presence of sodium, potassium, calcium, magnesium, zinc, copper, iron, sulphate, bicarbonate, phosphate, magnesium, cadmium, silver and cobalt. According to the day of the cycle its concentration level changes (Fordeny, 1981). The different concentration of elements and metallic ions in cervical mucus are under study to know more on its effect on spermatozoa. Reports showing the effect of some electrolytes and metals on sperm motility by comparing levels of it in normal semen samples with that of oligoasthenozoospermic and asthenozoospermic (Gusani *et al.*, 1988; Skandhan, 1979, 1981, 1992; Skandhan and Mazumdar, 1979; Skandhan *et al.*, 1976, 1978, 1981, 2005, 2007, 2010). Experimentally it shows that, above a particular level calcium (Bredderman and Foote, 1971; Holland and White, 1980; Rosado *et al.*, 1970), zinc (Skandhan, 1992; Rosado *et al.*, 1970) cadmium (Holland and White, 1980) and copper (Holland and White, 1980; Ullmann and Hammerstein, 1972) inhibit motility of spermatozoa. Elements present at different level in female system may have same effect. Fordeny (1981) had shown that concentration of constituents in female genital tract change every day. Thus, the element influences sperm motility. Different elements, with changing concentrations in cervical mucus, may have an effect specifically, on X or Y bearing spermatozoan. Swimming behaviour of both X and Y spermatozoa differs. Employing calcium ion it was observed that a specific protein was responsible for this (Shankar *et al.*, 1984).

It is mechanically not possible for spermatozoa to travel the length of 7.5 cm in female system in a short span of time with its velocity of 3 mm min<sup>-1</sup> (Treadway, 1975). In spite many spermatozoa are capable to reach the target in ten minutes after coitus (Treadway, 1975). This is the mechanism of transport of spermatozoa caused by contraction of uterine muscle, lifting male gametes to upper part of the tract. The effect of many elements identified in cervical mucus, uterine and fallopian tubular fluid on sperm motility is known (Battersby and Chandler, 1997; Bredderman and Foote, 1971; Holland and White, 1980; Rosado *et al.*, 1970; Skandhan, 1992). Knowledge about the movement of spermatozoa in its type, velocity and style beyond the level of cervix is known now. Spermatozoa are "activated" above the level of cervix and the process is christened as capacitation (Austin, 1951). Capacitated spermatozoa alone are eligible for fertilization (Eisenbach, 1999; Eisenbach and Kasper, 1999). Many are not capacitated showing the discretionary power of female system.

The composition of fluid at uterine and fallopian tubular levels is studied in detail. The survival and further proceeding of spermatozoa depended on uterine fluid. Change in its composition can alter accelerate or kill them at this level. It was recorded that many spermatozoa are shown as dead here.

Sperm activating and attracting function is considered as that of eggs where extra Ca<sup>++</sup> enters sperm cell for its motility (Yoshida *et al.*, 2003).

Acrosome reaction is a unique sperm process in female tract which is induced by progesterone and zona pellucida (Jackson *et al.*, 2002). As a part of it, regulated exocytosis of calcium takes place (Blas *et al.*, 2002). Multiple calcium channels are identified in plasma membrane and acrosome membrane (Felix, 2005) which requires small depolarisation to get activate (Preas-Reyes, 2003). Presence of progesterone is essential for this process (Gonzalez-Martinez, 2003; Jaiswal *et al.*, 1999). Progesterone is present in micro osmolar concentration in the vicinity of ovum in fallopian duct, where acrosome reaction takes place (Harper and Publicover, 2005).

Sucking action of fimbria bring the ovum alongwith cumulus oopherus and fluid to the tube. Several studies are conducted to determine whether ovum and extra content attracts sperm for fertilization (Diaz *et al.*, 1990). The product of ovulation is essential for sperm transport in oviduct. Ovulatory tubal ampulla contains significantly larger number of spermatozoa than contra lateral tube (Williams *et al.*, 1979). This confirms the tube or the follicular content where ovum is present attracts spermatozoa.

