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## Male sexual dysfunction: Hahnemann's obvious cause of the modern generation

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### Abstract

Dr. Samuel Hahnemann in his Organon of Medicine mentions about careful case taking of the subjects with conditions or history of suicide attempt, lost love, or any sexual dysfunction which the patient refrains from disclosing out of embarrassment. Stressful lifestyle in modern days adversely affects not only physical and mental but sexual health also. According to a study conducted by IASH one out of every 10 Indian men is impotent. Impotency or Erectile Dysfunction affects millions of men and occurs for a range of reasons. Erectile dysfunction comes under the category of Male Sexual Dysfunction along with premature ejaculation and decreased libido. These may occur due to any psychogenic, endocrinology or vasculogenic causes. Majority of the cases of Male Sexual Dysfunction belong to psychical impotence. When administered in accordance with the guidelines outlined by Dr. Hahnemann in Organon of Medicine, homoeopathic medications are extremely effective in treating cases of sexual dysfunction.

**Keywords:** Male sexual dysfunction, obvious cause, Organon of medicine, impotency, erectile dysfunction, premature ejaculation, decreased libido, psychogenic

### Introduction

Erectile dysfunction (ED), premature ejaculation (PE), and decreased libido are all included under the general term male sexual dysfunction (MSD) [1]. The failure to produce or sustain a hard penile erection enough for satisfying sexual intercourse is the definition of erectile dysfunction (ED), formerly known as impotence [2]. Men aged 25 to 70 have an ED prevalence of 19%, which rises to almost 25% after that. By the year 2025, the prevalence of ED is expected to reach 322 million, which would represent a significant burden for the entire world [3]. According to a study, conducted by IASH, one out of every 10 Indian men is impotent, the incidence could be higher in metros. Nearly 25 out of every 100 patients are below 30 years [4]. On the other hand, According to the Diagnostic and Statistical Manual of Mental Disorders, premature ejaculation (PE) is a condition where "Ejaculation occurring, without control, on or shortly after penetration and before the person wishes it, causing marked distress or interpersonal difficulty" [5]. Affecting 30%–50% of males, PE is the most widespread and common sexual condition in men [6]. Another form of MSD is decreased libido, which means "reduction in sex drive". It has a prevalence rate of around 21% [7].

Dr. Hahnemann in his Organon of Medicine [8], told about Obvious cause in Aphorism 93 that Any causes of a disgraceful character, the physician must try to elicit which the patient or his friends do not like to confess, at least not voluntarily, Suicide attempt, Onanism, engaging in common or unnatural debauchery, unfortunate love, stress or anguish due to various family issues are some examples of evident causes, Misfortune, wounded pride, financial embarrassment, a flaw in one's private parts, a rupture, a prolapsus, etc.

### Pathophysiology

Three fundamental mechanisms - failure to begin (psychogenic, endocrinologic, or neurogenic), failure to fill (arteriogenic), and failure to store (venocclusive dysfunction) - can all lead to erectile dysfunction [9].

### Psychogenic ED

This condition is also known as primary or functional impotency and may be brought on by: Fear of inadequacy, Emotional conflicts, Faulty attitude toward sex, Fatigue, anxiety, or convalescence, Guilty feeling, Rejection by wife, Performance Anxiety, etc. [10].

90% of the instances of impotence are in this category, while the remaining 10% are caused by pathological lesions. Even when ED has a blatantly biological cause, almost all patients with ED also experience a psychogenic component as a result of their ED.

### Vasculogenic ED

The most frequent biological cause of ED is disrupted blood flow to and from the penis. The flow to the lacunar spaces can be reduced by atherosclerotic or traumatic artery disease, which can diminish stiffness and lengthen the time it takes to achieve a full erection. A sufficient input but excessive outflow through the veins could also be a factor in ED. Usually, those who are nervous experience this.

### Neurogenic ED

Disorders of the sacral spinal cord or the autonomic fibers in the penis prevent the penile smooth muscle from relaxing, which results in ED. Although, they are extremely uncommon, spinal trauma can cause ED. However, diabetic neuropathy is the predominant cause of neurogenic ED.

