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Open Access Review Article

Sur'at-e-Inzāl (Premature Ejaculation) and its Management by Unani Medicine

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ABSTRACT

Sur'at-e-Inzāl (Premature Ejaculation) is the most prevalent male sexual dysfunction affecting 25 - 40% global population of men. It is a universal disorder and is independent of age, social or marital status. It has a significant impact on both- patients and their partners, causing distress, anxiety and relationship difficulties affecting the quality of life. Several aetiologies have been proposed by various researchers which are not evidence-based but speculative. Accordingly the International Society for Sexual Medicine (ISSM) issued treatment guidelines for Premature Ejaculation (PE) recommending Serotonergic Antidepressants (SSRIs) and Local Anaesthetics (LA) for its management in modern medicine. However, these treatments were not actually developed for PE, and have limitations associated with their off-label use. Furthermore, nearly all the recommended drugs have a wider spectrum of adverse effects and serious drug interactions which sometimes could be fatal. On the other hand, centuries old Unani medicine offers a complete line of treatment for *Sur'at-e-Inzāl* based on traditional knowledge and experience. Firstly, various single as well as compound Unani formulations have been in use since long for the treatment of *Sur'at-e-Inzāl* and found effective and safe. Secondly, the benefits of herbal and other natural products are increasingly being sighted because of their lesser side effects. Keeping the limitations and adverse effects posed by conventional treatment of PE in mind, an attempt has been made in this paper to review the use of age old Unani System of Medicine for the treatment and management of Premature Ejaculation.

Keywords: *Premature; Ejaculation; Unani; Sur'at-e-Inzāl; Quwwat-e-Masika*

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Introduction

The history of premature ejaculation (PE) is probably as old as human history. Despite the well known history of PE in the 19th and 20th centuries, there is a little information on the history of this disease throughout antiquity and medieval period. PE is mentioned in ancient Greek mythology as *"ejaculation ante portas."* It appears that medieval Unani physicians have mentioned PE in their medical manuscripts for the first time [1]. *Sur'at-e-Inzāl* is an Arabic term consisting of two words; *Sur'at* means hastiness and *Inzāl* means emission of semen, hence the term *Sur'at-e-Inzāl* stands for premature ejaculation. In classical Unani medicine it is defined as a condition in which ejaculation of semen takes place immediately after insertion or during foreplay itself before insertion of penis. Sometimes it occurs merely due to sexual fantasies and even on friction with clothes [2,3]. According to classical Unani literature reproductive functions related to the generation of "*Mani*" or semen (sperm and ovum) depend on *Al Quwa-e-Tanasuliya* (reproductive faculty). However, *Quwat-e-Bah* (Faculty of sexual potency and libido) governs sexual functions and carries the meaning of virility, lust, venereal passion and generative poser. This faculty namely *Quwat-e-Bah* depends upon the overall health and normal functioning of four vital organs viz. brain, heart, liver and testes. Any pathological condition affecting adversely any of these organs results in *Sur'at-e-Inzāl* or premature ejaculation [4]. According to renowned Unani scholar Hakim Ajmal Khan *Sur'at-e-Inzāl* when accompanied by *Zof-e-Bah* (sexual debility) causes embarrassment, distress, relationship difficulties and suicide-attempts in males [5].

PE is the most prevalent male sexual dysfunction according to the results of numerous epidemiological studies [6,7,8,9,10]. Estimating the prevalence of PE is not straightforward due to difficulty in defining what constitutes

clinically relevant PE. Overall, the prevalence rate of PE falls somewhere between 25 and 40% in the global population of men across all age groups [11,12,13]. However, past data on the overall prevalence of PE are varied, in great part due to the lack of prior standardization of the definition of PE and criteria for patient enrolment in epidemiological studies. Some authors have reported prevalence rates as low as 4% and as high as 66% [14,15,16].

