



The Effect of Intervention with Acupressure Therapy on Improving Overall Male Sexual Performance

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Authors' contributions

This work was carried out in collaboration among all authors. Author RB designed the study, performed the statistical analysis, wrote the protocol, managed the sessions and wrote the manuscript. Author KA managed the literature searches and authors AFA and MHZ managed the analyses of the study. All authors read and approved the final manuscript.

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ABSTRACT

Background and Objective: The purpose of this study was to evaluate the efficacy of acupressure therapy on improving the overall male sexual performance. Acupressure therapy is a therapeutic approach that assumes that throughout the body there are certain nerves that have a direct and close relationship with the tissues and organs and they can be stimulated.

Method: This study was conducted in a semi-experimental and pre-test-post-test design with control group. The community of this research was from men living in Tehran who had been at least two years of their last permanent marriage and between the ages of 20 and 45 and living in Iran. In this study, the target points in reflexes and in other parts of the body were 2, 5, 8, 9, 11, 12, 14, 15, 16, 18, 28, 29, 33, 34. Measurement tool in this research was International index of erectile function.

Results: The findings of the study showed that the subjects in the acupressure group had an increase of 18.27% in the post-test and 18.6% in comparison with the pre-test in the overall sexual

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performance. The result of the study was that the intervention by acupressure therapy method had an impact on overall male sexual performance.

Conclusion: The results of this study indicate that interventions using acupressure therapy are effective in improving overall male sexual performance and it is possible to emphasize the need for more attention to psycho-physiological interventions, including the approach of acupressure therapy in the field of sexual issues.

Keywords: Acupressure therapy; sexual function; couples and marital status.

1. INTRODUCTION

Among all living things, the human sexual system has the most complex expression. Clinical experience based on this approach has revealed a heterogeneous view of sexual problems [1]. For example, sexual desire is a psychological and mental experience (personally) that is generally known as stretching towards sexual goals or sexual function. Although desire, arousal, and sexual activity can often occur simultaneously, they alone cannot constitute the characteristics required for sexual desire [2]. "The passion for proximity is not only physical, but also psychological, and manifests itself in a succession of special pleasures for privacy with the beloved," and the quality of sexual and romantic satisfaction in healthy people evolves over time and Enhanced by acquaintance and intimacy. A healthy romantic relationship means that the two human beings are spontaneous, know each other and love each other. In healthy people, the tendency to become more self-provocative, to deflect defensive states, to rotate the masks and to try to improve the relationship is a matter of certainty [3]. The husband and wife's sex is an important part of their relationship. Sometimes sexual problems are partly a problem set. When this is the case, sexual problems may be eroded along with improving marital affairs during family therapy or marital therapy. In other cases, sexual problems may be a primary problem, or even a separate problem and a specific treatment should be considered [4].

Sexual issues are multifactorial and are rooted in environmental, psychosocial, and biological factors. Apart from the physiological aspect, many of the poor performance and sexual problems of individuals are rooted in their psychological state (such as secondary sexual anxiety, obsession, etc.) and another part is also affected by the lack of education and awareness. Intimacy is one of the needs of the life of a woman and a husband, but it is also a hallmark of a successful and happy couple. Sincere

relationship, with self-disclosure and the perception of the needs of another (wife) in an equal relationship, is conceived [5 -10]. Couples who are flexible, have a broad sex style that makes them immune to sexually disobedience. Sex is an energetic source of marital affairs. Sex can also be a strategy for preventing recurrence, resolving non-sexual conflicts and stress outside the bedroom. When sex is used as a "bargaining power" for power, roles, or emotional problems, it expects a contrary outcome; a relationship that is compulsory and threatened or lacking in intimacy will certainly have a negative impact on the process of marriage. Intimacy facilitates sexual desire, and couples create a mutually acceptable level of communication. Relationships and romance, the integration of emotional and sexual intimacy also increase sexuality [11]. Sexual issues are multifactorial and are rooted in environmental, psychosocial, and biological factors [5-10]. Issues Sexuality is related to couple dynamics, family and cultural-social factors. These relationships are considered as a multi-system between men and women. Suitable physiological response to a combination of immune, connective, muscular, neurological, vascular and hormone systems [12-15]. Apart from the physiological aspect, many of the poor performance and sexual problems of individuals are rooted in their psychological state (such as secondary sexual anxiety, obsession, etc.) and another part is also affected by the lack of education and awareness. Accordingly, the intervention used in this study intends to use acupressure therapy with an emphasis on neuropsychiatric status and achieving a proper psychological state through proper stimulation of the nervous system (in this research, the target points in the SP reflex and in other parts of the body 2, 5, 8, 9, 11, 12, 14, 15, 16, 18, 28, 29, 33, 34) will follow this goal [16]. The occipital is one of the traditional treatments originating from China, which is the knowledge of reflexology and is sometimes attributed to its originality in India. An imbalance in the body during a daily life can cause blockage of the nervous signals anywhere in the body, which means that the speed of

