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## Premature Ejaculation - A Critical Analysis Purview of Ayurveda

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### ABSTRACT

Premature Ejaculation is defined as ejaculation before the completion of satisfactory sexual activity for both partners. Premature ejaculation is a common sexual disorder and has been estimated to occur in 4-39% of men in general community. In Modern medical science there is no any satisfactory treatment to get rid of premature ejaculation. So we are try to find out better option in the management of premature ejaculation through *Ayurveda*. *Acharya charaka* has given eight factors regarding *shukra* ejaculation tendency i.e. *harsha*, *tarsha*, *sara*, *pachilya*, *gaurva*, *anuprnav bhava* and aggravation of *vata*. With the help of *Ayurveda* science, in this present conceptual study, we are trying to understand the basic concept of *Shukra pravritikar bhava* and its important in clinical practice along with some herbo-mineral compounds and *Yogik* procedure which can helpful to get control over this disease.

### KEYWORDS

*Premature, Ejaculation, Shukra, herbo-mineral compounds*



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## INTRODUCTION

Though population of world is increasing day by day yet 20-30% population of the world are victims of infertility. Premature ejaculation is a common sexual disorder and has been estimated to occur in 4-39% of men in general community. Although there is insufficient empirical evidence to identify the etiology of PME but in Ayurveda *Shukra pravrtikar bhava* and *shigra muchanti* terms came which seems to throw a light on etiological factors. Recent normative data suggests that men with an intravaginal ejaculatory latency time of less than 1 minute have “definite PME” while men with an intravaginal ejaculatory latency time between 1 and 1.5 minutes have probable PME. WHO defined it as persistent or recurrent ejaculation with minimal stimulation before or shortly after penetration and before the person wishes it over which the sufferer has little or no voluntary control which causes the sufferer and or his partner bother or disturb actually this situation is due to “asynchronous” in couple in which quantitative sex is still possible but the quality of sexual relationship is last. Synchronization can be achieved only by *somnasyta* (mutual understanding) between couples. “*kshipram munchati*” by *charaka* “*shukrasya sheegram utsargm*” by

*vaghabata* & “*atiseegram pravritti*” by *sushruta* are classical features of *shukragata vata* which denotes early/fast ejaculation or PME in literature. In *chikitsasthan 28/34 acharya charaka* in *vatavyadhi* explained *kshipram munchyathi* as one of the *lakshanas* of *shukragata vata*. *Chakrapani* further commented that during *vyavaya kala* there will be *kshipra moorchana* which means the person will have early ejaculation during sexual intercourse. *Acharya charaka* has given eight reasons of *shukra* ejaculation tendency *harsha, tarsha, sara, pachilya, gaurva, anuprnav bhava* and aggravation of *vayu*<sup>1</sup>. The present article is aimed to analyze the factors responsible for PME according to *Ayurveda* and to throw a theoretical light on its treatment.

### Hypothesis

*Ayurveda* enumerates eight factors responsible for ejaculation. They are *harsha* (excitement, sexual fantasy), *tarsha* (strong desire for sex), *saratwa* (fluidity of semen), *paicchilya* (sliminess of semen), *gaurava* (heaviness of semen) and *anutva* (atomicity of semen), *pravanabhava* (tendency to flow out), *drutatvatmarutasya* (due to *vata*). This passionate desire is called *harsha* or excitement. This desire associated with a woman for the purpose of sex is called *tarsha* (passionate desire). because of fluidity the semen is very

unstable, this nature is called *saratva*. The semen has very small particles in it. These are like atoms and they have a desire to come out of their place of location. These two factors taken together are called *anu pravana bhava*<sup>2</sup>. The *apana vayu* which controls the sex organs, especially the sites of semen exerts force during sex act as a result of which the semen comes out of its place and gets ejaculated through the genital organ<sup>3</sup>. Dysfunction of either one or all of these eight factors leads to ejaculatory impairment out of which ‘*drutatvat marutasya*’ is most important. The physiology of ejaculation is under control of *vata dosha*. Vitiating of *vata* (especially *apana vata*) leads to PME. If we give the drugs/diet which possess the opposite properties of these factors may subside these factors which are responsible for PME. *harsha*, *tarsha* etc *manasa bhava* may be controlled by *satvavjaya* and yoga practices as well as the drugs/diet and

psychological factors which subside *vata* may be useful in the disease.

