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**VYAYAMASHALA AND PHYSICAL CULTURE
CORRESPONDENCE SCHOOL**

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PHYSICAL TRAINING THROUGH CORRESPONDENCE

VIRILITY RESTORED

When we come to investigate Masturbation dispassionately we find that it is so widely spread among the youths of to-day that to have practised it at one time or other is the rule rather than the exception. A great Sexuologist says 'Ninety-nine have masturbated at one time or other in their youth, and the hundredth simply does not confess the truth.'

It was the early Sexuologist, who, before the appearance of any authentic medical literature on the subject, persisted in painting this universal habit in horrible colours. Early writers and puritans regarded masturbation as the cause of the most fearful physical evils. Embarrassed looks, tendency to blush, paleness, rings around the eyes, hollow cheeks, thinness, anxiety, depression, hesitating manners, agitated appearance, shortness of breath, tendency to solitude were all said to be the result of masturbation. These opinions, which were grossly exaggerated were continually dinned into the ears of the masturbators, so that even those who had yielded to it in extreme moderation, discovered non-existent maladies in themselves and began attributing even their slightest ailments to the sin of masturbation. It is usually the intelligent, nervous type of man who felt these attributions more than his lethargic, thick built, mentally less active brother.

Thanks to the zealous study and observation of great psychologists, and sexuologists, modern medical science has come to the rescue of youths who felt lost believing the old, prejudiced, and extremely exaggerated views on the subject.

Dr. Garnier, who towards the end of the last century, studied the consequences of masturbation with all the zeal

that the question demanded, has collected a number of observations some of which reveal the state of mind of these hypochondriacs.

Norman Haire, an authority on the subject, says, "The truth is that over 90% of the people masturbate and that very few of them experience any lasting evil effects. Where evil effects occur, they are due in vast majority of the cases mostly to WORRY about masturbation and not the masturbation itself. IT IS ONLY IN EXTREMELY RARE CASES AND IN PERSONS OF HIGH NEUROPATHIC PREDISPOSITION THAT EVEN EXCESSIVE MASTURBATION CAN LEAD TO BAD RESULTS. It is again necessary to emphasise the fact that the neurasthenia is due to, not the masturbation itself, but to the guilty feelings (mental conflicts) which become associated with it owing to the faulty teaching on the subject."

Dr. Kapffs, in a pamphlet devoted to this question, describes in vivid terms the story of the inner life of a masturbator. "Thus the internal world of the masturbator becomes a desert, even more and more desolate, in which no green plant grows and no water of life flows, where there blows only the dry wind of the tempest burying the last green oasis. Evermore desert like, overwhelmed by images more and more extravagant, his soul becomes the prey of fixed morbid ideas while the noblest faculties of the mind, the power of thought and of judgment, sentiment, will and memory vanish more and more every day. Soon, there comes a dreadful melancholy, a feeling of disgust with life that no joy can overcome, and of indifference to society, conversation, the arts, science, religion and all that is fine. It is an internal death that leads to insanity or suicide."

Such effects are to be found particularly in emotional individuals, for otherwise, judging by the enormous percentage of young men who have attempted to satisfy themselves by means of masturbation, the greater part of the human race would be neurasthenic and inclined to commit suicide. Fortunately, these feelings of remorse and these struggles against one's own instinct are of very short duration and it is only the thinly built sensitive type of person who suffers.

The description given by Wilhelm Stekel without any false modesty of the calvary of his own youth is of special value in this connection. "Soon I experienced my first wet-dreams and the anxiety occasioned by this catastrophic event, with its loss of semen, haunted me irresistibly and caused me to

develop real hypochondria. I rushed off to doctors to get examined; I read a number of books which, to my sorrow, exaggerated my suspicions and added to my anxiety especially when none of the medical practitioners I consulted seemed to understand me. The spectre of masturbation and its after-effects haunted me up to the time I entered the university. I never ceased to consult the great scientific authorities of the time, but they only treated me with injections and electricity, with water and bromides."