movement of neural messages to the muscles, organs and glands of the body will somewhat slow down. Reflexology knowledge serves to eliminate this blockage of pathways and improve neural communication. It also increases the release of endorphins in the body and increases the health and vitality and "health" of the individual. The theoretical principles of this treatment are like Chinese Acupuncture. The underlying hypothesis of these treatments is that in the whole body, there are certain neuropathies that have a direct and close relationship with the tissues and organs, and therefore can be stimulated appropriately, to the extent and timely of these areas of the nervous system, tissue, or organs associated with it also affected it. This method usually involves mild infections and illnesses. Since ancient times, this treatment has been used as a method for self-care by patients. Most cases of acupuncture include painful conditions such as headache, toothache, cervical spondylitis, and shoulder and lumbar spasms. Many psychiatric disorders can also be affected by the acupuncturist in a positive direction, including nerve disorders, nausea, marijuana, constipation or menstrual dysfunction. In acutely painful conditions, mild stimulation with the soft part of the tip of the fingers or the thumb, is applicable. In chronic disease, strong stimulation is recommended. Moving either in a rotational direction, either as a backward or forward movement in the channel, the finger should remain on the skin. If the stimulation is accompanied by back and forth pressures in the channel, the flow within the canal intensifies, especially when the pain is felt along the canal, stimulation along the channel and in the direction is very effective. When the points of stimulation are on the nerves, around the sensory organs or the front of the neck, and also at the beginning of the treatment, the stimulation with the finger should be gentle. The duration of stimulation should be 30 to 60 seconds in localized locations and 1 to 2 minutes in distal points [17]. The study by Altshall [18] on the effectiveness of acupuncture on chronic low back pain showed that this treatment was as effective as prescribing drugs. This study involved 316 patients in a 4-6 week treatment period. The study of Bay [19] in Iran on the efficacy of combined therapy for Hypnotherapy, Acupressure Therapy and TM on type II diabetic patients has shown the efficacy of this treatment in reducing blood glucose in patients. Considering the above issues and the impact of human sexual behavior on various psychological, physiological and cultural factors, this research

intends to study the effectiveness of the intervention of acupressure therapy on male sexual function among urban population.

2. MATERIALS AND METHODS

2.1 Experimental Design

The present study is a semi-experimental study entitled Unequal control group. Research is the research that the researcher has done and manipulates the independent variable, and measures the outcome of his intervention and manipulation on the dependent variable. The research design was a two-group (experimental and control group) and consisted of three steps before Test, post-test and follow-up. Independent variable, treatment of acupressure intervention on male sexual function, which was applied only in the experimental group, and its effect on the post test scores of the experimental group was compared to that of the control group. The dependent variable is male sexual function.

2.2 Selection and Data Collection

The sample of this study was available from the population referring to the psychiatric and therapeutic centers of the 6th district of Tehran (Tomorrow's Consultants and Roozbeh Center) between 2014 and 2016. Volunteers did not have sexual disorders but wanted to improve their quality of life. Selected men were randomly assigned to the experimental and control group. In this study, the probability of the first type error is 5% (alpha 5%), and the second type error is 10% (the study capability is 90%) and for the whole sample is 20% fall. The correlation between pre-test and post-test was 0/6 and standard deviation was 20. To investigate and apply the conditions of entry and exit, the researcher used a diagnostic interview accompanied by a doctor. It should be noted that during the diagnostic interview sessions, before the intervention sessions, in order to screen and homogenize the samples and apply the control variables, the psychological, social and physiological status of the volunteers was examined, as well as on the personal characteristics. Their goals were to attend meetings, marital status, marriage dates, education level, attendance at such meetings, ... Questions were asked and their physiological and physical health was reviewed by the physician. In this research, we used the International index of erectile function (IIEF). The IIEF questionnaire was developed by Rosen et

al. In 1997 to measure, gender, activity and satisfaction with sexual activity, and includes 15 questions divided into five domains. Erotic function, the achievement of ultimate pleasure, sexual desire, satisfaction of sexual intercourse, and satisfaction of the overall sexual function, and the subject responds to it. This questionnaire is now approved by most countries (Vienna, Kavasie, Novik, 2007). In the main studies of Rosen et al. (2002 and 1997), the re-test validity for this questionnaire was reported to be 0.44-0.84 ($r = 0.64$ to $r = 0.84$). Its alpha value for the whole questionnaire was higher than 0.91 and for each of its subscales was above 0.73. By Bay (2013) in Iran, the reliability of this questionnaire and its subscales were 85% [20].

