

Collectif
Thomas Bouloù

Sommaire :

Introduction

- > Testicular conceptions ?
- > The control of the contraception by women : feminist claim and male privilege ?

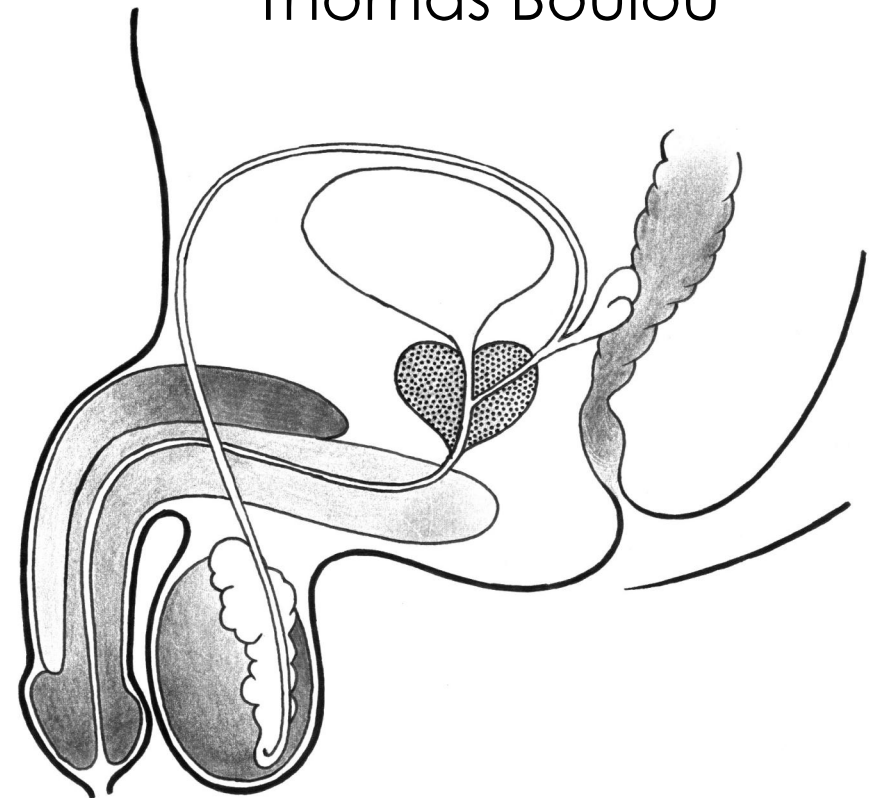
Anatomy and Physiology

- > Life and death of spermatozoides
 - > Sperm and fertility
 - > Heat and fertility
 - > Hormones and fertility

Presentation of methods

- > The thermal method
- > The hormonal method
 - > Vasectomy
 - > Condoms

**Complements for the thermal
contraception**



TESTICULAR CONTRACEPTIONS

Complements for the thermal contraception

We are several far from Toulouse who are manufacturing underclothing for our own use, considering that the right position for the testes and the sperm analysis (written by common doctors) are allowing us to be absolutely sure to control our fertility.

The various underwear we have created and tested have not the same efficiency for anyone ; the manufacturing « do it yourself » needs some thinking, testing, learning, etc.

The mutual support and coaching are essential ! it is also the possibility for men to discuss about our ways sexual practice, affective relations, relations between men and women, men and men, men and children....

Before having a better access to the thermal contraception, we propose to get several solutions for manufacturing ourself our testicular contraceptive device :

- Since 2 years, workshops are proposed during « contracep'tours » in France and Belgium ;
- Technical guides (ask by e-mail) ;
- A monthly workshop in Brittany since January 2018 and in Paris since September 2018.



The content of this brochure comes from our report n°1 in June 2016 ; it was updated in June 2018 resulting from many encounters...

For any question, remarks, request :

thomasboulouetcie@riseup.net !



Association pour la Recherche et le Développement de la Contraception Masculine (Association for Research and Development of the Male Contraception) :

www.contraceptionmasculine.fr

Collectif "Thomas Bouloù"
contraceptions testiculaires & responsabilité masculine
thomasboulouetcie@riseup.net



Permanence/Atelier
1er samedi du mois 14h-17h

"La Baleine"
35 rue du Cosquer
29000 QUIMPER

- > discussion
- > information sur les méthodes de contraception dites "masculines" : hormonale, thermique, préservatif, vasectomie
- > fabrication de sous-vêtement contraceptif "remonte-couilles"
- > conseils, accompagnement

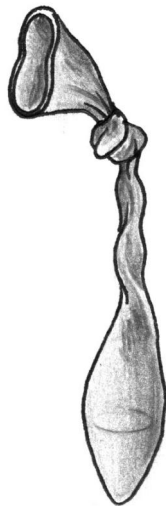


www.contraceptionmasculine.fr

women helps for tracking STD ; the men do not usually track their disease as they delegate the responsibility in these relations.

