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Holistic Concept & Management of Male Sexual Disorders in Integrative Unani Medicine

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Abstract

Sexual medicine or sexology is a multidimensional field that encompasses a wide variety of sexual dysfunctions and their management by counseling, sex therapy, and drugs. It is very difficult to know the actual prevalence of sexual problems in India. It is estimated that 5 –15% of persons of reproductive age group suffer from sexual disorders or have unsatisfactory sexual relationships. The most common sexual disorders include erectile dysfunction, ejaculatory disorders, impotency, infertility, dyspareunia, lack of libido, etc. in middle-aged and elderly people. The principal etiological factors responsible for sexual dysfunction are psychological factors (like ignorance and misunderstanding about sex, relationship problems, poor self-esteem, adverse circumstances, fear, depression, sexual myths, performance anxiety, etc.) and physical factors (like abnormality of genital organs, its blood supply or nerve supply, endocrine disorders, like diabetes mellitus, thyroid or pituitary dysfunctions). In the Unani system of medicine, there is a treasure of literature available on sexual disorders including their etiology, pathogenesis, and management in classical Unani books. Erectile dysfunction is synonymously described as Zoafe bah which includes Zoafe Shehwat, Ananat, Surate Anzaal, etc. Modern medicines offer various treatment options for erectile dysfunction depending on the cause. Nowadays viagra (sildenafil) is widely used for erectile dysfunction but it causes several adverse effects on the body, especially on the heart. Fortunately, Unani medicine provides a very effective treatment for male sexual disorders. The overall management of erectile dysfunction is divided into three phases, phase 1st – use of Musakkinat wa Mubarridat, phase 2nd – use of Muqaviat Aasab wa Muqaviat Badan, and phase 3rd – use of Muharrikaat for local as well as oral application. Moreover, improvements in digestion, adequate nutrition, maintenance of hygiene, avoidance of constipation, etc. are very essential in the management of male sexual disorders.

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INTRODUCTION

Sexual medicine (sexology) is a multidimensional field that encompasses with variety of sexual dysfunctions and their management by counseling, sex therapy, and drugs. It is estimated that 5–15% of people in the reproductive age group suffer from sexual problems or have dissatisfactory sexual relationships. It is difficult to know the actual prevalence of sexual disorders in India and there are very few experts in the field of sexual medicine (sexologists). The aim of reproduction in all animals is the perpetuation of the race. However sexual relationships are carried out for three

reasons, viz., procreational-for having children (adults), recreational-for having fun (young and middle-aged), and relational-for maintaining the relationship with a loved person (middle and elderly) [1, 2].

CLASSIFICATION OF SEXUAL PROBLEMS

- *Pre-puberty:* Precocious puberty, hypogonadism, inter-sex disorders
- *Puberty:* Delayed puberty
- *Adolescence:* Dhat syndrome, erectile dysfunction, ejaculatory disorders, dyspareunia, infertility, non-consummation of marriage.
- *Middle-aged and elderly:* Erectile dysfunction, ejaculatory disorders, lack of libido, dyspareunia.
- Sexual problems may be primary (when the person has a sex problem right from beginning) or secondary (when the person has developed the problem after normal functioning for some time) [3].

Aetiolgy

The causes of sexual diseases include psychological factors, physical factors, sexual myths, drugs, and common sexual anxiety including size and shape of penis (08–12 cm) (average), viscosity of semen (thick and thin), duration of intercourse (30 sec–3 min), performance anxiety, etc.

Diagnosis

Like any other medical problem, diagnosis is done through history taking, examination, and investigations

1. *Detailed history:* Besides routine history taking, a few important points should be emphasized, like details of sexual intercourse, pre/extra-marital relations (PMR/EMR), homosexual encounters and blue film viewing (BFV), sex myths in relation to masturbation, menses, sex intercourse, pregnancy, h/o drug consumption for any illness, etc.
2. *Physical Examination:* Both partners should be examined in detail to exclude any physical genital abnormalities (congenital or acquired), presence of any other chronic disorders, like tuberculosis, diabetes mellitus, hypertension, etc. or their complications should be looked for.
3. *Investigations:* Complete hemogram, urine analysis blood sugar, lipid profile, LFT, RFT, special investigation-semen analysis, hormonal assay, pelvic scan, etc. [4].

MANAGEMENT

The treatment of all sexual diseases is done in two phases, i.e., nonspecific treatment and specific treatment.

