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Taqaandan through the Ages: Social Taboos, Puritanical Religions and 'Cracking' the Penis

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Introduction: *Taqaandan* (Kurdish: "to click") is a culturally rooted practice observed in Western Iran, involves the intentional cracking of an erect penis. Taqaandan stems from restrictive sociocultural norms and misconceptions about its benefits, often perpetuated by a lack of sexual education. Historically, penile fractures were first documented by 10th-century physician Albucasis. This study examines its historical, cultural, and clinical implications through five cases presented at a regional medical center

Sources and Methods: Patients with a history of penile and trauma were evaluated in the clinic following engagement in Taqaandan. Clinical examination, imaging, and patient history were used to assess the impact of this practice. MRI findings, combined with clinical symptoms, informed the management strategy. We used primary and secondary sources to research further the history of Taqaandan.

Results: A total of five patients a mean of 24.6 (18-29) years presented with penile pain, bruising, and swelling. Four (80%) reported the characteristic "pop" sound indicative of partial tunica albuginea rupture. MRI findings revealed localized edema or partial defects without evidence of complete fractures or urethral injury. Conservative management, including rest, non-steroidal anti-inflammatory drugs (NSAIDs), and follow-up, proved effective, with no long-term complications reported.

Conclusions: This study underscores the need for culturally sensitive health education to address myths surrounding Taqaandan, reducing its prevalence and risks. While no surgical intervention was required in these cases, the practice highlights the sociocultural stigma surrounding sexual arousal. Further research is essential to quantify its global impact and develop preventative strategies.

Key Words: Andrology; Taqaandan; History; penile fracture; penile clicking; Sexual health education

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Ethics Statement: This study received a waiver from the UK Medical Research Council (MRC) regulatory support centre and the UK National Health Service Health research authority (HRA)

Taqaandan (Kurdish: "to click") represents a culturally embedded yet medically significant practice where an individual deliberately "cracks" an erect penis. Unlike accidental injuries caused by external trauma or forceful intercourse, *Taqaandan* is self-induced, characterized by intentional bending or manipulation of the penile shaft until an audible popping sound is heard [1]. This peculiar phenomenon has been predominantly observed in the Kermanshah province of Iran, a region rich in cultural traditions and deeply influenced by religious values. Understanding Taqaandan requires exploring its interplay with societal taboos, cultural perceptions of sexuality, and historical narratives [2].

Historically, the condition of penile fracture has intrigued physicians and historians alike. The earliest accounts of penile injuries are attributed to Abu al-Qasim al-Zahrawi (known in the West as Albucasis), a 10th-century Islamic

physician from Cordoba, Spain. In his comprehensive medical treatise Al-Tasrif, Albucasis described penile injuries, offering innovative management techniques, such as the use of a goose's neck as a splint to stabilize fractures. These accounts demonstrate that the condition, while rare, has been recognized and treated for centuries [3].

The sociocultural context of Taqaandan, however, distinguishes it from other causes of penile trauma. In puritanical societies, where discussions about sexual health are often considered taboo, individuals may resort to unconventional or risky behaviours to manage their sexuality. The practice of Taqaandan is believed to have emerged as a response to societal pressures and restrictive attitudes toward erections outside of marriage [4,5]. In many traditional settings, arousal is stigmatized, creating a need for discreet methods of detumescence or coping mechanisms for sexual frustration.

The motivations behind Taqaandan are diverse. Some individuals perform it as a learned habit passed down from peers, while others believe it to have physiological benefits, such as increasing penile size or improving sexual performance. These misconceptions, coupled with the lack of accessible sexual education, contribute to the persistence of this practice. Despite its cultural roots, Taqaandan has significant medical implications, with a substantial proportion of penile fractures in Western Iran attributed to this behaviour [4].

This study seeks to provide a comprehensive exploration of Taqaandan, delving into its historical origins, cultural significance, and clinical impact. By examining case reports and available literature, the aim is to shed light on this underreported phenomenon and its implications for healthcare providers, particularly in regions with similar sociocultural dynamics

SOURCES AND METHODS

Study Design and Case Selection

This research adopted a retrospective design, analysing five cases of Taqaandan-related injuries presenting to a regional medical center. Patients were selected based on their history of self-induced penile trauma, corroborated by clinical findings and imaging studies. The inclusion criteria required clear documentation of Taqaandan as the precipitating event, while cases involving accidental or intercourse-related fractures were excluded.

