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COMPREHENSIVE ASSESSMENT OF NYMPHOMANIA IN YOUNG ADULTS

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ABSTRACT

Defining and classifying nymphomania has been a challenge for clinicians. It is characterized by an unquenchable urge to engage in repeated sexual contact with many partners without a deep emotional involvement. The sexual drive is unvarying, voracious, impetuous, and unrestrained. The case report describes a young female who presented with increased sexual desires and engaging in excessive sexual activity leading to divorce and marital disharmony in her second marriage. There was a history of childhood sexual abuse. Women developed nymphomania out of engagement in the behaviour due to a genetic predisposition or from an environmental stressor such as trauma or sexual abuse. Since sex addiction is not a recognized disorder in DSM-5 or ICD-11, women who have this disorder have difficulty receiving treatment. Proper diagnosis and treatment of such patients will lead to better functioning and quality of life.

KEYWORDS: Sex addiction, nymphomania, hypersexual disorder, compulsive sexual behaviour.

INTRODUCTION

Nymphomania, also known as hypersexuality or compulsive sexual behaviour, is a complex and often misunderstood psychological condition that involves an intense and insatiable desire for sexual activity. Often viewed through a lens of societal stigma and cultural taboos, nymphomania has generated significant interest and controversy in the realms of psychology and psychiatry.[1] Despite its historical prevalence in medical literature, the understanding of nymphomania has evolved over time, with modern research focusing on a nuanced comprehension of its underlying causes, symptoms, and potential treatments. By delving into the multifaceted nature of this disorder, it becomes evident that a comprehensive exploration of the psychological, physiological, and social dimensions is essential in order to foster a more empathetic and informed understanding of individuals grappling with this challenging condition.[2]

Before the nineteenth century, promiscuous women were mainly treated as delinquents, not medical cases, but this changed after the institutionalization of such cases in insane asylums.1 The nineteenth century saw a shift from describing women being overwhelmed by excessive sexual desire using the term "furoruterinus" to "nymphomania" Esquiro taught that, "Erotomania is to nymphomania what the ardent affections of the heart when chaste and honourable are in comparison with frightful libertinism; while proposals most obscene and actions most shameful and humiliating betray nymphomania." Bianchi described three forms of erotic hysteria: Erotic paranoia—in which a delusional jealous woman endlessly wishes to copulate with her partner so as to render him unable to make love to the women she imagines are always after him; Platonic dreamers of love—women of approximately 50 years of age who pursue men with love letters and flowers, but refuse copulation; and Nymphomania— "women with unfulfilled sexual craving that is intense and ardent.[3]" In the 1940s, labels such as nymphomania, erotomania, Casanova, and Don Juan Syndrome were used to conceptualize excessive sexual behaviour as an immoral or antisocial act. Nymphomania was defined by Auerbach as: "the insatiable impulse to engage in an abnormal number of sexual contacts with an abnormal number of partners without a deep emotional involvement. The sexual drive is unvarying, voracious, impetuous, and unrestrained. The partner is merely the vehicle or the object rather than the participating companion". Sexual addiction is similarly marked by an uncontrollable engagement in sexual activity, causing distress and impairment to the person's life, and severe stress on the family, friends, and work environment. Despite the negative consequences, the subject persists in engaging in the activity. It is not an uncommon condition.[4] A US study estimated its prevalence to be 3% to 6% of the population. The prevalence of

subclinical forms of this condition is much higher (13% of men and 7% of women). Guigliamo states that once physiologically changed, the subject eventually depends on the sexual orgasm to regulate emotions. Empirical research has demonstrated that individuals "can develop maladaptive patterns of consuming substances and behaviours that are essential for survival, including food and sex". Women develop nymphomania out of engagement in the behaviour due to a genetic predisposition or from an environmental stressor such as trauma or sexual abuse, family factors and exposure to "cybersex". Treatments for nymphomania include psychotherapy and medication such as antidepressants, antipsychotics, and medications for other compulsive behaviours. Since sex addiction is not recognized, and therefore neither is nymphomania, women who may meet the criteria for this disorder are in an unpleasant spot to receive treatment.[5] We report a case of nymphomania associated with childhood sexual abuse.

