

CORRESPONDENCE

QUESTIONS AND COMMENTS FROM READERS**ANSWERS: ASSOC. PROF. DR. NIȚESCU VASILE**

Q.I. Is there a difference between the effects of the aphrodisiac drug preparations obtained chemically as compared to the herbal products known since ancient times? If the answer is yes, what is the explanation?

A: The human body, by its constitution, admits in particular the phytotherapeutic preparations which, biochemically, are isomeric levorotary molecules, and they are assimilated without any additional metabolic effort. Basically, we are talking about a „direct assimilation”.

Organic compounds have the same molecular formula, but the chemical structure and the arrangement of the atoms is different. So, the substances have the same chemical composition, molecular mass, atoms, but the isomeric structure differs by the arrangement of the atoms in space, which is different.

The stereoisomers differentiate by their chemical structure, respectively the different arrangement of the atoms.

Stereoisomerism can be optical dextrorotary or geometrical levorotary.

The dextrorotary stereoisomerism (DNA spiral has a dextrorotary sense) rotates the plane of polarized light to the right, and the levorotary rotates the plane of polarized light to the left.

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Q.II. How can the oncogenic potential of cervical mucosal lesions be explained in people who begin their sexual life at very young age (13-16 years of age)?

A: At puberty, the cervical epithelium has an increased activity called “physiologically active metaplasia”. In this context, the cellular structure becomes more sensitive to mutagenic factors, such as the viral infection with HPV or the Herpes Simplex Virus Type 2 (HSV2), sexually transmitted diseases (STDs).

- The genome enters the transcription site of the nucleus of the infected cell (Longworth), the HPV receptor being the integrin alpha 6.

Correspondence to: * Nițescu Vasile MD., Ph.D., E-mail: valnitescu@yahoo.com,

Phone:+ 40723151804;

- The presence of koilocytes (Meisels and Fortin) in the biological product harvested from the surface of the cervix showed that the existence of HPV infection in 65-77% of the cases of cervical cancer is determined by genotypes 16-18 (Munoz N.M). Moreover, the viral load of a cell with genotype 16-18, to which other oncogenic or non-oncogenic HPV or Herpetic Type 2 genotypes are added, increases the oncogenic risk of infection and the progression of the cervical intraepithelial lesion on a body with low immunity, a fact proven by the specific molecular methods of diagnosis, an aspect presented in our journal. During this time, the body of the infected person does not synthesize specific antibodies targeting the L1 viral protein of the infecting genotype in which the oncogene genes block the gene 53 (tumour suppressor protein), the cells being able to remove the genomic lesions produced by the oncogenic virus before the cancer occurrence removing the virus from the immune cellular system (Giuliano AR).

- At this age, the hypo- or hyperestrogenism decrease the means of defence of the vaginal mucosa, which can lead to the appearance of a pathogenic viable colony count, by reducing the amount of lactic acid, which normally has a bactericidal effect.

- The functionality of metaplastic cells increases at pubertal age, which explains the frequency of vulvar-vaginal infections by BTS, which include the HPV and Herpes Simplex Virus type 2 infections.

- The contamination at this age (age appropriate hygiene) occurs through blood, saliva, infected hands, and underwear containing vulvar-vaginal secretions or anal debris. The body of the penis, glans, urethra, and the se-

cretions of the vas deferens, the seminal fluid and the spermatozoa may be carriers of BTS, in which oncogenic genotypes, especially of the HPV, become the cause of squamous cell carcinoma or cervical adenocarcinoma. The seminal fluid through the DNA content has a specific mutagenic role, directly infecting the vulvar-vaginal area and the cervix of the partner.

The following can also be mentioned as oncogenic risk factors: multiple partners, immunodepression or smoking, which by its chemical content changes the normal cell DNA, respectively the mutagenic activity. We can also add: prostitution, sexual relations under conditions of promiscuity, casual partners, exchange of partners within a group sexual act, frequent situations in puberty and adolescence.

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Q.III. How do you explain the fact that most criminals are men?

A: The increase of testosterone causes the aggression of the man, and through the lack of control over the brain the violence appears. The hypothalamus, by its structures, is the one that determines the sexual motivation, respectively the erotic state. The limbic system, in the case of a cerebral pathology (e.g. lesions of the temporal lobe) can no longer be mastered and directed towards a normal behaviour, the human relationship becoming uncontrollable.

Q.IV. In the case of a sexual intercourse between a lesbian and a normal, heterosexual man, the gay woman is frigid and has no orgasm. However, she is sexually satisfied with her female partner. Why?

