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Lifetime Achievement Award , in SHAFT 2023

Reviewer for 3 international journals

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Male Sexual Dysfunction

Case based-Let us discuss, interact and Learn together

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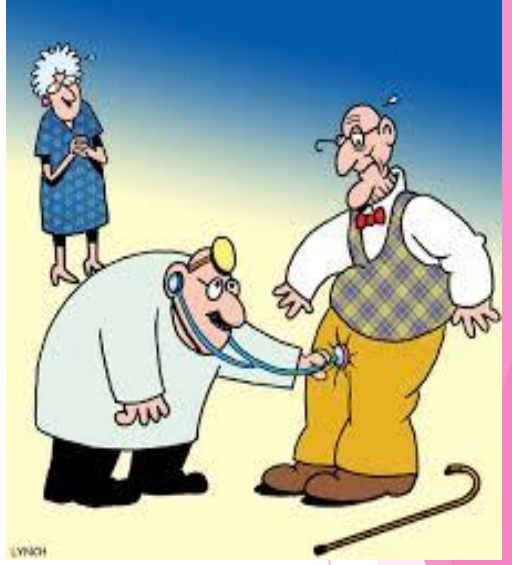
Common Problems of MSD

- Premature Ejaculation – Before insertion and after insertion
- Erectile Dysfunction – young, Middle and old age
- Ejaculatory disturbances – Retarded ejaculation. Anorgasmia
- Unconsummated marriages
- Dyspareunia
- Hypogonadism – Primary and Secondary

WHY PROBLEMS?



- Lack of sex education in schools
- Restrictions in the society for free discussion
- Misconceptions and myths about sex and sexuality prevailing in the society
- False advertisements appear in magazines and periodicals
- Misappropriate information spread through T.V. channels, online sites and other social medias about sex
- Easy availability of Porn sites – Exaggeration and misinterpretations.
- Not able to discuss with elders, parents, teachers.
- Finally, Persistent unrevealed doubts, Leading to low self esteem and guilt feelings
- Changing sexual behaviors – Drug abuse, week end parties, Living together, Massage parlors, Dating apps, Chemsex, swapping, Key chain club and what not?

SEX is in between two ears, not between thighs

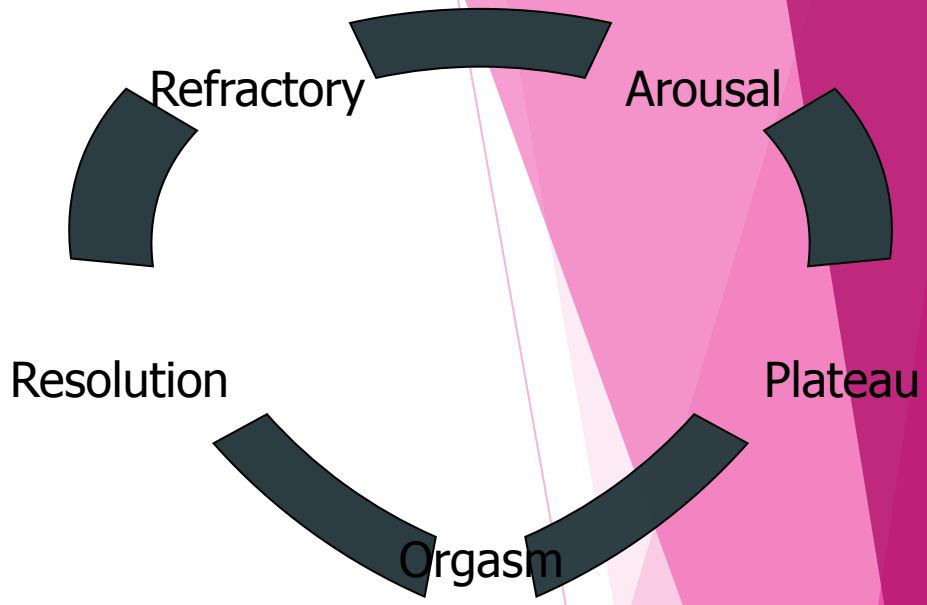
- Fantasy, seeing, hearing, smelling, touch all play important role in sexual arousal.
- Mind and body have to work together- Attention should not be diverted from either sex or partner's body…
- Failure to complete the first coitus- Situational (unclear doubts-low self esteem, Uncongenial environment) – one failure leads to subsequent failures
- Leads to pressure of performance and anxiety
- Remains as a spectator rather than a responder

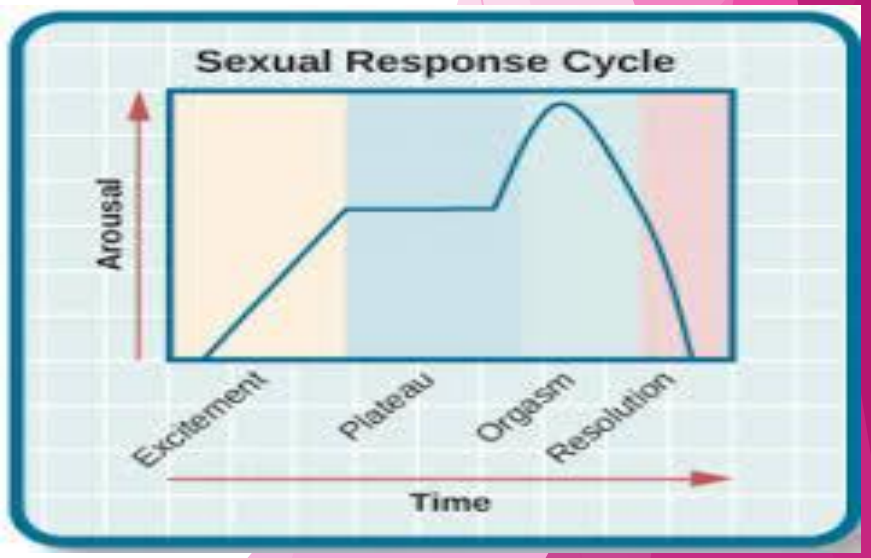
Other Causes

- Upbringing,
- Religious taboos
- Misinterpretations by parents, friends, elders etc.
- Depression-low self esteem, no issues after marriage, lack of personal relations or conflicts
- Stress at home or at work, inadequate sleeping hours, exhaustion and losses.
- Disliking – spouse, sex, odor (body or mouth)
- Liking towards altered behavior -Paraphilia
- Lack of stimuli (less arousal) or getting bored (elderly and middle aged) , Monotony