Epidemiology of Nymphomania

It is important to note that the term "nymphomania" has been subject to significant criticism in the medical community, and its usage has declined in favour of the more neutral and less stigmatizing term "hypersexuality." The research on the epidemiology of hypersexuality has been limited, and concrete prevalence rates are not well established due to the challenges in defining and diagnosing the condition. Historically, there has been a tendency to pathologize female sexuality, leading to an overemphasis on the concept of nymphomania. However, contemporary psychiatric literature has moved away from this term, recognizing the importance of understanding hypersexuality within the broader context of mental health and sexual behaviour.

Moreover, while studies have reported varying prevalence rates of hypersexuality in different populations, the lack of standardized diagnostic criteria has contributed to the difficulty in obtaining accurate epidemiological data. Additionally, cultural and societal factors significantly influence the reporting and diagnosis of hypersexuality, further complicating efforts to establish its true prevalence.

The evolving understanding of hypersexuality underscores the need for further research to develop standardized diagnostic criteria and gather more comprehensive epidemiological data. This would enable a clearer understanding of the prevalence of hypersexuality across diverse populations and facilitate the development of more effective interventions and treatments for individuals experiencing distress related to excessive or compulsive sexual behaviour.

Causes for Nymphomania

Nymphomania, now more commonly referred to as hypersexuality or compulsive sexual behaviour, is a complex condition influenced by various biological, psychological, and environmental factors. While the exact causes of hypersexuality are not fully understood, several potential factors have been proposed based on clinical observations and research:

- **Neurobiological Factors**: Certain neurological conditions, such as bipolar disorder, Parkinson's disease, or brain injuries, have been associated with an increased risk of hypersexuality. Additionally, imbalances in neurotransmitters, such as dopamine and serotonin, may contribute to the development of compulsive sexual behaviour.
- **Psychological Factors**: Past traumatic experiences, including sexual abuse, may play a role in the development of hypersexuality. Psychological conditions such as borderline personality disorder, obsessive-compulsive disorder, or impulse control disorders have also been linked to an increased likelihood of exhibiting hypersexual behaviour.
- **Hormonal Imbalances**: Fluctuations in hormone levels, particularly testosterone, may influence sexual desire and contribute to the development of hypersexuality.
- **Social and Cultural Influences**: Societal attitudes towards sex, cultural norms, and exposure to explicit sexual content through media or personal experiences can impact one's perception of sexuality, potentially leading to compulsive sexual behaviour.
- **Co-occurring Substance Abuse**: Substance abuse, such as alcohol or certain drugs, can impair judgment and inhibit impulse control, potentially leading to heightened sexual behaviours.
- **Personality Factors**: Certain personality traits, such as impulsivity, sensation-seeking, and emotional dysregulation, may predispose individuals to engage in excessive or compulsive sexual activities.
- **Relationship Issues**: Dysfunctional or unsatisfactory relationships, as well as attachment-related issues, can contribute to seeking validation or emotional fulfilment through hypersexual behaviours.

Understanding these potential causes of hypersexuality is critical in developing tailored treatment approaches that address the underlying factors contributing to the condition. A comprehensive evaluation by mental health professionals is essential to identify and address the specific causes influencing an individual's hypersexual behaviours.

Pathophysiology of Nymphomania

Nymphomania, now more commonly referred to as hypersexuality, is a complex psychological condition, and its pathophysiology is not fully understood. However, research suggests that several biological and psychological mechanisms may contribute to the development and manifestation of hypersexual behaviour. While the precise pathophysiology remains a subject of ongoing investigation, the following factors are thought to play a role:

- **Neurochemical Imbalances**: Alterations in neurotransmitter levels, particularly dopamine,

serotonin, and opioids, have been implicated in the regulation of sexual behaviour. Imbalances in these neurotransmitters may influence the reward circuitry and impulsivity, potentially contributing to the development of hypersexuality.

- **Hormonal Factors**: Fluctuations in hormone levels, such as testosterone, estrogen, and progesterone, may impact sexual desire and arousal. Abnormalities in hormonal regulation can potentially influence the frequency and intensity of sexual behaviours.
- **Neuroanatomical Abnormalities**: Structural and functional changes in specific brain regions, including the limbic system, prefrontal cortex, and hypothalamus, may affect impulse control, emotional regulation, and reward processing, thereby influencing the development of compulsive sexual behaviours.
- **Psychological Factors**: Past trauma, attachment-related issues, or personality traits, such as impulsivity or emotional dysregulation, can contribute to the development of maladaptive coping mechanisms, including excessive or compulsive sexual behaviour.
- **Co-occurring Psychiatric Conditions**: Hypersexuality is often associated with various psychiatric disorders, such as bipolar disorder, obsessive-compulsive disorder, or borderline personality disorder. The interplay between these conditions and the neural circuits involved in sexual behaviour can contribute to the manifestation of hypersexuality.