*In vitro* studies of follicular fluid with human spermatozoa, established chemotaxic action (Eisenbach, 1999). Progesterone which is present surrounding ovum is a chemo attractant, to spermatozoa (Diaz *et al.*, 1995). Progesterone probably causes human sperm accumulation mainly by inducing sperm hyperactivation like motility and as a consequence, sperm trapping (Jaiswal *et al.*, 1999). Chemotaxis for a specific type of sperm is not a rare possibility. Study on this line is in progress.

Caffeine increases the percentage of motile spermatozoa (Haesungcharern and Chulavatnatol, 1973; Makler *et al.*, 1980). Temperature influence on sperm motility extreme level of it makes spermatozoa motionless (Appell and Evans, 1977). Makler *et al.* (1981). In a study to assess the relative viability of X bearing spermatozoa in vagina. Women who suffers from Trichomonas vaginalis significantly increase chance of delivering female children. Trichomonas increases the vaginal pH. pH has an effect on X and Y chromosome bearing spermatozoa (Minkoff *et al.*, 1985). Shione and Ramcharans (1982) when women who conceived after discontinuation of oral contraceptive pills by women leads to increase of male offspring in small excess. Failure of rhythm method as contraceptive measure also increases chances of male offspring. All indicates change in vaginal and cervical flora carries out specific selection of spermatozoa to pass through the female genital tract (Shione and Ramcharans, 1982).

Moiler (1996) regarded environmental factors as contributors for sex determination. Davis *et al.* (1998) reported a long term sustained reduction in ratio of male to female birth in several industrial countries. A hypothesis in this line for sex differentiation was proposed by Harrison *et al.* (1997).

## CONCLUSION

Selective penetration of sperm in cervical canal was dependent on the physical and chemical characteristics of vaginal and cervical flora. It is the condition of female genital tract-cervical mucus, fluid of uterus and tubes-that determine which of two types of spermatozoa would successfully reach and fertilize an egg at the time of ovulation to decide the sex of the baby.

Effect of cyclical changes of hormone and effect of micro organism on the cervical mucus influenced entry of specific spermatozoan.

Since a decade, research workers had been trying to find out if a chemo taxis mechanism existed in female tract to attract male gamete to egg. Convincing evidence are available, presently showing tubular fluid operated on this line.

Reports shows oocyte and cells in cumulus secrete chemo attractants (Sun *et al.*, 2005). This report suggest chemo attractant present in the follicular fluid sperm and ovum attract for determining sex of the offspring.

As we conclude the female partner as responsible for deciding sex of the baby, in future it may be she who consumes a “ male tab” or “ female tab” on a particular day of her cycle for the desired sex of baby.

