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Effect of *Shirodhara* in Situational Anejaculation: A Single Case Study

Sandeep S. Khandalikar

Associate Professor, Department of Sanskrit Samhita, Government Ayurved College, Baramati, Pune, Maharashtra, India.

ABSTRACT

Anejaculation is a type of male sexual dysfunction that can affect one's ability to enjoy sex. It can also lead to male infertility. The process of ejaculation has important meanings not only for its association with orgasm but also for the timing to ejaculate in the context of sexual activity. Healthy sexual behaviour plays an essential role in maintaining the harmony and happiness of marital life.

Key words: *Shirodhara, ejaculation, infertility, Disorders of Ejaculation*

INTRODUCTION

Dharma, Artha, Kama and *Moksha* are four objectives (*Purusharthas*) of life mentioned in Ayurveda. Ejaculation is the release of semen from the penis. It occurs when a person reaches sexual climax (orgasm) during intercourse or masturbation.

People who experience anejaculation are unable to ejaculate semen when they have an orgasm. The condition can affect sexual enjoyment and the ability to conceive. The term delayed ejaculation (DE) (also called retarded ejaculation, or inhibited ejaculation) has been used to describe "a marked delay in or inability to achieve ejaculation. The man reports difficulty or inability to ejaculate despite of the presence of adequate sexual stimulation and the desire to ejaculate".^[1] *Vajikarana* (aphrodisiac therapy) is one

of the eight branches of Ayurveda that deals with the preservation and amplification of the sexual potency of a healthy man and conception of healthy progeny as well as management of defective semen, disturbed sexual potency and spermatogenesis, along with treatment of seminal-related disorders in man.^[2]

Causes of delayed ejaculation

Psychological causes of delayed ejaculation can occur due to a traumatic experience. Cultural or religious taboos can give sex a negative connotation. Anxiety and depression can both suppress sexual desire, which may result in delayed ejaculation as well. Relationship stress, poor communication, and anger can make it worse. Disappointment in sexual realities with a partner compared to sexual fantasies can also result in delayed ejaculation. Often, men with this problem can ejaculate during masturbation but not during stimulation with a partner. Certain chemicals can affect the nerves involved in ejaculation. This can affect ejaculation with and without a partner. Some medications can all cause delayed ejaculation like Antidepressants, antipsychotics, diuretics, alcohol.

Surgeries or trauma may also cause delayed ejaculation. The physical cause may include damage to the nerves in the spine or pelvis, certain prostate surgeries that cause nerve damage, heart disease that affects blood pressure to the pelvic region, infections, especially prostate or urinary infections, neuropathy or

Address for correspondence:

Dr. Sandeep S. Khandalikar

Associate Professor, Department of Sanskrit Samhita, Government Ayurved College, Baramati, Pune, Maharashtra, India.

E-mail: sandeep.khandalikar@gmail.com

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stroke, low thyroid hormone, low testosterone levels, birth defects that impair the ejaculation process.^[3]

Delayed ejaculation can be correlated with *Shukra Gata Vata* or *Klaibya*.

Types of delayed ejaculation

Some people are never able to ejaculate (primary anejaculation). Others lose the ability to ejaculate for various reasons (secondary anejaculation).

Types of anejaculation include:

Situational: Person can ejaculate in certain situations, like while masturbating, but not during intercourse or he may be able to ejaculate only at home, but not at other places.

Total: Person is unable to ejaculate while masturbating or having sex, regardless of the location or situation.

Orgasmic: Person can't ejaculate while having an orgasm. Orgasmic anejaculation is often due to a physical problem like nerve damage.

Differential diagnosis

Anejaculation is when orgasm occurs but no fluid leaves the body. Anorgasmia is when orgasms are absent or less intense even after plenty of sexual stimulation.

Retrograde ejaculation is a condition in which orgasm occurs, but semen goes back into the bladder instead of coming out from penis.

Lakshana (Symptoms)

The male reproductive system makes semen. It contains sperm, which fertilizes eggs for conception and pregnancy. The semen is ejaculated during intercourse or masturbation when a person reaches sexual climax (orgasm).

Delayed ejaculation occurs when a man needs more than 30 minutes of sexual stimulation to reach orgasm and ejaculate. Some men can only ejaculate with manual or oral stimulation. Some cannot ejaculate at all.

