

A review base paper on Premature Ejaculation (*Surat-e-Inzal*)

¹Dr. Subodh Kumar, ²Dr. Bachchu Singh

¹Reader, Deptt. of Ilmul Advia, State Takmeel ut-Tib College, Lucknow.

²Reader, Deptt. of Ilaj bil Tadabeer, State Takmeel ut-Tib College, Lucknow.

ABSTRACT

Introduction: All sexual functions like generation of *Mani* (semen), sperm and ovum, and formation of foetus in the uterus depend on *Quwat-e-Tanasuliah* (Reproductive faculty). This *Quwat* (Faculty) is responsible for reproduction and male sexual functions. *Quwat-e-Bah* (Faculty of sexual potency and libido) governs all sexual functions and is also responsible for its maintenance.

The meaning of *Bah* is virility, lust (strong sexual desire) veneral passion and generative power. Premature ejaculation: In premature ejaculation the man recurrently achieves orgasm and ejaculates before he wishes to do so. There is no definite time frame within which to define the dysfunction.

Causes of Premature Ejaculation: (*Surat-e-Inzal ke asbab*) are the condition where ejaculation occurs with slight sexual stimulation just after the intromission and even before the intromission. According Unani physicians, there are four main causes for premature ejaculation.⁹

KEYWORDS: Surat-e-Inzal, Quwat-e-Tanasuliah, Mughalliz-e-Mani, Mumsik-e-Mani.

1. INTRODUCTION

All sexual functions like generation of *Mani* (semen), sperm and ovum, and formation of foetus in the uterus depend on *Quwat-e-Tanasuliah* (Reproductive faculty). This *Quwat* (Faculty) is responsible for reproduction and male sexual functions. *Quwat-e-Bah* (Faculty of sexual potency and libido) governs all sexual functions and is also responsible for its maintenance. The meaning of *Bah* is virility, lust (strong sexual desire) veneral passion and generative power. The *Quwat-e-Bah* is dependent upon the health and vital organs and on their proper function. *Quwat-e-Bah* is a comprehensive term which governs the whole part of sexual act from desire up to coitus till the fluids of the two partners with the respective germinal seeds meet. Thus, any abnormality during sexual act has been summed up under the umbrella of *Zof-e-Bah*. Specific derangements have been categorized as *Surat-e-Inzal* (Premature ejaculation), *Jarayan-e-Mani* (Spermatorrhoea) *Naqs-e-Mani* (Abnormal semen) *Zof-e-Shahwat* (Depressed libido), *Kasrat-e-Ehtelaam* (Increased frequency of nocturnal emission), *Istarkha-e-Qazeeb* (Paresis of penis), and *Fareesmoos* (Priapism).¹

2. PREMATURE EJACULATION (*SURAT-E-INZAL*)

Premature ejaculation: In premature ejaculation the man recurrently achieves orgasm and ejaculates before he wishes to do so. There is no definite time frame within which to define the dysfunction. The diagnosis is made when the men regularly ejaculates before or after immediately after entering the vagina or following minimal sexual stimulation.² Master and Johnson conceptualized the disorder in terms of the couple and consider in man premature ejaculation if he cannot control ejaculation long enough during intra vaginal containment to satisfy his partner in at least half of their episode of coitus.^{3,4,5} The WHO 2nd International Consultation on Sexual Health defined it as “persistent or recurrent ejaculation with minimal stimulation 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 desire.”^{6,7} If man cannot control his ejaculatory process for at least 30 seconds after penetration is called premature ejaculation. A more comprehensive definition of premature ejaculation is that a man is premature

ejaculator if he cannot control his ejaculatory process for a sufficient length of time during intra vaginal containment to satisfy his partner in at least 50% of their coital connection.⁸

Causes of Premature Ejaculation (*Surat-e-Inzal ke asbab*) are the condition where ejaculation occurs with slight sexual stimulation just after the intromission and even before the intromission. According Unani physicians, there are four main causes for premature ejaculation.⁹

- 1) Excess of spermatogenesis.
- 2) Decrease in viscosity of sperm and its premature formation (*Khaam Mani*).
- 3) Irritation '*Tezi*' and hot '*Garmi*' *Mani* (Semen).
- 4) Debility /Weakness in sexual organs and *Quwate Masika* (Retentive power)

In first cause, there will be normality in physiology of sexual organs, sperm will be normal in its viscosity and colour. If premature formation of sperm (*Khaam Mani*) will be the cause the viscosity and colour of sperm will be abnormal.

If at the time of ejaculation irritation of penis is felt, it indicates it's *Tezi* (Hotness). If ejaculation occurs without full erection the weakness is responsible.⁹

The four vital organs (*A'Zae Raeesa*) have impact on both spermatogenesis as well as on the sexual behaviour of the person. Any sort of disability/disease in these has negative impact on sex.