The research has done under Behavioral Sciences Research Center, Baqiyatallah University of Medical Sciences (under ministry of health and medical education of Iran) Ethical Approval.

2.3 Acupressure Therapy in this Study

In this research, interventional sessions of acupressure therapy were performed for 10 sessions of 1 to 1.5 hours with one to two weeks of one session, for intervention groups. Hours and sampling sessions varied from 9 am to 7 pm, depending on the consent of the clients, and there was no drop in the samples. No treatment sessions were performed for the control group. Sample units were married men for the research variables. Both groups responded to the questionnaires in the pre-test, post-test, and follow-up questionnaires, and before that, subjects were asked to respond with complete integrity to the questions. The questionnaires were given to people and they were asked to answer all the questions without hurry and leave no questions unanswered. Meanwhile, to ensure the subjects were completely confidential, they were not asked to deny their full name. After conducting the sessions, the subjects of all groups was evaluated (follow up) to investigate the effect of experimental variables and healing after one month after separation from interventional methods. In the meantime, the difficulty of discussing and discussing sexual issues in our culture has created one of the biggest problems in implementing and getting cooperation, and uncensored subjects, which is a highly respected attempt to build trust and Establishing a secure environment and privacy, and ensuring the retention of information about participants, paves the way for this difficult path.

The first session was dedicated to expressing the goals, expectations, rules, and examination of the general reflexes of the body. The first session lasted for 90 minutes and the second to tenth sessions were performed for 60 minutes. The acupressure of the thoracic epithelium with an emphasis on the neurological dimension and achieving a proper psychological state through proper stimuli and as much as the neurons of the body. In this study, the target points in SP reflexes and in other parts of the body were 2, 5, 8, 9, 11, 12, 14, 15, 16, 18, 28, 29, 33, 34.

2.4 Statistical Analysis

In this research, inferential statistics test (repeated measurement of mixed method and post hoc test, least significant difference of LSD) were analyzed. SPSS 23 software was used to analyze the data.

3. RESULTS

3.1 Describing Demographic Data

In this section, the samples were described by descriptive statistics (frequency, percentage, mean, standard deviation, maximum and minimum) in terms of descriptive statistics and demographic questionnaires using tables. Chi-square test was used to determine the fitness of groups from the viewpoint of education, and one-way analysis of variance was used to compare the mean of the subjects' age. The table shows the distribution of the frequency and percentage of subjects in terms of education in groups. Chi-square test was used to determine the fitness of groups in terms of education. The results showed that there was no significant difference in the groups ($P < 0.05$). As a result, the assumption of the equality of groups was confirmed.

3.2 Statistical Assumptions

Using the Kolmogorov-Smirnov test, the normal distribution of observations was investigated.

The Table 2 is the result of a repeated measurement test. The above table shows that there is a significant difference between the pretest, posttest and follow up of the components of overall sexual performance ($P < 0.001$). Also, the percentage change is shown in the following table.

Table 1. Chi-square test in terms of education and groups

Study groups		Education	
Control	Acupressure therapy		
0	1	Frequency	Diploma
0	6/7	Percentage	
1	1	Frequency	Post Diploma
6/7	6/7	Percentage	
11	11	Frequency	Bachelor
73/3	73/3	Percentage	
3	2	Frequency	Master
0/20	13/3	Percentage	
15	15	Frequency	Total
100	100	Percentage	
Significant Level	Degrees of freedom	Chi-square Value	Education
0/440	9	9/36	

Table 2. Comparison of pre-test, post-test, and follow-up of the overall sexual performance component in the acupressure therapy group

Significant Level	F Value	Follow Up		Post Test		Pre test		Overall Sexual performance
		Standard deviation	Mean	Standard deviation	Mean	Standard deviation	Mean	
0/001	158/21	3/990	53/73	4/085	53/40	3/420	35/13	

Significantly at a level of 0.01

Table 3. Percentage changes in pre-test, post-test, and follow-up of the overall sexual performance component in the acupressure therapy group

The percentage change of the pre-test and follow up	The percentage change of the pre-test and Post-test	Follow up mean	Post test mean	Pre test mean
18/6%	18/27%	53/73	53/40	35/13

The Table 3 shows that subjects in the acupressure group had 18.27% increase in post-test and 18.6% increase compared to the pre-test in overall sexual performance. Therefore, the zero hypothesis of research (Ho) was rejected,

and the research hypothesis (HA) was confirmed that the intervention by the acupressure therapy method was effective on the overall male sexual function.

