

# Medical Maladies during the Honeymoon: A Review

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## 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.sagepublication.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 bonded 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 condoned 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 asked to sip honey on each of the first 30 days of their post-wedding phase<sup>1</sup>. This tradition could have been for health reasons or for symbolic reasons. Apart from being a tradition, Powell and Graeme<sup>2</sup> 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 coitus 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 knew, would not pass muster in a third floor back room in Lisle Street, and all that would rest in my bride's memory would be an endurance test - at last we turned away from each other. I remember going to sleep with the dazzlingly selfish sulk, '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 Rapoport<sup>3</sup> 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) *perpetuum 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 have blossomed<sup>4-6</sup>. Hawaii was one of the popular honeymoon location for Western and Asian newlyweds<sup>7,8</sup>.

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 those 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<sup>9</sup>. Similarly honeymoon dyspareunia in women may be of psychogenic origin or organic origin<sup>10</sup>.

## 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).

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**Table 1. Maladies in the Genitourinary System**

Malady	number studied	study location <sup>a</sup>	reference
Honeymoon cystitis	20 women	Philadelphia, USA	12
	41 women	Bristol, UK	17
Honeymoon impotence	100 men	Cairo, Egypt	10
	45 men	Cairo, Egypt	20
	90 men	Istanbul, Turkey	21
Penis captivus	1 man	Isle of Wight <sup>1</sup>	23
Honeymoon dyspareunia	women	nd <sup>2</sup>	24

<sup>a</sup>Wherever feasible, the honeymoon location<sup>1</sup> is indicated. In the absence of such details, the authors' institutional location is provided.

<sup>2</sup> no numerical or specific description provided.

org), project MUSE (muse.jhu.edu) and those of commercial publishers Elsevier ([www.sciencedirect.com](http://www.sciencedirect.com)), SAGE publications ([www.sagepub.com](http://www.sagepub.com)) and Springer Verlag ([www.springerlink.com](http://www.springerlink.com)). Search terms used in combination were 'honeymoon' and 'illness'.

## RESULTS

Table 1 provides a summary of maladies in the genitourinary system. These maladies include, honeymoon cystitis,<sup>12-19</sup> honeymoon impotence,<sup>10,20,21</sup> penis captivus<sup>22,23</sup> and honeymoon dyspareunia<sup>24</sup>. The fact that honeymoon period in newlyweds provides ample opportunities for intimacy and experimentation that leads to high frequency of coitus<sup>25,26</sup> relative to post-honeymoon period may account for a higher incidence of maladies such as honeymoon cystitis in women and honeymoon impotence in men.

The condition of honeymoon 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 penile thrusts<sup>19</sup>. From the urine sample of 18 couples, Buckley *et al.*<sup>12</sup>, inferred that coitus results in an increase in colony counts of bacteria of more than one log in clean-voided urine specimens in 30% of the coitus episodes studied. They also concluded that such coitus-induced increases in bacterial counts are asymptomatic and transient. Smith *et al.*<sup>17</sup> had reported that they were successful in treating honeymoon 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.*<sup>20</sup> had treated 90 patients in Turkey for honeymoon impotence, with an intracavernous injection of 60 mg papaverine combined with self-manual genital stimulation to assess the degree of penile tumescence. Among this sample, 61 patients had psychogenic etiology, 25 patients had penile vascular abnormalities and the remaining 4 patients suffered from neurogenic erectile dysfunction (ED). This study was conducted before the introduction of sildenafil (Viagra) drug. Shamloul<sup>19</sup> had reported his observations on 100 patients in Cairo who suffered from honeymoon impotence. Akin to the sample of Usta *et al.*<sup>20</sup>, Shamloul<sup>19</sup> 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 group<sup>20</sup>, concluded that they were able to treat 45 patients suffering from honeymoon impotence with tadalafil (Cialis). Majority (34 patients) needed tadalafil for less than one month.

Penis captivus 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<sup>22</sup>. Though Francoeur *et al.*<sup>10</sup> had mentioned that this condition has not been clinically documented, one specific report on honeymoon couple was recorded by Musgrave<sup>23</sup>. Relief and status quo was restored by giving an anesthetic to the women.

