

Clinical experience of Speman Forte, Tentex Forte and Himcolin Cream

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Most of the patients referred to me in Calcutta and Districts of West Bengal were found to be suffering from impotence of functional origin, having no organic defect. Their androgenic level was found to be quite adequate, impotence being due to inhibition and psychogenic in origin. In these cases, hormones do not really help. Dr. Kenneth Walker has recommended sedatives and decongestives for this group. In Calcutta, Prof. Sourin Ghosh and his associates have been following this line of treatment. Sedatives were given to make the patients less prone to sex stimuli and decongestives to avoid prostatic congestion. Along with drugs, prostatic massage was also given. During the course of sedatives and decongestives, lasting from four to six weeks, patients were advised non-sex-stimulating diet (avoiding meat, onion, garlic, egg and alcohol and habits like cinema, theatre, sex literature and pictures).

After this, a course of stimulants—strychnine, glycerophosphates, etc.—was usually prescribed. Even at this stage, hormones were avoided.

Speman forte, Tentex forte and Himcolin cream manufactured by The Himalaya Drug Co. fall in the line of treatment recommended by Dr. Sourin Ghosh *et al.*, for the sexually weak patients. These remedies are completely non-hormonal. My professor, colleagues and I have been using the above drugs. My clinical experience with them forms the subject of this study.

COMPOSITION

Each Speman forte tablet contains:

Orchis mascula	39 mg
Lactuca scariola	10 mg
Hygrophila spinosa	19 mg
Mucuna pruriens	10 mg
Exts. Parmelia perlata	10 mg
Argyreia speciosa	19 mg
Tribulus terrestris	19 mg
Leptadenia reticulata	19 mg
Suvarnavang (Mosaic gold)	10 mg

Rauwolfia serpentina standardised to contain 1.5 mg of the total alkaloids.

The manufacturers claim that Speman forte calms the higher and lower sex centres. It is also a prostatic decongestive.

The composition of Tentex forte is as follows:

Each Tentex forte tablet contains:

Saffron	20 mg
Amber	10 mg
Ext. Muskadana	10 mg
Nux vomica (detoxified)	16 mg
Makardhwaj	16 mg
Shilajeet (Purified)	32 mg

Orchis mascula	16 mg
Anacyclus pyrethrum	16 mg
Withania somnifera	65 mg
Sida cordifolia	16 mg
Bombax malabaricum	16 mg
Argyreia speciosa	32 mg
Mucuna pruriens	32 mg
Trivang	32 mg

Processed in Sida cordifolia, Asparagus racemosus, Ipomoea digitata, Piper betle, Withania somnifera, Tribulus terrestris, Tinospora cordifolia, Argyreia speciosa, Acacia arabica fruit, Dashamoola.

The manufacturers claim that Tentex forte brings about a sustained improvement in sexual desire as well as sex performance of the males.

The composition of Himcolin cream is reproduced below:

*Oils of Jaiphal	3%
Javitri	3%
Lavang	3%
Taj	3%
Pista	5%
Malkangani	20%
Binaula	5%
Birbahuti	5%
Shark liver	10%
Bhoonag	10%
Nirgundi	10%
Base q.s. ad	100%

*Processed in Ashvagandha, Gungchi, Pipal, Akarkara and Shatavar.

Manufacturers claim that when locally massaged, Himcolin cream improves erectile power.

MATERIAL AND METHODS

Though the total number of cases treated with these drugs may have been more than 2000, the number of cases for which records have been maintained are 300 as detailed below:

Age group (years)	No. of cases followed up	No. of cases not followed up	No. of cases
21 - 30	47	1	48
31 - 40	96	5	101
41 - 50	84	4	88
above 50	63	–	63
Total	290	10	300

The patients were divided into two groups: city dwellers (mostly educated) and villagers (mostly uneducated), as considerable difference was found in their response to treatment.

City dwellers	204 cases
Villagers	96 cases

The patients were classified into 4 groups as per their chief complaints as shown under:

- a) Diminished libido.
- b) Having sexual desire but absence of proper erection.
- c) Having sexual desire but loss of erection before performance starts, with or without ejaculation.
- d) Having sexual desire and erection but loss of erection immediately after performance starts, with or without ejaculation and without satisfaction to either partner.

