

MILD CASE OF PEYRONIES WORTH IGNORING

DEAR DR. SCANTLING:

I have a question. When my ex-husband had an erection, his penis curved downward, toward the floor. Intercourse was very difficult and painful — for both of us. He was too embarrassed to see a doctor about this. We did manage to have three children,



DR. SANDRA SCANTLING
INTIMACY, SEX &
RELATIONSHIPS

however. I've recently noticed that our 5-year-old son, Jimmy, has a similar curve in his penis.

Could he have inherited this unfortunate condition from his dad? Is there anything I can do now to help him later in life? What causes this? Can it be corrected by surgery? Will he outgrow it? What specialist should I take him to?

— MARJORIE, HARTFORD

The condition you're referring to is called Peyronies (pa-ro-nee-z) Disease. The penis may curve upward, downward, or to the side (like the letter "J") because of areas of fibrosis (thickening) on the shaft. We really don't know the etiology of

all cases of Peyronies, but heredity can play a role. It can also be caused by injury, an auto immune disorder, or a drug side effect.

Mild curvature may just be a variation in penis shape. Unless it causes pain or prevents desired sexual activity, it may not present as a problem. But it can be emotionally challenging, nonetheless. Some boys, who discover there's something "different" about their genitals, may avoid locker rooms or group showers because they're afraid of not looking normal. Later, they might shy away from sexual closeness — worried about being identified as "bent" or "broken." Many men (like your ex-husband) may even avoid telling their physicians.

Regarding Jimmy, the first thing I'd do is call his pediatrician for a private chat. It's wise to check this out. But rest assured, if treatment is indicated there are a variety of nonsurgical and surgical options available. In some cases, Vitamin E may improve Peyronies — but make sure not to take these supplements without a doctor's supervision.

I commend you for not ignoring your worries and following up on your observations, Marjorie, but I

would tread lightly. Kids have a way of unnecessarily internalizing our concerns. Spontaneous resolution of Peyronies is common and your son is very young. He has a lot of growing to do.

Please keep me posted.

DEAR DR. SCANTLING:

When my partner and I have sex, I worry that I'll have difficulty falling asleep afterward and I usually do. Do you have any ideas about what I can do?

— DENISE, WETHERSFIELD

DEAR DENISE:

I wonder if you have difficulty falling asleep when you're not having sex. What's different about those nonsexual times? I'm going to assume that you sleep well on most other occasions.

Sexual excitement and orgasm floods our bodies with a host of chemicals including dopamine, nor-epinephrine, histamine, oxytocin and prolactin. When it comes to transient or persistent sexual insomnia, the reasons for sleeplessness vary from person to person and situation to situation. Many of my patients say they have

difficulty gearing down after sex. Some describe adrenaline-like surges after sexual stimulation — even if they've experienced a satisfying climax. Once their body switches into the "on" position they have trouble making the transition back to neutral. Some can't fall asleep because they feel anxiety at the thought of being left alone if their partner falls asleep before they do.

I don't know your age, Denise, but the peri-menopausal years of decreased estrogen are often accompanied by difficulty falling asleep or mid-night awakening. I frequently hear women say they'd like to talk or connect "a little more" after they make love. This is fine as long as your partner is game and you don't have to both get up for an early meeting and to tend to the kids.

For you, it sounds like your anticipatory anxiety, driven by your thoughts, is triggering what you fear. Learning to soothe your anxiety and quiet your thoughts will help you out of your predicament. It would also be helpful if you could figure out what's so frightening about being awake? What actually happens when you don't fall asleep? What do you do when you can't sleep and how does

your partner respond? What would you like from your partner? Have you told him or her?

Whatever you do, don't lie there obsessing. Use some of the many hints for good sleep hygiene: eliminate all caffeinated beverages or alcohol before bed, listen to some relaxing music, take a warm bath, or just hold onto your lover with your eyes closed. Focus on calming your breathing — in through the nose and out through the mouth — and let whatever happens happen. Don't get hooked by "what if" thinking. Before long, you'll be in lullaby land.

But if this sexual sleeplessness becomes a chronic problem, discuss it with your physician. Your body needs rest — as much as it needs sex!

Dr. Sandra Scantling is a licensed clinical psychologist and certified sex therapist in Farmington. You may e-mail her at AskDrScantling@aol.com; her website is www.drscantling.com. This column is not intended as a substitute for professional, medical or psychological advice. Case material used here includes composites and is not intended to represent any actual individuals.