## AIMS AND OBJECTIVES

- To evaluate the premature ejaculation through *shukra pravrittikar bhava*.
- To emphasize the importance of *manasa bhava*, *herbal compound*, *yoga asana* in treating PME.

## MATERIALS AND METHODS

- Literature related to *shukra pravrtikar bhava* from classical text and its commentaries
- Various article, reference papers from journals and websites.
- Material pertaining to yoga were collected from *hathayoga pradipika*.

## CONCEPTUAL STUDY

### *Aushada Yoga*

**Table 1** *Rasa panchaka* of *Akarkarbhadhi churna*<sup>4</sup>

Drug name	Botanical name	Guna	Rasa	Veerya	Vipaka
<i>Akarkarbha</i>	Anacyclum pyrethurum	<i>Ruksha, tikshna</i>	<i>Katu</i>	<i>Ushna</i>	<i>Katu</i>
<i>Shunthi</i>	Zingiber officinale	<i>Lagu, snigdha</i>	<i>Katu</i>	<i>Ushna</i>	<i>Madhura</i>
<i>Kankola</i>	Piper cubeba	<i>Lagu, tikshna</i>	<i>Tikta</i>	<i>Ushna</i>	<i>Katu</i>
<i>Kumkum</i>	Crocus sativus	<i>Snigdha</i>	<i>Katu, tikta</i>	<i>Ushna</i>	<i>Katu</i>
<i>Pipali</i>	Piper longum	<i>Snigdha</i>	<i>Katu</i>	<i>Anushna</i>	<i>Madhura</i>
<i>Jatiphala</i>	Myristica fragrans	<i>Lagu</i>	<i>Tikta, katu</i>	<i>Ushna</i>	<i>Katu</i>
<i>Lavanga</i>	Syzygium aromaticum	<i>Lagu</i>	<i>Katu, tikata</i>	<i>Sheeta</i>	<i>Katu</i>
<i>Sweta chandna</i>	Santalum album	<i>Ruksha, lagu</i>	<i>Tikta</i>	<i>Sheeta</i>	<i>Katu</i>

**Table 2** *Rasa panchaka of Apatyakar ghrita*<sup>5</sup>

Name	Botanical name	Guna	Rasa	Veerya	Vipaka
<i>Shatavari</i>	<i>Asparagus racemosus</i>	<i>Guru</i>	<i>Madhura</i>	<i>Sheeta</i>	<i>Madhura</i>
<i>Vidari</i>	<i>Pueraria tuberosa</i>	<i>Guru</i>	<i>Madhura</i>	<i>Sheeta</i>	<i>Madhura</i>
<i>Masha</i>	<i>Vigna mungo</i>	<i>Guru,snigdha</i>	<i>Madhura</i>	<i>Ushna</i>	<i>Madhura</i>
<i>Atamgupta</i>	<i>Mucuna pruriens</i>	<i>Guru ,snigdha</i>	<i>Madhura ,tikta</i>	<i>Ushna</i>	<i>Madhura</i>
<i>Shvdrastha</i>	<i>Tribulus terrestris</i>	<i>Guru</i>	<i>Madhura</i>	<i>Sheeta</i>	<i>Madhura</i>
<i>Ghrita</i>	Cow ghee	<i>Guru</i>	<i>Madhura</i>	<i>Sheeta</i>	<i>Madhura</i>
<i>Ksheer</i>	Cow milk	<i>Guru</i>	<i>Madhura</i>	<i>Sheeta</i>	<i>Madhura</i>

**Table 3** *Rasa panchaka of Ahara dravya*<sup>6, 7</sup>

Name	Botanical name	Guna	Rasa	Veerya	Vipaka
<i>Masha</i>	<i>Vigna mungo</i>	<i>Guru,snigdha</i>	<i>Madhura</i>	<i>Ushna</i>	<i>Madhura</i>
<i>Chanaka</i>	<i>Cicer arietinum</i>	<i>Lagu, ruksha</i>	<i>Kashaya,madhura</i>	<i>Sheeta</i>	<i>Katu</i>
<i>Mudga</i>	<i>Vigna radiate</i>	<i>Lagu ruksha,vishada</i>	<i>Kashaya,madhura</i>	<i>Sheeta</i>	<i>Katu</i>
<i>Godhum</i>	<i>Triticum aestivum</i>	<i>Guru, snigdha</i>	<i>Madhura</i>	<i>Sheeta</i>	<i>Madhura</i>
<i>Kukutta masa</i>	Cock meat	<i>Guru snigdha</i>	<i>Madhura</i>	<i>Ushna</i>	<i>Madhura</i>
<i>matsya masa</i>	Fish meat	<i>Guru snigdha</i>	<i>Madhura</i>	<i>Ushna</i>	<i>Madhura</i>
<i>Vraha masa</i>	Pork meat	<i>Guru snigdha</i>	<i>Madhura</i>	<i>Ushna</i>	<i>Madhura</i>
<i>Mahisa masa</i>	Buffalo meat	<i>Guru snigdha</i>	<i>Madhura</i>	<i>Ushna</i>	<i>Madhura</i>
<i>kukuttand</i>	Cock egg	<i>Madhura snigdha</i>	<i>Madhura</i>	<i>Ushna</i>	<i>Madhura</i>

