Safūf-i Aslussūs: A time-tested polyherbal formulation for the management of Premature Ejaculation- A comprehensive review

Waish Ahmad 1, Javed Inam Siddiqui 2, Mohammed Abdul Rasheed Naikodi 3, Qamrul Islam Usmani 4

1 Assistant Professor, Department of Ilmul Advia (Pharmacology), Yunus Fazlani Unani Medical College & Al-Fazlani Unani Hospital, Aurangabad, Maharashtra, India
2 Professor, Department of Ilmul Advia (Pharmacology), National Research Institute of Unani Medicine for Skin Disorders, Hyderabad, Telangana, India
3 Research Assistant (Chemistry), National Research Institute of Unani Medicine for Skin Disorder, Hyderabad, Telangana, India
4 Assistant Professor, Department of Ilmul Advia (Pharmacology), Inamdar Unani Medical College and Hospital, Sedam road, Gabarga, Karnatuka, India

Abstract

Premature Ejaculation (PE) is the most prevalent male sexual complaint worldwide. The ability to control the timing of ejaculation is very important to get pleasure and to maintain the couple's sexual health. PE is believed to have a multifactorial etiology which mainly includes psychogenic and biogenic factors. Currently available conventional drugs are based on mere assumptions and their use in PE is considered off-label as they have not been approved by the regulatory bodies. On the other hand, Unani System of Medicine has a holistic approach to the prevention and treatment of diseases and provides a line of treatment for PE which is mainly focused on the internal and external use of specific drugs for the restoration of lost powers, elimination of morbid humor and strengthening of organs, muscles, and nerves. In classical Unani literature, PE/Sur'at-i-Inzāl is described in detail under the heading of Anmūz-i-Bāh. In the series of drug therapy a polyherbal Unani formulation, Safūf-i Aslussūs mentioned in different Unani Pharmacopoeias for the management of PE, and Spermatorrhoea is widely prescribed and recommended for a long time by Unani physicians and it is a time-tested drug. This manuscript is an attempt to summarize scientific studies in support of the claim made by Unani physicians regarding Safūf-i Aslussūs.

Keywords: Safaofi Aslussus, Surat-i-Inzol, Premature ejaculation, Unani System of Medicine

INTRODUCTION

The sexual act is an imperative biological need and an important component of quality of life. It is a kind of intimate expression of love and it cannot be avoided for the propagation of the human race. Human sexuality is believed to be a multidimensional phenomenon that possesses biological, psychological, behavioral, clinical, moral, and cultural aspects. One of the defining aspects of human sexuality is to get pleasure, so men need to control ejaculation to enhance their own and their partner's joy fulfillment. In the evolution of human sexuality, one of the most important features is the ability to control the timing of ejaculation to get pleasure and maintain the couple's sexual health. Premature Ejaculation (PE) is the most prevalent male sexual complaint. Numerous epidemiological studies suggest that PE has an estimated prevalence of approximately 20% to 30% across all reproductive age groups of the global male population. Male sexual dysfunction leads to psychological stress and loss of self-esteem, which results in significant adverse effects on the quality of life, of both the patient and the partner. International Society of Sexual Medicine defines PE as "a male sexual dysfunction characterized by ejaculation that always or nearly always occurs before or within one minute of vaginal penetration, and the 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". PE can be classified as either a primary/lifelong condition (present since the first sexual experience) or a secondary/acquired condition that develops later after an interval of normal sexual function.

Currently available conventional therapies for PE are based on mere assumptions and it includes selective serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants (TCAs), and topical anesthetic agents. However, these medications were usually prescribed to treat other medical disorders like depression or erectile dysfunction, and their use in PE is considered off-label as they have not been approved by the regulatory bodies for the treatment of PE. It results in adverse side effects associated with their use, such as decreased libido, impotence, erectile dysfunction, reduced ability to express feelings, dizziness, fatigue, headache, etc. Hence there is an essential need to search for alternate treatment options which have a high rate of efficacy and should be devoid of side effects. A holistic
approach incorporating psychotherapy and pharmacotherapy is considered the best approach for the management of PE.

