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Case Report

Premature Ejaculation

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The Holistic Management of Premature Ejaculation Through Ayurveda - A Case Report

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Premature ejaculation is a very common male sexual disorder, affecting on an average 40 % in worldwide. Premature ejaculation is a recurrent ejaculation that occurs with minimal stimulation and earlier than desire, before or soon after penetration, which bothers or distress, and upon which the sufferer has little or no control. Most common cause of premature ejaculation are psychological factors like depression, performance, anxiety, stress, distorted thinking, lack of confidence with or without other physical etiological factors. In this case study, a 28 years old male came to Kayachikitsa outpatient department (OPD) of IPGAE & R at SVSP complaining of recurrent ejaculation with minimal stimulation & earlier than desire for past 6 months. In Ayurveda it's sign & symptoms resembles with Sukragata Vata in which Vata Dosha is involved. Management was planned according to the principle of Vajikarana in the inpatient department (IPD) of Kayachikitsa. Brihatyadi Panchamoola Niruha Vasti was administered. After completion of 45 days treatment, significant improvement was noted in IELTS (Intravaginal Ejaculatory Latency Time), VCOE (Voluntary control over ejaculation), Patients Satisfaction, Partner's Satisfaction & GRISS questionnaire.

Keywords: Vajikarana, Brihatyadi Panchamoola Niruha Vasti, Snehana, Swedana, Shirodhara

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Introduction

Premature ejaculation[1] is a most common male sexual dysfunction. Ejaculatory response[2] is the efferent (motor) component of a spinal reflex that typically begins with sensory stimulation to the glans penis. However, much less is known about this disorder than erectile dysfunction[3] and there is a lack of a commonly accepted definition for this complaint.

A specific ejaculatory latency was not defined because of the absence of normative data. It is a complex, poorly understood condition and is the most common type of ejaculatory dysfunction which is very difficult to cure. The global prevalence[4] of premature ejaculation is estimated as 20 - 40% among general population and in India[5] among the 21.15% of sexual disorders reported, 8.76% was premature ejaculation. However, several definitions exist for PE the current 5th revision of DSM[6] cleared much of earlier ambiguity defining Premature Ejaculation as a persistent or recurrent pattern of ejaculation occur during partnered sexual activity within approximately 1 minute prior to or after vaginal penetration and before individual wishes it. It is to be diagnosed only if the primary symptom persists at least for 6 months in most of the encounters. It should not be also associated with another medical causes or substance abuse. In Ayurveda it can be clinically co-related to Sukragata Vata, where Vata vitiates the Sukra & dismantle its proper action.

It causes premature expulsion of semen & undue retention of semen. All the therapeutics introduced are Vata Samak (which reduces Vata) in action, started from Snehana with Ashwagandha Taila, Shirodhara with Bramhi Taila followed by Swedana by Dasamoola Kwath all having the Vata Samak properties as well as Brishya which gives nutrition to the genitalia. Shirodhara with Bramhi Taila is very much effective in reducing the anxiety & stress. Stress & anxiety are the main concern of early ejaculation. Main therapeutics administered was Brihatyadi Panchamoola Niruha Basti having the Vata Samak as well as Balya, Brishya, Sukra Janana Guna & Deha Pusti Vardhana Guna. Anuvasana Vasti with Ashwagandha Taila enhances the libido & strengthen the pelvic floor muscles whose relaxation & contractions are the driving force of smooth firm & long-lasting penile erection.

Case Report

This was a single case study conducted at our Institute. A 28 years old male came to the Kayachikitsa OPD of I.P.G.A. E & R at SVSP, complaining of early ejaculation during sexual intercourse which didn't lasts more than 2 minutes along with general weakness for past 6 months.

On occupation he was a daily worker & coming from lower socio-economic condition. He was well built, weighted 74 kg & having 5-foot 8-inch height, dark complexion & anxious facies. OPD no-AYUR/RG240001XXXX. Previously took allopathic medications but didn't get significant relief. Further on admission in Kayachikitsa in-patient department (IPD), management was scheduled according to the principle of Vajikarana. IPD no -GA 4XX/2024.

Treatment Schedule

Treatment plan included *Deepana- Pachana, Snehana, Swedana, Virechana, Shirodhara* followed by *Brihatyadi Panchamoola Niruha Basti* mentioned in *Astanga Samgraha Siddha Basti Kalpa Adhyaya* along with *Samana Ausadhis*.

