

# Relation between Mouth Breather Patients and Their Sexual Activities, Pilot Study

Amir Khalid Hassan

QAF, Medical Services, Doha, Qatar

**\*Corresponding author:** Amir Khalid Hassan, BDS/MDS, QAF, Medical Services, Doha, 24478, Qatar, Tel: 0097455835687, E-mail: amiralagidi@gmail.com

**Citation:** Amir Khalid Hassan (2019) Relation between Mouth Breather Patients and Their Sexual Activities, Pilot Study. J Oral Health Dent Sci 3: 201

**Article history:** Received: 24 February 2019, Accepted: 13 May 2019, Published: 15 May 2019

## Abstract

The importance of mouth breathing to sexual activities was tested statistically. 120 patients attending QAF clinics were selected who have approved mouth breathing habits. Simple direct questioner was made to be asked orally to the selected patients about their sexual activities. It was found that there is a direct relation between them.

**Keywords:** Mouth breather; Sex activity

## Introduction

As dentist, we are facing a lot of patients who are mouth breather patients. They came with many symptoms such as; maxillofacial discrepancies or ear, nose and throat (ENT) problems leading to mouth breathing habits. Their dental symptoms are associated with gingivitis (at different levels), teeth proportions and setting (occlusion) and finally associated with dry mouth and its complications [1-3].

Sexual activities are always related to good balanced (sympathetically and para-sympathetically) breathing which is very essential in reducing inner stresses therefore enhance sexual activities measures [4-6]. Mouth breathing will act to higher the sympathetic actions (alerting), while the nose breathing acts to higher the parasympathetic actions, leading to lower stresses. It was well stated that men who can control their breathing can control their bodies in all maneuvers [7-10].

Erectile dysfunction, premature ejaculations, reduced libido, are all associated with stresses and hyperactivity of parasympathetic part of nervous system and their effects on penis and clitoris as well for female sex drive, hormones and menstrual cycle [8-11].

Nose breathing is better for lungs, because it is warmed, humidified and fairly cleaned. On the contrary; mouth breathing causes constricted airways, irritated air passages with high phlegm to excrete. Nitrogen oxide (NO) liberated by sinuses in the nose and inhaled with air down to lung. It acts on widening airways and blood vessels, leading to better breathing and oxygen usage. It was found that nitro glycerine medicament was the main drug used to enhance (NO gas) liberation [12-30]. Keeping in mind that Viagra drug was firstly invented to replace nitroglycerine. These (NO) and (CO<sub>2</sub>) gases have relaxing effects on the straight muscle surrounding penis [10]. It was stated that mouth breather breathe (inhalation and exhalation) nearly 2-3 times more than normal that will reduce the level of (CO<sub>2</sub>). Corrections of the ENT problems relieve mouth breathing effects and enhance the liberation of (NO). It was found that from 29 male examined with nasal polyp and suffered from reduced sexual activities. After treatment of their ENT problems and start of nasal breathing; 34 per cent of them improved sexually [4].

Orofacially; Breathing through nose will initiates the face to grow downwards and backwards. While breathing through mouth will initiates the grow of the face forwards making the face look long and narrower at the same time the nose will look larger and the chin is narrower. The presence of deep palate (v shaped mostly) is found as well as crooked teeth, smile with gum exposure. Mouth breathers will place their tongue downwards to allow air to pass in and out through the mouth, this will affect badly on the development of the maxillary teeth [1-3]. This study was made to highlight the importance of nose breathing and fasten the treatment of mouth breathing. Our main goal of this study to find the extent of this problem in Qatar.

## Materials and Methods

A direct survey was made at the period (14-1-2018 till 15-9-2018). 120 married males were chosen, their age ranged 20-65 years. The survey was carried in confident and seriously precautions were taken to protect the information's received. The survey had the following questions:

- i) Do you have one of the approved\said (felt) conditions such as; erectile dysfunction, premature ejaculations, reduced libido.
- ii) Do you suffer from any sexual problems from the physical fitness point of view?
- iii) Do you have breathing difficulties (excluding asthma) such as; sleeping dispenea, snoring, uneasiness to breath during exercise.
- iv) If he had any document for his illness or he is willing to be sending for investigations.

According to the verbal survey, most of the patients were cooperative in questions 1, 2, 3 only; they were unwilling to provide any documents so they refused question number 4. So it was cancelled from the study although it was very essential.

