

Review Article

An Alternative Yogic Approach for Premature Ejaculation—A Narrative Review

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Abstract

Background: Premature Ejaculation is a common sexual disorder which negatively affects men's life. Premature Ejaculation estimate prevalence is 20-30 %. It affects to overall quality of life and associated with anxiety, stress, and other psychological factors.

Objective: The purpose of the study was to conduct a review of alternative therapy in the management of Premature ejaculation (PME).

Method: A review was conducted using search terms Premature Ejaculation, Yoga Therapy, Alternative therapy and all the probable term in national and international data repositories such as PubMed, Scopus, science direct, google scholar, web of science in English language.

Result: The review of alternative therapies in the management of Premature ejaculation suggests that most of the studies used Selective serotonin reuptake inhibitors (SSRIs), phosphodiesterase type 5 inhibitors (PDE5) and physical activity. There are very few studies conducted in relation to yoga and Premature ejaculation. Further, most of the studies explored effect of alternative therapies on psychological outcomes.

Conclusion: Evidence suggests that Pharmacological clinical trial is effective with side effect, Cognitive behaviour therapy and Pharmacological Drugs separately both are less effective. One evidencebased study with integrated yoga therapy should be considered in the management of Premature ejaculation. Higher quality trial with yogic approach needed to first line management of patients presenting with Premature ejaculation.

Keywords: *Premature Ejaculation, Yoga Therapy, Alternative therapy.*

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Introduction

Premature ejaculation (PME) is one of the most common male sexual disorders.^[1] Diagnostic and Statistical Manual of Mental Disorders (DSM-5) defines PME "A persistent or recurrent pattern of ejaculation occurring during

partnered sexual activity within or approximately 1 minute following vaginal penetration and before the individual wishes it.” The specific DSM-5 criteria for premature (early) ejaculation are as: In almost all or all (75-100%) sexual activity. Different classifications of PME are as: (i) Lifelong (ii) Acquired (iii) Generalized (iv) Situational (v)Mild: 30 sec. to 1 min. (vi) Moderate: 15-30 sec. and (vii) Severe: approx. 15 Sec. of vaginal penetration. [2]

Internationally more than 20%-30% of men ages 18-70 years rapidly ejaculate.[2] Clinical studies of India reported different prevalence data of PME patients, 77.6% of patients complained about PME in 1000 men in AIIMS Delhi [3], 4.6% in 1120 subjects in a rural area of Haryana, [4] 30.0% in 235 males in Kolkata, [5] and 35.78% in male 95

subjects in Maharashtra.[1] Epidemiological study reported the prevalence of PME 8.76% in 742 male subjects in Mysore India. [6] Sexual disorder patients have 3 levels of burden: (i) Emotional (ii) Health (iii) burden on the relationship. [7] PME negatively impact on relationships. [8] It can also impact many aspects of man’s life, including reducing self-esteem, deteriorating relationships, and causing anxiety, embarrassment, and depressed feelings. [9] A study reported that 68% of PME patients had decreased self-confidence during sexual activity, half of the single men reported avoidance of relationships or ignore to establish new relationships, men in relationships reported distress at not satisfying their partner with some worrying that their partner was unfaithful to them because of PME. [10]

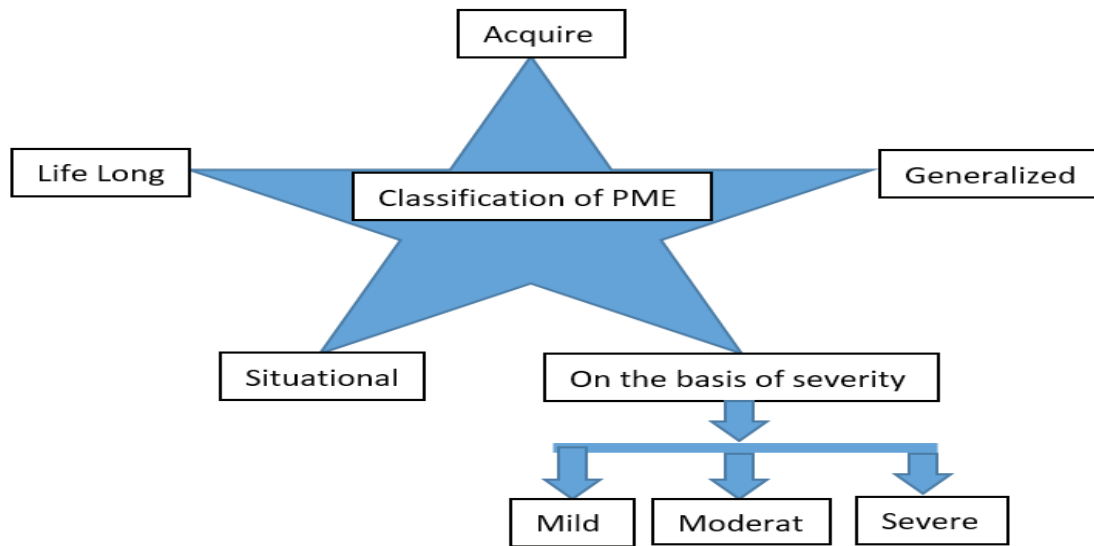


Figure: 1 Classification of Premature Ejaculation on basis of DSM5

Etiology

The exact Etiology of PME is unknown although it includes biological and psychological theories. Psychological Etiology includes sexual