**MATERIAL AND METHODS**

The literature on Premature ejaculation and Safāf-i Aslussās was searched from the Urdu translation of the classical books such as Zakhira khwarzam shahi of Ismail Jurjani, Al-mukhtarat fit Tib of Ibn Hulb, Jame Al-Aksir; Qarabadeen Qadri, Qarabadeen Majedi, Ijlaul Amraz and Bayaz Kabeer, Al Jamul Mufradat Al Advia Wal Aghzba of Ibn al Baitar; Muheet Azam of Hakeem Mohammad Azam Khan, Khazainul Advia of Najmul Ghani, etc., Published works available on PubMed, Science Direct, and Google Scholar were referred to collect all the available information regarding the title using key word ‘Safāf Aslussās’, ‘Premature ejaculation’, ‘Surat-i-inzāl’ between 1996 AD to 2023 AD. Standard Unani Medical Terminology published by Central Council for Research in Unani Medicine in collaboration with the World Health Organization was used to write the appropriate Unani terminologies.

**RESULT**

**Factors responsible for Premature Ejaculation**

The pathophysiology of PE is not well understood and it is believed to have a multifactorial etiology that includes “psychogenic” and “biogenic” factors. Psychogenic causes include anxiety, an unpleasant early sexual experience, infrequent sexual intercourse, and poor ejaculatory control techniques. Biogenic causes include penile hypersensitivity, hyper-excitability ejaculatory reflex, hyper-arousability, endocrinopathy, genetic predisposition, and 5-hydroxy tryptamine (5-HT) receptor dysfunction. 5-HT is the major neurotransmitter involved in the process of ejaculation and inhibits the ejaculation reflex. Thus, a low level of 5-HT or the 5-HT receptor hypersensitivity leads to PE.

**Unani System of Medicine (USM) and Premature Ejaculation**

USM has a holistic approach to the prevention and treatment of diseases that covers the physical, mental, and spiritual dimensions of an individual’s health. In classical Unani texts, Surat-i-Inzāl are dealt with in detail under the heading of Amrāz-i-Bāh (sexual disorder). Surat-i-Inzāl, an Arabic term is derived from two words; Surat means hastiness, and Inzāl means the emission of semen, hence the term Surat-i-Inzāl stands for premature ejaculation. USM widely explains the management of sexual disorders including PE. Numerous pathological causes of PE are mentioned viz., hypersensitivity (Zakhāwat-i-Ḥiss), debility in retentive power (Duṣ′i-i-Quwwati-Masika), the low viscosity of semen (Riqqat-i-Man), the acuteness of semen (Hidrat-i-Man), excessive semen volume (Kabrat-i-Man), debility of vital organs (Duṣ′i-i-ʿAḏā Rūsā), dilation of penile vessels and ducts including urethra (Ittisāh-i-majārī-i-Qaẓāb), etc. Other causes may be hot climate, working in hot conditions, inflammations of seminal vessels, etc.

**Management of Premature Ejaculation**

The goal of management of PE is to delay ejaculation by achieving voluntary control. The line of treatment/Usūool-i-lāj for PE consists of internal and external use of specific drugs for restoration of lost powers, correction of deranged temperament, elimination of morbid humor, and strengthening of organs, muscles, and nerves. There are several single and compound formulations mentioned in the literature for the management of PE. Some of them are Aṣfūn (Papaver somniferum L.), Ajwain Khurasani (Hyoscyamus niger L.), Isapghol (Plantago ovata Forsk.), Kafūr (Cinnamomum camphora L.), Kishneez (Coriandrum sativum L.), Tukhm Kāhū (Lactuca sativa L.), Tukhm Dhatu (seeds of Datura stramonium L.), Roghan Khar Khazak (Trifolium terresris oil), Sandal safaid (Santalum album L.), etc. In addition to the above-mentioned single drugs, there are some compound formulations used effectively in the treatment of PE like Majun Mughalliz (Majun: a semi-solid dosage form of the compound drug), Majun Piraz, Majun Jalali, Majun ASPand, Majun Mumamik, Ḥabb Mumamik, Qurs Jiryan, Sharbat Khashkhash, Safāf Aslussās, Safāf Beejband, Safāf Aṣghand, Safāf Sāilān, Safāf Māqh Kanzwil Gatta, and Safāf Thalīb. Safāf-i Aslussās, is one of the classical polyherbal Unani formulation that possesses beneficial effects for PE and widely prescribed for a long time by Unani physicians.