Male Sexual Response Cycle

- Arousal
- Plateau
- Orgasm
- Resolution
- Refractory Period





Stage One - Arousal

- Vasocongestion contributes to erection of the penis.
- The inner diameter of the urethra doubles. The scrotum pulls toward the body.
- Muscular tension increases in the body. Heart rate and blood pressure increase.

Stage Two - Plateau

- Not much change in the penis, but it is less likely for a man to lose his erection if distracted during plateau phase than during excitement.
- The testes increase in size by 50 percent or more and are elevated toward the body.
- Muscular tension heightens and involuntary body movements may increase as orgasm approaches. Heart rate increases to between 100-175 beats per minute.

Stage Three - Orgasm

- Actual climax and ejaculation are preceded by a distinct inner sensation that orgasm is imminent (ejaculatory inevitability). Just after this the man senses that ejaculation which cannot be stopped.
- The most noticeable change in the penis during orgasm is the ejaculation of semen, even though orgasm and ejaculation are separate functions and may not occur at the exact same time. The muscles at the base of the penis and around the anus contract rhythmically.
- Men often have strong involuntary muscle contractions through the body during orgasm and can also have involuntary pelvic thrusting. The hands and feet show spastic contractions and the entire body may arch backward or contract.
- Heart Rate and Respiratory Rate will be pounding.

Stage Four - Resolution

- Immediately following ejaculation, the male body begins to return to its pre-arousal state. About 50% of the erection is lost immediately, and the remainder of the erection is lost over a longer period of time.
- Muscular tension usually is fully relaxed within five minutes after orgasm, and the man feels relaxed and drowsy.
- This is exhaustion and not weakness as misinterpreted by alternate system people and a prevailing misconception in the society.
- Resolution is a gradual process that may take as long as two hours.

Stage Five - Refractory Period

- During resolution, most males experience a period of time in which they cannot be re-stimulated to ejaculation or even maintain an erection.
- On average, men in their late thirties cannot be ready for next coitus within another 30 minutes or longer.
- This refractory period may vary as per their chronological age and marital age.
- Not many men beyond their teen years are able to have more than one orgasm during sexual encounters.
- Most men feel sexually satisfied with one orgasm.

Prevalence of MSD

- Between 10-52% of men at some point in their lives will experience some type of sexual dysfunction. One recent study in the Journal of American Medical Association (1999) found sexual dysfunction common in 31% of men age 18 to 59.

SEX in between two ears, not in between thighs

- Sexual function is primarily concerned with mind
- Desire, arousal, Excitement, Maintenance and Ejaculation and Orgasm
- Interference at any stage would have impacts on sexual function
- Even those who are having sex problems due to organic causes are also having an element of psychosexual aspects, whether young, or middle or old age
- One failure leads to successive failures due to performance anxiety which interferes with completion of sex response cycle.
- History and Physical examination (General and local) play an important role
- Physician have lot of patience to hear their problem and spent time

Management

- Sexual Medicine is different from other domiciles of Medicine
- **Not to jump for drug therapy immediately after hearing the complaints**
- In the absence of desire, PDE 5 inhibitors will have no effect
- Elicit History from their younger ages, before marriage (feelings and anxiety), Nuptial experience, Sexual postures
- Fix the exact cause for their problem
- **Counsel, Encourage, Abstinence and prepare the individual, Sensate Focus and drugs**

Starter – many a time starters will be tasty than the main course

- 2 weeks back I had a case with funny history, unheard before
- 47 years old male, married for 21 years came with the complaints of ED for 6 months
- I examined him – His genitals and secondary sexual characters were normal and had brisk cremasteric reflex
- During interaction he was telling that he lost his erections especially when she wipes her genitals before penetration.
- I wondered and asking “Wiping prior to insertion?”. Usually washing after the intercourse is common and not so before insertion
- He uttered that she used to do so since their marriage time onwards.

Further details

- During the foreplay she used to have copious fluid discharge per vagina
- If they didn't wipe it away, they won't have pleasure at all as the vagina was more roomy and slippery.
- Only after neat wiping, they used to relish the grip of the vagina around the penis during penetration and the pleasure of thrusts.
- Previously he was not losing erections during the act of wiping and of recently he is losing his erections (Difficult to maintain erections when there is no stimulations for more than few minutes). People used to lose erections during wearing the condom prior to insertion is not uncommon. So, we used to advise the female partner to help him wearing the condoms.
- I didn't ask how she used to wipe, only outside or intravaginally also!? External wipe would not suffice for their complaint

Discussion

- Mostly people used to seek help for dry vagina rather than this type of excessive discharge
- Vagina has no glands other than cervical and accessary reproductive glands.
- The wetness of the vagina is mainly due to transudate and not due to secretions, secondary to excessive blood supply around the genitals on sexual arousal and during pregnancy.
- Anticholinergic drugs may be helpful for suppressing the secretions of the glands and not for transudate
- This lubrication is a boon for the couple to enjoy the sexual pleasure with more thrusts in majority of the situations.
- But in some individuals such sort of excessive secretion is annoying them
- Shall I ask the husband to wipe the same to maintain the stimulation?

