

SEXUAL MEDICINE REVIEWS

“Did You Climax or Are You Just Laughing at Me?” Rare Phenomena Associated With Orgasm

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ABSTRACT

Introduction: The study of the human orgasm has shown a core set of physiologic and psychological symptoms experienced by most individuals. The study of normal sheds light on the abnormal and has spotlighted rare physical and psychological symptoms experienced by some individuals in association with orgasm. These phenomena are rare and, as is typical of rare phenomena, their documentation in the medical literature is largely confined to case studies.

Aim: To identify peri-orgasmic phenomena, defined as unusual physical or psychological symptoms subjectively experienced by some individuals as part of the orgasm response, distinct from the usual or normal orgasm response.

Methods: A list of peri-orgasmic phenomena was made with help from sexual health colleagues and, using this list as a foundation, a literature search was performed of articles published in English.

Main Outcome Measures: Publications included in this review report on physical or psychological phenomena at the time of orgasm that are distinct from psychological, whole-body, and genito-pelvic sensations commonly experienced at the time of orgasm. Cases of physical symptoms related to the physiology of sexual intercourse and not specifically to orgasm were excluded.

Results: Case studies of peri-orgasmic phenomena were reviewed, including cases describing cataplexy (weakness), crying, dysorgasmia, dysphoria, facial and/or ear pain, foot pain, headache, pruritus, laughter, panic attack, post-orgasm illness syndrome, seizures, and sneezing.

Conclusion: The literature review confirms the existence of diverse and frequently replicated peri-orgasmic phenomena. The value of case studies is in the collection and recording of observations so that hypotheses can be formed about the observed phenomena. Accordingly, this review could inspire further research on the neurophysiologic mechanisms of orgasm. **Reinert AE, Simon JA. “Did You Climax or Are You Just Laughing at Me?” Rare Phenomena Associated With Orgasm. Sex Med Rev 2017;X:XXX–XXX.**

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Key Words: Orgasm; Peri-Orgasmic; Dysorgasmia; Orgasmolepsy; Post-Orgasm Syndrome

INTRODUCTION

The goal of this article is to review the wide array of unusual physical or psychological symptoms subjectively experienced by some individuals as part of the orgasm response. We differentiate these peri-orgasmic phenomena from the psychological, whole-body, and genito-pelvic sensations commonly experienced at the time of orgasm. In reviewing phenomena for this review, we

excluded cases of physical symptoms that relate to the physiology of sexual intercourse and not specifically to orgasm. This is not intended to be a comprehensive review, but rather represents our attempt to characterize a class of rare phenomena. Topics included in this review include cataplexy (weakness), crying, dysorgasmia, dysphoria, facial and/or ear pain, foot pain, headache, pruritus, laughter, panic attack, post-orgasm illness syndrome (POIS), seizures, and sneezing. Topics that we encountered in this literature review but chose to exclude from the definition of peri-orgasmic phenomena include urination, hemoptysis, hematuria, and pleasure dissociative orgasmic disorder. The literature referenced for this review consists primarily of case studies: this form of medical literature is regarded as the lowest level of evidence; however, such studies are crucial in the identification of rare conditions and exploration of novel ideas in medicine.^{1,2} Case studies have historically played an important

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role in the investigation of human sexuality,³ in part because of the complexities of human sexuality, and are appropriate for the present review, which consists of a collection of rare phenomena of the human sexual response. By examining these peri-orgasmic phenomena, we can gain insight into the neurophysiologic mechanisms of orgasm.

AIMS

The aim of this review was to identify different unusual physical or psychological symptoms subjectively experienced by some individuals as part of the orgasm response.

