



Male Sexual Dysfunctions in Jamnagar: A Retrospective Study

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Abstract: Normal sexual activities are important and routinely performed by all during life time. A satisfactory sexual life of a couple is possible only when involvement of both male and female partners are present. Regular sexual activities are disturbed if one or both partners has/have difficulty in performing sex. In our country, usually these facts are kept as secret by partners though both understand the seriousness involved. Finally, this may be revealed to a clinician while reporting for any clinical condition including infertility. Such sexual disorders are possible in case of male and female partners. In general we are studying different aspects of male sexual dysfunction. Towards this, in this study, we tried to understand the existing level of male sexual dysfunction in the city of Jamnagar and surrounding area. This was carried out by conducting a retrospective study. Towards this we scrutinized records for five years, 1989-1993, of Out Patient Department of a major hospital, under Gujarat Ayurveda University, Jamnagar. Out of 1,17,974 records of patients studied, 41.9% were with erectile dysfunction, 26.83% were with premature ejaculation and 31.25% were with night emission. Patients were treated by physicians of our hospital. In conclusion, the present study showed the seriousness of sexual disorders among male partners reported to this hospital. This clearly shows the serious situation of level of male sexual disorders in Jamnagar city and surrounding area. Possibly similar situation may be existing in other parts of our country also. Studies of same nature at other places will show the unknown facts of male sexual disorder, present there, if any.

Keywords: a) Erectile Dysfunction b) Premature Ejaculation c) Night Emission

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I. INTRODUCTION

India is a vast country with different cultures and languages. Among the people of our country knowledge on sex and related topics are poor for several reasons. The education level is very low (40%), in comparison with several other countries. In our country knowledge on sex is imparted neither in schools nor in colleges. Discussion on the topic sex is not entertained in our society especially in presence of elders, children and members of opposite sex. Supporting this, in a survey study we conducted, we observed several girl students of schools and colleges were not aware of menstruation till they experienced it for the first time¹. Lack of sexual knowledge of any person leads him to aversion of sex and which raised misconcepts about it. Similarly any sex related problem is kept as secret and personal, instead of consulting a proper authority. Many times when a couple approaches clinician for the treatment of childlessness, while history taking, sexual problem of either partner or both is identified. Sexual dysfunction (SD) in a man may lead to change in his psychological approach to his life² and may cause anxiety, depression or sexual phobias³. Several authors have done extensive studies related to SD⁴⁻¹⁰. Sexual disorders may badly affect relationships and quality of life^{6,11}. Sexual problems are present among matured adults

throughout the world¹². It is calculated around 50% of men between the age of 40 and 70 years suffer from sexual dysfunction¹³. In the United States the reported rate of SD is high⁴. SD may lead to other health problems like cardiovascular disease (Chew et al. 2008; Feldmann, Goldstein 1994)^{14,15}. In the present study we aimed to understand existing male (SD) among people of Jamnagar in the Province of Gujarat by conducting a retrospective analysis.

2. MATERIALS AND METHODS

Individually patients were informed all their identity would be kept confidential while reporting. A total number of 1,17,974 cases reported for male sexual dysfunctions to the Institute for Post Graduate Teaching and Research, Gujarat Ayurved University, Jamnagar during the period 1989-1993 were analyzed. Three major conditions reported were-erectile dysfunction, premature ejaculation, and night emission and which were evaluated.

3. RESULTS

The results of SD reported by patients are given in Table 1.

Table 1. Sexual dysfunction reported by patients during 1989-1993

| Year | Total number of cases | Erectile Dysfunction (ED) | | Premature Ejaculation (PE) | | Night Nocturnal Emission (NE) | | Total |
|-------|-----------------------|---------------------------|-------|----------------------------|-------|-------------------------------|-------|-------|
| | | N* | % | N* | % | N* | % | |
| 1989 | 24,132 | 24 | 38.71 | 17 | 27.42 | 21 | 33.87 | 62 |
| 1990 | 25,572 | 24 | 37.5 | 9 | 14.06 | 31 | 48.44 | 64 |
| 1991 | 20,945 | 16 | 34.78 | 15 | 32.61 | 15 | 32.61 | 46 |
| 1992 | 27,323 | 27 | 58.7 | 10 | 21.73 | 9 | 19.56 | 46 |
| 1993 | 20,002 | 23 | 42.59 | 22 | 40.74 | 9 | 16.7 | 54 |
| Total | 117974 | 114 | 41.91 | 73 | 26.83 | 85 | 31.25 | 272 |

