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Original Research Article

AYURVEDIC MANAGEMENT OF PREMATURE EJACULATION -A CLINICAL STUDY

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Abstract:

Premature Ejaculation (P.E.) is a burning problem in this era in men due to stress, workload, inappropriate diet and hasty lifestyle. P.E. is one of the most frequent male sexual dysfunction affecting 75% of the sexual problems in male. It is a psychosexual orgasmic disorder dealt in Ayurveda under Shukragata Vata. Different types of treatment modalities are available in various Ayurvedic texts as Aphrodisiacs, Tranquilizers, Sodhana, Shamana and Panchakarma therapies like Vasti etc. The present study has taken up to prove the efficacy of Vasti therapy in treatment of PE. The clinical study was conducted on 30 male patients of PE between the age group of 21- 50 yrs selected from the O.P.D. and I.P.D. of Dr. B.R.K.R. Govt. Ayurvedic College Hospitals, Erragadda, Hyderabad. The patients have been categorized into two groups of 15 each i.e. Group A and Group B. In group A only Shatāvaryādi Yoga in the form of powder, in a dose of 10 gm in two divided doses was administered and in group B Yoga Vasti was administered. Jivantyādi Yamaka as Anuvāsana Vasti and the Sukraprada Vasti as Niruha Vasti were administered. It is observed that statistically significant results are seen in group B.

Key Words: Shukragata Vata, Premature Ejaculation, Shatavaryadi Yoga, Yoga Vasti

Introduction

Healthy Sexual implementation plays essential role in maintaining the harmony and happiness in marital life. The two aspects of *Kāma* are procreation and enjoyment. Among the four *Purushārthās* of life the concept of *Kāma* reveals that the recreational aspects like pleasure are equally important to its procreation aspects. In ancient days, intake of aphrodisiacs was in practice before undergoing sexual intercourse by everybody. The idea of intake of aphrodisiacs before copulation may be to promote the quantity and quality of semen along with sexual enjoyment.

In *Ayurveda*, it is mentioned that impotency is a disease on one hand and excessive sexual intercourse leads to depletion

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of bodily tissues on the other hand. It is observed that sexual behavior is a learned ability. An apparent disparity between the subjective sense of pleasure and objective performance is always present. Among the various phases of sexual response the most essential one is achieving of normal erection with sufficient time rigidity for penetrative intercourse, the absence of which ends into failure and dissatisfaction.

Premature Ejaculation (P.E.) is one of the most frequent male sexual dysfunction affecting 75% of the sexual problems in male[1]. P.E. is a persistent or recurrent ejaculation with minimal sexual stimulation before, upon or shortly after penetration and before the person wishes it.

Shukragata Vāta is a distinct pathological entity characterized by a group of clinical presentation either related with the impairment of ejaculation or with the impairment of seminal property. One of the symptoms of *Shukragata Vāta* is *Kshipram Munchanam* that may be considered as Premature Ejaculation (P.E.).

Premature Ejaculation (P.E.) in Ayurvedic terms are as follows:

- ***Kshipram Munchanam*** [2]
- ***Shukrasya Shighram Utsargam***[3]
- ***Pravritti /Atishighra Pravritti*** [4]

Considering the grave nature of the disease though it does not reduces the life expectancy, it has been selected for the present study to find out a better solution.

Aims and Objectives:

- To study *Shukragata Vāta* w.s.r. to P.E. with its aetio-pathogenesis in the light of *Ayurvedic* as well as Modern medical sciences.
- To assess the role of '*Shatāvaryādi Yoga*'[5] in the management of P.E.
- To find out the efficacy of '*Yoga Vasti'* in the management of P.E.

Materials and Methods:

A clinical study was conducted on 30 male patients of P.E. between the age group of 21- 50 yrs. irrespective of their caste, occupation and socio-economic status etc. selected from the O.P.D. and I.P.D. of Dr. B.R.K.R. Govt. Ayurvedic College Hospitals, Hyderabad. After a thorough examination and by conducting routine investigations the patients have been categorized by random sampling into two groups of 15 each i.e. Group A and Group B. as under-

Group A: The drug, '*Shatāvaryādi Yoga*' in the form of powder, in a dose of 10 grams, in two divided doses with Luke warm milk for a period of 45 days, was internally advocated.

Group B: *Yoga Vasti* was administered in 3 spells by giving a gap of 16 days in between each course. The drug *Jivantyādi Yamaka*[6] in a dose of 80 ml has been selected for *Anuvāsana Vasti* and the drug *Shukraprada Niruha Vasti*[7] in a dose of 600 ml is administered. Total duration of the course of *Yoga Vasti* is 56 days.

