ORIGINAL RESEARCH—EJACULATORY DISORDERS

Yoga in Premature Ejaculation: A Comparative Trial with Fluoxetine

Vikas Dhikav, MD,* Girish Karmarkar, MBBS, MD,† Mallika Gupta, MBBS,* and Kuljeet Singh Anand, DM‡

*All India Institute of Medical Sciences, New Delhi, India; †Private Practice, Thane-Mumbai, India; ‡Dr. RML Hospital and Post Graduate Institute of Medical Education and Research-Guru Gobind Singh-Inderprastha University—Neurology, Delhi, India

DOI: 10.1111/j.1743-6109.2007.00603.x

ABSTRACT

Introduction. Yoga is a popular form of complementary and alternative treatment. It is practiced both in developing and developed countries. Use of yoga for various bodily ailments is recommended in ancient ayvurvedic (*ayus* = life, *veda* = knowledge) texts and is being increasingly investigated scientifically. Many patients and yoga protagonists claim that it is useful in sexual disorders. We are interested in knowing if it works for patients with premature ejaculation (PE) and in comparing its efficacy with fluoxetine, a known treatment option for PE.
Aim. To know if yoga could be tried as a treatment option in PE and to compare it with fluoxetine.
Methods. A total of 68 patients (38 yoga group; 30 fluoxetine group) attending the outpatient department of psychiatry of a tertiary care hospital were enrolled in the present study. Both subjective and objective assessment tools were administered to evaluate the efficacy of the yoga and fluoxetine in PE. Three patients dropped out of the study citing their inability to cope up with the yoga schedule as the reason.
Main Outcome Measure. Intravaginal ejaculatory latencies in yoga group and fluoxetine control groups.
Results. We found that all 38 patients (25–65.7% = good, 13–34.2% = fair) belonging to yoga and 25 out of 30 of the fluoxetine group (82.3%) had statistically significant improvement in PE.
Conclusions. Yoga appears to be a feasible, safe, effective and acceptable nonpharmacological option for PE. More studies involving larger patients could be carried out to establish its utility in this condition. **Dhikav V, Karmarkar G, Gupta M, and Anand KS. Yoga in premature ejaculation: A comparative trial with fluoxetine. J Sex Med 2007;4:1726–1732.**

Key Words. Premature Ejaculation; Yoga; Fluoxetine; Nonpharmacological Treatment; Complementary and Alternative Treatments

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]. Prevalence rates of 20–30% have been reported [2].

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.

 © 2007 International Society for Sexual Medicine

A number of treatment options are used for PE. Although selective serotonin reuptake inhibitors (SSRIs) have the potential to improve the quality of life for men with PE and their partners [3–5], patients' satisfaction and drug side effects may remain to be a problem. New treatments are therefore desirable. Because the condition has stigma and patients may not be aware that medical treatment options are available, nonpharmacological treatment options seem preferable.

Yoga is a popular nonpharmacological 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* (*prana* = life; breath control practices), relaxation, and meditation.

Yoga is a popular nonpharmacological 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 fluoxetine, a commonly used SSRI for PE.

Materials and Methods

We studied 68 patients (Table 1) attending the outpatient department of a tertiary care psychiatric hospital in North Delhi. A detailed history of each patient was taken. A general physical examination of all systems was performed. After establishing the diagnosis using *Diagnostic and Statistical Manual IV*, the patients were offered to choose between pharmacological (capsule fluoxetine–fluoxetine group) and nonpharmacological (yoga–yoga group) treatments. Three patients opted out of the study citing inability to adhere to the yoga regime. Because these opted out of the yoga group before the study began, we did not include them in the final analysis.

Table 1 Demographic data

38 cases	Mean age = 38.9 ± 10.1 years
30 controls	Mean age = 38.6 ± 9.2 years

Total number = 68; age range = 22–58 years; mean duration of premature ejaculation = 1.7 ± 1.5 years.

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 was asked to note down the intra-ejaculatory latencies in seconds in a diary.

Those who opted for drugs were given fluoxetine capsule (group 1) in dose of 20–60 mg/day as a single dose, while for those who opted for yoga (group 2) the protocol was explained (Table 2). The patients were encouraged to report any side effects occurring during the course of treatment in both groups.

Patients included in the study had PE, were fluoxetine naïve, had no history of trauma, diabetes, hypertension, or any other chronic physical or mental disorder. There was no history of substance abuse. The patients were not on any concurrent medications and had unremarkable general physical examinations. The mean age of onset of PE was 28 years and the mean duration was 1.7 ± 1.5 years.

The patients were briefed by a sexologist and a yoga expert about the protocol they had to follow over 12 weeks (Tables 2 and 3). They were told to practice 12 *asnas* and 2 *pranayanams* for 1 hour/day. The patients were examined after 4 and 8 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 *anulom-vilom* (breathing via alternative nostrils) and

Download English Version:

https://daneshyari.com/en/article/4272956

Download Persian Version:

https://daneshyari.com/article/4272956

Daneshyari.com