Psychosexual impacts on sexual dysfunction- case report 1

- 37 year old man, married since 10 days, came with the complaints of anejaculation and loss of erection since the nuptial night.
- It is his second marriage for him. He has a child for his 1st wife and the First wife got divorced 5 years ago. As per the patient's words the divorce was not because of any sex problems, but due some other financial and family constraints.
- He is a smoker, alcoholic said to have stopped since 3 months. He is not a diabetic and not on any other treatment.
- O/E, His secondary sexual characters are normal, Genitals appear normal. No cremasteric reflex.
- For the present wife also, this is second marriage. During the period between the betrothal and marriage, there was no chatting or outing.

Other information

- He was having early morning erections.
- During the first night with the second wife, he had erection during hugging, kissing and able to have vaginal penetration, but not able to ejaculate even after half an hour and lost erections also.
- He had no ejaculation with hand manipulation by his wife. But he was able to masturbate before the second marriage and ejaculation without any problem.
- Careful history revealed two things, precipitating his psychosexual ED and anejaculation. With his first wife he commanded and directed her for sex whereas this lady ready to have sex without any hesitation or inhibition (as it is 2nd marriage for her) .

Discussion

- This reminds him about her previous marriage and her intimacy with her first husband. She could have commented a comparative statement. When he has some complex already about himself, it would exaggerate the situation. With these ideas he couldn’t be able to complete his sex response cycle and ends with anejaculation and ED. Subsequently he is having pressure of performance
- He was treated with anti anxiolytics, low dose Tadalafil, and aphrodisiacs and advised sexual abstinence for 3 weeks. I also advised him to bring his wife along with investigation reports

Discussion

- Human sexual response cycle is spontaneous. When the individual has desire for sex, and get stimulated and Sexually arousal, plateau stage, orgasm and resolution take place. During this cycle one has to concentrate on spouse's body and the sexual pleasure in a full-fledged manner. Anything disturbs this cycle it will end in either loss of erection or ejaculation.
- One failure leads to pressure of performance and subsequently permanent Sexual Dysfunctions. If you are able to find out the cause of the deviation for his performance, it will not be difficult to solve the problem. He should not even think about himself whether he is alright or not, whether his organ is normal and adequate or not. He should enjoy his partner only.
- Pressure of performance will be relieved by a good period of sexual abstinence
- Low dose tadalafil would raise his confidence level along with encouraging positive words.

Case 2

- 27 years old male got married 10 months back.
- His sexual frequency with his wife was 4-5 times a day
- Previously he used to masturbate successfully
- They went for investigations for infertility
- The obstetrician asked him to come with seminal analysis report
- He went to the laboratory where he was not able to collect semen – He was a circumcised individual and with repeated attempts lead to abrasions and nail marks over the circumcision scar near 12 ‘o’ clock position.
- Then he went home disappointed and tried once again at his house in the presence of his spouse, failed and he got frustrated

Secondary retarded ejaculation

- Anxiety, Feeling of pointing out, uncongenial premises, any disturbing noise, offensive smell, Feeling of people (Relatives and the medical professionals) waiting outside
- Ultimately end in Pressure performance

Solutions

- Ask the couple to postpone the investigations for infertility
- Alleviate the pressure to have baby temporarily for a period of 3-6 months till they regain their normal sexual confidence.
- After regaining the confidence, we can go for investigations.
- If possible, he can collect semen specimen from his house
- If not possible, arrange for a separate, comfortable room for collection without any disturbance.
- Hospital premises also may not be suitable for many.
- Ask them to put a nearby lodge, relax with his wife with some sort of entertainment and ask his wife to cooperate with him in collecting the semen will be usually successful.

Case scenario 3

- A 34 years old man came with his wife (married for 3 years). They are referred by an infertility specialist for the problem of retarded ejaculation (Anejaculation)
- They were having their sexual relationship initially (thrice a week frequency). The couple were not aware whether they had ejaculation or not, as per their statement.
- On examination, his secondary sexual characters were normal. His genitals were normal. He had early morning erections and occasional nocturnal emissions (about which he has some complex – **cleared by explanation**).
- As expected, the couple has lot of social pressure to get a child on their own.
- Had no experience of masturbation at all before marriage.

More history

- Six months back they landed in the infertility clinic. When they asked for semen sample for IUI, he was not able to collect the same in the hospital premises, even the couple were allotted separate space to collect the same.
- It seems that some other couples waited outside for the same purpose. He was not able collect semen (Discussion point)
- Since then, couple notice that they were not having ejaculation during intercourse also
- Patient has lot of work stress
- He prefers early morning coitus whereas it was difficult for his wife to get up before 7 am.

My approach

- To inform both the parents of the couple to wait for 3 months to have infertility treatment
- Informed the infertility specialist also to give up infertility treatment for 3 months
- Assured the patients that sexual function and fertility are different and they will become alright soon – Avert the pressure to have a child
- Gave anxiolytics and tadalafil and nutraceuticals to make them gain confidence. Advised:
- 1.abstinence – to alleviate pressure performance
- 2. Make the wife or train her to masturbate for him
- 3. Sensate focus
- 4. Then allow them for coitus

Case scenario 4

- 27 years unmarried male came with the complaint of quick ejaculations and got assured along with some nutraceutical drugs 5 months back. Now he got married a month back, came with the same complaints (sometimes ejaculated before penetration and sometimes just after two thrusts).
- His sexual frequency was almost daily.

On Examination

- He believes that he has weakness of his nervous system and masturbation could be the cause for the same.
- He has the guilty feeling of not able to satisfy his partner.
- On examination, his genitals are normal, secondary sexual characters are normal

Other findings

- His Testosterone level was 467 ng/dL
- His FSH, Prolactin and Estradiol and TFT were within normal limits except an borderline elevation of LH level.
- He was not on any other drugs or so.
- His erections were good
- Not able to perform at a stretch for the second time after ejaculation.