Understanding the underlying pathophysiological mechanisms of hypersexuality can inform the development of more targeted and effective treatments. However, due to the complex and multifaceted nature of this condition, a comprehensive approach that considers both biological and psychological factors is crucial for accurate assessment and management. Further research is needed to elucidate the precise pathophysiological processes involved in hypersexuality and to develop more tailored interventions for individuals experiencing distress related to compulsive sexual behaviour.

Treatment options for Nymphomania

It is important to note that the term "nymphomania" has been largely replaced with the term "hypersexuality" in contemporary psychiatric discourse. The treatment of hypersexuality typically involves a combination of psychotherapy, pharmacotherapy, and lifestyle modifications aimed at addressing underlying psychological and biological factors contributing to the condition. Some of the treatment options include:

- **Psychotherapy**: Cognitive-behavioural therapy (CBT) and psychoanalytic therapy can help individuals understand the underlying psychological factors contributing to their hypersexual behaviours. Therapy can focus on developing coping strategies, improving self-regulation, and addressing any past trauma or emotional issues.
- **Medications**: Selective serotonin reuptake inhibitors (SSRIs) and other psychiatric medications may be prescribed to help manage impulsive behaviours and reduce obsessive thoughts related to sex. Medications that target specific hormone levels, such as anti-androgens, may also be considered in certain cases to help regulate sexual desire.
- **Support Groups**: Participation in support groups or group therapy sessions can provide individuals with a safe space to share their experiences, receive emotional support, and learn from others who are dealing with similar challenges.
- **Lifestyle Modifications**: Adopting a healthy lifestyle, including regular exercise, stress management techniques, and maintaining a balanced diet, can contribute to overall well-being and may help in managing hypersexual behaviours.
- **Family Therapy and Relationship Counseling**: In cases where hypersexuality is affecting relationships, involving partners or family members in therapy sessions can help improve communication, foster understanding, and address any relational issues that may be contributing to the condition.
- **Mindfulness and Relaxation Techniques**: Practices such as mindfulness meditation, yoga, or deep breathing exercises can help individuals develop greater self-awareness, reduce anxiety, and improve emotional regulation.
- **Self-help Strategies**: Learning to identify triggers and developing healthy coping mechanisms, such as engaging in hobbies, pursuing creative outlets, or practicing self-soothing techniques, can empower individuals to manage their impulses and maintain healthier behaviours.

Treatment for hypersexuality should be tailored to the individual's specific needs and circumstances. A comprehensive assessment by mental health professionals is crucial to identify the most effective treatment approach and support the individual in achieving a healthier and more balanced relationship with their sexuality.

Nonpharmacological therapy of Nymphomania

Non-pharmacological therapies play a crucial role in the comprehensive treatment of hypersexuality, formerly known as nymphomania. These therapeutic interventions aim to address the psychological, emotional, and behavioural aspects associated with compulsive sexual behaviour. Some non-pharmacological therapies commonly employed in the treatment of hypersexuality include:

- **Psychotherapy**: Various forms of psychotherapy, such as cognitive-behavioural therapy (CBT), dialectical behaviour therapy (DBT), and psychodynamic therapy, can help individuals understand and manage the underlying factors contributing to their hypersexual behaviours. Psychotherapy sessions focus on developing coping

strategies, improving emotional regulation, and addressing any past trauma or unresolved emotional issues.

