

## Premature ejaculation: A comparative analysis between yoga and stop-start method

Makwana JJ, Patil PJ

### ABSTRACT

**Background:** Premature ejaculation during sexual intercourse is a curse to the marital bliss affecting individuals of all spheres of life. Mankind's continual quest for its remedy posed a challenge to the modern medical man.

**Aim:** The study was undertaken to compare the effectiveness of yoga & start & stop technique for correcting premature ejaculation.

**Material and Method:** The present study was carried out among 30 males between 30-45 years in the physiology department of a Medical College in Jalgaon, Maharashtra. The participants were divided into two groups; one group was trained about techniques of relevant yogic exercises and pranayama, while the other was imparted stop-start technique during sexual intercourse and the results compared.

**Result:** Mean Intravaginal ejaculation latency time of the participants undergoing yogic exercise and pranayama increased from  $73.87 \pm 7.3$  sec to  $125.6 \pm 3.9125$  sec ( $p < 0.05$ ); whereas it increased from  $73.4 \pm 4.3$  sec to  $97.1 \pm 3.9$  sec in group following 'stop & start technique' (95% CI in between 56.01 to 47.46 sec).

**Conclusion:** The duration of sexual act was substantially increased with the practice of yogic exercise and Pranayama compared to stop and start technique.

**Key words:** yoga, premature ejaculation, intravaginal ejaculation latency time

### INTRODUCTION

Premature ejaculation (PE) is the most-prevalent sexual problem in men. Domains of PE include shortened intravaginal ejaculatory latency time (IELT), poor perceived control over ejaculation, decreased satisfaction with sexual intercourse, and personal distress and interpersonal difficulty related to ejaculation. Recently, IELT is being used as a tool to characterize PE. It is the time between the start of vaginal intromission and the start of intravaginal ejaculation. According to this, men in age group of 18-30 year on an average have IELT of six and a half minutes.<sup>1</sup> The IELT of less 2 minutes is suggestive of PE.<sup>2</sup>

Various treatments have been developed to increase control over the moment of ejaculation, with two of the most frequent techniques used in behavior therapy being the squeeze method developed by Masters and Johnson (1970) and the stop-start technique described by Semans (1956).<sup>3,4</sup>

Stop-start method aims to teach men to experience their own sexual arousal more clearly

and control it. In a first step, the man masturbates and then stops masturbating shortly before the critical threshold, the point of no return. Further stimulation is avoided (stop signal) until he returns to a notably lower level of arousal. Then sexual stimulus is renewed. The patient repeats the stop-start steps until he manages a certain degree of control over his arousal.<sup>4</sup>

On the other hand, the causal relationship between psychology and PE is well established.<sup>5</sup> Regular Yoga exercises produces complete physical, mental relaxation and shifts the autonomic balance from sympathetic nervous system to parasympathetic nervous system.<sup>6</sup> Yoga, particularly, the Kundalini Yoga is thought to be helpful in having controlled and joyful sexual life.<sup>7</sup> Pranayama, a yogic breathing exercise, though is primarily practiced with the purpose of regulating breathing, inhibiting modifications of mind, obtaining emotional stability, improving efficiency of brain, also can bring the autonomic nervous system under volitional control.<sup>8</sup> We aim to compare the effect of yoga, with stop-start technique on PE and to find out the best

acceptable method in terms of result and time spent on exercises for PE.

## MATERIAL AND METHODS

It is a comparative study consisting of 30 subjects having complaints of PE in the age group of 30-45 years to compare the effectiveness of yoga and stop-start technique. The subjects visited the psychiatry department of a Medical College in Dhule, Maharashtra and were diagnosed as suffering from premature ejaculation by using the criteria mentioned in DSM-IV and Premature Ejaculation Test suggested by Premature Ejaculation experts.<sup>9,10</sup> Once diagnosed, the subjects were referred to the Department of Physiology of the same organization with their spouses where the study was carried out. Ethical committee clearance was obtained. An informed consent was obtained from the selected subjects. Detailed medical, family, economical, personal, sexual and dietary history of the selected PE subjects was obtained. The subjects with medical & physical disorder, with history of smoking, substance abuse and alcohol consumption were excluded from study. The selected subjects were separated on the basis of age and then randomly divided in two equal groups, A and B. Out of 15 subjects in group A 5 subjects were in the range of 30-35 years, 4 subjects were in the range of 36-40 years and 6 subjects were in the range of 41-45 years whereas in group B, 4 subjects were in the range of 30-35 years, 5 subjects were in the range of 36-40 years and 6 subjects were in the range of 41-45 years. This division helped in minimizing the effect of age on duration of sexual act.