Eligibility Criteria:

1. Ejaculation prior to ten penile thrusts.
2. Ejaculation before, on or within one minute of sexual act after penetration.
3. Unable to satisfy partner in at least 50% of the coital incidences.
4. Persons eligible for *Vasti* therapy (in case of Group B)

Exclusion Criteria:

1. Those receiving treatment for PE or erectile dysfunction.
2. Persons taking antidepressant therapy within 4 months of study.
3. Drug abusers (E.g. withdrawal of Opioids).
4. Heavy smokers or with major psychiatric illnesses, heart disease, S.T.D's, Tuberculosis, acute or chronic UTI or any organic defect in the penile region.

Investigations:

1. Complete Blood Picture
2. Semen Analysis
3. Other pathological and biochemical investigations- As required to exclude other pathological conditions.

Assessment Criteria:

Subjective Assessment: As most of the complaints were subjective, various scoring

patterns were adopted to assess the patient before and after treatment. As;

Signs & Symptoms	Grading					
	0	**1**	**2**	**3**	**4**	**5**
Intra-Vaginal Ejaculatory Latency Time (IELT)	More than 5 minutes	Within 2-5 minutes	Within 2 minutes	Within 30 seconds of penetration	Immediately after penetration	Mere thought/sight or voice of partner
Voluntary Control Over Ejaculation	Full control over ejaculation	Less than 75% encounters	Less than 50% encounters	Less than 25% encounter	Lack of control on most occasions	Never
Patient's Satisfaction	Satisfaction during every sexual act	Satisfaction during 75% sexual acts	Satisfaction during 50% sexual acts	Satisfaction during 25% sexual acts	Lack of enjoyment	No orgasm at all
Partner's Satisfaction	Satisfaction during every sexual act	Satisfaction during 75% sexual acts	Satisfaction during 50% sexual acts	Satisfaction during 25% sexual acts	Lack of enjoyment	No orgasm at all
Performance Anxiety	No anxiety at all	Slight anxiety that does not disrupt the sexual act	Anxiety that hampers sexual act in 25% encounters	Anxiety that hampers sexual act in 50% encounters	Anxiety that hampers sexual act in 75% encounters	Anxiety that hampers all encounters
Number of Penile Thrusts	More than 25	Less than 20	Less than 15	Less than 10	Less than 5	None, discharge before penetration

And, a four itemed subscale for P.E. was also utilized in the present study on the basis of GRISS Questionnaire for sexual satisfaction (Male) [8]. The items utilized GRISS I to IV are as follows:

I. Are you able to delay ejaculation during intercourse if you think you may be coming too quickly?

II. Can you able to avoid ejaculation too quickly during intercourse?

III. Do you ejaculate without wanting to almost as soon as your penis enters your partner's vagina?

IV. Do you ejaculate by accident just before your penis is at least to enter your partner's vagina?

Subscale for P.E. was designed on the basis of this scale-

Sr. No.	Symptom	Grading
a.	Never	4
b.	Hardly ever	3
c.	Occasional	2
d.	Usually	1
e.	Always	0

Objective Parameters: Before and after the treatment

- Change in Seminal parameters

- Change in Hematological values

All the observations were analyzed statistically in terms of Mean (x), Standard deviation (S.D.) and standard error (S.E.),Paired t test, unpaired t test and Chi square test, and were carried out at $p<0.05$, $p<0.01$ & $p<0.001$ levels.

Observations:-

Knowledge of sex wise distribution shows that majority of patients (56.66%) had poor knowledge about sex, 33.33% believed that masturbation leads to sexual dysfunction, 90.00% of patients were involving in some degree of foreplay during sexual activity, Majority of female partners (70%) were not satisfied in the sexual act. 43.33% of patients were having poor communication with partner. 76.66 % of the patients undergone this study had an expectation of at least 5 minutes duration in sexual act.

Results:

Table no.1 showing the Effect of Oral Drug on the Chief Complaints of P.E.

Symptoms	Mean Score		% Relief	Mean	SD	SE	t	p
	BT	AT						
Intra-Vaginal Ejaculatory Latency Time(IELT)	3	1.8	40	1.2	0.77	0.2	6	<0.001
Voluntary control over Ejaculation(VCOE)	2.87	1.6	44.18	1.27	0.70	0.18	6.97	<0.001
Patient Satisfaction	2.6	1.33	48.72	1.27	0.88	0.23	5.55	<0.001
Partner's Satisfaction	2.93	1.8	38.63	1.13	0.5	0.13	8.5	<0.001
Performance Anxiety	2.8	2	28.57	0.8	0.68	0.18	4.54	<0.001
Number of Penile Thrusts	3.33	2.47	26	0.87	0.54	0.14	6.17	<0.001

Table no.2 showing the Effect of Oral Drug on Modified Scale for P.E. Based on GRISS Questionnaire (n=15)

GRISS Questionnaire	Mean Score		% Relief	Mean	SD	SE	t	p
	BT	AT						
GRISS-I	2.67	1.93	27.5	.73	0.59	0.15	4.78	<0.001
GRISS-II	2.73	1.8	34.15	0.93	0.59	0.15	6.09	<0.001
GRISS-III	2.67	1.67	37.5	1	0.65	0.17	5.92	<0.001
GRISS-IV	2.87	1.87	34.88	1	0.54	0.14	7.25	<0.001

Table no.3 showing the Effect of Yoga Vasti on the Chief Complaints of P.E.