Anybody should take the responsibility of taking care of his sexual health ! know its status (STD bearing or not ?!), the risks linked with sexual practices, heal the illness (in order to avoid to transmit them). Screening tests can be adapted to the risks declared. Laboratories can help with no judgment on the sexual practices. A screening is recommended every year when in couple, or every 3 to 6 months when several partners.

STD rise the question of equilibrium between stress and pleasure and relation with medicine. It leads to discussing and sharing with sexual partners about the risks taken together. But this relation is not often on a right balance ! even with words and confidence ! it is mainly a power relationship ; the work for content must be done mainly for men who have to pay attention to the women feeling and life.



Introduction

« Thomas Bouloù » is a group meeting monthly, since spring 2015 in the south of Brittany, about testicular contraceptions. Actually we are 5 men/boys cis-gender heterosexuals – a non mix, not thought as such from start but allowing the beginning of organizing ourselves for assuming our responsibilities as men in the management of risks & consequences of our affective and sexual lives. Thomas Bouloù is mainly due to the context in which we met : a collective, alternative, political background with a strong feminist presence.

Our meetings are focused on mutual backing/guidance in our individual contraceptive processes & further : managing sexually transmitted disease, affective relations, men speak, relations between men and women, support of feminism... Our group objective is to present these questions in the public audience, based on our actual practice and personal true story. We don't forget the complicities with the medical sector in order to open the access to testicular contraceptions.

We don't claim for any technical or theoretical expertise on these subjects ! we start from our true stories and form ties step by step with situations and speaks that are close. Further more our goal is not to promote testicular contraceptions ; we feel that informing/advising and discussing the subject open the possibilities for better consideration of our sexual social relations.

Testicular contraceptions ?

The word « male contraception » is more often used when talking about these methods. But sex & gender are not synonymous – one can have testicles & feel himself as a woman, or feel as man without testicles, and other identities as gender, different from the binary alternative man/woman, may exist. The word « male » is referring to a gender social normative that is confining people in categories depending from their biological characteristics. So, we looked for another term for qualifying the methods technically adapted to people that have a « male » genital apparatus. Therefore we prefer using the term « testicular contraception ».

The testicular contraceptions can be taken by people who have testicles : vasectomy, thermal contraception, hormonal contraception. Some of the « shared » contraceptions (that can be appropriated by all sex or requiring a practical mutual cooperation) can be considered under this category : condom and withdraw for example.

However, main questions or problems coming from the testicular contraceptions come from the fact that the man might take the responsibility of the contraception, in a patriarchal society : we could speak from testicular contraception and « male » responsibility (or power relationship).

The control of the contraception by women : feminist claim and male privilege ?

Nowadays, the contraception is assumed mainly by women. The control of the contraception by those whose body will bear the embryo is of course recommended : they are the first concerned by the physical, psychological and social consequences of a pregnancy. But the contraception as the sexuality are taken in power relationships and struggle for escaping from them. Feminists claim the access to contraception and abortion for women in the most favorable conditions, because the sexuality, the conception and the motherhood are areas where the male take the control on their bodies and lives. The first struggle to perform and to support for the contraception is this one, as the progress are constantly fought and there is still a lot to do for it !

However, all contraceptive methods have consequences on the physical status, the mental load and the health of contracepted people : contraception is often felt by women as a stress in the gynecologic « trip », very often with complications and sometimes with violences ! The control of the contraception by women has been very often followed by a full delegation by men of the anticonceptual concerns.

The reasons for presenting the testicular contraceptions are to allow sharing some of the stresses and responsibilities related to

at the basis of the sex ; the condom is used just one time and then is thrown away (tie a knot to contain the liquid).

The inner preservative is a sleeve in nitrile or polyurethane, with a smooth ring on both sides. One ring covers the uterine cervix (like a diaphragm), the other ring is outside, covering partially the lips of the vagina. It may be installed before the sexual relation and do not need to be retrieved just after ejaculation;when well installed, the efficiency is 95% ; but failure are more important : 21 % due to mishandling or accidents.

The technique for installing the first ring is something difficult for the first time (as recommended in the notice : pinching the ring to go into the vagina and then placing it with fingers) ! During penetration, one must take care of entering the verge into the inner preservative. The feeling for both partners is different from the feeling with an external condom ! The feeling is good when the lubrication is well done ; it allows internal smooth strokes with a non constant erection.

Do not use an internal preservative with an external preservative !

Lubrication is essential for a good use of preservatives : lubricating gel using water (but no grease like vaseline which weaken the latex and make it fragile) : saliva is a very good lubricant (however it may transmit STD).

