

THE MOST COMMON ERECTILE DYSFUNCTION IN MEN: A REVIEW ARTICLE

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ABSTRACT

Sexual dysfunction (SD) is a disorder of sexual behaviour and sexual sensation that appears as an abnormality or absence of sexual psychology and physiological reaction. It is a general term for many different symptoms includes several aspects, erectile dysfunction (ED), failure of sexual intercourse and loss of libido/desire. According to statistics, 52% of 40-70-year-old men suffer from varying degrees of SD. And these diseases caused by a variety of biological and psychological factors. In world about 15% of couples are affected by sexual disharmony among these 40 to 50% are because of male factors. Considering the sensitivity of male reproduction system, it is being easily affected by multiple risk factors, such as chronic diseases, environmental contaminants, drug toxicity and unhealthy lifestyle and so on. In the last few years, significant progress has been made toward understanding the various forms of male SD and the possible potential pathological mechanisms. However, for the time being, the exact cause of SD is not fully understood from the literature. What is also significant about there are quite limited treatments in reproductive medicine being directed against these lesions. The purpose of this review is to summarize the current findings of pathogenic factors of SD in clinical or animal studies, to elaborate the underlying mechanisms of these diseases from studies in vivo and in vitro, to analyses the risk factors, and to describe the management strategies traditionally recommended of male sexual dysfunction. The review findings elucidate a systematic strategy for effectively preventing these diseases.

KEYWORD: sexual medicine, sexual history, sexual dysfunction, basic psychosocial needs, couples therapy.

INTRODUCTION

Sexual dysfunction is any physical or psychological problem that prevents you or your partner from getting sexual satisfaction. Male sexual dysfunction is a common health problem affecting men of all ages, but is more common with increasing age. Treatment can often help men suffering from sexual dysfunction.

SEXUAL DYSFUNCTION



The severity of erectile dysfunction is often described as mild, moderate or severe according to the five-item International Index of Erectile Function (IIEF-5) questionnaire, with a score of 1-7 indicating severe, 8-11 moderate, 12-16 mild-moderate, 17-21 mild and 22-25 no erectile dysfunction.^[1-3]

The main types of male sexual dysfunction are

- Erectile dysfunction (difficulty getting/keeping an erection).
- Premature ejaculation (reaching orgasm too quickly).
- Delayed or inhibited ejaculation (reaching orgasm too slowly or not at all).
- Low libido (reduced interest in sex).

The male sexual problems are also known as Erectile dysfunction. Erectile dysfunction can be a sign of a physical or psychological condition. It can cause stress, relationship strain and low self-confidence.

The main symptom is a man's inability to get or keep an erection firm enough for sexual intercourse.

Patients suffering from erectile dysfunction should first be evaluated for any underlying physical and psychological conditions. If treatment of the underlying conditions doesn't help, medication and assistive devices, such as pumps, can be prescribed.

SYMPTOMS AND CAUSES- Sexual dysfunction can have causes that aren't due to underlying disease.

Examples include stress, drug use, alcohol consumption, tobacco use, cycling or relationship factors.

Physical causes of overall sexual dysfunction may be

- Low testosterone levels.
- Prescription drugs (antidepressants, high blood pressure medicine).
- Blood vessel disorders such as atherosclerosis (hardening of the arteries) and high blood pressure.
- Stroke or nerve damage from diabetes or surgery.
- Smoking.
- Alcoholism and drug abuse.

Psychological causes might include

- Concern about sexual performance.
- Marital or relationship problems.
- Depression, feelings of guilt.
- Effects of past sexual trauma.



Figure-1: Erectile dysfunction.

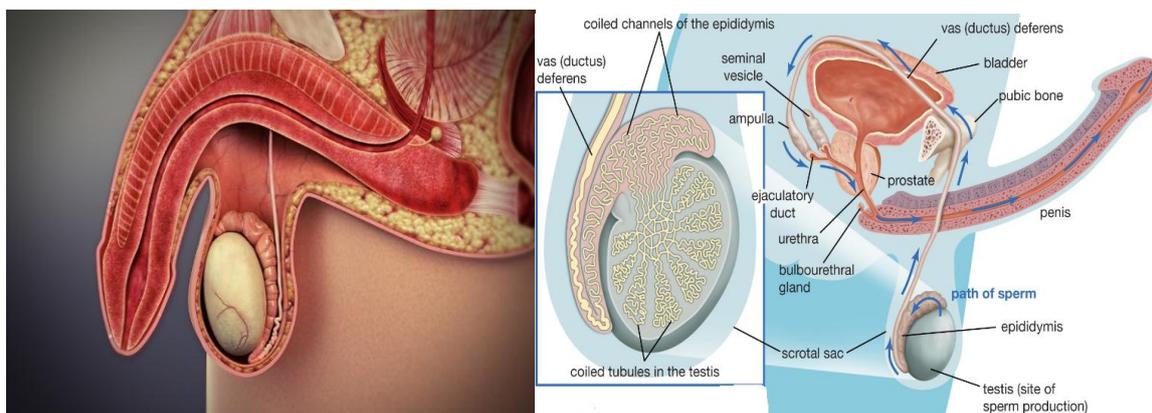


Figure-2: Anatomy of penis.