Discussion

- Early ejaculation in early adulthood is not abnormal as they are very anxious about sex and about the opposite sex.
- Hyper arousal
- Conditioned early ejaculation because of their masturbating habits.
- Porno addictions
- False ideas about IVET- got from online, Porno sites and from friends and illicit source

Counselling

- Assurance – It is good sign of his virility. He can have sex in the long runs even in old age. Raising his confidence level, encouraging words along with anxiolytics will help in this case
- The coital timings will become normal after sometime following marriages, once his spouse body becomes casual to him

Premature Ejaculation

- Even after marriage, long abstinence or infrequent sex may lead to PE.
- There is no standard definition for PE as some guidelines say less than one minute after the insertion and another saying anything less than 3 minutes is PE. Some says, if he is not able to withstand as he wishes to be.

False ideas

- Individual perception can vary as with that of Partner’s also.
- Easy access to Porn materials and the exaggerated versions of friends and relatives lead to have false ideas.

Management

- Tablet Dapoxetin 30 mg an hour or two prior to coitus.
- 5 hours Prior masturbation will help
- Second coitus after 4 to 5 hours will not be followed with PE
- Anxiolytics
- Nutraceuticals

Exercises

- Kegel’s exercise
- Start- Stop technique
- Start- squeeze techniques

Case no. 5

- 62 years old retired HM came with the complaints of ED – Known DM - on treatment but with poor control
- Wants to marry a woman and came to ascertain whether he can perform sex.
- Careful history elicited revealed he got married 30 years back- unconsummated marriage- Wife blamed him as impotent and got divorced within two years,
- He used to masturbate against bed.
- Past history revealed complex about masturbation and seminal loss at the time of first marriage and faulty position on the first night. All end in Unconsummation and ED.

Further discussion

- 62 years with uncontrolled DM.
- Towards Andropause
- Previous unconsummation
- Poor self esteem due to misconception and divorce of first marriage and blamed as impotent
- If you are not use it, You will lose it- Not used for 30 years

Management trial

- Tight control of DM for 3 months
- Stimulate nervous system with B1, B6 and B 12 injections
- PDE 5 inhibitor stimulation
- Testosterone replacement
- Counselling and assess

Case no 6

- 29 years old man came with his wife for unconsummation since marriage (1 year)
- He said that her vagina is narrow so he is not able introduce. He even tried and purchased vaginal dilators on line and gave it his wife. She was not having any difficulty in introducing these dilators. She was examined by two obstetricians and found her vagina was quite normal
- He also said that she was having some bone over the pubic area which presses him and he was not comfortable
- As per his words, “Her abdominal skin is dry, I am not attracted with this”.
- Her body temperature is 4-5 degree higher than normal especially at night and it hinders him making love with her.
- As per his wife’s statement he tried only thrice during a period of a year

More history and findings

- He never hugged with interest (sometimes on her demand)
- Never touched her breast
- He never undressed.
- Tried sex with his pant and inner wears on
- But according to him, he used to get attracted by girls before marriage
- His erections were quite normal. Gets erections without any difficulty.
- O/E his secondary sexual characters were normal and genitals appear normal.
- No cremasteric or abdominal reflex on stimulation

Other factors

- He accepted on persuasion that he had some amount of complex about his organs and about the performances after marriages.
- Not marked habits of masturbation or nocturnal emission
- He was rejected in 3 previous alliances before this marriage and have poor self esteem
- Wife now feels whether she is not attractive to him.
- First coital attempt ends with failure because of faulty position
- He was having some idea about diet habits and hygienic habits which she was not convinced. (Like after 6 pm one should take milk etc. and other liking and disliking being imposed on her)

Proposed management

- His words cannot be reliable
- Hormonal analysis
- Lame excuses by blaming her to mask his inability and poor esteem
- Need psychiatrist assessment
- Conflicts between couple
- Sexual orientation is to be assessed

Case no 7

- A 73 years old man got an appointment declaring his age and whether it is treatable for his ED?
- I told him, it depends on his comorbid conditions and the treatment for those conditions and also depends on his partner's cooperation
- He met me in my clinic. He lost his right upper limb in an accident. He has marked hard of hearing. He is diabetic and on treatment
- He said there is no early morning erections, but has some mild hardening during reading sexual literatures and he used to have precum during such excitement
- His wife had hysterectomy and ovariectomy (Not able to get the indications) and he had no sexual intercourse since more than 15 years.

Continues

- So, I doubted that his wife can’t continue sex as she would have menopausal atrophy and also disuse atrophy!?
- He said that not to bother, it is only with my wife?
- That he is interested in extramarital affairs
- If you don’t use it, you will lose it

Case scenario 8

- 30 years old husband and 27 years old wife working in Bengaluru in IT field came with complaints of not able to consummate for 3 years of marriage.
- Husband has ED. Early morning erections are good. SS characters are okay.
- He said that his wife was having vaginismus.
- They tried sex only 3 months after the marriage as she was not allowing him for sex. Even after 3 months she kept her thighs in adduction only. He was not able to enter even after repeated attempts. After seeing her reactions of jerk and fear every time, he lost his erection.
- O/E, His genitals were normal and adequate and he was having a brisk cremasteric reflex.

Her statement

- She was told by her friend that the insertion will be painful at first few times and may have even bleeding during the first time.
- This evoked fear for sex in her. Moreover, that she was brought up with a feeling of sex is bad. During playing cinema, she used to skip the intimate scenes by forwarding the same.
- She admitted that she was not getting any arousal with his touch except that of a clitoral touch.
- She cannot have an abducted hip position during sex.