It exist various shapes, styles, qualities ; trying several is nice for choosing in relation with desires and stresses ; some external condoms have a delaying effect (benzocaïne) : one of them named « performa » help to rise the question of what is the sexual relation, what is the coïto-performance ? These tools are helping to go beyond relations feeled as problematic.

As protecting against STD, the condom may be used with objevts, sextoys, when sharing with partners.

Preservatives protect with efficiency against pregnancies and AIDS. But for other STD, they can protect but are not perfectly efficient. Thus some disease are transmitted by contact « sex to sex » without penetration or by oral-genital contacts (fellation, cunnilingus) where condoms are not very used. The gynecological follow-up of

Condoms

The condom is the only male contraceptive method presented in the practical guides in France to prevent « sexual risks ». It is also the best mean to protect against STD ; it is recommended to use it at any relation, whatever the contraceptive method is, especially when partners do not know their STD status.

Practically, it is a shared contraceptive method ! instead of using « condom » for « men » and « femidom » for « women », we prefer external or internal condom ! The main advantage of this method is that it is one-off action and do not need a daily management. The drawback is perhaps the permission to cis-gender heterosexual men to delegate the concern of the contraception !

The external condom is a jacket made of latex or polyurethane that covers the erected penis. It holds the sperm during the ejaculation (inhibiting any fertilization in case of a vaginal penetration). The use is widespread but however, the information must go on, the quality must be improved, it must be free, and the sexuality can be changed ! Concerning the contraceptive efficiency, it is the best one (2% failure) but in real life, the accidents are numerous (15% failure).

The time for wearing the condom is often feeled as a break in the sexual relation. Knowing that the wearing must be done early befor ejaculation, it has to be better used (as the pre-seminal liquid might induce a fertilization).

Some common use recomendations must be shared : it is imprtant not to damage the condeom with nails, teeths or any object when opening the packaging ; then it is recomend to pinch the condom carefully when wearing it (for pushing the air and create a reservoir for the sperm during the ejaculation) ; anyway, if there is a mishandling, do not hesitate in opening a new one. Therefore, it is better to have several condoms !!!

Do not wear one condom on another condom : rubs may tear them !

The end of erection as a strong erection might induce condom « accidents » ; do not hesitate as wearing a new condom for a new erection ! Just after ejaculation, retrieve the sex, holding the condom

heterosexual sexuality. They appeared in the french public debate in the 80's with profeminist men groups.

More than sharing the responsibilities, taking care of the contraception as men can help reconsidering the consequences of the sexual life, not only for contraception, agreement, pleasure or STI but also the affection, the relation, the social aspects... That can help to provide more opportunities for discussions about these aspects. And why not, questioning more about the masculinity beyond the sexual aspects...

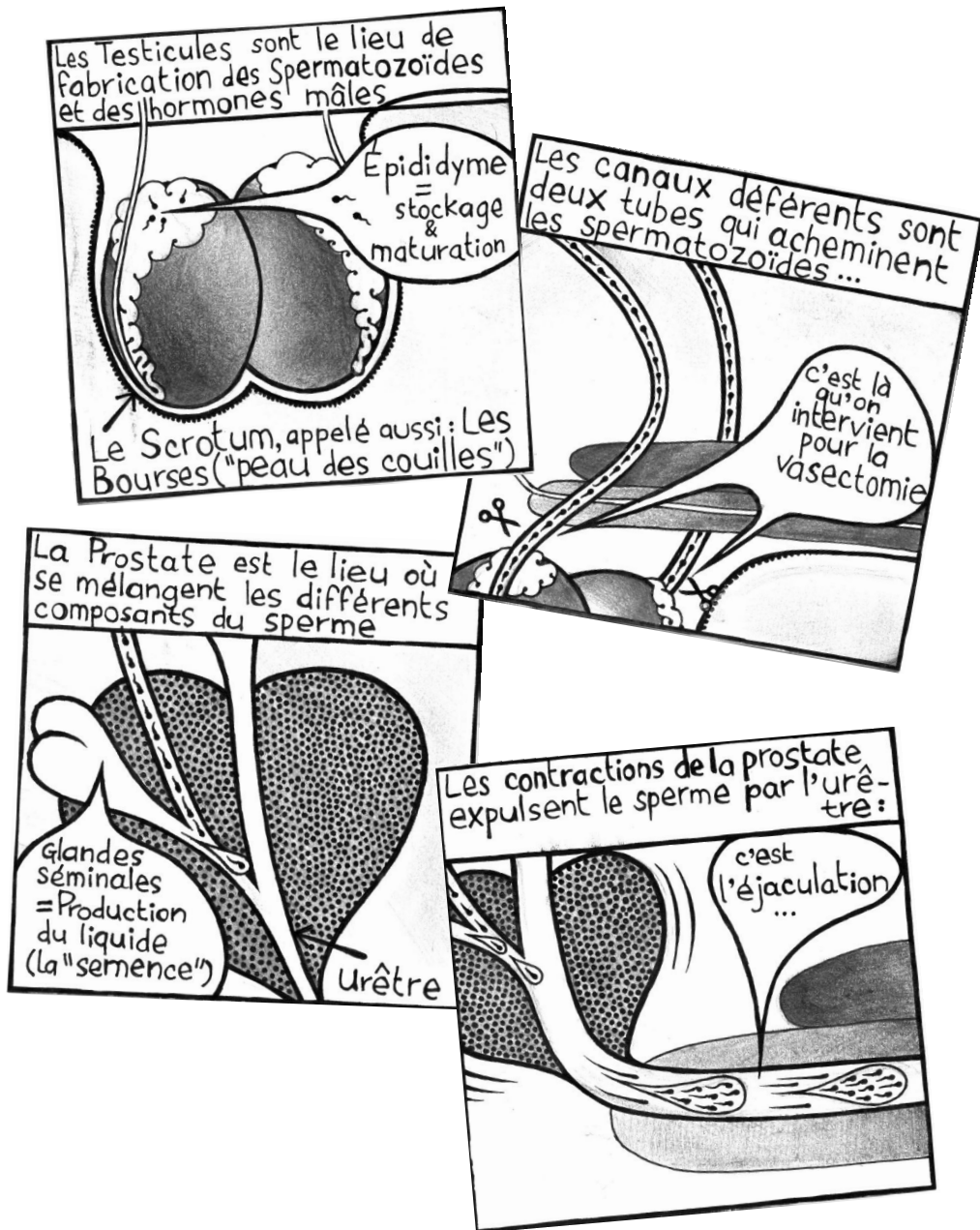
It's clear that these techniques don't bear equal principles and might increase the empowerment of men in the couple ! They could also be the basic foundations for masculinist movements, whose analysis and actions increase the male power. And even, in a way of co-responsabilty, being a contracepted man does not mean that he is less dominating than others and certainly not with less privileges.

