INTRODUCTION

Sex has a great influence on the working of the mind as well as the body. No wonder the problems pertaining to sex may result in great damage to the normal functioning of the individual as a whole.

Ejaculation praecox or premature ejaculation is one such malady which not only produces great dissatisfaction in sexual relationship but may also result in great frustration to both the partners. Having cut a sorry figure, the male feels a great sense of shame and the female who was sexually aroused and failed to get satisfying sexual gratification (orgasm), usually develops a sense of revulsion, repulsion and hatred, as a consequence. The male having failed in his performance suffers unbearable mental agony and a peculiar sex inferiority complex. He feels unable to face his wife. This directly tells upon marital happiness. There are possibilities that the male may become a complete psychic wreck after repetitions of such disappointing performances, and the frustrated female becomes extremely irritable and difficult to live with.

There are a number of possible causes for premature ejaculation, but the single most important cause is the congestion in the region of the prostate. Many environmental causes contribute to this. In modern society a man is sexually aroused by seeing stimulating sexy pictures and hoardings, by reading provocative literature and seeing around him seductively and sometimes scantily clad females. To this may be added the factor of hot spicy diet, alcoholic beverages, aphrodisiac drugs, a loaded rectum and/or other pathological conditions of the rectum and prostate. Because of the congestion in this region of the prostate there is profuse secretions from the glands with the result that the seminal vesicles are fully engorged with secretions. In this condition any slight stimulation in the form of fondling, sex-play, amorous embracing, touching the genitalia or attempt at penetration further aggravates the engorgement which triggers off a forceful contraction of the seminal vesicles resulting in premature ejaculation of semen.

Such patients usually have recourse to quacks for treatment because they put up cheap advertisements guaranteeing sexual potency. Since the above mechanism is not known to them these quacks prescribe aphrodisiacs which add to congestion and worsen the condition and the patient goes from bad to worse.

While it is easy to give general instructions like recommending a bland non-spicy diet, avoiding alcoholic beverages, treating of constipation, cold sitz-baths, etc., it is necessary to adopt a rational scientific approach to reduce the congestion in this region.

Out attention was drawn to the report by Jussawalla (1956) regarding the decongestive effect produced on the prostate by an indigenous drug called ‘Speman’ (Himalaya Drug Co.). Gour & Gupta (1959) used it in the treatment of male sexual disorders and reported improvement in 16 out of 18 patients of premature ejaculation. Ranade & Raje (1958) reported marked improvement in
cases of spermatorrhoea and nocturnal emissions. Pantulu (1966) demonstrated the usefulness of ‘Speman’ in treating 10 cases of premature ejaculation. Heilig (1968) suggests that ‘Speman’ seems to act as a brake on the spinal regulators of ejaculation and thereby it slows down seminal discharge.

With these useful reports and scientific background, it was decided to have a trial of ‘Speman’ in the treatment of ejaculatio praecox.

**Composition:** ‘Speman’ is a herbal preparation manufactured by The Himalaya Drug Co., and has the following composition:

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Quantity (per tablet)</th>
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<tbody>
<tr>
<td>Orchis mascula (Salap misri)</td>
<td>64.8 mg.</td>
</tr>
<tr>
<td>Lactuca scariola (Kahu)</td>
<td>16.2 mg.</td>
</tr>
<tr>
<td>Hygrophiila spinosa (Talmakhana)</td>
<td>32.4 mg.</td>
</tr>
<tr>
<td>Mucuna pruriens (Kavach)</td>
<td>16.2 mg.</td>
</tr>
<tr>
<td>Exts. Parmelia parlata (Chharila)</td>
<td>16.2 mg.</td>
</tr>
<tr>
<td>Argyreia speciosa (Vridhadharaka)</td>
<td>32.4 mg.</td>
</tr>
<tr>
<td>Tribulus terrestris (Gokhru)</td>
<td>32.4 mg.</td>
</tr>
<tr>
<td>Leptadenia reticulata (Jivanti)</td>
<td>32.4 mg.</td>
</tr>
<tr>
<td>Suvarnavang (Mosaic gold)</td>
<td>16.2 mg.</td>
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The mode of action of various ingredients is as under:

- **Orchis mascula**: Highly nutritious, acts as tonic in loss of sexual power.
- **Lactuca scariola**: Anodyne, sedative and demulcent.
- **Hydrophiila spinosa**: Acts as tonic.
- **Mucuna pruriens**: Astringent and nerve tonic.
- **Parmelia parlata**: Acts as tonic and is efficacious in spermatorrhoea.
- **Tribulus terrestris**: Diuretic, sexual tonic.
- **Leptadenia reticulata**: A good restorative and tonic; promotes spermatogenesis.
- **Suvarnavang**: An invigorator and rejuvenator.