Mr. Stekel afterwards states that he was cured as if by magic through consulting one of his professors who said that one emission a week might be considered perfectly normal. Dr. Norman Haire says it is only during the last two or three decades that medical science has revised its opinion on the subject of masturbation. Physicians and psychiatrists began to examine this problem in quite a new light. They soon discovered the fact on which we have already insisted, namely, that commonly accepted theories concerning masturbation could not stand the light of a scientific examination.

When we try to discover the causes of these erroneous ideas, broadcast for centuries and shared by those who were otherwise among the most enlightened, we can only make a statement, which, despite its simplicity explains a lot. Thanks to sincere confessions and to statistics which were not available during former times, we now know that 95% if not 100% of young men indulge in masturbation during puberty. Formerly the slightest disorder, the origin of which medical science had not yet sufficiently explained was often attributed to masturbation. When they saw a timid young man embarrassed and unsociable, the experts of former times came to the conclusion that he masturbated. Haire says that it is the ignorance of the real causes of the diseases met with in masturbators, that is responsible for the erroneous theory which made masturbation the bugbear of youth. Dr. Hirschfield, in a study of post-masturbatory exhaustion, has made an interesting observation on this subject. It is in the following way that he explains the fact that the lassitude observed in a man after the emission provoked by masturbation is more pronounced than after coitus. In masturbation owing to the loneliness produced by the absence of a partner there is an added physiological need. In the presence of a woman a certain amount of excitement still continues stimulating the activity of the glands, immediately provoking genital secretions and reducing to a

minimum the state of vacuity of the glands. The masturbator, once his act is accomplished, lacks all excitement and the vacuity is prolonged; and hence the lack of energy, lassitude and disgust. A really serious form of masturbation is interruption of masturbation before emission occurs, evidently to prolong the period of orgasm. The person who is habituated to this, runs much more risk of lapsing into impotence very soon. Masturbation when carried to excess may deaden the sensitiveness of the organ.

It would, however, be dangerous to draw too general a conclusion now, since normal masturbation is practically a harmless phenomena. Scientists have come to the conclusion that apart from attempts accidentally put into practice during puberty, this sexual perversion is an abnormal phenomenon when it becomes a regular practice in the adult. The limit is an individual question depending upon various personal factors.

I think there are no more fitting remarks than the words of Hirschfield and Bohm...."The lies with which the phenomenon of masturbation has been surrounded must be destroyed and youth must be liberated from the physical burden which is hard to bear. Man is not born a sinner any more than a tree, a bird, or a fish. To describe as bestial the sexual instinct of an adolescent and its manifestations is an injustice to mankind. When one sees individuals of both sexes tormented by sexual troubles and when advisers fill them with scare, one is tempted to exclaim:- "MAN! WHAT HAST THOU DONE WITH THY BROTHERS?"

Advice is often sought about the frequency with which intercourse should take place after marriage. No definite answer can be given to this question. Sexual appetite and capacity vary enormously with individuals. What is excess to one would be relative abstinence to another, the needs of an individual varying according to his endocrine and psychological make-up. If strong desire is present in themselves and in their partners there is no reason why intercourse should not take place. Obeying their instinct they will generally find that, after the temporary excesses immediately following the marriage, intercourse settles down to a definite frequency. Once or twice a week during the first few years of married life may be an average frequency; but this will gradually diminish as the years advance. In some rare and laudable cases

coitus does not take place unless both man and wife desire a child.

A young man and a young woman of healthy constitution will not be tempted to indulge in coitus too frequently unless some one or both of them possess abnormal sex craving. A wise man is he who has consideration for his wife's health and for THE GROWTH OF HIS FAMILY.

Sex is too vast and too deep a subject, and I must accept my own limitations in expounding this subject.

NIGHT EMISSIONS

Involuntary emissions occur in the normal male from puberty onwards. As a rule these emissions are accompanied by erotic dreams and erection; but, sometimes, they are absent and the person only realises that an emission has occurred when he wakes up the following morning. The frequency of emissions varies with different individuals and at different times. Two or three in a week may be followed by a quiescent period of a month or more. The stimulus to these emissions may be physiological or physical. Voluptuous thoughts may be followed by three or four emissions at short intervals. Mechanical stimulation of the genitals during sleep, such as the rubbing of the bed clothes, and soft bed, may have a similar effect.

