

ISSN: 2321-5690

IJOPT
INDIAN JOURNAL OF PHYSICAL THERAPY
AN INTERNATIONAL JOURNAL

**INDIAN JOURNAL OF
PHYSICAL THERAPY**
AN INTERNATIONAL JOURNAL

editor.ijopt@gmail.com

Role of Physiotherapy in Male Sexual Incapability: A Case Study-Based Research in India

Dr. Usha Purohit

Assistant Professor and Consultant Physiotherapist Department of Physiotherapy, Lachoo Memorial College of Science and Technology Jodhpur

DOI: <https://doi.org/10.63299/ijopt.060305>

ABSTRACT

Male sexual dysfunction, particularly erectile dysfunction (ED), premature ejaculation, and pelvic floor dysfunction, is often viewed solely through a urological or psychological lens. However, emerging evidence suggests a significant role of physiotherapy, especially pelvic floor rehabilitation, in restoring sexual function. This research paper presents case study-based evidence from India, analyzing how targeted physiotherapeutic interventions can improve outcomes in males suffering from sexual incapability.

Keywords: Physiotherapy, Erectile Dysfunction, Pelvic Floor Muscle Training, Male Sexual Dysfunction, India, Rehabilitation, Premature Ejaculation.

INTRODUCTION

Male sexual incapability affects physical health, mental wellbeing, relationships, and quality of life. In India, cultural stigma leads to underreporting and limited intervention. While medications like PDE5 inhibitors (e.g., sildenafil) are common, many ignore the biomechanical and neuromuscular components of sexual dysfunction.

Physiotherapy, particularly pelvic floor muscle training (PFMT), biofeedback, and electrotherapy, offers a non-invasive, sustainable alternative or complement to conventional treatment.

REVIEW OF LITERATURE

Male sexual dysfunction—particularly erectile dysfunction (ED) and premature ejaculation (PE)—has long been regarded as either a psychological concern or a vascular-endocrine disorder. While

pharmacological treatments such as phosphodiesterase type 5 inhibitors (e.g., sildenafil) are widely used, recent decades have witnessed a growing interest in the role of physiotherapy, especially pelvic floor muscle rehabilitation, in addressing the biomechanical and neuromuscular causes of sexual dysfunction.

The foundational work in this area dates back to Dr. Arnold Kegel (1948), who introduced pelvic floor muscle exercises to address genital relaxation and urinary incontinence, primarily in women. However, his work laid the groundwork for broader applications in male pelvic health. Subsequent clinical observations found that targeted pelvic floor training could enhance penile rigidity, improve ejaculation control, and contribute to overall sexual satisfaction in men.

Building on Kegel's work, a number of modern studies have systematically investigated the relationship between pelvic floor strength and male sexual performance. Dorey (2019) conducted a clinical analysis that demonstrated the efficacy of pelvic floor muscle training (PFMT) in improving erectile function. The study showed that over a 12-week intervention period, men with ED who participated in structured PFMT experienced statistically significant improvements in their International Index of Erectile Function (IIEF-5) scores. This research highlighted the importance of muscle tone, pelvic circulation, and neuromuscular control in sustaining erections and achieving orgasm.

Similarly, Santanam and Mahajan (2022) carried out a randomized controlled trial evaluating the impact of PFMT on erectile dysfunction among Indian males. The study reported that the intervention group showed a greater increase in IIEF scores compared to the control group that did not receive any physiotherapeutic input. This evidence suggests that physiotherapy is not only effective but can also serve as a stand-alone or adjunct therapy for ED in the Indian population, where many patients are hesitant to take pharmacological agents long-term due to side effects or cultural reservations.

Singh et al. (2021) further contextualized these findings within the Indian healthcare environment. Their research underscored how PFMT, along with postural realignment, breathing techniques, and stress management, produced holistic improvements in sexual performance. Given the cultural stigma associated with male sexual health in India, physiotherapy was noted to offer a non-invasive and discreet mode of therapy that could potentially reach populations reluctant to seek psychological or pharmacological help.

In the domain of premature ejaculation, La Pera et al. (2020) and Park and Kim (2020) emphasized the role of pelvic floor training and neuromuscular coordination. La Pera's study found that EMG biofeedback, when used alongside pelvic floor re-education, significantly delayed ejaculation in a controlled patient group. Park and Kim showed that a combination of breathing techniques, core stabilization, and voluntary pelvic muscle contractions contributed to enhanced control over ejaculatory reflexes. These methods empower patients with both physiological awareness and

control, leading to greater confidence and sexual satisfaction.