Ethics Review

The UK Medical Research Council (MRC) regulatory support centre and the UK National Health Service Health research authority (HRA) developed research ethics committee decision tool confirms that ethics

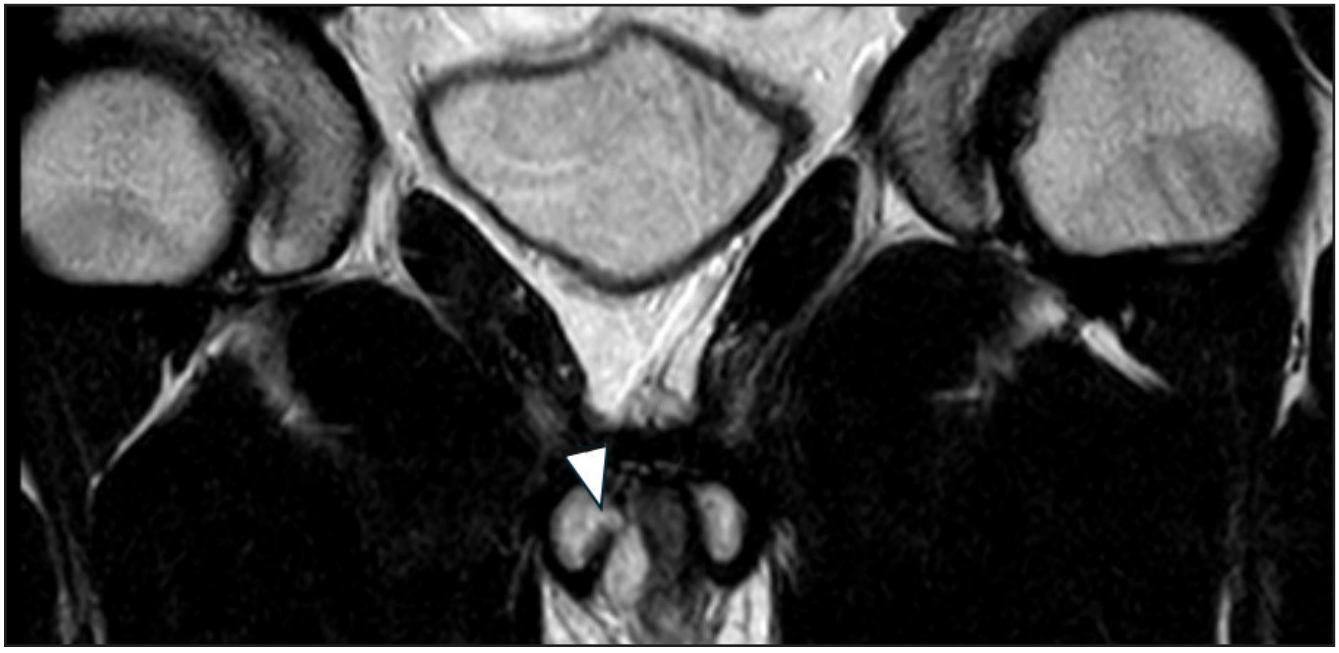

Figure 1. Coronal T2 weighted MRI image of the penis shows a small defect in the tunica albuginea of the right corpus cavernosum at 2 o'clock position near the base of the penis (white arrowhead). Please note the loss of continuity of the tunica albuginea.

