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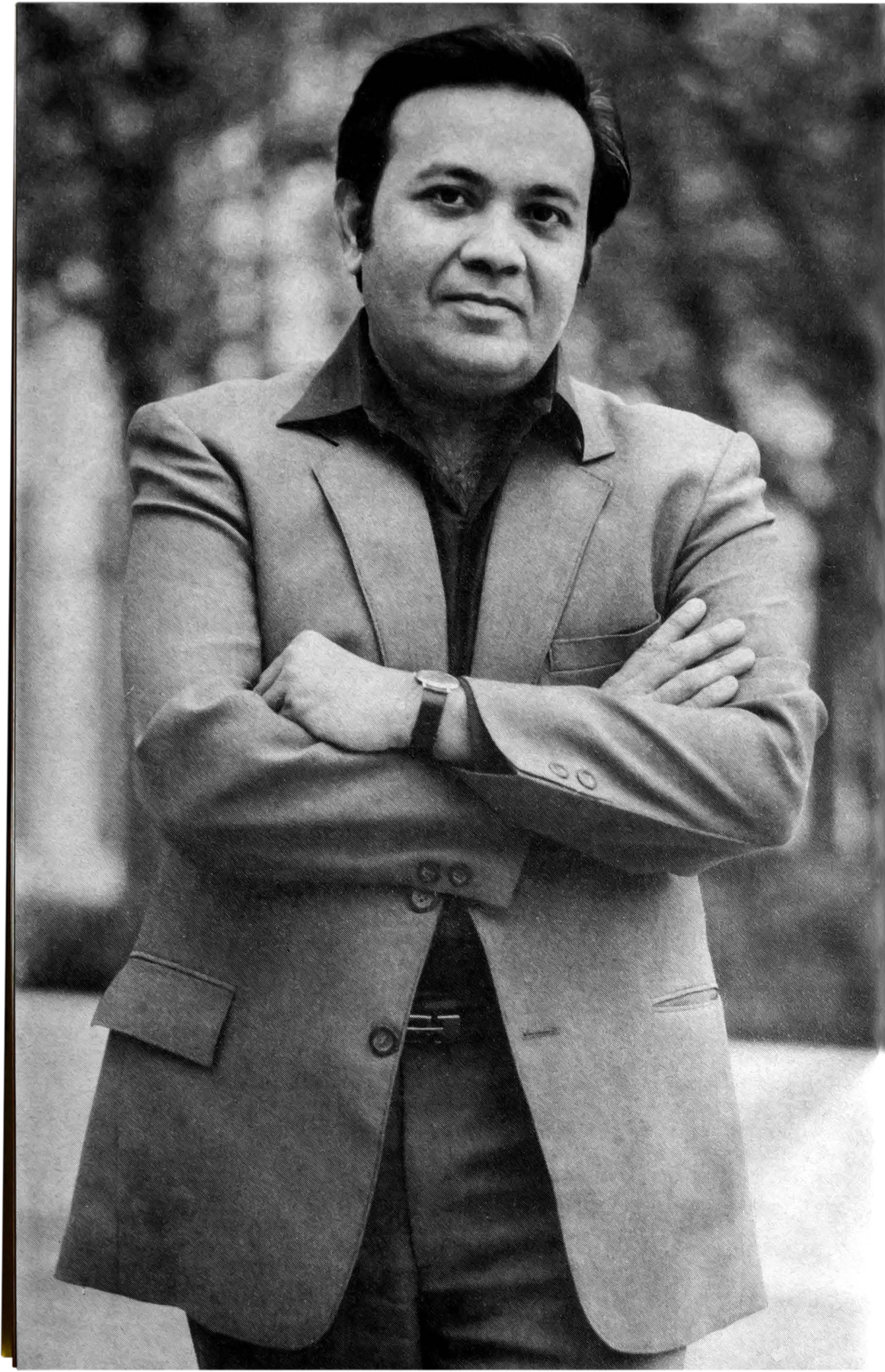

THE FORUM INTERVIEW

DR. PRAKASH KOTHARI

A sexologist from India may change the language of Western sex therapy

BY PHILIP NOBILE

Prakash Kothari is an unusual man. He is a physician, a doctor of applied biology, a full-time sex therapist and a critic of the traditional Western ways of sexology. What makes him unusual is not his achievments but his background. Dr. Kothari is an Indian, a Hindu living in a country where medical doctors prescribe asparagus pills for erectile problems and where wet dreams are considered a form of sickness.

After gaining his medical degree at Bombay University, Dr. Kothari pursued his interest in sexology. The subject of his doctoral thesis was male dysfunctions. This research led him to question the Western usage of sexological terms for ejaculatory dysfunctions. Eventually, Dr. Kothari developed a new and more precise nomenclature for premature, retarded and retrograde ejaculation.

