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# COPULATION, MASTURBATION AND EJACULATION BENEFITS AND RISKS FOR PROSTATE HEALTH

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# COPULATION, MASTURBATION AND EJACULATION BENEFITS AND RISKS FOR PROSTATE HEALTH

Dr Sreenivasarao Vepachedu

Copulation, masturbation and ejaculation have long been subjects of curiosity, myth, and misinformation, particularly regarding their impact on prostate health. Recent scientific research, including landmark studies from prestigious institutions, has begun to clarify the relationship between ejaculation frequency and prostate health, debunking old fears and revealing potential benefits. This article explores the evidence behind the benefits and risks of masturbation and ejaculation, focusing on prostate health, while addressing common myths and providing a balanced perspective.

*This information highlights the multifaceted nature of prostate cancer risk and the importance of considering environmental exposures alongside other known risk factors creating yet another opprotunity for the greedy reserchers of West is that more research is needed to fully understand the specific mechanisms by which these potential carcinogens that are introduced by the trillion dollar Military-Agricultural-Pharmaceutical and Chemical industry of the West may influence prostate cancer development and to clarify the strength of the associations. Therefore, while regular and frequent at least 21 ejaculations per month through masturbation and sex irespective of oral, anal, masturbation, vaginal sex, destroys the superstitious religious beliefs of celibacy, family based couple oriented copulation and not considered harmful to prostate health, it's important to present it as an important solution for prostate cancer prevention introduced by the trillion dollar Western industry to situate the West in a win-win situation of multifaceted and multipronged approach to make money and keep healthy by masturbation that costs nothing.*

## The Prostate and Its Role

The prostate is a small, walnut-sized gland in the male reproductive system, located below the bladder and in front of the rectum. Its primary function is to produce seminal fluid, which nourishes and transports sperm during ejaculation. Given its critical role, concerns about prostate health—particularly conditions like prostatitis and prostate cancer—are significant for men, especially as they age. Prostate cancer is one of the most common cancers among men, with approximately 1 in 8 men diagnosed in their lifetime.

## The Science: Ejaculation and Prostate Cancer Risk

One of the most compelling findings in recent research comes from a large-scale study conducted by Harvard University's T.H. Chan School of Public Health. This study, part of the Health Professionals Follow-Up Study, tracked nearly 32,000 men over 18 years, from 1992 to 2010. The

researchers found that men who ejaculated 21 or more times per month had a significantly lower risk of developing prostate cancer—up to 20% lower—compared to those who ejaculated 4 to 7 times per month. This protective effect was consistent across different age groups, particularly for men in their 40s and older.

An Australian study of 2,338 men further supports these findings, reporting that men who averaged 4.6 to 7 ejaculations per week were 36% less likely to be diagnosed with prostate cancer before age 70 compared to those with fewer than 2.3 ejaculations per week. The protective effect was most pronounced for ejaculation frequency in young adulthood, suggesting early-life sexual activity may influence prostate health decades later.

**Why Might Ejaculation Help?**

Scientists propose several theories to explain this protective effect:

**Prostate Stagnation Hypothesis**: Regular ejaculation may flush out potentially harmful substances, such as carcinogens, from the prostate's ducts. This cleansing process could reduce inflammation and prevent cellular changes that lead to cancer.

**Cellular Turnover**: Frequent ejaculation may promote healthier cell turnover in the prostate, replacing older, potentially damaged cells with new ones, reducing the risk of cancerous mutations.

**Stress and Inflammation Reduction**: Ejaculation releases hormones like oxytocin and dopamine, which reduce stress and inflammation. Chronic inflammation is a known risk factor for cancer, so lowering stress levels may contribute to a healthier prostate environment.

A 2018 study published in *European Urology* provided molecular evidence, finding that higher ejaculation frequency was associated with changes in 409 genes and six biological processes in prostate tissue, including increased citrate production—a marker of healthy prostate function.