Results from the National Health and Social Life Survey (NHSLS), a large study of sexual behaviour in a demographically representative sample of adults in the United States, indicate a prevalence rate of 29%. The NHSLS surveyed 1410 men in the United States between the ages of 18 and 59 years. Similar findings are reported in the more recent Global Study of Sexual Attitudes and Behaviours (GSSAB), a large, survey-based study where the prevalence of common sexual dysfunctions was studied in 29 countries, which were stratified into seven geographic regions. The majority of the prevalence rates reported in these seven regions were very similar to the prevalence rate reported by the NHSLS, with four of the seven regions reporting prevalence rates from 27.4 to 30.5%. One notable exception was that in the Middle East region, a prevalence rate of 12.4% was reported. The highest recorded prevalence occurred in Southeast Asia (30.5%). Men with PE are more likely to report lower level of sexual functioning and satisfaction, and higher level of personal distress and interpersonal difficulty than men without PE. In addition, their partner's satisfaction with the sexual relationship has been reported to decrease with increasing severity of the condition [13].

Definition

WHO describes PE as "the inability to delay ejaculation sufficiently to enjoy love making, which is manifested by either an occurrence of ejaculation before or very soon after the beginning of intercourse or ejaculation occurs in the absence of sufficient erection to make intercourse impossible."

The American Urological Association (AUA) defines it as ejaculation that "occurs sooner than desired, either before or shortly after penetration, causing distress to either one or both partners."

The Second International Consultation on Sexual and Erectile Dysfunction defined PE as '*ejaculation with minimal stimulation and earlier than desired, before or soon after penetration, which causes bother or distress, and over which the sufferer has little or no voluntary control*' [17].

The International Society for Sexual Medicine (ISSM) has adopted a completely new definition of PE which is the first evidence based definition, *"Premature ejaculation is a male sexual dysfunction characterized by ejaculation which always or nearly always occurs prior to or within about one minute of vaginal penetration; and inability to delay ejaculation on all or nearly all vaginal penetrations; and negative personal consequences, such as distress, bother, frustration and/or the avoidance of sexual intimacy"*.

It must be noted that this definition is limited to men with lifelong PE who engage in vaginal intercourse since there are insufficient objective data to propose an evidence-based definition for acquired PE [18].

All definitions have taken into account the time to ejaculation, the inability to control or delay ejaculation, and negative consequences (bother/distress) from PE. However, the major point of debate is quantifying the time to ejaculation, which is usually described by Intravaginal Ejaculatory Latency Time (IELT).The recommended ejaculatory latency time for diagnosing PE has varied in the literature from 1 to 2 minutes or less [19]. Importantly, no widely accepted standard for 'normal' ejaculatory latency exists. However, a recently published study by Patrick *et al* on a large community-based population of men and their partners revealed that the median Intravaginal Ejaculatory Latency Time, recorded using a partner-held stopwatch, was 7.3 minutes for men without PE and 1.8 minutes for men with PE [20,21].

Classification

Premature ejaculation is classified as 'lifelong' (primary) or 'acquired' (secondary). Lifelong PE is characterized by onset from the first sexual experience, remains so during life and ejaculation occurs too fast (before vaginal penetration or < 1-2 min after). Acquired PE is characterized by a gradual or sudden onset following normal ejaculation experiences before onset and time to ejaculation is short (usually not as short as in lifelong PE). In most cases, acquired premature ejaculation is easier to treat and has a better prognosis [22].

Recently, two more PE syndromes have been proposed: *Natural variable* PE is characterized by inconsistent and irregular early ejaculations, representing a normal variation in sexual performance. *Premature-like ejaculatory dysfunction* is characterized by subjective perception of consistent or inconsistent rapid ejaculation during intercourse, while ejaculation latency time is in the normal range or can even last longer. It should be regarded as a symptom or manifestation of a true medical pathology. The addition of these new types may aid patient stratification, diagnosis and treatment, but their exact role remains to be defined [23,24,25,26].

Aetiology and Diagnosis

Most of the proposed aetiologies are not evidence-based but speculative. Psychological theories include the effect of early experience and sexual conditioning, anxiety, sexual technique, the frequency of sexual activity and psychodynamic explanations. Biological explanations include evolutionary theories, penile hypersensitivity, central neurotransmitter levels and receptor sensitivity, degree of arousability, the speed of the ejaculatory reflex and the level of sex hormones [27]. Premature Ejaculation Diagnostic Tool (PEDT) is the most widely used tool for the diagnosis of premature ejaculation. However, there is a low correlation between a diagnosis provided by PEDT and a self reported diagnosis. A recent study reported that only 40% of men with PEDT diagnosed PE and 19% of men with probable PE self reported the condition [28]. A sexual health survey conducted by the Turkish Society of Andrology reported that although the sensitivity value of PEDT was 89.3%, but the specificity value was only 50.5% [29].