Non-Specific Treatment

- Psychological treatment for the removal of doubts, fears, and sex myths.
- Explanation based on normal anatomy and physiology of male and female reproductive systems.
- Counseling behavior therapy, like hypnosis, relaxation therapy, and couple therapy.
- Assertive training, desensitization therapy, surrogate therapy.
- PLISSIT (permission, limited information, specific suggestions, and intensive therapy).

Specific Treatment

Depends on a particular disease [5].

Common Sexual Disorders

- *Dhat Syndrome:* (nocturnal emission, Kasrate ehtelam, jiryane mani): It is one of the most common disorders found in adolescents and young men. It is a culture-bound syndrome seen in India, but it has neither been mentioned nor discussed in Western medicine. The word “DHAT” has been derived from Dhatu (Sanskrit-semen). It is commonly seen in young unmarried men from rural areas who c/o various types of body aches /pains, general debility, anorexia, disturbed sleep, lack of concentration, depression, etc. They attribute their problem to seminal loss in urine or at night

(NE) it has been basically due to a wrong belief that semen is a precious fluid and its loss in urine has been responsible for many psychosomatic symptoms. Its treatment includes reassurance of the patient (psychotherapy), use of Unani antidepressants, tranquilizers, placebos, like multivitamins, and Musakkinat-both local and systemic.

Ejaculatory Disorders

- *Premature Ejaculation (Surate inzal):* It is used when a man, unable to exert voluntary control over the ejaculatory reflex, reaches orgasm very quickly once aroused. American Psychiatric Association has defined PME as follows, "as persistent or recurrent ejaculation with minimal sex stimulation, or before, upon or shortly after penetration and before the person wishes it. Epidemiologically PME is the commonest complaint in sex clinics in India. In a general population survey, this disorder is seen in around 15–20% of the population".

Aetiology

1. *Psychological Causes:* Faulty early experience, anxiety, fear.
2. *Organic Causes:* Neurological, local prostatitis or urethritis.
3. *Drugs:* Antidepressants, antipsychotics.

In the Unani system of medicine, the causes of PME are decreased quwate masika due to baroodat wa ratoobat, excess sperm and dominance of blood, harrate wa hiddate mani, dilatation of seminal vesicles and weakness of vital organs.

Clinical Presentation

The patient (man) complains that his ejaculation is very fast, i.e., even before the insertion or immediately after insertion. He complains of impotence, dissatisfaction, and non-enjoyment of coitus in both partners. It may be associated with guilt, anxiety, or depression in males.

Treatment

1. *Non-Specific Measures*
2. *Specific Measures:* Squeeze technique, stop and start technique, drugs, like Clomiparmine, propanolol, etc.

In Unani Medicine, use of musakkinat, mubarridat, moghalizat advia, such as Tukhme khurfa, humaaz, kaho, sandal, khaskhas with sharbat khaskhas, etc. Locally in the form of natool and decoction (post khashkhash, phitkari mahlool). The commonly used drugs are Qurse Jiryan, Habe Mumsik, Majoon Mumsik wa Mugaliz, Safoofe Beejband. A clinical trial has proved the efficacy of Sufoofe asalasos (morning) & Sufoofe molif (evening) 5 grams each and another study has proved the effect of Sufoofe asalasos 5gr (morning) & khusta qalai + majoon salab 6gr (evening) in the management of PME [6, 7].

Anejaculation

Ejaculatory incompetence, dry run, non-ejaculation: An inability to ejaculate within the vagina despite a firm erection and relatively high levels of sexual arousal is called an ejaculation. It is mostly due to psychological trauma fear of pregnancy, -ve attitude towards sex in childhood.

Treatment

Sex counseling, use of erotic materials and vibrators for sex stimulation.

Oral ephedrine 30 mg is effective for its treatment.

Retrograde Ejaculation

In this disorder, the semen enters the urinary bladder during coitus. The diagnosis is confirmed by the detection of sperm in urine immediately after intercourse.

Retarded Ejaculation

It is the opposite of PME.

Frigidity (Zoaf Bah)

This is characterized by deficiency, lack or loss of sexual desire or activity, or hypoactive sexual desire. The person lacks desire but may be able to enjoy sex when it happens. Its prevalence increases with age and is said to be present in about 10% of the population

Erectile Dysfunction (ED)

ED or impotence is defined as an inability to achieve and or maintain an erection of sufficient firmness to accomplish successful intercourse. Zoafe bah is a very broad term in Unani system of medicine. When a person is completely incapable of performing a normal sexual function/activity, it is known as "anna, annanat or namardi". If there is a partial loss of this function, it is called zoafe bah. It may include flaccidity, failure of complete erection, and loss of sexual power or ejaculation prior to an adequate interval of time [6, 7].