**Safāf (Powder)**

Safāf is the powdered form of medicinal preparations made by powdering and mixing crude ingredients of formulations. Other names for Safāf are Phanki and Churan but Churan is the specific term for the powder which is used for the digestion of foods. The powder is the first polyherbal dosage form used in the history of medicine. Aristotle has been credited for the discovery of this dosage form. Because of the greater specific surface area of powders, this dosage form disperses and dissolves more readily than compacted dosage forms.

**Safāf-i Aslussās**

Safāf-i Aslussās is a polyherbal powder preparation mentioned in different Unani Pharmacopoeias (Qarābādīn) for the treatment of PE and spermatorrhoea. In Qarābādīn-i-Majādī and Qarābādīn-i-Hamdard, Safāf-i Aslussās is mentioned as comprising six ingredients described in Table 1. In Al-Qarābādīn and Ijla-ul-Amraz the same formulation (in the same proportion as in Qarābādīn-i-Majādī and Qarābādīn-i-Hamdard) is mentioned without any specific name of formulation simply written as Safāf-i-deegar (other powder) for the treatment of spermatorrhoea and PE. In Al-Qarābādīn another formulation with the title of Safāf-i Aslussās comprising three ingredients is mentioned for the treatment of respiratory disorders like asthma, cough, etc. In Bayāz-i-Kabīr, Safāf-i Aslussās for the treatment of PE is mentioned with only five ingredients as described in Table 2. This formulation is devoid of Tukhm Kāhū. For the management of spermatorrhoea and PE, a similar formulation but devoid of Tukhm Suddāb as described in Table 1 is mentioned in Qarābādīn-i-Qādīr.
Preparation method of Safūf-i Aslussūs

According to Unani pharmacopeias, Collect the ingredients of pharmacopeial quality; dry under shade, remove any physical impurities or foreign matter present in them, and take in the prescribed amount. Ground the main ingredient Aslussūs after the process of peeling off the external root bark (Aslussūs Maqasshar). Prepare the powder of the remaining ingredient separately. Mix the powder of ingredients to obtain a uniform mixture then sieve through 80 mesh size and store in an airtight glass container.

Safūf-i Aslussūs have been reported for diverse actions, therapeutic uses, doses, and modes of administration as in Unani pharmacopeias which have been used for a long span for premature ejaculation (Sur’at-i-Inzāḥ), spermatorrhoea (Jarayān-i-Manī). The dose of the formulation ranges from 5 - 12g as a powder with suitable Badraqa (vehicle) like lukewarm water or milk. The details of Safūf-i Aslussūs is given in Table 2.

The detailed information about the ingredients of Safūf-i Aslussūs and its proven pharmacological studies are summarised in Table 3, which mainly reflects the efficacy of its actions towards various diseases.

Table 1: Composition of Safūf-i Aslussūs classified in various Unani Pharmacopoeias

<table>
<thead>
<tr>
<th>S. No</th>
<th>Botanical Name</th>
<th>Qarābādīn-i-Majdī, Al-Qarābādīn, Ilaaj-ul-Amrāz &amp; Qarābādīn-i-Ḥamard</th>
<th>Bayāz-i-Kabīr</th>
<th>Qarābādīn-i-Qâdri</th>
<th>Al-Qarābādīn</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Glycyrrhiza glabra L.</td>
<td>Aslussūs</td>
<td>50 g</td>
<td>Aslussūs</td>
<td>24</td>
</tr>
<tr>
<td>2</td>
<td>Rosa damascena Herm.</td>
<td>Gule Surkh</td>
<td>130 g</td>
<td>Gule Surkh</td>
<td>24</td>
</tr>
<tr>
<td>3</td>
<td>Vitex negundo L.</td>
<td>Tukhm Sambhālu</td>
<td>130 g</td>
<td>Tukhm Sambhālu</td>
<td>24</td>
</tr>
<tr>
<td>4</td>
<td>Ruta graveolens L.</td>
<td>Tukhm Suddāb</td>
<td>130 g</td>
<td>Tukhm Suddāb</td>
<td>24</td>
</tr>
<tr>
<td>5</td>
<td>Punica granatum L.</td>
<td>Gule Anār</td>
<td>100 g</td>
<td>Gulinār Fārsī</td>
<td>24</td>
</tr>
<tr>
<td>6</td>
<td>Lactuca sativa L.</td>
<td>Tukhm Kāhū</td>
<td>75 g</td>
<td>-</td>
<td>Tukhm Kāhū</td>
</tr>
<tr>
<td>7</td>
<td>Foeniculum vulgare Mill.</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>8</td>
<td>Sugar</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Therapeutic Uses: PE, Mode of Administration: Respiratory Disorder.

