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A New Exploration of the Combined Treatment of Symptoms and Social Work Psychology in Male Sexual Addiction Patients

Chengchung Tsai School of Management Putian University Putian, China

Abstract—Post-Orgasmic Illness Syndrome (POIS) was first discovered by Professor Waldinger and Schweitzerl in 2002. After publishing several papers such as "POIS Records of Emotional, Psychological and Behavioral Changes in Male Patients" and "POIS Patients", "Clinical Observation Records of Psychological and Behavioral Changes" and "POIS Male Disease Self-reports and Treatment Methods", in this paper, the author will cite the views of Chinese medicine practitioners on the treatment of POIS, and hope to provide more practical treatment methods and references for future research.

Keywords—POIS; male; ejaculation; mental state; disorder; emotion

I. INTRODUCTION

The main research objects of this paper are journalists, writers and other text workers, as well as creative designers who take creativity as the selling point as the research object. The results show that after POIS, there will be a period of high tide of creative ideas. The patient describes that creative inspiration begins to dry up within a day after ejaculation, followed by seven groups of sequelae described by Waldinger, and a period of burnout that is not interested in anything. This is due to the fact that after the body experiences ejaculation fatigue, the reproductive stress of the brain is relieved and relaxed, and the patient focuses on his own writing world. In addition, in order to seek creative inspiration, some writers will have self-forcing ejaculation, but the consequences are often trapped in seven groups of sequelae, when the symptoms crisscross appear in 3 to 5 days, the body can restore the physical and mental state before ejaculation.

II. POIS SYMPTOM DESCRIPTION AND PATHOLOGICAL GENESIS

Post-Orgasmic Illness Syndrome (POIS) is also known as Postejaculatory Syndrome, Postorgasm Disease Syndrome, Post-ejaculation Disease and Orgasm Syndrome. Medical teams such as Waldinger found that male patients with POIS had seven sets of symptoms following the ejaculation (see "Table I"). Some physicians assume that they are autoimmune or hormonal disorders, such as low Minyi Li School of Social Sciences University of Macau Macau, China

progesterone, low cholesterol, low dehydroepiandrosterone, low cortisol, high prolactin or hypothyroidism. Some cases encountered by the author team indicate that when the mother was pregnant in the early years, she or her family had smoking habits. Some mothers had long-term use of contraceptives or were used to eating animal internal organs. Even some cases were diagnosed as male gynecomastia.

TABLE I.	SEVEN GROUPS OF POIS SYMPTOMS FOUND BY	Y
	WALDINGER AND OTHER MEDICAL TEAMS	

Body parts	Various local sensations			
Behavioral symptoms	extreme fatigue, exhaustion, palpitations,			
	forgetting words, being too lazy to talk,			
	incoherent, inattention, irritability,			
	photophobia, depression			
Flu symptoms	fever, cold, hot, sweaty, trembling			
Head symptoms	symptoms head dizziness, groggy, confused and heavy			
Ocular symptoms	Afraid of light, easy to tear, blurred vision,			
	slightly flying mosquitoes, heavy eyeli			
	slightly swollen eye bags			
Nose symptoms	nasal congestion, runny nose, sneezing			
Throat symptoms	dry mouth, bad breath, itchy throat,			
	hoarseness, cough			
Muscle symptoms stiffness in the neck or back, muscle				
	weakness in the limbs, heavy hands an			
	feet, inflexibility			

III. EXTERNAL ASSISTANCE MODEL

According to the analysis of clinical psychologists, this case is a typical case of POIS-induced obsessive-compulsive disorder. After patients undergo POIS, their brain nerves are persistently hyperactive and have exceeded the limit of nerve tension tolerance. Patients report that their bodies want to rest but can't stop. When resting, because the annoying external things induce compulsive attention, the fixed things will repeatedly and involuntarily appear in the brain cannot be driven away, the patient begins to appear cranial neurasthenia for a long time, its clinical manifestations are: excitement and irritability, no attention Force, dizziness, brain swelling, headache, forced thinking to cause difficulty falling asleep, dreaming or waking up after sleep, etc., followed by panic disorder and other related symptoms such as: heart rhythm, night sweats, anorexia, constipation,



diarrhea. Based on POIS symptom description and pathological causes, five treatments for external assistance models are listed below.