Classification

Zoafe bah is broadly classified into two types:

a. *Zoafe bah asli* (primary sex debility): Due to defects or weakness of genital organs.
b. *Zoafe bah shirki* (secondary sex debility): genital organs are normal but unable to perform normal functions due to diseases of other organs.

Epidemiology

ED affects about 10–20% of middle-aged and elderly men. Primary ED is quite rare and is seen in less than 1% of the population. Secondary ED is much more common and accounts for 85–90% of patients. In the Massachusetts Male Aging Survey (MMAS), a community-based survey of men between the ages of 40–70, 52% reported some degree of ED. Complete ED occurred in 10%, moderate ED in 25%, and minimal ED in 17%. The incidence is higher in males with certain medical disorders, like diabetes mellitus, hypertension, heart diseases, and decreased HDL level.

Patho-Physiology

Normal male sexual function requires 4 phases, viz., an intact libido (sexual desire), ability to achieve and maintain penile erection, ejaculation, and detumescence.

ED results from 3 basic mechanisms i,e. failure to initiate, failure to fill, and failure to store adequate blood within the lacunar network resulting from vasculogenic factors, neurogenic factors, endocrinologic factors, and psychological factors.

Vasculogenic Factors

The most important cause of ED is a disturbance of blood flow to and from the penis. Atherosclerotic/traumatic arterial disease can decrease flow to the lacunar spaces resulting in decreased rigidity and an increased time to full erection [8, 9].

Neurogenic Factors

The disorders that affect the sacral spinal cord or the autonomic fibers to the penis preclude the nervous system relaxation of penile smooth muscles thus leading to ED. Spinal cord injury, multiple sclerosis, peripheral neuropathy (DM/alcoholism), pelvic surgery.

Endocrinologic Factors

Hyperprolacttnaemia, DM (due to vascular/neurological comp), pituitary/hypothalamus/thyroid/adrenal diseases.

Psychological Factors

Fear of sex inadequacy, ignorance about sex and its physiology, anxiety about the shape and size of organs, performance anxiety, anxiety due to PME, marital disharmony, hostility towards spouse, guilt about masturbation, NE. psychiatric disorders: anxiety, depression, schizophrenia.

Medicated Relations

It accounts for 25% of men.

Antihypertensive (beta blockers, cc blockers, ACE inhibitors), diuretics (thiazides)

Cardiac/antihyperlipidemic (digoxin, clof), Antidepressants (lithium, tricyclic), Tranquilizers (phenothiazines), H2 Antagonists (rantidine, cemetidine), cytotoxic drugs, hormones, alcohol, opoids, cocaine, marijuana, etc.

Miscellaneous Causes

Infections, mumps, filariasis, heart diseases, CRF, cirrhosis of the liver, Peyronie's disease, Klinefelter syndrome.

In unani medicine there are two main causes of zoafe bah, zoafe shahwat (decreased sex desire) and istarkhae qazeeb (weakness of penis).

Zoafe shahwat is attributed to the following factors: zoafe badan wa qilate ghiza, Qilate mani (oligospermia), Sakoon wa jamood mani, Alcoholism, Abstinence from coitus, psychological factors, like shyness, anxiety, fear, hatred for spouse, religious stigma and diseases of vital organs, diseases of stomach, intestine, kidney, etc.

Istarkhae Qazeeb occurs due to zoafe badan, abstinence from coitus, paralysis- paraplegia, Soae mizaj of lower extremities, and excess use of quwate bah- most common cause which results due to excess coitus, masturbation, illicit relationships, homosexuality, etc. According to Great Unani scholar Ibne Sina, the causes of zoafe bah lies at five places, viz., penis, testes/seminal vesicles, vital organs, lower limbs and organs adjacent to genital parts.

Clinical Presentation

Many patients c/o vague symptoms, lack of sexual enjoyment, and inability to have adequate erection for coitus. Wives or sex partners of these pts. are dissatisfied but hardly any of them express their displeasure to their spouses. A significant no. of them visits the doctor for infertility or non-consummation of marriage.

May be associated with other sex problems, like ED, PME, etc. [10, 11].

Diagnosis

Complete medical and sexual history, drug and surgical history, physical and systemic examination, examination of genital organs, and neurological examination.

Investigations

Routine Tests

Specific tests, like semen analysis, hormonal assay (PL, testosterone), nocturnal penile tumescence (NPT), vascular testing-penile Doppler, neurological testing, and psychological diagnostic tests [12].