Some men have a generalized problem in which delayed ejaculation occurs in all sexual situations. For

other men, it only occurs with certain partners or in certain circumstances. This is known as situational delayed ejaculation. In rare cases, delayed ejaculation is a sign of a worsening health problem such as heart disease or diabetes.

Vata especially *Apan Vayu* is responsible for generation of *Shukra* and ejaculation of semen. Qualities of semen are impaired when the vitiated *Vata* afflicts the functional characteristics of *Shukra*. When *Vata* affects these characteristics, *Shukra Dushti* is explained as *Phenila*, *Tanu*, *Rooksha*^[4], *Grathita*, *Vivarnadi Yukta*,^[5] *Vatika Shukra*, *Granthishukra (Vata-Kaphaja)*, *Ksheena (Vata-Paittika)*,^[6] *Alpa Retas*, *Ksheena Retas* and *Vishushka Retas*^[7] occurs.

The male sexual dysfunctions have been elaborately described as *Klaibya*.^[8] In clinical practices *Klaibya* is the most common psychosexual disorder. It refers to a problem during any phase of the sexual cycle that restricted the man from experiencing satisfaction from the activity.

Clinical findings & history

Name - ABC

Age - 28 years, Male

Occupation - Engineer in an IT Company

Complaints - Unable to ejaculate during intercourse but could ejaculate while masturbating.

Pules - 82/ min

BP - 110/80 mmHg, Nondiabetic.

Past history of illness - No significant illness

No history of psychiatric disorder,

No history of surgery, trauma, accident

No habits (tobacco, alcohol)

Marriage - Married before 1 year 3 months

CBC - Within Normal Limits.

Testosterone and T3, T4, TSH - Within Normal Limits.

Semen analysis - Volume 2.5ml /ejaculation and sperm count 20 mil/ml

Internal Medicine

Kapikacchu Beej (Shodhit) Churna 3 gm before meal twice a day with milk (for 1 month)

Kapikacchu (Mucuna pruriens Linn.) is the most famous drug for its powerful aphrodisiac action. It is well known to increase the sperm count^[9] and to increase testosterone levels in the body as well. *Kapikacchu* is an agent that helps the body in building up the mass as well as endurance and also helps the body to increase muscular strength. It promotes the mood for sexual indulgence thereby increasing the libido power and is also beneficial for people who are undergoing depression.

It has *Guru, Snigdha Guna; Ushna Virya; Madhura Vipaka; Vatahara* and *Pittahara Karma*. Pharmacological actions are, Hypoglycemic Activity, Aphrodisiac Activity, Antioxidant Activity, Antimicrobial Activity, Antiparkinson's Activity etc. *Kapikacchu Churna* effectively raised the sperm count. The results on sperm count were found highly significant. It also showed good improvement in other seminal parameter like volume of semen, Ph of semen, motility of sperms etc.^[10]

Shirodhara

The patient was advised to cut hair as small as possible. *Shirodhara* with *Til Tailam* (Sesame oil) was performed for 40 minutes for 28 days. During *Shirodhara* the patient was given instructions to relax his body and mind. Then he was advised to think and create a scenario of pleasurable reaction to touching and progression toward orgasm and ejaculation. Psychological counselling was done at every sitting of *Shirodhara*.

Shirodhara is a unique non-invasive technique of Ayurveda. Its non-invasive approach has been shown good or even better for the treatment of insomnia, anxiety, stress, headache, hypertension.^[11] *Shiro* means head and *Dhara* means dripping. *Shirodhara* is the procedure in which oil or any liquid dripping on the forehead in a steady stream or flow for 36 min to 1 h 12 min.^[12] Total treatment duration in terms of days is not specified in classical texts, based on various

practices in India *Shirodhara* is done for 3, 7, 14, or 28 days.^[11]

Assessment criteria

Lakshana	Nil	Alpa	Madhya	Uttam
Confidence	0	1	2	3
Pleasure of orgasm	0	1	2	3
Quantity of semen ejaculated	0	1	3	3

Before and after treatment

The Patient experienced marked improvement in confidence and performance during sexual intercourse. Patient felt better and felt marked improvement in weakness and increased level of sexual desire.

The patient experienced ejaculation during intercourse after 20 days of treatment.