We feel that the « male » contraception is not « against » the empowerment of women for their fertility and contraception ; The techniques used by men and women can be complemetary or alternate. They can enhance the choice in our relations and increase the efficiency.

To go further :

- Internet site of ARDECOM (Association pour la Recherche et le Développement de la Contraception Masculine) [Association for Research and Development of the Male Contraception] :

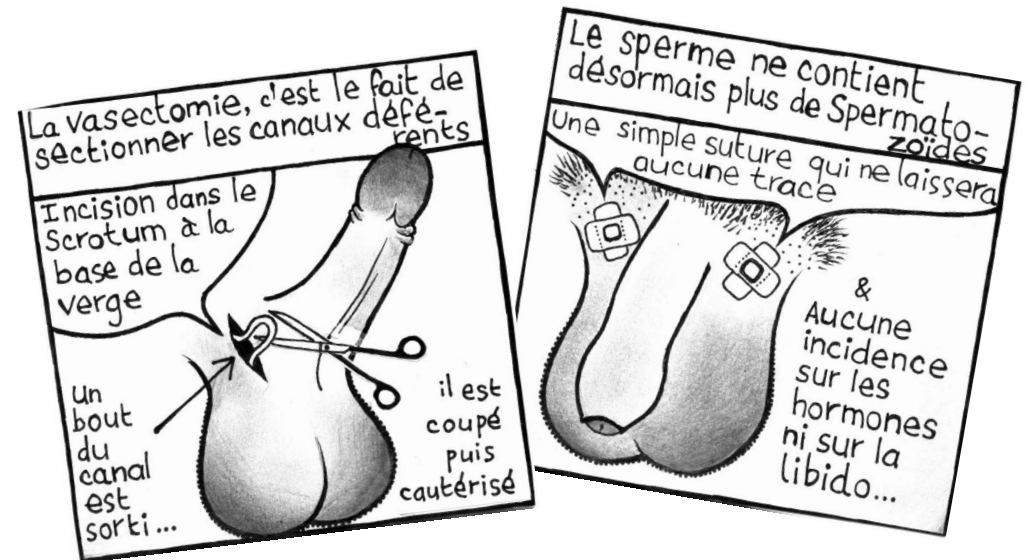
www.contraceptionmasculine.fr



4th 2001 (concerning the contraception and the these acts for contraceptive purpose for anybody who firmly expresses a « free, motivated, willfull » wish ! the access to this right is however a complicated path, many persons do not find informations and often a moral rejection of doctors. Very often doctors do not coach their patients in their choices but try to discourage them (especially if they are young and without children).

If vasectomy still remains confidential in France, it is more common in may countries (England, Spain, Canada...) wher no side effect is mentionned after the act.