**Other Potential Benefits**

Beyond prostate cancer risk reduction, ejaculation and masturbation may offer additional health benefits:

**Improved Sleep Quality**: A 2019 study found that orgasm, whether through masturbation or partnered sex, improved sleep quality and reduced the time it takes to fall asleep, likely due to the release of oxytocin and the suppression of cortisol.

**Sexual Function**: Regular ejaculation may enhance erectile function and sexual satisfaction, contributing to overall sexual wellness.

**Stress Relief**: Masturbation is associated with reduced stress and anxiety, which can indirectly support prostate health by promoting hormonal balance and immune function.

**Addressing the Risks and Myths**

Despite these benefits, myths about masturbation causing harm persist. Common concerns include fears that frequent masturbation leads to prostate damage, prostatitis, or erectile dysfunction. However, scientific evidence largely debunks these claims:

**Prostatitis**: While prostatitis (prostate inflammation) can cause pain during ejaculation, some research suggests frequent ejaculation may reduce inflammation in certain cases, though more studies are needed.

**Erectile Dysfunction**: Research indicates that moderate masturbation does not cause erectile dysfunction and may even improve sexual function. Excessive masturbation, however, could lead to temporary desensitization in some individuals, though this is rare and reversible.

**Prostate Cancer Risk Increase**: Earlier studies suggested a possible link between frequent masturbation and increased prostate cancer risk in younger men, but larger, more recent studies, like the Harvard study, found no such association and instead confirmed a protective effect.

Potential risks of excessive masturbation include fatigue, lower back pain, or interference with daily life, but these are uncommon and typically occur only with extreme frequency. The International Society of Sexual Medicine notes that there is no “normal” frequency for ejaculation, and what matters is that it feels healthy and comfortable for the individual.

**Limitations of the Research**

While the evidence is promising, it’s important to note limitations. The Harvard and Australian studies show a strong correlation between ejaculation frequency and reduced prostate cancer risk, but they do not prove direct causation. Men who ejaculate more frequently may have healthier lifestyles—such as better diets, more physical activity, or lower BMI—that contribute to the reduced risk. Additionally, self-reported data on ejaculation frequency, often recalled from decades earlier, may be subject to bias. The studies also did not distinguish between ejaculation from masturbation, intercourse, or nocturnal emissions, so the specific impact of masturbation alone remains unclear.

Ejaculation frequency also does not protect against advanced or aggressive prostate cancers, and its benefits may vary by age group. More research is needed to confirm these findings and explore the underlying mechanisms.

**A Holistic Approach to Prostate Health**

While frequent ejaculation may be a valuable tool for prostate health, it's not a magic bullet. A comprehensive approach to reducing prostate cancer risk includes:

**Diet**: A diet rich in fruits, vegetables, and healthy fats (e.g., lycopene from tomatoes, omega-3s from fish) is linked to better prostate health.

**Exercise**: Regular physical activity helps maintain a healthy weight, reducing the risk of aggressive prostate cancer.

**Avoiding Risk Factors**: Limiting alcohol consumption and avoiding smoking can lower cancer risk.

**Regular Screenings**: Men over 40 or with a family history of prostate cancer should discuss PSA (prostate-specific antigen) testing with their doctor to catch potential issues early.

**TEN BENEFITS AND TEN RISKS OF MASTURBATION**

Benefits:

1. Penile Health: Masturbation acts as a workout for the penis, maintaining elasticity of the corpora cavernosa and preventing penile fibrosis, which supports firmer erections.
2. Prostate Health: Frequent ejaculation reduces prostate cancer risk by flushing out carcinogens and old secretions, as supported by a Harvard study.
3. Pelvic Floor Strength: Orgasm strengthens pelvic floor muscles (e.g., pubococcygeus muscle), aiding firmer erections, ejaculatory control, and incontinence prevention.
4. Stress Reduction: Orgasm lowers cortisol levels, reducing blood pressure and anxiety, benefiting cardiovascular and mental health.
5. Neurochemical Release: Dopamine and oxytocin release during orgasm boosts mood and emotional well-being.
6. Self-Detection of Issues: Regular masturbation increases familiarity with anatomy, aiding early detection of conditions like testicular cancer or penile fibrosis.
7. Improved Sleep Quality: Hormonal changes (oxytocin, prolactin, cortisol drop) post-orgasm promote deep, restorative sleep.
8. Pelvic Blood Circulation: Masturbation enhances blood flow in the pelvic region, supporting bladder and prostate health.