Continues

- They were told about vaginismus by a gynecologist when she was examined by the gynecologist as the wife was not allowed her for PV examination. Gynecologist managed to put her finger into the vagina of the wife with force and patting and consoling her. She also declared that she is now ready for sex prescribing a lubricating gel
- The gynecologist also revealed that there was a tiny ulcer over the fourchette (crack or tear) and asked them try after 2 weeks.
- As they were not able to succeed even after this even with gel, they referred to internet and got vaginal dilators on their own effort and she was able to insert the dilators up to the second stage.
- Even then, she was reacting to his approach for insertion (Tightening happened?), which made him loss of erections.
- Now he landed with performance anxiety and depression.

My suggestions

- I suggested her to insert her one finger, then two fingers. After gaining confidence and comfort allow her husband to put his one finger.
- She can understand the principle that handling the dilator which was not in her control whereas when husband puts his finger, she can feel confidence.
- Husband was encouraged that he is quite normal, sex connected with mind and the attention should not deviate from the partner's body and sexual pleasure during coitus
- Given Tab tadalafil and Arginine gel for topical application and to provoke stimulation and confidence
- Not to attempt for penetration till they get confidence and shed of inhibitions.
- Planned Review after 3 weeks and allow them to follow sensate focus

On review

- The woman gained confidence
- She was able to introduce two fingers now without much difficulty and she was comfortable with her husband’s fingers (two) inserted.
- Assuring them and advised to follow sensate focus and try to have sex after a week with lubrication gel. Coital positions explained

Case scenario 9

- A 26 years old unmarried male came with the c/o ED for the past 4 months.
- Parents suggested for marriage – So he wanted a test drive
- With a friends' guidance, he went to CSW. After paying outside, he went in.
- Shocked to see her totally naked lying down over bed and invited him for sex and asked him to finish within 5 minutes and get away as she was hungry.
- He was not having any erection at all. Not able to perform.
- O/E His genitals were normal and secondary sexual characters were quite ok. No cremasteric reflex was present.

More history.

- Previously he was not having any problem with masturbation
- Have some misconceptions with masturbation and poor esteem
- He had insertive oral sex previously before 2 years
- He had more attractions towards male and female breast rather than genitals. No interest in female genitals at all.
- He used to enjoy Porno and having erections
- His blood sugar was within normal limits

Discussion

- Used to have masturbations
- Had felatio with erection
- Erectile failure during test drive
- Sex desire must be spontaneous, not for the testing's sake
- New place – Anxiety, fear of being caught, Fear of STI/HIV, Fear of pregnancy
- Shocked to see a girl without dress on bed
- Called for sex, requested to complete within 5 minutes
- Performance anxiety and fear of failure

Questions

- Is it a situational failure or
- A sex orientation disorder
- How can we approach in this case?

Case Scenario 10

- A 57 years old male came with the complaint of ED for 4 years
- Known Diabetic for more than 15 years.
- Had two spells of MI (IHD) for which he got investigated and treated at Chithirai Thirunaal Hospital at Trivandrum.
- I asked him whether he underwent any procedure? As per patient's word, as it would be risky for any procedure for his life, it was denied.
- As he found some discomfort with the prescribed medicines, he stopped all
- He also stopped taking Insulin and anti diabetic drugs for 4 years.
- Otherwise, he appeared to be healthy. As per his words, without any drugs he felt better

More history

- I asked him why he stopped diabetic drugs as the uncontrolled DM could cause Ed in the long run.
- As his blood sugar level was persisting between 350 to 400 mg even with drugs he stopped on his own.
- At present his blood sugar level was above 500 mg/ mL
- I asked him whether he can climb 2 stairs (30 steps) without any difficulty. Admitted not able to.
- H/o Occasional early morning erections present!

Questions – My suggestion

- 57 years old
- Uncontrolled DM for years
- 2 heart attacks
- Stopped all the drugs
- Get your DM controlled consistently for 3 months, then it can be possible to put you back to normal along with drugs
- Really a tough case to be tackled and to get results

Case scenario 11

- 24 years old unmarried boy came to me with the complaints of ED and early ejaculation.
- As per history, he had multiple sexual partners (girl friends). He had multiple sexual encounters with them for the past 4 years. Now sexual inadequacy for 3 months.
- He used to have more than 3 times sex within an hour – without have an idea of refractory period due to constraint of time and to have maximal enjoyment.
- Now he is not able to perform with them.
- Sometimes he used to have ejaculations within a minute.

Discussion

- Even though his age is 24, Sexual frequency is too much – Whipping the tired horse will end in tragedy. Horse will not respond beyond the stage tolerance.
- Consider the refractory period of penile erection – vary with chronological age and duration of marital age/ sexuality started age.
- Not to give importance to PE. Anxiolytics will help.
- ED will be alright after a period abstinence, if necessary, we can give PDE 5 inhibitors. Usually, Nutraceuticals will be enough to regain normal vigor
- He has to screened for STIs/HIV before marriage and to be advised accordingly

Case Scenario 12

- 32 years old married man came with the complaints of not able to have intercourse with his wife for the past 2 years.
- Married for 4 years, have one child, 3 years of age and they were trying for another child.
- In this duration wife had two abortions during which she had tough time in the hospital due to pain, bleeding and shock.
- Now whenever, he tries for an intercourse with his wife, he lost his erections
- Fear of another abortion and fear of performance

Discussion

- Want to have another child
- Guilty feeling that he could be the reason for her sufferings.
- Feeling of hurting or taxing his better half
- Takes away his performance as he can’t concentrate his sexual activity with this feelings of guilt

Solution

- Explain the various causes for miscarriages
- Assure him
- Raise his confidence level.
- Ask them to postpone the idea of having the next child. Relieve the pressure of performance. Let them come to normalcy and enjoy sex.
- Never go for a timetabled sex.
- Any more?