A: After masturbation, homosexuality is the most common deviation of the sexual behaviour. Normally, the homosexual's brain nourishes erotic thoughts and feelings towards the same-sex person to whom they turn according to their genetic structure. So, the chromosomal differentiation from normality determines the orientation, behaviour, sexual attraction and affection towards the person of the same genetic sex in obtaining the sexual act of pleasure and never the act of procreation.

In fact, the number and the value of the receptors of the sensitivity of the genital organs of the lesbian woman are the same, but due to the genetic particularities, the erotic sensation is received differently by the lesbian as compared to the heterosexual woman. In this context, the excitation manoeuvres perfor-

med by a heterosexual man on the homosexual woman, through negative effect no longer determine pleasure, but irritation, pain, etc., and his cunnilingus has no effect of pleasure and is not accepted. The sensation is totally opposite (favourable) when the lesbian partner performs the same manoeuvres, which cause her excitability and orgasm.

If the homosexual man needs the erection of the penis for the introitus, copulation, ejaculation and orgasm (as an active person) to perform a sexual act, in the case of a lesbian woman the sexual act can be performed regardless of the sex of the person (hetero / homo or bisexual act); to thank the person, to encourage them, to obtain what they want, to console, to bribe, with or without a state of sexual excitation or motivation.

Conclusions:

- homosexuality is one of the important factors of the sexual orientation of a person in obtaining the act of pleasure;

- homosexuality is present in 1-5% of women, according to some authors, being higher in urban areas;

- abnormal sexual orientation is influenced by the person's genetic structure, hormonal background and environmental factors, even if the person also practices bisexuality.

Bibliography: <https://www.theguardian.com/lifeandstyle/2018/jul/09/do-lesbians-have-better-sex-than-straight-women>

Q.5. Apart from the serious malformations of the vulvar anatomical components (structures), where the determined negative effect is obvious, are there other situations in which the excitability given by the normal sexual act no longer produces orgasm in the woman? Can you give an example?

A: Of course, between the upper edge of the vaginal introitus and the clitoris there is a distance of about 2 cm. Increasing the distance between the 2 reference points (Fig. 1 a, b) during the copulation causes the penis to no longer reach the glans of the clitoris or to reach it with difficulty, decreasing the excitability of the clitoris and the eroticism. In this case it is possible to practice the self- or heteromasturbation manoeuvre, in which by the manual manoeuvre the sensory receptors of the clitoris are stimulated directly.

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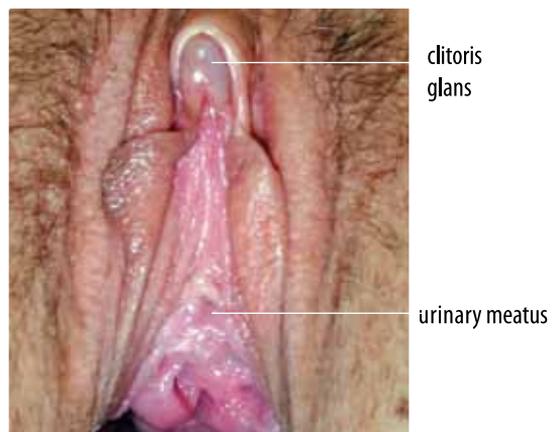
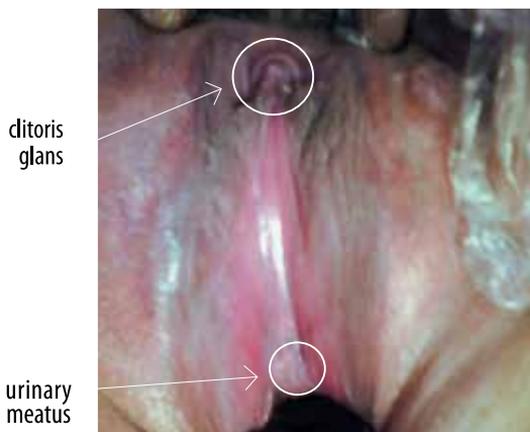


Fig. 1 a, b. The distance between the clitoris glans and the urethral meatus: 8 cm and 6 cm (Images from Treaty of Clinical Sexology)

Questions that are expected to be answered:

1. Brazilian men consider as a erogeous factor (sexual arousal) the lombar hyperlordodis that causes the buttocks arching in women. What is the reason for this particularity?
2. What is the connection between pheromones and ovulation?
3. The term “libido” is translated by “Sexual motivation” or the desire to satisfy the sexual instinct. Why is its intensity different from 25 years old men to 75 years old men?