PREMATURE EJACULATION — THE EFFECTS OF A COMBINATION OF ANTICHOLINERGIC AND TRIFLUOPERAZINE

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SUMMARY

Premature ejaculation is defined as the inability to control the ejaculation for a sufficient length of time during intravaginal containment to satisfy the partner in at least 50% of coital connections. Seminal emission and ejaculation is considered to be under the influence of autonomic stimulation and the concurrent release of cerebral inhibition. Factors affecting the autonomic as well as the psychogenic influences may be interrelated in ejaculation. A study was conducted on 382 married patients complaining of premature ejaculation. A combination of isopropamide and trifluoperazine was given to every patient., Significant number (302 patients) reported satisfaction in more than 50% coital connections with improvement in the duration of intercourse. The product studied in this presentation has both anticholinergic and tranquilizing effects on the autonomic and central nervous system presumably involved in the process of ejaculation.

INTRODUCTION

Seminal emission is the expression of semen into the posterior urethra, while ejaculation is the expulsion of semen from the urethra. The phenomenon of seminal emission, ejaculation and orgasm occur almost simultaneously and under the control of both autonomic and central nervous systems. Both sympathetic and parasympathetic fibres have been shown coursing from the pelvic plexus and extending to the prostate, penis, seminal vesicles and urinary bladder.[1-3]

Ejaculation may occur even in the absence of penile stimulation indicating also the influence of psychogenic aetiology, i.e, erotic fantasy.[4]

The exact stimulus of emission and ejaculation is not known. However, it may be the sum of autonomic stimulation and the concurrent release of cerebral inhibition.[5]

Premature ejaculation is not always psychogenic. However, factors affecting the autonomic as well as the psychogenic influences may be interrelated in ejaculation. Hence, a study on the effects of a combination of an anticholinergic and a tranquillizer "isopropamide" is presented.

MATERIAL AND METHODS

The study was conducted on 382 patients with the age range 27 to 48 years. All patients were married. Young unmarried patients were not included in the study. Married patients complaining of premature ejaculation with persons other than the wives were also not included. 41 patients were twice married and their complaint of premature ejaculation was related to both partners. Most of the patients with this complaint were otherwise physically healthy. Patients suffering from diabetes, hypertension or on drugs for some other disease were

not included. Each patient was given the chance of freely expressing the nature of his problem. They were encouraged to use simple terms in their own language and to avoid indirect expressions as "my semen is thin"., "I am weak" and "I have backache after coitus". They were asked to tell the duration of intercourse in minutes which was less than 3 minutes in any of the patients. None of the patients was able to note the orgasmic satisfaction of his wife.

A combination product of isopropamide and trifluoperazine (stelabid 1 mg) twice a day was given to every patient and advised to report at one month and three months intervals. An explanation of orgasmic satisfaction of the wife was also given to each patient so as to know the success or failure of treatment.

Post treatment, the number of coital actions were recorded. The duration of coitus was noted in minutes. The results were rated as 0 (zero), S (satisfactory) and E (Excellent).

RESULTS

42 patients reported failure of treatment and they were rated as 0 (zero) group. No cause of failure was ascertained in these patients. Although there was improvement in minutes duration of coitus, they were not satisfied with the treatment.

302 patients reported satisfaction in more than 50% coital connections. Their post treatment coital duration improved (9 to 25 minutes) and more than 50% patients noted their partner's orgasmic satisfaction. Only 70 patients were verbally told by their wives that they had satisfaction with the act. This shows the lack of sexual communication and verbal expression in between the married partners in our society.

Post treatment result was excellent (E) in 38 patients. They reported that their wives now play active role in sexual contacts and most of them have now become aggressive in sex with their husband. This shows that orgasmic satisfaction of the female is necessary to be achieved with the treatment of her male partner.

DISCUSSION

Masters and Johnson defined premature ejaculation as "the inability to control the ejaculatory process for a sufficient length of time during intravaginal containment to satisfy his partner in at least fifty percent of their coital connections".[6] Because of the involvement of many factors, definitions presented so far cannot be considered precise. However, diagnosis of premature ejaculation may be made when ejaculation regularly occurs before vaginal penetration or within a matter of second after penetration. It can be related to an early sexual experience when rapid ejaculation occurs as a release of sexual tension with little or no satisfaction of the sexual partner.

The causes of premature ejaculation are also vague like its definition. The sexual partner's orgasmic potential, the length of time of coital foreplay and the interval between the sexual acts are the factors influencing the process of ejaculation. This must be kept in mind that an occasional intercourse with different partners under different conditions of stress resulting in early emissions and ejaculations cannot be defined as premature ejaculation. As earlier mentioned by Masters and Johnson[6] at least fifty percent failure in coital connections between "regular sexual partners" is to be kept in mind. Young unmarried males complaining of the disease need no treatment except sex education on the subject.

However, sex counselling in our part of the world is totally different due to social, cultural and religious constrains. Moreover, many physicians and patients shy away from questions concerning human sexuality.

Interviewing the patient's wife or other regular sexual partner is as important as

interviewing the patient. However, this cannot be expected in our day to day practice. The stop start technique described by Semans[1] and the squeeze technique followed by mount dismount technique are excellent procedures to improve the coital time.

However, these procedures are based on instructions given to the female partner, hence are not practiceable due to limitations mentioned earlier. Our experience is limited only to treat the male partners. Sex education is mostly less important to them as they expect only to be treated with drugs.

Medication with monoamino-oxidase (MAO) inhibitors[7] or topical anaesthetics[8] are less effective and usually cause diminished sexual sensations and diminished pleasure. Other methods ranging from the use of distracting thoughts during intercourse to various types of medications have also proved less effective. Androgens and other hormones in ejaculation incontinence are contraindicated and the effect is similar as to prescribe diuretics in urinary incontinence. The problem is not that of diminished harmonal secretion but is that of the continence of the products of hormonal excretion.

The purpose may by achieved with the product presented in this study. The product has both anticholinergic and tranquillising effects on the autonomic and central nervous system involved in the process of ejaculation. However, further studies are needed with an emphasis on the experiences and feelings of the female sexual partners.

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