A. Classical Treatment Model

The Waldinger medical team first discovered the symptoms of POIS. The team tried to get patients to take antihistamines, selective serotonin reuptake inhibitors and benzodiazepines. Among the other groups of effective treatment cases, non-steroidal therapy with diclofenac, or steroidal anti-inflammatory drugs, tungstenase, autologous semen phlegm treatment trials, etc. can successfully alleviate POIS symptoms.

B. Endocrine Disorders

It is found that POIS patients have male breast disease; it is likely to be a hormonal imbalance. To this end, it is recommended that patients take male hormones before ejaculation and then with hypnotics containing antihistamines, anti-allergic drugs Diphenhydramine, Hydrochloride, etc., and if the patient is already severely suffering from bipolar disorder, obsessive-compulsive disorder and panic disorder, according to the patient's condition, the doctor continues to prescribe medications to alleviate the seven sequelae of POIS.

C. Chinese Herbal Medicine and Other Folklore Alternative Therapies

Because of POIS patients with symptoms such as shoulder stiffness, dizziness, brain swelling, migraine, etc., it is recommended to use acupuncture, scraping or massage to stimulate meridians and acupoints, which can alleviate the discomfort of male patients. POIS is caused by the spleen and kidney deficiency or stomach fire caused by the tone, it is recommended to take Liuwei Dihuang Pills, Anshen Yangao Pills. Other well-known herbal replacement therapies include: American Indians' saw palmetto for prostate and urinary tract infections, fenugreek with diabetes, cold and wet athlete's foot and kidney cold. In addition, the male patients whose POIS was discovered at an early stage were from the Caucasus Mountains. According to the clinical description, when the group had suspected POIS symptoms after ejaculation, they would eat olive leaves, which are rich in olive ointurope and hydroxyl. Hydroxytyrosol is in the Middle East on the south side of the Caucasus Mountains, tea with olive leaves is effective in treating cough, sore throat, cystitis, fever, etc. Olive leaf ointment can treat lice, rashes, lice and other skin. The disease, a rehearsal from a patient in the Caucasus Mountains, clearly coincides with the emergence of flu-like symptoms and semen allergy in POIS men.

D. The Perspective of Nutrition or Health Care Products

For patients suffering from seven groups of sequelae after POIS, it is recommended to take zinc ingot, EPA, DHA, Omga-3, lutein, zeaxanthin and β -carotene, vitamin A or a combination of vitamins, calcium tablets, etc. to supply the nutrients lost in the male body due to ejaculation. In addition, among the nutrients that restore male physiology, zinc and

iron can increase the body absorption rate under the catalysis of niacin. Niacin is also called vitamin B3 or vitamin PP. It can dilate blood vessels for headache, migraine and tinnitus. Symptoms such as inner ear dizziness, in the absence of niacin, there will be anemia, facial fatigue, fatigue, fatigue, fatigue, memory loss, insomnia, dreams and other aging dermatitis, diarrhea, symptoms, severe arrogance. consciousness Ambiguity, auditory hallucinations, insanity, disorientation, seizures, tension schizophrenia, confusion, paralysis, stupor and dementia have emerged. These symptoms all coincide with the sequelae of the POIS seven groups, so niacin is commonly used in the clinical treatment of POIS.

E. Spa Treatment

The book "Mineral and Rehabilitation" believes that hot spring is a kind of natural therapy. Most of the chemical substances will precipitate on the skin, change the pH of the skin and have the functions of absorption, precipitation and scavenging. The hot spring chemicals can stimulate autonomic nervous, endocrine and immune systems. 38 °C ~ 40 °C low hot springs have a calming effect on the human body, for cerebral neurasthenia, insomnia, colds, skin diseases, early mild cardiovascular diseases, high blood pressure, heart disease, obesity, sports system diseases, nervous system diseases rheumatism, gout, waist and knee pain, joint flexion and extension have a certain effect.

IV. THE COGNITIVE TREATMENT MODEL OF SPIRITUAL PSYCHOLOGY

Based on the description of POIS symptoms and its pathological causes, after studying the treatment of five external aid models, four cognitive psychotherapy models for psychology are listed below.

