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A new treatment for premature ejaculation? Case series for a desensitizing masturbation aid

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ABSTRACT

Objective: To determine if they can produce increases in the IELT using a masturbator in subjects with premature ejaculation, producing improvements in the quality and satisfaction of the sexuality of the patient. **Methods:** To carry out the study it will arrange of the utilization of a masturbation device aid for six weeks that they will use at least during 5 minutes without overcoming the half daily hour in the manual masturbation. The measures of results will be the differentiation of the basal and final IELT by means of the average of both results, obtaining the differential percentage of the above mentioned measures. **Results:** There was obtained a sample of 9 heterosexual participants of ages included between 20 and 42 years. The time of latency increased from the first week of treatment producing up to 57 % of increase in the IELT in the masturbation and up to 79.9 % of improvement during the coitus. **Conclusions:** The use of a masturbation aid (FLIP HOLE) has shown to be a useful tool in increase of the ejaculatory latency in the masturbation and intravaginal, that accompanies of an improvement in the communication of couple, frequency of coitus and sexual satisfaction, and could be an effective option for the treatment of E.P.

1. Introduction

One of the problems that is reached great relevancy inside the dysfunctional disorders is the premature ejaculation (PE), whose problematic lies in the lack of ejaculation control during the sexual intercourse. His rate of prevalence ranges between 20% and 30% of the general male population[1], being the inconclusive date due to the lack of clarity of the diagnostic criteria since only 25% of the patients diagnosed of premature ejaculation seek help in specialized centers [2].

The lack of unanimity in the diagnostic criteria has given place to different classifications from different organisms related to the sexual problems. The DSM-V considers the persistent ejaculation or recurrent ejaculation after a minute of penetration, before the person should wish it, generating discomfort in the individual[3].

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The International Society of Sexual Medicine (ISSM), has realized a review detailed of the classifications contributed on the disorder generating his proper definition based on the empirical evidence of the premature ejaculation[4] (Table 1).

Both definitions bear in mind the Time of Intravaginal Ejaculatory Latency Time (IELT) , that is to say, the time that passes from the penetration until the ejaculation is produced being the most restrictive ISSM in this aspect since only he gathers the IELT when penetration takes place without bearing the masturbation in mind. For your part, both organizations coincide with the consideration of the lack of control on the part of the individual and the interpersonal consequences derived from the dysfunction as diagnostic criteria for this disorder.

Among the different alternatives of treatment for the EP we find the pharmacological and hackneyed treatments, the psychotherapy, the use of condoms, the vacuum pumps and penile constriction rings[5] being apparently the most effective combined therapy.

Table 1
Definition of premature ejaculation, the international of sexual medicine(ISSM).

Definition of premature ejaculation ISSM
Ejaculation which always or nearly always occurs prior to or within about one minute of vaginal penetration from the first sexual experience (lifelong premature ejaculation), OR, a clinically significant reduction in latency time, often to about 3 minutes or less (acquired premature ejaculation),
The inability to delay ejaculation on all or nearly all vaginal penetrations, and
Negative personal consequences, such as distress, bother, frustration and/or the avoidance of sexual intimacy

A previous study revealed how the use of a device masturbation aid produces significant increases in the IELT in subjects with premature ejaculation, beside producing an increase in the satisfaction, interest and frequency of the sexual intercourse, adding the possibility of carrying out the intervention without the need of that the subject is inside a stable relation[6]. On the other hand the Japanese company TENGA® specialized in the manufacture of masturbation aid it has investigated brings over of the medical benefits what they can offer his products. His studies have been focused in the rehabilitation of disorders of the ejaculation from the utilization of devices as effective treatments to develop methods of masturbation adapted beyond the proper sexual satisfaction that produce[7].

In Spain, and more concretely in the Region of Murcia, we have not found studies that use a device masturbation aid as treatment for the EP.

2. Materials and methods

From the assignment of the devices masturbation aid Flip Hole (Figure 1.) by the Japanese company TENGA® it was possible to begin to develop the study. To shape the patients sample was used to the active search of participants who met with the criteria of incorporation (Table 2) established for the participation in the study, from the publication of the study in different social media (Facebook, Twitter …) and the review of the database of the Instituto Sexológico Murciano patients' (ISM) who had represented previously with problems of premature ejaculation.