A strict line of demarcation cannot be drawn between what is physiological and what is pathological. A healthy man may go for months without an emission and then have two, three or more in the course of a week. There are cases with an average of six to seven emissions a month over a period of years. Both cases are compatible with perfect health.

Whether emissions are physiological or pathological must be based on the effect that they have on the person. Not infrequently the person will complain of a feeling of lassitude and weakness on the following day. Sometimes he may suffer from pains in the head and back, or a feeling of mental depression. Symptoms pertaining to the eye such as difficulty of focussing, and a pain behind the eye or in the head, are also common. These and similar symptoms are almost invariably self-suggested and arise from his belief which equates seminal fluid with the "Life Force". Therefore, these emissions, though natural and normal, are often associated with mental depression and anxiety; especially anxiety

concerning one's potency. Only, if the emissions be excessive and affect the vigour and happiness of the patient should treatment be instituted. Treatment is required when emissions occur in the day time as well as at night, for this indicates that the tone of the muscles guarding the ejaculatory ducts has weakened or that the ejaculation centre is in an irritated condition.

Physical causes may also be responsible for this condition. It may be due to past attacks of Gonorrhoea or due to excessive masturbation. It may also be due to prostatitis, or as a result of over-stimulation and exhaustion of the sex function. Frequent pollutions in early manhood are also sometimes followed by premature ejaculation in later life.

In a large number of cases the most careful physical examination will fail to reveal any cause for the occurrence of pollutions. In such cases it is the central-nervous-system that is at fault. The person is of the highly strung, emotional, psychopathic type and is convinced that something is seriously wrong with him. Anxiety and excessive excitation may both act as causes. The excitation may not necessarily be sexual.

The treatment of over-frequent pollutions lies in the attention to a great number of minor details: (1) Mental pre-occupation. (2) Both physical and mental cleanliness. (3) Games, athletics and physique-building exercises. (4) Clean, healthy, wholesome, non-stimulating diet. (5) Removal of all exciting causes, e.g., stimulation of the external genitals, against a heavy and smooth covering,..... soft bed, tight pyjamas,....a full bladder and a loaded rectum. (6) Removal of Constipation. (7) The patient should never sleep on his back. To avoid sleeping on the back a towel can be worn around the waist with a knot over the small of the back (sacrum).

DRUG TREATMENT

The drugs found to be of material use in the treatment of excessive night emissions are the triple bromides (Potassium, Sodium, Ammonium bromides) and luminol - 15 to 25 grains of the former (all the three bromides together), or one grain of the latter being taken before retiring. Camphor-monobromide is also said to be depressant on the sex centres, and a six-grain capsule may be taken before retiring; the triple bromides may be generally preferred. This may be given in 20-

grain doses even twice daily according to the severity of the case; the dose being gradually reduced as emissions become less frequent. In extremely severe cases of emissions 3 to 5 minims of tincture of opium are added to the bromide mixture during the first two weeks of treatment. Where bromides have failed, Luminol is often successful. Luminol should only be given till that period when the emissions have fairly come under control, and should not be continued further.

In a few cases tincture of Belladonna seems to work the trick. The usual dosage is 10 to 12 minims twice or thrice a day. The maximum is 20 minims.

Besides the medical treatment, Electro and Hydrotherapy also may be tried. Cold packs to the genitals and warm packs to the sacral region (the small of the back) have been tried and found good. Cold douche on the glans-penis is sometimes beneficial.

In extreme cases of nocturnal emissions, where every possible treatment has failed 'Vaso-ligature' is the last resource and it must be done by a competent surgeon.

PROSTATORRHEA, SPERMATORRHEA AND URETHORRHEA:-Considerable confusion exists on the subject of prostatorrhoea, day-pollutions and spermatorrhoea. The differential diagnosis between the first two conditions - namely prostatorrhoea and pollutions - rests on microscopical examination and the determination whether spermatozoa are present in large numbers in the discharge. Between day-pollutions and spermatorrhoea there is a difference not of degree but of kind.

Spermatorrhoea is a name that implies a constant escape of the secretion of testicles, prostate and seminal vesicles. This occurs only in cases of chronic gonorrhoea. Pollutions are only occasional escapes and not associated with any disease or sexual disorder whatsoever.

