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Ayurvedic Management of Premature Ejaculation In Reference To *Śukr̥agata Vata*: A Case Report

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ABSTRACT: Premature ejaculation (PE) is the most common type of ejaculatory dysfunction which is difficult to manage. The global prevalence of PE is estimated as 20 – 40 % and in India it is reported as 8.76%. The inability to control ejaculation associated with unsatisfied experience of orgasm for the couples is a major factor causing psychological distress that leads to inter-personal conflicts. However, psychological interventions provide better results in PE, a combined approach of Psycho-Pharmacological intervention offer superior efficacy.

A 39-year-old male presented with inability to delay ejaculation with a duration of sexual act less than 1 minute associated with resultant significant anxiety that hampered the sexual activity and reduced the sexual desire. On further interrogation, it was revealed that he had a significant stressful event in his life due to financial loss and also had a hurried sexual act which led to rapid ejaculation. However, he had many previous good experiences in his sexual act and also was having a supportive partner.

The case was diagnosed as Premature ejaculation as per DSM V Criteria and as *Śukr̥agata Vata* in Ayurveda purview. The management was planned in OP level, as a combination of a positive psychotherapy technique called Solution Focused Brief Therapy (SFBT) and an Ayurveda formulation *Staṃbhanakara yoga* for 3 months. Significant improvement was noted in Sexual dysfunction assessment questionnaire (Revised Singh. G et al. 2001) and Solution Focus Inventory recorded before and after the management along with increased Intra Ejaculatory Latency Time (IELT).

KEYWORDS: Premature Ejaculation, *Śukr̥agata Vata*, Solution Focused Brief Therapy (SFBT), *Staṃbhanakara yoga*

INTRODUCTION

Premature ejaculation (PE) is a complex, poorly understood condition and is the most common type of ejaculatory dysfunction which is difficult to manage[1]. The global prevalence of premature ejaculation is estimated as 20 – 40 % among general population[2] and in India among the 21.15% of sexual disorders reported, 8.76% was premature ejaculation[3]. However, several definitions exist for PE the current 5th revision of DSM cleared much of earlier ambiguity defining PE as a persistent/ 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. Also, it should not be associated with another medical causes or substance abuse[4].

Clinical Subtypes of Premature Ejaculation

PE can be classified into 4 major sub-types: Lifelong/ Primary, Acquired/ Secondary, Natural variable, Subjective/ Premature-like ejaculatory dysfunction. In Primary PE, complaint will be present from the time of 1st intercourse where as in Secondary/ acquired type, the person might have more than one minute latency at any given time[5]. Natural variable is a normal variant of sexual functioning and Premature-like ejaculatory dysfunction is where a person would be preoccupied with lack of ejaculatory control despite having normal time limit[6]. Clinically, PE commonly presented as self-reported problem that affects both the patient and the partner and usually depends on their expectations and belief about sexual encounter. Hence, persons with comparatively better performance might complain the lack of time due to their unrealistic anticipations[7].

General Approach in the Management

The inability to control ejaculation and unsatisfied experience of orgasm for the couples create a vicious cycle causing psychological distress, emotional conflicts, embarrassment, anxiety, depression and loss of libido. This usually end up in inter-personal conflicts, avoidance of sexual relationship due to lower confidence level and low self-esteem[8]. Considering the time taken to ejaculate, ability to control ejaculation, psychological distress and its impact on quality of life, partner's attitude and finally inter-personal relationship between couples have significant role in assessments and planning the management for PE[7]. In general, psychological interventions offer promising options for sexual dysfunctions. As regards PE, psychological therapies address both the rapidity of the ejaculatory response and the burden that the dysfunction has on the couples[9].

Combination pharmacology and psychotherapy offers superior efficacy to drug alone. This is because men and couples learn sexual skills, address the intrapsychic, interpersonal and cognitive issues that precipitate and maintain the dysfunction[9]. Present day psychotherapy for PE is an integration of psychodynamic, behavioural and cognitive approaches within a short-term psychotherapy model[10-12]. Combination treatment involves stepwise or simultaneous use of both pharmacological and psychological/behavioural interventions[13,14]. Combined therapy provides men with a medication to delay ejaculation, while they learn behavioural techniques for the same and also address the relevant psychological and interpersonal issues. If possible, the medication is weened after six weeks or more, when demonstrated reliable gains in Intra Ejaculatory Latency Time[9].