### Endocrinologic ED

Androgens boost libido, although it's unclear exactly how they contribute to ED<sup>[9]</sup>.

### Risk factors

The risk factors for ED include:

- Type II Diabetes mellitus
- Hypertension
- Depression
- Smoking
- Alcoholism
- It appears that age is a significant indirect risk factor.
- Drug induced<sup>[11]</sup>.

Premature ejaculation is most frequently experienced by men who are stressed, exhausted, or uneasy. It could be ante- or post-partus. In the first case, the involuntary ejaculation happens right away or very shortly after the intromission. Ejaculation starts in the latter, the more severe of the two, even before the penis is inserted into the vagina. Ejaculation can occur with or without an erection and in a semi-erect position. Premature ejaculation is frequently caused by hypersensitivity, which can be brought on by physical factors like a tight prepuce or increased sensitivity of the glans penis or mental factors like anxiety, remorse, or feelings of extreme desire or passion, especially after a protracted separation<sup>[10]</sup>.

### Diagnosis of male sexual dysfunction

- The medical or sexual history of the patient, which may disclose a condition or illness that causes impotence.
- Physical examination to seek for evidence of systemic issues e.g. Hair patterns and other secondary sexual characteristics can indicate hormone issues.
- Laboratory tests: These may include creatinine and liver enzyme assessments, testosterone measurements, lipid profiles, blood counts, and urine analyses.
- The goal of a psychosocial evaluation is to identify psychological issues that may have an impact on performance<sup>[11]</sup>.

### Perspective of Organon in male sexual dysfunction

Dr. Hahnemann advises in aphorism 5 Considerations to be made include the patient's ascertainable bodily constitution (especially when the sickness is chronic), moral and intellectual qualities, occupation, way of life, habits, social and domestic relationships, age, sexual function, etc. Hence, sexual function is very important to investigate which may even lead to or modify chronic disease<sup>[8]</sup>.

Additionally, Dr. Hahnemann discusses how some physical illnesses are maintained by mental factors such as persistent anxiety, worry, annoyance, wrongs, and the regular occurrence of extreme terror and fright in Aphorism 225. The phrase "psychosomatic diseases" refers to this broad category, which includes psychogenic impotence. The tremendous superiority of the homoeopathic system over all other significant means of treatment in cases of chronic mental and emotional disorders was also claimed by Dr. Hahnemann in Aphorism 230, based on his wide experience<sup>[8]</sup>.

### Role of psychotherapy

Dr. Hahnemann has advocated for psychotherapy or psychical treatments together with the proper food and regimen in cases of psychosomatic disorders. He claims that "A display of confidence, friendly exhortations, sensible advice, and frequently by a well-disguised deception, be rapidly changed into a healthy state of the mind (and with appropriate diet and regimen, seemingly into a healthy state of the body as well)" (aphorism 226)<sup>[8]</sup>.

### Management and Treatment

- **Practice a healthy lifestyle:** Reducing extra weight, including meditation and exercise in daily routine may help in improving emotional health and reducing psychological stress. Getting proper sleep may also help in preventing the harmful effects of fatigue.
- **Avoid drinking alcohol and smoking:** Smoking reduces nitric oxide production, which lowers blood flow to the penis. Excessive consumption of alcohol destroys blood vessels thereby increasing chances of ED.
- **Take proper diet:** A proper diet would help in checking blood sugar level and blood cholesterol which in turn would prevent sexual dysfunction<sup>[12]</sup>.