Baseline Findings

Table 1: Rogi Pariksha

Blood Pressure	120/80 mm of hg	
Pulse	82 Beats	
Respiratory Rate	18 breaths / min	
Temperature	97-degree Fahrenheit	
Anaemia / Jaundice / Cyanosis / Clubbing / Oedema	Not Present	
Mental State & Intelligence	Alert and conscious	
Decubitus	Normal	

Systemic Examination

Urogenital System:

Loin pain / Symptom of Uraemia / Painful	Not Present
micturition / Haematuria / Urethral discharge	
Oedema of ankles / hands / face	Not Present
Frequency & urgency of micturition	Normal
Quantity of urine	Normal
Haematuria	Not Present
Problems with sexual intercourse	Premature Ejaculation
	during sexual intercourse
Dyspareunia	Not present

Local Examination:

 On clinical examinations no scar marks, no deformity was observed over the penis.

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- Penis was normal in length and also in breadth, meatus normal in size, testicles were normal in shape and size.
- Patency of urinary tract was also checked by doing urinary catheterization.

Personal History:

Drug History	No relevant drug history regarding
	the disease
Family History	No relevant family history in father
	/ siblings found
Addiction	No such
Marital history	Married for four years
Sexually transmitted disease's history	No such
Other Co-morbidities	No such

Investigations

Before the starting of treatment hormonal tests were done which includes Serum TSH level, Serum FSH level & Serum Testosterone level (at 8-10am) which came with in normal limit.

Test	Result
Serum Testosterone	9.01 ng/ ml
Serum FSH	5.04 mIU/ ml
Serum TSH	1.02 uIU/ ml

Diagnosis

Ayurvedic diagnosis - *Sukragata Vata* Modern diagnosis - Premature Ejaculation

Treatment Assessment parameter

- GRISS Questionnaire
- IELT (Intravaginal ejaculatory latency time)
- Voluntary control over ejaculation
- Patient's & partner's satisfaction

Treatment Plan

- Nidan Parivarjana
- Deepana- Pachana
- Samsodhana Chikitsa
- Samshamana Chikitsa

Treatment Protocol:

Samsodhana Chikitsa Purvakarma

Treatment Name	Duration	Treatment Procedure
Deepana - Pachana	12-06-2024	Panchakola powder twice a day before meal with lukewarm water.
	to 16-06-2024	
Snehapana	17-06-2024	Brihat Chagaladya Ghrita in increasing dosing form starting from 25 ml at empty stomach at first day of Snehana goes
	to 22-06-2024	upto 150 ml on 6th day till appearance of Sneha Siddha Lakshana.
		Day 1 - 25 ml,
		Day 2 - 50 ml,
		Day 3 - 75 ml,
		Day 4 - 100 ml,
		Day 5 - 125 ml,
		Day 6 - 150 ml.
Abhyanga	23-06-2024	Abhyanga in the lower part of the body with Ashwagandha Taila.
	to 25-06-2024	
	Then	
	30-06-2024	
	to 15-07-2024	
Swedana	23-06-2024	Nadi Swedan with Dasamoola Kwath, duration of 15 min for each session.
	To 25-06-2024	
	Then	
	30-06-2024	
	to 15-07-2024	
Shirodhara	23-06-2024	Shirodhara with Bramhi Taila, duration of 15 min for each session.
	to 25-06-2024	
	Then	
	30-06-2024	
	to 15-07-2024	

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Pradhana Karma

Treatment	Duration	Treatment Procedure		
Name				
Virechana	26-06-2024	Virechana was performed after proper Snehana and Swedana with Trivrit Avaleha 60gm, Triphala Kwath - 100ml and Abhyadi		
Karma		Modak - 2 gm (4 tablets).		
		Total Virechana Vega - 20		
Samsarjana	27-06-2024	On the day of Virechana Karma - Only Mudga Yusa in a quantity of 650 ml.		
Karma	to	27-06-2024 = Mudga Yusa 650 ml at morning & 650 ml at evening.		
	29-06-2024 (3 days)	28-06-2024 = Liquid Khichrdi, 350 ml at lunch & 350 ml at dinner.		
		On 29-06-24 = Semisolid Khichrdi, 350 ml at lunch & 350 ml at dinner.		
Vasti Karma	30-06-2024	Brihatyadi Panchamoola Niruha Vasti & Ashwagandha Taila Anuvasana Vasti was given in Kala Vasti schedule (6N + 10 A).		
	to	The contents of Brihatyadi Panchamoola Niruha Vasti are Laghu Panchamoola Kwath, Mamsa Rasa of Chaga Mamsa, Egg		
	15-07-2024	albumin of chicken eggs, Sitapala, Madhu, Saindhav & Prakshepa Dravya : Sali-Godhuma, Yava & Sasthika. During Vasti he		
		was advised to take light digestive veg diet & also to do KEGEL exercise.		
		Before Vasti Karma patency of urinary tract also checked by foley's catheter.		
		Vasti Schedule:		
		Day 1 - Anuvasana		
		Day 2 - Anuvasana		
		Day 3 - Niruha		
		Day 4 - Anuvasana		
		Day 5 - Niruha		
		Day 6 - Anuvasana		
		Day 7 - Niruha		
		Day 8 - Anuvasana		
		Day 9 - Niruha		
		Day 10- Anuvasana		
		Day 11 - Niruha		
		Day 12 - Anuvasana		
		Day 13 - Niruha		
		Day 14 - Anuvasana		
		Day 15 - Anuvasana		
		Day 16 - Anuvasana		

