

The Mother Decides the Sex of her Baby, The Father Claims?

N.B.

*The Arabic version of this article is the reference,
read it on one of the following links:*

[المراة تقرّر جنس وليدها، والرجل يدعى!](#)

[Mother Decides the Sex of Coming Baby,
Father Claims?](#)



Regardless of the diversity of the autosomal genes, I do believe in the presence of two types of oocytes. One type is the Female Oocytes (FOs) that is the progenitors of female embryos. While, the other type is the Male Oocytes (MOs) that is the progenitors of male embryos.

The Female Oocytes (FOs) do not give but female babies. While, the Male Oocytes (MOs) give only male babies. Moreover, the FO could not be fecundated but by the spermatozoid X, and the MO can only receive the spermatozoid Y.

Fecundated by an incompatible spermatozoid (i.e., FO is fecundated by the spermatozoid Y or MO is fecundated by the spermatozoid X, the process of creation is eventually aborted; figure (1).

[For more details, see the linked Video:](#) 



Oogonium

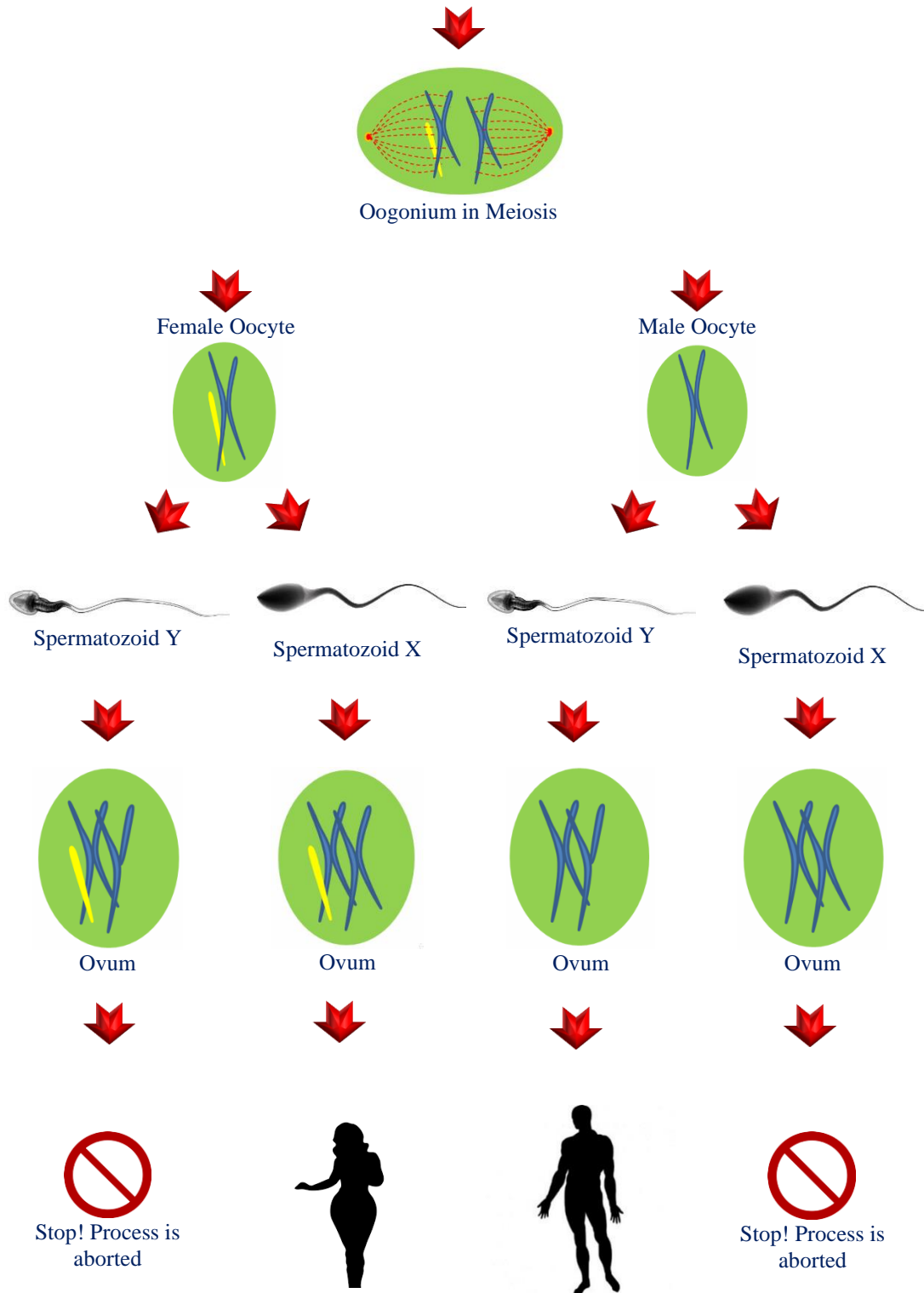


Figure (1-a)