Unani Concept

The concept of premature ejaculation as a disease was first described by prominent *Hakim Ismail Jurjani*. Although his predecessor great Unani scholar *Ibn-e-Sina*, addressed a disease *"Kasrat-e-Daura-e-Mani"* (excessive semen gush), some symptoms of which were similar to PE. However, *Jurjani* reported several important points, which were not previously addressed by *Ibn-e-Sina* [1]. Scholars of the late era like *Hakim Akbar Arzani*, *Hakim Azam Khan* etc. advocated the view of *Jurjani* and mentioned numerous "*Asbab-e-Marz"* (pathological causes) which are summarized as follows:

- *Zakawat-e-Hiss* (Hypersensitivity) is the major cause of *Sur'at-e-Inzāl* in which a minor stimulus or sexual thought may provoke ejaculation. It occurs due to *Jalaq* (masturbation), *Aghlaam* (anal-sex), indulgence in excessive intercourse, pornography, sexual fantasies; over use of '*Tila-e-Mulazziz*' i.e. pleasure enhancing lotions etc. [2,5,30,31,32].
- *Zof-e-Quwwat-e-Masika* (debility in retentive power) causes flaccidity of *Auiya-e- Mani* i.e. testicular ducts, vessels, smooth muscles etc. It occurs due to predominance of *Burudat* and *Rutubat* (Cooling & Wetness) in the male reproductive organs because of exposure to cold, wet or moist conditions for long [2, 3, 29,30, 31, 33, 34, 35,36,37].
- *Hiddat-e-Mani* (acuteness of semen) occurs in patients having *Damvi* or Sanguine temperament due to predominance of sanguinous humor. Other causes may include hot climate, jobs dealing with heat, hot inflammations of seminal vessels etc. [2, 3, 30,31, 32, 33, 34, 35, 36,37].
- *Kasrat-e-Mani* (excessive semen volume) either due to abstinence from intercourse for long or over consumption of *Mowallid-e-Mani* (Seminopoietic) substances. This is frequently accompanied with *Ghalba-e-Khilt-e-Dam* (predominance of sanguinous humor). However, it is comparatively a less common cause of *Surat-e-Inzal* [3,5, 30,31, 32, 33, 34,35,36,37].
- *Riqqat-e-Mani* (low viscosity of semen) due to predominance of *Burudat* and *Rutubat* (Coldness & Wetness) in the testicular ducts or vessels. Other causes may include-citrus foods and drinks, excessive coitus, masturbation, nervine debility etc. [2, 31, 32, 34,37,38].
- *Zof-e-Aza-e-Raisa* i.e. debility of vital organs – Heart, Brain, Liver and / or Testes results in premature ejaculation often accompanied with sexual debility *(Zof-e-Bah)* and vice-versa [2, 3, 30,31,32, 33, 34, 35, 36,37].
- *Ittisa-e-Majari-e-Qazeeb* (Dilatation of penile vessels and ducts including Urethra), due to Gonorrhoea, excessive intercourse, catheterization etc. [3, 30,31,32, 33, 35, 36,37].
- Other causes: Anxiety, inexperience, excessive sexual thoughts, guilt associated with masturbation, abnormalities in prepuce, too narrow vagina, renal and bladder stones or injuries, intestinal worms, haemorrhoids, Gonorrhoea etc. [3,5,30].

Tashkhees-e-Marz (Diagnosis)

- In Unani medicine diagnosis of *Sur'at-e-Inzāl* (PE) is based on various sign and symptoms mentioned in the classical text which are summarized in **Table-1** [2, 32,36].