Case 13

- 71 years old man living alone in a village leaving his wife in son's house for years and was promiscuous
- Had contact with servant maid for 10 months
- Came with the complaint of soreness of lips and mouth for 2 days
- H/O protected vaginal sex and unprotected cunnilingus
- H/O saline gargle after sexual act in very hot condition
- ? Allergic to vaginal secretion or acidity
- ? scalds

Suggestion

- Cunnilingus has less risk for HIV/STI, but not risk free
- It could be due to sensitivity to Vaginal secretion (Possibly sue to its acidity or due to candidal or other infectious discharges)
- Tests for syphilis and HIV were nonreactive

Case no. 14 - Am I a transgender?

- A 24 years unmarried came with the symptoms of Secondary syphilis along with serological evidence and got treated for the same.
- He claims himself as a bisexual and prefers homosexual partner, He used to receive anal sex. His recent contact was a week ago with a male partner. Highly promiscuous. HIV rapid test was nonreactive.
- During serological review after 8 months, he claimed himself as a transgender. But remained in male costumes. He didn't like to go for sex conversion operation, but he felt as a woman.
- As he wanted to stay with his parents and relatives, he pretended to be a male, not to bring embracement and shame for his parents and siblings.
- His secondary sexual characters and genitals were quite normal like that of a male.

Discussion

- Sexual orientation or deviation have to be accepted as such.
- Left-handed people can not be forced to use the right hands will end in failure
- We will spoil their life and profession.
- Likewise, different people will have different taste with different food, we can’t force them to eat to your taste!

Case No. 15

- A 39 years old male married for 11 years, having a child, came with the complaints of Premature ejaculation for 4 years.
- As per his words he can stay inside the vagina less than a minute.
- His wife asked him to seek medical help as she was not satisfied.
- His erections were normal. But his sexual frequency was once a month for the past 2 years priorly. Before two years it was once a week. First three years he was not having this problem and then the sexual frequency was almost daily.
- His son's age is 10 years and pointed out that this is the reason for less frequency of his sexual act due to lack of privacy.

More information

- Before coming to me he tried Stop and Start technique and Kegel exercises for months (Learning from online information and the You-tubes) without any improvement.
- His wife showed her displeasure.
- Not tried any medicine.

My suggestion

- Long abstinence will precipitate PE – To increase the frequency. Find the way for more privacy
- Couple conselling
- There are other ways to satisfy spouses – find more time for foreplay and after play will solve the problem
- Previous masturbation 3 to 4 hours earlier to the sexual act will prolong the ejaculation time,
- Drugs has role

Case Scenario 16

- A 47 years old man came with his wife, married for 12 years and have 2 children with the complaints of early ejaculation since marriage. Both are working at different places and used to meet during week ends.
- He has adequate erections and willing to have multiple intercourse daily.
- But the problem is because of early ejaculations and not able to attain satisfaction, wife not allowing him to have **FOREPLAY** at all. She used to submit herself directly for intercourse to satisfy him, but without getting aroused.
- She vexed to get to be sexually stimulated without getting any satisfaction which really irritate her

More information

- Husband has adequate secondary sexual characters, sunken penis (pot belly) with brisk cremasteric reflex.
- Counselling given to wife the necessity of intimacy between the couple, husband given anxiolytics, Lvate Neo, Erectlong for a month and advised to come after a month, to reduce the mental stress between the couple.
- Husband was asked to stimulate her through gentle clitoral manipulations.
- Kegel exercise was taught to the husband
- Plan to put him on demand Depoxetin next visit

Case scenario 17

- A visually challenged unmarried person of 26 years old, came with the complaints of loss of weight or not increasing weight because of he is losing semen during defecation since more than 4 years.
- On examination he is moderately built, visually challenged otherwise active person
- Tried masturbation once, but told by his friends that masturbation would be injurious to his heath and never tried.
- On examination there was no spermatozoa in the urine except 1- 4 pus cells.

SEMEN IS PRECIOUS ?!

- Semen is like that of any other body secretion
- No equation with blood
- Compare a man recently got married (high sexual frequency) and a healthy man sexually active at the age 60+ (40 years of married life), remain healthy and smart.
- As long as a man is healthy, semen will be produced..Not limited or no ceiling.
- No weakness.. Only a temporary tiredness due to excess work of body organs and exhaustion

MASTURBATION

- Common in 85-90% males and 30 - 40% females
- No difference in ejaculation with sex or masturbation
- Marriage age is getting delayed- Eat when U R hungry
- No relation to neuropathy or ‘Narambu Thalarchi’(loss of nerve tone)
- Instinct to be drained to their satisfaction
- Always safe and to be encouraged- reduce sex crimes, mental stress and STI/HIV incidence

Management

- Here sex education and counselling play an important role
- Counselling to a person visually impaired was really a challenging one
- Explaining the action of intercourse and masturbations are almost same type of mechanisms was demonstrated by using his own fingers

Case scenario 18

- A 30 years old male married a month ago, came with the complaints of pain and bleeding whenever he tried intercourse.
- He had bleeding per genitals on the nuptial attempt and had no sex for another a week. So far, he tried just 4 times. His last attempt was 4 days ago.
- On examination, his secondary sexual characters were normal, genitals having nothing abnormal. Prepuce easily retractable, but he never tried retraction so far. His frenum was short and having a healed (Healing?) wound.
- It seems their coital position quite ok

Reasons could be

- Inadequate foreplay – inadequate lubrication
- Wrong position or forcible entry
- Vaginismus – Primary or secondary to dyspareunia
- Short frenulum

Suggestions

- Advised abstinence from genital penetration for 14 days. Gave topical antibiotic cream and Capsule Amoxycillin 500mg three times daily for a week
- To bring the wife during review.
- Learn to retract the prepuce daily
- Circumcision if necessary

Case scenario 19

- 52 years old man came with ED for 2 years
- Married for 28 years, blessed with 2 children
- Not a diabetic, not on any other drugs, not a smoker or an alcoholic
- Having good early morning erection. But not able to maintain the erection or not able to have penetrative sex.
- He is living away from his wife for the job-sake visit monthly twice with a 2 days stay
- Sexual frequency before 2 years was 3 to 4 times a week.
- Used to have Tablet Tadalafil 20 mg and have sex with his wife during these two years.

