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Conceptual Study of Premature Ejaculation

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ABSTRACT

Sexual Behaviour is multifunctional; it is much more complicated and deserves special attention. Premature ejaculation remains a difficult condition to manage for patients, their partners, and the clinicians. Recent data suggests that men with an intravaginal ejaculatory latency time (IELT) of less than 1 minute have definite PE, while men with IELT, s between 1 and 1.5 minutes have "probable" PE. As our understanding of the ejaculatory pathway has improved, new opportunities to treat the condition have evolved with mixed results.

Keywords: *Intravaginal Ejaculatory Latency Time (IELT), Premature Ejaculation, Sankalpa, Charaka, Chakrapani, Psychological Factors.*

INTRODUCTION

Premature Ejaculation is a problem experienced mainly by younger men who are not experienced sexually and may have learnt rapid ejaculation during adolescent masturbation when timing and control were unimportant. It may also occur after a prolonged period without sexual intercourse. Premature ejaculation is a complex and poorly understood condition which can be difficult to manage for both the clinician and the patient. In this conceptual review we will tell what PME is exactly and challenge some of the accepted theories and the treatments associated with this condition and explore the current management options and the potential treatments [1].

Sex is just not a physical activity but also a psychological one. Ejaculation of semen is a frequent accompaniment of erection and sexual act. The ayurvedic description of ejaculation is very comprehensive and includes both physiological and psychological factors. Charaka has divided the process of ejaculation of shukra in to four stages. They are Sankalpa, Chesta, Nishpeedana and Shukra Chyuti [2].

1) **Sankalpa:** The mental preparation for the sexual act with a willing partner is called sankalpa. This is the cognitive aspect of sex and includes the enjoyment of all senses just before the actual act of sex. This is the psychic element that causes erection. The clarity of the senses and happy disposition of mind is necessary for good arousal. Charaka has placed Sankalpa among the Agrya Dravyas of Vrishya. The senses play a vital role in the mental desire. The role of the environment acting as libido enhancer has also been mentioned. Water body with scented lotus flowers, cool perfumed rooms, blue sky filled with light blue clouds, a beautiful full moon in the night are things which promote men's virility, makes the mind free from anxiety and elevates the mood. Melodious songs, pleasing sounds of birds, sounds of ornaments of woman and the intake of intoxicating drinks all add to the sexual excitement and urge.
2) **Chesta:** Chesta is a "Kriya" according to Charaka. According to Dalhana it is the response or vibrations of the body. The physical actions follow sankalpa. The main object and means of sexual arousal is tactile stimulation. The sense of touch pervades all the senses and shukra which is present all over the body is sensitive to tactile stimulation.

3) **Nishpeedana:** Specific stimulation of the genital parts especially in the upastha or penis causes ejaculation. This process of physical pressure is called nishpeedana.
4) **Shukra Chyuti:** Shukra is present in the entire body and responds to stimulation of skin. The process is similar to that of water coming out of a wet cloth on squeezing. The final process, ejaculation is because of chesta, sankalpa and nishpeedana [3].

Sushruta also says that ejaculation is the result of involvement of all the sense organs and compares it to lactation in females as both are deeply associated with psychological factors. He explains the ejaculatory physiology in terms of activity of vata and the heat generated in the act of copulation as a result of friction between the male and female genital organs which expels out the shukra [3].

Charaka has given three comparisons for the pervasion of shukra in the entire body. They are:
1) The juice present in the sugarcane
2) Ghee available in curds
3) Oil present in sesame seeds

Chakrapani while commenting on the above statement categorizes individuals in to three groups according to the duration of sexual act and the effort needed to express out the shukra.

In one group shukra is ejaculated without much effort (extracting juice from sugar cane). Another group requires moderate effort and time (removing ghee from curd). The last group needs much effort and time (Extraction of oil from sesame seeds). Charaka has also explained eight factors contributing to the ejaculation of semen [4]. They are:
1) Harsha
2) Tarsha
3) Saratva
4) Paicchilya
5) Gaurava
6) Anubhava
7) Pravanabhava
8) Drutatva of Maruta

Harsha (Due to Excitement): Harsha is the stimulating pressure to initiate the sexual act by psychological means. Harsha can also be explained as the desire produced from sankalpa leading to erection and ejaculation. Though the word harsha has been used to denote different meanings like amoda, preeti, kama *etc*.in the present context harsha means the psychological feelings developed from the enjoyment of different senses leading to arousal.

Tarsha (Desire): Tarsha is the passionate desire on the female partner, vanitamabhilasha. Both harsha and tarsha are psychological entities.

Saratva (Fluidity): Saratava is "Asthairya" *i.e.* unstable according to Chakrapani. The opposite quality of sara is sthira (retention). So due to the natural quality of shukra it tends to flow down without any retention.

Paicchilya (Slimyness): As an account of this factor, the shukra flows out without any friction. This is because picchila guna has lepana sbhava.

