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EFFECT OF *YOGA* IN PREMATURE EJACULATION

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ABSTRACT

Yoga is a admirable form of complementary and alternative treatment. It is practiced in developing as well as developed countries. Use of *Yoga* for various bodily ailments is recommended in ancient *Ayurvedic* Texts and is being investigated scientifically. Many *Yoga* protagonists claim that it is useful in sexual disorders. Paper presented was aimed with an intention to know whether *Yoga* works for patients with premature ejaculation (PE) comparing its efficacy with *Narsimha Churna*, a known treatment for PE. The efficacy of *Yoga* in PE in comparison with *Narsimha Churna*. Total of 38 patients (18 *Yoga* group, 20 *Narsimha Churna* group) attending the OPD of Dept. of Kaya Chikitsa, CDL College of Ayurveda, Jagadhri were enrolled in the present study. Both subjective and objective assessment tools were administered to evaluate the efficacy of the *Yoga* and *Narsimha Churna* in PE. Three patients dropped out from the study citing their inability to cope up with the yoga schedule as the reason. We found that all 18 patients (25–65.7% = good, 13–34.2% = fair) belonging to *Yoga* and 16 out of 20 of the *Narsimha Churna* group (80%) had statistically significant improvement in PE. *Yoga* appears to be a feasible, safe, effective and acceptable non pharmacological option for PE. More studies involving larger sample size could be carried out to establish its utility in this condition.

Key Words: Premature Ejaculation, *Yoga*, *Narsimha Churna*, Non pharmacological Treatment

INTRODUCTION

Premature ejaculation (PE) is the most common sexual disorder of young males. Normative data suggest that men with an intravaginal ejaculatory latency time of less than 1 minute have "definite" PE, while men with intravaginal ejaculatory latency times of between 1.0 and 1.5 minutes have "probable" PE[1]. PE is generally defined as the occurrence of ejaculation prior to the wishes of both sexual partners. This broad definition, thus, avoids specifying a precise duration for sexual relations and reaching a climax. An occasional instance of PE may not be cause for concern, but if the problem occurs with more than 50% of attempted sexual relations, a dysfunctional pattern should be suspected and appropriate diagnostic and therapeutic measures must be initiated.

In *Ayurveda, Vata* is explained as life and vitality, supporter of the all embodied beings and sustains long life free of disorders. *Shukra* is the terminal tissue element and nourisher of the supreme vital essence. In *Ayurveda*, the problem Premature ejaculation is discussed under *Shukragatavata*[2,7]. *Shukragatavata* is a clinical condition described under the concept of *Gatavata*. The problem is caused by a vitiated *Vata* causing hyper stimulation of *Manas* and lack of control over ejaculation. *Yoga* is a popular non pharmacologi-

cal intervention. There are many types of *Yoga*: *Hatha yoga* is an element of *Raja yoga* and deals mainly with physical postures and breathing. *Karma yoga* emphasizes spiritual practice to help the individual "unify" body, mind, and heart through certain practices in daily life and work. *Bhakti yoga*, a devotional form, generally encompasses chanting, reading of scriptures and worship practices. We focused mainly on *Hatha yoga* by various *Asanas*. An *Asana* is a particular posture of the body, which is both steady and comfortable. In *Yoga*, there are more than a hundred classical poses, and these probably have as many variations. These can be subdivided into two categories: active and passive. Active poses are supposed to tone specific muscle and nerve groups, and benefit organs and the endocrine glands. The passive poses are employed primarily in meditation, relaxation and *Pranayama* practices. We employed both active and passive poses during the present study (see Figure-1). Each posture or *Asana*, is held for a period of time and is synchronized with the breath. Generally, a *Yoga* session begins with gentle *Asanas* and works up to the more vigorous or challenging postures. A full *Yoga* session includes exercises of every part of the body, *Pranayama*, relaxation and meditation.

Yoga is a popular non pharmacological treatment method for a number of conditions, and there are claims of it being effective in bodily disorders including the sexual ones; we thought it worthwhile to investigate its efficacy and to compare it to *Narsimha Churna*[8].

Materials and Methods

We studied 38 patients between the age group 25-55 years attending the OPD of Dept. of Kaya Chikitsa, CDL College of Ayurveda, Jagadhri. A detailed history of each patient was taken. A general physical examination of all systems was performed. After establishing the diagnosis using Classical Lakshanas (signs and symptoms) of *Shukragatavata* and Premature ejaculation (using *Diagnostic and Statistical Manual IV*), the patients were offered to choose between pharmacological (*Narsimha Churna* group) and non pharmacological (*Yoga* group) treatments.

Inclusion Criteria

1. Intra-vaginal ejaculatory latency time (IELT) less than two minutes.
2. Ejaculation before ten penile thrusts.
3. Consistent inability to delay or control ejaculation as he wishes to.
4. Unable to satisfy partner in at least 50% of the coital incidences.
5. The problem should be persistent or recurrent and cause marked distress, anxiety and interpersonal difficulties.