Orofacial analysis and examinations were carried by one dentist to standardise the study. The examiner were asked to identify the following; patency of the nasal air ways, breathing, nose clearance, form of palate, teeth position using dental mirror and ENT scope.

All data were tabulated and classified according to age groups and a simple statistical analysis was made to identify the relation between the presence of any of the sexual incompetency and mouth breathing using simple percentage of the means of the groups studied.

## Results and Discussion

It was found that mouth breather patients with sexual difficulties such as Erectile dysfunction, premature ejaculations, reduced lipido was (67.5 percentage), while mouth breather without sexual difficulties was (32.5 percentage) (Table 1). This was found in most of the age groups patients. Therefore a direct positive relation can be drawn between them. This is confirming the studies been made for the reasons mentioned previously [20-33].

Age (Years)	No. Patients	Mouth breath with symptoms (No.)	Mouth breath with symptoms (%)	Mouth breath without symptoms (No.)	Mouth breath without symptoms (%)
20-35	32	20	26.6	12	37.5
36-50	37	34	30.8	3	8.10
51-56	51	27	42.5	24	47.05
<b>Total</b>	120	81	67.5	39	32.5

**Table 1:** Mouth Breather Patients

Further studies should be required a higher scale bases and fully liberated medically and laboratory and dentally to widening this pilot study which is based on verbal-dento-nasal simple examinations. People living in the gulf have higher incidence of nose and throat problems due to desert surroundings, hot climate and the use of air conditioners the presence of hot climate, therefore cautions should be taken.

An inference can be drawn from this study guiding dentists to identify the importance of nasal breathing and trying to correct it at the earliest, as correcting help improve patients future. This will cure patients socially, physically, psychologically and maintain their future families.

## References

1. Tourne LP (1990) The long face syndrome and impairment of the nasopharyngeal airway. *Angle Orthod* 60: 167-76.
2. Proffit WR (2016) *Contemporary orthodontics* (6<sup>th</sup> Edn), Elsevier Company 4: 215.
3. Marwah (2008) *Pocket book pedodontics*. Jaypee Brothers Ltd, New Delhi 8: 70-80.
4. Gunhan K, Zeren F, Uz U, Gumus B, Unlu H (2011) Impact of nasal polyposis on erectile dysfunction. *Am J Rhinol Allergy* 25: 112-5.
5. Lundberg JO, Settergreen G, Gelinder S, Lundberg JM, Alving K, et al. (1996) Inhalation of nasally derived nitric oxide modulates pulmonary function in humans. *Acta Physiol Scand* 158: 343-7.
6. Clark A Rosen, Jonas T Johnson (2014) Zara M, Patel PHH In: *Bailey's Head and Neck Surgery: Otolaryngology*. Lippincott Williams & Wilkins, USA 1: 535-49.
7. Su VY, Liu CJ, Lan MY, Chen YM, Su KC, et al. (2013) Allergic rhinitis and risk of erectile dysfunction—a nationwide population-based study. *Allergy* 68: 440-45.
8. Chou KT, Huang CC, Chen YM, Perng DW, Chao HS, et al. (2011) Asthma and risk of erectile dysfunction—a nationwide population-based study. *J Sex Med* 8: 1754-60.
9. Shen TC, Chen WC, Lin CL, Chen CH, Tu CY, et al. (2015) The risk of erectile dysfunction in chronic obstructive pulmonary disease: a population-based cohort study in Taiwan. *Medicine (Baltimore)* 94: e448.
10. Karadag F, Ozcan H, Karul AB, Ceylan E, Cildag O (2007) Correlates of erectile dysfunction in moderate-to-severe chronic obstructive pulmonary disease patients. *Respirology* 12: 248-53.