Gaurava (Heaviness): Gurutva is the quality which causes patana karma (Downward movement).

Anubhava (Subtleness): The shukra is able to come out from the minute channels due to its subtleness.

Pravanabhava (Flowing Nature): Shukra possesses the tendency to flow.

Drutatva of Maruta (Quick Action of Vata): Apana vayu is responsible for the

shukra nishkasana. Apana vayu controls and stimulates the sex organs especially the sites of shukra, exerts force during the sexual act as a result of which, semen comes out of its place and ejaculates through the genital organ.

So, psychological, neurological as well as physical properties of human system have a role to play in the process of ejaculation. This analysis is a corner stone for the management of Impotence.

PME is persistent or recurrent ejaculation with minimal sexual stimulation before, upon or shortly after penetration and before the person wishes it and is associated with marked distress or interpersonal difficulty.

PE has historically been considered a psychological disorder. One theory is that males are conditioned by societal pressures to reach climax in a short time due to fear of discovery when masturbating as teenagers or during early sexual experiences. This pattern of rapid attainment of sexual release is difficult to change in marital or long term relationships.

It is apparent that PE is a significant problem for many men at some point in their lives, but the figures are inconsistent and may not reflect the true incidence of the problem [5].

Psychological Factors [6]

Depression concern about performance, emotional conflicts and ignorance, all these factors frequently contribute to difficulties with intercourse. There is an inability to delay ejaculation sufficiently to enjoy love making manifesting as either of the following:

1) Occurrence of ejaculation before or very soon after the beginning of intercourse (If a time limit is required: before or within 15 seconds of the beginning of intercourse)
2) Ejaculation occurs in the absence of sufficient erection to make intercourse possible. The problem is not the result of prolonged abstinence from sexual activity.

Clinicians use the distinction between primary (lifelong) and secondary (acquired) to determine the focus of the treatment. If a guy has never achieved control, clinicians presume that this is a developmental problem because an issue has never been sufficiently resolved. Secondary problems suggest that something relatively recent has happened and clinicians tend to focus on recent past. Terms such as psychogenic and organic although suitable as descriptors for erectile dysfunction remain hypothetical for PE. Most men presenting with PE readily recognise their problem and there is no lack of self-diagnosis.

Latency Time

There is no clear definition of the intra vaginal ejaculatory latency time (IELT) that qualifies for the diagnosis of PE, defined to occur prior to or within 1 to 2 minutes following vaginal intromission. Men with latencies above 3 minutes are thought to overlap with sexually functioning individuals, who do not view themselves as having a problem. Men with PE also report little or no control over ejaculation, whereas sexually functional men do perceive relatively high degree of control. Unfortunately there is no well controlled study of ejaculatory latency in normal men over the lifespan. We do not know if IELT stays the same, increase or decrease with age [7].

Big Causes

First is the all too well-known cultural role of males in their programming as men. This programming could have involved prostitute experience, where money is

time. If the young men are involved with his "girlfriend" he is concerned with getting caught by a parent or society. And if the women is virgin there is even more encouragement to get in and get out.

A second mechanism is interactional. The love partner, likely out of a sense of frustration, puts the burden of performance on the male and he reacts with anxiety in an effort to perform. His hurt is turned to anger and his anger to revenge. A vicious cycle is set up. Thirdly there are those men for instance, who are premature ejaculators only when involve with a certain partner but not with others. For example, hostility is expressed by a man in various ways, if he should feel unable to express his feeling to this particular woman verbally or otherwise because of fear of hurt or rejection or insecurity, he might well wait to get his message across at a time when he feels most able. That time can easily be in the bedroom. Thus that vicious cycle starts again from a different point [8].

Alcohol and PE

Alcohol seems to stimulate sexual desire. In many women and men, it frequently reduces the ability to perform. However, small amounts of alcohol may reduce anxiety or stress responses to the extent that coitus is somewhat prolonged.

PE Chaos

Patients with sexual dysfunction are reluctant to raise the subject of ejaculatory dysfunction with their physician because they are embarrassed and uncertain if efficacious treatment exists to remedy their problem. Clinicians fail to ask about sexual matters because they are more concerned with health conditions with associated mortality and morbidity risks, are under intense time pressure and may be uncomfortable asking patients about their sexual lives. Perhaps, these phenomena account for Indian doctors reporting that they found a rate of sexual dysfunction of only 0.2-3% in their patients. Moreover in the case of PE, this is coupled with the lack of recognition of PE as causing patients and partner's significant distress and the limited choice and lack of awareness of the available therapeutic options. It could also be that some men do not care about their ejaculatory dysfunction or perhaps, they are either selfish lovers or are unconcerned with how long they last. Finally they may deny, minimize or not recognize PE as a significant problem and it is only when their partner complains, that men than seek treatment [9].