General practitioners are not trained for that operation which is howver very simple : so it is wiser to go to an urologist surgeon. In case of an unwillingness, this doctor must orientate to another one. If he agrees, he must give first a clear and complete information about the operation and the consequences ; a booklet with a summary of main informations is edited by the ministry of health and must be handed over at the first visit. The signature of the « informed consent form » is compulsory during ths first visit. A cooling off period of 4 months must be respected befor scheduling the operation.



Vasectomy

Vasectomy is a surgical operation consisting in a sterilisation for contraceptive purpose ! Simple and quick, it consist in cutting the duct to prevent spermatozoides to join the sperm. There is always seminal liquide ejaculation but some weeks after the operation, no more spermatozoides exist. Men's hormonal system and sexual functions are not affected.

The most common operation consist in cutting the skin of the scrotum, under local anesthesia, in order to see the vas deferens tubes on both sides for cutting them. 1cm of tube is eliminated in order to avoid any risk of repermeabilisation (sort of micro-channels between both extremes). Each end of channel is then tied off or cauterized by electro-coagulation. Testes are not touched, so that brings no pain.

Techniques without lancet exist : the scrotum is drilled with a clamp for pulling the tube out without cutting it ; so there is no need for suturing the scrotum ! the tube can also be clogged : « clips » or gel injection ! these methods which are not developed in France are less invasive.

The surgical complications of vasectomy may be induced from the intervention itself (bleeding, hematoma, infections, inflammation of the testes or of the epydidim, granuloma, late healing) but are concerning less than 10% of the operations and usually do not need a secondary surgical operation.

There is no proof yet of any link between the cancer of the prostate and the vasectomy. No contraindication is given by WHO.

Theoretically reversible, vasectomy, as tubal ligation is considered as permanent : the inverse operation called vaso-vasostomy is more difficult with an uncertain efficiency and a success rate less than 50% in pregnancies. Therefore a sperm freezing is proposed before any vasectomy.

Until 2001, vasectomy was considered as mutilation. The french law make illegal any attempt to the reproductive functions which is not justified by a therapeutic necessity. The law n°2001-588 dated July

Anatomy and Physiology

The following text is issued from anatomy and physiology books with easy access in libraries. It concerns sexual male organs described as « normal » by the occidental medecine. Other morphologies exist : intersexual bodies, sterile bodies, modified bodies, mutilated bodies... all bodies that do not fit with the « norm » and whose behaviour is not the one described by the medical literature. However we are not satisfied by this limitation to the norm, we are not able to do the necessary work for a more complete description. We hope this text will help for understanding the general physiological mecanism and the anatomic basis in particular for the contraception.

Life and death of spermatozoides

The spermatogenesis is the process of manufacturing, maturing and transport of spermatozoides (gametes or reproductive cells) in the male sexual organs. It is a continuous process that begins with the puberty and lasts during all the life. About 300 millions of spermatozoides are produced dailay ; the time for manufacturing, maturing is about 3 months on average. The fabrication is theoritically 72 days in the testes located in the scrotum (or sacs). Maturation lasts 22 days maximum, 12 on average in the epididymis, sort of tube curled on the testes (easy to feel by hand). Transort is assumed by vas deferens tubes, that store the spermatozoides and insure their viability in the body during several months. Finally these join in the prostate the other components of the sperm (or seminal liquid) produced separatly by the glands (or the seminal vesicles) – representing more than 90 % of the total sperm volume. During the ejaculation, muscular contractions transfer the sperm in the urethra, duct from the bladder to the « urinary meatus » (meaning the the orifice of the head of penis) through which the sperm is ejected. Spermatozoides which are not ejected are finally adsobed in the body. The life duration of a spermatozoide is about 24 hours in the seminal liquid but may be 6 days in the utérus.

Sperm and fertility

Normally, the sperm volume is between 2 & 6 milliliters (on average 3 ml) and contains between 50 to 150 millions of spermatozoides per ml. Therefore, there is on average between 180 & 400 millions of spermatozoides in the ejaculate. A spermogram (analysis of sperm) gives the number of spermatozoides, their mobility, and their shape (conformity). Performed in a medical lab, this exam is reimbursed in France. World Health Organization (WHO) declare that people with male organ having less than 20 millions of spermatozoides are infertile. Furthermore, some spermatozoides are not mobile (on average 30 %) or are uncommon shape (about 70 %). Therefore, with less than 1 million spermatozoides, the people is sterile. This is the sterility threshold that the contraception methods acting on the spermatogenesis are aiming. Asking about this value is fair : 1 million/ml means 2 to 6 millions of spermatozoides in one ejaculate ! However, with this number, the medical world consider that the pregnancy risk is statistically null.