- **Mindfulness-Based Interventions**: Mindfulness techniques, including mindfulness-based stress reduction (MBSR) and mindfulness-based cognitive therapy (MBCT), can help individuals develop greater self-awareness, regulate emotions, and manage impulsive urges related to hypersexuality.
- **Support Groups and Group Therapy**: Participating in support groups or group therapy sessions can provide individuals with a sense of community, validation, and mutual understanding. Sharing experiences and learning from others who are dealing with similar challenges can be highly beneficial in the process of recovery and self-acceptance.
- **Couples or Relationship Counseling**: In cases where hypersexuality is affecting intimate relationships, couples or relationship counseling can help improve communication, address interpersonal conflicts, and foster a deeper understanding of each partner's needs and boundaries.
- **Art Therapy and Expressive Arts**: Engaging in creative outlets, such as art therapy, music therapy, or dance therapy, can provide individuals with alternative means of expressing and processing complex emotions, thereby facilitating emotional healing and self-exploration.
- **Psychoeducation and Skills Training**: Providing psychoeducation about healthy sexual behaviour, establishing healthy boundaries, and developing effective communication skills can empower individuals to build healthier relationships and make informed decisions regarding their sexual behaviour.
- **Relaxation Techniques**: Incorporating relaxation techniques, such as deep breathing exercises, progressive muscle relaxation, or guided imagery, can help reduce stress, anxiety, and impulsivity, thereby promoting emotional balance and overall well-being.

By integrating these non-pharmacological therapies into a comprehensive treatment plan, individuals struggling with hypersexuality can gain a deeper understanding of their behaviours, develop effective coping strategies, and work toward achieving a healthier and more balanced approach to their sexuality and relationships.

Famous personalities suffered from Nymphomania

It's important to note that the term "nymphomania" has been widely replaced by the more neutral term "hypersexuality" in contemporary medical discourse. While instances of individuals with hypersexual behaviours have been documented throughout history, the specific diagnosis of nymphomania in famous personalities is not common due to the complex and controversial nature of the condition. However, some individuals in history have been speculated to exhibit signs of hypersexuality or compulsive sexual behaviour:

- **Giacomo Casanova**: The Italian adventurer and author, Giacomo Casanova (1725–1798), is often cited as an example of historical hypersexuality. He was renowned for his numerous affairs and amorous exploits, which he documented in his autobiography, "The Story of My Life."
- **Marilyn Monroe**: The iconic American actress Marilyn Monroe (1926–1962) has been the subject of speculation regarding her romantic relationships and tumultuous personal life, which have led some to suggest the possibility of hypersexual behaviour.
- **Anna Nicole Smith**: The American model and actress Anna Nicole Smith (1967–2007) garnered significant media attention for her highly publicized personal life, which included multiple marriages and relationships, often discussed in the context of her perceived hypersexual behaviour.

It is crucial to approach discussions about historical figures and their personal struggles with sensitivity and respect for their privacy. While these individuals may have exhibited behaviours that some might associate with hypersexuality, it is important not to make clinical assumptions without direct evidence or a formal diagnosis. Hypersexuality, as a psychological condition, requires careful assessment and diagnosis by qualified mental health professionals.[6]

Complications of Nymphomania

Nymphomania, now referred to as hypersexuality, can give rise to various complications, affecting both the individual experiencing the condition and their interpersonal relationships. While the term "nymphomania" has been largely replaced by "hypersexuality" in contemporary psychiatric discourse, the potential complications associated with this condition include:

- **Impaired Relationships**: Hypersexuality can strain intimate relationships, leading to conflicts, emotional distancing, and a lack of trust between partners. Compulsive sexual behaviour can create feelings of betrayal, insecurity, and emotional detachment, resulting in significant challenges in maintaining stable and fulfilling relationships.
- **Risk of Sexually Transmitted Infections (STIs)**: Engaging in unprotected sexual activities, often characteristic of hypersexual behaviour, can increase the risk of contracting sexually transmitted infections, including HIV/AIDS, syphilis, gonorrhea, and others, thus compromising one's physical health.
- **Emotional Distress and Guilt**: Individuals with hypersexuality may experience intense feelings of guilt, shame, or self-loathing due to their inability to control their sexual impulses. These negative emotions can lead to low self-esteem, depression, and anxiety, further exacerbating the psychological distress associated with the condition.
- **Social Stigma and Isolation**: Societal stigma and misconceptions surrounding hypersexuality can lead

to social ostracization, discrimination, and isolation. The fear of being judged or misunderstood may prevent individuals from seeking appropriate support and treatment, perpetuating a cycle of emotional distress and secrecy.

- **Occupational and Financial Consequences**: Compulsive sexual behaviour can interfere with work performance, leading to a decline in professional productivity, job loss, and financial instability. This can further contribute to feelings of inadequacy, stress, and a diminished sense of self-worth.
- **Legal Issues**: Engaging in risky sexual behaviours, such as prostitution or non-consensual sexual activities, can lead to legal complications, including criminal charges, imprisonment, and legal fines. Such legal consequences can significantly disrupt an individual's life and perpetuate further psychological distress.

