

Clinical Study

A Clinical Study on the Role of Ayurvedic Herbal compound in the management of the Premature Ejaculation

*Mehra B. L., **Godatwar P. K., ***Prasad B. S., ****Skandhan K.P., *****Singh Gurdip

ABSTRACT

A total number of 90 patients of premature ejaculation (PE) were included in this study and they were grouped as follows. Group I (n-50) treated with herbal compound (“Vajikarana Yoga”), Group II (n-20) with psychotherapy and Group III (n-20) with placebo. It was observed that herbal compound was highly effective on PE (60%, P<0.001) whereas psychotherapy provided significant relief (40%, P<0.05). This study indicates “Vajikarana Yoga” is useful in the management of PE.

सारांश -

शीघ्रपतन से ग्रस्त 90 रोगियों को अध्ययन में सम्मिलित किया गया है। इन रोगियों को पुनः तीन वर्गों में विभाजित किया गया। प्रथम वर्ग में रोगियों को ‘वाजीकरण योग’ दिया गया। द्वितीय वर्ग में रोगियों को मानसिक चिकित्सा दी गयी तथा तृतीय वर्ग के रोगियों को प्लेसिबो दिया गया। चिकित्सोपरान्त प्रथम वर्ग में रोगियों को (60%, P<0.001) उत्तम लाभ प्राप्त हुआ। द्वितीय वर्ग के रोगियों को (40%, P<0.05) सन्तोषप्रद लाभ प्राप्त हुआ। यह अध्ययन यह प्रमाणित करता है कि शीघ्र पतन के रोगी वाजीकरण योग द्वारा अधिक लाभान्वित हुए है।

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INTRODUCTION

Ayurveda, the well known oldest medical practice system in the world is popular in India for its preventive as well as curative measures for all diseases. The medicines are of herbo-mineral-metallo and of animal origin which carefully eliminate the toxicity of metals (Acharya, Skandhan 1995). According to classics of Ayurveda, body constitutes of "Vata", "Pitta" and "Kapha". Disturbance to any level of two or more of these is responsible for all diseases. Disturbance of "Pitta" is responsible for premature ejaculation (PE). Saunders (1987) observed 10 % of men suffered from this disorder (Kothari 1988, 1989, 1992). According to Allopathic medicine PE is a sexual dysfunction (Kaplan 1979 ; Hawton 1985). Sexual Dysfunctions are not uncommon in the normal population (Frank et al.1978). This is a disorder of orgasmic phase (Kothari 1988; 1989) in which individual is unable to control ejaculation long enough to satisfy the partner in at least 50% of the coital opportunities (Master, Johnson 1970).

In Allopathic medicine, PE is treated with Tricyclic clomipramine (Beaumont 1975; Porto 1980), Fluoxetine hydrochloride (Crenshaw et al. 1992), MAO inhibitors, Thioridazine or Propranolol (Copper, Magnus 1984). Since almost three decades studies showed that drugs had no role in the management of PE and authors prescribed psychotherapy (sex therapy)as the treatment (Master, Johnson 1970; Kaplan 1974; Hawton 1985, 1986). Ayurveda considers PE as psycho neurological problem and advise Harshana (happiness) along with administration of Virechana (Purgative drugs) and "Vajikarana" (Aphrodisiac drugs) (Caraka samhita). Harshana eliminates the psychological component of the disease whereas Virechana restores the normal function of "Vata". "vajikarana" drugs also enhance the sexual as well as general body strength and maintain normal harmony of "Vata".

Considering the above facts, the present clinical study was planned to explore the effect of herbal compound namely "Vajikarana Yoga" in the management of PE.

MATERIAL AND METHODS

Total 90 patients complaining of PE fulfilling the following diagnostic criteria were selected from out patients department of Institute for Postgraduate Teaching and Research Hospital of Gujarat Ayurveda University, Jamnagar .

- Inability to control ejaculation long enough to satisfy the partner in 50 % of the coital opportunities (Master, Johnson 1970).
- Inability to delay ejaculation less than one minute (Crenshaw, Kriesner 1992; Stanely 1981).
- Ejaculation prior to ten pelvic thrusts (Crenshaw, Kriesner 1992; Stanely 1981).

Routine Investigation like blood for Hb%, TLC , DLC, ESR; urine for routine and microscopical exam; stool for ova and cyst were carried out to rule out any other pathology.

Patients were divided randomly into three groups.

Group I (Herbal compound group): 50 patients of PE were included in this group. As per Ayurvedic classics, they were advised not to consume spicy food and also not to indulge in sexual act immediately after food and were administrated 4gm of Haritaki (fruits of Terminalia chebula) powder once daily for three nights to clean Gastrointestinal system (Caraka Samhita p.475), later they were given herbal compound (Vajikarna Yoga-composition described below)(Table 1) 6gm thrice a day with milk and sugar for 6 weeks.

