SOME NEUROTIC SYMPTOMS †

B.P. Sharma * MBBS (Lucknow)
DPM (Eng)

It is quite true that if one has to record all the bodily complaints of a single neurotic the list would be pretty long. But there are some systems more common in one group of them than in the other. For example if we see rural and urban people of this country in and around Kathmandu the complaints made by them are quite different. The common symptoms shown by the rural group are: pain in the abdomen, backache, nausea vomiting diarrhoea, etc. which seem more like organic symptoms. As a matter of fact these symptoms do not show their true neurotic face unless properly interrogated and/or investigated. If one can spare sufficient time and have patience some contributory factors of neurosis may be found in the family environment or personal history. On the other hand the complaints of urban neurotics usually are as follows:— Cardiac—palpitation, precordial pain, premature beats tachycardia etc.; pertaining to nervous system—giddiness, vertigo, loss of memory etc.; related to urinary systems—frequency, dysuria, and burning sensation in the urethra etc. in association with psychological aspects—fear, apprehension, worry insomnia agitation etc. and closely linked with sex. All these symptoms sound clearly functional. With these persons sometimes it may happen that some organic illness is confused with functional. This account is not going to deal with other symptoms mentioned above except the ones related with sex activities. These patients are headaches to the physicians here. This group of symptoms is termed as sex neurosis for simplicity of expression and ease of communication. These people do not usually mention their symptoms clearly but describe vaguely as general weakness in abdomen or other similar things. It requires some time to gain their confidence before they admit really what troubles they have.

I have collected 162 male patient who were attending the psychiatric O.P.D. within a period of 21 months and whose main symptoms for which they sought consultation were only sexual.

Symptoms

(a) Nocturnal emission:— The nocturnal emission was once every night in most of the cases. In two cases it was more than once every night. In fact, these two cases were sleep emission rather than nocturnal emission. A few cases who had it every alternate night were not included in the series.

* Senior Psychiatrist, Bir Hospital, Kathmandu.

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(b) Premature ejaculation:— In these patients ejaculation occurred before the man had sufficient time to undress himself. In a few cases the act of sexual intercourse did not last for more than half a minute. Many of the individuals who complained of such symptoms thought their semen was of thin consistency and due to that reason they could not hold for longer time. (This idea was borrowed from a group of local indigenous medical men who give such explanation).

(c) Loss of sexual power:— In this group number of the patients was small, only six, because many patients could not be included in the series. This was due to the association of other organic illnesses. They mention that they have sufficient amount of desire but do not get erection when necessary though they get it at other times when not required. Occasionally they have nocturnal emission.

(d) Loss of sexual sensation:— These people say that they get erection and emission as usual but do not have sensation which they had before. The patients are only two in number both of them have young wives and are married for more than five years but have no children.

(e) Over excitability:— All these individuals were young men of good health. They had normal sex relations. The patients say that every time they think of women, see women or see a photograph of them they get great excitement even after a successful and satisfactory sexual intercourse. Most of them mentioned that they indulged in sexual intercourse more than four times within 24 hours. They sought advice only when they had some psychological troubles by enforced abstinence.

Symptom distribution:

Nocturnal emission	73
Premature ejaculation	25
Loss of sexual power	6
Loss of sexual sense	2
Over excitability	10
Premature ejaculation and Nocturnal Emission	19

In this series 76 were married and in 71 cases the marriage age was 20-30 years. In 5 cases the marriage took place early, at 15 years in 2 cases, at 16 years in 1 case and at 18 years in 2 cases. Among married people 17 persons said that they used to have normal relation with their wives for some time in the beginning, but that was not satisfactory. The remaining did have their troubles from the beginning of their sexual life.

In the unmarried group there were only two who could trace their troubles to 2 to 3 years previously. The symptom distribution was almost identical in both the married and the unmarried group except loss of sexual sense which was found in the married only.

Occupation	Businessmen	31
Students	Others	13
Service men	Total	162

Age distribution	18-20 yrs	16,	10%		
20-35 yrs	122,	75% approx.	15-18 yrs	4,	2.5%
35-40 yrs	12,	7.5%	Over 50-yrs	8,	5%

Maximum 56 Minimum 15 years Mean 29.8 years.

Selection of cases:

1. The patients had attended the psychiatric O.P.D. within the mentioned time (June 62 to Nov. 64)
2. Their troubles were only sexual.
3. They were free from any endocrine and any debilitating illness.
4. They did not have any urinary symptoms
5. The psychotics were not included.
6. The patient who came for treatment mainly for other symptoms and complained of sexual symptoms on interrogation only were not included in the series.
7. Those patients who could not remain under observation for at least 4 months were not included.