## Aushada & Aahara

*Akarakarbhadi yoga* will improve the time taken for ejaculation & satisfaction to female partners *muslyadi churna* will also provide better results in improving duration of sexual act even *brahmi mandukparni* having antianxiety stress relieving properties so help in psychological factors and uplifts mood . Among **Panchkarma procedure** *basti* is the best available treatment an ideal choice for *vata vikaras* or *shukragata vata* as it control *vata* as its own site. *Shukra stambhana yapana basti* is also beneficial.*Shukra stambhana yoga* proved

as psychotropic reduces anxiety during performance. **Yoga in PME** gives utmost importance related to conservation of semen and controlling ejaculation.

## Useful yogasana for controlling manasa bhava<sup>8, 9</sup>

*Sarvangasana, halasana, balasana ,setubandhasana, padmasana, Adho Mukha Svanasana*

## DISCUSSION

1. *Shukra pravritikar bhava* are their own importance in qualitative and quantitative semen formation. If this all *bhavas* are in

proper condition then person can feel better in their sexual life. But if one of them are become vitiated then person can suffering from any kind of disease either physiological or psychological.

2. Among these eight *bhavas*, if *harsha* and *tarsha* re vitiated then it can be controlled by *Satvajaya chikitsa* and *Daivavyapashraya chikitsa* like *mantra*, *aushadha*, *mani*, *mangal*, *upavas*, *yogic* procedures etc...

3. *Sara*, *paichialya*, *gaurava* are *vata* and *kapha* predominance *shukra pravrttikar bhavas*, food items taken contradictory to their particular attributes may delay the time of ejaculation. Even maximum *shukra sthambakar* drugs mentioned in literature are also opposite of their *gunas* i.e. *harsha*, *tarsha*, *anupranv*, *drutavvan* *vayu*. The heavy and *kapha* predominance *ahara dravya* like *ksherra*, *ghrita*, should be used to subside aggravated *vata dosha*.

4. Regular practice of meditation, Pranayama and *asanas* should be used for the suppression of aggravated *vata*, generally it regulates the *apan* *vayu* normally and also perform it function well.

5. Some drugs of *Akarkardi churna* (Table 1) have *Katu*, *tikta rasa*, *Ushna veerya* and *Katu vipak* properties which are helpful to reduce the *sara*, *Pichhila* and *gauravata*.

6. Aggravation of *Apan* *vayu* is controlled by *Apatyakar* *ghrita* (table 2) by its

*madhura Rasa*, *Guru*, *snigdha guna* and *Madhura Vipaka*.

7. *Ahar dravyas* like *Godhum*, *Chanak* and *Mudaga* have *sheeta veerya* properties which have excellent *stambhana* quality, so it can easily control *saratva*.

8. Line of treatment of PME should be based on drugs which has *vrishya*, *balya*, *medhya*, *vatharas*, *shukra stambhkar* properties.

9. As *vrishya & balya* the drug enhances the quality of *shukradhatu gata vata* & reducing *dourbalya* in *shukravaha strotas* thus pacifies the *vata*, *medhya* properties of drugs acts psychologically.

10. These all properties of drugs & specific *yogasana* help in decreasing *saratava* (*prerana*) of *shukradhatu* .*Sthirtava* (*dharana*) and helps in retention of semen for proper duration.

## CONCLUSION

1. The rich heritage of Ayurveda text consider “*kama*” (desire /sex) as one among the *purushrtha*. The residing place of *kamadeva* is human mind & and its manifestation occurs by *smarana* (fantasy). It signifies importance of mind in sexual function<sup>10</sup>.

2. The eight factors which are responsible for premature ejaculation. To overcome this physician should use the opposite quality of

drugs, diet given to patient including yoga practices to control over their psychological factors.

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