

Could Frequent and Lengthy Masturbation Sessions Dispose to Hemorrhoids?

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ABSTRACT

Background: Normal anal vein-containing-cushions are located in the wall of the rectum and anus and may become enlarged symptomatically and displaced to the distal of the anal canal and form the hemorrhoids. Multiple predisposing factors have been proposed for hemorrhoid development. Masturbation refers to the sexual self stimulation of one's genitals, usually to the point of orgasm.

Hypothesis: We hypothesized that frequent and lengthy masturbation is a predisposing factor for development of hemorrhoid.

Rationale and Discussion: During masturbation, impaired venous return and consequently congestion of blood in the anal cushions and engorgement of the hemorrhoid plexus occurs. We found, through a literature review, that other conditions which enhance the development of hemorrhoids act by a similar mechanism in which venous return is impaired.

Conclusion: We suggest designing a research project to answer the question whether the prevalence of hemorrhoids is higher among people who have excessive and lengthy masturbation than the normal population.

► Implication for health policy/practice/research/medical education:

We suggest designing an epidemiological research project to answer this question: Is the prevalence of hemorrhoids higher among the people who have excessive and lengthy masturbation sessions than the normal population?

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1. Background

Normal anal cushions contain a sub-mucosal venous plexus called hemorrhoidal plexus. Hemorrhoidal plexus drains into superior, middle and inferior rectal veins. The superior rectal vein drains into the portal system via the inferior mesenteric vein. The middle and inferior rectal veins drain subsequently into the systemic venous

system via the internal iliac vein (1). Anal cushions are located in the wall of rectum and anus and may become enlarged symptomatically and dislocated to the distal of the anal canal, which are then called hemorrhoids (2, 3). Hemorrhoids are one of the most frequent reasons that patients refer to a colon and rectal surgeon (4). Hemorrhoids are reported be present in 4-5 percent of adult population (5).

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Multiple predisposing factors have been proposed for hemorrhoid development including pregnancy, chronic constipation, prolonged toilet sitting and straining (2, 6). Masturbation refers to the induction of sexually pleasurable sensations in ones' own body or another person by means of physical or psychic stimuli (7). Guilt, shame, and indulgence are stigmata related to masturbation in all the world's major religions (8, 9). In Islam, masturbation is forbidden strictly and is held as a great moral sin.

2. Hypothesis

In this paper, we describe the hypothesis that frequent and lengthy masturbation is a predisposing factor for development of hemorrhoids.

3. Rationale and Discussion

During masturbation, blood supply to the perineum increases. On the other hand, muscles of the buttocks and perineum contracts strongly. These two factors lead to impaired venous return and consequently congestion of blood in the anal cushions and engorgement of the hemorrhoid plexus, a phenomenon which is called pelvic congestion (7, 10). The repetition of this process over the time leads to easier formation of hemorrhoids, theoretically. Also, in people who have lengthy masturbation sessions and do not allow themselves ejaculate easily during masturbation, the process of impaired venous return and congestion of blood will be intensified.

To our knowledge, there is not any previous evidence on the relationship between lengthy and frequent intercourses with the formation of hemorrhoids. This could be explained by: in people who have lengthy masturbation sessions and do not allow themselves ejaculate easily during masturbation, the process of impaired venous return and congestion of blood will be intensified.

Frequent masturbation is considered to be a predisposing factor for chronic prostatitis via the mechanism of excessive blood congestion (10). Long-term recurrent prostate congestion leads to increased venous return, local blood stasis and decreased immune resistance and therefore the chance of infection will increase accordingly (11).

Impeding venous return is a proven mechanism for development of hemorrhoids. For example, pregnancy, chronic constipation, prolonged toilet sitting and straining can predispose to impaired venous return, congestion of the anal cushions and finally engorgement of the hemorrhoid plexus via increased intra-abdominal pressure (2, 4, 6). These facts support our theory.

We must also point out that long-term frequent masturbation habit of patients does not necessarily lead to the occurrence of hemorrhoids. One reason is the controversial definition of frequent masturbation and also the varying degree of resistance to disease. Frequent masturbation is determined by level of sexual tension, available opportunity, absence of distractions, habit, or strength of sexual stimuli (12).

We would like to emphasize on the mechanical force which is produced by impeding venous return as a mechanism through which masturbation promotes hemorrhoids. In this regard, the body position is a very important contributory factor. In the standing position, the height of the body's center of gravity is 55 to 57% of the standing height. The center of gravity of the human body will move from the position described above if the position of different body parts is changed (13). Compared with normal sexual intercourse, masturbation often occurs in sitting or semi-sitting positions. In such positions, the location of body's center of gravity is around the perineum (1). So, the maximum amount of the mechanical force of impeding venous return is applied in this area.

On the other hand, hemorrhoids are chronic conditions and their related predisposing factors would exert their effect on developing hemorrhoids over the course of several years. So, it is not necessary that hemorrhoids and their predisposing factors occur at the same time in the epidemiologic studies. In other words, even if we consider frequent normal sexual intercourse among sexually active population as a cause of developing hemorrhoids through the same mechanism as masturbation, the anticipation of higher prevalence of hemorrhoids among 'all sexually active' individuals is not necessarily true. As a supporting evidence, hemorrhoids are mostly observed among adults and mid-aged men and women (45-65 years) and the development of hemorrhoids before the age of 20 years is unusual (2). However, some known risk factors including pregnancy are mostly observed in younger ages.

Theoretically, according to the above-mentioned mechanism, the risk of development of hemorrhoids following frequent normal sexual intercourse is less likely than that of masturbation.

4. Conclusion

In conclusion, masturbation is a frequently observed behavior among young and especially sexually active groups. However, hemorrhoids are mostly observed among adults and mid-aged men and women. We suggest designing an epidemiological research project to answer this question: is the prevalence of hemorrhoids higher among the people who have excessive and lengthy masturbation sessions than the normal population? One way to do this research project is to pull patients' data from gastroenterology services/clinics, select the patients suffering from hemorrhoids and retrospectively take the history of masturbatory behaviors and also evaluate the role of age, gender, population and exercise in development of hemorrhoids.

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Authors' Contribution

All authors contributed in this paper and final manuscript was approved by all authors. The authors declare that they have no conflict of interest.

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