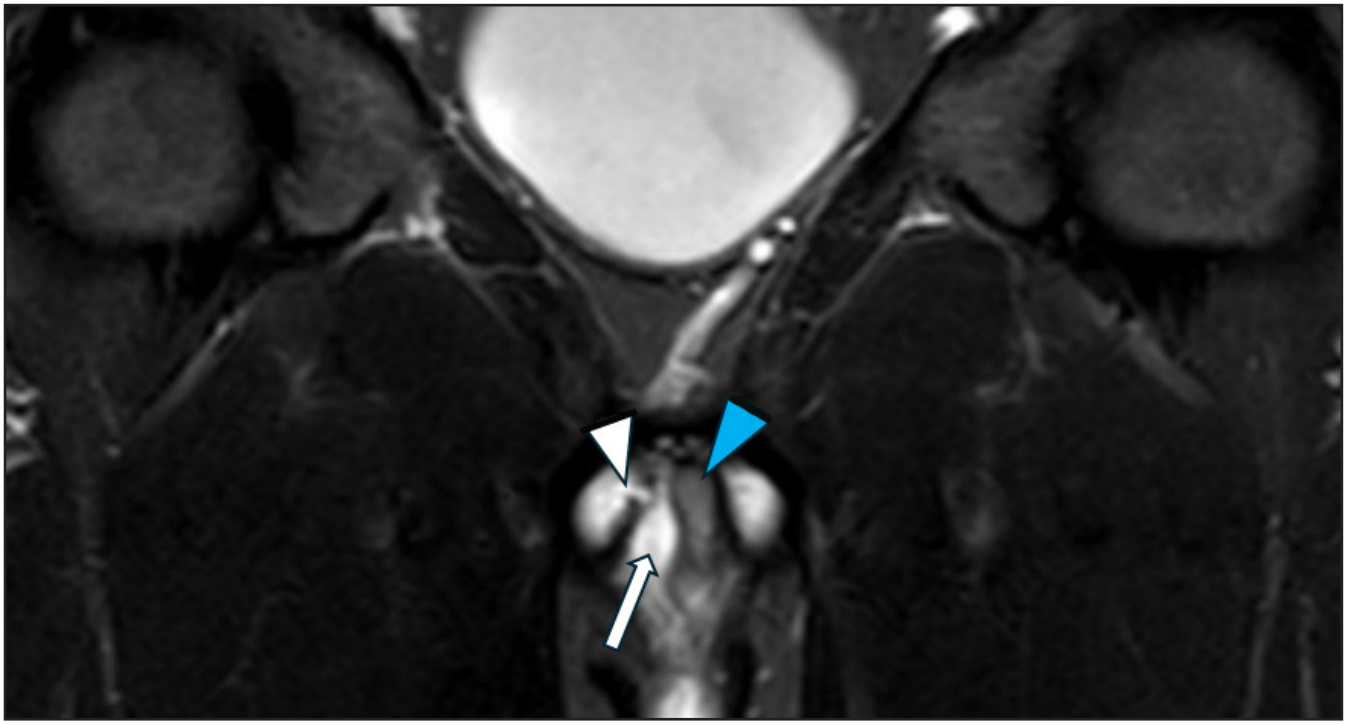

Figure 2. Coronal Short Tau Inversion Recovery (STIR) sequence MRI image of the base of the penis at the same position as on image 1, shows the small defect in tunica albuginea as an outpouching at the superomedial aspect of the right corpus cavernosum (white arrowhead). For better appreciation compare it with the normal looking left corpus cavernosum. The asymmetrical biconvex bright focus on the right (white arrow) is the associated haematoma and oedema which has mildly deviated the corpus spongiosum (blue arrowhead) to the left.

review was not needed for this work.

Literature review

To contextualize the findings, an extensive literature review was conducted using medical and non-medical databases, including PubMed, MEDLINE, EMBASE, and Scopus. Keywords such as "penile fracture," "self-induced penile trauma," and "Taqaandan" were utilized to identify relevant studies. Additionally, historical texts, including Albucasis's Al-Tasrif, were consulted to trace the documentation of penile fractures over time.

Searches were expanded to include online resources (Google, Yahoo, Bing) and non-academic databases to capture grey literature and anecdotal reports. The review included studies published in English and Persian to account for regional research. A qualitative synthesis of findings was performed, with particular attention to cultural and sociological factors influencing the practice of Taqaandan.

