Medical Maladies during the Honeymoon: A Review

Sachi Sri Kantha

ABSTRACT

Objective: I have reviewed 9 original studies and 5 case reports, published since 1977, describing the medical maladies during honeymoon.

Methods: The databases PubMed, Thomson Reuters' Web of Knowledge (apps.webofknowledge.com), JSTOR (www.jstor.org), project MUSE (muse.jhu.edu), and those of commercial publishers Elsevier (www.sciencedirect.com), SAGE publications (www.sagepub.com) and Springer Verlag (www.springerlink.com) were used to collect the published literature.

Results: Though marginal at best, the low numbers of published reports indicate a logistical difficulty in conducting prospective studies on honeymooners. Maladies of genitourinary system include honeymoon cystitis, honeymoon impotence, honeymoon dyspareunia and penis captivus. Maladies of non-genitourinary systems include honeymoon psychosis, honeymoon rhinitis, travelers' diarrhea, honeymoon malaria, toxic hepatitis, fish poisoning and honeymoon asthma.

Conclusion: Premarital sex had shown a remarkable increase in USA and other populous counties like China, India, Japan, Brazil and Indonesia lately. As such, coital rates and coital frequencies precede many honeymoons now. By extrapolation, medical maladies during the 'real' honeymoon period may precede the married couple, before they venture into a honeymoon. Nevertheless, many societies in Asia and other non-industrialized countries are very conservative for religious and cultural reasons. Introduction to sexual adventure between couples begins only after solemnization of culturally condensed marriage.

KEY WORDS

diarrhea, honeymoon cystitis, honeymoon impotence, intimacy, tourism

INTRODUCTION

The suffix 'moon' in the word 'honeymoon' refers to the first month of marriage. The prefix 'honey' is interpreted as the 'sweet-tasting (like honey) month' in a marriage, when a newlywed couple set up plans and hopes for their future life. An alternate interpretation for 'honey' in the world honeymoon is that by tradition, newly married couples were said to sip honey on each of the first 30 days of their post-wedding phase. This tradition could have been for health reasons or for symbolic reasons. Apart from being a tradition, Powell and Grunen3 indicate that the honeymoon also serves varied functions, which include, (1) a relaxing period of adjustment to being married, (2) a symbolic breaking away from the family, (3) a chance for intimacy before returning to the 'rat race', (4) a chance to get to know one another, (5) a mean of relaxing and recovering from the hectic activities of the marriage planning and ceremony, (6) a chance to establish the couple as a new family unit, and (7) a starting point for family life.

In his 1982 autobiography, renowned British actor Laurence Olivier (1907-1989) had reminisced humorously about his 1930 honeymoon experience of having cots in with his first wife Jill Esmond, in Britain. An excerpt follows: "I have never been able to think of that slightly pagan festivity referred to as the honeymoon as anything but disastrous, and I am sure that Jill has always felt the same. After some hesitant efforts to accomplish something we hoped would pass for foreplay - my own efforts, I know, would not pass muster in a third floor back room in Lime Street, and all that would rest in my wife's memory would be an endurance test - at last we turned away from each other. I remember going to sleep with the dizzingly selfish talk, 'My wife doesn't suit me!' as if to some club friend. Ah, well, all men are pigs. I was only human..." At that phase, Olivier was aged only 23.

In 1964, Rapoport and Rapoport1 contributed a review on the cultural perspectives of honeymoon custom in Western civilizations, especially the American version of a honeymoon. They identified three patterns: (1) lovers' nest grouping of newlyweds, in exotic locales such as Bermuda and Niagara Falls; (2) perpetual mobile honeymoon, where the couple travel 'often without predetermined plans, reservations, schedule or itinerary, but with a budget and a date for return'; (3) vacation type honeymoon. In the past five decades or so, due to American influence in politics and culture, even the newlyweds in Oriental countries (such as Japan, Korea and India) have adopted the third pattern as a favorite rite of passage, before setting up a new household. To cater for the interests of newlyweds constituency, honeymoon industry has blossomed. Hawaii was one of the popular honeymoon location for Western and Asian newlyweds.

In this review, I have focused on the medical maladies that crop up during the honeymoon period. Available literature on this theme is scanty and dispersed. For embarrassing reasons, only a few extreme cases that deserve medical attention might have surfaced for medical care. For convenience, I have split the maladies into three concerning, (1) genitourinary system, and (2) non-genitourinary systems. Obviously, some overlap between this convenient division needs recognition. For instance, erectile dysfunction (honeymoon impotence) in men may be of psychogenic origin or vasculogenic origin. Similarly, honeymoon dyspareunia in women may be of psychogenic origin or organic origin.