The break-up of the study groups was as shown below:

Group	City Dwellers	Villagers	Total
A	9	22	31
B	80	31	111
C	67	19	86
D	48	24	72
Total	204	96	300

All available pathological tests were completed before starting the treatment. Cases of psychogenic origin were included in this series. All cases were interrogated carefully and in a few cases their partners were also interrogated to understand their real problem. Efforts were made to make the patients and their partners understand their own problem. It was observed that where success could be achieved in making the patient understand his own problem, quicker and more satisfactory response could be obtained. It is felt that this was the main reason for the marked difference in response to the treatment between city dwellers and villagers.

After completion of all this, case counselling treatment was started with Speman forte 2 t.i.d. with a non-stimulating diet and way of life and continued for a month. The patients were re-examined after a month's therapy with Speman forte. Out of 300 cases, 297 cases reported (3 did not turn up). All the cases were put on Tentex forte 1 b.i.d. or 2 b.i.d. for further one and half months (cases below 30 years of age got 1 b.i.d. and the rest 2 b.i.d.). Patients were examined again after this. Treatment was stopped in cases which responded well enough. Cases which did not elicit satisfactory response or deteriorated were advised other therapies. Those who responded partially were given Tentex forte 1 b.d. for a further one month and results were assessed again. Results have been classified into 3 categories as follows:

RESULTS

The results are shown in the following table.

Grade of Result	Urban/ Rural No. of patients	Group A Less Libido	Group B Desire but proper erection absent	Group C Desire but loss of erection with or without ejaculation	Group D Desire and erection normal but loss of erection with or without ejaculation performance starts	Total
Good	Urban	6	57	48	34	145
	Rural	8	16	10	13	47
Fair	Urban	3	12	12	12	39
	Rural	7	8	2	–	17
Poor	Urban	–	11	7	4	22
	Rural	4	7	4	5	20
Not reported	Rural	3	–	3	4	10
Total		31	111	86	72	300

Out of 300 patients, 10 rural patients did not report for further progress and check up.

DISCUSSION AND CONCLUSION

In cases of functional impotence, treatment with Speman forte initially and then with Tentex forte gave relief to 85.5% cases in my series. Hence, as per my experience, these drugs have a definite place in the treatment of this common male sexual problem.

Encouraged by these results, I used Speman and Speman forte in cases of premature ejaculation, nocturnal emission and habitual masturbation in dosage of 2 t.i.d. for a month and then 1 t.i.d. for a further one month. In 93% of the cases, this therapy has given excellent results. In a few obstinate cases Codeine chloride and Vit. B₁₂ were given in addition to Speman or Speman forte and very good results were obtained.

In a few other cases with complaints of poor erection, use of Himcolin Cream was advised for one month concurrently with Tentex forte, one to one and a half hour before intercourse. Blood circulation of the penile tissues seemed to improve and satisfactory erection was achieved in all the cases. It seems to me that the sweet smell of Himcolin cream also helped to excite the libido. Better results were reported when the female partner massaged the penis instead of the patient doing it himself. In the case of a few other couples it is reported that when female partners massaged Himcolin cream on the clitoris, frigidity and vaginismus were relieved in them during intercourse.

SUMMARY

1. Three hundred patients with a recorded history of variable degrees of functional impotence but otherwise having no organic defects and with sufficient androgenic levels, drawn from urban and rural areas were analysed from a total of 2000 such cases treated effectively with Speman forte, Tentex forte and Himcolin. Ten rural patients among these were not available for follow up.
2. The patients were divided into four groups as per their sex problem.
3. Initially, Speman forte, 2 tablets t.i.d. were given for a month with non-stimulating diet and prostatic massage and the response was assessed. Thereafter, Tentex forte tablets 2 b.i.d. were given for one and a half months and patients were assessed.
4. Those who improved fully after the first course of Tentex forte were classified as 'good'. Those who improved partially after the first course of Tentex forte but fully after the second course of Tentex forte as 'fair'. Those who did not improve at all as 'poor'.
5. There was good response in 192 cases (66.2%), fair in 56 cases (19.3%) and poor in 42 cases (14.5%).
6. There were no toxic or untoward effects either on Speman forte or Tentex forte therapy.