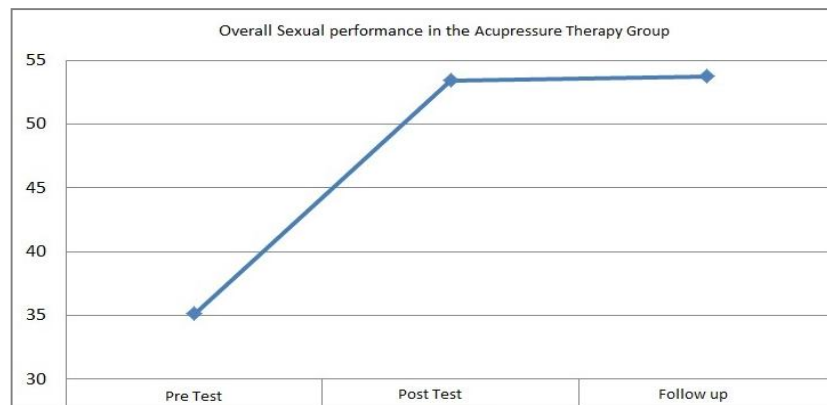


Fig. 1. Comparison of pre-test, post-test, and follow-up of the overall sexual performance component in the acupressure therapy group

The Fig. 1 shows that subjects in the acupressure group had increase in post-test and follow up test compared to the pre-test in overall sexual performance.

4. DISCUSSION

Proper and healthy sexual function is one of the symptoms of physical and mental health and is one of the components of quality of life and creates a sense of shared pleasure among couples and enhances one's ability to cope with stress and life problems [21]. Problems such as inhaled sexually transmitted diseases are one of the main complaints of couples in sex therapy, creating a sense of expectation, desirability, being aware of a wife, and appreciating positive performance, marital sexual sensation, and the development of a level of intimacy with a range of emotional, Physical, sensual, and romantic literature and idioms to maintain this relationship and to have realistic expectations of the sexual role of each spouse will facilitate sexual desire and continuity of marriage [11,22-25]. In the study, intervention with acupressure therapy has been effective in improving overall male sexual performance. Due to the novelty of the research subject that is exactly consistent with the variables in this research, it has not been done. However, a similar study has been made here. A study by Altshall (2006) about the efficacy of acupressure therapy on chronic low back pain showed that this treatment was as effective as prescribing drugs. The study included 316 patients in a 4-6 week course of treatment. Bay Study (2017) in Iran, on the efficacy of combination therapy of acupressure, therapies, hypnotherapy and TM on type II diabetic patients, has shown the effectiveness of this treatment in reducing blood glucose in patients [26]. This study was also carried out by Birnbaum [27] by Impett and Peplau [28], Flavell [29], Metcalf and Shimamura [30], Wells et al. [31]. The results of previous research and the results of our research lead us to believe that the use of methods such as acupressure may play a valuable role in treating human cases, including sexual problems, due to the impact on human psychosocial factors. Therefore, according to the results obtained from the hypothesis of this study, it is suggested that this study be carried out at other times and with more subjects. It is recommended that further research be conducted in this area, and that therapists also use this method for the treatment of couples' sexual problems. Consider. It is suggested that the subject of research in other instances be implemented to achieve comprehensive findings.

Due to the impact of social, cultural, geographical and temporal conditions, it is recommended that this issue be carried out at other locations and times. It is suggested that information and interviewing methods be used to further refine the findings. Basically, any kind of research on human and social issues faces some limitations. Since this research also deals with human issues, it has its own limitations and problems, including: due to cultural issues and issues, the researcher could not simultaneously investigate the female population. Also, cultural sensitivities about sexual issues in our country have greatly reduced the participation of the compatriots in conducting such research, and as a result, the scholar has steadily made use of the sampling method. Of course, with careful choice of control variables, attempts were made to avoid possible errors or effects of unwanted variables.

The results of this study indicate that interventions with acupressure therapy have been effective in improving male genital mutilation, and it is possible to emphasize the need to use and pay more attention to psychosocial interventions, including the approach of acupressure therapy to the impact on sexual health.

5. CONCLUSION

The results of this study indicate that interventions using acupressure therapy are effective in improving overall male sexual performance, and it is possible to emphasize the need for more attention to psycho-physiological interventions, including the approach of acupressure therapy in the field of sexual issues.

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CONSENT

It is not applicable.

ETHICAL APPROVAL

The study was approved by the Baqiyatallah University of Medical Sciences ethical committee with Ethical Approval letter No 0384.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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