PROSTATORRHEA is the escape of prostatic fluid through the urethra independently of the organ. Such an escape is particularly liable to take place when one is straining at stool, after urination, and at times of sexual excitement. Usually the Indian boy is horror-struck when he sees this mucilaginous matter escaping through his urethra when he strains at stools. He thinks he is losing the vital fluid 'the semen'. The prostatic fluid often escapes before or after urination. This also is grossly mistaken to be an emission. Sometimes when a person is sexually excited and at times just before the

act of coitus prostatic fluid escapes, and this is mistaken for a premature ejaculation due to extreme sexual weakness and approaching impotency.

Excessive prostatic emissions may be due to extremely weakened or relaxed prostatic ducts, as a result of excessive masturbation; or may be due to an inflammatory condition of the prostate glands, in which case a microscopical examination must be made of some expressed secretion of the prostate and adequate measures must be adopted.

If it is due to excessive masturbation, every form of sex-excitement must be avoided and steps must be taken to break off the habit of masturbation. Special attention must be paid to the bowels moving regularly and freely. The patient should not get alarmed, for, the fluid is not semen but only prostatic fluid the loss of which has no devastating effect upon his health or virility; nor will it make him impotent.

Regular physical training, plenty of open air life and sports will do a lot of good. A tonic containing arsenic and strychnine may be used with benefit. Cold water enema and cold-water douche for the glans-penis is also recommended. Prostatic massage administered by an expert masseur is also beneficial.

SPERMATORRHEA:-A true case of spermatorrhea is extremely rare. Microscopical examination is the only true diagnosis. Even if spermatozoa are found in the discharge, spermatorrhea must not be diagnosed unless spermatozoa are present in great numbers. True spermatorrhea namely oozing of semen without erection or pleasurable sensation is only found in the most aggravated forms of atonic impotency.

URETHORRHEA is a term which merely indicates the escape of urethral secretion of Cowper's gland or prostate gland as a result of urethral irritation, alcohol, irritating foods, cycling and sex excess. A person may mistake this natural phenomenon for an emission, and become panic-stricken with the idea that he is suffering from premature loss of semen. For such patients advice is required than treatment.

PREMATURE EJACULATION

Premature ejaculation may result from a variety of causes, for example, lowered endocrine functioning, affections of the sexual organ, lesions of the central-nervous-system, and psychological causes. Fear, anxiety, confusion and shame

have a marked effect on the mechanism of ejaculation. Premature ejaculation is very apparent in those addicted to heavy and prolonged masturbation. Fatigue of the central-nervous-system and particularly fatigue arising from excessive sex stimulation may also lead to premature ejaculation. Persons who are suffering from this malady should take plenty of rest. They must abstain from coitus and masturbation. They should withdraw from every form of stimulation-erotic literature, endearments, presence and even thought of women, till they recover fully. Hypersensitiveness of the urethra is a predisposing cause, prostate weakness is another, hypersensitiveness of the glans-penis is yet another cause.

Drug cures for this trouble are the Bromides, Eserine and Belladonna. Physical exercises and Yoga Asanas for the spine and the strengthening of the lumbar muscles do much good.

MALE HORMONES, AS A CURE FOR IMPOTENCY AND PREMATURE EMISSIONS:-The fact that only a very small amount of male hormones can be obtained from the testes, has till recently proved an obstacle to successful treatment by means of testicular extract, whereas glands such as thyroids, store large amounts of hormone in concentrated form, the amount of internal secretion within the testes at any given moment is very small. F. C. Koch has estimated that to obtain one dose of testicular hormone, anything from 75 to 100 grams of testicular tissue are required. But the effect produced by this one dose is negligible, and to produce an appreciable result it is necessary to use the hormones in milligrams of pure secretion, say 100 to 200 milligrams. To obtain this, at least one ton of bull's testicle must be used. It very nearly means destruction of at least 100,000 bulls to restore one man's virility. In the year 1931, Butenand discovered that the male sex hormone could be extracted from the human urine, and later on, Ruzicka succeeded in extracting an identical substance to the male hormone from cholesterol. As a result of this, it is possible now to give patients, male hormones in oil media or alcoholic media by intramuscular injections. Among these, Androserone, Testosterone, Testoviron are widely used. Quite recently a number of others have come into the market. The usual dosage is 15 to 20 mg. per week for 3 to 6 months according to the severity of the case.