After explaining the aim of the study, couple were explained together the method of recording IELT and were given the stop watch. The base line values were noted and then the subjects were evaluated quantitatively on the scale of 5. The scale for male partner was rated depending on control on ejaculation on the basis of IELT. IELT of less than 30 sec was taken as very poor; IELT between 30 to 60 sec- poor; between 60 to 90 sec-adequate; between 90 to 120 sec- fair; and IELT of 120 sec or more was taken normal.<sup>2</sup>

The subjects in group A were trained for yoga (pranayama and asanas) for one month. The different yoga asanas and Mudra practiced were: Yoga Mudra, Supta Vajrasana, Matsyasana, Paschimotasana, Shalabhasana, Naukasana, Hastapadasan, Trikonasana, Ashwini Mudra and Pranayama. After training of one month the subjects were told to perform these asanas daily for about 30-40 minutes for a period of two months at home in a quiet surrounding. They were instructed to perform 5 rounds of each asanas followed by 10 minutes of pranayam.

Participants in group B were taught the correct way to perform stop-start technique before each sexual act for a period of three months.

The results obtained were statistically analyzed using SPSS software.

## RESULTS

**Table 1.** IELT before and after yoga and stop-start technique

	Group A (n=15)		Group B(n=15)	
	Before yoga	After yoga	Before stop-start technique	After stop-start technique
Minimum IELT (sec)	65	121	67	93
Maximum IELT (sec)	88	133	81	102
Mean IELT $\pm$ SD (sec)	73.87 $\pm$ 7.3	125.6 $\pm$ 3.9	73.4 $\pm$ 4.3	97.1 $\pm$ 3.9
Rating	Adequate	Normal	Adequate	Fair

**Table 1** shows the comparison of IELT in group A (before and after yoga training) and group B (before and after the practice of Start-Stop technique). The mean IELT of the participants in group A before yoga training was 73.87 $\pm$ 7.3 seconds (range 65 to 88 sec) which corresponded to adequate ejaculatory control. Following yoga training of 3 months, the average IELT in group A subject increased to 125.6 $\pm$  3.9 seconds which corresponded to normal ejaculatory control. The results were statistically significant ( $p < 0.05$ ). The mean difference in group A showed a rise of 51.7 sec with 7.72 sec standard deviation. The difference obtained was statistically highly significant by paired t test (table 2), having 95% CI in between 56.01 to 47.46 sec.

**Table 2.** Paired Samples Test

	Paired Differences		S.E. Mean	95% CI of the difference		t	df	Sig. (2-tailed)
	Mean	S.D.		Upper	Lower			
Group A before - Group A after-	51.73	7.72	1.99	56.01	47.46	25.94	14	.000
Group B before - Group B after	23.73	7.6	1.96	27.94	19.52	12.09	14	.000

On the other hand the average IELT in group B before practicing stop-start technique was  $73.4 \pm 4.3$  seconds which corresponded to adequate ejaculatory control. After 3 months of practice of stop-start technique the average IELT increased to  $97.1 \pm 3.9$  seconds which corresponded to fair ejaculatory control. The results were statistically significant ( $p < 0.05$ ). There was a statistically significant improvement of IELT of 23.73 sec with S.D. of 7.76 seconds.

## DISCUSSION

The result obtained thus implies that though both the groups showed improvement in IELT, yoga had much more beneficial effect in controlling the ejaculation and thus prolonging the IELT.

It is well known that the stressed and uneasy mind causes lower ejaculatory threshold resulting in premature ejaculation. Remaining relaxed is perhaps one of the most essential preconditions for a harmonious sex life. Yoga relaxes the mind as well as the body. The beneficial effect of yoga on PE observed in present study matches with the earlier study done by Dhikav V et al.<sup>11</sup>

The start-stop technique did increase the IELT but it was less than that achieved by group A. The stop-start technique involves 4 important points: knowing the point of no return, not trying to hold back, learning when to stop, and learning to be patient.<sup>4</sup> It requires a great deal of individual and couple compliance which most find difficult to execute.

Thus the couples in Group A were benefitted the maximum. The couples in group B though experienced the increase in sexual pleasure; the level of excitement in terms of satisfaction was lower than those experienced by group A and did not reach the degree of climax.

The most important reason for PE is a psychological stress and un relaxed mind. So any remedy or treatment that can relieve the stress, and relax the mind and body would be more beneficial in countering PE.

## CONCLUSION

The present study shows that Yoga brings an individual in a relaxed state, which helps in improving his sexual performance. Yoga and pranayama have been known to have a quietening and calming influence on the brain and thus is very helpful in prolonging the ejaculation time. It is found to be more effective than the conventional 'start and stop' technique methods.

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## AUTHOR NOTE

Jayant J. Makwana, Professor & Head, Contact – 09833743682,

E-mail:jayant9@hotmail.com,

**(Corresponding Author)**

Department Of Physiology, R D Gardi Medical, Agar Road, Surasa, Ujjain, Madhya Pradesh

Prashant J. Patil, Assistant Professor

Department of Physiology, Shri Bhausaheb Hire Medical College, Dhule, Maharashtra

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