Shamana Chikitsa

He was given discharge from hospital with *Shamana Aousadhi* for a duration of 45 days. (16-07-2024 to 29-08-2024).

- Ashwagandha Powder 3gm twice daily after meal with milk.
- Gokshura Powder 3gm twice daily before meal with luke warm water.

Pathya & Apathya

Pathya	Apathya	
Aahara - Sali-Sastika, Dhanya, Godhuma,	Aahara - Guru, Viruddha,	
Masura, Chanaka, Navanita, Dugdha	Asuchi , Vidahi, Puti Aahar	
Vihara - Bhaya Mukta, Sangkalpa Praban,	Vihara - Kshuda, Trishna,	
Abhyanga, Utsadana, Snana	Vegabarodha	

Midpoint and Progress

- Improved pelvic muscles contraction.
- Increased voluntary control over ejaculation.

Endpoint findings

The combined treatment protocol showed significant improvement in parameters like Intravaginal Ejaculation Latency Time, voluntary control over ejaculation, patient's and partner's satisfaction & GRISS Questionnaire.

- After completion of treatments hormonal tests were carr. out which came with in normal limit.
- Sr Testosterone 3.5 ng/ml, TSH 2.1 uIU/ ml, DHEA - 291.9 ug/dl

BT AT Comparison:

Parameter	Before	After	
	Treatment	Treatment	
Intravaginal Ejaculatory Latency Time	++ (2 Min)	++++ (4 Min)	
(IELT)			
Voluntary Control Over Ejaculation	+	+++	
Patients's Satisfaction	+	+++	
Partner's Satisfaction	+	++++	



IELT - Intravaginal Ejaculatory Latency Time, VCOE - Voluntary Control Over Ejaculation, P.A.S - Patients's Satisfaction, P.R.S - Partner's Satisfaction

Griss Questionnaire[7]

Question	ВТ	AT
Are you able to delay ejaculation during intercourse if you	No	Yes
think you may be coming too quickly?		
2. Can you avoid ejaculation too quickly during intercourse?	No	Yes
3. Do you ejaculate without wanting to almost as soon as your	No	Yes
penis enters your partner's vagina?		
4. Do you ejaculate by accident just before your penis is at least	No	Yes
to enter your partner's vagina?		

Discussion

Powder Panchakola constitutes Pippali[8], Pippalimoola, Chavya[9], Chitraka[10] & Sunthi[11], all of them are having Usna (Hot), Tikshna (Sharp), Sukshma (Minute) properties which enhances Jatharagni (Digestive enzymes). Pervading through Sukshma Srotas (minute channels) they nullify 'Ama' and makes easy passage of nutrition. Brihat Chagaladya Ghrita[12] comprises of Aja Mamsa (Goat meat), Murchita Ghrita (processed clarified Ridhi, Vriddhi, Meda , Mahameda, Jeebakha, Rishabakha, Kakoli & Kshirakakoli, all of them are having Balya (Strength promoter), Mamsakara (Builds musculature), Vrishya (Libido enhancer) and Agni Sandeepana (Booster of metabolism) properties. Ashwagandha Taila consists Ashwagandha, Padmaka roots, Padmaka Kantaka, Saluka, Sugandhabala, Mulethi, Sariba, Padmaka Puspa, Nagakesara, Meda, Punarnava, Draksha, Manjistha, Brihati-Dwaya (two types of Brihati), Triphala & Tila Taila etc. All of them are Vata Samaka (Vata alleviating) with chief ingredient Ashwagandha[13] which is Vajikarak having aphrodisiac property.