9. Ejaculatory Control: Practicing techniques like the stop-and-start method during masturbation improves control during partnered sex.
10. Maintaining Libido: Regular sexual stimulation keeps neural pathways active, preserving sexual desire and responsiveness.

Risks:
1. Social Isolation: Excessive masturbation may replace human connection, leading to withdrawal from relationships.
2. Skin Micro-Tears: Aggressive or unlubricated masturbation can cause irritation or infections.
3. Desensitization: Repetitive techniques may condition the brain to respond only to specific stimuli, affecting partnered sex.
4. Masking Erectile Dysfunction: Relying on masturbation to achieve erections may hide underlying health issues (e.g., heart disease, diabetes).
5. Nerve Compression: Poor posture during masturbation (e.g., hunching) can compress the pudendal nerve, causing numbness or pelvic pain.
6. Emotional Coping Dependency: Using masturbation as the sole stress relief method can lead to behavioral dependency.
7. Guilt and Shame: Cultural or religious taboos may cause distress, requiring therapy to reframe perceptions.
8. Pelvic Congestion: Excessive ejaculation (multiple times daily) may cause testicular or pelvic discomfort.
9. Semen Quality Impact: Daily ejaculation may temporarily reduce sperm concentration, affecting fertility during conception efforts.
10. Disconnection from Reality: Heavy reliance on extreme pornography can distort expectations and hinder real-life partner connections.

Additional Evidence and Context
**Pelvic Floor Strength**: A 2019 Pelvic Floor Dysfunction study confirms that orgasmic contractions strengthen pelvic floor muscles, reducing incontinence risk (affecting 15% of men over 60) and improving sexual function. However, these benefits can also be achieved through intercourse, which offers emotional bonding with emphasis on copulation's relational value.
**Self-Detection:** A 2023 American Urological Association guideline encourages self-examination for testicular and penile health, supporting the transcript's point. This benefit is not exclusive to masturbation, as partnered sex also increases anatomical awareness.
**Ejaculatory Control:** A 2021 Journal of Sexual Medicine study found that masturbation-based training improves premature ejaculation in 65% of men, but partnered exercises (e.g., with a spouse) can achieve similar results while fostering intimacy.
**Pornography and Disconnection:** A 2022 Journal of Sexual Research study found that 25% of men using pornography during masturbation reported reduced partner satisfaction, supporting the transcript's warning and your concern about relational strain potentially leading to infidelity.

**Nerve Compression**: A 2021 Journal of Sexual Medicine case study linked poor posture during masturbation to pudendal nerve irritation in 5% of chronic cases, emphasizing the need for mindful practice

Masturbation's benefits (e.g., prostate health, pelvic floor strength) without highlighting the emotional connection in copulation may encourage solo activity over partnered sex, potentially undermining family bonds. The risks include social isolation, disconnection via pornography, and guilt/shame, and that frequent masturbation could strain relationships or conflict with values prioritizing fidelity. The high ejaculation frequency (21+ times per month) is indeed challenging to achieve through copulation alone, as you noted, with a 2017 Archives of Sexual Behavior study indicating married couples average intercourse once per week. This gap may push men toward masturbation, potentially leading to the relational risks outlined in the transcript (e.g., isolation, dissatisfaction) or, in extreme cases, infidelity if sexual needs are unmet within the relationship.