Heat and fertility

Testes are external glands, which hang in the sacs between the legs. Thanks to the particular skin of the sacs and to the contraction of their muscles, the scrotum is maintaining the testes heat at a temperature of 2 to 3°C less than the body temperature, which is the condition for producing spermatozoides. The spermatozoides cannot develop with a higher temperature. During a cold period or during an erection, the scrotum is contracting and maintain the testes close to the body which heats them. During a warm period, the scrotum expands and move them off, whose effect is the temperature decrease (includig the sweating effect). In the foetus and during the first days after birth, testes (formed near the kidneys) are going down in the sacs through the inguinal canals. In about 80% of the population, it appears during the first year of life. If testes do not go down (« Cryptorchidism ») a surgical act is performed, if possible before 18 months. If not treated, cryptorchidism of both testes may induce a sterility.

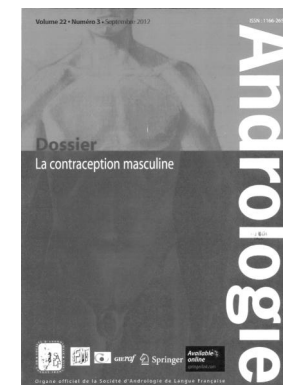
to get less injections with a periodicity of several months. Some projects are hopeful and some products available : with Testosterone Undecanoate with castor oil, the injections could be usefull every 6 weeks, but no publication is available now in France. Associations of Testosterone with some other substances have been tested with success as contraceptives but do not present significant advantages compared to the treatment with only Testosterone. They are not used in France now !

Secondary effects :

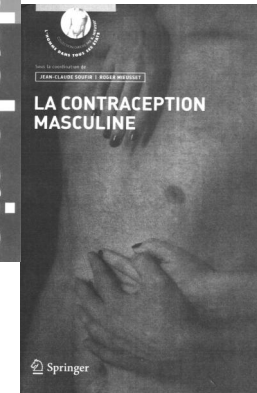
Most frequent is the increase in weight (2 kg on average), a light increase in hematocrit (2%), sometimes acne, or development of breasts. They are considered as minor. However, in a group of 157 men, the treatment was stopped for 25 men (16%) for : acne (9 men), aggression, libido in excess (3), weight increase (2), modification of lipids (2) or hematocrit (2), hypertension (1), depression (1), asthenia (1), aphtosis (1), acute prostatitis (1), pneumonia (1), Gilbert's syndrom (1). In these case, it is difficult to point a reason, either hormonal or for other pathologies.

And the men's pill ? Testosterone is difficult for an oral treatment as it is destroyed by lever and destroys the lever !! media talk about this dream of mens'pill. In fact, they hide the real possibility to get an available and efficient hormonal contraception now !!!

To go further :



« Guide pratique d'une contraception hormonale ou thermique » (Jean-Claude Soufir & Roger Mieusset), Revue *Andrologie*, 2012.



« La contraception masculine » (Jean-Claude Soufir & Roger Mieusset), Springer, 2013.

Studies show that this method is reversible : the production of spermatozoides start very soon, another contraceptive method is necessary as soon as one stops the hormonal method ! the initial fertility is obtained after some months.

There are some contraindications and secondary effects (cf. below). The hormonal female contraceptive methods have similar effects with less attention ! In dominating speachs, even medical, the negative effects are always overstated concerning men compared

Medical contraindications :

- More than 45 years ;
- Thombosis, coagulation troubles, heart desease, liver failure (obstructive jaundice, steatosis), kidney disorder, respiratory pathology (sleep apnea), psychiatric desease (psychosis, over agressivity), dermatological desease (acnea), prostate desease in the family ;
- Cancer of prostate in the family (one at the first level - father, brother - or 2 parents on second level) ;
- Tobacco in excess (more than 5 cigarettes/day) or alcoholic ;
- Taking drugs modifying the androgen transport ;
- Obesity (IMC > 30) ;
- HTA (Systol > 140 ; diastol > 9) ;
- Normal biological check : blood formulation and count, cholesterol HDL LDL, triglycerides, liver function (bilirubine, phosphatse, ASAT, ALAT, Gamma-GT) ;
- Fertile sperm (> 15 million sperm/ml, Mobility (a+b) higher than 32 %, typical forms > 14 %).

with all effects on women !

However, among these possible secondary effects, modifications of behaviour may occur ; one sexual overexcitation was mentionned as a lack of attention for the partner at the beginning of the method. Very often a product induces some modifications in the body (hormons, alcool, drugs) and newbehaviours : it's clear that these cannot justify some acts overpassing the approval of the partner. Sexual violent acts on women by men are resulting from a social construction. Testosterone requires from men a new attention for their behaviours !

