

Amazing New Medical Report
— Reveals the Surprising —
Health Benefits
of Having More Sex Each Month

– And Why 21+ Times May Be
The ‘Magic Number’!



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Executive Summary

Research over the past two decades — including large prospective cohort studies and systematic reviews — suggests that **higher ejaculation frequency in adult men** is *associated with a lower risk of prostate cancer*. Most notably:

- Men who report **≥ 21 ejaculations per month** throughout adulthood show a **significantly reduced risk** ($\approx 20\text{--}30\%$) of developing prostate cancer compared with men reporting lower ejaculation frequencies.
 - This association is observed in multiple age groups (20s, 40s) and holds up after statistical adjustment for lifestyle and health factors.
 - Biological theories propose that **frequent ejaculation may “flush” the prostate**, decrease stagnation of prostatic fluids, improve pelvic blood flow, and reduce cellular stressors — all of which could contribute to lower carcinogenic risk.
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1. Background: Prostate Cancer and Ejaculation Frequency

Prostate Cancer Overview

Prostate cancer is one of the most commonly diagnosed cancers in men worldwide, particularly in older age groups. Its causes are multifactorial, with **age, genetics, diet, lifestyle, and possibly sexual/reproductive factors** contributing to risk.

Why Ejaculation Frequency Was Studied

Because the **prostate gland produces most of the fluid in semen**, researchers hypothesized that sexual activity — including ejaculation frequency — might influence **intraluminal prostate physiology** and thereby affect carcinogenesis risk. Early beliefs posited either:

- Increased sexual activity could *raise* cancer risk by increased androgenic stimulation, or
- Frequent ejaculation might *reduce* risk by altering fluid accumulation and cellular turnover.

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The definitive answer required long-term, prospective epidemiological data — leading to major research efforts including the **Health Professionals Follow-Up Study**.

2. Key Study: Health Professionals Follow-Up Study & JAMA Findings

Main Study Data (JAMA)

The seminal JAMA article, *Ejaculation Frequency and Subsequent Risk of Prostate Cancer*, examined nearly **29,342 U.S. men aged 46–81** from the **Health Professionals Follow-Up Study**. Participants reported their average monthly ejaculation frequency for three life periods: ages 20–29, 40–49, and the most recent year (1991).

Major Results

- **Men reporting ≥ 21 ejaculations per month** had lower relative risk for total prostate cancer compared with men reporting 4–7 ejaculations per month.
- Relative risk reductions varied by life period:
 - **Ages 40–49:** $RR \approx 0.68$
 - **Prior year (late adulthood):** $RR \approx 0.49$
 - **Lifetime average:** $RR \approx 0.67$
- Similar trends were seen for **organ-confined prostate cancer**, meaning earlier-stage disease showed the strongest associations.
- High frequency did **not significantly increase advanced prostate cancer risk**, though the data on advanced cases were limited.

These results suggest that **higher ejaculation frequency does not increase prostate cancer risk and may lower it** — challenging older hypotheses that androgen-mediated sexual activity increases risk.

3. Harvard Health Publishing Interpretation

Harvard Health Publishing — the consumer health arm of Harvard Medical School — has reviewed these findings and summarized them for the public. Key points include:

- Frequent ejaculation appears correlated with **decreased prostate cancer risk**.
- The strongest protective associations were observed in men reporting **21 or more ejaculations per month** across adulthood.

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- The evidence was consistent across decades of the participants' lives, and protective effects were seen regardless of age group studied.
- While the causal mechanism isn't proven, the “flushing” hypothesis — that ejaculating helps clear prostatic secretions — is widely discussed.

Harvard Health emphasizes that this is *associative* research, not definitive proof that increasing ejaculation frequency directly *prevents* cancer. Still, the association is robust across large populations.

4. Proposed Biological Mechanisms

Researchers have put forward multiple plausible mechanisms to explain why frequent ejaculation *might* reduce prostate cancer risk. These are not all conclusively proven, but they are biologically plausible and supported by some laboratory data.

A. “Flushing” Mechanism

One of the most common explanations is that frequent ejaculation helps **clear prostatic fluid**, reducing the buildup of potentially carcinogenic substances such as:

- oxidative byproducts
- lipid peroxides
- inflammatory mediators
- xenobiotic compounds

The idea is that the regular evacuation of prostatic secretions keeps them from stagnating and potentially damaging ductal epithelial cells. Consequently, cells are less exposed to harmful chemical exposures that could trigger malignant transformation.