Discussion

- Weekly three to 4 times sex at the age of 50 years, that too with the marital age of 26 years is not quite normal.
- He wants to have sex two consecutive days during every visit to home.
- It is not normal to have sex two consecutive days at his age of 50 years (26 years of marital age) due to refractory period of penis (increases with ageing and marital desensitization for more than 10 years!
- One failure leads to further failures
  and pressure of performance
- Moreover. Middle aged sex Problem (MAP) – Monotony and the same stuff

Approach

- Examination, counselling, education about penile refractory period, advised not to have sex till he gains confidence along with placebo drugs. Sexual abstinence for a month to overcome the pressure of performance.
- Sexual abstinence for a month at least with low dose Tadalafil (5mg) daily for 3-4 weeks (To rejuvenate his desire for sex)
- Sensate focus
- Space the weekly frequency as 2 per week for his chronological age and marital age and definitely after the completion of treatment – That too not at a stretch.

Case scenario 20

- 24 years unmarried male came with the complaint of intense tremor of both hands since his childhood and more severe recently for the past one year.
- He has early morning erections, nocturnal emissions and quick ejaculation during masturbation.
- He believes that Masturbation and the nocturnal emissions are the cause for his tremor and quick ejaculations.
- SS fine, Genitals ok.
- Not a smoker or an alcoholic

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Discussion

- Tremor of hands and anxiousness for small things are his innate temperament as few are like this who are very much disturbed and afraid to face situations.
- Other neurologic causes also to be explored.
- Assurance
- Raising his confidence level, encouraging words along with anxiolytics will help in this case

Case Scenario 21

- 29 years old male, got married 3 months back, came with the complaints of anejacualtion with his known contact (onetime classmate who is a widow at present) for the past 6 months.
- He had good erections, his partner got satisfied every time and not able to tolerate the prolonged intercourse, in spite of all these things he was not able to ejaculate with her. She suggested that could be because of his masturbatory and porno watching which led him not to have ejaculation. He can ejaculate without any problem during masturbation.
- He also started believing, all because of his masturbation and porno watching.

Marital relationship

- He had not consummated with his wife so far
- Initially she told that let us wait for sometime and have baby after sometime.
- Then, Whenever he approaches his wife, she recedes behind and express her fear and kept closed her eyes tightly.

Discussion

- With his contact, he felt not comfortable or congenial (Fear, anxiety and bad smelly atmosphere).
- First failure leads to successive failures. He was not able to complete his sex response cycle because of pressure of performance, not able to concentrate on his sexual act due to distraction etc.
- With his wife, it seems that she has vaginismus

- **So he has two different problems for his SD**

Case scenario 22

- 26 years old individual married 15 days back came with the complaint of quick ejaculation followed by loss of erections
- Used to masturbate earlier frequently and had guilty feelings about masturbation
- Was able to have intercourse on the first two days. As per patient's word, he had early ejaculations followed by loss of erection. (not mentioned had ejaculation how long after the intromission of penis)
- Tried to have sex within half hour, not able to perform. Not tried after few hours! (or in the early morning)
- From the day 3rd onwards, he was not having any excitement or arousal with his wife at all

Discussion

- No idea about refractory period
- Blaming the past masturbation could be the cause.
- Had depressed and have pressure of performance.
- Not able to concentrate on sex, not able to enjoy his wife’s body or sexual pleasure and not able to complete sex response cycle.
- Had got the ideas from his past experience of watching porno videos, that his sexual performance is grossly inadequate

Counselling points

- Early ejaculation in young ages is not abnormal, quite common because of over-excitement.
- He was encouraged, it is good sign of his virilism, he has more affection, love and desire to his wife. This is a good thing' As an youngster it should be like this only.
- In the long run he will get sensitised and can have longer performance
- What is normal ejaculation time for majority?
- Kegel's exercise
- Abstinence from sex relieves pressure performance.
- Anxiolytics and nutraceuticals and low dose Tadalafil will put him back to normalcy

Case scenario 23

- 32 years old man treated by me 7 months earlier by me for ED and was feeling better, got married 15 days back, came with the complaints of ED again.
- He was having erections normal with his wife.
- But not able to penetrate and now not able to maintain his erections.
- Wife not abducting her legs widely. First day, she kept her legs straight and tight.
- She complaints of pain. She cried even and begging him not have penetration.
- Let us have love making. After sometimes she will be ready for penetration – she told.
- She enjoys foreplay and even feeling excited with clitoral stimulation.
- She even receded back when he approaches for sex

More information

- Husband lives in Gulf country. Now have a schedule to fly with his wife within a week.
- Now the husband has loss of erections
- On examination, he is a circumcised individual with normal genitals and normal secondary sexual characters
- Yet to bring his wife

Discussion

- Possibility of vaginismus
- Not able to succeed in coitus during these days
- Loss of self esteem
- Performance anxiety leads to ED

Possible approach

- Assure that he is normal and raise his confidence
- Partner has to be brought
- Explained about the vaginismus for both
- Treating the wife for vaginsmus
- By understanding that the ED is not due to his fault, he will be relieved of performance anxiety.
- Preparing both for coitus
- After gaining the confidence, advise sensate focus
- Educating sexual posture
- Lubricants and allow them to have sex

Case scenario 24

- 26 years old unmarried man came with the complaints of quick ejaculations and not able to perform coitus with his colleague
- We all heard and knew co-living culture
- Here he revealed that he went for a holiday trip with his working colleagues and stayed as couple (man and woman) in rooms.
- He also gave an history of got abused sexually by his tuition master. It was so painful for him initially and after sometime he started enjoying the same. Now he has more inclination towards anal sex and not with vaginal sex with girls
- He asked me is it possible to revert back him to mainstream?