Table 2: Details of Safūf-i Aslussūs mentioned in different Unani pharmacopeias

<table>
<thead>
<tr>
<th>Pharmacopoeias</th>
<th>Actions</th>
<th>Therapeutic Uses</th>
<th>Dose</th>
<th>Mode of Administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qarābādīn-i-Majdī</td>
<td></td>
<td>Premature ejaculation (Sur’at-i-Inzāḥ), Spermatorrhoea (Jarayān-i-Manī), and Hypersensitivity (Zakāwat-i-Hiss)</td>
<td>5 g</td>
<td>Orally with 250 ml lukewarm milk or water in the morning</td>
</tr>
<tr>
<td>Al-Qarābādīn</td>
<td></td>
<td></td>
<td>10.5 g</td>
<td>Orally with 250 ml lukewarm milk or water in a divided dose</td>
</tr>
<tr>
<td>Ilaaj-ul-Amrāz</td>
<td></td>
<td>Spermatorrhoea</td>
<td>10.5 g</td>
<td>Orally with Sharbat-i-Bazoor in a divided dose</td>
</tr>
<tr>
<td>Qarābādīn-i-Ḥamard</td>
<td></td>
<td></td>
<td>5 g</td>
<td>Orally with 250 ml lukewarm milk or water in the morning</td>
</tr>
<tr>
<td>Bayāz-i-Kabīr</td>
<td></td>
<td>Premature ejaculation, Spermatorrhoea, and Hypersensitivity</td>
<td>12 g</td>
<td>Orally with Sharbat-i-Bazoor in a divided dose</td>
</tr>
<tr>
<td>Qarābādīn-i-Qâdri</td>
<td></td>
<td></td>
<td>10.5 g</td>
<td>Orally with 250 ml lukewarm milk or water in a divided dose</td>
</tr>
</tbody>
</table>
### Table 3: Properties of ingredients of Saffu-f-I Aslussus in Unani medicine and their scientific studies