He presented his revised classification at the 6th World Congress of Sexology in Washington in 1983. The traditional terminology, he wrote, "lays more emphasis on the reproductive rather than on the pleasure component of sexuality. On the basis of clinical reports and studies of cases of ejaculatory dysfunctions referred to this author by physicians and other specialists, it was perceived that this terminology is inadequate, inaccurate and, perhaps, improper in describing and classifying the disturbed functions and could be better termed as orgasmic phase disturbances consisting of 'Early Orgasmic Response,' 'Delayed Orgasmic Response,' 'Absent Orgasmic

PHOTOGRAPH BY RANDY MAYOR

Response,' 'incomplete orgasmic response' and 'others.' "

I suspect that Dr. Kothari's labels will gradually catch on in the West. Premature ejaculation, I have to concede, is an ambiguous term. As Dr. Kothari said to me, "What is a mature ejaculation?"

In addition to his practice, Dr. Kothari has assumed the burden of organizing and directing the 7th World Congress of Sexology to be held in New Delhi next November.

Forum: Are there many sex therapists in India?
Kothari: Very few Indian doctors treat sex dysfunctions exclusively, but many psychiatrists, urologists and gynecologists do practice sex therapy occasionally. Even so, the sex professional is very rare in my country.
Forum: Why?
Kothari: The psychophysiology of sex dysfunction is not taught to our medical students. Psychiatric residence training is also grossly negligent in this area. Indian doctors don't even ask questions about sex functioning when they take medical histories of their patients.
Forum: So what kind of medical advice do ordinary Indians get from their doctors?
Kothari: Not very good. When patients come in with a sex problem, physicians either draw a dismal blank or prescribe one of the ever increasing plethora of so-called sex tonics. If these drugs are effective, it is by the mechanism of faith cure.

The belief in magic, food or drugs to stimulate sexual desire is a delusion as old as the human race. Almost every culture has attributed sexual effects to substances that remotely resemble the phallus—like carrots and asparagus. Other elixirs are supposed to work by altering the mental state—alcohol and drugs are common examples; or by increasing the flow of blood to the genital apparatus—yohimbe supposedly does that; or by irritating the urogenital tract—Spanish fly.
Forum: Why would Indian physicians engage in such quackery?
Kothari: Because they are not well-equipped with knowledge of sexuality and feel that they must prescribe something for their patients. Usually, a picture of a horse or a bull is printed on the labels of sex tonic bottles.

If you ask me, the picture is more effective than the pill. If the drug is given by injection, the prick of the needle works better than the contents of the syringe. Doctors may not have a lot of confidence in the tonics, but their patients do.
Forum: Have you ever prescribed a sex tonic?
Kothari: Just once. A few years ago, an Arab client was referred to me by an Indian doctor. After I treated him for his problem, he insisted that I must write down a prescription for a sex tonic. I refused.

Then the referring physician told me that the patient was obsessed by his failing potency and begged me at least to prescribe a vitamin pill. I was angry, but I decided to prescribe a sort of baby food and told him to take one spoonful three times a day.

After six months, he called back to say that he was fine. In fact, he felt so good about his sex life that he asked me if he could continue his doses of baby food every day. That was the last time that I ever prescribed a vitamin for sex dysfunction.
Forum: What sort of problems do Indians present in your office?
Kothari: The most common complaints concern orgasmic dysfunctions. That is not an easy subject to research or discuss in India.

Forum: Why?
Kothari: Most sex research is done with English-speaking, educated and urbanized women, which results in lopsided conclusions. Just asking an Indian woman whether or not she reaches climax is insufficient. A question like "Are you reaching orgasm?" may be answered by a simple 'Yes' or 'No' without the woman knowing the intrinsic meaning of the word.

Many women do not realize what orgasm is. Some of them consider vaginal lubrication as orgasm. Others feel that when a man discharges into the vagina, the woman automatically reaches orgasm. Even after reaching orgasm some do not realize that this is the climax.

A physician has to ask questions in the individual's own language. There are several castes in our country and each woman has her own way of signifying orgasm. If a Gujarati woman comes, one needs to ask her, "Are you reaching satisfaction?" A Maharashtrian woman needs to be asked, "Are you settled?" If a North Indian woman comes, one needs to ask her, "Are you contented?" If a Mohammedan woman comes, one needs to ask, "Have you been able to reach the ultimate goal of sleeping together?"

A Hindhi lady may call this orgasm "peace." Hyderabadi women usually report, "I am coming." A woman from a Bohra community usually complains, "Doctor, I am not getting 'perpetual happiness.' " Often women from slums say, "I do not get intoxicated."
Forum: Is masturbation still taboo in India?
Kothari: Yes. Ignorant doctors in the name of science have advanced nonsensical theories. I ask all of my clients what they attribute their problem to. Most of them cite the previous habit of masturbation and the dissipation of semen.
Forum: You seem to have a big quarrel with Masters and Johnson and other sexologists over the terms for male dysfunctions. What's wrong with "premature ejaculation" to describe an orgasm that happens too quickly?
Kothari: Because an ejaculation is not an orgasm of any kind. Each word means something different. They are not synonymous. All the good texts confirm the fact that saying ejaculation and orgasm are one and the same is a myth.

But not Masters and Johnson. Their definition of the premature ejaculator states that if a man ejaculates prior to, or at the time of, or too soon after penetration and does not allow the female partner to reach climax in 50 percent of the coital connections, he may be termed a premature ejaculator.