Lakshana	After 7 days	After 14 days	After 21 days	After 28 days
Confidence	1	2	2	3
Pleasure of orgasm	0	0	1	2
Quantity of semen ejaculated	0	0	1	2

DISCUSSION

Different clinical presentations of the same pathological process occur according to the effect of the vitiated *Vata* on various structural and functional attributes of *Shukra*. In delayed ejaculation, although intravaginal ejaculation eventually occurs, it requires a long time and strenuous efforts at coital stimulation and sexual arousal may be sluggish. It may be caused when the vitiated *Vata* loses its *Drutatva* or *Chalatva* after the enlodgement, which leads to lack of sufficient stimulation (*Prerana*) for ejaculation. It may also

happen when the vitiated *Vata* causes diminution of *Shukra Dhatu* by *Shoshana Svabhava* and quantitatively less amount of *Shukra* is ejaculated after a long effort.^[13] The most common treatment for anejaculation is psychological counselling to address underlying causes and sexual therapy. Sexual therapy can involve sex education for a clearer understanding of the arousal process by the affected person.

CONCLUSION

Shirodhara reduces performance anxiety and improves the pleasure of the sexual act. *Shirodhara* along with psychological counselling is very effective in the treatment of *Shukra Gata Vata*. Anxiety and Stress are the triggering factors of Delayed Ejaculation. Therefore, while treating a patient with Delayed ejaculation, psychological counselling is a must. Psychological counselling could impart confidence and self-esteem in the subject, help him to think positively, and to indulge in the sexual act enthusiastically by reducing performance anxiety. *Guru, Snigdha Guna; Ushna Virya; Madhura Vipaka; Vatahara Karma of Kapikacchu* is useful in vitiated *Vata* involved in delayed ejaculation.

REFERENCES

1. American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 5th edition. Washington, DC: American Psychiatric Association, 2013. [Google Scholar]
2. Sushruta. In: Sushruta Samhita, Sutra Sthana, Vedotpatti Adhyaya, 1/8. 8th edition. Yadavji Trikamji Acharya., editor. Varanasi: Chaukhmba Orientalia; 2005. p. 3. [Google Scholar]
3. <https://www.healthline.com › health › delayed-ejaculation>
4. Agnivesha, Charaka, Dridhabala . In: Charaka Samhita, Chikitsa Sthana, Yonivyapat Chikitsa Adhyaya 30/140. Reprint edition. Yadavji Trikamji Acharya., editor. Varanasi: Chaukhmba Surbharti Prakashan; 2008. p. 640. [Google Scholar]

5. Sushruta. In: Sushruta Samhita, Nidana Sthana, Vatavyadhi Nidana Adhyaya, 1/29. 8th edition. Yadavji Trikamji Acharya., editor. Varanasi: Chaukhmba Orientalia; 2005. p. 261. [Google Scholar]
6. Sushruta. In: Sushruta Samhita, Sharira Sthana, Shukra Shonita Shuddhi Shariropkrama Adhyaya, 2/4. :344.17. [Google Scholar]
7. Babu Haridas Vaidya. 10th ed. Varanasi: Chaukhmba Publication; 1984. Chikitsa Chandrodaya; p. 147. [Google Scholar]
8. Vaidya Brahmanand Tripathi, Editor, Charaka Samhita of Charaka. Sutrasthana, Chapter 30, Verse no. 155-156, Reprint 2007, Varanasi: Chaukhmba Surbharti publication, 2007. 403 p.
9. Suresh R. Jadhao, "Physiological study of Shukravaha Srotas and clinical study of kapikacchu Churna in Klaihya with special Ref. to oligozoospermia" (Thesis), PG Dept. Of Sharir kriya, NIA Jaipur 2013; 141-145
10. Kumar DA, Rajoria DK, Singh DSK. WJPR - [Internet]. [cited 2023 Mar 14]; Available from: https://wjpr.net/abstract_show/7145
11. Vinjamury S.P., Vinjamury M., der Martirosian C., Miller J. Ayurvedic therapy (shirodhara) for insomnia: a case series. Glob Adv Health Med. 2014;3(1):75–80. [PMC free article] [PubMed] [Google Scholar]
12. Shukla J.P., editor. Prayag: Sudha Nidhi Granthavali. 1981. Anonymous. Dharakalpa; pp. 9–10. [Google Scholar]
13. Vagbhata. In: Ashtanga Hridaya, Sutra Sthana, Doshadi Vijananiya Adhyaya, 11/20. 9th edition. Pt. Hari Bhisagacharya Harishastri Paradakara Vaidya., editor. Varanasi: Chaukhmba Orientalia; 2005. p. 185. [Google Scholar]

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