

Why Premature Ejaculations are Scarier than Getting #Cancelled.

Premature ejaculation (PE) is one of the worst case scenarios that could spoil the whole mood even before a man and his significant other gets a chance to have some intimate action. But before you burn your rubber soles in your shoes by rushing to clinics, it is prudent to determine whether the situation is truly scarier than it should be. Let's science it up!

Ejaculation: How Does It Work?

The central nerve system (CNS) manages ejaculation. Signals are sent to your spinal cord and brain when you are sexually excited. Signals are then delivered from your brain to your reproductive organs when men reach a particular level of excitement. As a result, semen is expelled through the penis (ejaculation).

Ejaculation is processed in two steps:

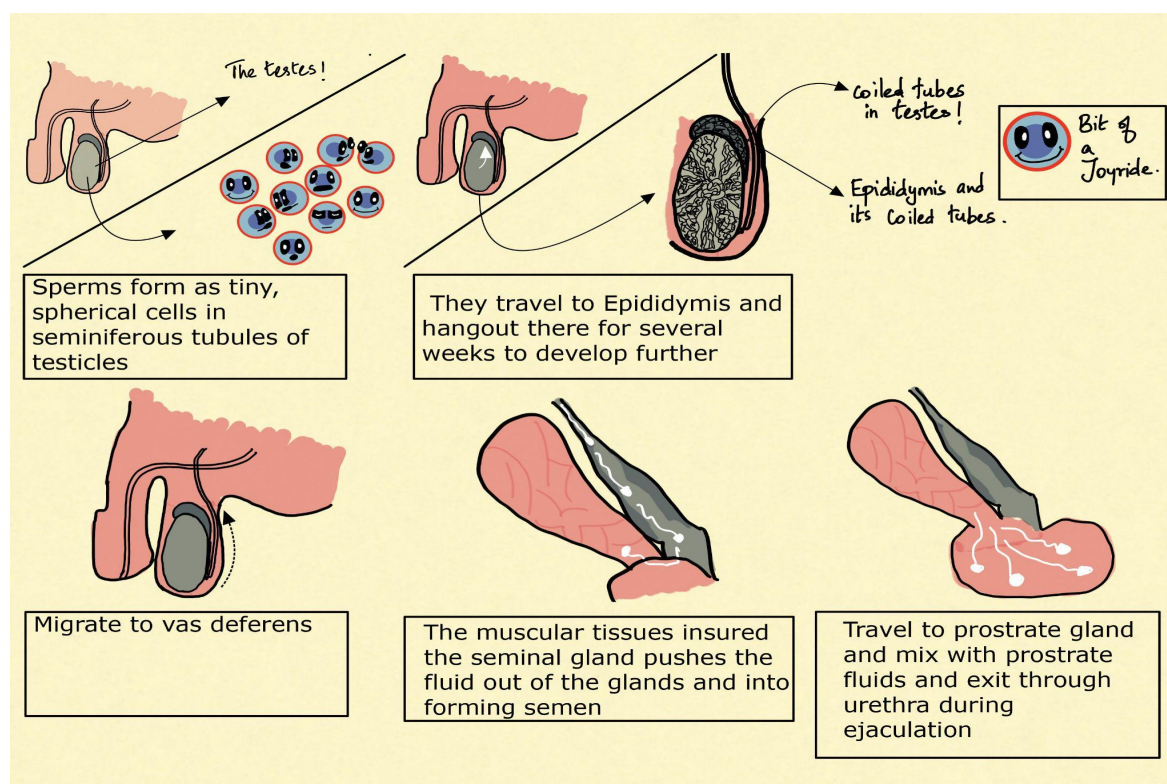
1. Emission
2. Expulsion

Emission

Emission is the stage where the sperms in the testes moves to the prostate through the Vasa deferren tube(coiled). These are long tubes that runs from the epididymis to the prostate gland and finally connects to the urethra.

Expulsion

Expulsion pushes the sperm out of the penis by contracting the muscles at the base of the penis. Ejaculation and orgasm (climax) usually occur concurrently. Some men have the ability to climax but not ejaculate. Erections usually disappear after this step and the penis returns to its original state.



Causes

Diagnosing PE is not going to be a hard task because it would be fairly visible to the “naked” eye. But still, let us look at a definition to be clear.

According to the World Health Organization (WHO), Premature ejaculation consists of "... persistent or recurrent ejaculation with minimal stimulation before, on or shortly after penetration and before the person wishes it, over which the sufferer has little or no voluntary control and which causes the sufferer and / or his partner bother or distress...". If this scientific statement feels familiar to you and you suspect PE, you may want to get a checkup with your doctor.

I. Biological factors

Although the precise causes of PE are still unknown, many scientists believe that abnormal hormone production, such as serotonin, testosterone, and specifically gonadotropins, could be a contributing factor. Our bodies' levels of serotonin production and ejaculation times are connected. Besides, inflammation of the tissues in the urethra or prostate can cause numerous problems including PE and ED (Erectile Dysfunction).

II. Psychological reasons

It is very much possible that the psychological stance plays a sinister role in PE. Factors such as Depression, worry, stress, guilt, irrational performance expectations, and a general lack of confidence, History of Sexual abuse (either as a victim or Perpetrator) are a few examples.

That puts to rest the idea that ED would be scarier because the range of problems seems to be open ended and treating ED would take a long time, if a treatment could even be found.

Premature ejaculation therapy(PET) helps in readjusting cognitive approaches with short term therapeutic exercises. PET aims to create a safe and compassionate space for the patient where they could explore the cards that they are supposed to deal with in a safe and realistic manner.

Optional Treatments

The main therapies for PE include medication, behavioural therapy, and psychological therapy. The best option for you can be discussed with your healthcare provider. Treatments of several kinds may be applied simultaneously if the need arises.

1. Behavioural Treatments

Behavioural therapy usually deals with changes in your mindset and your outlook while having coitus. Few behavioural adjustments can help a person with PE to delay climax, practicing these techniques more often will help build tolerance. General choices are the *start-stop* method or the *squeeze* method.

1.1 Start-stop method

By using the start-stop method, you or your partner could stimulate the penis until just before ejaculation and stop. Take a break or focus on other moves until you regain control and allow yourself to ejaculate when you need to.

1.2 Squeeze method

With the squeeze technique, again when you are about to ejaculate, you pull out and press down on the tip of your penis with your thumb and index until the erection reduces.

2. Medical therapy

With legal prescriptions in line, people can opt for Medical aids to deal with PE

2.1 Topical anesthetics

Topical anesthetics are creams that contains numbing agents such as *benzocaine*, *lidocaine*, or *prilocaine*. They are applied to the penis 10 or 15 mins before coitus in order to last long. Studies have shown that topical anesthetics not only delayed ejaculations but also improved sexual encounters.

2.2 Oral Medications

Aside from creams and sprays, there are other medications available, such as antidepressants, selective serotonin reuptake inhibitors, analgesics, and others that are orally consumed.

Summary:

The truth of any circumstance is almost always different than any imagined version. Premature ejaculation is actually a common issue that affects much more people than we could ever realize. PE can be effectively managed with optional treatments, just like any other situation. Furthermore, a couple might undoubtedly live sexually fulfilled lives with less emphasis on coitus. The sexual encounters could be more gratifying if sex toys were used, more emphasis was placed on clitoral stimulations, less penetrations, and more oral sex.

Such issues should be discussed with a partner. They feel a sense of material and moral support from it. Both parties can assist the other in overcoming this potentially embarrassing situation with a few ideas or tactics.