THERAPY

SEX PROBLEMS TREATED WITH INDIGENOUS DRUGS

Ву

N. C. BHARGAVA

Sex is a dominating force in life. Various renowned workers in the field of human psychology have based their theories on sex data. It is a single motivating factor very useful in human behaviour and reactions.

Knowledge of sex is not easily available. It finds almost no place in the teachings on health education and even in the well-planned curriculum of a modern medical student. When a patient consults a doctor for his real or imaginary sex complaints, the doctor finds himself ill-fitted to the task, his own background and knowledge insufficient. It is woefully true that people have very poor sex knowledge. There is considerable disparity between the supposed normal and real normal standards.

Careful physical examination for and clinical assessment of any somatic or toxic causes of sexual deficiency, the need for restoring the patients' self-confidence, besides persuation and dissuation are very essential. Effective help must be given to these patients.

The main sex complaints are the supposed effects of masturbation, premature ejaculation, poor or defective erection or a variable degree of sex weakness. On examination of semen oligozoospermia or azoospermia may be detected. Various degrees, grades and shades of impotence may be detected. There may be associated neurosis, anxiety complex, psychosis or physical disease. There may be psychic dislike, lack of erection, ejaculatio praecox, absence of ejaculation or lack of a feeling of pleasure in orgasm. There may be no interest in coitus, a limited interest, limited libido and a variable degree of lack of sex gratification. Sexual weakness is one of the commonest problems among young persons sometimes closely linked with emotional upsets and problems.

Sex being an important motivating force in life and a very useful one it was decided to study and observe the effect of certain known indigenous preparation-speman, spemen forte, tentex, tentex forte and himcolin in the treatment of various sex disorders. Eighty patients of different age groups were studied for various complaints referrable to sex.

Table I shows the agewise distribution. Out of sixty patients 53 were between 20 and 40 years of age.

| TABLE I Age Group | | | | | |
|----------------------|-----|-----|--|--|--|
| 1-20 Years | •• | 5 | | | |
| 21–30 ,, | •• | 35 | | | |
| 31–40 " | • • | 18 | | | |
| 41–50 ,, | • • | 2 | | | |
| 51 & above | | nil | | | |

TABLE II

Table II shows the distribution of patients according to various complaints.

| Nocturnal emission | 5 | |
|-----------------------|----|--|
| Premature ejaculation | 30 | |
| Defective erection | 21 | |
| Oligozoospermia | 23 | |
| Azoospermia | 1 | |

- I Speman contains Orchis macula, Lactua scariola, Hygrophila spinosa, Mucuna pururiens, extracts of Parmelia parlata, Argyreia speciosa, Tribulus terrestris tnd Leptadenia reticulata, Suvarnavang.
- 2 Speman forte contains Rauvolfia serpentina in addition to speman.
- 3 Tentex forte is a non-hormonal seed stimulant containing musk, saffron, yohimbine hydrochloride, purified nux vomica, makardhwaj, shilajeet, orchis mascula, anacyclus psyrethrum, withania somnifera, sida cordifolia, bombax malabaricum, argyreia speciosa, mucuna pruriens and swarnamakshik bhasma.
- 4 Himcolin is a cream for local use for men.

Nocturnal emission:

There were 5 cases in this group. After thorough physical examination they were advised speman forte tablets 2 t. d. s. for one. All patients responded very favourably and there was no further complaint of nocturnal emissions.

Premature ejaculation:

There were 30 cases of premature ejaculation of varying degree. They showed no physical defects. Speman forte 2 tablets t. d. s. were given for one to 3 months. All responded very well to the trentment and their duration in time and performance improved remarkable.

Importence and Defective erection:

There were 21 cases in this group. They were administered speman 2 tablets t. d. s., tentex forte 2 tablets b. d. for a period of three to six months. A satisfac-

tory response was obtained in 16 patients. Himolin cream was used locally and all cases responded.

Oligozoospermia:

There were 23 cases in this group. Physical examination revealed no abnormality. They were given speman tablets 2 t. d. s. and tentex 1 tablet b. d. for 3 months to 6 months. Fourteen patients showed improvement in count, motility and morphology of sperm.

Azoospermia:

There was one case and he was administered Speman 2 tablets t. d. s. for 6 months and he showed no response.

No toxic side effects in any of the above cases treated with speman, speman forte, tentex or tentex forte tablets were observed.

TABLE III

Results

| | | No. of cases | Number Improved | Percentage of Improved | |
|-----------------------|---|--------------|--------------------|--------------------------------------|--|
| Nocturnal emission | | 5 | 5 | 100% | |
| Premature ejaculation | | 30 | 30 | 100% | |
| Defective erection | | 21 | 16 | 80% | |
| | | | 21 | 100% when Himcolin added to therapy. | |
| Oligozoospermia | · | 23 | 14 | 60% | |
| Azoospermia | | 1 | Nil | 0% | |

The above study clearly shows that the indigenous preparations speman, speman forte, tentex, tentex forte and himcolin are very useful drgus in the therapy of various sex complaints and their use brings about salutary response in a large number of cases.

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