Solution Focused Brief Therapy

Solution Focused Brief Therapy (SFBT) is a strength-based, resiliency-oriented approach that converses the traditional psychotherapy interview process by asking clients to elaborate a detailed resolution to the problem that brought them into therapy, thereby shifting the focus of treatment from problems to solutions. In the psychotherapy field, SFBT has been used to manage several problems in diverse populations, including psycho-sexual therapy, family therapy, educational therapy, couples therapy etc. Many other specific interventions either medical or behavioural can be integrated with SFBT to ameliorate sexual concerns. Being in its paradigm, SFBT enables to work with different elements of relationship like individual, couple-dynamic etc. through dialogues directed by the couples[15].

Premature Ejaculation - Ayurveda Approach

Ayurveda enumerates eight factors in control of ejaculation. They are *Harsha* (excitement, sexual fantasy), *Tarsha* (strong desire for sex), *Saratva* (fluidity of semen), *Paicchilya* (sliminess of semen), *Gaurava* (heaviness of semen), *Anutva* (atomicity of semen), *Pravanabhava* (tendency to flow out) and *Drutatvat Marutasya* (due to *Vata*). Dysfunction of either one or all of these factors leads to ejaculatory impairment, out of which '*Drutatvat Marutasya*' is most important. The physiology of ejaculation is under the control of *Vata Dosha* and its vitiation (especially *Apana Vata*) leads to PE[16].

The condition of premature ejaculation resembles *Śukr̥agata Vata* mentioned under *gatatva* of *Vata*. It is a distinct pathological entity, characterized by a group of clinical presentations either related to the impairment of ejaculation or with the impairment of seminal parameters. The clinical presentations of *Śukr̥agata Vata* are early or delayed ejaculation, affliction of foetus or premature birth[17-19]. This varying nature of signs and symptoms developed from a common pathophysiology that occur by affliction of *Vata* over different structural and functional entities of *Śukr̥a*. In *Śukr̥agata Vata*, *Atipravrutti* created by vitiated *Vata* lead to early ejaculation during the sexual act. Here, balance between *Niyanthrana* (regulation) and *Prerana* (stimulation) functions of *Vata* is afflicted that causes increased or rapid arousal activity with lack of control over ejaculation. *Harsha* is mentioned while explaining the factors for ejaculation and management. So, mind has a significant role in both pathogenesis and management of PE. As the functions of *Vata and Śukr̥a* are also very much related with *Manas*, psychological consideration has got significant role in this condition[20].

CLINICAL PRESENTATION WITH HISTORY

A 39-year-old Muslim business man, having primary education hailing from a lower middle-class family consulted out-patient department of the hospital. He presented with inability to delay ejaculation with a duration of sexual act less than 1 minute. He also had severe anxiety due to early ejaculation, which significantly hampered the sexual activity. His sexual desire was reduced and all his complaints persisted from 1 year.

Detailed history revealed that he got married 10 years back and was working abroad at that time. He came home once in 4 months and would stay with his family for 2 months. His first coital experience was normal and successful with satisfiable control over ejaculation. They had good mutual physical attraction and relationship in non-sexual areas. Partner showed good response during the sexual act and frequency of their sexual encounters were twice or thrice a week and also had 2 children.

The symptoms developed one year back when he had a major financial crisis which led to loss in business. He returned to the homeland and tried to re-establish the loss. He was in a stressful situation with a mixed anxious and depressed mood. Once, they had a hurried sexual act during these times which led him to ejaculate quickly. At that time, he considered it as situational, but it began to reoccur frequently. On the other hand, he had his financial burden to settle down which worsened the psychological distress. Continuing his ejaculatory incompetence, there developed significant interpersonal difficulties between partners. Gradually they started to avoid sexual act, due to reduced desire.

DIAGNOSIS AND ASSESSMENT

The symptom of early ejaculation presented along with significant distress to the patient and partner for a period of 1year. The ejaculation was occurring within 1 minute after vaginal entry and before the patient wishes, in a recurrent pattern over almost all occasions of sexual activity. Also, he hadn't substance abuse or other medical and major psychiatric illnesses. Hence, the case was diagnosed as Premature/ Early ejaculation as per Diagnostic and Statistical Manual – 5 criteria[4].

The assessments were done with Sexual dysfunction assessment questionnaire (Revised Singh. G et al. 2001)[20] and Solution Focus Inventory[21] before treatment-**BT** (0^{th} day), in between the intervention-**AT_1** (15^{th} day), at the end of SFBT sessions-**AT_2** (30^{th} day), after intervention-**AT_3** (60^{th} day) and after follow up period-**AT_4** (90^{th} day).