Data Analysis

The clinical characteristics, imaging findings, and outcomes of the five patients were analysed descriptively. Comparisons were made with existing case series to identify patterns and deviations in presentation and management. The literature review findings were integrated to provide a broader perspective on the phenomenon, highlighting gaps in research and opportunities for intervention.

RESULTS

The five male patients with a mean age of 24.6 years (range: 18-29 years), presented with varying degrees of penile bruising and discomfort after engaging in Taqaandan, a practice involving intentional cracking of the penis. This was not uniform with penile dorsal twisting action, torquing and others a compression action to effect detumescence. The symptoms reported by all patients included mild to moderate penile pain, localized swelling, and bruising. Four of the five patients described the characteristic audible "pop" at the time

of injury, suggestive of tunica albuginea rupture. Despite this, none of the patients exhibited significant penile curvature, deformity, or signs of urethral involvement upon examination.

Magnetic resonance imaging (MRI) played a crucial role in diagnosing and evaluating the extent of the injuries. MRI of the penis was performed without IV Contrast. This was done withing 24 hours of the injury and soon after presentation to the emergency department/ urology.

One patient demonstrated a focal defect in the tunica albuginea consistent with a partial rupture, while the remaining four cases showed only localized edema without evidence of complete tears [Figure 1,2]. The imaging findings aligned with the clinical presentation and indicated injuries that were more consistent with minor trauma rather than the more severe penile fractures.

Management in all cases was conservative, emphasizing rest, pain relief, and follow-up. Patients were advised to avoid any activities that could strain the healing tissues, including sexual activity or manual manipulation. NSAIDs were prescribed to reduce inflammation and alleviate pain. Regular follow-up visits ensured that healing progressed without complications and that there were no emerging concerns such as fibrosis or erectile dysfunction.

The outcomes were universally positive. All patients experienced resolution of pain and swelling within two to three weeks. None required surgical intervention, as the injuries were self-limiting with appropriate conservative care. Long-term follow-up at three and six months confirmed the absence of penile deformities, functional impairment, or other complications, highlighting the success of non-invasive management in these cases

DISCUSSION

The literature corroborates the association between Taqaandan and penile fractures, particularly in regions with restrictive sexual norms. A landmark study by Zargooshi in 2000 identified Taqaandan as the leading cause of penile fractures in Kermanshah, accounting for 75% of cases [5]. Similar patterns were observed in smaller studies and anecdotal reports from neighbouring areas [6-8]. Cultural and psychological factors emerged as significant contributors to the persistence of Taqaandan. In many cases, the practice was learned during adolescence, perpetuated by myths about penile anatomy and function. The lack of sexual education and open dialogue about sexual health further reinforced these misconceptions.

The practice of Taqaandan cannot be understood in isolation from its cultural and historical backdrop. In traditional societies where sexual expression is tightly regulated, behaviours like Taqaandan serve as coping mechanisms for managing sexual arousal or frustration. The origins of this practice likely stem from societal pressures to suppress erections, viewed as sinful or shameful outside the marital context [9].

The influence of Zoroastrianism and later Islam on Persian culture underscores the role of religion in shaping attitudes toward sexuality. Zoroastrian teachings emphasized purity and self-discipline, while Islamic jurisprudence further codified sexual morality, prohibiting premarital or extramarital sexual activity. These doctrines, while promoting chastity, inadvertently contributed to the stigmatization of natural sexual urges, fostering behaviours like Taqaandan [10].

The medical consequences of Taqaandan, though often mild, can be severe in cases of complete tunica albuginea rupture. Penile fractures typically present with pain, hematoma, and deformity, requiring prompt diagnosis and intervention. Delayed treatment can result in complications such as erectile dysfunction, penile curvature, and psychological distress [11].

In the present case series, conservative management was successful, reflecting the partial nature of the injuries. However, the reliance on self-reported history and the absence of urethral injury or severe curvature may have contributed to this favourable outcome. This highlights the importance of imaging, particularly MRI, in diagnosing subtle or atypical cases.

Taqaandan is perpetuated by a combination of cultural, psychological, and educational factors. The practice is often learned during adolescence, a critical period for developing sexual habits and beliefs. In the absence of accurate information, myths about the benefits of Taqaandan, such as enhancing penile length or relieving discomfort, become entrenched [12].