11. Vlachopoulos C, Rokkas K, Ioakeimidis N, Stefanadis C (2007) Inflammation, metabolic syndrome, erectile dysfunction, and coronary artery disease: common links. *Eur Urol* 52: 1590-1600.
12. Gandaglia G, Briganti A, Jackson G, Kloner RA, Montorsi F, et al. (2014) A systematic review of the association between erectile dysfunction and cardiovascular disease. *Eur Urol* 65: 968-78.
13. Droller MJ, Anderson JR, Beck JC, Bremner WJ, Evans K, et al. (1993) NIH Consensus Conference. Impotence. NIH Consensus Development Panel on Impotence. *JAMA* 270: 83-90.
14. McVary KT (2007) Clinical practice. Erectile dysfunction. *N Engl J Med* 357: 2472-81.
15. Thompson IM, Tangen CM, Goodman PJ, Probstfield JL, Moinpour CM, et al. (2005) Erectile dysfunction and subsequent cardiovascular disease. *JAMA* 294, 2996-3002.
16. Benninger MS, Khalid AN, Benninger RM, Smith TL (2010) Surgery for chronic rhinosinusitis may improve sleep and sexual function. *Laryngoscope* 120: 1696-700.
17. Wu CW, Chao PZ, Hao WR, Liou TH, Lin HW (2012) Risk of stroke among patients with rhinosinusitis: a population-based study in Taiwan. *Am J Rhinol Allergy* 26: 278-82.
18. Kang JH, Wu CS, Keller JJ, Lin HC (2013) Chronic rhinosinusitis increased the risk of stroke: a 5-year follow-up study. *Laryngoscope* 123: 835-40.
19. Wang PC, Lin HC, Kang JH (2013) Chronic rhinosinusitis confers an increased risk of acute myocardial infarction. *Am J Rhinol Allergy* 27: e178-82.
20. Chien CY, Tai SY, Wang LF, Lee CT (2015) Chronic obstructive pulmonary disease predicts chronic rhinosinusitis without nasal polyps: A population-based study. *Am J Rhinol Allergy* 29: 75-80.
21. Lanza DC, Kennedy DW (1997) Adult rhinosinusitis defined. *Otolaryngol Head Neck Surg* 117: S1-7.
22. Rosenfeld RM, Andes D, Bhattacharyya N, Cheung D, Eisenberg S, et al. (2007) Clinical practice guideline: adult sinusitis. *Otolaryngol Head Neck Surg* 137: S1-31.
23. Montague DK, Jarow JB, Broderick GA, Dmochowski RR, Heaton JP, et al. (2005) Chapter 1: The management of erectile dysfunction: an AUA update. *J Urol* 174: 230-9.
24. Montorsi F, Adaikan G, Becher E, Giuliano F, Khoury S, et al. (2004) Summary of the recommendations on sexual dysfunctions in men. *J Sex Med* 1: 6-23.
25. Videler WJ, van Drunen CM, van der Meulen FW, Fokkens WJ (2007) Radical surgery: effect on quality of life and pain in chronic rhinosinusitis. *Otolaryngol Head Neck Surg* 136: 261-7.
26. Ottaviano G, Zuccarello D, Frasson G, Scarpa B, Nardello E, et al. (2013) Olfactory sensitivity and sexual desire in young adult and elderly men: an introductory investigation. *Am J Rhinol Allergy* 27: 157-61.
27. Ozdemir R, Yorulmaz A, Kutlu R, Güven A, Aladag M, et al. (1999) Loss of nocturnal decline of blood pressure in patients with nasal polyposis. *Blood press* 8: 165-71.
28. Verratti V, Di Giulio C, Berardinelli F, Pellicciotta M, Di Francesco S, et al. (2007) The role of hypoxia in erectile dysfunction mechanisms. *Int J Impot Res* 19: 496-500.
29. Ragab SM, Lund VJ, Saleh HA, Scadding G (2006) Nasal nitric oxide in objective evaluation of chronic rhinosinusitis therapy. *Allergy* 61: 717-24.
30. Lindberg S, Cervin A, Runer T (1997) Nitric oxide (NO) production in the upper airways is decreased in chronic sinusitis. *Acta Otolaryngol* 117: 113-7.
31. Colantonio D, Brouillette L, Parikh A, Scadding GK (2002) Paradoxical low nasal nitric oxide in nasal polyposis. *Clin Exp Allergy* 32: 698-701.
32. Benninger MS1, Ferguson BJ, Hadley JA, Hamilos DL, Jacobs M, et al. (2003) Adult chronic rhinosinusitis: definitions, diagnosis, epidemiology, and pathophysiology. *Otolaryngol Head Neck Surg* 129: S1-32.
33. Schwartz BG, Kloner RA (2011) Cardiology patient page: cardiovascular implications of erectile dysfunction. *Circulation* 123: e609-11.