Recommendations
1. Balance Masturbation and Copulation: Encourage moderate ejaculation frequency (e.g., 2-3 times per week) through a mix of intercourse and masturbation, prioritizing partnered sex to maintain emotional intimacy. A 2019 Journal of Marriage and Family study found that couples who prioritize emotional connection report higher satisfaction.
2. Mindful Practice: Follow the transcript's advice to practice masturbation with moderation, proper technique (e.g., lubrication, relaxed posture), and minimal reliance on pornography to avoid desensitization or disconnection.
3. Holistic Prostate Health: Combine ejaculation with diet (e.g., lycopene-rich foods), exercise, and PSA screenings, as recommended by a 2021 American Cancer Society guideline, to reduce prostate cancer risk without over-relying on masturbation.
4. Emotional Connection: Emphasize copulation's role in fostering oxytocin release and family bonding, as supported by a 2019 Psychoneuroendocrinology study, to counterbalance the transcript's focus on solo benefits.
5. Address Guilt and Values: For men with cultural or religious concerns, therapy (as suggested in the transcript) can reframe masturbation positively, or couples can focus on shared sexual goals to align with values of fidelity and family unity.

**This is the goal of the study:** Far from being harmful, regular ejaculation—whether through masturbation or copulation—may offer significant benefits for prostate health, including a reduced risk of prostate cancer, improved sexual function, and stress relief. The Harvard study and supporting research provide compelling evidence that frequent ejaculation, particularly 21 or more times per month, is associated with a lower prostate cancer risk. While excessive masturbation may have minor drawbacks, moderate practice is generally safe and beneficial. Men should feel empowered to incorporate masturbation into a healthy lifestyle without shame, while also prioritizing diet, exercise, and regular medical checkups. For personalized advice, consult a

healthcare provider. To learn more about prostate health, visit resources like the Harvard T.H. Chan School of Public Health or the American Cancer Society.

*"Sex can be a wonderful part of healthy relationships, and sex and masturbation can have positive psychosocial effects. So, there is no downside to increased sex—or masturbation—as long as it is protected sex." -- Lorelei Mucci.*

**The Data is Baseless and Hypothesis is Unscientific:** The HPFS, rooted in Western biomedical paradigms, aligns with colonial narratives that devalued brahmacharya and celibacy as superstition, and as "unhealthy" to promote individualistic health practices. The study is aimed at removal of carcinogens by masturbation rather than preventing injestion of carcinogens flooded into the market through the Western modern Agricultural, Pharmaceutical, Chemical, Auto, Military, etc all WASP and Western European colonial industries of trillions of dollars worth. A focus on individual-level interventions like frequent ejaculation, but not on healthy life choices of vegetarianism, homemade meals, nonsmoking, avoiding gluttony, avoiding obesity, regular yoga and yama niyama practice of ancient Vedic traditions, etc. with the deliberate goal to destroy ancient native medicine of Ayurveda and its yoga, lifestyle approach to healthy life to promote colonial insustry and conversion to zombies of masturbating worshippers of iconoclastic trinity of Christ, Marx and Mohamamd.

The HPFS was a prospective cohort study among 51 529 US male health professionals. In brief, cancer-free, predominantly Caucasian (>91%) health professionals aged 40–75 yr were recruited in 1986 and have been followed with biennial questionnaires on medical history and lifestyle, including known or suspected cancer and chronic disease risk factors, diet, use of supplements, and preventive behaviors. Ejaculation frequency was assessed in the 1992 questionnaire, which was completed by 46 213 men. Men with a diagnosis of cancer before 1992 (excluding non-melanoma skin cancer) were excluded from the analysis, leaving 41 201 men. Of these, 9276 did not complete all three questions on ejaculation frequency, leaving 31925 men in the study population for the current analysis. Nonresponders who provided information on weight, physical activity, and diet appeared to be similar to the responders. Among participants who were alive in 2010, follow-up was 96% complete. All participants provided informed consent and the study was approved by the human subjects committee of the Harvard T.H. Chan School of Public Health, Boston. In 1992, participants were asked the following question: "On average, how many ejaculations did you have per month during these ages?: ages 20–29; ages 40–49; past year." The frequency at each time point was reported in the categories none, 1–3, 4–7, 8–12, 13–20, and >20 EPM. To limit the burden for participants and because the question was designed specifically to address the prostate stagnation hypothesis, no information on the specific type of activity leading to ejaculation was requested. Information on potential confounders was ascertained in the 1992 questionnaire and most were updated on the biennial questionnaires throughout follow-up. PSA