A. Transference Focused Therapy

A type of psychoanalytic psychotherapy that addresses three types of personality structures: neurosis (NPO), marginal (BPO), and psychosis (PPO). From two levels of symptoms and personality structures, transference focused therapy can effectively identify and assess POIS patients. In the early stage of treatment, the patient's impulsive behavior should be treated. In the middle stage, the cognitive interpretation of the patient's love and sexuality should be concentrated. In the later stage, some of the splitting objects should be repaired. At the end of the treatment, the separation anxiety and treatment desensitization should be treated.

B. Thematic Group Treatment Mode

For example, a support group activity for POIS patients in foreign countries, the group members have similar experiences with each other, and through the process of sharing their own behaviors, sharing their mental journey and withdrawal experience, and encouraging partners to learn from each other.

C. Specialized Institution Treatment Mode

According to the American best-selling book "I am undercover in the sexual addiction treatment center" and the Spanish film "Sexual Addiction Diary", the patient enters the institution to accept a variety of treatment modes such as cognitive behavior treatment. It can effectively remove various physical and mental problems caused by sexual addiction.

D. Religious Activities of Religious Nature

Buddhism Zen and Catholicism have spiritual cultivation time. They choose quiet places to conceal, and they do not speak, or weaken sexual desires by reading scriptures. For example, Catholic scholastic exercises include: inspection, meditation, oral prayer, and prayer, while walking and hiking are all gymnastics. The practice of divine practice is to faithfully describe the tacit thoughts, to interpret and interpret the essays in a concise manner, aiming at rectifying one's own soul and adjusting their own way of life, expelling the biased prejudice to win the holy meaning and redeem the individual soul.

V. POIS INTERCULTURAL PSYCHIATRY AND CLINICAL PSYCHOLOGY

In the global cross-cultural psychiatric medical record, India first discovered a record of suspected POIS in 1960. Indian psychiatrists used cognitive behavioral therapy and antidepressants to fight the so-called Dhat syndrome patients. According to the literature, a patient with a syndrome named Dhat wants to treat erectile dysfunction and premature ejaculation, and deliberately applies Indian oil to the penis to prolong sexual intercourse. The descriptions of Waldinger and Schweitzerl papers have not been perfected, especially in the clinical case of the author team. POIS patients often have contradictory bipolar behaviors. Patients have a history of excessive masturbation in the early stage, which is also known as masturbation addiction in sexual addiction. Even if they have heterosexual partners, they will not interrupt the habit of masturbation. Most of these groups have POIS and obsessive-compulsive disorder, bipolar disorder and other complex psychological disorders, and long-term swing between sexual debauchery and sexual depression. They think that the discharge of yellowing and solidified semen is like the self-rational idea of expelling the anus that has not been pulled for a long time. The sin and anxiety brought by the psychological after masturbation will make them masturbate many times a day and force themselves to illuminate semen to avoid the appearance of flu-like sequelae such as physical weakness and limb weakness. In order to quickly restore energetic body condition after ejaculation, patients often overeating and eat high-calorie and highprotein foods. This kind of bulimia-like behavior also means that patients suffer from POIS for a long time.

Some practitioners who claim to be extreme asceticism have long practiced the Buddhist, Taoist, or Catholic concept of abstinence, but young and hot physiological desires have not been able to adhere to the practice of prohibiting sexual behavior for a long time. Previously, the subjects purchased prostate massage devices, aircraft cups and other sexual products, and tried to restrain themselves to avoid semen shot so that they have more or less prostatitis. In 2011, according to the article of Strange Sex, a patient suffering from POIS decided to remove his testicles, prostate, and seminal vesicles. Similarly, in the author's research team, a POIS patient was found to be acutely alert and suffering, whether at home or outside, he needed to wear earplugs or earphones to isolate the sound to maintain the peace of mind even if he wanted to remove the eardrum. The diagnosis of spleen and kidney deficiency by Chinese medicine will lead to long-term tinnitus, insomnia and restlessness. Waldinger believes that POIS is easily misclassified as a psychological factor or depression. In a case study of the British Medical Journal in 2010, Dexter linked sexual intercourse headaches to POIS. The authors' team also found that among the multiple POIS patients, the patients associated with postintercourse headaches were mostly middle-aged. The author has always agreed that mental psychologists believe that POIS may be a special manifestation of neurosis. The Chinese medicine practitioner supports that the patient's symptoms are an inactive performance and should be treated with Liuwei Dihuang Pill.