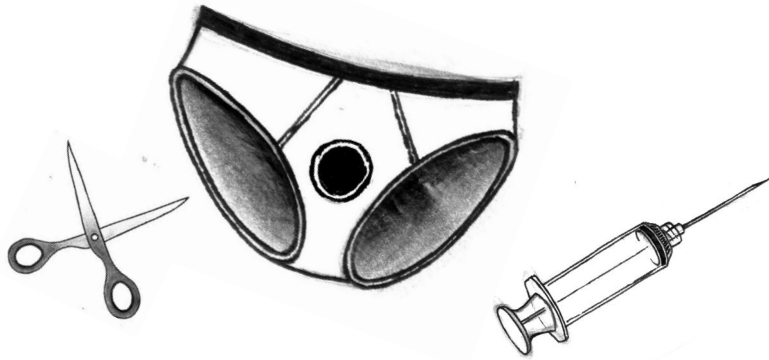
Other hormonal methods have been tested, with testosterone using diferent ways of application (patches, micro-sphere with slow transmission...) or other chemical forms. The project is

Hormones and fertility

Male sexual hormones (called androgenic) such as testosterone are mainly produced in the testes. They are poured into the blood by the artery that irrigate the testes and have several roles : physical pubertal modifications, control of the fertile capacity of the reproductive cells, control of the secretions of the seminal vesicles and of the prostate... These hormones are continuously produced (even before birth) by testes. Their production is controlled by the Hypothalamus at the bottom of the brain, center of the vegetative life escaping from the direct conscious control ; through the hypothalamus, all sensory informations arrive and are adjusted before going to the cortex. Hypothalamus give orders to the pituitary gland for producing 2 hormones : FSH & LH (the same for both sex). FSH is acting on spermatogenesis (or on maturation of ova in ovaries) ; LH has a more specific action on androgenic hormones production. When hypothalamus is detecting a lack of testosterone in the body, it orders to the pituitary gland to produce more FSH & LH, which increase the production of testosterone by testes ; as soon as hypothalamus has the information about the increase of testosterone, it stops the stimulation of the pituitary gland.

1 million spermatozoides per ml ?

It seem to much !! knowing that the minimum threshold for having sperm with fertilising characteristics defined by WHO is 20 Millions per ml and that just a drop of sperm is enough for fertilisation with the withdrawal method !! Statistics about the hormonal method show that in case of azoospermia (0 sp/ml) the failure rate is about 0 – 0,5%. With a threshold at 1 million sp/ml, it becomes 1%. Between 0,1 & 1 million sp/ml, it is 5% ; between 1 & 2 million sp/ml it is 15% (the failure rate of the withdrawal is 18%) : with higher threshold, higher risks !



Presentation of methods

It's obvious that the contraception is useful just in case of relations between male and female sex in reproduction capacity, with emission of sperm in contact with the vagina. No need of contraception in heterosexual relations without penetration or during homosexual relations. A lot of people live without shared sexual relation, on short or long term, they are not concerned. Thinking about contraception means do not inhibit to think about sexual life beyond the « normal » heterosexual relation ! Other practices lead to pleasure- coïtus is one among others such as coating with oil and snarling like snakes !!

In sexual relations where contraception is needed, there is still a risk of failure for the selected method. With the techniques that we present here, it is not the person who can be pregnant – meaning the one who will support in her body the most important consequences- who will bear the responsibility of the follow-up of the practice or the possible failure. Therefore we insist on the fact that the control of the fertility must be an individual choice : the male contraception cannot necessarily replace the female contraception... and nothing is forbidding the simultaneous choice of several contraceptive methods.

It is difficult to assess the freedom in the way of using this method : what happens if we don't wear it a full day ? or if we don't wear it 15 hours ? Nothing confirms the consequences but it may induce a

The hormonal method

The hormonal contraceptive method is based on the principle of the operating mode of the hormonal system for stopping the spermatogenesis : injecting Testosterone in the body increase the level analysed by the hypothalamus, which induces the cessation of the production of FSH & LH – and thus the production of spermatozoides.

The actual protocol is the weekly intramuscular injection of Testosterone enanthate (200 mg in oily solution) ; The WHO performed many studies (on about 1000 people) validating this protocol : this one has a very good performance and limited secondary effects.

In the early 80's, in France, a first protocol (joining an oral progestogen with a testosterone gel) was tested by the voluntaries of ARDECOM (Association for Research and Development of the Male Contraception) under the supervision of Dr Jean-Claude Soufir (endocrinologist, Hospital Cochin in Paris). Other products might be developed if the research would go forwards...

It's theoretically possible in France to get a prescription for the hormonal contraceptive method by any doctor. However, Dr Mieuisset and Soufir have a regular practice. Even if used since many years, it remains ignored and most doctors think it is experimental ; for the voluntary doctors, Dr Soufir is proposing to coach them in the prescription of this contraception.