Symptoms	Mean Score		% Relief	Mean	SD	SE	t	p
	BT	AT						
Intra-Vaginal Ejaculatory Latency Time(IELT)	3.4	1.67	50.98	1.73	0.70	0.18	9.53	<0.001
Voluntary control over Ejaculation(VCOE)	3.6	1.73	51.85	1.86	0.83	0.21	8.67	<0.001
Patient Satisfaction	3.2	1.47	54.16	1.73	0.70	0.18	9.53	<0.001
Partner's Satisfaction	3.53	1.87	47.17	1.67	0.62	0.16	10.45	<0.001
Performance Anxiety	3.33	1.67	50	1.67	0.72	0.18	8.87	<0.001
Number of Penile Thrusts	3	1.6	47.83	1.46	0.88	0.23	6.41	<0.001

Table no.4 showing the Effect of Yoga Vasti on Modified Scale for PE Based on GRISS Questionnaire (n=15)

GRISS Questionnaire	Mean Score		% Relief	Mean	SD	SE	t	p
	BT	AT						
GRISS-I	3.06	1.2	60.87	1.86	0.91	0.23	7.89	<0.001
GRISS-II	3.13	1.27	59.57	1.86	0.64	0.17	11.29	<0.001
GRISS-III	2.93	1.47	50	1.46	0.63	0.16	8.87	<0.001
GRISS-IV	2.8	1.33	52.38	1.47	0.83	0.21	6.81	<0.001

Table no.5 showing the Hematological Values in 30 Patients of P.E.

Parameter	% of Relief	
	Group A	Group B
Hb%	1.58	2
TLC	2.07	2.43

Table no.6 showing the Seminal Parameters in 30 Patients of PE

Seminal Parameter	% of Relief	
	Group-A	Group-B
Liquefaction Time (minutes)	12.3	9.78
Volume	4.59	14.37
Total Sperm motility	3.6	7.06
Sperm Count(Million/ml)	3.98	6.24

To study the comparative effect of the therapy of both the Groups on each parameter statistically, an unpaired‘t’ **tes**t was applied with the following assumption –

H_0 = Both the Groups are equally effective.
H_1 = Group B is more effective than Group A

Table no.7 showing the Comparative Study of Effect of Treatment of Both Groups on Each Parameter at Degree of freedom (28)

S. No	Criteria of Difference	Mean-Mean	S.E.	T_{cal}	Probability of Chance	Inference
1	GRISS-I	1.13	0.19	6.06	P < 0.001	H_0 rejected Gr.B > Gr.A
2	GRISS-II	0.93	0.18	5.14	P < 0.001	H_0 rejected Gr.B > Gr.A
3	GRISS-III	0.46	0.19	2.49	P < 0.05	H_0 rejected Gr.B > Gr.A
4	GRISS-IV	0.47	0.19	2.49	P < 0.05	H_0 rejected Gr.B > Gr.A
5	IELT	0.53	0.22	2.37	P < 0.05	H_0 rejected Gr.B > Gr.A
6	VCOE	0.6	0.19	3.01	P < 0.01	H_0 rejected Gr.B > Gr.A
7	Patient Satisfaction	0.47	0.18	2.49	P < 0.05	H_0 rejected Gr.B > Gr.A

8	Partner's Satisfaction	0.53	0.17	3.08	P < 0.01	H_0 rejected Gr.B > Gr.A
9	Performance Anxiety	0.87	0.17	5.04	P < 0.001	H_0 rejected Gr.B > Gr.A
10	Number of Penile Thrusts	0.6	0.17	3.46	P < 0.001	H_0 rejected Gr.B > Gr. A

Thus the difference observed was statistically highly significant($p<0.001$) in Performance anxiety, Number of penile thrusts, GRISS-I and GRISS-II parameters. The results also shows significant difference in group B and A. Intra vaginal ejaculatory latency time period, Voluntary control over ejaculation, as well as Partner's satisfaction, GRISS-III, GRISS-IV and Patient satisfaction also showing significant better results in group-B patients. So the difference observed was not by chance.