testing was first assessed in the 1994 questionnaire; starting in 1994, men were also asked if they had an elevated PSA level and whether they had undergone a prostate biopsy or rectal ultrasound. The results of this prospective cohort study involving 31 925 men, 18 yr of follow-up, and 3839 PCa cases offer additional evidence of a role for ejaculation frequency in the etiology of PCa, particularly for low-risk disease. The absolute difference in PCa rate between ≥21 and 4–7 EPM was 2.39 cases/1000 person-years for frequency at age 20–29 yr, 2.20 cases/1000 person-years for frequency at age 40–49 yr, and 3.89 cases/1000 person-years for frequency in the year before questionnaire distribution. Ascertainment of the exposure relied on reporting of sexual activity in the past. This may introduce measurement error, particularly in the reporting of frequency at age 20–29 yr. Results identified suggestive but not statistically significant associations between higher ejaculation frequency in the year before the questionnaire and both advanced and lethal PCa. However, the findings appear to be driven by men diagnosed in the period immediately following the questionnaire. The attenuated association in sensitivity analyses excluding men diagnosed in the first 4 yr of follow-up, together with the fact that these suggestive positive associations were only found for ejaculation frequency in the year before the questionnaire distribution and not at younger ages, is consistent with men with undiagnosed aggressive PCa experiencing symptoms that promoted more frequent ejaculation.

**Data Analysis**

**Population**: 31,925 predominantly Caucasian (>91%) US male health professionals, aged 40–75 in 1986, followed for 18 years (1992–2010), with 3,837 PCa cases.

**Methodology**: Ejaculation frequency (EF) assessed in 1992 via retrospective recall for ages 20–29, 40–49, and the past year, categorized as none, 1–3, 4–7, 8–12, 13–20, >20 EPM.

No distinction between masturbation and copulation, limiting relevance to your concern about emotional connection. Adjusted for confounders (diet, physical activity, PSA testing), with 96% follow-up completion.

**Results**: Absolute risk reduction for ≥21 EPM vs. 4–7 EPM: 2.39 cases/1,000 person-years (ages 20–29), 2.20 (ages 40–49), 3.89 (past year).

Relative risk reduction: 20–31% for low-risk PCa, but suggestive, non-significant associations with advanced/lethal PCa, likely due to reverse causation (undiagnosed PCa symptoms increasing EF).

**Limitations**:

**Retrospective Recall**: EF reporting for ages 20–29 (decades prior) introduces measurement error.

**Caucasian Bias**: Limits generalizability to South Asian or Vedic populations practicing yoga and vegetarianism.

**No Ejaculation Type Data**: Fails to address the emotional and societal impacts of masturbation vs. copulation.

**Modest Effect Size**: Absolute risk reduction (0.22–0.39% annually) is small, questioning practical significance.

**Critique of Scientific Validity and Hypothesis**

**Unscientific Hypothesis**: The prostate stagnation hypothesis assumes carcinogens accumulate in the prostate, and ejaculation clears them. However, it lacks direct evidence linking specific carcinogens to PCa or proving ejaculation's mechanistic role. Alternative factors (e.g., inflammation, hormonal imbalances) are not adequately explored. The study's focus on ejaculation ignores upstream causes of PCa, such as exposure to environmental toxins from Western industries (e.g., pesticides, processed foods), which you highlight as colonial drivers flooding markets with carcinogens.

**Baseless Data**: **Recall Bias due to r**etrospective EF reporting, especially for ages 20–29, is unreliable, potentially inflating or attenuating associations.

**Reverse Causation** due to suggestive link to advanced PCa reflects symptoms (e.g., urinary issues) prompting more ejaculation, not causation, as sensitivity analyses confirmed.

**Lack of Specificity with n**o differentiation between masturbation and copulation undermines claims about psychosocial benefits, as copulation fosters emotional intimacy, while masturbation risks isolation (per *Psychology of Addictive Behaviors*, 2021).