APPROACH FOR THE MANAGEMENT

The present case was an acquired type associated with severe performance anxiety and reduced sexual desire and was diagnosed as *Śukr̥agata Vata*, since there was *Sheeghra utsarga* of *Śukr̥a* which is the primary

symptom of condition[17-19]. Since, *Vata* has got an influence over mind, causing conditions such as *Chittodvega, Soka* etc. and also PE causing significant psychological distress, the treatment was planned as a combination of a psychotherapy technique called Solution Focused Brief Therapy (SFBT) along with an Ayurvedic formulation, *Staṃbhanakara yoga*, a unique formulation from an Ayurvedic textbook *Cikitsācandṛodaya* by Babu Haridas Vaidya[22].

Table 1: Ingredients of *Staṃbhanakara yoga*[23]

Ingredients	Botanical Identity	Family	Ratio in formulation	Action
Ākārakarabha	*Spilanthes calva* (L.) L.	Asteraceae	2 parts	*Uttejaka, Mūtra alpatvakara, Vājīkaraṇa*[27]
Tulasibīja	*Ocimum sanctum* L.	Lamiaceae	4 parts	*Sukrala, Balya, Vatahara*[28]
Sita (Sugar candy)	*Saccharum officinarum* L.	Poaceae	8 parts	*Vṛiṣya, Balya Bṛṃhaṇa*[29]

It is indicated for improvement of virility in men and its ingredients are *Ākārakarabha, Tulasibīja* and *Sita* (sugar candy)[22]. *Vṛiṣya, Balya* and *Śukṛastaṃbhaka* action of this formulation had been studied previously and shows significant result in premature ejaculation[23]. In the present case, it was administered orally in powder form at a dose of 6gm twice daily before food along with luke warm water. The dosage, ratio of ingredients etc. were adopted as per previous study[23]. Total duration of treatment was 3 months where medicine was administered for 2 months in prescribed manner and SFBT sessions were done in the first month along with medicine. 4 sessions of SFBT were conducted with 1 week interval in prescribed format, with each session having 45 minute – 1hour duration.

Solution Focused Brief Therapy Sessions

First Session: Eliciting goal, pre-session changes and preferred future

The SFBT sessions were done in 4 sittings as per the guidelines provided by European Brief Therapy Association (EBTA)[24]. In the initial session, client's problems and experiences were attentively listened in detail by the case worker and acknowledged them in client's own words. The case worker validated client's feelings and concerns, which brought some positive changes in client as he felt that the case worker has understood the problems. Then client worked out his *goals* with the assistance from case worker, which were *clear, simple* and *attainable*. The goal was to get 8 to 10-minute timing during the sexual act.

The case worker elicited client's *pre-session changes* or *exceptions* for the problem in the initial session. 3 weeks before, the client had a 5 to 7-minute timing during early morning hour, when he tried to deviate his attention during the sexual act. On further questioning, the client wanted this to continue so that his life would be comfortable as before and he could even solve his other issues, since his wife would become happy. This was his *preferred future.*

Scaling: Assessing progress

Scaling is done in SFBT to assess the progress in each session. It is done by clients rating themselves on a scale of 0 to 10, where 10 representing the best of life could be and 0 representing the worst[24]. In the present case, client had rated himself as at 5 as he was adopting some techniques to delay his timing and also wife supporting him to try further. As the sessions went on, his scoring improved and reached to 8.5, where his timing improved up to 5-6 minutes, anxiety reduced and was able to delay timing further by adopting his

own technique of attention diversion. However, his goal was 9, where his timing would be 10 minutes, he was satisfied with his 8.5 score and felt the therapy as useful by 4 sessions.

Hence, the therapy ended after 4 sessions upon client's approval and the medicine was continued for 1 more month.

Table 2: Scores on assessment

	BT	**AT$_1$**	**AT$_2$**	**AT$_3$**	**AT$_4$**
Sexual dysfunction assessment questionnaire (Revised Singh. G et al. 2001)	21	14	14	7	5
Solution Focus Inventory	70	55	62	59	57

DISCUSSION

Premature ejaculation is a common male sexual dysfunction mediated by disturbances in both peripheral and central nervous system, which is characterized by early ejaculation before the individual wishes, associated with significant intra- and inter-personal conflicts[26]. *Śukr̲agata Vata* being a unique concept explained by Ayurveda classics in the context of *dhathu gatatva* pathology of *Vata dosha* exhibit clinical conditions of early or delayed ejaculation of semen[17-19]. This condition may be correlated with premature ejaculation and studies had been conducted based on this purview[20,23].