Local application of Ashwagandha Taila nourishes the Vata Vahini Srotas enhancing the action of Shookshma Shrotas (minute channels). It also pacifies the Adho-Vata (Vata localised in the lower region of the body). Dasamoola[14] constitutes of Brihat Panchamoola & Laghu Panchamoola. Brihat Panchamoola[15] comprises of Bilwa, Agnimantha, Shayonaka, Patala, Gambhari & Laghu Panchamoola consists of Gokshura, Brihati, Kantikari, Salaparni, Prisniparni. Together they possess Vata-Samak action. Nadi Swedana by Dasamoola Kwath clears channels (Vata Vahani Srotas) which further enhances blood circulation in genital organ. Continuous flow of Bramhi Taila over the 'Bramha Talu' (forehead) during Shirodhara Karma[16] (Pouring of medicated oil into the forehead) is very helpful to keep the mind in calm state, having antiactivity. It helps to regulate parasympathetic action of central nervous system. Parasympathetic nerves are group of nerve which are beneficial to control the erection. Its precise action over the sympathetic nerve controls the erection time of penis.

Bramhi[17] is a potent nootropic agent which enhances the action of brain & also fasten the action of neurotransmitters. Shirodhara with Bramhi Taila regulates the action of central nervous system & helps to get smooth erection of penis & increases the erection time by reducing stress & anxiety. Virechana is very helpful to ward off the vicious materials from the body, which purifies the Annavaha Srotas (carries nutrients) and enhances perfect absorption of nutrition through the gut. Brihat Panchamoola Niruha Vasti consisting of Laghu Panchamoola Kwath, Mamsa Rasa of Chaga Mamsa, Kukkta Anda Rasa - albumin of chicken eggs, Sitapala, Madhu, Saindhav with Prakshepa Dravya: Sali-Godhuma, Yava & Sasthika. In context of Brihat Panchamoola Niruha Vasti, Astanga Samgraha mentions "Panchamoola Brihatyadi Prati Dravyam Palonmitam" here 'Panchamoola Brihatyadi' is correlated to Laghu Panchamoola[18] which includes Gokshura, Brihati, Kantikari, Salaparni, Prisniparni. These together used in Sukra Vikara enhances serum testosterone in blood. Chaga Mamsa (goat's meat), Murchita Ghrita (Potentised clarified butter) and all the drugs of Jeevaniya Mahakasaya -Jeebaka, Rishabhaka, Meda, Mahameda, Kakoli, Ksheerkakoli, Ridhi, Vriddhi simultaneously enhance Ojas, Mamsa, Sukra thereby increasing vitality and strength.

Due to this beneficial effect these drugs can be used promote health which "Swasthasyaswasthyarakshnama" with its foremost aim of Ayurveda thus, in cumulative action all are good strength promoter, muscle bulk enhancer & spermatogenic in nature. Niruha Vasti is having a potent role over anal sphincter, by its application it maintains proper sphincter control. It regulates pituitary hormones and maintains smooth action of HPA (Hypothalamus-Pituitary-Adrenal) axis. Among Ayurvedic Rasayana (Immune-modulator) herbs, Ashwagandha[19] holds most prominent place. It is having adaptogenic and anti-stress property. Ashwagandha is commonly available as a Churna (A fine sieved powder) that can be taken with water, Ghee (Clarified butter) or honey. It enhances function of nervous system along with improvement of memory. It improves function of reproductive system promoting a healthy sexual and reproductive balance. Being a powerful adaptogen, it enhances body's resilience to stress. It improves body's defence against disease by improving cell-mediated immunity. It also possesses potent antioxidant properties which protect us against cellular damage due to free radicals. Gokshura[20] has Madhura Rasa (Sweet), Guru (Heavy) and Snigdha Guna (Unctuous and Heavy quality), Vrishya (Aphrodisiac), Rasayana (Rejuvenator) & Brimhana (Nourishing) properties. However, Madhura Rasa, Snigdha, and Guru Guna increases Sukra Dhatu qualitatively and quantitatively. Gokshura is a wellknown drug in context with Mutravaha Srotas. It regulates Apana Vata, and also governs action on Sukra along lines similar to how Sukra Visarga is governed by Apana Vata.

Conclusion

The presented paper provided an opportunity for standardization of Ayurvedic assessments and treatment procedures which are therapeutically safe and effective. The following treatment protocol consists of Deepana - Pachana with powder Panchakola, Snehana with Brihat Chagaladya Ghrita, Abhyanga with Ashwagandha Taila, Nadi Swedana with Dasamoola Kwath, Shirodhara with Bramhi Taila, Niruha Vasti with Brihatyadi Panchamoola & Anuvasana Vasti with Ashwagandha Taila which are very much effective in the treatment of Sukragata Vata. This approach may be taken into consideration for further treatment and research work for Premature Ejaculation.

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