Ejaculation disorders

Problems with ejaculation are:

- Premature ejaculation (PE): Ejaculation that occurs before or too soon after penetration.
- Inhibited or delayed ejaculation: Ejaculation does not happen or takes a very long time.
- Retrograde ejaculation: At orgasm, the ejaculate is forced back into the bladder rather than through the end of the penis.

Work-related stress and anxiety.

SYMPTOMS

Lack of sexual desire, sexual fantasies, or interest in sexual contact

- Inability to have or maintain any erection
- Inability to have or maintain an erection sufficient for sexual penetration
- Inability to reach an orgasm despite adequate sexual stimulation and signs of arousal
- Ability to achieve orgasm only after an unusually lengthy period of stimulation
- Ability to achieve orgasm only during masturbation or during oral sex
- Ability to achieve orgasm only in situations that are considered bizarre or taboo, such as fetishes
- Difficulty controlling the timing of orgasm and ejaculation, so that it occurs very early in sexual contact, leaving the other partner dissatisfied
- Lack of ejaculation
- Persistent erection unassociated with sexual desire
- Bloody ejaculation (This can be frightening but is usually not serious.)
- Sex addiction which put you in unsafe or illegal situations for sex.

How does sexual dysfunction affect men?

The most common problems men face with sexual dysfunction are troubles with ejaculation, getting and keeping an erection, and reduced sexual desire.

Studies suggest that the breakdown of serotonin (a natural chemical that affects mood) may play a role in PE. Certain drugs, including some antidepressants, may affect ejaculation, as can nerve damage to the back or spinal cord.

Physical causes for **inhibited or delayed ejaculation** may include chronic (long-term) health problems, medication side effects, alcohol abuse, or surgeries. The problem can also be caused by psychological factors such as depression, anxiety, stress or relationship problems.

Retrograde ejaculation is most common in males with diabetes who suffer from diabetic nerve damage. Problems with the nerves in the bladder and the bladder neck force the ejaculate to flow backward. In other men, retrograde ejaculation may be a side effect of some medications, or happen after an operation on the bladder neck or prostate.

Erectile dysfunction (ED)

Erectile dysfunction (ED) is the inability to get and keep an erection for sexual intercourse. ED is quite common, with studies showing that about one half of American men over age 40 are affected. Causes of ED include:

- Diseases affecting blood flow such as hardening of the arteries.
- Nerve disorders.
- Stress, relationship conflicts, depression and performance anxiety.
- Injury to the penis.
- Chronic illness such as diabetes and high blood pressure.
- Unhealthy habits like smoking, drinking too much alcohol, overeating and lack of exercise.

Low libido (reduced sexual desire)

Low libido means your desire or interest in sex has decreased. The condition is often linked with low levels

of the male hormone testosterone. Testosterone maintains sex drive, sperm production, muscle, hair and bone. Low testosterone can affect your body and mood. Reduced sexual desire may also be caused by depression, anxiety or relationship difficulties. Diabetes, high blood pressure, and certain medications like antidepressants may also contribute to a low libido.^[4-7]

DIAGNOSIS AND TESTS

How is male sexual dysfunction diagnosed?

Your doctor may begin the diagnosis process with a physical exam. Physical tests may include:

- Blood tests to check your testosterone levels, blood sugar (for diabetes) and cholesterol.
- Blood pressure check.
- Rectal exam to check your prostate.
- Examination of your penis and testicles.

Other tests can show if you have problems with blood flow to the penis.

Your doctor may also ask questions about your symptoms and your medical and sexual history. Though these questions may seem very personal, do not be embarrassed. It is important to answer honestly so the best treatment can be recommended. You may be sent to a different type of doctor (urologist, endocrinologist or sex therapist, for example) who can help you.^[8-11]

Management and Treatment- Patients suffering from erectile dysfunction should first be evaluated for any underlying physical and psychological conditions. If treatment of the underlying conditions doesn't help, medication and assistive devices, such as pumps, can be prescribed.