Table-1: Diagnosis based on classical sign and symptoms

Classical Sign and Symptoms	Unani Pathology
Colour of seminal fluid may be white Consistency may be thin without any sign of hotness Quantity of ejaculated semen may be excessive	*Zof-e-Quwwat-e-Masika* (Debility in Retentive power)
Both colour and consistency of seminal fluid may be *Motadil* (normal) Both libido and sexual power may be in abundance Full erection may be present during coitus Intercourse may not result any sluggishness or exhaustion Frequent nocturnal emission may take place Body complexion of the patient may be red History of abstinence from intercourse may be present History of use of *Muwallid-e-Mani* (seminopoietic substance) may be present	*Kasrat-e-Mani* (Excessive semen volume)
Colour of seminal fluid may be yellowish Consistency may be light and thin Burning sensation may take place during ejaculation	*Hiddat-e-Mani* (Acuteness of semen)
Zof-e-Bah (sexual debility) may be present alongwith sign and symptoms of *Zof-e-Aza-e-Raisa* (debility of vital organs)	*Zof-e-Aza-e-Raisa* (Debility of vital organs)
Dilatation of urethra may occur as a result of Gonorrhoea, masturbation and excessive coitus.	*Ittisa-e-Majari-e-Qazeeb* (Dilatation of penile vessels and ducts including Urethra)
If premature ejaculation occurs during intromission	*Zof-e-Quwwat-e-Masika-wa-Istarkha-e-Auiya-e Mani* (debility in Retentive power and flaccidity of testicular ducts/vessels) *Zakawat-e-Hiss* (Hypersensitivity) of genital organs and nerves *Ittisa-e-Majari-e-Qazeeb* (Dilatation of penile vessels and ducts including Urethra)
If premature ejaculation occurs along with erectile dysfunction and decreased libido	*Zof-e-Dimagh* (Cerebroasthenia) *Zof-e-Asaab* (Nervine debility)

Usool-e-Ilaj (Principle line of treatment)

Principle line of treatment in *Sur'at-e-Inzāl* can be set forth in the following manner:

I. To relieve symptoms and signs

a. *Zakawat-e-Hiss* (Hypersensitivity): Oral as well as local use of anaesthetic and sedative drugs [2, 31, 32].

b. *Zof-e-Quwwat-e-Masika* (debility in Retentive power): Oral use of semen retentive drugs and measures [2, 31, 32, 34, 35, 36].

c. *Hiddat-e-Mani* (acuteness of semen): Administration of *Tabreed* either orally or locally with cooling agents [2, 31, 32, 34, 35, 36].

d. *Kasrat-e-Mani* (Excessive semen volume): Oral use of semen reducing drugs and measures [31, 32, 34, 35, 36].

e. *Ghalba-e-Khilt-e-Dam* (predominance of sanguinous humor): Application of *Fasd* with dietary control & other measures [31,32,34,35].

f. *Riqqat-e-Mani* (thin consistency of semen): Oral use of drugs inspissant to semen [31,32,34].

g. *Zof-e-Aza-e-Raisa* (vital organs' debility): Oral use of tonics for strengthening vital organs in particular and body in general [2,31,32,34,35, 36].

h. *Ittisa-e-Majari-e-Qazeeb* (dilated penile vessels): Oral as well as local use of astringents [31,32,36].

II. *Ta'deel-e-Mizaj* (correction of deranged temperament)

Tanqiya-e-Madda / Istafraghat-e-Madda (evacuation of morbid material) via *Fasd* (bloodletting), *Hijamah* (cupping), *Muqqiyat* (emetics) and *Mus'hil* (purgatives) [2,31,32,34,35, 36,37].

III. *Talayyin-e-Shikam* (laxation of bowel)

Mulayyianat (Laxatives) are used in order to correct the constipation induced as a result of *Mughallizat* and *Musakkinat* drugs [2].

IV. Strengthening of *Quwat-e-Mudabbira-e-Badan* (medeatrix nature) via followings: [2,31,37].

- *Tabreed* (Cooling)
- *Tad'heen* (Oil massage);
- *Takmeed* (Hot fomentation)
- *Tila* (Liniment)
- *Dalak* (Massage)
- *Huqna* (Enema)
- *Zarooq* (Syringing)
- *Aabzan* (Sit's bath)
- *Nutool* (Irrigation/pouring of decoction of drugs)