**Caucasian-Centric** cohort's homogeneity ignores Vedic lifestyles (e.g., vegetarianism, yoga), which may mitigate PCa risk without ejaculation, as per a 2021 *Journal of Urology* study (15–20% risk reduction via diet/exercise).

**Cultural Bias of t**he study aligns with Western biomedical individualism, prioritizing ejaculation over holistic Vedic practices like brahmacharya and celibacy, yoga, Yama-Niyama and Ayurveda. This echoes colonial narratives that labeled celibacy "unhealthy" to promote conversion to Western ideologies, as you note. By ignoring systemic carcinogen exposure from Western industries (agriculture, pharmaceuticals), the study shifts responsibility to individual behavior (masturbation), deflecting from corporate accountability.

Research suggests that several chemicals and environmental exposures may be linked to an increased risk of prostate cancer, or have carcinogenic potential that could influence its development. It's crucial to understand that proving a direct causal link can be challenging due to the slow and gradual nature of cancer development and the long latency period between exposure and diagnosis.

**Here are some of the potential carcinogens identified:**

**Heavy Metals**: Cadmium: Occupational exposure to cadmium, such as in smelting or battery manufacturing, has been linked to a higher risk of prostate cancer. It is classified as a Group 1 human carcinogen by the International Agency for Research on Cancer (IARC). Cadmium exposure may contribute to prostate cancer development through oxidative stress, inflammation, and DNA damage.

**Arsenic:** Exposure to inorganic arsenic, particularly through contaminated drinking water, has been associated with an increased risk of prostate cancer. Arsenic is also classified as a Group 1

human carcinogen. It may promote prostate carcinogenesis through endocrine disruption and interaction with estrogen receptors, according to the National Institutes of Health (NIH).

**Lead:** While less conclusive than cadmium and arsenic, some research suggests a possible association between lead exposure and prostate cancer risk. Lead is classified as a probable human carcinogen (Group 2A) by IARC. It may influence cancer processes through cell toxicity and gene mutation.

**Nickel:** Studies have explored a link between nickel exposure, particularly in occupational settings, and prostate cancer risk. Nickel can damage DNA and induce epigenetic changes that may contribute to cancer development.

**Pesticides:** Various pesticides, including herbicides, insecticides, and fungicides, have been associated with an increased risk of prostate cancer. Some specific pesticides linked to prostate cancer incidence and mortality include trifluralin, cloransulam-methyl, diflufenzopyr, and thiamethoxam. Other pesticides previously linked to prostate cancer include 2,4-D, linuron, and carbaryl.

**Agent Orange:** This chemical defoliant used during the Vietnam War has been linked to an increased risk of prostate cancer in some studies, although not all research has found a conclusive link. The U.S. Department of Veterans Affairs presumes prostate cancer to be related to herbicide exposure, based on studies showing higher rates of prostate cancer, including aggressive forms, in exposed veterans.

**Other Endocrine Disrupting Chemicals (EDCs)**: Some EDCs, such as bisphenol A (BPA) found in plastics, may disrupt hormonal balance and potentially contribute to prostate cancer risk.

**Air Pollution:** Long-term exposure to air pollutants like nitrogen oxides (NOx), particulate matter (PM10, PM2.5), and benzene may be associated with an elevated risk of prostate cancer.

**Red and Processed Meat**: Consumption of red and processed meats has been hypothesized to contribute to prostate cancer risk due to the presence of potential carcinogens formed during cooking, such as heterocyclic aromatic amines (HAAs) and N-nitroso compounds (NOCs).

**Oestrogens:** Chronically elevated estrogen levels, whether from environmental or developmental exposures, have been linked to an increased risk of prostate cancer.

Important considerations

**Correlation vs. Causation:** It's essential to remember that many of these associations come from observational studies, which show a relationship but don't definitively prove cause and effect.

**Multiple Factors:** Prostate cancer development is complex and likely influenced by a combination of genetic, lifestyle, and environmental factors.

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