Table 1. Details of composition of "Vajikama Yoga"

Sr.	Drug name	Latin name	Part used	Ratio	Actions of/and observed
1	Asvagandha	Withania somnifera	Root	1 part	Relives anxiety (Dandia 1991, Prabhakar 1983, Sharma 1993, Sharma, Dandia 1992) Spermatogenic, Androgenic (Ahuja 1992, Sharma 1993, Sunil 1993)
2	Akarakarabha	Anacyclus pyrethrum	Root	1 part	Inhibits ejaculation, prolongs sexual act (Gopabandhu 1992, Sharma 1993, Sunil 1993)
3	Amalaki	Emblica officinalis	Fruit	1 part	Increases memoruy, maintains normal psychological state (Sharma 1993) Relives
4	Kapikacchu	Mucuna prunnes	Seed	1 part	Spermatogenic, androgenic (Ahuja 1992, Sharma 1993, Vatsa 1983), Increases sexual arusal (Joshi 1994)
5	Kokilaksa	Astracantha longifolia	Seed	1 part	-
6	Javitri	Myristica fragrans	Fruit	1 part	Prolongs plateau stage of organ (Joshi 1994)
7	Bhallataka	Semicarpus anacardium	Fruit pulp	1/2 part	Increases memory, maintains normal psychological state (Sharma 13) Relives from stress, fear anger, depression. Spermatogenic, androgenic (Ahuja 1992, Sharma 19i3,Vasta 1982)
8	Vidarikanda	Ipomea digitata	Root	1 part	
9	Sveta Musali	Asparagus adscendis	Root	1 part	
10	Satavari	Asparagus racemosus	Root	1 part	Increases memory, maintains normal psychological state (Sharma 1993) Relives from stress fear, anger, depression, spermatogenic, androgenic (Ahuja 1992, Sharma 1993,Vasta 1983)
11	Salmali	Salmania malabarica	Root bark	1 part	

The above drugs were taken at the mentioned ratio and made into fine powder form by Pharmacy Division of Gujarat Ayurveda university.

Group II (Psychotherapy Group) : Twenty patients of PE were managed with psychotherapy and were educated to dispel the myths, mis-concepts; taught communication skills (Stanely 1981) sensate focus (Wolpe 1958; Master, Johnson 1970), squeeze technique (Seamans 1956) and stop - start technique (Master, Johnson 1970; Kaplan 1974). The patients were instructed to report once a week for assessment.

Group III (Placebo Group): Twenty patients included in this group were given capsules filled with black gram powder at the dose of two capsules (250 mg) thrice a day for six weeks.

Criteria for Assessment:

As PE is absolutely a subjective finding, a scoring system was evolved by this department to assess the efficacy of therapies.

Ejaculation:

Ejaculation with own and partner satisfaction	0
Ejaculation with own satisfaction	1
Ejaculation with penetration but discharge before 10 pelvic thrusts	2
Ejaculation before penetration	3
Ejaculation with tactile sensation in the foreplay	4

Orgasm (Enjoyment):

No enjoyment at all	0
Lack of enjoyment in most occasions	1
Enjoyment in 25 % of the sexual encounters	2
Enjoyment of sex in 50% of the sexual act	3
Enjoyment of sex in 75% of the sexual act	4
Enjoyment in every sex act	5

Duration of Sexual act in minutes was recorded before and after treatment.

RESULTS

Patients belonged to the age group of 21-50 years. The reports on blood and urine study of all patients were in normal range. Agewise (Table 2) and year wise marital life distribution (Table 3) of patients are given.

Table 2 : Age wise distribution of 90 patients of PE

Age Group in years	No. of patients	%
21-30	25	55-56
31-40	15	35-56
41-50	04	08-88

Table 3 : Marital life wise distribution of 45 patients of PE

Marital life in years	No.of patients	%
<5	23	51.11
6-10	09	20.00
11-15	06	13.33
16-20	07	15.56

Below 5:51.11 % 6-10: 1 :20,11-15: 13.33% 16-20: 15.56%

Maximum number of patients (68.89%) were found to have education below 10th standard, 24.44% were graduates, 2.22% were postgraduates and 4.44% were uneducated. It was observed that 62.22 % of patients were non-vegetarians whereas 7.78% were vegetarians. Twenty eight (62.22%) were having disturbed sleep while 17 (37.78 %) were having sound sleep. Smoking habit was found in 37.78% of patients whereas coffee, tea, alcohol and tobacco chewing were found in 64.44%, 88.89%, 42.22% and 15.56% of patients respectively. Psychological symptoms precipitating the disease are depicted in Table 4. Associated symptoms observed in patients are shown in Table 5. Details of results of therapies along with statistical analysis are given in Tables 6 & 7.