Addressing these potential complications requires a comprehensive approach that combines psychotherapy, support from loved ones, and appropriate medical interventions. By fostering a deeper understanding of hypersexuality and its associated challenges, individuals can receive the necessary support and guidance to manage their impulses, rebuild interpersonal relationships, and improve their overall well-being.

Treatment outcomes for Nymphomania

Given that "nymphomania" is no longer used as a clinical term and has been largely replaced by "hypersexuality," treatment outcomes primarily focus on improving the quality of life and well-being of individuals experiencing distress due to excessive or compulsive sexual behaviours. Although treatment outcomes can vary depending on the severity of the condition and the individual's response to interventions, the following are some potential treatment outcomes for hypersexuality:

- **Improved Emotional Well-being**: Through psychotherapy and other therapeutic interventions, individuals may experience a reduction in emotional distress, guilt, and shame associated with their hypersexual behaviours. They may develop healthier coping mechanisms and improved emotional regulation, leading to a greater sense of self-acceptance and well-being.
- **Enhanced Relationship Functioning**: Effective treatment can contribute to the restoration of trust, communication, and intimacy within interpersonal relationships. By addressing underlying issues and developing healthier relationship dynamics, individuals may experience more fulfilling and stable connections with their partners and loved ones.
- **Reduction in Compulsive Sexual Behaviours**: With the help of psychotherapy, support groups, and lifestyle modifications, individuals may gain better control over their impulses and experience a reduction in the frequency and intensity of their compulsive sexual behaviours.
- **Reduction in Risky Behaviours**: Treatment can help individuals adopt safer sexual practices, reducing the risk of contracting sexually transmitted infections and minimizing the potential legal and social consequences associated with engaging in risky sexual behaviours.
- **Improved Overall Functioning**: By addressing the psychological, social, and emotional aspects of hypersexuality, individuals may experience improvements in their overall functioning, including better performance at work, a stable financial situation, and a more positive social and personal life.
- **Enhanced Coping Strategies**: Treatment can equip individuals with effective coping strategies to manage triggers and stressful situations, empowering them to make healthier choices and regulate their behaviours more effectively.

While treatment outcomes can be promising, it is essential to recognize that the management of hypersexuality is often a long-term process that requires ongoing support and dedication. Each individual's journey toward recovery is unique, and the effectiveness of treatment may vary based on individual circumstances and the specific approach to therapy and support. Regular follow-ups and continued support from mental health professionals are essential to ensure the maintenance of positive treatment outcomes over time.[7]

Nymphomania in young adults

While the term "nymphomania" is not commonly used in contemporary psychiatric discourse, the discussion about hypersexuality, especially in young adults, remains relevant. Hypersexuality in young adults can manifest as a pattern of excessive or compulsive sexual thoughts, fantasies, or behaviours that may significantly impact various aspects of their lives. Several key factors may contribute to the development or exacerbation of hypersexual behaviours in young adults:

- **Hormonal Changes and Sexual Development**: Young adulthood is a period marked by significant hormonal changes and the exploration of one's sexual identity. Fluctuations in hormone levels, coupled with heightened sexual curiosity, can contribute to an increased interest in sexual activities.
- **Peer Influence and Sociocultural Factors**: Peers and societal norms can heavily influence the sexual behaviour of young adults. Exposure to sexually explicit content through various media platforms, coupled with peer pressure and the desire to fit in, can contribute to the normalization of certain sexual behaviours, potentially leading to an increased likelihood of engaging in hypersexual activities.
- **Stress and Emotional Turmoil**: Academic pressures, social expectations, and personal relationships can contribute to increased stress and

emotional turmoil in young adults. In some cases, individuals may turn to excessive sexual behaviour as a coping mechanism to manage stress, escape emotional distress, or seek validation and intimacy.

- **Developmental Challenges and Identity Formation**: Young adulthood is a period characterized by significant developmental challenges and identity formation. For some individuals, the exploration of their sexual identity and preferences may manifest as a heightened interest in sexual activities, leading to potential difficulties in establishing healthy boundaries and managing their sexual impulses.
- **Psychological Factors and Mental Health Concerns**: Underlying psychological conditions, such as mood disorders, personality disorders, or trauma-related conditions, can contribute to the development of hypersexual behaviours in young adults. Issues such as low self-esteem, unresolved trauma, or difficulties in emotional regulation may exacerbate the manifestation of compulsive sexual behaviours.