*statistical analysis showed number of cases (N) given are insignificant in comparison with total (number of cases) study

4. DISCUSSION

Epidemiology study show SD in male may appear any time from puberty to old days¹⁶. Rate of SD is expected to double by 2025¹⁷. Our study shows three major disorders present in this area. They are ED, PE, and NE. Where as Parmrt et al.¹⁸ reported this as low libido, ED, PE, delayed orgasm or physical abnormalities of the penis. One of the reasons for sexual dysfunction is reported as termination of his last relationship¹⁹. SD is discussed at different levels and reported as more prevalent among women (43%) than men (31%)²⁰. In our society discussion on sex and related matters is highly uncommon. Invariably any question on sex from children is not encouraged. Any discussion on a topic on sex is restricted to close friends certainly not among relatives and elders. Our earlier study among girls attending educational establishments, is an example, revealed that many of them were not having any knowledge about menstruation till they experienced for first time¹. The lack of sex education may be the responsible factor. Sexual problems are present among matured adults throughout the world which may not be associated with general physical conditions and ageing.

4.1 Erectile Dysfunction (ED)

Rosen et al.¹¹ defined ED as a repeated inability of a person

for satisfactory sexual functions for minimum 3 months due to non erection. ED is the inability to attain and / or maintain penile erection sufficient for sexual performance¹⁵. Earlier one report showed millions are affected by ED¹⁶. Another study reported 40% of men suffered from ED whereas 63% of women were with arousal or orgasmic dysfunction¹⁷. ED contributes to dissatisfaction to his sex life⁴, which badly affects the sexual performance of female partner also. Several causes for ED were reported. It may be due to decreased quality of life or self esteem or depression or interpersonal relationship^{14,18,19}. In some cases it was due to termination of last relationship²⁰ or in some due to use of anti depressants²¹. Seftal et al.³ considered causes for ED as anxiety, depression, religious Inhibitions, "widower syndrome" and sexual phobias. Others reported causes as ageing²², drugs²³, or Systemic diseases²⁴. A warning to ED patients over 40 years is which may lead to chronic ischemic heart disease¹². ED has an association with his age and other conditions including Vascular Disease. ED is contributing to dissatisfaction in his sex life⁴. ED badly affects the sexual performance of female partner also. ED is not common in central Europe, especially in Germany⁷. It is opined ED is psychogenic^{8,10}. ED of a person may cause psychological wellbeing and his psychosexual relations with his partner. In this study, the percentage of ED observed from hospital records was shown above 21%. This figure is compared to that of others and shown below (Table 2).

Table 2: Erectile Dysfunction observed in the present study compared with that of reports from others.

| Reports | Percentage | Remarks |
|--------------------------------|------------|----------------------------------|
| Warner et al. ²⁵ | 50 | Sex clinics, USA |
| Frank et al. ¹⁷ | 7 | 100 couples, USA |
| Kinsey ²⁷ | 1.6 | 4108 Cases, USA |
| Diemont ⁵ | 2.7 | Scandinavia, Netherlands |
| Lendorf et al. ⁸ | 4 | Scandinavia, Netherlands |
| Kinsey ²⁸ | 10-11 | Germany |
| Feldmann et al. ¹³ | 20 | France |
| Braun et al. ⁴ | 19.2 | Germany |
| Feldmann et al. ¹³ | 52 | US |
| Spector, Boyle ²⁹ | 32 | UK |
| Shirai et al. ³⁰ | 26 | Japan |
| Solstad, Hertoft ³¹ | 19 | Denmark |
| Laumann et al. ¹⁴ | 5 | US |
| Present study | 21.03 | Hospital Records Jamnagar, India |

*statistical analysis showed number of cases (N) given are insignificant in comparison with total (number of cases) study