**Pharmacology:** The action of ‘Speman’ was experimentally studied on the seminal vesicles of guinea-pigs (Ranade, 1956). ‘Speman’ considerably enhanced the contractions produced by a fixed dose of adrenaline, thereby proving that ‘Speman’ produces more complete and powerful contractions of the seminal vesicles.

**MATERIAL AND METHODS**

A series of 62 patients suffering from ejaculatio praecox were taken up for study. Out of these 7 patients could not be followed-up since they were not regular with treatment.

The age group of various patients was as under:

<table>
<thead>
<tr>
<th>Age group</th>
<th>No. of patients</th>
</tr>
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<tbody>
<tr>
<td>25-30</td>
<td>20</td>
</tr>
<tr>
<td>30-35</td>
<td>20</td>
</tr>
<tr>
<td>35-40</td>
<td>10</td>
</tr>
<tr>
<td>40-45</td>
<td>5</td>
</tr>
</tbody>
</table>

This table shows that the majority of patients belonged to the age groups of 25-40 — the sexually active period.
All these patients were thoroughly interrogated regarding their trouble, their personal history and past sexual performance. The onset of the trouble in most cases dated back to 2 months to 16 months. Patients with an occasional complaint or a solitary episode were not included in this study.

Each and every patient was thoroughly examine for the presence of secondary sex characters and for the absence of any organic abnormality. Per rectum examination to exclude piles, fissures and enlarged prostate was done in every case.

The following general instructions were given to the patients:
1. To take a bland diet preferably bulky vegetables with lot of roughage.
2. To avoid alcoholic beverages.
3. To avoid constipation and if present, the same was treated by laxatives.
4. To avoid stimulating sexy literature.
5. Sexual abstinence for a period of 4–6 weeks.

Dosage schedule: Each patient was put on ‘Speman’ 2 tablets three times a day. 
Period of study: The study on each patient lasted for a period of 4-6 months.

RESULTS
Out of the 55 patients thus studied, the results were assessed as under:
Good : Increase in retention power and a completely satisfactory performance of the sexual act.
Fair : Increase in retention power but sexual act, though much improved, not fully satisfactory.
Poor : No or little change.

The results are tabulated below:

<table>
<thead>
<tr>
<th>Response</th>
<th>No. of patients</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>Good (complete relief from symptom)</td>
<td>33</td>
<td>60</td>
</tr>
<tr>
<td>Fair</td>
<td>7</td>
<td>12.7</td>
</tr>
<tr>
<td>Poor</td>
<td>15</td>
<td>27.3</td>
</tr>
</tbody>
</table>

About 50% of the patients improved within two months, the rest took 4-6 months.

This study shows that a majority of the patients, 60% were completely cured while 12.7% showed fair improvement.

In the patients (27.3%) who showed poor response there were some other psychological factors like job-insecurity, poverty, worry, which were hindering the progress.

It is suggested that a trial of ‘Speman Forte’ which, in addition, contains Rauwolfia serpentina (‘Serpina’) may prove more useful in this group which also has psychological problems.

Side effects: No untoward side effects were observed during the period of this trial which lasted for 4-6 months.

DISCUSSION
From the above study it is obvious that ‘Speman’ has been found to be very efficacious and useful in the treatment of ejaculatio praecox, a most distressing sexual malady that leaves the sufferer prostrate with misery.
Sixty per cent of the patients were completely cured while 12.7% showed fair response.

‘Speman’ by its action on the seminal vesicles causes forceful contraction of seminal vesicles and results in complete evacuation thereby acting as a potent decongestant. The thorough emptying of the seminal vesicles helps to increase retentive power thereby contributing to a harmonious, satisfying sexual act.

Moreover, since the burning micturition syndrome is also being attributed to congestion in the prostate and bladder, it is being contemplated to try ‘Speman’ in the treatment of the burning micturition syndrome.

SUMMARY
A study on 55 patients of ejaculatio praecox with ‘Speman’ for a period of 4-6 months showed complete cure in 60% of patients and fair response in 12.7%. This drug has been thus found to be very useful in the treatment of premature ejaculation.

REFERENCES