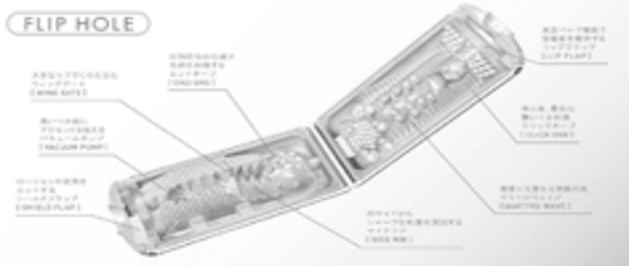
Table 2
Inclusion and exclusion criteria.

Inclusion criteria	Exclusion criteria
Patient meets ISSM definition of PE	Patient has significant cardiovascular or neurological pathology.
Patient is 18 – 65 years	Patient has diabetes mellitus
	Patient is currently misusing alcohol/ drugs
	Patient meets MCMI-III criteria for personality disorders and clinical syndromes

First interview with the participants was carried out where it informed them about the collaborative character in the study, together with the informed assent. To determine the suitability of the sample one administered ISM's Autobiographical questionnaire, the clinical Multiaxial Inventory of Millon-III (MCMI-III), and the Questionnaire of sexual satisfaction GRISS (Golombok Rust Sexual Inventory of Satisfaction)[8], beside gathering a medical report of every patient to reject pathologies that they could interfere with the study.

Once established the number of participants, 15 males of ages included between 18 and 65 years, there was carried out a follow-up individualized for eight weeks from records of the IELT. During the first two weeks of research the subjects had to register the ejaculatory latency times during the manual masturbation and the intercourse being from the third week when they would use the device FLIP HOLE in the manual masturbation either alone or in company of the couple but never during the intercourse.

The subjects had to use the masturbator aid at least five times per week for six weeks, during a minimum of five minutes without never overcoming half daily hour and during intercourse. The device Flip Hole is a masturbation aid made from Thermoplastic Elastomer (a silicone like substance) that the user inserts their penis in to for stimulation (Figure 1).



The patients had to come weekly to ISM to deliver the weekly records and to be able to take a follow-up of the subjects along the process. Once finished eight weeks of the study one turned them to administer the questionnaire GRISS to evaluate if changes are produced in the sexual satisfaction of the participants.

3. Results

Of 15 initial participants, there was obtained a sample of 9 heterosexual subjects by middle ages of 27 years (between

20 and 42), it dispenses with 6 participants for failure to attend follow-up visits and for not comply with the period established of the research. As for demographic characteristics contemplated except an only participant, the rest of all lives together or with some relative; three of the participants are married and others are single.

In relation to the personal history of sexual relations, five of the participants had his first contacts during the childhood (7-12 years) whereas the rest began during the adolescence. As for the current history of the problem, one subject considers the premature as slightly disturbing ejaculation, whereas four of the participants value it like very seriously, three of the subjects as moderately, and one of them as totally disabling.

Two of the subjects had ever felt distress or guilt for the sexual activities or the masturbation, and eight of ten participants think that their sexual current life is not satisfactory.

The improvement of the latency time from the first week of treatment with the FLIP HOLE was notable producing improvements of up to 57 % of increase in the ejaculatory latency times during the masturbation and up to 79.9 % of improvement during the intercourse after the ending of the treatment (Table 3). These results were obtained of the comparison of the basal and final IELT in each of the subjects from the increase of the average of the ejaculatory intervals. Since the sample has been represented so much for males with couple as bachelors, only we have it could obtain results of improvement in the intercourse in three of the participants due to lack of the sexual activity before the treatment and that is concordant with the information obtained in the GRISS (Table 4).

Table 3
Change in latency period with treatment

Patient	Pre-treatment(minutes)		Post-treatment(minutes)		% Improvemen	
	Masturbation	Intercourse	Masturbation	Intercourse	Masturbation	Intercourse
1	9.9		32.8		69.8%	
2	9.8		30.0		67.3%	
3	17.1		51.5	5.7	66.8%	
4	31.7		36.9		14.1%	
5	5.4	1.8	29.0	11.2	81.4%	83.9%
6	3.8	1.1	38.4	3.0	89.1%	63.3%
7	5.8	1.3	16.7	17.1	65.3%	92.4%
8	20.3		36.2	23.3	43.9%	
9	4.9		30.1		83.7%	

Table 4
The G.R.I.S.S score on five dimensions for men.