VI. BEHAVIOR CONTROL AND MANAGEMENT

According to the analysis of research teams such as Hoang Minh Tue Nguyen and Areeg Bala, POIS patients will try to curb climax ejaculation and therefore the frequency of ejaculation is lower than that of the average male. It is not the idea that this group has no sexual intercourse, but the patient after ejaculation. The sequelae makes the patients always have a fierce conflict with the physiological desire, which causes the POIS patients to avoid ejaculation in the moment of passion. Even some patients will plan the ejaculation time in advance to avoid the inconvenience caused by their sequelae. For example, ejaculation will be arranged on weekends or long holidays instead of during the working day.

According to the team's clinical observations, patients with POIS are not as described above. For example, during high work stress, the venting of patients' physiological desires is positively correlated. Even on Sunday, on the eve of long vacation or before a major meeting or exam, there is a so-called Monday syndrome or pre-job work pressure, which makes POIS patients have accidental ejaculation behavior before critical moments. This unplanned ejaculation often causes patients to repent and feel guilty. However, with reference to other modern war literature records, there are many records about male soldiers' sexual behavior before the wars. The author's team mainly focuses on journalists, writers and the creative designers who use the creative point of view are used as the research case. The research found that they will have a period of creative climax after the POIS. The patient's self-reported short-lived phenomenon is similar to the storyline of the ancient literature "Strange Tales from a Lonely Studio", or the martial arts in Jin Yong's writings. The patient described the fascination after ejaculation as if the meteor swept across the sky, the creative inspiration would begin to dry up in a day, and then the seven groups of



sequelae described by Waldinger began to appear, as well as the burnout period was uninteresting in anything. The reason for this phenomenon is that after the body experiences ejaculation exhaustion, the brain's reproductive lust pressure is relieved and relaxed, and the patient will focus on the world of writing. In addition, some writers seek selfmotivation and ejaculation behavior, but the consequences are often trapped in seven groups of sequelae. After 3 to 5 days of staggered illness, the body can recover the physical and mental state before ejaculation. If the patient has multiple ejaculations in a short period of time, there will be problems such as headache after sexual intercourse, depression after sexual intercourse, and post-sexual snoring.

According to the above-mentioned findings of the continuous tracking of the POIS patients, the patients like to choose a quiet environment free from outside interference, and even stay away from home for a long time. Because of the slack state after the climax, they often do things casually and indulge in trivial matters. Perhaps it is the breathing space where the patients want to live after ejaculation, which is a kind of compensatory behavior. Some patients in order to avoid certain scenes appear in front of them, they will force themselves to make ritual to be stable rest assured. The social disorder of patients is often accompanied by masturbation, obsessive-compulsive disorder and selfocclusion, which are repeated in young POIS patients. For example, the literature shows that POIS male patients suffer from long-term sequelae in seven groups of life, and patients generally have time to arrange planned ejaculation, and patients with more severe symptoms will want to ligature or remove the pills.

VII. CASE ANALYSIS OF OTHER THREE MALE AND FEMALE SUSPECTED PHYSICAL AND MENTAL SYNDROMES AFTER EJACULATION

Based on the symptomatic manifestations of POIS, the following three case analyses of suspected physical and mental syndromes after male ejaculation are presented.

A. Headache or Migraine After Sexual Intercourse (SH)

According to the International Classification of Headache Disorders (ICHD), the time of occurrence of headache after orgasm begins to appear after ejaculation, and about 70% of patients will have unilateral or bilateral sides. Symptoms of migraine, duration varies from person to person and men are more common than women. This may be caused by poor posture during orgasm, or contraction of the neck and facial muscles. In some cases of severe headache, there are dangers and conditions such as intracranial hemorrhage, cerebral infarction, subarachnoid hemorrhage or spontaneous cerebrospinal fluid leakage, including sudden death during orgasm, including death after sexual behavior. Both men and women before the occurrence of this disease have no warning, which is easy to miss the opportunity to save. Chinese medicine defines this symptom of sudden death as immediate wind disease or large discharge.