Exclusion Criteria

1. Individuals not living together with their sexual partner.
2. Persons with a very short post ejaculatory refractory period.
3. Those receiving treatment for PE or erectile dysfunction.
4. Persons taking antidepressant therapy.
5. Heavy smokers and Drug abusers so that problem should not be exclusively due to the direct effect of a substance. (Eg. withdrawal of opiods)
6. Persons with major psychiatric illnesses.
7. Patients suffering from heart disease, S.T.D's or any organic defect in the penile region.

The wives of the patients were briefed about starting the stopwatch once the penetration began and then to stop it once the husbands ejaculated. They were asked to note down the intra-ejaculatory latencies in seconds in a diary.

Those who opted for drugs were given *Narsimha Churna* (group-1) in dose of 6 g

twice a day with cows milk, while for those who opted for *Yoga* (group-2) the protocol was explained (Table 1).

The patients were briefed about the protocol they had to follow over 8 weeks (Table 1). They were told to practice 12 *Asanas* and 2 *Pranayanams* for 1 hour/day. The patients were examined after 3 and 6 weeks, respectively. Their intravaginal ejaculatory latencies were noted and analyzed.

Although the average suggested duration was 1 hour, it was not rigidly fixed and the patients were told to practice *Yogasanas* depending upon their stamina. This was because in *Yoga*, the advice generally given was that the patients should not exert themselves. Three repetitions of each *Asana* were suggested. Differential relaxation was taught to the patients once they finished their daily *Yoga* protocol with a breathing technique called as *Anulomviloma* (breathing via alternative nostrils) and *Shavasana* (*shav* = a dead body, lying dead). That means in the end, the patients performed breathing as mentioned and laid still for few minutes. In this, they were able to relax those muscles, which were stretched during yoga. That is why this is named as "differential relaxation." All patients were told to practice *Mehabheda Mudra*, which included doing perineal and pubococcygeal exercises for 10–15 seconds at a time and for 15–20 times a day.

Table-1 *Yogasanas* followed in the protocol:

Kapal bhati	***Veerasana***
Vajarasana	*Ardhmatsyendra mudra*
Yog mudra	*Viparita karani mudra*
Bhujangasana	*Sarvanga Asana*
Dhanurasana	*Halasana*
Paschimottoansana	*Mehabheda mudra*
Gomukasana	*Agnisara mudra*

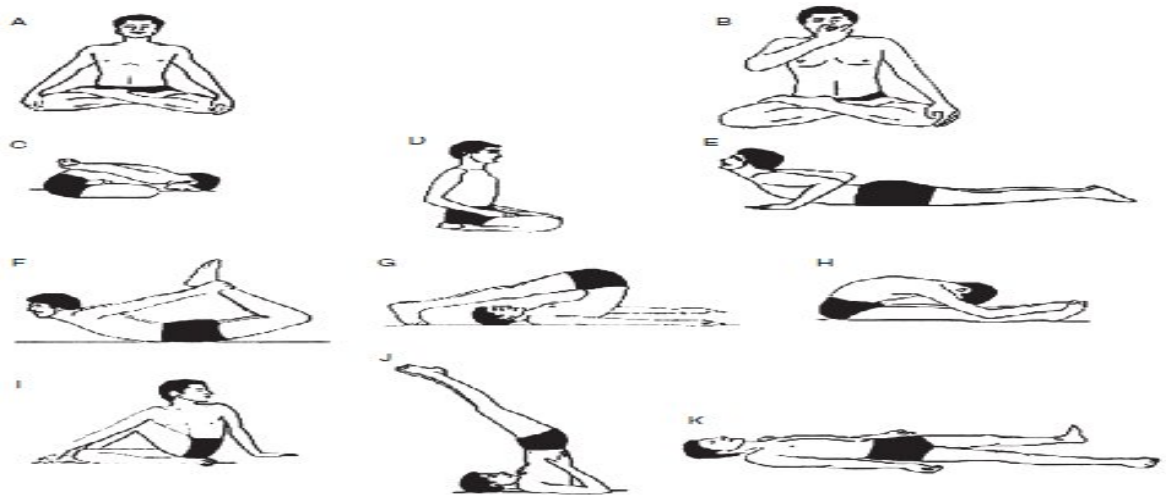

Figure-1 Various *Yoga* postures employed during the study (figures run from A to K from top left).

Trial Drug Review: *Narsimha Churna* is a herbal formulation which is described in *Bhaishajya Ratnavali* (*Vajikarna Adhyaya*). The contents of the formulation are *Shatavari (Asparagus racemosus), Gokshura (Tribulus terrestris), Varahikanda (Dioscorea bulbifera), Guduchi (Tinospora cordifolia), Shuddha Bhallataka (Semecarpus anacardium), Chitrakamula (Plumbago zeylanica), Tila (Sesamum indicum), Shunthi (Zingiber officinale), Pippali (Pipper longum), Maricha (Piper nigrum),* Sugar, *Madhu (Honey), Goghrita* and *Vidarikanda (Pueraria tuberosa)*[8].