By using this definition, Masters and Johnson are propagating a myth.
Forum: Since a man cannot have an ejaculation without a prior orgasm, there is some justification for using the words synonymously.
Kothari: Male orgasm has two distinct components. The emission phase occurs when the fluid gets collected in the posterior urethra. That fluid comes from the seminal vesicles and the prostate. This phase is accompanied by the sensation of so-called ejaculatory inevitability, though I would say "contractile inevitability"—because maybe the man will not actually ejaculate after this phase. Even if he doesn't ejaculate, he will still feel this phase.

But Helen Kaplan and Masters and Johnson use the imprecise terms "ejaculatory inevitability."

The second component is the contractile phase that comes a split second later when the muscles at the base of the penis contract and pro-

pel the ejaculate outside in most cases. This phase, of course, is accompanied by intense pleasure even if there is not ejaculation.

Forum: I understand your semantic arguments but you would have to admit that ejaculation follows contractions in 99 out of 100 orgasms in normal healthy men.

Kothari: No.

Forum: No? I am a normal, healthy man and I have never once had the latter without proceeding to the former.

Kothari: Suppose that you have intercourse three or four times in a brief period. Maybe your third or fourth orgasm will have contractions but no ejaculation outside.

Forum: Dry orgasm is in the literature, but it is relatively rare.

Kothari: Perhaps in the young, but not in the elderly.

Forum: All sexologists recognize these distinctions in fact, if not in terminology. What practical difference does your semantic fine-tuning make?

Kothari: We do harm by telling a person that he is a premature ejaculator. I would tell him simply that he is reaching orgasm early.

The term "premature ejaculation" refers to only the latter of the two components of the orgasmic phase, i.e. the ejaculatory phase. The first component, the emission phase, is totally ignored. It is therefore apparent that premature ejaculation is an inadequate description of the disturbed function. The term "premature ejaculation" is used as a synonym for early orgasm. It compounds confusion and propagates the erroneous belief that ejaculation and orgasm in men are one and the same. If one is thinking about the mechanics of ejaculation, one could use the term 'premature ejaculation' but if the erotic component and feeling are taken into consideration, then it would be appropriate to term it as "early orgasmic response."

Forum: But the idea of early orgasm is understood in the term premature ejaculation. A man cannot have the latter without the former.

Kothari: Well, suppose a man reaches orgasm early without ejaculating anything, would you still call him a premature ejaculator?

Forum: No.

Kothari: Suppose a man has retrograde ejaculation because his prostate has been removed by an enthusiastic surgeon. When he climaxes too early with a woman, how would Western researchers label him?

Forum: A man with premature orgasm? I don't know.

Kothari: There is no such term in your literature. Whenever a man has orgasm without ejaculation, Western researchers assume retrograde ejaculations.

Suppose a man doesn't manufacture semen but has an orgasm. That's merely a case of absent emission. To lump these unseen ejaculations under the term retrograde ejaculation is an expression of ignorance.

Forum: What term do you recommend?

Kothari: Seminal reflux is better than retrograde ejaculation because it pinpoints the diagnosis.

Forum: But how would your treatment for "early orgasmic response" differ from Masters and Johnson's treatment for premature ejaculation?

Kothari: The treatment would be very similar in this case, but not in others. For example, retarded ejaculation. Earlier researchers used the term to signify what I call delayed orgasmic response. If there is a delay in reaching orgasm, it is unwise to use the appelation "retarded" which, by itself, tends to label a person with a gross pathology and poor prognosis which is not so in all cases of D.O.R. Masters and Johnson term this condition as "ejaculatory incompetence." Kaplan terms this as "ejaculatory overcontrol." It would be desirable to consider this "retarded ejaculation" as a disorder of the orgasmic phase and not the ejaculation per se.

Forum: Basically, you are asking sexologists to rewrite the classification for male orgasmic dysfunctions.

Kothari: It must be done. Scientists must avoid propagating misconceptions. The terminology used by Western therapists is not only inadequate, but also improper in describing the etiology and mechanism of the disturbed dysfunction. The terminology used in the past lays emphasis on reproduction only. But my terms emphasize both the pleasurable and procreative aspects. Terminology such as "premature," "retarded" and "retrograde" ejaculation propagates the mistaken notion that ejaculation and orgasm are one and the same. The traditional classification does not encompass all orgasmic dysfunction, but my classification encompasses all the orgasmic phase disturbances.

Forum: How did you happen to notice the gaps in Masters and Johnson's nomenclature?

Kothari: My doctoral thesis is titled "Endocrine, Metabolic, Physical and Psychiatric Evaluation of Ejaculatory Dysfunction in Man." I studied 440 cases and could not fit all of them into the ordinary categories of premature, retarded and retrograde ejaculation.

Since I gave my paper on this subject at the 6th World Congress of Sexology in 1983, most of the therapists I've spoken to have agreed with my new terminology.■

"Before we go in, Lisa, I should let you know I have a bit of a problem with premature . . . ooops!"

PENTHOUSE

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