<table>
<thead>
<tr>
<th>Ingredients</th>
<th>Vernacular</th>
<th>Afa’al (Pharmacological actions)</th>
<th>Dawai Iste’māl (Therapeutic Uses)</th>
<th>Pharmacological Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>English-Sweet wood Liquorice</td>
<td>Mulayyin-i-Amā’ (Laxative), 22,23,26-29</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hindi-Mulethi</td>
<td>Muqawwāwi-i-Aṣāb (Nerve tonic), 22, 25, 26, 28, 29</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Persian-Bekh-e-Mahak</td>
<td>Mundayj-I-Akhālīti-Ghalizah (Conactive of viscous humour), 25, 26, 28, 29</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sanskrit-Yashitmadhhu</td>
<td>Muqawwāwi-i-Bāh (Apiphrosis), 23, 25, 26-29, 29 Dāf-i-Khashunat-I-Halaq (Removes throat irritation), 22, 25, 25, 26 Musakkin-I-‘Aṣāh (Relieves thirst), 23, 25, 26, 28, 29 Kāsīr-I-Riway (Carminative), 25,26,28,29</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tamil-Atimadhuram</td>
<td>Mudirr-i-Hayd (Emmenagogue), 22, 26-29</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Telugu-Yashitmadhukan</td>
<td>Mudirr-i-Bawl (Diuretic), 22,23,26-29, 29 Mulaṭṭif (Demulcent), 22,23,27 Ḩul (Detergent), 28,29</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tukhm Saddāb</td>
<td>Arabic-Subu-dāb</td>
<td>Majajīfī (Descicant), 25,28 Qābīd (Astringent), 25,28 Muqajjīf-I-Manī (Semen desicator), 25,26,28-30 Qāṭī’-Bāh (Anaphrosiasi), 22,23,25,26,30 Ḩāḍīm (Digestive) 23,25,26,29 Madirr-i-Hayd, 22,23,25-30 Mudirr-i-Bawl, 22,23,24,26,30 Kāsīr-I-Riway, 25,26,28,30</td>
<td>Waram al-Khusyayn (Orchitis), 22,28,30 Ḩulāb al-shu’āb (Bronchitis), 28 Nqāris (Gout), 26,29 Sūdā (Headache), 25, 26, 29,30</td>
<td>Anti-inflammation, 64 Analgesic, 64 Antioxidant, 65 Enzyme inhibitory, 66 Anti-cancer, 67 Anti-bacterial, 68,69 Anti-filarial, 70 Anti-fungal, 71 Anxiolytic, 72 Liver, 73 Hepatoprotective, 74 Antiinflammatory, 75 Estrogenic, 76 Immunomodulatory, 77</td>
</tr>
<tr>
<td></td>
<td>Bangla-Title</td>
<td>Tukhm (Indigestion), 23 Ḩulbās-I-Tamth (Amenorrhea), 22,23,25,26,30</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>English-Garden Rue</td>
<td>Tukhm (Indigestion), 23 Ḩulbās-I-Tamth (Amenorrhea), 22,23,25,26,30</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hindi, Persian and</td>
<td>Ḩulbās-I-Tamth (Amenorrhea), 22,23,25,26,30</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sanskrit-Sadapaha</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tamil-Arveda</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Telugu-Sadapaka</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tukhm Sambhālu</td>
<td>Arabic-Sambhalu</td>
<td>Qābīd, 22,23,27 Mulaṭṭif, 28,29,30 Muhallī, 26-29 Musakkin-Saddāb, 22,28 Mudirr-i-Hayd, 22,26,30 Mudirr-i-Bawl, 22,26,28,30 Mulaṭṭif 28,30 Qāṭī’-Bāh (Antiseptic), 28,29</td>
<td>Waram al-Khusyayn (Orchitis), 22,28,30 Ḩulāb al-shu’āb (Bronchitis), 28 Nqāris (Gout), 26,29 Sūdā (Headache), 25, 26, 29,30</td>
<td>Anti-inflammation, 64 Analgesic, 64 Antioxidant, 65 Enzyme inhibitory, 66 Anti-cancer, 67 Anti-bacterial, 68,69 Anti-filarial, 70 Anti-fungal, 71 Anxiolytic, 72 Liver, 73 Hepatoprotective, 74 Antiinflammatory, 75 Estrogenic, 76 Immunomodulatory, 77</td>
</tr>
<tr>
<td></td>
<td>English-Five-leaved chaste tree</td>
<td>Wajal-I-Mafāṣṣiḥ (Polyarthritic), 22,24,26,27, Nqāris (Gout), 26,29 Sūdā (Headache), 25, 26, 29,30</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hindi-Nirgandi</td>
<td>Wajal-I-Mafāṣṣiḥ (Polyarthritic), 22,24,26,27, Nqāris (Gout), 26,29 Sūdā (Headache), 25, 26, 29,30</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Persian-Panjkīsh</td>
<td>Wajal-I-Mafāṣṣiḥ (Polyarthritic), 22,24,26,27, Nqāris (Gout), 26,29 Sūdā (Headache), 25, 26, 29,30</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sanskrit-Nirguni</td>
<td>Wajal-I-Mafāṣṣiḥ (Polyarthritic), 22,24,26,27, Nqāris (Gout), 26,29 Sūdā (Headache), 25, 26, 29,30</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tamil-Nirkundī</td>
<td>Wajal-I-Mafāṣṣiḥ (Polyarthritic), 22,24,26,27, Nqāris (Gout), 26,29 Sūdā (Headache), 25, 26, 29,30</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Telugu-Sindhuvaruma</td>
<td>Wajal-I-Mafāṣṣiḥ (Polyarthritic), 22,24,26,27, Nqāris (Gout), 26,29 Sūdā (Headache), 25, 26, 29,30</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**
- The table lists the properties of the ingredients of Saffu-f-I Aslussus in Unani medicine and their scientific studies.
- Each ingredient is listed with its vernacular names and its pharmacological actions.
- The table also includes the therapeutic uses and pharmacological studies associated with each ingredient.
**DISCUSSION**

Unani System of Medicine has a rich legacy of efficacious drugs in sexual disorders, which is supported by many preclinical and clinical types of research on scientific parameters. Mostly the drugs have not reported any adverse effects in preclinical and clinical studies. Therefore, Unani medicine can offer the necessary, affordable, and effective management of a wide range of sexual disorders. USM has developed definite practical principles to prepare polyherbal formulations containing multiple ingredients affecting synergistically such as acting on different targets, affecting bioavailability, reducing adverse effects and altering drug metabolism, etc.