Source of Drug: *Narsimha Churna* is prepared in the pharmaceutical division of CDL College of Ayurveda, Jagadhri. All the drugs were taken in specific amount as mentioned in *Bhaishajya Ratnavali* and pulverised and mixed well.

Statistical Analysis: Statistical analysis was performed using Sigmastat 3.5 Version. Paired t-test was used to calculate the p value. A p value of less than 0.05 was considered significant.

Results: We found that all 18 patients in the *Yoga* group had subjective (Table 2) and statistically significant ($p < 0.001$) improvement (Table 3). 16 of 20 patients of *Narsimha Churna* (80%) had clinical improvement in PE (Table 3, $p<0.001$). The patients were interviewed at the end of the 3rd and 6th weeks. Results in both groups at the 3rd week did not achieve statistical significance, while those of the 6th week were significant. A subjective evaluation was carried out by asking the wife to rate the husband's performance and her satisfaction after the end of the study period. *Yoga* was well tolerated by patients who chose to enroll themselves for this form of treatment.

Table 2 Subjective responses of patients with *Yoga* (n = 18)

Satisfaction type	Number	Percentage
Good	12	66.6%
Fair	06	33.3%
Poor	0	0%

Table 3 Intravaginal ejaculatory latencies of study groups (Scores are expressed as mean ± standard deviation)

Group	Before	After	p value
1	29.9 ± 15.1	64.1 ± 29.4	<0.001
2	33.2 ± 17.9	112.8 ± 35.6	<0.001

DISCUSSION

PE is an extremely common disorder affecting young males. *Narsimha Churna*, is a commonly used treatment option for PE[8]. Although *Narsimha Churna* offer several advantages like convenience of administration and acceptable therapeutic response but for drug prescription requires a visit to a Doctor, an idea with which many patients of PE may not be fully comfortable. This is due to stigma with PE. It has been said that most patients remain unaware that PE is a medical condition. A non pharmacological treatment

option in PE should, thus, presumably be a welcome idea.

An online medical dictionary defines *Yoga* as "a way of life that includes ethical precepts, dietary prescriptions and physical exercise."

Pranayama is the method of "proper" breathing. "The way" we breathe is supposed to have an effect on the nervous system. By regulating the breath and increasing oxygenation to the brain cells, it is supposed to "strengthen" the voluntary and involuntary nervous systems. At the beginning of each of yoga, *Pranayama* practice is performed in order to prepare patients for the *Asanas* that follow. The present study is an attempt to explore the therapeutic potential of *Yoga* as a non pharmacological treatment in PE and to compare it to *Narsimha Churna*, a known treatment option.

Although we do not know an exact mechanism by which *Yoga* is useful in PE, several postulations could be made about its putative mechanisms of usefulness. *Yogasanas* and breathing exercises have long been considered in obtaining the "optimum mental and physical health state." *Yoga* could perhaps be causing better anxiety control, promotes well-being and improves quality of life. This assertion is supported by several studies[5,6].

The *Yogasanas* selected in the present study, in addition to their general putative health benefits, were primarily aimed at improving the muscle tone and plasticity of the pelvic and perineal muscles. *Asanas* supposedly improve blood flow to these muscles and thus aid in their better contraction. This is probably responsible for local effect of *Yogasanas* in the present study. Studies have shown that *Yoga* can improve muscular efficiency[4].

What are the potential advantages of *Yoga* as a treatment option in PE? It is popular with good acceptability, non pharmacological, has no costs involved, and patients could be treated without medical or psychiatric intervention. Additionally, it could offer other associated health benefits as well to the patients[6]. Although *Yoga* was found to be a well-tolerated and effective treatment option for PE, the therapeutic response was delayed by 8 weeks. This is in contrast to *Narsimha Churna*, which produce symptomatic relief by the 3rd or 4th week.

PE involves both psychosocial and physiological components, both should be addressed. It is hoped that such a combination approach would result in prolonged ejaculatory latency, improved treatment satisfaction, and superior long-term outcome. We have tried to explore the possibility of yoga as a non pharmacological treatment in PE. This is because, as stated earlier[10], non pharmacological treatments have been important treatment options in this condition. A significant therapeutic benefit of *Yoga* is reported in the study.

CONCLUSION

PE is the most common male sexual disorder that is both underdetected and undertreated. It is often distressing and patients do not come forward for treatment easily. This is due to shyness, stigma, feeling of inferiority and shame in front of the partner. *Yoga* seems to be a well-tolerated, safe and effective non pharmacological treatment option for PE. The present study reinforces that the "mind-body" interventions could be beneficial in stress related mental and physical disorders. Because ours is a pilot study with a small sample size, it would be worthwhile to do more studies involving a large number of patients in a double-blind manner to establish *Yoga* as a non pharmacological treatment option for PE.

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