Discussion

- I asked him, has he any attractions towards girls during these days or years. He has not so.
- Then asked about viewing porno videos. He affirmed and said in these videos, he used to enjoy seeing women
- Then told him to understand about the differences between man and women. And advised him to start enjoy seeing girls on roads and in films.
- I encouraged him given anxiolytics and low dose PDE5 inhibitors and to come for review after a month
- If they have slight interest towards opposite sex. You can try change them counselling. If there is no interest at all, it has to be accepted and the parents have to be counselled

Case scenario 25

- A 33 years old unmarried man came to me with the complaints of tiny penis – Wants to get lengthened
- On examination his secondary sexual characters are normal, He is little obese. His early morning erection was normal as per patient's word.
- Genital examination: As he has a pot belly (big tummy) not able to visualize his penis at all. His pubic hair was abundant, He has marked pubic pad of fat leads to sunken penis. Otherwise, ha has normal size of penis
- With difficulty in the standing posture, I was able to demonstrate his penis as normal.

Counselling aspects

- Genetic inheritance, His secondary sexual characters are normal. Then his growth of sex organs also normal for his age.
- Assuring his penis size was normal in the flaccid stage. It will be more elongated during erection.
- Asked him to reduce weight
- Quoting him there is no drug to elevate the nose or to elongate the ear lobe or one finger
- Gave some placebo drugs L arginine granules and topical penile gels

Case Scenario 26

- 37 years old male married for 4 years, referred to me by an infertility specialist, for ED – 6 months duration
- Patient has good sexual life till the last 6 months ago, not a diabetic, secondary sexual characters were normal, genitals appeared normal.
- On enquiry, he was advised by the OGICIAN to have sex daily from 10th day after the periods onwards till the next periods.
- His early morning erections were normal till 6 months ago.
- His seminal parameters were within normal limits whereas his wife has PCOS

Discussion and management

- Daily frequency at the age of 37 may not be not possible for all.
- Beating the tired horse will end in ‘TOTAL NO RESPONSE’
- Implement sexual abstinence for 3 to 4 weeks to alleviate the pressure of performance
- Put him on low dose Tadalafil and nutraceuticals to stimulate his desire
- Counsel his wife for non-demanding, if necessary, the relatives also, not to compel and put them on social pressure to have a child at least for 6 months
- Sperm inside the vaginal folds and inside the uterine cavity can be viable for 7-8 days and the released ovum from a women can be fertilized up to 24 to 36 hours.
- So, the daily frequency should not be stressed. They can have sex without any problem and can have a child in the near future.

Case Scenario 27

- Another interesting case:
- 33 years old man previously seen by me before 9 years. He had orchidectomy on right side (indication not known, inguinal scar +). Left side testes atrophied. Tiny and poor consistency. USG revealed gross hypo plastic.. I told him that he could not have fertility, can have sex. He got married 8 years ago got divorced within 2 years for not able to produce offspring. Now he wants to get remarried (Muslim community). Declaring that he cannot become a father and wants to marry a divorced woman with one child already for her first husband. This girl is now 26 years old). Now the bride's side wants a certificate that his sexual function is good. No h/o nocturnal emission. Masturbation frequency is more than twice per week. Having good erection while seeing porno films. He is able to collect semen within 10 minutes within the premises of hospital. Of course it is Azoospemic. Hormonal estimation sought. Results awaited. On examination facial and pubic hairs are present, penis normal. Right scrotum is empty. Left testis tiny atrophied

Case 28

- A 31 years old male got married 25 days ago.
- He is working in marketing field and need to travel miles daily.
- Two days after the marriage the girl picked up a quarrel and moved to her parent's house
- He used to return home by 7-30 pm from work and have to travel another 1 and half hour to meet his wife.
- As he was tired after reach home and used to have sex after 3 am and another time after 5 or 6 am, sometimes even in the afternoon.
- Wife demands sex immediately after dinner as she did not want to be disturbed from her sleeping hours.
- Patient was accompanied by the maternal uncle of the girl to my clinic who bargained to return the marriage expenses and he will get her another groom.
- I asked her to meet me over phone, to know her needs, for which she scolded her husband why he gave the phone to me

Discussion

- Now he had no interest on her
- He has no interest on any woman
- It seems that he developed interest on men, of recently (after the death of first wife)
- In spite of that he had sex with the second wife few times (Bisexual) without any interest. Now he says he had aversion to see or touch her genitals.
- I suggested to have ‘Doggy’ position (to get stimulated by her buttocks), which they tried already without any thrill for both.
- Now he wants his second wife to leave him and get married to somebody else and to have happy married life.

management

- Asked to take him to a psychiatrist. But they met a psychiatrist already and who advised him to meet a clinical psychologist which he had not obliged.
- I suggested him to have some holidays out of the town and advised sensate focus. I put him on low dose tadalafil, anxiolytics and some topical gel
- He didn’t buy anything, left her unattended and not paid for my consultation.
- She came wept asking for what to do? She paid me with UPI
- The next day also she called me what she has to do? And said her husband is normal as any other day and pass everything with a smile
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- https://www.amazon.in/dp/B08VNCK9CZ

https://www.vivabooksindia.com/book/management-of-common-sex-problems-and-genital-manifestations


THANK YOU