performance anxiety, marital relationship problem, hypo-sexual desire, and biological etiology are erectile dysfunction, prostate infection or inflammation, hyperthyroidism. [11,12,13] It was

found that persons with negative psychological status were prone to develop PME, and the positive correlations were seen between sexual disorders and psychological illness. [14]

Clinical Features

The cross-sectional studies of G. Rasterelli et.al (2018) and Jianzhong Zhang et.al (2019) had reported clinical features of Premature ejaculation patients commonly complain of Decreased sexual desire, decreased ejaculate volume, reduced frequency of sexual intercourse, shortness of Intra-Vaginal Ejaculatory Latency Time and inability to control ejaculation. [15,16]

Association: There are five correlated characteristics described in DSM-5 for the diagnosis of PME. In the Partner’s factors considered health status and sexual problem of partner, The relationship factor explaining about communication skill and inconsistency wish in sexual activity, Individual vulnerability factors explore about poor body image and history of emotional and sexual abuses and other psychiatric comorbidities e.g depression, anxiety, loss of job etc, in the cultural and religious factor shyness of individual and disallows against sexual activity and frame of mind towards sexuality and in the Medical factors seen to be prognosis, course / treatment of PME. [2]

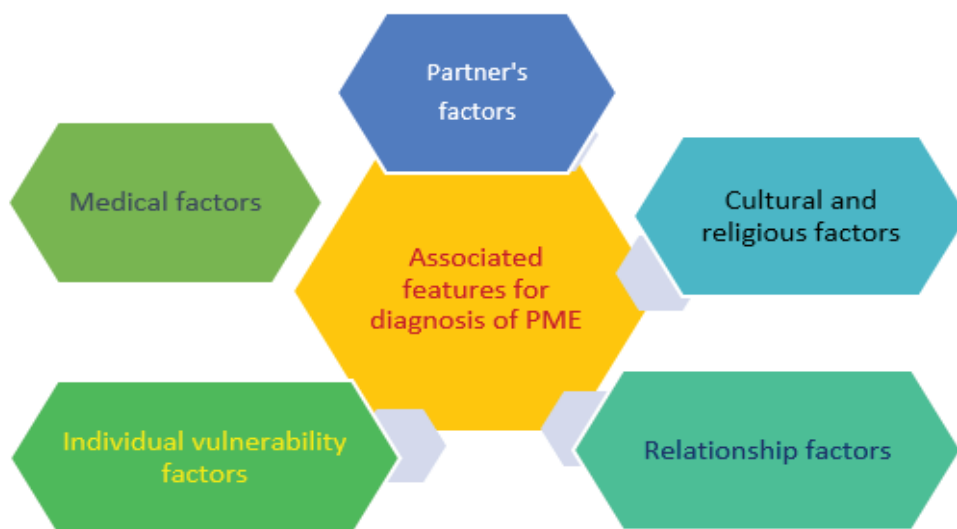


Figure: 2 Associative Diagnostic Factors for Premature Ejaculation

Yogic approach for Premature Ejaculation

There are few studies including Yoga therapy has been conducted for treatment of Premature ejaculation. In their, some were non-comparative [17], some were comparative [18], some were randomized control studies [19-21] and one study was

pilot [21]. In these studies Asanas [17-22], Pranayama (breathing practice) [17-22], Bandha (Hathयोगic locks) [17], mudra [17-22], cleansing practices [17] and relaxation [17-18] were used as Yoga therapy for 45-60 minutes/days. These studies had compared with stop-start method [19], pelvic floor exercise [20], Naturopathy techniques [21] and Ayurvedic

drug Narshimbhachuran^[22]. Male sexual quotient (MSQ) ^[17], Intra-vaginal ejaculatory Latency time (IELT) ^[18,19,22], Premature ejaculation Severity

Index (PESI) ^[21] and subjective interviews ^[22] are used as outcome measures. Yoga therapy was found effective for treatment of Premature Ejaculation ^[17-22].