METHODS

Sources for this review were based on published reports that appear in databases such as PubMed (www.pubmed.gov), Thomson Reuters' Web of Knowledge (apps.webofknowledge.com), JSTOR (www.jstor.org), Project MUSE (muse.jhu.edu), and those of commercial publishers Elsevier (www.sciencedirect.com), SAGE publications (www.sagepub.com) and Springer Verlag (www.springerlink.com) were used to collect the published literature.

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Table 1. Maladies in the Genitourinary System

<table>
<thead>
<tr>
<th>Malady</th>
<th>number studied</th>
<th>study location</th>
<th>reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Honeymoon cystitis</td>
<td>29 women</td>
<td>Philadelphia, USA</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>41 women</td>
<td>Bristol, UK</td>
<td>17</td>
</tr>
<tr>
<td>Honeymoon impotence</td>
<td>80 men</td>
<td>Cairo, Egypt</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>25 men</td>
<td>Cairo, Egypt</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>90 men</td>
<td>Istanbul, Turkey</td>
<td>21</td>
</tr>
<tr>
<td>Fetics capitis</td>
<td>1 man</td>
<td>Isle of Wight</td>
<td>23</td>
</tr>
<tr>
<td>Honeymoon dyspareunia</td>
<td>1 woman</td>
<td>West</td>
<td>24</td>
</tr>
</tbody>
</table>

*We refer to feasible, the honeymoon location is indicated. In the absence of such details, the authors' institutional location is provided.

Table 2. Maladies in the Non-genitourinary Systems

<table>
<thead>
<tr>
<th>Malady</th>
<th>sample</th>
<th>study location</th>
<th>reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travellers' diarrhea</td>
<td>281 individuals</td>
<td>Goa, India</td>
<td>27</td>
</tr>
<tr>
<td>Honeymoon</td>
<td>941 individuals</td>
<td>Mombasa, Kenya</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td>7,167 individuals</td>
<td>Montego Bay, Jamaica</td>
<td>27</td>
</tr>
<tr>
<td>hepatitis</td>
<td>426 individuals</td>
<td>Fortaleza, Brazil</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td>30 couples</td>
<td>Jaipur city, India</td>
<td>28</td>
</tr>
<tr>
<td></td>
<td>16 couples</td>
<td>Honolulu, USA</td>
<td>9</td>
</tr>
<tr>
<td>Honeymoon</td>
<td>22</td>
<td>Sevilla, Spain</td>
<td>29</td>
</tr>
<tr>
<td></td>
<td>1 year man</td>
<td>Zanzibar, Tanzania</td>
<td>21</td>
</tr>
<tr>
<td>malaria</td>
<td>1 year woman</td>
<td>Osaka-Tokyo, Japan</td>
<td>30</td>
</tr>
<tr>
<td>hepatitis</td>
<td>1 couple</td>
<td>Santo Domingo, Dominican Republic</td>
<td>32</td>
</tr>
<tr>
<td>Toxic hepatitis</td>
<td>1 year man</td>
<td>Samos Island, Greece</td>
<td>33</td>
</tr>
<tr>
<td>Honeymoon</td>
<td>1 year man</td>
<td>India</td>
<td>34</td>
</tr>
</tbody>
</table>

*Wherever feasible, the honeymoon location is indicated. In the absence of such details, the authors' institutional location is indicated.

RESULTS

Table 1 provides a summary of maladies in the genitourinary system. These maladies include, honeymoon cystitis,3,15, honeymoom impotence,3,15, penis capitis2,15, and honeymoom dyspareunia3. The fact that honeymoon period in newlyweds provides ample opportunities for intimacy and experimentation that leads to high frequency of colitis2,15,16 relative to post honeymoon period may account for a higher incidence of maladies such as honeymoom cystitis in women and honey- moom impotence in men.

The condition of honeymoom cystitis in women is described as the urge to void urine immediately after coitus, which is accentuated by the irritation of the posterior wall of the bladder due to repetitive periurethral thrusts. From the urine sample of 11 couples, Buckley et al.3,17 inferred that colitis results in an increase in colony counts of bacteria of more than one log in clean voided urine specimens in 40% of the couples studied. They also concluded that such colitis-induced increases in bacterial counts are asymptomatic and transient. Smith et al.3,18 had reported that they were successful in treating honeymoom cystitis in 41 patients, urethroplasty surgery. The net result of this surgery technique was to free the distal urethra from its vaginal attachments.