GUIDELINES FOR MALE SEXUAL DYSFUNCTION

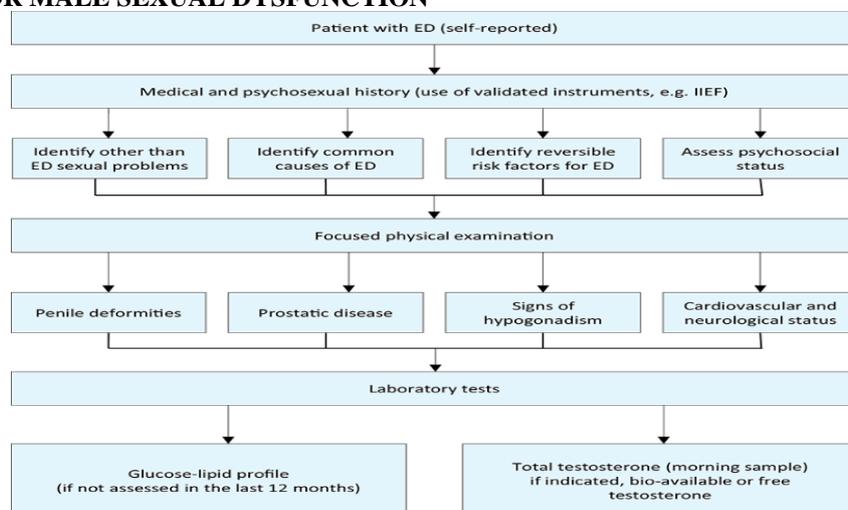


Figure-3: Guideline for SD.

Medications- Oral **medications** are a successful **erectile dysfunction treatment** for many **men**. They include: Sildenafil (Viagra) Tadalafil (Adcirca, Cialis).

Medication For The Sexual Dysfunction

1. Aurvedic Medication- Ashwagandha, Vyakarana therapy, Cinnamomum cassia, Yoga.

- Homeopathic Medication- *Agnus castus*. This remedy may be helpful if problems with impotence develop after a man has led a life of intense and frequent sexual activity for many years.
- Caladium
- Lycopodium.
- Selenium metallicum.
- Argentum nitricum.
- Causticum.
- Staphysagria.

How is male sexual dysfunction treated?

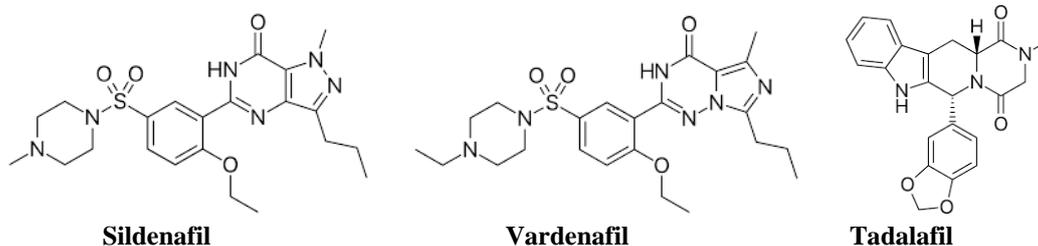


Figure-4: Drugs of choice.

Many cases of sexual dysfunction can be corrected by treating the mental or physical problems that cause it. Treatments include:

- Medications: Drugs that help improve sexual function by increasing blood flow to the penis. Sildenafil (Viagra®), vardenafil (Levitra®), and tadalafil (Cialis®) are safe and effective for most men.
- Hormone therapy: Low levels of testosterone raised by hormone replacement therapies that include injections, patches or gels.
- Psychological therapy: A psychological counselor to help you address feelings of anxiety, depression, fear or guilt that may affect sexual function.

- Mechanical aids: Vacuum devices and penile implants that can help some men with erectile dysfunction.

Hammer of Thor is a food supplement famous to increase the penis length and girth/width. This sex supplement also increases the erection of penis by strengthening the penis. Due to dilation of penis cavity tissues swell well and enlarge the male sex part. Containing Tongkat Ali [*Eurycoma longifolia*], Cistanche [*Cistanche sinensis*], Horny Goat Weed [*Epimedium alpinum*], Mucuna [*Mucuna gigantea*], and Shilajit [*Asphaltum punjabinum*].^[12-15]





Figure-5: Herbal therapy.

Can male sexual dysfunction be prevented?

While male sexual dysfunction cannot be prevented, dealing with the causes of the dysfunction can help you better understand and cope with the problem when it happens. To help maintain good sexual function you should follow the same program that is recommended to maintain cardiovascular health.

- Follow your doctor's treatment plan for any of your medical/health conditions.
- Limit your alcohol intake.
- Quit smoking.
- Eat a heart healthy diet (the Mediterranean diet is often recommended).
- Get regular aerobic and weight building exercise.
- Get treatment if needed for any emotional or psychological problems such as stress, depression and anxiety.
- Communicate better and more often with your partner.

CONCLUSION

Sexual dysfunction is a common problem among patients with inflammatory arthritis and contributes to morbidity. Within long-term care, we suggest HCPs consider an assessment of **sexual** health and implementation of strategies to optimize **sexual** health as an integral part of their management.

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