Table 4 : Psychological Symptoms observed in 90 patients of PE

Symptoms	No :of Patients	Percentage
Anxiety related with		
(a) Mastrubation	80	88.89
(b) Night emissions	50	55.56
Performance in sexual act	90	100.00
Depression.	24	26.67
Irritability	12	13.33

Table 5. Associated Symptoms observed in 90 patients of PE

Symptoms	No :of Patients	Percentage
Lack of desire	02	02.20
Erectile dysfunction	26	28.89
Inability to achieve orgasm	76	84.44

Table 6 . Effect of Therapies on symptoms of PE

Symptom	Mean B.T	Score A.T	X	P
Eiaculation	Gr I	3.84	1.48	2.36
	Gr II	3.00	2.20	0.80
	Gr III	3.30	2.60	0.70
Orgasm	Gr I	1.20	3.88	2.68
	Gr II	1.20	2.10	0.90
	Gr III	1.80	2.30	0.50
Duration	Gr I	2.04	5.58	3.54
	Gr II	2.55	3.57	0.58
	Gr III	2.20	2.58	0.38

Table 7 . Total Effect of Therapies on 45 patients of PE

Results	Group I		Group II		Group III	
Cured	30	60	08	40	00	00
Markedly improved	14	28	02	10	00	00
Improved	06	12	06	30	06	30
Unchanged	00	00	04	20	14	70

DISCUSSION

A complex process of ejaculation involving the various pathways of afferent and efferent nerves is established (Kedia, 1976). Ayurvedic classics state that neurological functions are under the control of "Vata" (Caraka Samhita). "Apama Vata" a variety of "Vata" is responsible for the control of erection, ejaculation, orgasm and spermatogenesis (Astang Hrdaya). Disturbance to it leads to the dysfunction of either one or more of the said mechanism.

In this study, decline in the incidence of PE with increase of age was observed. This supported the report of Warner et al. (1987). Similar pattern was found in case of marital life also. The reason may be because one attains voluntary control over ejaculation with experience. High incidence of PE among the uneducated and educated below 10th standard patients might be due to inadequate sex education and prevalence of myths and wrong concepts gained from the filthy literature, photographs and films.

Anxiety related with masturbation, night emissions and performance of sexual act observed in patients of PE (Table 2) indicated misinformation and myths in general population. Majority of patients of present study were non vegetarians. Ayurveda considers spices and sour food disturb the normal harmony of "Vata" functions (Caraka Samihita).

Disturbed sleep observed in 62.22% indicated the stressful living conditions which disturbed the "Vata" (Astanga Hrdaya). Habits of smoking (37.78%), alcohol intake (42.22%) and tobacco chewing (15.56 %) were observed in this series which were known precipitating causes of sexual dysfunctions (Gibert, Hager 1986; Murphy 1994).

Group I:

Patients of group I were treated with herbal compound ("Vajikarana Yoga"). The treatment improved the condition which was statistically highly significant ($p<0.001$). This included increased duration time in sexual act ($P<0.01$) (Table 6), improvement in erection and satisfaction in orgasm.

Ayurveda has given much emphasis on "Sodhana" (Purification of body) either with or before starting any treatment (Caraka Samhita). So

"Haritaki", a mild purgative, was administered which also facilitated the better absorption of herbal compound. In addition to this function, "Haritaki": also helped to bring back the normal "Vata" (Sharma 1993).

"Vajikarana" drugs have two important properties namely "Vajikarana" (enhancing sexual power comprising of erection, orgasm and ejaculation)and "Rasayana" (alterative) functioning as anabolic catalyst, increasing general body strength and sense of well being. In general, all ingredients possess properties by which the disturbed "Vata" is brought to normal harmony. The functional role of ingredients of compound is shown in Table 1. The total effect leads to increased sexual satisfaction (Table 5 & 6) and long lasting happiness.

Group II:

Statistically significant improvement ($p<0.05$) was observed in group II patients managed with psychotherapy on PE as well as on associated symptoms such as orgasm and duration of sexual act (Table 6). Both squeeze and stop- start technique subsided the rapid ejaculatory reflex and thus allowed patients to gain voluntary control over ejaculation which in turn reduced the performance anxiety (Master, Johnson 1970).The exact etiology of PE is still obscure and it is proposed as a combination of functional and organic causes (Bancroft 1989; Crow, Jones 1993). The number of patients cured by psychotherapy was less when compared to herbal compound treated group (Group I).

Group III:

A few patients included in this group observed relief which was statistically insignificant ($p>0.05$). As the psychological factors played a pivotal role in causing PE, probably the assurance felt by patients as they were taking some medicine provided this relief.

A psychological satisfaction of getting a "medicine" was not sufficient to cure PE patients (Table 6) whereas psychotherapy with certain instructions to follow definitely helped 40% patients with full relief from PE (Table 7). Distinctive gain was observed among patients who observed Ayurveda instructions and prescriptions for herbal compound (60%). It is clear from Table 6 that no psychological

effect was present on the success. However the study lacked a combined effect of the drug and psychotherapy which might have been possibly better in results.

In conclusion, herbal compound was observed as the best to give relief on PE ($p<0.001$) and associated symptoms ($p<0.001$) irrespective of causes, whereas psychotherapy provided relief to a lesser extent ($P<0.05$).

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