Management

The main principles of treatment in Unani system of medicine include *Ilaj Bil Ghiza* (dieto-therapy), *Ilaj Bit Tadbeer* (regimenal therapy) and *Ilaj Bid Dawa* (pharmacotherapy). All the said principles are recommended for the treatment of *Sur'at-e-Inzāl*. The aim of treatment of the patients with *Sur'at-e-Inzāl* is to delay the ejaculation by achieving voluntary control. Treatment modalities consist of internal and external use of specific drugs for restoration of lost powers, correction of deranged temperament, elimination of morbid humours, and strengthening of organs, muscles and nerves. In addition, a proper regime regarding diet should be followed besides the abstinence from food which aggravates the disease. Various measures of treatment mentioned in Unani literature for the management of *Sur'at-e-Inzāl* can be summarized as under:

I. In case of causative factor being *Zakawat-e-Hiss* (Hypersensitivity) *Mukhaddirat* and *Musakkinat* (Anaesthetic and Sedative) are recommended as main line of drugs.

- Elimination of the causative factors is essential before commencing the drug therapy.
- Deformities of masturbation should be treated with exclusive therapies viz. *Tad'heen* (Oil massage); *Takmeed* (Hot fomentation) and *Tila* (Liniment) in the same order.
- Adequate nourishment must be supplied in order to maintain *Badl-ma-Yathal'lal* (replacement of bodily nutrients). Specific attention should be given towards the improvement of digestion and bowel movements.
- Restoration of health of vital organs viz. Heart, Brain, Liver and Testes is mandatory.
- Various procedures under *Ilaj-bit-Tadbir* have been described to reduce the hypersensitivity such as *Nutool* (Irrigation) over genital organs with Alum water; *Aabzan* (Sitz bath) in cold water; *Zarooq* (Syringing) of *Joshanda Koknar* into Urethral orifice are some extremely useful methods in reducing hypersensitivity [2, 31,32].

II. In case of causative factor being *Zof-e-Quwwat-e-Masika* (debility in Retentive power) *Mumsikat-e-Mani* (Semen retentive) are indicated as main line of drugs.

- *Tanqiya-e-Balgham* (Evacuation of phlegm) either with *Qai* (emesis) or *Is'haal* (purgation) is recommended first before using main line of drugs. *Iyarijat* are exclusively beneficial for phlegmatic purgation. However, *Qai* is preferred if possible.
- Later on semen retentive drugs with *Qabiz –Yabis* properties should be given orally.
- *Dalak* (Massage) with *Tila-e-harra* (hot temperament liniment) e.g. *Roghan-e-Qust*, *Roghan-e-Aas, Roghan-e-Nargis* etc. should be applied at perineum and surroundings [2, 31,32,34,35, 36,37].

III. In case of causative factor being *Hiddat-e-Mani* (acuteness of semen) *Tabreed* (Cooling) is done with *Barid-Ratab* (cold & wet) class of drugs. These drugs may be given either orally, locally or both.

- Elimination of causative factors before commencing drugs is essential in its management.
- If it is due to the predominance of Sanguinous humor *(Ghalba-e-khilt-e-Dam)*; then *Fasd* (Bloodletting) or *Hijamah* (Cupping) should be applied as a first line of treatment before drugs [2,31,32,34,35,36,37].

IV. In case of causative factor being *Kasrat-e-Mani* (Excessive semen volume) *Muqillate / Qaty Mani* (semen reducing) drugs are used to reduce the production of semen alongwith following measures: [31,32,34,35, 36,37].

- *Fasd* (Bloodletting) or *Hijamah* (Cupping) should be applied as a first line of treatment if it is accompanied with *Ghalba-e-khilt-e-Dam* as mentioned earlier.
- If it is because of long abstinence from coitus then frequent intercourse may be advised.
- *Taqlil-e-Ghiza* (dietary control) with restriction of seminopoietic *(Muwallid-e-Mani)* substances is recommended.
- Frequent *Hammam* (Turkish bath), *Riyazat* (exercise) and, sleep-deprivation are also advised in such cases.

V. In case of causative factor being thin consistency of seminal fluid i.e. *Riqqat-e-Mani* (Thin/watery semen) *Mughallizat-e-Mani* (Inspissant to semen) drugs are recommended. Rest of the treatment is similar as described in *Zof-e-Quwwat-e-Masika* [31,32, 34].