## REFERENCES

- ASRM, 2001. Preconception gender selection for non medical reason. *Fertil Steril*, 75: 861-864.
- Appell, R.A. and P.R. Evans, 1977. The effect of temperature on sperm motility and viability. *Fertil. Steril.*, 28: 1329-1332.
- Austin, C.R., 1951. Observation on the penetration of the sperm into mammalian eggs. *Aust. J. Sci. Res.*, 4: 581-596.
- Battersby, S. and J.A. Chandler, 1997. Correlation between elemental composition and motility of human spermatozoa. *Fertil. Steril*, 28: 557-561.
- Blas, D.G., M. Michaut, C.L. Trevino, C.N. Tomes, R. Yunes, A. Darszon and L.S. Mayorga, 2002. The intraacrosomal calcium pool plays a direct role in acrosomal exocytosis. *J. Biol. Chem.*, 277: 49326-49331
- Bredderman, P.J. and R.H. Foote, 1971. The effect of calcium and ions on cell volume and motility of bovine spermatozoa. *Proc. Soc. Exp. Bio. Med.*, 137: 1440-1443.
- Cheretein, F.C., 1979. The physiological importance of cervical secretion and its role in reproduction. *Contra. Fertil. Sex*, 71: 31-41.
- Davis, D.L., M.B. Gottlieb and J.R. Stampnitzky, 1998. Reduced ratio of male to female birth in several industries countries: A sentinel health indicator. *JAMA*, 279: 1018-1029.
- Diaz, V.C., B.L. Martineza and V.L. Oretaga, 1995. Progesterone induces sperm chemotaxis. *Fertil. Steril*, 64: 1183-1188.
- Diaz, V.C., V.F. Ortegea, K.A. Ambe, M.A. Daiz and S.K. Krivitzky, 1990. Evidence that human follicular fluid contains a chemo attractant for spermatozoa. *Fertil. Steril*, 54: 1180-1182.
- Dutta, A., 2003. Botany. 6th Edn., Oxford University Press, India, ISBN: 0-19-563748-8, pp: 579.
- Dutta, D.C., 2004. Text book of Obstetrics. 6th Edn., New central agency, Calcutta, Pages: 20-21.
- Dutta, D.C., 2008. Text book of Gynecology. 5th Edn., New central book agency, Calcutta, Pages: 6-7.
- Eisenbach, M. and T.I. Kasper, 1999. Do human eggs attract spermatozoa? *Bioessays*, 21: 203-210.
- Eisenbach, M., 1999. Mammalian sperm chemotaxis and its association with capacitation. *Dev. Genet*, 25: 87-94.
- Felix, R., 2005. Molecular physiology and pathology of Ca<sup>2+</sup>-conducting channels in the plasma membrane of mammalian sperm. *Reproduction*, 129: 251-262.
- Fordeny, D.S., 1981. A review of cervical mucus and sperm interaction in humans. *Int. J. Fertil.*, 26: 161-169.
- Gleicher, N. and V. Karande, 2002. Gender selection for non medical reason. *Fertility*, 78: 460-462.
- Gonzalez-Martinez, M., 2003. Induction of a sodium dependent depolarization by external calcium removal in human sperm. *J. Biol. Chem.*, 278: 36304-36310.
- Goodall, H. and A.M. Roberts, 1976. Differences in motility of human X and Y bearing spermatozoa. *J. Reprod. Fertil.*, 48: 433-436.