### Miasmatic Analysis

**Table 1:** Analysis of some of the main symptoms of Male Sexual Dysfunction<sup>[13]</sup>

Symptom	Psora	Sycosis	Syphilis	Tubercular
Sexual desire lack of	✓			
Ejaculation premature	✓			
Erection insufficient	✓			
Erection weak	✓			
Imbalance hormones of		✓		
Impotency lack of desire from	✓			
Semen discharge without erection	✓			
Semen discharge without excitement	✓			
Libido lack of	✓			

**Table 2:** miasmatic analysis of the major causes leading to psychogenic impotency can be summarized as:

Symptom	Psora	Sycosis	Syphilis	Tubercular
Anxiety	✓			
Fear	✓			
Confidence lack of	✓		✓	

So, in cases of Male sexual dysfunction it is clear that both the symptoms and also the causes are of psoric origin (Aphorism 227) [8]. So the line of treatment should mainly be focused on anti-psoric remedies.

### Repertorial approach

Some important rubrics that can be looked for [14, 15]

Male-Ejaculation, general- quick, too-dream of sex, during Male-Ejaculation, general-desire for ejaculation-erection, without Male-Ejaculation, general- incomplete-erection, with Male-Ejaculation, general- quick, too- erection is complete, before Male-Erections, penis, troublesome Male-Erections, penis, troublesome-incomplete Male-Impotency, male-disappearing during sex Male-Impotency, male-fright during sex, from Male-Impotency, male-sexual excesses, after Male-Seminal, emissions- premature Male-Sexual, behavior- aversion, sex, to-impotence, with Male-Sexual, behavior-impotency Mind-Sexual, behavior - lasciviousness, lustful-impotence, with Male- SEXUAL, desire, general- increased- elderly man, in an - but impotent Male-Sexual, desire, general-increased-morning- elderly, man, in an, impotent, but Male-SEXUAL, desire, general-erections, without Male-Sexual, desire, general-increased-erections, with- with, incomplete

### Therapeutics from Allen's keynotes

#### Agnus Castus

Complete impotence manifests as relaxation, laccidity, and vaginal coldness. Neither sexual desire nor power. Impotence following numerous gonorrhoea bouts. Gleet with absence of sexual desire or erections.

#### Argentum Metallicum

After onanism; nearly every night; without an erection and with penile atrophy.

#### Argentum Nitricum

When coition is attempted, erection fails.

#### Caladium

Impotence coupled with mental depression; relaxed penis coupled with excitation and sexual desire. No emission, no orgasm during an embrace; no erection even after a caress.

#### Graphites

Decided aversion to coition. Sexual debility from sexual abuse.

#### Kali Bichromicum

Sexual desire absent in fleshy people.

#### Lycopodium

Young males with impotence brought on by onanism or excessive sex; small, cold, relaxed penis; older guys with tremendous desire but subpar erections who fall asleep

during an embrace; premature emission.

#### Natrum Muriaticum

Impotence, spinal irritation, paralysis, and organ weakness with delayed emission during an embrace are all symptoms of sexual overindulgence.

#### Phosphoricum Acidum

Onanism, when the sufferer is extremely upset by the act's potential. Emission, frequent, profuse, debilitating.

#### Selenium

Impotence with desire. After coitus, erections are weak, insufficient, or too quick, with a long-lasting excitement.

#### Sepia

Weak and worn-out sexual organs.

#### Adrenalinum

Sexual desire increased, without erections.

#### Magnetis Poli Ambo

Lack of sexual desire and dislike of being embraced.

#### Ustilago Majus

Genitals relaxed. Sexual desire depressed.

#### Bacillus No 7

Loss of sexual function; premature senility to raise [16].

### Conclusion

Even after social advancements, problems related to sexual health are considered as a taboo topic and makes many people simply dismiss their sexual ill health and suffer in silence. In recent times, problems related to Male Sexual function, as studies have proved, mostly are due to psychogenic causes. This can be curbed by proper counselling and promoting healthy sexual habits. Dr. Hahnemann was way ahead of his time and somewhere around 200 years ago in Organon of Medicine he already gave directions about psychotherapy along with medicines for psychosomatic diseases. Thus, Homoeopathic medicines, when prescribed on the basis of individualisation using proper repertorisation and taking into account the role of miasm along with psychotherapy is the best choice of treatment in such cases. If proper treatment is taken, Male Sexual Dysfunction can be cured and will be an obvious cause of the past generation.

### Conflict of Interest

Not available

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