

Editor-in-chief's voice

Call For Papers in Sexual Medicine

Who knows only his own generation remains always a child
*George Norlin**

Dear Authors, Colleagues and Readers,
Human sexuality and the treatment of sexual dysfunction constitute one of the last frontiers in medicine. Despite the fact that we are living in a hypersexed world, with naked breasts around every cyber-corner of our digitalized universe and even hair spray being sold to us by orgasm, our attitudes towards sex are far from relaxed. Upbringing, religious beliefs, role models, peer groups and numerous other factors are responsible for that creepy, creepy feeling that is sneaking up on most of us when it comes to patients with sexual problems. Our patients also underlie the Great Taboo and even if half of them want their doctors to address the issue, avoidance from both sides is the predominant attitude in doctor's office.

It was shortly after the Sexual Revolution back in the 60's that groundbreaking progress was made in the treatment of sexual dysfunction. Protagonists like Masters & Johnson used psychotherapeutic techniques and coined the term Sex Therapy as early as in 1958. By that time, sexual dysfunction was believed to be exclusively psychogenic. After some progress in the 70's and 80's with sex therapy becoming sort of a brand name, Sildenafil entered the markets in 1998 and changed the world forever. Erectile dysfunction, the most visible of them all, was treatable effectively, fast and without asking too many questions about that "filthy business". From being psychogenic, sexual dysfunction turned molecular. A body-soul dichotomy emerged, which can be seen from the terms used for the specialty. What would be the difference between sexual medicine, sexology or andrology? Is it sexual medicine when a physical cause can be determined and sexology when all lab-parameters, x-rays and physical examination turn out negative? Is aging, erectile dysfunction or infertility a problem that is exclusive to the male? Where is the partner in andrology?

It is our firmly held belief that we are on the wrong track to separate body from mind and regard sexual dysfunction as a problem of one person only. Every disturbance in sexual function affects body, mind and the couple alike. We tend to forget that body-mind dichotomy has been outdated for a long time and that human sexuality is a bio-

psycho-social phenomenon. The couple is the patient because sex is a physical communication. If it is broken, both will suffer, as can be seen from the fact that partners are significantly more likely to develop sexual problems themselves. Every treatment has to be discussed with the couple. The high rate of discontinuation of PDE-5 inhibitors bears witness of failure to do so. Therefore, it is well worth to have a look back in time and find out how sex therapy can contribute to modern combination therapy. But what is sex therapy today? Frankly, we don't know because there is no standardization, little is published about contemporary methods and evidence in the form of randomized controlled trials is next to non-existent.

We want to encourage you to team up with your colleagues from psychiatry and gynecology and gather your forces to come up with novel solutions in the treatment of sexual dysfunction. It is our vision for the section of andrology and sexual urology to be somewhat different from the usual. We are looking forward to receiving your manuscripts and we will be more than happy to publish them!

Yours,
Stefan Buntrock & Tomasz Drewa

*George Norlin (1871–1942), former president of the University of Colorado



Tomasz Drewa



Stefan Buntrock