Sometimes when impotency is due to hypo-thyroidism small doses of thyroid may be given orally or combined with the

hormone injections. Impotency may also be due to low functioning of glands called the 'Anterior-pituitary' or the 'Suprarenal'.

Phosphorous salts, Domiana, Arsenic, Ergot, Yohimbine, Strychnine and Nux-Vomica are also given in reasonable doses orally to combat impotency.

High frequency diathermy currents are sometimes applied to the testicles to increase the testicular secretion. I shall not go here into the details of Surgical treatment of curing impotency and premature emissions.

When emissions are due to weakened ejaculatory sphincters, owing to excessive coitus or heavy and prolonged masturbation, the following two 'BANDHAS' taken from 'Hata-Yoga' yield good results. But as already mentioned, attention must be paid to a large number of minor details, without which a thorough cure is IMPOSSIBLE. I am detailing them again for your benefit.

1. Devotion to Work. 2. Cleanliness Physical and Mental.
3. Interest in sports, athletics and Physique-building exercises. 4. Clean, healthy, wholesome non-stimulating diet (avoid spices, sour and pungent preparations, pickles, chutneys, heavy meat dishes, fish, eggs, and fowl).
5. Avoid Tobacco, tea, coffee and alcohol. 6. Avoid tight fitting dresses, heavy and smooth blankets and soft beds.
7. Avoid pictures which are romantic and sexy. 8. Avoid reading cheap and romantic novels and pornographic literature.
9. Never sleep on your back. 10. Urinate before going to bed and once again during night or early morning hours. 11. Shun bad society and associate with those that have lofty ideals and morals and can elevate your mind. 12. Practise taking regular cold baths. 13. Do not sleep in hot stuffy rooms. 14. Do not go to bed with a loaded stomach or a loaded rectum. 15. Before going to sleep, recount to memory all that you did during the day and sit in judgment over them. Think of all things that you have to do to-morrow, plan out your future and make strong resolutions. 16. Do not go to bed unless you feel quite sleepy.

Constipation is the foremost cause of night emissions. See that your bowels move regularly and freely. Every effort must be made to combat constipation and root it out. Two or three tea-spoonfuls of liquid paraffin or olive oil may be taken nightly before retiring, until the bowels begin to behave.

'MOOLA BANDHA'

Hata-Yoga says that Moola Bandha, if regularly practised, makes a man an 'oordhwa retaska'. (Vital part of the food is not utilised for the formation of semen.) It strengthens the prostate and Cowper's glands, and the ejaculatory sphincters. The 'Bandha' can be practised anywhere and any time, sitting, standing or lying down. The anus (sphincter-ani) is tightly contracted by voluntary muscular effort and held in that contracted condition 3 to 5 seconds. It is then relaxed for the same length of time. Thus, this contraction and relaxation is practised alternately for two or three minutes at a time, twice or thrice a day and particularly before bed time. There is no further need of explaining how this 'Bandha' is done.

Let me make it more simple for those who have not understood the technique. The act of defecating relaxes the sphincter-ani. After defecation the anal-sphincters close. A prolonged voluntary contraction of these anal-sphincters is called "Moola-Bandha".

The effect of this muscular contraction—vigorously done—is carried deep into the rectum, to the levator-ani, to the prostate glands and to the seminal-sphincters. The alternate contraction and relaxation acts as a massage to the prostate glands and to the tissues surrounding.

This "Moola-Bandha" can be practised along with one other important Yogic exercise "VRISHANA-AAKUNCHANA" (the drawing up of the Margos inside the testes by means of abdominal retraction). This exercise is as easy as the one above, but it must be correctly understood. It tones up the testicular condition and at the same time strengthens the ejaculatory centres, prostate glands, and the sphincters that immediately control the seminal vesicles. This exercise is specially good in cases of weakened seminal-sphincters owing to sex excess or to unrestrained self-abuse. It wards off impotency, premature ejaculations, and involuntary emissions. This exercise is otherwise known as the key exercise to "Vajroli" (a practice avoiding orgasm even in trying conditions; which is essentially a "Sadhana" for self-restraint).