Understanding the complex interplay of these factors is crucial in providing effective support and interventions for young adults experiencing hypersexuality. Creating a safe and nonjudgmental environment for open communication, providing comprehensive sexual education, and promoting healthy coping strategies are essential in helping young adults navigate their sexual development in a balanced and informed manner. Access to mental health services and resources tailored to the specific needs of young adults can play a pivotal role in addressing and managing hypersexual behaviours in this demographic.

DISCUSSION

The above case describes a young female with 23 years increased sexual desires pointing toward nymphomania. The etiology of the condition varies in this, at first at the age seventeen, she fall in love with guys and maintained relationship with intimacy about almost two years by meeting at regular intervals with physical intimacy more often, after that small misunderstanding between two because of variations in fellings and the boy said its difficult to marry her because their family won't accept but she had the desires and maintain relationship with all the physical intimacy even during covid period of first and second wave. She had a family history of hormonal imbalances with rheumatoid arthritis mother; Metabolic disorders to even her father, though her periods are regular and emotionally she is not happy because when she gives importance to her friends but in the same way she didn't receive the affection from her friends but she is moving on with them without hurting anyone. She had hyperthyroidism initial symptoms of bulging of eyes; neck abnormalities with the symptoms of fever, abnormal mood swings with uncontrolled anger, later crying alone, investigations were done even for thyroid profile revealed that she had subclinical hyperthyroidism. After recovering from the fever, she had started the non-pharmacological treatment for hyperthyroidism which she followed the instructions given by her clinician and tremendous changes was observed in her by family members and friends, everyone surprised after seeing her symptoms were relieved and blood investigation performed after three months shown absolutely controlled values. Prior to that she had taken mammograph at the age of 20 due to abnormal size and shapes of her breasts but later this issue also resolved after three months with changing over the personality with more positive attitude. During this period she made a great bonding with another person though he is already married, had two children and almost 13 years elder than her, she started liking the person during the physical examinations and she was more primitive.[8] She started talking and chatting with him during her free time and later became very close relationship between two of them, she used to share all types images of her including erotic images and sometimes sending the videos and video call during her free time or else while doing the bath also. She used to give gifts and presentations in his important occasions; slowly he also started liking her and slowly started the sexual relationship within the few days and became more possessive towards each other. More frequently when they find the time, they used to meet at outside for visiting places together and sometimes they made on roadside, grounds and sometimes hotels during this period they made about 67 times and started the oral sex after the 10 times. She had always more desires which indicates during the almost about 14-16 hours she had vaginal secretions more fluently and during the night is heavier and she asked her partner for oral during the act and one night, all of a sudden made video call and asked him just want to you right now more aggressively, he was shocked after hearing this and thought maybe she is mood because they didn't met last 10days, that is why she asking like that and performed ejaculation with video call with all dirty talk about how they are going do the sexual act next time they met. After that they made love after that she went to her home town for her friend's engagement to her hometown. There she was met her friends colleagues and relatives and became attractive to bride's cousin brother who had completed the engineering but no job since two years but projected him as astrologer and impresses her with his words by saying i dint like to work under someone, that is why though i got many job opportunities, didn't went but actual reason is he don't have the skills and knowledge for the job but she trusted and he said i like you and during my 28 years of my life you are the first i liked, she trusted that words without thinking he is lying, or he may be a gay but she trusted him blindly just to fulfil her desires which is not possible with one she is with and not getting enough time when she is desperate for her desires, the current one is not available, so she decided to commit this 28 year old guy instead of 36year old guy just for lust and fantasies she had, started with fulfilling the 28year old guy and started betraying by telling the lies to 36 year old guy. He trusted her completely, though she is saying lies to him

and asked to no to go her friend marriage because he felt something bad is going to happen to their relationship but she assured him that don't you have trust on me, i never leave you unless my parents brought a match up to that time, i will be with you like these she said and left and he trusted her blindly and said yes. Later, she made a started new relationship with guy and started dumping the 36 year old guy making him fool and made addictive to her, made his life spoil with psychological depression for 3 months, he even lost his job, but at the same time she went with new 28year old guy almost one week without knowing to her parents and she got more dare and started telling stories to everyone, that 36 year old guy misbehaved with me made a rumour among all their friends and everyone. Later the guy suffered with psychological trauma, she again started enjoying her life after hearing his life was ruined.