General Consideration

We had a control group of 149 having similar age and occupation as that of the propositus.

Nutrition:- 5 persons complaining of premature ejaculation had body wt. a little below the local average standard. In other 2 persons with same complaints body wt. was a little above the local average standard. About the heights all were within normal range.

About the body build 3 had pyknic build 5 had asthenic build and the remaining had good muscular and masculine build. No patient showed any endocrinal disturbances.

In controlled group also distribution was 3 pyknic build 4 asthenic build the remaining muscular and masculine build. Three individuals were a little bit over weight.

Pathological investigation

Urinary excretion of ketosteroids were taken at random. The blood picture consisting of R.B.C. count, Hb% total and differential W.B.C. count platelet count and serum cholesterol level were all within normal limits.

Homosexuality:- There was no indication of homosexuality amongst the group. (This may be interesting to note that cuddling casually, sitting together with the same sex, etc., & performing personal secretary's post or the post of a typist, and doing house-hold jobs do not confirm femininity in this culture, which I may discuss in future if circumstances permit.)

Study, information and impression:

In this observation group there were 143 people who used to read the books about sex discipline (as it is called) and were impressed by the literature.

But in the control group 15 out of 149 had occasion to read such books and were least impressed by the contents. For clarity of the description I shall quote the translated version of some of the passages of these different books.:-

40 drops of blood can make one drop of semen. In one act of sexual intercourse about 50 drops of semen is lost. In one day only 20 drops of semen is formed.

"Brammacharya plan"

Energy depends on the contents of the abdomen and life depends on the semen.

"Semi-indigenous medical book."

In one man's life altogether 4 pints of semen can be formed. So if that amount is lost either the man may die or he may live a vegetative life (without energy, spirit, sexual potency and what not)

"Brahmacharya and its importance"

If any body wants intercourse more frequently than once a month he must have every preparation for his own funeral.

"Advice to young men"

Masturbation leads to sexual impotency and heart diseases and life becomes very short. In fact masturbation may lead to any diseases.

"Sex advice"

One who practices masturbation can never satisfy his wife sexually in late life.

"Sex books"

If you masturbate your sex organ will get swollen blood vessels and it will have no life. Your sex organs will then be meant for urination only.

"Sex information"

There are some indigenous Medical men who claim by intense practice to knowledge of "Sex diseases". They side with the Ayurvedic system of medicine and whenever they get a young male as their client they say invariably the following— "This is the case of weakness of the (Sukra) semen". They may say either it is drying or they may just mention that it is getting thinner in consistency. They make the patient terrified that the defect in the semen may lead to any kind of diseases.

This group of men is so clever that they can convince people very well. They also prescribe funny things like "to wash the glans penis with plenty of water (cold) at least twice a day."

Such erroneous publicity and prescription are very common here. As a matter of fact many people do read such books and get such advice.

In our propositus there were very high, about 89%, of people who read such books and were impressed by it. In the control group, the percentage of persons who read such books was 10%. Even those who read such books were not at all impressed.

Our culture does not permit the expression of sex feelings. There are many restrictions and taboos in this field. Husbands and wives are not supposed to smile at each other in presence of superiors. Though we are seeing rapid change in every aspect yet there is a long way to go. This may also enhance the sex information obtained from the books due to lack of direct communication.

Treatment:—

The patients received 3 kinds of treatment (1) Superficial Psychotherapy (2) Psychotropic drugs (3) Calcium gluconate tabs. It was rather difficult for starting psychotherapy. However the treatment was continued for 12 weeks.

The outcome of the treatment was almost the same in all these three groups. Improvement was found in about 40%. In the psychotherapy group 21, in psychotropic group 22 and in calcium gluconate group (which was taken as placebo group) 22 persons showed improvement. In every group there were 54 patients. (These were not double blind trials)

Discussion:

This series looks small yet the problem here is very big. Practitioners here are embarrassed by this problem and wish they could do something for these people. If one collects all such cases the number may be enormous.

I have seen no difference in the control group and the observation group in other aspects except in their study of and information and impression from sex literatures where there was marked difference in the two groups. In this light it would be much more interesting to know whether there are similar problems in other parts of the world where the cultural aspects are different. I would like lastly to invite any suggestions for effective curative and prophylactic treatment for them. If it is proved that such information is the cause of such disorders then it will be necessary to take steps to control the publication of such literature and accordingly governments should be approached for control over them.

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