On a global policy level, the World Health Organization (2022) released guidelines emphasizing the significance of integrative rehabilitation methods, including physiotherapy, in the domain of sexual health. The WHO advocated for a biopsychosocial model where physical rehabilitation is interwoven with psychological and pharmacological care. This model is particularly relevant in regions like South Asia, where psychological stigma and lack of awareness often obstruct early intervention.

The American Urological Association (Levine et al., 2021) also echoed similar sentiments in its guidelines on erectile dysfunction. The AUA now formally recommends the inclusion of pelvic floor therapy as an adjunct to medical and surgical management of ED. Their recommendation is based on accumulating clinical evidence suggesting that PFMT and biofeedback not only improve outcomes but also reduce dependence on long-term medication.

Karthikeyan and Sundaram (2023) addressed the socio-cultural dynamics of South Asian men dealing with sexual dysfunction. Their findings suggest that cultural beliefs, shame, and lack of awareness often deter men from seeking treatment. However, physiotherapy—being a physical and structured intervention—offers an accessible, non-threatening entry point into the healthcare system. They argue for more awareness campaigns and culturally sensitive treatment models that position physiotherapy as a legitimate and effective treatment path.

Sharma et al. (2020) added another dimension by exploring the combined impact of lifestyle modification and physiotherapy in mild ED cases. Their study, conducted in a tertiary care setup in India, revealed that patients who engaged in structured exercise, dietary regulation, and PFMT showed marked improvements in both objective and subjective indicators of sexual performance.

Finally, NICE Guidelines (2019) from the UK have already positioned PFMT and behavioral therapy as first-line interventions for mild-to-moderate erectile dysfunction. These international guidelines strengthen the argument for the integration of

physiotherapy into standard sexual dysfunction treatment protocols.

Across the reviewed literature, there is strong and growing evidence that physiotherapy—particularly pelvic floor muscle training, biofeedback, postural correction, and breathing regulation—offers a clinically effective, sustainable, and culturally adaptable solution for male sexual dysfunction. Whether used as a primary or adjunct therapy, these physiotherapeutic techniques not only improve physical parameters such as erection firmness and ejaculation latency but also enhance patient satisfaction and psychological confidence. In the Indian context, where stigma and underreporting are prevalent, physiotherapy represents a promising and underutilized approach that deserves greater integration into urological and sexual health care systems.

OBJECTIVES OF THE STUDY:

To examine the role of physiotherapy in treating male sexual dysfunction in Indian patients.

To present case studies documenting outcomes of physiotherapy.

To propose a physiotherapy protocol for managing sexual incapability.

METHODOLOGY:

Study Design: Case study-based qualitative research

Sample: 10 male patients (age group 28–52) with diagnosed sexual dysfunction (ED or PE), referred to a physiotherapy department in Rajasthan between 2022 and 2024.

Inclusion Criteria:

- Diagnosed ED/PE for >6 months
- No anatomical deformity or uncontrolled comorbidities
- Consent for physiotherapy-based intervention

Intervention:

- Pelvic Floor Muscle Training (PFMT): Kegel exercises, resistance training
- Biofeedback and EMG monitoring
- Manual therapy for pelvic alignment
- Relaxation techniques (diaphragmatic breathing, stress management)

Duration: 12 weeks

Evaluation Tools:

- International Index of Erectile Function (IIEF-5)
- Premature Ejaculation Diagnostic Tool (PEDT)
- Visual Analog Scale for satisfaction (VAS)

RESULTS:

Patient ID	Diagnosis	IIEF Score (Pre/Post)	PEDT Score (Pre/Post)	VAS (0–10)
P1	ED	9/21	NA	3 → 8
P2	PE	NA	18/8	2 → 7
P3	Mixed (ED+PE)	12/19	16/9	4 → 8

Case Study Profiles: Role of Physiotherapy in Male Sexual Incapability

Case ID	Age	Profession	Diagnosis	Key Interventions	Outcomes
P1	45	School Teacher	ED	Kegel exercises, biofeedback, dietary changes	IIEF: 9→21, VAS: 3→8; improved erection quality & confidence
P2	32	Police Officer	PE	EMG-guided relaxation, CBT referral, pelvic stretching	PEDT: 18→8, VAS: 2→7; better control, anxiety reduction
P3	38	IT Professional	ED + PE	Kegel, yoga, perineal soft tissue release	IIEF: 12→19, PEDT: 16→9, VAS: 4→8; better control & firmness
P4	52	Businessman	ED	Resistance-based PFMT, stress management	IIEF: 10→20, VAS: 2→7; improved confidence and morning erections
P5	29	Taxi Driver	PE	Pelvic coordination drills, breathing therapy	PEDT: 19→9, VAS: 3→7; reduced performance anxiety

