

Common Male Sexual Disorders and their Treatment by Indigenous Drugs

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The sexual life is a very complicated and delicate one. It is affected by various physical, somatic, environmental, social and psychological factors as well as by the higher centre of the central and autonomic nervous system. A slight disturbance or a missing link may create a difficulty. Sexual disorders are extremely common in our modern society. It would be seen that modern conditions of living are not conducive to sexual efficiency. Sexuality is ultimately connected with many other activities in man, any disturbance of this particular function is usually associated with disturbances in a much wider area (Cooper *et al.* 1970).

Today our knowledge regarding the relationship of body and mind is not enough, otherwise we may find that some organic factors often play a part in the genesis of what are today regarded as psychogenic or psychological trouble; also organic lesions of the genital organs almost always have psychological repercussions (Nigam, 1973).

Unsatisfactory sexual adjustment may give rise to neurotic or somatic symptoms. The most common symptoms are fear, fatigue, feeling of shyness, headache, depression, insomnia, irritability, unhappiness, vague pains all over the body, coccygeal pain, loss of interest in life, anorexia, nausea, constipation, palpitation, tightness in the chest, pallor, flushing, sweating, coldness of the skin, giddiness, cardiac irregularity and signs of autonomic imbalance like fainting spells and disturbances of vision. Apart from psychotherapy a specific treatment has a definite role in the management of various male sexual disorders. The present study was undertaken to evaluate the efficacy of the indigenous drugs "Speman forte" and "Tentex forte" in the cases of male sexual disorders.

MATERIAL AND METHODS

Fifty cases of various male sexual disorders were selected for the present study. Their ages ranged between 10 and 50 years as shown in Table I. A detailed clinical history of socio-economical status, present or past illness was taken and the possibility of gastro-intestinal, endocrinal and metabolic disorders ruled out by clinical examination or by investigations.

S. No.	Age group	No. of cases
1	11-20 years	20
2	21-30 years	14
3	31-40 years	10
4	41-50 years	6
Total		50

The various male sexual disorders were premature ejaculation, masturbation, nocturnal emission, impotence, diminished libido and painful coitus as shown in Table II. The symptomatology is shown in Table III.

S. No.	Various sexual disorders	No. of cases	Percentage
1.	Premature ejaculation	14	28%
2.	Masturbation	12	24%
3.	Nocturnal emission	8	16%
4.	Impotence	6	12%
5.	Diminished libido	6	12%
6.	Painful coitus	4	8%
Total		50	100%

Symptomatology	No. of cases	Percentage
Weakness	45	90%
Palpitation	44	88%
Loss of interest in life	40	80%
Pallor	30	60%
Fear	28	56%
Fatigue	25	50%
Pain in the body	20	40%
Giddiness	16	32%
Premature ejaculation	14	28%
Masturbation	12	24%
Shyness	12	24%
Depression	10	20%
Painful coitus	4	8%
Swaating	3	6%

All the patients were put on ‘‘Tentex forte’’, one tablet morning and night, and in addition ‘‘Speman forte’’ 2 tablets morning and night. In a few patients tranquillisers and multi-vitamins were also given. The patients were followed-up at intervals of 2, 4, 6, 8 and 12 weeks.

OBSERVATIONS

The results were classified as good or cured when there was full recovery of physical and psychological complaints, satisfactory when there was satisfactory improvement in sexual or emotional and mental attitude, slight when some response was observed and poor when there was no response. The response of the therapy is shown in Table IV.

S. No.	Degree of response	No. of cases	Percentage
1.	Good or cured	25	50%
2.	Satisfactory	10	20%
3.	Slight	9	18%
4.	Poor	6	12%

Good response was observed in 25 cases (50%). Satisfactory response was observed in 10 cases (20%). In 9 cases (18%) the response was slight and in 6 cases (12%) there was no response. The side effects were mild and responded to symptomatic treatment.

DISCUSSION

Both chemotherapy and psychotherapy play an equally important role in the management of various male sexual disorders as reported by various authors^{2,3,5}. Cases treated with testosterone with or without thyroid extract showed good response in 36% and partial response in 32% cases while there was no response in 32% of cases as reported by Banerjee (1973). Banerjee (1973) also reported 73% good response and 16.3% slight response in cases of male sexual disorders treated with

“Tentex forte” and “Speman forte” combination. Nigam (1973) observed good response in 70% of cases and no response in 12.2% of cases. In our series 88% response was observed (good 50%, satisfactory 20% and slight 18%). Poor response was observed in 12% of cases. From the above findings it is quite clear that the combination of “Tentex forte” and “Speman forte” is very effective in the treatment of male sexual disorders.

SUMMARY

Fifty cases of various male sexual disorders were treated with “Tentex forte” and “Speman forte” combination. Good response was observed in 50%, satisfactory response in 20% and slight response in 18% cases. No response was observed in 12% of cases. Side effects were mild and responded to symptomatic line of treatment.

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