



# Common *Sexual Health* Concerns — A Clinical Guide

Understanding causes, treatments & when to seek help · Mumbai Sexologist

Sexual health is an integral part of overall physical and mental wellbeing. Sexual difficulties are **common, treatable, and nothing to be ashamed of**. Most sexual problems have identifiable medical or psychological causes — and respond very well to appropriate clinical management. Seeking help is a sign of self-awareness, not weakness.

## COMMON SEXUAL HEALTH CONDITIONS — CAUSES & TREATABILITY

### MEN Male sexual health concerns

#### Erectile Dysfunction (ED)

Inability to achieve or maintain erection sufficient for satisfying intercourse. Affects 1 in 5 men over 40. Causes: vascular, hormonal, neurological, psychological, or medication-related.

✓ **HIGHLY TREATABLE — 85-90% RESPOND TO TREATMENT**

#### Premature Ejaculation (PE)

Ejaculation occurring before or shortly after penetration, causing distress. The most common male sexual complaint. Often has a significant psychological component — conditioning, performance anxiety.

✓ **TREATABLE WITH BEHAVIOURAL THERAPY & MEDICATION**

#### Delayed or absent ejaculation

Difficulty or inability to ejaculate despite adequate arousal. Often linked to antidepressant side effects, neurological causes, or psychological blocks.

✓ **TREATABLE ONCE UNDERLYING CAUSE IDENTIFIED**

#### Low sexual desire (hypoactive desire)

Persistent reduced interest in sexual activity causing personal or relationship distress. Common causes: low testosterone, depression, stress, relationship conflict, medication side effects.

✓ **TREATABLE — HORMONAL, PSYCHOLOGICAL, AND RELATIONAL**

### WOMEN Female sexual health concerns

#### Female Sexual Interest / Arousal Disorder

Reduced or absent desire and arousal. Linked to hormonal changes (post-partum, menopause), depression, relationship stress, or trauma history.

✓ **TREATABLE WITH COMBINED PSYCHIATRIC & GYNAECOLOGICAL CARE**

#### Vaginismus & Dyspareunia

Involuntary muscle spasm making penetration painful or impossible (vaginismus); or painful intercourse for other reasons (dyspareunia). Often has a psychological component treatable with sex therapy.

✓ **HIGHLY TREATABLE — PELVIC PHYSIOTHERAPY + SEX THERAPY**

#### Anorgasmia

Difficulty or inability to reach orgasm despite adequate stimulation. Primary (never experienced orgasm) or secondary (lost ability). Often responds well to psychosexual therapy.

✓ **VERY GOOD TREATMENT OUTCOMES WITH THERAPY**

### ALL GENDERS Concerns affecting everyone

#### Sexual anxiety & performance fear

Fear of sexual "failure" or judgment creates a self-fulfilling cycle of avoidance and dysfunction. Highly responsive to CBT-based sex therapy.

✓ **EXCELLENT RESPONSE TO SHORT-TERM PSYCHOSEXUAL THERAPY**

#### Compulsive sexual behaviour

Difficulty controlling sexual thoughts, urges, or behaviours causing personal distress or relationship harm. Treated as a behavioural addiction with evidence-based approaches.

✓ **TREATABLE WITH SPECIALIST PSYCHIATRIC MANAGEMENT**

## Sexual dysfunction has medical, psychological, relational, and lifestyle roots

### Medical

Diabetes, hypertension, hormonal imbalances, thyroid, neurological conditions, and cardiovascular disease

### Medication

Antidepressants (SSRIs), antihypertensives, antipsychotics, and hormonal medications are common culprits

### Psychological

Depression, anxiety, performance fear, past trauma, poor body image, and low self-esteem

### Relational

Communication breakdown, unresolved conflict, trust issues, mismatched desire, or infidelity

## MYTHS THAT PREVENT PEOPLE FROM SEEKING HELP

### MYTH

"ED means I am not attracted to my partner anymore."

### FACT

ED is **primarily a vascular and hormonal problem** in most cases. It is often an early warning sign of cardiovascular disease — not a relationship failure.

### MYTH

"Women don't have sexual problems — only men do."

### FACT

Female sexual dysfunction is **equally common** — it is simply discussed far less. Women deserve the same quality of clinical attention and treatment.

### MYTH

"PE is just a habit — real men can control it."

### FACT

PE involves **neurobiological factors** including serotonin receptor sensitivity. It is a medical condition — not a character flaw — and responds very well to treatment.

### MYTH

"Seeing a sexologist means something is very wrong with me."

### FACT

Sexology is a **medical specialty** like any other. Consulting a sexologist reflects self-awareness and care for your relationship and wellbeing — not shame.

## PRACTICAL GUIDANCE FOR INDIVIDUALS & COUPLES

### ✓ HELPFUL APPROACHES

- ✓ Seek medical assessment early — most causes are treatable
- ✓ Be honest with your doctor — full history leads to better outcomes
- ✓ Involve your partner in the consultation when appropriate
- ✓ Address underlying conditions: diabetes control, BP management
- ✓ Maintain physical health — exercise, weight, sleep, stress management
- ✓ Consider couples counselling alongside individual treatment
- ✓ Be patient — sexual function often improves gradually with treatment

### ✗ WHAT MAKES THINGS WORSE

- ✗ Using unregulated supplements or "sexology" medications from social media
- ✗ Self-prescribing ED medication without cardiovascular assessment
- ✗ Avoiding the problem — sexual difficulties worsen with avoidance
- ✗ Blaming your partner — most sexual problems are systemic, not personal
- ✗ Using alcohol to manage sexual anxiety — it worsens dysfunction
- ✗ Comparing performance to pornographic content — an unrealistic standard
- ✗ Delaying treatment due to shame — years of unnecessary suffering is avoidable

## Confidential sexology consultation — Mumbai



Dr. Pavan Sonar offers **completely confidential** clinical sexology consultations for individuals and couples. All sexual health concerns are assessed with clinical objectivity, cultural sensitivity, and without judgment. Home visits available across Mumbai for those who prefer in-person care in a private setting.

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**Medical Disclaimer:** This guide is for general clinical education only and does not constitute personalised medical advice, diagnosis, or treatment. Sexual health concerns vary significantly by individual — please consult Dr. Pavan Sonar or a qualified sexologist and psychiatrist for a thorough assessment and tailored treatment plan. All consultations are strictly confidential.