For this method, a medical follow-up is compulsory : the fertility treshold is usually obtained after 1 to 3 months by verifying the seminograms ; a trimestrial sperm exam is performed and a health check up every 6 months is recommended. This method is not efficient in about 30 % of men after 3 months ; there are some people « not responding » and in this case they must stop the method.

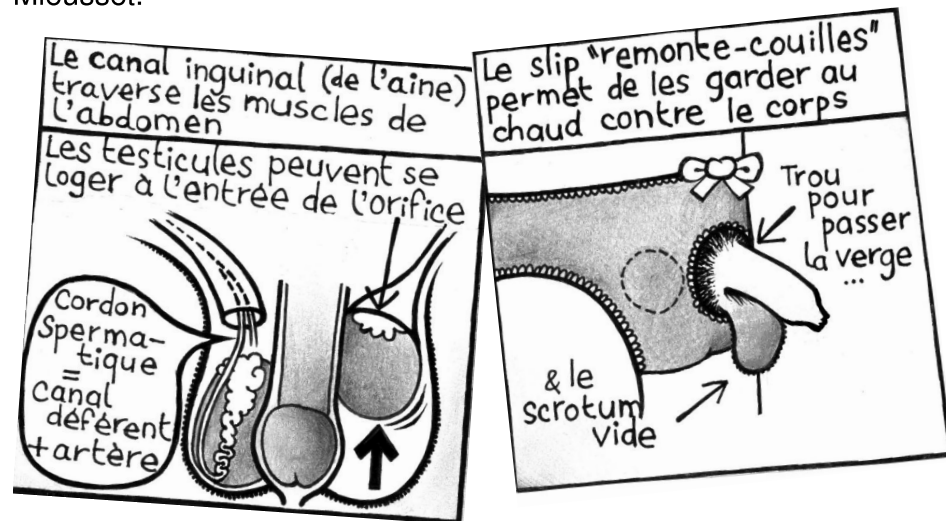
The duration of this method is 18 months following the actual protocol (by the insufficient knowledge of secondary effects for the long term : especially for cardiovascular effects). A delay of one day for the injection is not detrimental but any overdose must be avoided. Self injection is possible but requiring some expertise !

confirm the efficiency and the right way of wearing the underwear.. After that period, the semiogram must be done regularly (every 3 months at the beginning and every 6 months or one year afterwards). Be carefull : semiogram gives a result only for the day of ejaculation in the lab but may have a representativity only if the practice is regular.

Testes loss some volume, that they recover when stopping the contraception and when they recover their fertility. There is no undesirable secondary effects known with this method (including on the libido as there is no impact on the hormonal system) but the hindsight is to small. The number of medical studies is low, the number of people having used this underwear is low, the practice remains still marginal... up to now, the method has not been used more than 4 years. There are some contraindications : medical history with cryptorchidism, cancer of testes, varicocele (varices on the veins that irrigate the testes).

After stopping the use of the underwear, the fertility might come back very quickly – therefore, it is wise to use another contraception method the day after stopping – but the coming back to the initial situation might take 6 to 9 months.

Only one doctor is prescribing this method in France : Roger Mieusset.



rebond effect of the fertility in the following weeks ! Therefore no different wearing hours might be accepted ! but it is not advised to wear it 24/24 h. In case of stopping the method for some days, the advice is to start the protocol again considering the people as « not contracepted » !

Only one doctor is prescribing this method in France : Roger Mieusset (Toulouse).

In any case, it's very important that the person, as user (actual, future, or potential) of one of these methods take time for learning the choices and risks that the partners will take – and mainly discuss about these risks before deciding to use the testicular method exclusively in the sexual relation.

The thermal method

The thermal contraceptive method is reproducing an artificial cryptorchidism situation – with limitation in time – by pulling up the testes at the entrance of the inguinal canals with a mechanical process.

The technique consists in wearing an underwear (or contraceptive device) daily – and not during sexual relations ! – during 15 hours per day in order to place the testes close to the body heat at the entrance of the inguinal canals (near the root of the penis). It's a cosy place for them : many persons have their testes pulling up spontaneously in some situations. Thus the testes temperature rise of about 2°C that inhibits the production of spermatozoides and lowers drastically their concentration in the sperm.

A discussion group of men in Toulouse (France) has created this method in the early 80's (see the film « vade retro spermato » from Philippe Lignières) ; the name « toulouse ball pull up method » (TBP = RCT : « remonte couilles toulousain ») comes from this underwear improved by Dr Roger Mieusset (andrologist belonging to the discussion group) from the university hospital of Toulouse.

The sterility threshold (1 million/ml) is obtained after 3 months wearing the underwear ; sometimes it occurs that azoospermia is confirmed. 2 spermograms realized with a interval of 3 weeks must

APPAREIL REPRODUCTEUR & URINAIRE MÂLE (ou URO-GÉNITAL)