B. Post-coital Dysphoria (PCD)

A 2015 report by the Schweitzer research team indicated that about one-fifth of men with PCD have been sexually abused during childhood, and most are currently problems with sexual dysfunction. However, the author's research team does not think so. According to the seven symptoms of POIS, males usually have flu-like symptoms after ejaculation. They appear to be quiet and need rest. This is the male refractory period after sexual intercourse. The physical state is similar, and the length of refractory period can vary from a few minutes to a few days, depending on the age, physical strength, nutritional supplements, mentality and mental stimulation of the five sense organs, and the frequency of sexual life, or the male's emotional intimacy and physical needs of female partners, and so on. However, if you are disturbed or continue to force physical activity during men's rest and physical exertion, this will cause the body to turn tiredness into anxiety, anxiety, and even interference when it is time to rest but not get enough rest. Human things are aggressive, just as people are tired and want to sleep but are often disturbed. Long-term lack of sleep leads to cerebral neurasthenia, decreased thinking, weakened alertness and judgment, emotional irritability, decreased immune function, gastrointestinal diseases, diabetes and obesity and cardiovascular diseases are the same.

C. Post-coital Tristesse (PCT)

This is the feeling of depression and guilt in psychology after sexual intercourse. It usually occurs within five minutes to two hours after sexual activity or masturbation. A psychologist in Australia conducted a survey to address the inexplicable crying of women after sexual intercourse. Nearly 50% of women encountered this situation. More than 46% of girls said they felt sad after sexual intercourse and further understand this emotional loss. There are more sexual problems in women's life, such as: sexual arousal or difficulty reaching climax. In addition, there are a lot of girls who have crying in their first sexual behaviors. This is a process of intense curiosity, plus sexual experience that has never been seen before. They can't control orgasm feelings for a while, and they going to stop with male ejaculation. Passion interrupted the emptiness and naturally came to tears. For women, during sexual intercourse, the slight excitement just evoked to the final orgasm is a process of absorbing energy and releasing stress and energy. This energy release is expressed through body language and sound. Dissipate stress and tension through crying and urinary incontinence. A patient who had passed through the tears after clinical consultation and sexual intercourse said that the climax is more emotional, and there is a kind of warmth that rushes to the top of the head and gathers near the cheeks of the eyes. At this moment, the atmosphere is good; it is easy to shed tears.

VIII. CONCLUSION

Some psychoanalysts distinguish post-sexual depression (PCT) from POIS symptoms (see "Table II").

 TABLE II.
 CLASSIFICATION OF DISEASES AND VISITING CLINICS

PCT & PCD	SH	Dhat	POIS
		Syndrome	
ICD-10 F66	ICD-10 G44.8	ICD-10	ICD-10 none
		F48.8	
ICD-9-CM	ICD-9-CM	ICD-9-CM	ICD-9-CM none
none	339.82	none	
Psychiatry	Neurology	Psychiatry	Andrology, Allergy,
			Endocrinology

PCT is a feeling of depression and anxiety. It appears after an intimate behavior full of anxiety and scruples. PCT is not like POIS. It only appeared after the climax, and the influence level was spread over men and women. Therefore, experts concluded that the occurrence of PCT is mainly on the psychological and emotional level rather than the physiological level, but it is possible to have a relationship with each other. In 1997, the French film "The Soul after Mating" is about the description of the PCT complex. The behavior changes after sexual intercourse are most female, such as: fear of being abandoned, loss of feeling, sadness, crying, etc. There have been many psychological analyses on the Internet, and these will not be repeated here. In the previous papers, the author's team analyzed that there may be several types of syndromes in male POIS. Due to the release of lust and pressure in the body and mind of patients after ejaculation, the sensitivity to environmental and human activities has doubled. Clinically, there are a few brain creators. There is a short-term inspiration, a wide open brain, etc., but then there will be snoring after sexual intercourse or depression after sexual intercourse. According to clinical observation, post-sexual snoring or depression may occur on a person at the same time. PCT or PCD can be concluded as a bipolar psychological disorder with a clear classification code on the ICD International Classification of Diseases. It is worth mentioning here that the author traced the symptoms of PCT or PCD in patients with POIS in the early stage, but patients with PCT, PCD or SH may not deteriorate into POIS.

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