Between 1989 and 1999, Usta et al.3,19 had treated 96 patients in Turkey for honeymoom impotence, with an intracavernous injection of 60 mg papaverine with sildenafil and sexual stimulation to assess the degree of penile tumescence. Among this sample, 51 patients had psychogenic etiology, 26 patients had periurethral abnormalities and the remaining 19 patients suffered from neurogenic erectile dysfunction (ED). This study was conducted before the introduction of sildenafil (Viagra) drug. Shanmugam3,20 had reported his observations on 100 patients in Cairo who suffered from honeymoom impotence. Akin to the sample of Usta et al.3,19, Shanmugam3,20 also inferred that 74 of his patients had psychogenic etiology. Of the remaining 26 patients, 22 had vasculogenic ED and were treated with sildenafil or combined therapy. The remaining 4 patients underwent venous surgery. A subsequent report from the same group3,19 concluded that they were able to treat 45 patients suffering from honeymoom impotence with tadalafl (Cialis). Majority (34 patients) needed tadalafl for less than one month.

Penis capitis is a rare condition that is widely rumored to occur in humans where the erect penis cannot be withdrawn from the vagina until it returns to its flaccid condition.3,15 Though Forceacar et al.3,15 had mentioned that this condition has not been clinically documented, one specific report on honeymoom couple was recorded by Musgrave3,15. Relief and status quo was restored by giving an anesthetic to the woman.

Dyspareunia refers to sexual dysfunction characterized by difficult or painful intercourse or by an inability to enjoy coitus.3,15 This condition may occur in both women and men. In women, causes of dyspareunia may be of psychogenic origin (including a variety of fears, anxieties and previous traumatic experiences) or organic origin (such as lack of vaginal lubrication followed by forced coitus or vaginal/pelvic infection). In men, causes of dyspareunia are usually organic in origin, which involves Peyronie's disease or a deformity of the penis. Though com-

mcm sense dictates that honeymoom dyspareunia cannot be a rarity like penis capitis, reports that quantitate this condition have not been found yet. Table 2 provides a summary of maladies in the non-genitourinary systems. These maladies include, travellers diarrea3,15, honeymoom psychosis3,15, honeymoom rhinits3,15, honeymoom hepatitis3,15, honeymoom malaria3,15, as well as other food and drink related disorders like fish poisoning3,15 and toxic hepatitis3,15. It seems obvious that honeymoom couples do face digestive system related maladies in their vice to experiment unusual foods and drinks in unusual locales for which their body rhythms have yet to adapt. Honeymoom asthama3,15 was reported recently in a young man who experienced severe dyspnea after his first and second experiences with colitis.

Two retrospective studies on honeymoom psychosis (16 Japanese couples who spend their honeymoon in Hawaii3,15 and 30 Indian couples seeking divorces3,15) are available. Both studies included controls. While the age range of Japanese honeymoom couples was indicated as 23-37 years, the age range of Indian honeymoom couples was not recorded. A report by Steffen et al.3,15 to collect epidemiological data on travelers’ diarrea appears to be the largest study conducted on honeymoomers, in terms of sample number and four different honeymoom locations (Goi, India; Mombasa, Kenya; Montego Bay, Jamaica; Fortaleza, Brazil) so far. The incidence rate for travelers’ diarrea among honeymoomers in Goa, Mombasa and Montego Bay were 70.6%, 67.0% and 50.0% respectively. Furthermore, case reports do exist about honeymoomers suffering from other food and drink-related disorders3,15.

DISCUSSION

Johanns3,15, reporting on the American married college students and their honeymoom experiences in 1986, had recorded that he could locate only three other studies which deal in part at least with honeymoom behavior. These three studies on American honeymoomers were published between 1947 and 1956. For this review, I was able to collect 9 original studies (from 1978) and 5 case reports (from 1977) describing the medical maladies during honeymoom. All the original studies and case reports were of retrospective design. Though the number of original studies and case reports reviewed here seem marginal at best, they do indicate a logistical difficulty in conducting prospective studies on honeymoomers.

Due to lax societal norms in the second half of the 20th century, premarital sex had shown a remarkable increase in many countries6,15, including USA6, China6, India6, Japan6, Brazil6, and Indonesia6. As such, unlike the situation faced by Laurence Olivier in 1936, costly rates and coital frequencies among couples precede many honeymoons now. Thus, by extrapolation, medical maladies during the honeymoom
period also precede the bonded couple, before they venture into a honey-

Nevertheless, one should not assume that this pattern is the norm. Many societies in Asia and other non-industrialized countries are very conscious of social, religious, and cultural reasons. Introduction to sexual adventure between couples begins only after schematization of culturally

married family unit and how these issues affect their overall health condition. Furthermore, rational or irrational fear on men whether they commit any sexual abuse or sexual assault on their partners or the prevalence of real or assumed sexual dysfunction among couples deserves further study.

REFERENCES


18) Olsen AM. The cause, the gender and the patient. JAMA 1985; 256: 2900-2904.