Factors responsible for *Surat-e-Inzal* (Premature ejaculation):^{10, 11, 12}

- a) Inexperience and ignorance of sexual techniques.
- b) *Zakawat-e-His* (Hypersensitivity) of genital organs.
- c) *Zof-e-Quwat-e-Masika* (Decreased retentive power).
- d) Increased *Quwat-e-Dafey'a* (Power of propulsion).
- e) *Kasrat-e-Mani* (Seminal abundance) due to-
 - i) Excessive use of *Moallid-e-Mani* (Seminopoetic) substances.
 - ii) Long abstinence from sexual intercourse.
- f) *Hiddat-e-Mani*.
- g) *Riqat-e-Mani* (Decreased viscosity of semen).
- h) *Zof-e-Aza-e-Raeesa* and *Zof-e-Bah* (Debility of Vital Organs and Sexual Debility).
- i) *Iltehab-e-A'Zae Tanasuliyah* (Inflammation of genital organs i.e. urethritis, prostatitis, inflammation of seminal vesicle).
- j) Excessive sexual thoughts, over indulgence in sexual intercourse, anxiety, guilt associated with masturbation, sodomy, abnormalities of prepuce, dilation of urethra, spermatorrhoea, too narrow vagina, bladder stone, intestinal worms, hemorrhoids etc.^{12,13}

The disease is treated on the principles of Sexual weakness (*Zof-e-Bah*), so the drugs Semen viscosity (*Mughalliz-e-Mani*), Retentive / Avaricious (*Mumsik-e-Mani*) are used on priority basis.¹⁴

Semen viscosity (*Mughalliz-e-Mani*):- There are so many Unani drugs which are beneficial in the treatment of Semen viscosity (*Mughalliz-e-Mani*), those drugs are- Asgand (*Withania somnifera*), Aspaghol (*Plantago ovata*), Asrol (*Rauwolfia serpentina*), Lodh Pathaani (*Symplocos peniculata*), Moosali Safed (*Chlorophytum arundinaceum*), Moosali Siyah (*Curculigo orchoides*), Samagh-e-Dhak (*Butea frondosa*), Sataawar (*Asparagus racemosus*), Shaqaqul (*Pustinaca secacul*), Taalmakhaana (*Asteracantha longifolia*), Tukhm-e-Imli (*Tamarindus indica*), Tukhm-e-Kahu (*Lactuca sativa*) etc.

Besides of the single drugs (*Advia-e-Mufardah*) there are some Unani formulations (*Advia-e-Murakkabah*), these are- Kushta Jast, Kushta Nuqra, Kushta Qalai, Maajoon Arad Khurmaa, Maajoon Ispand, Maajoon Mocharas, Maajoon Mughalliz, Maajoon Nakachhikani, Maajoon Supari Pak, Safoof Aspaghol, Safoof Gond Kateeraa, Safoof Kushta Qalai, Safoof Mughalliz, Safoof Salab etc.

Retentive / Avaricious (Mumsik-e-Mani):- There are so many Unani drugs which are beneficial in the treatment of Retentive / Avaricious (*Mumsik-e-Mani*), those drugs are-Afiyun (*Papaver somniferum*), Bazrulbanj (*Hyoscyamus albus*), Ersa (*Iris ensata*), Ispand Sokhatni (*Paganum harmala*), Zast (Zinc), Mochras (*Salmalia malabarica*), Qinnab (*Cannabis sativa*), Samagh-e-Dhak (*Butea frondosa*), Paaraa/Seemab (*Mercury*), Tukhm-e-Dhatura (*Datura alba*), Thukhm-e-Imli (*Tamarindus indica*), Tukhm-e-Qinnab (*Cannabis sativa*), Utangan (*Blepharis edulis*) etc.

Besides of the single drugs (*Advia-e-Mufardah*) there are some Unani formulations (*Advia-e-Murakkabah*), these are- Habb-e-Mumsik, Habb-e-Nishat, Kushta Qalai, Maajoon Falak Sair, Maajoon Ispand Sokhatni, Maajoon Muqawwi Mumsik, Maajoon Nakchhikani etc.

REFERENCES

1. Khan MN. *A Scientific study of some Unani drugs used for improving the male sexual function*. Aligarh: Thesis submitted to Dept. of Ilmul Advia, AKTC, AMU, 1993.
2. Waldinger MD. Proposal for a definition of life long premature ejaculation based on epidemiological stopwatch data. *J. Sex. Med.* 2005; 2: 498-507.
3. Tortora JG, Grabowski RS. *Principles of Anatomy and Physiology*. 9th ed, USA: Printed in United State of America; 2000: 974- 1022.
4. Benjamin JS, Virginia AS. *Comprehensive Textbook of Psychiatry*. Vol.1st, 7th ed. Publication- Library of Congress; 1999: 1577-1607.
5. Ibn Hubel. *Kitab-ul Mukhtarat Fil Tib*. (Urdu translation by CCRUM), Vol. 1st and 4th. Ministry of H & FW, New Delhi: Govt. of India; 2005: 734-736.
6. Master WH, Johnson VE, Kolodny RC. *Sex and Human Loving*. Bombay, Jaico Publication House, 1990; 4-6: 465-495.
7. Morales A. Endocrine aspect of sexual dysfunction in men. *J. Sex. Med.* 2004; 1 (1): 69-81.
8. Sadikot SM. Erectile dysfunction: New ways for old woes- Part-1, Mumbai, Bulletin of Jaslok Hospital and Research Centre, 2002; 26: 11-21.
9. Razi ABZ. *Kitab al Havi*. (urdu translation bu CCRUM), Vol. 10th, New Delhi: 1997: 45-50,78,79,98, 242.
10. Husain MK. *Tohfæ Jahan maroof Kimiyæ Ishrat*. Part-1st, Bhopal: Lalwani Litho & Tye works.
11. Jeelani G. *Makhzanul Jawahar*. Pakistan: Shaukat Book Depot. Gujarat.
12. Ambekar MS. *Pharmacological study of some Unani drugs use for improving sexual function*. Aligarh: Thesis submitted to Dept. of Ilmul Advia, AKTC, AMU, 1991.
13. Basheer A. *Risalæ Quwwate Bah*. Kanpur: Munshi Naval Kishore; 1886.
14. Hifzul Kabir. Introduction of Ilmul Advia, Shamsheer Publisher and Distributors, Aligarh. 2006; 189.