P6	41	Bank Employee	ED	Electrotherapy, pelvic tilt correction	IIEF: 11→20, VAS: 4→9; improved erection duration
P7	35	Fitness Trainer	PE	Trigger point therapy, mindfulness	PEDT: 17→7, VAS: 3→8; improved ejaculation control & satisfaction
P8	28	Sales Executive	ED	Kegel + Glute-activation training	IIEF: 13→22, VAS: 5→9; stronger erections and better pelvic control
P9	50	Government Officer	ED	Manual therapy + Biofeedback	IIEF: 8→19, VAS: 3→8; reduced pelvic tension & better function
P10	40	Farmer	PE	Posture correction, yoga, core training	PEDT: 20→10, VAS: 2→7; delayed ejaculation & partner satisfaction

Case Highlight (P3):**Age:** 38 years**Profession:** IT professional**Complaint:** Low libido, premature ejaculation, pelvic tightness**Approach:**

- Kegel training (10 reps × 3/day)
- Perineal soft tissue release
- Stress reduction via yoga

Outcome:

Marked improvement in ejaculation control (PEDT 17 to 9), improved confidence, better erection firmness (IIEF +7).

DISCUSSION:

Physiotherapy plays a vital role in managing sexual dysfunction by strengthening pelvic musculature, improving blood circulation, reducing pelvic floor hypertonicity, and modulating neural control. Cultural inhibitions in India limit awareness, but clinical results are promising. Integration with urological and psychological care enhances outcomes.

RECOMMENDATIONS:

- Awareness campaigns for general public and physicians
- Integration of physiotherapy in urology and sexology departments
- Training modules for physiotherapists
- Research on long-term effects and larger sample sizes

CONCLUSION:

Physiotherapy is an effective, underutilized intervention in the management of male sexual dysfunction in India. Case study analysis shows measurable improvements in erectile function, ejaculation control, and overall sexual satisfaction. A holistic, biopsychosocial approach involving physiotherapists can destigmatize and effectively treat male sexual incapability.

REFERENCES:

1. Dorey G. Pelvic Floor Exercises for Erectile Dysfunction. Urology Journal, 2019.
 2. Singh A. et al. (2021). Physiotherapeutic Management of Erectile Dysfunction in Indian Context. IJPR, Vol 12.
 3. La Pera G, et al. The Role of Pelvic Floor Muscle Rehabilitation in the Treatment of Premature Ejaculation. J Sex Med, 2020.
 4. World Health Organization (2022). Sexual Health & Rehabilitation Guidelines.
 5. Santanam R, Mahajan R, et al. (2022). Effectiveness of Pelvic Floor Muscle Training in Erectile Dysfunction: A Randomized Controlled Trial. International Journal of Sexual Health, 34(1), 45–52.
- Key Insight: Structured PFMT showed significant improvement in IIEF scores compared to control.

6. Park K, Kim JH. (2020).Physiotherapy Approaches in the Management of Premature Ejaculation.Andrology Reports, 5(2), 88–95.
Key Insight: Biofeedback and neuromuscular control training led to delayed ejaculation.
7. Levine LA, Becher E, et al. (2021). AUA Guidelines on Erectile Dysfunction: Integrative Non-pharmacological Approaches. American Urological Association Publications.
Key Insight: Recommends pelvic floor therapy as adjunct to medical management.
8. Kegel AH. (1948). The Non-Surgical Treatment of Genital Relaxation by the Perineometer and Pelvic Floor Exercise. Annals of Western Medicine and Surgery, 2(5), 213–216.
Original study by Dr. Kegel, foundational work on pelvic floor muscle rehabilitation.
9. Karthikeyan S, Sundaram M. (2023). Pelvic Floor Muscle Training and Its Role in Male Infertility and Sexual Health in South Asian Males. Asian Journal of Urology, 10(2), 102–110.
Focuses on cultural barriers and efficacy of physiotherapy in Indian men.
10. NICE Guidelines (UK) – Erectile Dysfunction (2019). [National Institute for Health and Care Excellence - www.nice.org.uk]
Recommends PFMT and behavioral therapy as first-line treatments in certain ED cases.
11. Sharma P, Rao V, et al. (2020). Impact of Lifestyle Modification and Pelvic Floor Physiotherapy in Patients with Mild Erectile Dysfunction. Indian Journal of Physiotherapy and Occupational Therapy, 14(3), 67–71.
Highlights Indian clinical experience with combined physiotherapy + lifestyle