Figure (1-b)

Figure (1)

The Oocytogenesis

The Oogonia reside in the ovaries and are the origin of both Oocytes.
The Oogonium is a stem cell, contains 46 chromosomes of which two form the sexual chromosomes XX*.
The two partners of the sexual chromosomes XX* are not identical as illustrated above.
One of them is heavier because of its relationship with Adam's Rib (yellow segment).
The sexual chromosomes XX* is divided between the daughter cells. The famous Adam's Rib (yellow segment) rests integrated within one chromosome X marking the future female Oocyte. While, the other chromosome X will be in the male Oocyte.

N.B.

An Oogonium gives 4 daughter cells. Of which, only one cell will be the Oocyte that is either a Female or a Male Oocyte. While the other three daughter cells will form the Polar Bodies.

See the linked video: [The Oocytogenesis](#) 

Figure (1-a): The female Oocyte, it cannot give but a female embryo. Its chromosome X* is of a higher molecular weight than the chromosome X found in the male Oocyte. This dissimilarity is due to Adam's rib (* = yellow segment), which might be integrated in (shown here), or is attached to, or just lies beside the ancient chromosome X.


For more details, click on the following link
[The Barr Body, the Mystery of its origin and Function](#)

Figure (1-b): The male Oocyte, it cannot give but a male embryo. If it is fecundated by a compatible spermatozoid (i.e., spermatozoid Y), the process of creation goes on. Provided, it is fertilized by an incompatible spermatozoid (i.e., the spermatozoid X), the process of creation is eventually aborted.

For more details, see the linked video:
[Who Decides the Sex of Coming Baby?](#)



Actually, both misunderstanding and misinterpretation came from the fact that the two types of oocytes contain chromosome X. However, they did not realize that the two chromosomes X & X are unlike. In fact, one of them is heavier than the other. The bigger one is the female sexual chromosome. Whereas, the small chromosome X is a non-sexual chromosome. It is just a chromosome porter.

Why one of the chromosomes X & X is of more molecular weight than its homologue is already explained in the linked video: 

The female sexual chromosome is the precursor of Barr body. In other words, the female sexual chromosome and Barr Body are two faces of one coin. The latter is omnipresent in the nucleus of the female somatic cells. Whereas, the first one is present in the earlier stage of woman development; i.e., in the nucleus of the female oocytes and in the very early stage of the female fetus.

The presence of the precursor of Barr body is equivalent to a female oocyte (FO), and its absence is synonym to a male oocyte (MO); **figure (1)**.

N.B:

Actually, Barr body and the female sexual chromosome are the same.

The latter is the precursor of the former. However, they are in different figures. Barr body takes its famous shape in the nucleus of the female somatic cells quite early during the development of the female fetus.

Discussion:

Regardless the function of Barr body in the female cell, and away from the theories of its origin, everyone agrees on its inevitable absence in the normal male cell (XY), and its inevitable presence in the female cell (XX). So, the symbol (XX *) becomes more credible to designate the woman as we mentioned before.

$X^* = \text{Barr Body} = \text{Female Sexual Chromosome}$
(*) = Adam's Rib

The absence of Barr body in the male cell (XY), necessarily means its absence in the sperm of the man; i.e., it is absent in the sperm (Y) as well as in the sperm (X).

Thus, in the female ovum (XX *), it is impossible for the Barr body (X*) to come from the sperm (X). It must come from the other partner in the creation process; i.e., from the oocyte (X). Therefore, the symbol (X *) becomes more relevant to the reality of the latter.

(X*) = Barr Body

Fertilized Oocyte = Ovum

So, there are some oocytes, carrying in their nucleus the Barr body (X *). These oocytes are the precursors of the female embryos. This is first.

Secondly, Barr body is absent in the normal male cell (XY). So, both the oocyte (X) and the sperm (Y), must be stripped of it or else appeared in the

product of their confluence. As a result, the woman must have another stock of oocytes that are completely free of Barr body. These oocytes (X) are the precursors of the male embryos.