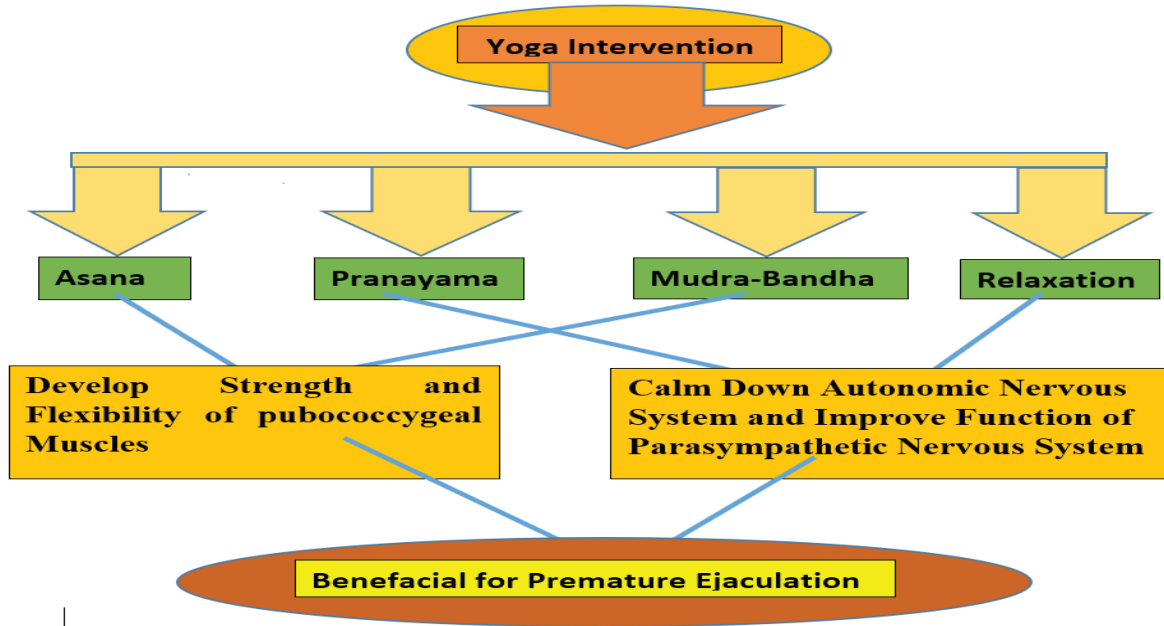


Figure: 3 Some important Yogic Practices for Premature Ejaculation

Holistic Approach of Yoga therapy for Premature Ejaculation

As per Dr Georg Feuerstein Yoga is not complete physical or psychological therapy but it has therapeutic element and traditionally Yoga is means of psycho-spiritual growth and leading to inner peace and freedom. [pg -1] In the The Nirvana Prakarana of the Laghu Yoga Vashishta Sage Vashishta teaches Lord Rama that there are two major classifications of disease described the root of Mental disorders and bodily diseases, those that are first is Adhija (the psychosomatic, stress disorders) i.e. caused by the mind and second is Anadhija (infectious disease, accidents etc) i.e. caused by infections and accidents of the gross body. ^[23] Yoga therapy is not organ specific and symptomatic but it

is a science that works holistically to strengthen the inner being. Dr. Swami GitanandaGiri considered Yoga Chikitsa could be termed as “man’s first attempt at unitive understanding of mind-emotions-physical distress and is the oldest and holistic concept of therapy in the world. The Brahmacharya Mudra in Yoga is a unique approach to sexual control. Sexual hormones can be regulating through the use of the Shat Mudras, which are sometimes called Oli Mudras. A special technique of Yoga i.e. “Abhya Sadhana Chikitsa” particularly applied for the reduction of anxiety and stress. This system consists different techniques, from Yoga like: Asanas, Kriyas, Mudras, Pranayama, Relaxation Techniques, evolved within Jnana Yoga Therapy and Raja Yoga Therapy. There are Two

distinct system have evolved. The first one (Raja Yoga) deals with tension-relaxation or Spandha-Nishpandha Kriyas that related to the physical therapy of Yoga Chikitsa, while a second (Jnana Yoga) aspect termed ChintaaChikitsa deals with psychological anxiety and stress. [23]

Premature Ejaculation as A Psychosomatic Disease (MindBody Disease) A Rational View

Symonds T et.al (2003) explained The cause of Premature Ejaculation has been considered to be psychological factors are dominant than physiological. Because of this assumption, sex therapy was considered the treatment of choice with behavioral and/or cognitive approaches proving to be the most successful [24], Tondo et.al (1991) also agreed with this concept that narcissism, or unconscious feelings toward women the causal factor of premature ejaculation in male. [25] (tondo 1991). In the concept of Yoga The human body exists in 5 layers, they are They are: (1) ANNAMAYA KOSHA the physical level) (2)