Warner et al. ²⁵ reported 50% of ED from a sex clinic where patients with sexual disorders alone had reported, where as our study was from a general hospital for total population. In another study of 100 married couples, 7% had difficulty in maintaining an erection ¹⁷. The unawareness or lack of proper knowledge on sex is mostly the likely reason for high level of ED in our study. Above all, in our society myths and misconcepts on sex prevail. Geriatric impotency in man is common. Elderly patients attribute their sexual dysfunction to waning strength and energy. This is supported by earlier reports ^{26,27}. Penile erection is a vascular event which needs a proper and intact endothelium. In the recent past the pathophysiological mechanism of penile erection was partially clarified ²¹. Importance of local factors like phosphodiesterases, rho-kinases and endothelins are known ²². A defect in penile erection is generally termed as ED. Which is the inability to attain and / or maintain penile erection sufficient for sexual performance ²³ or inability of a person for satisfactory sexual functions for minimum 3 months due to non erection ¹¹. Millions of men are affected by ED world over ²⁴. ED has an association with his age and other conditions including Vascular Disease. Lue (2012) reported around 50% of men between the age of 40 and 70 years are suffering from sexual dysfunction ¹³. Rate of ED was below 1% among men below 30 years and which was 75% in 80 year old men ²⁵. Epidemiological studies conducted in this field are very minimum ⁴. As the topic is sexuality, workers in this field face difficulties in collecting information from more

people; for example in one study only 100 couples were included ²⁶. In our study we collected data from records of a general hospital open for total population and compared with the reports others (Table 2). The unawareness or lack of proper knowledge on sex is mostly the likely reason for high level of ED in our study. Above all, in our society myths and misconcepts on sex prevail. It is also known sexuality of a person may fluctuate according to different conditions including economic and cultural ^{5,8,15,28}. Geriatric impotency in man is common.. ED is not common in central Europe, especially in Germany ⁷. Causes of ED are several starting from a bad relationship with sexual partner ²⁹, low level of testosterone ¹⁸ and cigarette smoking ³⁰. The existing concept of about ED is psychogenic though now it is accepted as organic in nature ^{8,10}. Other reported causes are ageing ³¹, drugs ²⁴, or systemic diseases ³². It may be due to decreased quality of life, self esteem, depression or interpersonal relationship ^{20,29,33} smoking ³⁴ or due to use of anti depressants ³⁵. Sexual disorders are reported as badly affecting relationship with partner and others and also equally affecting quality of life ^{6,11,29}. Sexual disorders are reported as badly affecting relationship with partner and others and also equally affecting quality of life. ED was commonly seen in patients' with cardiac disease, diabetes mellitus, hypertension ^{4,15} and lower urinary tract difficulty ⁴. Chew et al (2008) ¹⁴ warned ED patients over 40 years that condition might lead to chronic ischemic heart diseases. Many times ED could get corrected with intracavernosous injection ¹⁰.

Table 3: Erectile Dysfunction observed in the present study compared with that of reports from others.

| Reports from different authors | ED in percentage | Remarks |
|---|------------------|--------------------------|
| Lue ¹³ | 50 | General |
| Warner et al. (1977) ³⁶ | 50 | Sex clinics USA |
| Frank et al. (1978) ²⁶ | 7 | 100 couples, USA |
| Kinsey et al. (1948) ³⁷ | 1.6 | 4108 cases, USA |
| Braun et al. (2000) ⁴ | 19.2 | USA |
| Feldmann, et al. Goldstein (1994) ¹⁵ | 52 | USA |
| Laumann et al. (1999) ²⁰ | 5 | USA |
| Frank et al. ²⁶ | 40 | USA |
| Spector, Boyle (1986) ³⁸ | 32 | UK |
| Feldmann et al. (1994) ¹⁵ | 20 | France |
| Bejin et al. ³⁹ | 20 | France |
| Diemont et al. (1996) ⁵ | 2.7 | Scandinavia, Netherlands |
| Lendorf et al. (1994) ⁸ | 4 | Scandinavia, Netherlands |

| | | |
|---------------------------------------|-------|-----------------------------------|
| Kinsey (1964) ²⁷ | 10-11 | Germany |
| Solstad, Hertoff (1993) ⁴⁰ | 19 | Denmark |
| Shirai et al. (1987) ⁴¹ | 26 | Japan |
| Present study | 21.03 | Hospital records, Jamnagar, India |