TESTES:- The male reproductive glands are a pair of oval-shaped, slightly flattened bodies placed within the cavity of the scrotum. In these glands are produced spermatozoa (The male sperm) which along with other liquid secretions gets stored up in the seminal-vesicles.

Each duct that connects the testicle with the seminal-vesicle is called the ductus-deferens (Spermatic-canal). When this spermatic canal originates from the testicle, it is very much twisted. Soon it becomes thick and less twisted, and passes upwards underneath the pubic-bone. Then it crosses the inguinal-ligament and inguinal-ring and enters the lower parts of the abdomen, where it can be felt between the finger and the thumb. The duct now changes its course and runs somewhat medially, and then once again, becomes tortuous and finally becomes much dilated just when it converges into the ejaculatory duct with the seminal-vesicle. This anatomical detail was necessary to point out the close attachment of the spermatic-cord, to the inguinal and lower-abdominal muscles.

With weakness, age or sexual excess, the scrotum becomes a pendulous bag and the spermatic-cord becomes thin and attenuated. This must not be mistaken with the flaccid condition of the scrotum that often comes about with changes in bodily condition as a result of exercise or inclement weather.

Strengthening the spermatic-duct, stimulating the testes to better activity by increasing its blood supply and at the same time strengthening the ejaculatory-sphincters is the purpose of this exercise "Vrishana-Aakunchana".

THIS IS HOW IT IS DONE:- "Vrishana-Aakunchana" can be done sitting, standing or in lying down position; but till well under practice it is better done lying on the back.

Lie on your back with knees well drawn up together. First of all relax your body well. Then retract the lower abdomen inwards, simultaneously contracting the anus powerfully (Moola-Bandha). Try and draw your testes upwards. If this is properly done, you should feel both testes moving up, a quarter of an inch or more. This can be felt with your fingers if you carefully watch.

Maintain this powerful contraction of the anus, this depression and the contraction of the lower abdomen (both of which have together helped in drawing up the testes) from 3 to 5 seconds, and then relax them all for the same length periods. This exercise does not in any way disturb your normal breathing; if it did, it does not matter. May be in certain stages of practice you may be forced to inhale or suspend breathing while you contract, but with the relaxation comes exhalation.

To explain this control anatomically "the sphincter-ani, levator-ani, bulbo-cavernosum along with the rectus-abdominis," all undergo a powerful contraction; this draws the margins in the scrotum upwards, and, at the same time passes the wave of contraction up the rectum to the prostate glands.

The voluntary retraction and suction of the rectus-abdominis muscles wields a powerful action over the inguinal-ring, and the inguinal-muscles, which, along with its muscular movements, draw the spermatic-cord (ductus-deferens) upwards, which is solely responsible for the upward moving of the testes in the scrotum.

The exercise "Vrishana-Aakunchana" can be practised twice or thrice a day, a couple of minutes each time and once again at night on the bed before going to sleep. This is sure to bring the worst type of night emissions fairly well under control.

"Vrishana-Aakunchana" by itself can be practised without occasioning the "Moola-Bandha". But it needs a large amount of practice. That is why, I had to combine "Moola-Bandha" and "Vrishana-Aakunchana", to make it easy for the beginner.

I could explain to you vividly all that happens in each muscle; how these muscular contractions are passed on from muscle to muscle; how the contraction of sphincter-ani passed on the impulse from the lower ring to the upper ring until the prostate gland gets the benefit of these alternate contractions and relaxations (like massage); but, you may get confused with the technical names and with what may be for you, unnecessary details. The explanations given seem enough. Have faith and practise this "Vrishana-Aakunchana" which is a panacea for weak prostates, weakened sphincters, excessive seminal emissions, premature ejaculation and fear of impotency. The market is full of spurious and dangerous drugs which are harmful. Warn your friends who may be ignorant of such dangers.

There is nothing better than living a physical-culture life to overcome all such bad habits and all the evil results of the follies and sins of youth. Nature is ready to help you when you understand her.