METHODS

We began this literature review by identifying a list of peri-orgasmic phenomena that we had heard about during the course of our careers. Using this list as a foundation, we performed a literature search of articles published in English in PubMed (Medline), the Cochrane Database of Systematic Reviews, and the Harvard Library HOLLIS+ system from January through February 2016. The search terms used were *orgasm* and *postcoital* in combination with the terms *phenomena*, *case-report*, *unusual*, *weird*, *altered state of consciousness*, *cataplexy*, *orgasmolepsy*, *crying*, *déjà vu*, *drooling*, *sialorrhea*, *dysorgasmia*, *dysphoria*, *face*, *facial*, *ear*, *foot*, *hallucination*, *headache*, *itching*, *pruritus*, *laughing*, *nausea*, *emesis*, *vomiting*, *panic*, *queefing*, *seizure*, *sneezing*, *swearing*, and *cursing*. In addition, we searched *painful orgasm* and *post-orgasmic illness syndrome*. The reference lists of articles identified by this search strategy were reviewed to identify other applicable studies and case reports that could have been missed by the electronic search. Additional cases were solicited by sending a personal email to colleague members of the International Society for the Study of Women's Sexual Health.

Articles and cases were reviewed and considered for inclusion in this review if they detailed a specific example of a patient reporting physiologic or psychological symptoms associated with orgasm. We excluded articles detailing a change in orgasm response that occurred after surgery (eg, prostatectomy) or the use of medication. We excluded cases of physical symptoms related to sexual intercourse and not specifically to orgasm, such as postcoital hematuria or coital incontinence. In addition, we excluded cases about orgasm occurring outside the setting of sexual stimulation (eg, epileptic orgasm or with childbirth). More than any other topic from our list, orgasmic headache has been exhaustively addressed through prior review articles; therefore, rather than review the literature on this topic, we cite a previous review of this phenomenon.

MAIN OUTCOME MEASURES

To define unusual aspects of the orgasm response, a usual or normal orgasm response must be clarified. The definition of orgasm was not always made explicit in the source documents

referenced for this review and can be varied; however, this was not considered an obstacle to the collective consideration of phenomena associated with orgasm. Masters and Johnson⁴ defined the orgasm in their 1966 book *Human Sexual Response*: “physiologically, it is a brief episode of physical release from the vaso-congestive and myotonic increment developed in response to sexual stimuli. Psychologically, it is subjective perception of a peak of physical reaction to sexual stimuli.” Common whole-body and genito-pelvic sensations associated with orgasm have been well described in the literature and include a “sensation of suspension or stoppage,” vasoconstriction or flushing (a maculopapular rash distributed superficially over the body surfaces), myotonia (such as carpopedal spasm), tachycardia, an increase in blood pressure, hyperventilation, and involuntary vocalizations.^{4–6} Female-specific biologic aspects of orgasm include areolae congestion and decongestion, “rhythmic contractions of the pelvic circumvaginal musculature, often with concomitant uterine and anal contractions,” and ejaculation from periurethral glands.^{4–6} Common psychological effects of orgasm include “a slight clouding of consciousness” and feelings of happiness, love, relaxation, and satisfaction.⁷ Although differences in the experience of orgasm between women and men have been hypothesized, at least one study of written descriptions of orgasms showed that judges could not correctly identify the sex of the person describing the orgasm, suggesting no significant differences in the experience of orgasm by men and women.⁸ One exception could be the ability of women to experience the rare reaction of status orgasmus, described by Masters and Johnson⁴ as “a series of rapidly recurrent orgasmic experiences in between which no recordable plateau-phase intervals can be demonstrated, or by a single, long-continuous orgasmic episode.” The postejaculatory refractory time phase of the male orgasmic response has long been believed to not allow for this same rare phenomenon of status orgasmus in men⁴; however, a recent literature review on multiple orgasms in men provides strong evidence for the presence of this phenomenon, without venturing any comparison with the female multiorgasm.⁹

A peri-orgasm phenomenon, as defined for this review, consists of psychological or physical sensations experienced by an individual that do not overlap with the normal orgasm response as defined earlier. We review evidence in the literature of unusual orgasm responses, including cataplexy (weakness), crying, dysorgasmia, dysphoria, facial and/or ear pain, foot pain, headache, laughter, panic attacks, POIS, seizures, and sneezing. Cases relating to male and female orgasm response were included, although some phenomena appear specific to a single sex. A discussion of the anatomy of orgasm or of varieties of orgasm is beyond the scope of this review.

RESULTS

Expanded Sexual Response

Expanded sexual response and extended orgasm, which relate to status orgasmus, have been reported to frequently result in

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