- Gusani, P.H., K.P. Skandhan, C. Valsa and Y.B. Mehta, 1988. Sodium and potassium in normal and pathological seminal plasma. *Acta Eur. Fertil.*, 19: 333-336.
- Haesungcharern, A. and M. Chulavatnatol, 1973. Stimulation of human spermatozoal motility by caffeine. *Fertil Steril*, 24: 662-665.
- Harper, C.V. and S. Publicover, 2005. Reassessing the role of progesterone in fertilization-compartmentalized calcium signaling in human spermatozoa? *Hum. Reprod.*, 20: 2675-2680.
- Harrison, P.T., P. Holmes and C.D. Humfrey, 1997. Reproductive health in humans and wildlife: Are adverse trends associated with environmental chemical exposure? *Sci. Total Environ.*, 205: 97-106.
- Holland, M.K. and I.G. White, 1980. Heavy metals and spermatozoa, 1. Inhibition of the motility and metabolism of spermatozoa by metal related to copper. *Fertil Steril*, 34: 483-489.
- Jackson, C, B. Kirkman, L.P. Emma, L.R. Christopher, Barratt and J.P. Stephen, 2002. Zona pellucid and Progesterone-Induced  $Ca^{2+}$  signaling and acrosome reaction in human spermatozoa. *Andrology*, 12: 306-315.
- Jaiswal, B.S., H.T. Kaspa, J. Dor, S. Mashlach and M. Eisenbach, 1999. Human sperm chemotaxis: Is progesterone a chemoattractant? *Biol. Reprod.*, 60: 1314-1319.
- Jeffcoates, T.N.A., 2001. *Principle of Gynecology*. 6th Edn., Arnold, London, UK., pp: 26-27.
- Jeuline, C.S., A. Saumach and P. Jouannet, 1985. Center d etude et de conservation du sperme. *Int. J. Androl.*, 8: 215-233.
- Kelin, T., T.G. Copper and C.H. Yeung, 2006. The role of potassium chloride biol cotransporters in murine and human sperm volume regulation. *Reprod.*, 75: 853-858.
- Lamar, J.K., L.B. Shettle and E. Delfs, 1980. Cyclic penetrability of human cervical mucus to spermatozoa *in vitro*. *Am. J. Physiol.*, 129: 234-241.
- Luis, B., 1997. Clinical approach to the evaluation of sperm cervical mucus interactions. *Fertil Steril*, 28: 1113-1115.
- Makler, A., Z. Blumenfeld, J.M. Brandes and E. Paldi, 1979. Factors affecting sperm motility. II Human sperm velocity and percentage of motility as influenced by semen dilution. *Fertil Steril*, 32: 443-449.
- Makler, A., E. Makler, J. Itzkovitz and J.M. Brandes, 1980. Factors affecting sperm velocity IV. Incubation of human semen with caffeine, kallikrein and other metabolically active compounds. *Ferti Steril*, 33: 624-630.
- Makler, A., M. Deutch, A. Vilensky and Y. Polti, 1981. Factors affecting sperm velocity. VIII. Velocity and survival of human spermatozoa as related to temperature above zero. *Int. J. Androl.*, 4: 559-569.
- Mann, T. and D.A. Rottenberg, 1966. The carbohydrate of Human semen. *J. Endocrinol.*, 34: 257-259.
- Minkoff, H., A. Grunebaum, W.M. Mc Cormack and R.H. Schwarz, 1985. Relationship of vaginitis to the sex conceptuses. *Obstet. Gynecol.*, 66: 239-240.
- Moiler, H., 1996. Change in male: Female ratio among new born infants in Denmark. *Lancet*, 349: 805-806.
- Padubiri, V.G. and S.N. Daftary, 2009. *Howkins and Bourne Shaw's Text Book of Gynecology*. 14th Edn., Noida, Reed Elsevier Private Limited, India.
- Patel, S.M., K.P. Skandhan and Y.B. Mehta, 1988. Seminal plasma fructose and glucose in normal and pathological conditions. *Acta Eur. Fertil.*, 19: 329-332.