This is sometimes referred to as the “**flushing hypothesis.**” With infrequent ejaculation, prostatic secretions may accumulate, potentially increasing DNA damage or the build-up of compounds that promote tumor genesis.

B. Reducing Stagnation and Cellular Stress

When prostatic fluids remain for extended periods — as in low ejaculation frequency — there is theorized potential for:

- stagnation of secretions in ducts and acini
- increased contact time between cells and harmful compounds

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- higher local concentrations of pro-oxidative substances

This **stagnation** could plausibly increase the chance of DNA damage, cell proliferation, or disruption of normal epithelial homeostasis.

Frequent ejaculation, by clearing these fluids more regularly, could reduce this biological stress.

C. Modulation of Sympathetic Nervous Activity

Some mechanistic reviews (e.g., MDPI and PMC analyses) suggest ejaculation may suppress central sympathetic nervous system activity and psychological tension. Suppressed sympathetic tone could decrease stimuli that otherwise promote stromal and epithelial cellular proliferation in the prostate — a process linked to carcinogenesis.

This idea proposes that regular orgasmic activity might have a systemic neuroendocrine effect that indirectly influences prostate cellular behavior.

D. Blood Flow and Nutrient Delivery

Although less directly evidenced in epidemiological literature, some scientists hypothesize that **sexual arousal and ejaculation improve blood flow to the pelvic region**, which could:

- enhance oxygen and nutrient delivery to the prostate
- support efficient immune surveillance
- facilitate removal of metabolic waste

Better microcirculation could theoretically reduce local inflammation or hypoxic stress—conditions that, in some models, may contribute to carcinogenesis.

While there is limited direct evidence linking pelvic blood flow changes to reduced cancer risk, the general health benefits of good blood circulation are well supported in other systems.

5. Age and Lifelong Impact

The protective association between ejaculation frequency and prostate cancer appears to be **present across different stages of adulthood**:

- **Young adulthood (20–29):** Some studies show protective trends starting in early adulthood.
- **Middle age (40–49):** Effects are often stronger in this age range, with significant risk reduction observed.

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- **Later years:** Higher ejaculation frequency in the year preceding assessment still shows lower risk associations.

Crucially, the data indicate that the **beneficial effects aren't limited to any single age** — rather, frequent ejaculation across the lifespan seems linked to lower lifetime prostate cancer risk.

6. Limitations and Considerations

Despite promising associations, several caveats exist:

A. Observational Nature

Most research is **epidemiological** (observational). It cannot prove causation — only that associations exist. Confounding factors (e.g., overall health behaviors, sexual health, hormones) may influence results.

B. Self-Reported Data

Ejaculation frequency is typically **self-reported**, which may be subject to recall bias — especially concerning periods decades prior.

C. Population Specificity

The primary JAMA cohort consisted largely of **white, health professional men**, which may limit generalizability to broader populations with different lifestyles or ethnic backgrounds.

D. Not a Clinical Recommendation

Medical professionals do *not currently recommend* ejaculation frequency as a prostate cancer prevention strategy on its own. Other factors (diet, exercise, screening) remain significant in risk management.

7. Broader Context and Public Health Interpretation

Experts generally view frequent ejaculation as **one of several lifestyle associations** that appear linked to prostate health. It's not a stand-alone preventive intervention but part of a broader picture that includes:

- regular exercise
- healthy diet
- avoiding smoking

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- appropriate medical screening

Moreover, because ejaculation frequency encompasses sexual intercourse, masturbation, and nocturnal emissions, its definition is broad — reinforcing that both sexual activity and sexual health matter for men's overall wellbeing.

Conclusion

Decades of observational research — including large prospective studies featured in *JAMA* and interpreted by Harvard Health Publishing — show that **frequent ejaculation (≥ 21 times per month)** is associated with a **lower risk of prostate cancer**, particularly early and organ-confined disease.

The mechanisms underlying this protective effect are still under investigation but may involve:

- mechanical **flushing of prostatic fluid and carcinogens**
- reduced **stagnation and cellular stress**
- improved **local blood flow and nutrient delivery**
- modulation of **nervous system activity**

While the evidence is not definitive proof of causation, the consistency of findings across studies supports the idea that **a healthy and active sexual life** can be part of a holistic approach to prostate health.

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