VI. In case of causative factor being *Zof-e-Aza-e-Raisa* (vital organs debility) Muqawwiat-e-Azae Raisa drugs (Tonics for vital organs) are indicated for toning up of related organ. Depending upon the weakness of vital organ involved *Muqawwi-e-Qalb* (Cardio-tonics), *Muqawwi-e-Dimagh* (Brain-tonics) or *Muqawwi-e-Jigar* (Liver-tonics) are used in the management.

- *Tadeel-e-Mizaj* (correction of deranged temperament) and *Tanqiya-e-Mawad* (evacuation of morbid material) of vital organs are essential before commencement of *Muqawwiat* drugs [2,31,32,34,35,36,37].

VII. In case of *Ittisa-e-Majari-e-Qazeeb* i.e. dilated penile vessels or ducts including Urethra, *Qabiz* (Astringent) drugs are indicated for oral or local use. Compound formulations e.g. *Majoon Band Kushaad*, *Safoof Band Kushaad* are the drugs of choice for this pathological condition. Causative factors like Gonorrhoea should be treated first before prescribing above drugs [31,32,36].

Ilaj Bil Ghiza (Dieto therapy)

- *Zakawat-e-Hiss* & *Hiddat-e-Mani*: *Aghziya Barida Rataba* i.e. vegetables like Pumpkin, Ridge Gourd, Spinach and Pulses, Rice with Butter milk, Barley water or *Sheera tukhm-e-khashkhaash* etc are recommended. Foods like Meat, Fish, Alcohol, Tea, Spices, red Chillies, citrus and fried items are strictly prohibited.
- *Jalaq*: Simple and easily digestible diet composed of vegetables e.g. Spinach, Pumpkin, Ridge Gourd, and pulses is recommended. Cold and Citrus food items are prohibited. Use of cold water on genitals is harmful in Jalaq.
- *Zof-e-Quwwat-e-Masika* & *Riqqat-e-Mani*: Egg yolk, Honey, bird's meat cooked with Satar, Zeera and Darchini is recommended. *Aghziya Rataba* i.e. foods with high water content e.g. Pumpkin, Ridge Gourd, Spinach and cold, citrus food and drinks must be avoided.
- *Kasrat-e-Mani* & *Ghalba-e-khilt-e-Dam*: *Taqlil-e-Ghiza* (Dietary control) is beneficial only when body's health and strength are adequate. *Muqillate Mani Aghziya* e.g. Beet root, Kahoo, Spinach, Pulses cooked with vinegar, dry Coriander, Mint, Zeera, Satar and Suddab are recommended. *Aghziya Hamiza* e.g. Pomegranate or Tangerine juice or Sikanjbeen should also be added in the diet. Foods containing Meat, dairy products like - Milk or Ghee, Seminopoietic substances and Wine are prohibited [2,31,32,34,35, 36,37].

Ilaj Bit Tadbeer (Regimenal therapy)

Ilaj Bit Tadbeer is basically application of certain special techniques or physical methods of treatment to improve the constitution of body by removing waste materials and improving the defense mechanism of the body. Some therapies are effective in Sur'at-e-Inzāl like:

- ***Hijamah*** (Cupping)

Ḥijāmah is literally derived from an Arabic word '*ḥajm*' which stands for volume, but technically used for "to suck". It is a technique in which a cup is applied over the surface of skin by creating vacuum, and it is known as dry cupping (*Ḥijāmat bilā Shurt*). Sometimes, scarification is done at the location of cupping to draw blood from the body part to relieve internal congestion, and this process is known as wet cupping (*Ḥijāmat bil Shurt)* for evacuation of morbid matter from affected body part. For premature ejaculation wet cupping is recommended in between shoulders and at lower back followed by *Dalak* (massage) with salt containing medicaments [39].

- ***Fasd*** (Bloodletting)

Faṣd is a method of absolute elimination (*Istifrāgh Kullī*), used to remove the excess of humours or to get rid of morbid matter (*Mawād Fāsida*) from the body. In this procedure, an incision is given to the superficial veins and blood is allowed to flow. In premature ejaculation, Basilic vein incision is preferably given if indicated [32,35,37].

- ***Nutool*** (Irrigation)

Nutool is a novel method in which water, oil, or medicated decoction is poured from a height over specific sites of body. It also enhances the local absorption of medicines thus helps in getting the desired action of medicine locally [2, 31].