The man ejaculates the woman's uterus with a huge amount of sperm, half (Y) and the other (X). In contrast, the woman produces one oocyte at a time. This oocyte is either an oocyte (X) or an oocyte (X *). An oocyte (X) can only be a male fetus. The oocyte (X *) can only be a female fetus.

When the oocyte (X) or oocyte (X *) meets the corresponding partner sperm (Y) or sperm (X), the fetus will be male or female respectively.

Summary

The oocyte X (i.e., without the precursor of Barr body) is either a male fetus or not.

The oocyte X * (i.e., with the precursor of Barr body) is either a female embryo or not.

Intracytoplasmic Sperm Injection (ICSI) shows that injecting a healthy sperm into a full-featured oocyte means the fertilization of the latter in almost all cases.

(In ICSI, 92% of the oocytes will be successfully fertilized)





















However, this is not the case with the resulting Ovums. Only half of them continue its reproductive activity to form an implantable leech and then nesting within the womb. While, the second half will die soon, after a few divisions, in an inexplicable way or so they thought.





















They studied the dead Ovums genetically. The genetic study showed severe distortion and chromosomal destruction in all of them. They mistakenly believed the cause might be a preexisting chromosomal abnormality in the injected sperm. They attributed the high failure of ICSI cases (50%) to such reason.













Whereas, based on my new hypothesis, I do believe the cause of such high failure of ICIS cases, is to inject a sperm that is not genetically compatible with the oocyte. For example, they injected a male sperm into a female oocyte. Or they injected a female sperm into a male oocyte.

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In another context, one could read:

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-  [*Neural Conduction, Action Pressure Waves \(Innovated\)*](#)
-  [*Neural Conduction, Action Potentials \(Innovated\)*](#)
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-  [*Barr Body, the Whole Story \(Innovated\)*](#)
-  [*Boy or Girl, Mother Decides!*](#)
-  [*Adam's Rib and Adam's Apple, Two Faces of one Sin*](#)
-  [*The Black Hole is a \(the\) Falling Star?*](#)
-  [*Adam's Rib, could be the Original Sin?*](#)
-  [*Pronator Teres Syndrome, Struthers Like Ligament \(Innovated\)*](#)
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-  [*Spinal Reflex, New Hypothesis of Physiology*](#)
-  [*Hyperreflexia, Innovated Pathophysiology*](#)
-  [*Clonus, 1st Hypothesis of Pathophysiology*](#)
-  [*Clonus, 2nd Hypothesis of Pathophysiology*](#)
-  [*Clonus, Two Hypotheses of Pathophysiology*](#)
-  [*Hyperreflexia \(1\), Pathophysiology of Hyperactivity*](#)
-  [*Hyperreflexia \(2\), Pathophysiology of bilateral Responses*](#)
-  [*Hyperreflexia \(3\), Pathophysiology of Extended Hyperreflex*](#)
-  [*Hyperreflexia \(4\), Pathophysiology of Multi-Response Hyperreflex*](#)
-  [*Barr Body, the Second Look*](#)

-  [*Mitosis in Animal Cell*](#)
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-  [*Ulnar Nerve, Congenital Bilateral Dislocation*](#)
-  [*Oocytogenesis*](#)
-  [*Spermatogenesis*](#)
-  [*This Woman Can Only Give Birth to Female Children*](#)
-  [*This Woman Can Only Give Birth to Male Children*](#)
-  [*This Woman Can Give Birth to Female Children More Than to Male Children*](#)
-  [*This Woman Can Give Birth to Male Children More Than to Female Children*](#)
-  [*This Woman Can Equally Give Birth to Male Children & to Female Children*](#)
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Ulnar Dimelia, Mirror hand Deformity



Carpal Tunnel Syndrome Complicated by Complete Rupture of Median Nerve



Presacral Schwannoma



Congenital Bilateral Thenar Hypoplasia



Biceps Femoris' Long Head Syndrome (BFLHS)



Algodystrophy Syndrome Complicated by Constricting Ring at the Proximal Border of the Edema



Mandible Reconstruction Using Free Fibula Flap



Non- Traumatic Non- Embolic Acute Thrombosis of Radial Artery (Buerger's Disease)



Isolated Axillary Tuberculosis Lymphadenitis



Free Para Scapular Flap (FPSF) for Skin Reconstruction



Three Steps of Neural Conduction

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