The psychological dimension of Taqaandan is also significant. In conservative societies, guilt and shame associated with sexual arousal can lead to maladaptive coping mechanisms. Taqaandan, by providing a temporary sense of control or relief, may serve as a psychological crutch. This underscores the need for culturally sensitive interventions that address the underlying emotional and educational gaps.

While Taqaandan is predominantly reported in Iran, similar behaviours have been documented in other cultures. For example, self-inflicted penile fractures have been reported in South Asian and Middle Eastern countries, often linked to misconceptions about penile

anatomy or function. A case series by Ansari et al identified cultural and geographic factors as key determinants of self-induced injuries, highlighting the universal impact of sexual taboos [13].

Penile fractures in Kermanshah are notably more prevalent compared to other regions in Iran, with incidence rates ranging from 3.1 to 39 cases per year, and approximately 75% of these cases attributed to the practice of Taqaandan. This disparity can largely be explained by widespread misinformation regarding the structural properties of penile tissue, as many individuals mistakenly believe the penis to be cartilaginous. Over the last three decades, the increasing migration patterns and the proliferation of social media content showcasing this practice have contributed to its continued occurrence, despite awareness campaigns [14].
Clinicians should maintain a high index of suspicion for Taqaandan-related fractures in cases presenting with abnormal penile injuries and an associated clinical history. Prompt diagnosis is essential, as early management with conservative measures can prevent complications. In addition to treatment, patient counselling is critical, emphasizing the futility of the technique and addressing myths surrounding penile anatomy and sexual health. Educational initiatives can help correct misunderstandings about the risks associated with Taqaandan and foster healthier attitudes toward sexual norms, thereby reducing the prevalence of this harmful practice [15].

The global prevalence of Taqaandan-like practices remains unknown, reflecting the challenges of studying sensitive topics. However, the underlying sociocultural dynamics are not unique to Iran, suggesting that lessons learned from addressing Taqaandan could be applied to other contexts.

The high prevalence of Taqaandan-related injuries in certain regions calls for targeted public health initiatives. Sexual education programs tailored to local cultural and religious norms could play a pivotal role in dispelling myths and promoting healthier behaviours. Healthcare providers should be trained to recognize and manage Taqaandan-related injuries, using a non-judgmental approach to build trust and encourage open dialogue.

In clinical practice, a thorough history and physical examination are essential for diagnosing Taqaandan-related injuries. Imaging, particularly MRI, should be considered in cases of diagnostic uncertainty. In penile MRI for patients especially with suspected injury, the STIR (Short-TI Inversion Recovery) sequence would be useful. The primary benefit with this sequence is to suppress fat signals, which improves the detection of pathologies like tumours, hematomas (bruises), or oedema (swelling) by making them stand out against the darker background of fat as bright (i.e. white) entities in the image

CONCLUSION

Taqaandan exemplifies the complex interplay between culture, religion, and medicine. Rooted in centuries-old societal norms, this practice persists as a response to restrictive attitudes toward sexuality. While often dismissed as a benign habit, Taqaandan carries significant medical and psychological implications, necessitating a multifaceted approach to prevention and management. Western hemisphere clinicians should be aware of these practices which mimic penile fractures and not always necessitating surgical intervention.

By addressing the cultural discussion around this phenomenon is vital for reducing the associated medical risks and breaking down the social taboos that contribute to its persistence. Further research is needed to quantify its prevalence, understand its psychological underpinnings, and develop culturally sensitive educational interventions. Ultimately, the story of Taqaandan underscores the importance of addressing the intersection of culture, health, and sexuality, ensuring that individuals have access to accurate information and safe practices.

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DECLARATION OF COMPETING INTEREST

The authors declare that there are no competing interests. All contributions were made in good faith and without external influence beyond those acknowledged in the manuscript.

STATEMENT ON USE OF GENERATIVE ARTIFICIAL INTELLIGENCE

The authors affirm that no generative artificial intelligence (AI) tools (e.g., large-language models) were used in the writing, analysis, or figure preparation for this manuscript.