PE: Impact on a Man's Life

The overcoming concern for men with PE was the erosion of their sexual self-confidence. To a lesser extent, they also were concerned with the impact of the sexual dysfunction on their relationship, anxiety around performing adequately, embracement about having the condition and feelings of depression. Three quarters of (68%) of men mentioned that 'confidence 'generally or in a sexual encounter was affected by their PE.

Relationship issues were the second most widely mentioned issue. Specifically men focussed on their reluctance to establish new relationships and for men in existing relationship, on their distress regarding not satisfying their partner. Those already with a partner had found understanding partners and/or had found ways around the problem. Starting and maintaining a relationship may arguably be a larger issue for PE patients because a large proportion of PE sufferers are in the younger age range and therefore probably more likely to still be dating. Anxiety often is mentioned as either being a reason for PE or a consequence of PE but more often it is a combination of the two. Less widely mentioned effects of PE were embarrassment about the condition and depression [10].

TREATMENT

According to Ayurveda, premature ejaculation is caused by aggravation of Vata (Air) and Pitta Dosha at the commencement of physical mating. These doshas can be aggravated by anxiety or nervousness before the sexual act. Vata is characterized by its qualities of quickness and heightened sensitivity to the sense of touch. This gives s predisposition towards quicker ejaculation. Pitta plays a role in thinning of the semen, thereby supporting its early ejaculation. Secondly, these aggravated doshas cause hyperactivity of muscles in the male organ, thus increasing sensitivity to vibration and hence leading to early ejaculation [11].

Ayurveda treatment of premature ejaculation is aimed at keeping the vata and pitta in balance by eating a balanced diet. Problems of stress and anxiety during sexual intercourse can be effectively dealt with rejuvenating herbs, yoga, and meditation and counselling [12].

REMEDIES FOR PE

1) Saffron with Almond and Cow's Milk
2) Green Onion seeds with like warm water before meal.
3) Ashwagandha with Bala and Vidari in equal parts with warm Goat milk.
4) Ashwagandha Churna, Jatiphala churna etc

Psychosexual Counselling

In many relationships, PE causes few if any problems. In others, the couple may reach an accommodation of the problem through various strategies-young men with a short refractory period may often experience a second and more controlled ejaculation during a subsequent episode of lovemaking. Frequently however, PE eventually leads to significant relationship problems with partners regarding the man as selfish and developing a pattern of sexual avoidance. This only worsens the severity of the prematurity on the occasions when intercourse does occur. The cornerstones of behavioural treatment are the seaman's "stop-start" manoeuvre and its modification proposed by Masters and Johnson, the squeeze technique. Both are based on the theory that PE occurs because the man fails to pay sufficient attention to preorgasmic levels of sexual tension. As most men with PE are aware of their anxiety, the sources of such anxiety being relatively superficial, treatment success with these behavioural approaches is relatively good in the short term though convincing long-term treatment outcome data is absent.

The introduction of SSRIs has revolutionized the approach to and treatment of PE. SSRIs consist of five compounds citalopram, fluoxetine, fluvoxamine, paroxetine and sertraline with a similar pharmacological mechanism of action [13].

CONCLUSION

PE is a common male sexual disorder. Recent normative data suggests that men with an IELT of less than 1 minute have "definite" PE, while men with IELTs between 1-1.5 minutes have "probable" PE. Although, there is insufficient empirical evidence to identify the etiology of PE, there is limited correlational evidence to suggest that men with PE have high levels of sexual anxiety and altered sensitivity of central 5-HT receptors. Pharmacological modulation of the ejaculatory threshold using daily or on-demand selective SSRIs is well tolerated and offers patients a high likelihood of achieving improved ejaculatory control within a few days of initiating treatment, consequential improvements in sexual desire and other sexual domains. Men with good ejaculatory control can enjoy sustained levels of sexual arousal before choosing to ejaculate. A man without this

control tends to go from zero excitement to orgasm without levelling off.

There are currently several novel agents who show promise for the future, but our optimism must be balanced against accepting suboptimal science and methodology in drug trials. PE continues to be the Cinderella of sexual medicine and requires funding and high-level research in both basic science and clinical trials. The oxytocin antagonists probably show the most future promise but data are still premature.

REFERENCES

1) Charak Samhita, Sutrasthana Adhyaya 22/11
2) Charak Chikitsasthana Adhyay 1 and 2
3) Sushruta Samhita, Sharir Sthana
4) Phallic Symbols, 1961, Boullet
5) Sex and Behaviour, 1965, F.A. Beach
6) The Origin of man, 1925, Read C.
7) Journal of Sex Research,16(1),1-42
8) Journal of Clinical Psychiatry, 56,402-407
9) Journal of Sex and Marital Therapy, 5,130-134 & 293-320
10) Archives of Sexual Behaviour, 26,28-41
11) Comprehensive review of the Anatomy and Physiology of Ejaculation
12) Owning your own shadow, Robert Johnson, 51-55
13) Spring Awakening by Edward Bond,42-67