Table no.8 showing the Overall Effect of Treatment

Effect of Therapy	No. of Patients		Total	%
	Group A	Group B		
Complete remission (100% Relief)	0 (0%)	0 (0%)	0	0.00%
Markedly improved (76-100%)	0(0%)	1 (6.67%)	1	3.33%
Moderately improved (51-75%)	1(6.67%)	9 (60%)	10	33.33%
Mildly improved (25-50%)	13 (86.66%)	5(33.33%)	18	60%
No change (< 25%)	1(6.67%)	0(0%)	1	3.33%

Discussion:

In the present context the pathological features of the early ejaculation as a result of *Shukragata Vāta* are dealt. To analyze the pathology of early ejaculation on *Ayurvedic* line, the functional approximation of *Shukra*, *Manah* and *Vāta* along with activities of *Vāta* on psychosexual parlance has to be traced out. Etiological factors have not directly mentioned in the context of *Shukragata Vāta*. But considering the pathological features of *Gatatva,* etiological factors mentioned elsewhere causing *Shukradhatu Dourbalya, Manoabhighāta* and *Vātaprakopa* relevant to the disease should be considered here. Coordinated activity of *Prāńa, Udāna, Vyāna* and *Apāna* are very necessary for a good erection and rigidity, sufficient vaginal containment and penile thrust and an optimal timed ejaculation. A derangement in this, probably caused by an impairment in the activities of sub components of *Vāta* ultimately leads to a poor erection and early ejaculation as in the case of an over activity of sympathetic nervous system.

Major socio-psychological aspects:

Majority of the patients in the present study have lower class of education (illiterate-33.33%, Low educational standards lead to a number of myths and misconceptions regarding sex which will contribute to the problem. P.E. is also having higher incidence among highly educated individuals.

Occupation wise distribution of the patients shows that there is no direct relationship with the disease and the occupation. PE is also prevalent in very rich and affluent society even though suggestive data is not available in the present study. 46.66% of patients in the present trial were having *Vishamāgni*, probably because of comparative hyperactivity of *Vāta* on *Agni*. 56.66% was *Kroora Koshtha,* characterized by the constipating nature may be exerting direct pressure over the prostrate from the loaded hard

fecal matter, is having a chance to local irritation predisposing PE. Majority (83.33%) of patients were having mixed food habits. Majority of the patients were addicted for smoking and which causes vitiation of *Vāta* and diminution of *Shukra* by virtue of its *Kashāya and Katu* properties. The age in majority 70% falls in between 21-30 years, as premature ejaculation is prevalent in the newly wedded as well as young couples. Majority of the patients (63.33%) were of *Vātapaittika Dehaprakriti*. The *Sheeghratā* in all activities is a physiological feature of *Vātaprakriti*. Majority of the psychic constitution of the selected subjects were *Rājasa-tāmasa* 83.33% .The hyper activity of *Rajah* contributes to the problem by influencing psyche and *Vāta* leading to anxiety where as *Tamas* in reserving the individual to depression.

Probable Mode of Action of the selected therapies:

Oral and *Vasti* drugs possess *Vrishya*, *Balya*, *Medhya* and *Shukrala* properties. As *Vrishya* and *Balya* drug enhances the quality of *Shukra Dhātu*, reducing *Dourbalya* and *Riktatā* in *Shukravaha srotas*, thus pacifies the aggravated *Gatavāta*. *Medhya* properties of the drugs act biologically and improve the psychological functioning. The *Shukra Stambhaka* property by virtue of decreasing *Saratva* (which is making *Prerana*) of *Shukra Dhātu* and enhancing *Sthiratva* (which is favouring *Dhārana*) helps in the retention of semen for longer duration. It also improves the strength of the individual by *Balya* property helps in sexual functioning as *Harsha Shakti* depends on *Dehabala* also. On pharmacological analysis, the constituents of the drugs were especially psychotropic, anti-anxiolytic, aphrodisiac, mood elevators and reduce hyper excitability.

Vasti shows its *Vātahara*, *Balya*, *Brimhana* and *Shukrala* properties, so accompanying of drugs it facilitate more improvement in treatment. It may be considered that *Niruha Vasti* is hyper osmotic which facilitates absorption of morbid factors into solution whereas *Sneha Vasti* and other nourishing *Vastis* contain hypo-osmotic solution facilitating absorption into the blood directly. By this route of administration, the given medicine directly reaches to the main seat of *Vāta* and acts quickly.

Conclusions:

In group- A, none of the patient of PE got marked relief, one of the patients got moderate relief, 86.67% patients got mild relief and in one patient no relief is observed. On the other hand in group B, one patient got marked relief, 60% of the patients got moderate relief and mild relief is observed in 33.33% patients. Thus the effect of the therapy of group B is better in treating Shukragata Vata w.s.r. to premature ejaculation in comparison to the therapeutic effect of group A.

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