Parameters of Normal Semen Analysis

- *Volume:* >2 ml.
- *Ph.:* 2–7.8.

- *Sperm conc.*: 20,000000 spermatozoa/ml.
- *Motility:* >50%.
- *Viability:* >50% live.
- *Morphology:* >50%.
- *Leucocytes:* <1000000/ml.
- *Total zinc:* >2.4 micromol/ejaculate.
- *Total fructose:* >13 micromol/ejaculate.
- *Total citric acid:* >52 micromol/ejaculate.

Terms Related to Semen Analysis

- *Normospermia:* normal sperm quality.
- *Aspermia:* no ejaculate present.
- *Azoospermia:* no spermatozoa in ejaculation.
- *Oligospermia:* <20,000000/ML.
- *Asthenospermia:* low-sperm motility.
- *Teratospermia:* <50% morphology.

MANAGEMENT

Psychological Treatment

Counseling of patient and his spouse, reassurance, and sex therapy – in-session discussion and at-home exercises.

Medical Treatment

a. *Oral Agents:* Sildenafil is the only approved and effective oral agent (dose:15–100 mg, onset of action: 60–90 mint). Its side effects include headache, facial flushing, dyspepsia nasal congestion, altered color vision, etc. Contraindications include congestive heart failure, coronary heart disease, hypotension, hypovolaemia, Pts. on nitrate and antihypertensives.
b. *Androgen Therapy*: Testosterone replacement therapy is used for both primary and secondary causes (dose: 200–300 mg, in injection weekly).
c. *Vacuum Constriction Devices (VCD):* Non-invasive therapy, drawing venous blood into the penis and using a constriction ring to resist venous return and maintain tumescence.
d. *Intraurethral/Intracavernosal Injections of Vasoactive Agents and Prostaglandins:* Alprostadil is effective in 70–80% of patients, with ED. (dose: 125–1000 microgram (intra urethral), 1–40 microgram (intra cavernosal).
e. *Surgical Intervention*: Implantation of a semi-rigid or inflatable penile prosthesis.

Management in Unani Medicine

Unani medicine provides a very effective treatment for male sexual disorders. The comprehensive management includes both psychotherapy and pharmacotherapy. The actual principles of its treatment encompass the following measures:

Treat the cause, maintain normal digestion and normal bowel habits, avoidance of constipation and stress, follow the principles of personal hygiene, proper care of the body, daily exercise, and intake of balanced diet: Treatment is divided into three phases [13]:

First stage – (Tabreed Wa Taskeen- Sedation)

Use of musakkinat, mubarridat, moghalizat advia, like afiun, post khashkhash, bhang, ajwain khurasani, asrol, etc. for local as well as systemic use. Local application in the form of natool and decoction (post khashkhash).

Second Stage – (Taqwiat- Potentiation)

Use of muqawwi bah (aphrodisac), such as single drugs, like talmakhana, toodri, behmen, moosli, salaab, shaqqaqul misri, beejband, tukhme konch, moochras, kanwal gatta, tukhme sambaloo, tukhme

otungan, singhada, ghule dawa, etc. Compound formulations, like Majoon Salab, Majoon ard khurma, Majoon aspand, Laboob kabeer, Majoon moomai, Kushta sumalfar, Habe Ahmar, etc.

Third Stage – (Tehreek – Stimulation)

Use of muharrikat (stimulants) for both local and systemic use, which are in fact muhammir and jazibe khoon advia that increases, the local blood circulation. Locally these drugs are used in the form of Takmeed, Dalk, and Tila, like tilae surkh, tilae mahai, tilae Khas, Roghane Kharateen, etc. Orally compound formulations, such as Jawar seen, Habe ahmar, Alahmar, majoon lina, habe azaraci, Majoon Salab, Majoon falasfa, etc. [14, 15].

CONCLUSIONS

It is concluded that in the Unani system of medicine, there is a treasure of literature available for sexual disorders including their etiology, pathogenesis, and management in classical literature. Management of sexual disorders is one of the potential areas of Unani medicine. The actual therapeutic methodology in sexual medicine is based on a holitic approach that includes the use of psychotherapy, diet-therapy, and pharmacotherapy (both oral as well as tropical). Unani physicians have been treating sexual disorders in an effective manner since antiquity. There is a treasure of Unani drugs both single herbs and compound formulations being used for the management of erectile dysfunction, premature ejaculation, oligospermia, azoospermia, etc. which are being validated scientifically through clinical and animal studies.

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