

# Sexual Medicine Committee

Newsletter - 5

Orgasm Disorder



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## Can't Orgasm? Here's Help for Women

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About 35% of women have never had an orgasm, either with a partner or during masturbation. These numbers are real big. Even many of women do not know what orgasm is. Orgasm represents the zenith of human pleasurable experiences. 'Orgasm' is derived from the Greek word *orgaos* which means *to swell with lust*. This literal translation, very appropriately, encompasses the true essence of orgasm. An orgasm is like a sneeze – it is difficult to describe but once you have had one, you know what it feels like. Otherwise it is like describing a rainbow to a blind person. Usually one experiences a heightened sexual ecstasy accompanied by rhythmic vaginal contractions in females and ejaculation in males, followed by a feeling of relaxation.

Though different people describe orgasm in different ways, and call it by different names, in essence they all agree that it is a state of supreme pleasurable satiety where there is a feeling of 'enough and nothing more'.

It is interesting to note that different people in the diversity of their ethnic, socio-cultural and linguistic backgrounds are entitled in the expressions and description of their orgasmic experience, which they unanimously agree, is, in essence, a sense of supreme bliss and ecstasy.

And quite a few of them have find their way into the doctors consultation. Here's the good news: It is possible to learn to be orgasmic.

The first and most important lesson is to practice developing a balance of tension and relaxation during sexual activity. But, women clients ask, how can they be both tense and relaxed at the same time? It's a good question, and here's two-part answer:

## How to Have an Orgasm Step 1: Tense Up

The type of tension that helps women reach orgasm is muscle tension (myotonia). Many women have the mistaken impression that they should relax and "just lie there" because they've heard that relaxation during sex is important. But it turns out that muscle tension is often necessary for an orgasm. The majority of women learn to have their first orgasm by incorporating a fair amount of leg, abdominal, and buttock tension.

Not surprisingly, women report that the most orgasm-inducing muscle contractions are in their lower pelvis. These are the same muscles you squeeze to stop the flow of urine midstream (a conscious contraction of this group is called a Kegel exercise).

What is the connection between tensing muscle groups and having an orgasm? Arousal. Contracting (or tensing) certain muscles increases blood flow throughout the body and often to the genital area. And arousal, of course, is the road map that helps lead most women to orgasm.

## How to Have an Orgasm Step 2: Wind Down

So, where's the relaxation part of this equation? In the brain. During sex, a woman should be focused simply on feeling the sensations of the stimulation.

Have a hard time relaxing? Think of a billboard in which words stream into view from the left-hand side to the right edge, and then disappear off the screen. During sex, many women find it helpful to program their own billboard news crawl with a repetitive mantra such as "I can take as long as I want" or "This really feels great" on their mental silent radio. It keeps the brain occupied -- but with a thought that will encourage sexual arousal rather than with a nervous, negative thought that might decrease arousal.

One need not reach orgasm by genital stimulation alone. One may stimulate any erogenous zone to the point of orgasm. *What is important is the end and not the means to the end.* It is not necessary that a woman should reach orgasm during intercourse. She may achieve orgasm during foreplay or afterplay, by any method including clitoral stimulation. What is important, is the satiation and satisfaction, irrespective of how one derives it.

## Methods Of Achieving An Orgasm:

- Vaginal
- Anal
- Non penetrative
- Masturbation
- Sex toys
- Erogenous zone stimulation

## **Can't Orgasm? The Problem Could Be Medical**

### **Medical or Physical Conditions**

Heart disease, diabetes, thyroid disease, nerve conditions such as multiple sclerosis, and even simple fatigue can make sex uncomfortable or painful.

Scarring from surgery or radiation treatment in vaginal opening or in other parts of genital area also can change one's sexual experience. So can infections such as genital herpes.

Other possible causes include hormonal imbalance or physical changes related to:

- Pregnancy
- Childbirth
- Breastfeeding (low estrogen levels may lead to vaginal dryness, one may lack energy for sex)
- Menopause (vaginal dryness, lack of libido)

### **Mental and Emotional Issues**

The right mood and a healthy, respectful connection with your partner play an important role in sexual intimacy. But there may be factors that leave you feeling self-conscious, fearful, or uninterested. Reasons may include:

- Depression
- Anxiety
- Stress
- Past sexual abuse
- Low self-esteem

### **Medications, Drugs and Alcohol**

Drinking can make orgasm longer to achieve or feel less intense. Tobacco smoking and long-term use of heroin and other illegal recreational drugs also can lead to sexual problems.