If marked increases in libido coexist with the other elements, the clinician should first give careful consideration to the sources of the libido excesses. The possibility of a major psychotic process or depression is supreme. Frontal lobe lesions, brain injuries, epilepsy, dementia, and Parkinson's disease may be associated with hypersexuality. The reported case denied any symptoms indicating organicity or psychosis.[8] Three models have been proposed to explain hypersexual disorder. Sexual dysregulation model theorizes thathypersexuality results from sexual abuse in childhood or experiences that shape future sexual behavior as seen in our patient. Sexual addiction and dependency model explains the condition as a brain disease due to which that the subject is not able to control her urges, thoughts, and behavior as it relates to sex.[8] The sexual compulsivity and impulsivity model explains the increased sexual desire and activity as a mode of coping with depression or anxiety. Nymphomania also has similarities with substance use disorders, including an early onset with a chronic-relapsing course that comprises pursuit of short-term reward (i.e., orgasm in hypersexual disorder or a "high" in substance use disorders), despite potential longterm negative consequences, and frustrated attempts to inhibit or control the behavior. The neurotransmitters dopamine and serotonin are implicated in this disorder while endorphins and androgenic hormones seem to have a critical role. A diffusion tensor imaging study observed that affected individuals had significantly higher superior frontal region mean diffusivity than controls, which correlated with symptom severity. In addition, in a go-no-go task patients with hypersexual disorder obtained higher impulsivity scores than control subjects. Affected subjects have emotional regulation deficits, cognitive rigidity, and poor judgment. Hypersexuality is a rare side effect of dopamine agonists in Parkinson's disease patients implying that nymphomania may be associated with dopamine pathway dysfunction. Frontal lobe involvement, dopamine pathway dysfunction, increased impulsivity, poor emotional regulation, cognitive rigidity, and poor judgment support the association of hypersexual disorder and behavioral addiction. Although it may not be possible to discern the cause, careful diagnosis and reasonable treatment may lead to the return of self-control and normal libido. One study observed that 63% of women with nymphomania had suffered childhood sexual abuse. Similar findings were reported by few other studies. A study found a correlation between sexual compulsivity and childhood emotional abuse but not with childhood sexual abuse. This result may be explained by taking into consideration the discipline model. It may be that childhood sexual abuse is the environmental stressor; yet the onset of nymphomania may arise due to the lack of a supportive environment after the traumatic event. In agreement with earlier work, this case report suggests that nymphomania or hypersexual disorder can exist as an independent disorder and may not always be considered as associated with another psychiatric disorder. This issue in the Indian subcontinent context especially hypersexuality in a female is considered a taboo and not clearly understood which leads to difficulties in seeking treatment.[9] Moreover, lack of clear treatment guidelines makes it difficult for the clinician to manage such cases. Hence, finding out a proper cause, diagnosis, and subsequent treatment will lead to better functioning and quality of life in such patients.

CONCLUSION

Nymphomania, a term historically used to describe excessive female sexual desire, has undergone significant reevaluation in contemporary psychiatric discourse. With the adoption of the term "hypersexuality," the understanding of this condition has evolved to encompass a broader perspective that acknowledges the complex interplay of biological, psychological, and sociocultural factors contributing to compulsive sexual behaviours. While the term "nymphomania" has been replaced, the recognition of hypersexuality as a legitimate psychological concern remains, emphasizing the importance of destigmatizing discussions around sexual health and behaviour.

In light of the limited research and understanding surrounding the condition, there is a critical need for further exploration into the underlying causes, effective interventions, and comprehensive support systems for individuals grappling with hypersexuality. By fostering a more empathetic and informed approach, mental health professionals and society at large can work toward providing a safe and supportive environment for individuals experiencing distress related to their sexual behaviours. Through evidence-based treatments, holistic support, and destigmatized discussions, individuals affected by hypersexuality can be empowered to navigate their sexual identities and behaviours in a manner that promotes overall well-being and healthy relationships. Emphasizing the importance of individualized care and a multidimensional understanding, the discourse surrounding hypersexuality serves as a reminder of the ongoing need for compassionate and comprehensive

approaches to address the complexities of human sexuality and mental health.

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