

## Spermatorrhoea

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Spermatorrhoea is a frequent complaint in adolescents and young adults. It is most common in highly strung unmarried and recently married but separated young persons, ordinarily afraid of being weakened by a sexual intercourse. They often take a seminal discharge most seriously and consider it a spontaneous loss of virile power and vigour and attribute it to a serious sex disturbance or disease.

Fifty six patients of different age groups complained of spermatorrhoea—mostly nocturnal emissions. The age distribution was as follows:

Age in years	Number of cases
15-20 years	4
21-25 years	28
26-30 years	16
31-35 years	7
36-40 years	1
Total	56

Forty four patients were married and were happily staying with their wives. Thirty-two cases (57%) were below the age of twenty-five years and forty eight cases (85.7%) were below the age of thirty years. Out of all the fifty-six cases twenty gave a history of masturbation and eight patients gave a history of premature ejaculation.

In view of the many published reports on the usefulness of Speman forte for involuntary seminal discharges we decided to try this drug on our series. Speman forte contains *Orchis mascula* (Salab misri), *Lactuca scariola* (Kahu), *Hygrophila spinosa* (Talmakhana), *Mucuna pruriens* (Kavach), extracts of *Parmelia parlata* (Chharila), *Argyreia speciosa* (Vridhadharaka), *Tribulus terrestris* (Gokhru) and *Leptadenia reticulata* (Jivanti), *Suvarnavang* (Mosaic gold) and *Rauwolfia serpentina*. It thus acts as a sexual sedative on both the upper and lower sex centres.

Initially, Speman forte was administered to 6 cases in doses of 1 t.d.s. for a fortnight but as the response was not adequate the dose was increased to 2 t.d.s. With this dose the response was complete in a fortnight. To 44 (78.5%) patients Speman forte was given from the commencement in doses of 2 t.d.s. and all of them showed marked improvement in a fortnight. Thus 78.5% of patients of spermatorrhoea were completely cured of their symptoms within a fortnight, whilst 91% had complete response within a month. Six cases that at first did not respond to Speman forte therapy had associated colitis. When the colitis was simultaneously treated they also responded to Speman forte therapy 2 t.d.s.

Eight patients who had complained previously of premature ejaculation spontaneously volunteered the information that their retention power had improved considerably. No patient complained of any toxic side-effects.

It can thus be concluded that Speman forte is the drug of choice in the management of involuntary sexual discharges like spermatorrhoea and nocturnal emissions and even premature ejaculation.