Ilaj Bid Dawa (Pharmacotherapy)

A number of natural agents were identified to treat different causative factors involved in the disease. Unani scholars classified these natural drugs on the basis of their mode of action. Different class of drugs are indicated in different pathological conditions and sometimes two or more class of drugs are used simultaneously. A large number of drugs, either single or in compound formulations, have been mentioned in the context of the treatment of *Sur'at-e-Inzāl* [2, 40]. Most commonly used drugs are given as under:

I. Mukhaddirat wa Musakkinat (Anaesthatics & Sedatives): These are the agents used to decrease the irritation and burning of nerves, prostrate and vas deferens etc. owing to their febrifuge, anaesthetic and nervine sedative actions [40].

i. Mufradat (Single drugs)

Afyun /Koknar/ Tukhm-e-Khashkhash (*Papaver somniferum* Linn.), Ajwain Khurasani (*Hyoscyamus niger* Linn.), Asrol (*Rauvolfia serpentina* Benth. ex. kurz.), Barg-e-Qinnab (*Cannabis sativa* Linn.), Bazr ul Banj (*Hyocyamus albus* Linn.), Isapghol (*Plantago ovata* Forsk.), Kafoor (*Cinnamomum camphora* Linn.), Kishneez (*Coriandrum sativum* Linn.), Raughan-e- Khar-e-Khasak (*Tribulus terrestris* Linn.), Sandal safaid (*Santalum album* Linn.), Tukhm-e-Kahu (*Lactuca scariola* Linn.), Tukhm-e-Dhatura (*Datura stamonium* Linn.), Shibb-e-Yamani (Aluminium Hydroxide) [2,40].

ii. Murakkabat (Compound formulations)

Majoon-e-Zakawat-e-Hiss, Habb-e-Zakawat-e-Hiss, Safoof Zakawat-e-Hiss, Roghan Zakawat-e-Hiss, Habb-e-Ambar, Habb-e-Filfil, Dawa-al-Shaa', Safoof Asal-us-Soos [2,40].

II. Mumsikat-e-Mani (Semen retentive): These are the agents which obstructs and delays discharge of semen. Such drugs are anaesthetics in action and decrease sensitivity when administered orally or applied locally. In case of hypersensitivity of genital organs simply immersion of genital organs or body up-to umbilicus in decoction of such drugs helps. Generally, in premature ejaculation Mumsik drugs are used but unjustified prolong use of these drugs is harmful for potency. Hence proper interpretation of disease condition with underlying cause should be given before selection of such drugs [40].

i. Mufradat (Single drugs)

Aaqarqarhaa (*Anacyclus pyrethrum* DC.), Abrak (Silicate of Alumina with Magnesia), Afyun (*Papaver somniferum* Linn.), Ajwain Khurasani (*Hyoscyamus niger* Linn.), Azaraaqi (*Strychnos nux-vomica* Linn.), Beejband (*Rumex maritimus* Linn.), Ispand Sokhtani (*Peganum harmala* Linn.), Jast (Zinc), Mochras (*Salmalia malabarica* (DC) Schott & Endl.), Qaranfal (*Syzygium aromaticum* Linn.), Samagh-e-Dhak (*Butea frondosa* Roxb.), Shingaraf (Compound of Mercury and Sulphur), Seemab (Hydrargyrum/Mercury), Tukhm-e-Dhatura (*Datura stramonium* Linn.), Tukhm-e-Qinnab (*Cannabis sativa* Linn.), Tukhm-e-Tamar Hindi (*Tamarindus indica* Linn.), Usrub (Plumbum/Lead), Utangan (*Blepharis edulis* Pers.) [2,40].

ii. Murakkabat (Compound formulations)

Majoon Khabsul Hadeed, Majoon Muqawwi Mumsik, Majoon Falak Sair, Majoon Jalali, Majoon Ispand Sokhtani, Majoon Nakchikni , Itrifal Kishmishi, Kushta Qalai , Kushta Usrub, Habbe Mumsik , Habbe Nishat , Habbe Khush Kaif, Habbe Shingraf, Habbe Joz Masal, Habbe Keemyae Ishrat, Roghan Qust, Roghan Nargis, Roghan Zafran [2,40].