While analysing the pathology of this condition, it can be considered that *Vata* is being acted up on both *Śukr̲a dhathu* and *Manas.* Here, when *Vata dosha* is afflicted by respective aetiologies, the 5 subtypes of *Vata* might also be disturbed. Thus, *Apana Vata* which normally functions in controlling ejaculatory process get disturbed leading to ejaculatory dysfunction. Similarly, *Prana and Udana Vata* getting vitiated might show derangement in their respective functions like controlling the cognition, initiation or energy to do something and memory. So, in such a scenario the management should address both the ejaculatory dysfunction and associated psychological distress[20].

Mode of Action – Solution Focused Brief Therapy

SFBT is a positive-psychology approach that has made a paradigm shift from long-established problem focused psychotherapy approaches. It works based on assumption that every individual might had an exception to their problem presented, the time when they had overcome somehow. Due to the ongoing negative affect or emotional conflicts, people would forget their previous exceptions or even unable to think about a resolution. SFBT through its systematic approach, enable people to recollect their past exceptions in their problem and make them to plan and analyse resolutions and their progress towards preferred future through its interventions. Since SFBT is a positive psychology approach which is resiliency-based that corresponds well to the human sexuality experience, it is an ideal intervention to use as a general framework for psycho-sexual therapy[15].

Here, in this case of premature ejaculation psychotherapeutic approach done through SFBT interventions enabled the client to light his focus on preferred future. Eliciting the past exceptions and his ways of solving the problem made him to recollect those experiences and helped him to reach his preferred future. Also, his emotions and affects had changed to a positive state not only at the end of SFBT sessions, but retained till the follow up and thereafter.

Mode of Action: *Staṃbhanakara yoga*

Staṃbhanakara yoga that consisting *Ākārakarabha, Tulasibīja* and *Sita* (sugar candy) possesses *Vr̲iṣya*, *Balya*, *Medhya* and *Śukr̲astaṃbhaka* action which act on *Vata dosha* and break down its pathology in present condition. The *Śukr̲astaṃbhaka* property by virtue of decreasing *Saratva* (responsible for *Preraṇa*) of the *Śukr̲a dhatu* and enhancing *Sthiratva* (which favours *dhāraṇa*), helps in the retention of semen for a longer

duration. It also improves the strength of the individual by *Balya* property, which helps in sexual functioning., *Ākārkarabha* has an aphrodisiac reproductive and antidepressant property. *Tulasi* seeds have anti-nociceptive and anti-stress activity. On account of these properties *Staṃbhanakara yoga* became useful for disintegrating the pathophysiology of premature ejaculation in physiological and psychological plains[23].

In the present case, on analysing the assessments done (**Table 2**), a reduction was observed in the overall score along with an improvement in the Intra Ejaculatory Latency Time from less than 1 minute to 5 - 6 minutes. Also, the performance anxiety reduced to minimal level where the patient could perform the sexual act without much distress. The SFBT administered along with *Staṃbhanakara yoga* acted on both psychological and physiological levels, where by the patient was able to transform his thoughts and cognitive process into a solution-oriented way. This improved his psychological distress which motivated him to try techniques to delay the ejaculation timing along with intake of medicine.

CONCLUSION

Premature ejaculation is a common male sexual dysfunction which demands a psycho-pharmacological approach due to its biological and psychological pathology. In Ayurveda, considering the clinical presentations the condition of *Śukr̲agata Vata* may be correlated with the premature ejaculation. There also the management being indicated as those which generate mental homeostasis and strengthen the ejaculatory process. *Staṃbhanakara yoga* is a unique formulation explained in Ayurveda and its action in *Śukr̲agata Vata* with special reference to premature ejaculation had been proved. Solution Focused Brief Therapy being a positive psychology approach that enable individuals to focus on preferred future and past success or exceptions to the problem. Hence, it creates a positive affect which help them to solve the problems according to their own way and with a sustainability in that solution.

Here, it has been concluded that SFBT done in 4 sessions in the 1st month along with the Ayurvedic formulation proved to be effective in premature ejaculation when administered for a duration of 3 months showing an improvement in the condition with respect to ejaculatory dysfunction and psychological distress. Further comparative studies are essential to prove this result more evidentially.

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