- Peterson, R.N. and M. Freund, 1969. Glycolysis wasted suspension of human spermatozoa. Effect of substrate, substrate concentration and changes in medium composition on the rate of glycolysis. *Biol. Reprod*, 1: 238-243.
- Peterson, R.N. and M. Freund, 1971. Factors affecting fructose utilization and lactic acid formation by human semen. The role of glucose and pyruvic acid. *Fertil Steril*, 22: 639-644.
- Petrunkina, A.M., R.A.P. Harrison, M. Ekhlasi-Hundrieser and E.T. Peterson, 2004. Role of volume-stimulated osmolytic and anion channels in volume regulation by mammalian sperm. *Mole. Hum. Reprod*, 10: 815-823.
- Preas-Reyes, E., 2003. Molecular physiology of low voltage activated T type calcium channels. *Physiol. Rev.*, 83: 117-161.
- Rosado, A., J.J. Hick, Martinez-Zedilla, A. Bondania and M.J. Martinez, 1970. Inhibition of human sperm motility by calcium and zinc ions. *Contraception*, 2: 254-273.
- Rozin, S., 1960. Studies on seminal plasma I. The role of seminal plasma in motility of spermatozoa. *Fertil Steril*, 11: 278-285.
- Shankar, S., D.J. Jolly and T.J.U.W. Freidman, 1984. Swimming behavior of X and Y human sperm. *Differentiation*, 27: 120-125.
- Shione, P.H. and H.S. Ramcharans, 1982. Sex of offspring of women using oral contraceptives, rhythm and other methods of birth control around the conception. *Fertil Steril*, 37: 367-372.
- Skandhan, K.P., H.H. Agrawat, J.R. Joshi, P.B. Roy and M.V.S. Achar, 1976. Report on study of immunological aspects of sterility. *J. Obstet. Gynecol. India*, 26: 230-233.
- Skandhan, K.P., Y.B. Mehta, T.M. Chary and M.V.S. Achar, 1978. Semen electrolytes in normal and infertility cases. I. Sodium, potassium, calcium and magnesium. *J. Obstet. Gynecol. India*, 28: 278-285.
- Skandhan, K.P. and B.N. Mazumdar, 1979. Semen copper in normal and infertile subjects. *Cell. Mol. Life Sci.*, 35: 877-878.
- Skandhan, K.P., 1979. Evaluation of infertility due to semen antigenicity and certain techniques adopted for its detection. *Panminerva Med.*, 27: 191-196.
- Skandhan, K.P., 1981. Zinc in normal human seminal plasma. *Andrologia*, 13: 346-351.
- Skandhan, S., K.P. Skandhan and A.C. Bhatt, 1981. Immunogenic agglutination and immobilization of spermatozoa. *Gynecologie* 32: 351-353.
- Skandhan, K.P., 1992. Review on copper in male conception and contraception. *Rev. Fr. Gynecol. Obstet.*, 87: 594-598.
- Skandhan, K.P., M.T. Makada and S. Amith, 2005. Levels of cadmium, chromium, nickel, manganese and lead in normal and pathological human seminal plasma. *Urologia*, 72: 461-464.
- Skandhan, K.P., C.S. Jiyo and S. Amith, 2007. Different Electrolytes and metals in human seminal Plasma. *Gazetta Med. Ital.*, 166: 181-186.
- Skandhan, K.P., S. Skandhan, Y.B. Mehta, P.B. Roy, S. Amith and K.P.S. Avni, 2010. Level of gold in normal and pathological semen. *Urologia*, 77: 254-256.
- Smith, L.J.M., R.A. de Bie, G.G. Essed and P.A. van den Brandt, 2005. Time to pregnancy and sex and sex offspring: Cohort study. *Br. Med. J.*, 331: 1437-1438.
- Sun, F., A. Bhat, A. Gakamsky, E. Girish and N. Katz *et al.*, 2005. Human sperm chemotaxis: Both the oocyte and its surrounding cumulus secrete sperm chemoattractants. *Hum. Reprod.*, 20: 761-767.
- Tauber, P.F. and L.J.D. Zanveld, 1976. Coagulation and Liquefaction of Human Semen. In: *Human Semen and Fertility Regulation in Men*, Hafez, E.S.E. (Ed.). C.V. Mosby Co., Saint Louis, USA., ISBN-13: 9780801620089, pp: 599-600.



- Treadway, D.R., 1975. Rapidity of sperm in female reproductive tract. *Contemp. Obstet. Gynecol.*, 7: 89-90.
- Ullmann, G. and J. Hammerstein, 1972. Inhibition of sperm motility *in vitro* by copper wire. *Contraception*, 6: 71-76.
- WHO., 2010. WHO Laboratory Manual for the Examination and Processing of Human Semen. 5th Edn., WHO Press, Geneva, Switzerland.
- Warner, D.A. and R. Shine, 2011. Interactions among thermal parameters determine offspring sex under temperature-dependent sex determination. *Proc. R. Soc. B*, 278: 256-265.
- Williams, M., C.J. Hill, I. Scudamore, B. Dunphy, I.D. Cooke and C.L. Barratt, 1979. Sperm numbers and distribution within the human fallopian tube around ovulation. *Hum. Reprod.*, 8: 2019-2026.
- Yeung, C.H., M. Anapolski, M. Depenbusch, M. Zitzmann and T.G. Cooper, 2003. Human sperm volume regulation. Response to Physiological changes in osmolality, channel blockers and potential sperm osmolytes. *Hum. Reprod.*, 18: 1029-1306.
- Yeung, C.H., J.P. Barfield and T.G. Copper, 2005. Chloride channels in physiological volume regulation of human spermatozoa. *Biol. Reprod.*, 73: 1057-1063.
- Yoshida, M., M. Ishikawa, H. Izumi, R. De Santis and M. Morisawa, 2003. Store operated calcium channel regulates the chemotactic behavior of ascidian sperm. *Proc. Natl. Acad. Sci.*, 100: 149-154.