III. Mughallizat-e-Mani (Inspissant to semen): These are the agents used to increase the thickness of semen and delay the discharge. All Mughallizat-e-Mani are Musakkin (Sedative) in action [40].

i. Mufradat (Single drugs)

Asgand (*Withania somnifera* Linn.), Asrol (*Rauvolfia serpentina* Benth. ex. kurz.), Beejband (*Rumex maritimus* Linn.), Isapghol (*Plantago ovata* Forsk.), Lodh Pathani (*Symplocos racemosa* Roxb.), Musli Safaid (*Chlorophytum arundinaceum* Baker.), Musli Siyah (*Curculigo orchioides* Gaerth.), Samagh-e-Dhak (*Butea frondosa* Roxb.), Sataawar (*Asparagus racemosus* Willd.), Shaqaaqul Misri (*Pastinaca secacul* Linn.), Talmakhaana (*Asteracantha longifolia* Nees.), Tukhm-e-Kahu (*Lactuca scariola* Linn.), Tukhm-e-Siras (*Albizia lebbeck* (Linn.)Willd.), Tukhm-e-Tamar Hindi (*Tamarindus indica* Linn.) [2,40].

ii. Murakkabat (Compound formulations)

Kushta Qalai, Kushta Jast , Kushta Nuqra, Kushta Sadaf, Kushta Post Baiz Murgh, Kushta Musallas, Kushta Seh Dhata (Musallas), Majoon Mughalliz, Majoon Arad Khurma , Majoon Mochras , Majoon Supari Pak, Majoon Nakchikni, Laboob e Kabir, Safoof Salab, Safoof Gond Kateera , Safoof Kushta Qalai, Safoof Saboos-e-Ispghol, Safoof Mughalliz [2,40].

IV. Muqawwiat-e-Azae Raisa (Tonics for vital organs): These are the agents which strengthens the four vital organs viz. Heart, Brain, Liver and Testes. For treating the disease it is essential to treat the weakness of these organs through the use of specific Cardio-tonics, Brain-tonics, Liver tonics and Spermatogenics depending upon the cause [40].

i. Mufradat (Single drugs)

Aamla (*Emblica officinalis* Gaertn.), Oood Hindi (*Aquilaria agallocha* Roxb.), Chobchini (*Smilax china* Linn.), Gaajar (*Daucus carota* Linn.), Gaozaban (*Borago officinalis* Linn.), Gul-e-Ward (*Rosa damascena* Mill.), Jadwar (*Delphinium denudatum* Wall.), Marwareed (Mytilus margaritiferus), Mushk (Moschus moschiferus), Post Turanj (*Citrus medica* Linn.), Qust (*Saussurea lappa* (Decne) Sch.-Bip.), Rudanti (*Cressa cretica* Linn.), Zaafran (*Crocus sativus* Linn.), Zahar Mohra (Bezoar stone), Zamarrud (Emerald) [2,40].

ii. Murakkabat (Compound formulations)

Majoon Maroohul Arwah, Khamira Abresham Arshad Wala, Khamira Marwareed, Dawul Misk, Tiryaq e Farooq, Hareerah Muqawwi Dimagh, Majoon Muqawwi Dimagh, Majoon Falasfa, Khamira Gaozaban Ambari Jawahar, Habbe Ambar Momiyai, Jawarish Jalinoos, Kushta Khabsul Hadeed , Kushta Mirgang, Habbe Kabid Naushadri Khas, Anushdaru [2, 40].

V. Mulaiyanat (Laxatives): Musakkinat and Mughallizat-e-Mani drugs generally cause constipation; therefore laxatives are always given alongwith these drugs. Isapghol (*Plantago ovata*), Murabba Halela (*Terminalia chebula*) and Itrifal Mulayyin are some of them [2,40].

Conclusion

It may be concluded that ancient Unani physicians were aware of the disease premature ejaculation. Based on their knowledge and experience they deviced a complete management plan and successfully treated the disease using natural agents. In recent years great emphasis has been laid on the utilization of natural agents in the management of various diseases due to harmful effects posed by the synthetic drugs. Therefore, this centuries old natural way of treatment must be explored further to provide an alternative and better treatment for premature ejaculation.

Conflicts of interest

The authors have no conflict of interest.

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