Dimensions	Pre- treatment	Post-treatment	% Change
Noncommunication	4.10	4.00	24.3%
Infrequency	6.50	6.00	7.60%
Dissatisfaction	5.50	4.20	23.60%
Avoidance	5.50	5.50	0.00%
Nonsensuality	1.00	1.40	28.50%

As for the valuation of the GRISS like it shows in table, four of five dimensions (Not communication, Dissatisfaction and Avoidance) evaluated were appearing as problematic areas before the treatment since they were diminishing the sexual satisfaction perceived of the participants, since punctuations of 5 or more, in a scale from 1 to 9, indicate the presence of a problem from the experimental validation in Spanish language[8].

Nevertheless, after the ending of the treatment, three of four dimensional problems (Not communication, Infrequency and dissatisfaction) stopped being considered to be negative domains indexed unsatisfactory way in the sexual life of the subjects. The dimension avoidance has not produced modifications after the treatment, consistent with the emotional and interpersonal maladjustment generated disorder.

GRISS results show an improvement in couple communication, increased of frequency of intercourse and improvement in sexual satisfaction. Meanwhile, no adverse effects were reported with the use of masturbation device so the recommendations established for the user of the masturbator is effective.

4. Discussion

The use ruled of the device masturbator aid has generated in the participants an increase of the ejaculatory latency in the masturbation and intravaginal, that accompanies of an improvement in the communication of couple, frequency of intercourse and sexual satisfaction.

The penile dorsal nerve innervates the glans penis except for the area of the frenulum, which is innervated by the penile dorsal nerve and a branch of the perineal nerve. The mucosa of the glans penis contains specialized sensory receptors, the Krause Finger corpuscles. These receptors discharge along afferent nerves to the spinal cord and brain when repetitive and cumulative stimulation applied to the glans penis exceeds the excitation threshold.

Given the physical characteristics of the device masturbator aid, we obtain during the utilization of the same one a stimulation of glans penis it continues and of characteristics similar to the one that would take place in the vaginal introit during the intercourse, fulfilling this way the criterion of specificity typical of the process of habituation in the nervous system.

In turn the minimal time of utilization concentrated on 5 minutes and the frequency of use a minimum of 5 times per week, it generate an effect of habituation in the long term, that lasts at least several days, in the sensory recipients of the glans penis to the above mentioned type of stimulation.

A hypersensitive glans penis has been postulated in innumerable occasions as causative factor of the premature ejaculation[9, 10, 11, 12, 13], generating in turn anxiety of yield and conducts of avoidance, which diminishes moreover the ejaculatory latency and aggravates the above mentioned dysfunction.

The repeated and sufficient stimulation of the recipients of the glans penis of a way similar to the one that would take place during the coitus, in conditions where the man experiences a scanty or void anxiety of yield, since it would be the case of the masturbation, one would provoke phenomenon of habituation of the nervous system that would explain the increase of the latency ejaculatory.

The utilization ruled of devices of this type might open a new line of action for those patients who suffer E.P, and that for diverse circumstances cannot accede to the treatment gold standard that is in use nowadays.

In other cases the masturbation habits have been postulated as a treatment in the premature ejaculation, with the utilization of the device of a ruled way it has been operated on the above mentioned variable also, when the device had to use at least five times per week and during a minimum of 5 minutes, the participants in many cases have had to do stops to come to the aim of duration, provoking a few stops and similar take-off to the start-stop sign method, first introduced by Dr. James Semans.

The conducts of avoidance of the coitus, which accompanies frequently the men who suffer premature ejaculation, suppose a limitation for his study, this remains reflected in the results obtained in the studied dimensions of the G.R.I.S.S, being the Avoidance the unique dimension that post has not seen affected in a positive way treatment. For this alone motive in 3 cases of the sample the latency one could have registered ejaculatory coital pre and post treatment, obtaining in other 2 cases records post treatment, in which a latency ejaculatory is obtained incompatible by the diagnosis of initial premature ejaculation.

Premature ejaculation (PE) is the commonest sexual dysfunction. The current treatments present difficulties in terms of accessibility, cost, benefit, acceptability and side-effects. A device masturbator aid that reproduces the vaginal environment is been evaluated in a sample of 9 patients. The use ruled for 6 weeks has generated improvement of the latency period was 79.9 %, and was associated with increased in communication, frequency and satisfaction. To further evaluate the validity of these results, randomized controlled trials should occur.

Conflict of interest statement

The authors report no conflicts of interest.

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