*statistical analysis showed number of cases (N) given are insignificant in comparison with total (number of cases) study

4.2 Premature Ejaculation (PE)

Warner³² reported 13% of premature ejaculation was due to physiological reasons. But people are scared of this complaint considering semen is something vital being wasted in dreams. This is a clear indication of lack of knowledge on Physiology of sex. Supporting this, we observed among young women many learnt about menstrual process from parents, relatives, friends and teachers¹. Such teachings without scientific knowledge were likely to be harmful as they hear more and more myths which develop misconcepts in minds. Similar is a possible reason among males too. Depression, anxiety and frequent masturbation were shown to be associated with premature ejaculation³³. PE is defined as an orgasm before intercourse or within a minute after starting which leads to dissatisfaction of both partners. Which is a common male sexual disorder⁴². Exact cause for PE is not known. It may be an erectile dysfunction¹⁸. They opined PE is common among men who have high level of sexual anxiety and altered sensitivity of central 5-HT (5-hydroxytryptamine, serotonin) receptors. Bloch et al.⁴³ showed the importance of endothelial nitric oxide synthase from smooth muscle for the erectile function of corpus cavernosum. In the present study we observed 26.83% of patients experienced this condition (Table 1). It is believed that 30 to 40 percentage of men experienced same during life time. Which is the commonest form of sexual dysfunction in industrial area where 20-25% people experience it⁹. Hassan et al.⁴⁴ observed it is more prevalent in rural areas (40.8%) than urban (20.7%). The condition may cause significant distress. Warner et al.⁴⁵ had reported 13% of PE is due to physiological reasons. It may be due to anxiety during sex or stress or low self confidence or lack of communication with partner⁹. Depression, anxiety and frequent masturbation were associated with PE^{33,44}. Emotional factors like stress, depression, anxiety, guilt, relationship problem, lack of confidence or poor body image, concern over sexual performance or negative feeling about sex are other likely reasons for PE¹⁸. One report shows low levels of serotonin in brain as the reason for PE. It is said change in hormone level and neurotransmitters may cause PE. Or PE may be due to infected prostate or urethra. (NHS (Link:www.nhs.uk/). Mostly cases of PE are psychological in

nature. If psychological reason is responsible, the prognosis of treatment remain good⁴².

4.3 Nocturnal Emission or Night Emission (NE)

Male individuals may experience sometime in life NE which is also known as night emission or wet dream. In this study we observed 31.25 % of patients experienced NE. Some people believed that small size of penis is the cause of their sexual dissatisfaction⁴⁶. This was reported by others too³⁴. Fischer et al.⁴⁷ opined that size of penis is unimportant on sexual arousal. Anatomically, anterior one third of vagina is sensitive due to high sensory innervation stimulating this portion of vagina seems to be sufficient to satisfy a woman. The sphincter at the neck of urinary bladder always remain closed and open only when, one is passing urine. Thus it ensures that normally urine and semen do not mix together. Our patients were explained this mechanism. NE is considered as a normal sexual function of male. NE is defined as an involuntary discharge of semen during sleep often accompanied by an erotic dream- compare wet dream. The process of NE is involuntary in nature. It may be due to a dream which may or may not be erotic. This is not a sign of illness, but normal. Which is not correlated with age. One study showed watching television for longer time increased the frequency of NE⁴⁸. Masturbation may reduce number of wet dreams; but no supporting evidence was found⁴⁸. Several authors believed any sexual disorder badly affect relationship and quality of life^{6,49}. Fisher et al.⁶ concluded from their studies that ED badly affect his partner's sexual experience.

5. CONCLUSION

In conclusion, the present total study showed three major male sexual problems reported by patients to our hospital during the period 1989–1993, as Erectile Dysfunction, Premature Ejaculation and Nocturnal Emission.

6. AUTHOR CONTRIBUTION STATEMENT

Dr. Sing G and Dr. Skandhan K P conceptualised the study. Dr. Mehra B L worked actively with the support of Dr. Prasad B S and Dr. Pawankumar G. Dr. Skandhan K P and Dr. jaya V together framed the final report, which was approved by all.

7. CONFLICT OF INTEREST

Conflict of interest declared none.

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