Some medications can make sex less pleasurable, dampen sex drive, or cause vaginal discomfort. Types of medications include:

- the use of certain medications, particularly selective serotonin reuptake inhibitors (SSRIs) for depression
- Antipsychotic medications
- Epilepsy drugs
- Certain cancer drugs
- Steroids

Sometimes, a combination of these factors can make achieving an orgasm difficult. The inability to orgasm can lead to distress, which may make it even harder to achieve orgasm in the future.

There are four types of orgasmic dysfunction:

- **Primary anorgasmia:** A condition in which you've never had an orgasm.
- **Secondary anorgasmia:** Difficulty reaching orgasm, even though you've had one before.
- **Situational anorgasmia:** The most common type of orgasmic dysfunction. It occurs when you can only orgasm during specific situations, such as during oral sex or masturbation.
- **General anorgasmia:** An inability to achieve orgasm under any circumstances, even when you're highly aroused and sexual stimulation is sufficient

Doctors now use the term female sexual interest/arousal disorder or FSAID, according to new guidelines in the new addition of the Diagnostic and Statistical Manual of Mental disorder (DSM 5) which includes

- Pain during intercourse
- Inability to reach orgasm
- Lack of sexual desire

## **TREATMENT OPTIONS:**

At present, no medication has been specifically approved by the Food and Drug Administration (FDA) for the treatment of FSAID. In addition, very little information is available about pharmacotherapy specifically targeting disorders of orgasm in women, and it is unclear to what extent pharmacologic data about the treatment of sexual conditions in other female populations (eg, female sexual interest/arousal disorder, premenopausal and postmenopausal problems and antidepressant-induced sexual disorders) is relevant for this population.

Treatment for orgasmic dysfunction depends on the cause of the condition. You may need to:

- Treat any underlying medical conditions
- Switch antidepressant medications
- Increase clitoral stimulation during masturbation and sexual intercourse

Medical treatments may include:

- Estrogen : In some cases, estrogen hormone therapy may be used. Estrogen can help increase sexual desire or the amount of blood flow to the genitals for heightened sensitivity. Estrogen hormone therapy may involve taking a pill, wearing a patch, or applying a gel to the genitals.
- Drugs to raise low libido like flibanserin but not available in India
- Testosterone : Testosterone therapy is another an option. However, the U.S. Food and Drug Administration (FDA) hasn't approved it for treating orgasmic dysfunction in women.
- BP 101- a synthetic peptide (under clinical trial)

- D cycloserine (under Clinical trial)
- Kegal exercises to strengthen pelvic muscles to help achieve better orgasm
- Anti-inflammatory drugs to take before intercourse to lower pain if that is the issue
- Some over-the-counter (OTC) products and nutritional supplements may also help women with orgasmic dysfunction. Arousal oils, which warm the clitoris and increase stimulation. These oils may be beneficial to use during sexual intercourse and masturbation.

Other supportive treatment may include:

- More open communication between partners
- Making time for sex
- Improving intimacy with your partner
- Healthy habits, such as minimizing alcohol, getting exercise and eating a healthy diet
- Have cognitive behavioral therapy(CBT) or sex therapy
- Vaginal lubricant for dryness or lessen pain during sex
- Vibrators and other tools to enhance arousal
- Techniques on how to reduce distractions and be more present during sex
- Couples counseling is another popular treatment option. A counselor will help you and your partner work through any disagreements or conflicts you may be having. This can resolve the issues that are occurring both in the relationship and in the bedroom.

The inability to orgasm can be frustrating and may have an impact on couple relationship. However, one may be able to reach climax with proper treatment. It's important to make them realize that they are not alone. Many women deal with orgasmic dysfunction at some point in their lives.

Sex is not merely the means to an end (procreation). It is the both, the means to an end, as well as an end in itself (pleasure). Nature, with its natural masterpiece, of providing an inherently sensual pleasure oriented

side to our personality, has ingeniously accomplished this dual objective (pleasure + procreation). An attempt to rationalise the philosophy of sex undisputedly establishes the fact that human beings indulge in sex to gratify their inherent pleasure instinct. One indulges in sexual activity for what one 'gets' out of it, and not for what one 'may beget' out of it. One indulges, not to 'lose' fluids but to 'gain' an orgasm. An orgasm may be more or less satisfying depending upon several factors, but whatever be the means of stimulation, ultimately 'All roads lead to Rome'. *The pleasure principle has, is and shall always remain principal.*