PRANAMAYA KAOSHA the subtle energy level (3) MANOMAYA KOSHA the sheath of mind/emotion (4) VIGYANMAYA KOSHA Intellectual mental level (5) ANANDAMAYA KOSHA a state of optimal homeostasis and balance. Human mind is the part of Manomaya Kosha, imbalances in this layer become root cause of the Psychosomatic disorders.[26] The great sage Mahrshi Patanjali considered five cause of mental imbalances are known as Punchklesha, the punchklesha are (1) Avidya- Ignorance impermanent impure painful and nonself as permanent pure pleasure and self. (2) Asmita (Egotism) identification of purusha principle with prakri t i principle. (3) Raag (Attachment) attachment toward the thing which gives you pleasure. (4) Dvesha (Hatred) aversion towards those things which are unpleasant or give you pain. (5) Abhinivesh fear of death, clinging to life or willing to live.[27] and Sage vashishta in his litrature“Yoga Vashishtha” says progression of mind body illness from mind to the body as vyadhi or disease through the channel of prana. [23]

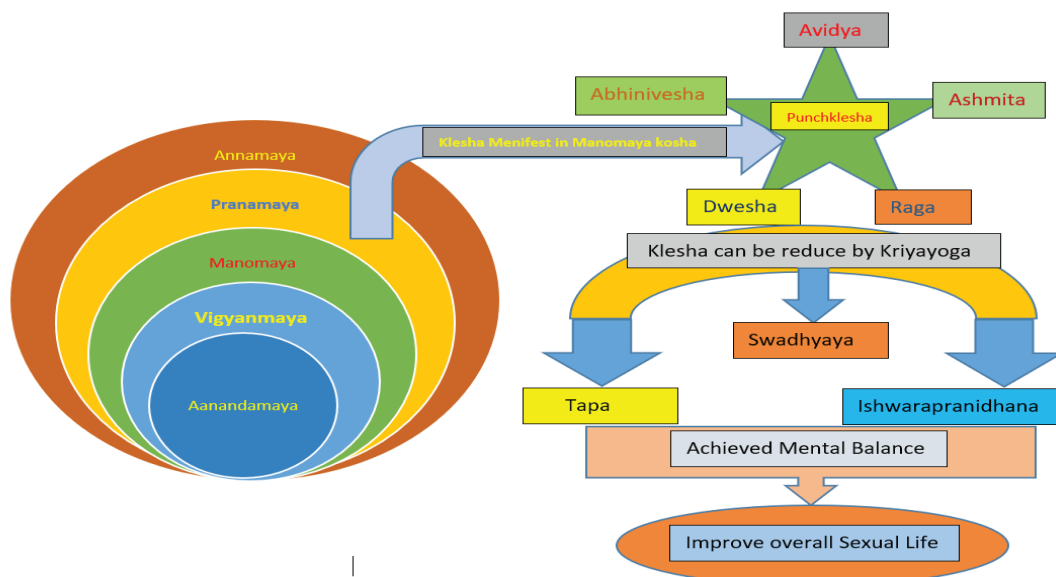


Figure: 4 Origin source, Yogic causes and Management approach for Premature Ejaculation

Discussion

Sheu G (2014) et.al described in his article seminal ejaculation completed in two processes, (i) emission and (ii) Expulsion. Emission is a physiologic process involving the different part of penis distal epididymis, the vas deferens, the seminal vesicles, the prostate gland, the prostatic urethra, and in Expulsion discharge of the products of emission happening from the urethra, by the coordinated actions of some special parts of penis like bladder neck, urethra, and pelvic striated muscles. Neuroanatomy of Ejaculation consists sympathetic nervous system regulation of Emission while expulsion is moderated by the somatic nervous system. Dopamine, serotonin and nitric Oxide are inhibitory neurotransmitters have been identified in the ejaculatory neuraxis.^[28] Regular practice of Yoga improve the quality of sperm if one has issues with sperm count or motility. Practicing yoga is well proved for male disorders like prostate health, warding off prostate disorders, and reducing the size of prostate if it has got enlarged. Adopting Yoga practice regularly, reduce stress and anxiety levels also, which can improve the overall health of reproductive organs, as it has proven that having less stress in life help improve sexual life.^[19] Similarly Pallav Sengupta et.al were reported, yoga practice brings positive changes in sexual life within few months And a sense of well-being develop for the whole body.^[29] Stimulation of the sympathetic nerves causes contraction of epididymis, ejaculatory ducts, and seminal vesicles, leads to ejaculation of semen. Increasing parasympathetic stimulation is assumably beneficial in enhancing ejaculatory control. Dhikav. V et.al (2007) reported a significant therapeutic effect of yoga in Premature

Ejaculation.^[18]

Conclusion

In this narrative review article reviewed about etiology, clinical features, holistic Yogic approach to PME and PME as a psychodynamic Disease. From above studies it is clear that PME have less Physical causes and psychological more. Yoga is a mind body therapy system so PME patients can get beneficial effect to improve sexual health.

Source of Funding: Self

Conflict of Interest: Nil

Ethical Clearance: It's a Review article

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