Dyspareunia refers to sexual dysfunction characterized by difficult or painful intercourse or by an inability to enjoy coitus<sup>19</sup>. 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-

**Table 2. Maladies in the Non-genitourinary Systems**

Malady	sample	study location <sup>a</sup>	reference
Travellers diarrhoea	281 individuals	Goa, India <sup>1</sup>	27
	941 individuals	Mombasa, Kenya <sup>1</sup>	27
Honeymoon psychosis	7,167 individuals	Montego Bay, Jamaica <sup>1</sup>	27
	436 individuals	Fortaleza, Brazil <sup>1</sup>	27
	50 couples	Jaipur city, India	28
Honeymoon rhinitis	16 couples	Honolulu, USA <sup>1</sup>	9
Honeymoon malaria	23	Sevilla, Spain	29
Honeymoon hepatitis	(14men + 9women)		
Honeymoon hepatitis	1 man	Zanzibar, Tanzania <sup>1</sup>	31
Honeymoon hepatitis	1 woman	Osaka/Tokyo, Japan	30
Honeymoon hepatitis	1 couple	Santo Domingo, Caribbean <sup>1</sup>	32
Honeymoon hepatitis	1 man	Samoa Island <sup>1</sup>	33
Honeymoon asthma	1 man	India	34

<sup>a</sup>Wherever feasible, the honeymoon location<sup>1</sup> is indicated. In the absence of such details, the authors' institutional location is indicated.

mon sense dictates that honeymoon dyspareunia cannot be a rarity<sup>20</sup> like penis captivus, 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, travelers' diarrhoea<sup>27</sup>, honeymoon psychosis<sup>28,29</sup>, honeymoon rhinitis<sup>29</sup>, honeymoon hepatitis<sup>30</sup>, honeymoon malaria<sup>31</sup>, as well as other food and drink related disorders like fish poisoning<sup>32</sup> and toxic hepatitis<sup>33</sup>. It seems obvious that honeymoon couples do face digestive system-related maladies in their verve to experiment unusual foods and drinks in unusual locales for which their body rhythms have yet to adapt. Honeymoon asthma<sup>34</sup> was reported recently in a young man who experienced severe dyspnea after his first and second experiences with coitus.

Two retrospective studies on honeymoon psychosis (16 Japanese couples who spent their honeymoon in Hawaii<sup>28</sup> and 50 Indian couples seeking divorce<sup>29</sup>) are available. Both studies included controls. While the age range of Japanese honeymoon couples was indicated as 23-37 years, the age range of Indian honeymoon couples was not recorded.

A report by Steffen *et al.*<sup>27</sup> to collect epidemiological data on travelers' diarrhoea appears to be the largest study conducted on honeymooners, in terms of sample number and four different honeymoon locations (Goa, India; Mombasa, Kenya; Montego Bay, Jamaica; Fortaleza, Brazil) so far. The incidence rate for travelers' diarrhoea among honeymooners in Goa, Mombasa and Montego Bay were 70.9%, 76.6% and 52.0% respectively. Furthermore, case reports do exist about honeymooners suffering from other food and drink-related disorders<sup>32,33</sup>.

## DISCUSSION

Johannis<sup>35</sup>, reporting on the American married college students and their honeymoon experiences in 1959, had recorded that he could locate only three other studies which deal in part at least with honeymoon behavior. These three studies on American honeymooners were published between 1947 and 1958. For this review, I was able to collect 9 original studies (from 1978) and 5 case reports (from 1977) describing the medical maladies during honeymoon. 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 honeymooners.

Due to lax societal norms in the second half of the 20<sup>th</sup> century, premarital sex had shown a remarkable increase in many countries<sup>36</sup>, including USA<sup>37</sup>, China<sup>38</sup>, India<sup>39</sup>, Japan<sup>40-42</sup>, Brazil<sup>43</sup>, and Indonesia<sup>44</sup>. As such, unlike the situation faced by Laurence Olivier in 1930, coital rates and coital frequencies among couples precede many honeymoons now. Thus, by extrapolation, medical maladies during the honeymoon

period also precede the bonded couple, before they venture into a honeymoon.

Nevertheless, one should not assume that this pattern is the norm. 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 condoned marriage. Thus, not much medical information is available on the emotional status of honeymoon couples related to serious issues they face (such as contraception<sup>45</sup>) and financial security in setting up a nuclear family unit) and how these issues affect their overall health condition. Furthermore, rational or irrational fear on men whether they commit any sexual abuse<sup>46</sup> or sexual assault on their partners or the prevalence of real or assumed sexual dysfunction<sup>47,48</sup> among couples deserve further study.

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