The concept of premature ejaculation as a disease was first described by Ismail Jurjani in his book *Zakhira Khwawzam Shahi* and mentioned the four causes of PE as excessive semen volume (*Kathrat-i-Man*), the low viscosity of semen (*Riqqat-i-Man*), debility in retentive power (*Du'j-i-Qawwat-i-Masika*) and acuteness of semen (*Hiddat-i-Man*). According to Ibn Hubal, the cause of acquired or secondary PE is *Sūr-i-Mizāj Hār* (hot morbid temperament) of testicles, kidneys, or whole body. He has mentioned that sometimes the cause of PE is a predominance of coldness (*burūḍat*) and wetness (*ruṣābat*) which leads to the weakening of reproductive organs. He also mentioned that lifelong or primary PE has no cure. Unani scholars of the recent era like *Hakim Akbar Arzani, Hakim Azam Khan*, and others encouraged the view of Ibn Hubal and Ismail Jurjani and stated a few other causes which include hypersensitivity (*Zakawāt-i-Hiss*), dilation of penile vessels and ducts including urethra (*Ittisā'-i-Mafjar-i-Qazīb*), anxiety, excessive sexual thoughts, the guilt associated with masturbation, abnormalities in prepuce, etc.

As there are many factors involved in the etiology of PE, consequently the management of PE is a multimodal. Unani scholars suggested different treatment modalities like *Ilāj Bil Ghizāt* (diet-o-therapy), *Ilāj Bil Tadbīr* (regimental therapy), and *Ilāj Bil Dawā* (pharmacotherapy) for the management of PE. For diet therapy *aqzīa barida ratba* and an easily digestible diet are used; cupping. Bloodletting, massage, and irrigation are recommended in regimental therapy. In pharmacotherapy different single and compound, drugs are recommended according to the causes of PE. If hypersensitivity and acuteness of semen are the cause of PE, anesthetic, febrile, and sedative drugs are recommended as the main line of drugs. In *Sarfāt-i Aslausās*, the ingredients like *Takhm Kahu*, *Aslusoo*, *Gul Sørk*, and *Gul Anār* decrease the irritation
and burning of nerves, prostate and vas deference, etc. Due to their anesthetic, febrifuge, and nerve sedative properties. If the cause is debility in retentive power and low semen visosity, ingredients like Tukhm Suddah, Tukhm Kahu, Tukhm Samhhalu, Gul Anar, and Gul Surkh obstruct and delay the discharge of semen by their semen desiccatior action. If the causative factor is excessive semen volume, ingredients like Tukhm Kahu, Tukhm Samhhalu, and Gul Surkh are beneficial due to their Qāṭiʻ-i-Mani property. In dilution of penile vessels, astringent’s action ingredients viz. Gul Anar, Gul Surkh, Tukhm Suddah, and Tukhm Samhhalu are supportive to overcome the cause.\textsuperscript{11,13,25-30} The formulation Safā‘ī-i Aslussās has poly herbal single drugs in different compositions that cover most of the causes defined by the Unani scholars and exhibit their efficacy synergistically towards the treatment of premature ejaculation. Hence, it is recommended for the management of PE for a long time by Unani physicians.

**CONCLUSION**

*Safā‘ī Aslussās* is one of the Unani pharmacopoeial formulations mentioned in many official Unani Pharmacopoeias. It is widely prescribed and recommended from a long time by Unani physicians for the management of Premature ejaculation andpermatorrhoea, so it is a time-tested drug. However, more scientific studies and clinical trials are needed on this compound formulation to ensure its scientific validation for clinical use in patients. Hence, the compiled data on the drug in this review can be used to design further scientific studies.

**Acknowledgements**

The authors are thankful to the Director General, CCRUM, New Delhi, and Director In charge, NRIUMSD, Hyderabad for providing necessary facilities and their constant encouragement at all stages. The authors are also thankful to the library facilities of the National Research Institute of Unani Medicine for Skin Disorders, Hyderabad for providing the required books and journals.

**Declaration of competing interests**

The authors declared that no competing interests exist.

**REFERENCES**


