

Conceptual Analytical Study on Shukragatavata (Premature Ejaculation) -A Review

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Submitted: 20-05-2022

Revised: 28-05-2022

Accepted: 31-05-2022

ABSTRACT: -

Premature ejaculation (PE) is a common male sexual disorder that is frequently ignored, resulting in an unmet therapeutic need. Premature Ejaculation (PE) is defined as ejaculation before the completion of satisfactory sexual activity for both partners. 'Shukragatavata' is a pathological entity of Ayurveda similar to premature ejaculation. The present article is aimed to find out various formulations or practices available in ancient Indian erotic literature and Ayurveda. Ayurvedic management of premature ejaculation consists of, various herbal and Herbo-mineral formulations, external applications over lower abdomen or all over the body, wearing different amulets made by herbs, psychotropic herbal drugs for reducing performance anxiety, various techniques elaborated in ancient Indian erotic literature to fasten the orgasm in female partner and also use of ShukraStambhaka drugs to improve control over ejaculation. Psychotherapy and Vasti is an important panchakarma procedure and an ideal choice in the management of premature ejaculation.

Keywords- Premature Ejaculation, Shukragatvata, Manas, Psychotherapy.

I. INTRODUCTION: -

Although PE was reported in the medical literature years back in 1887, its first acceptable clinical definition was proposed in 1970 by Masters and Johnson as "the inability of a man to delay ejaculation long enough for his partner to reach orgasm on 50% of intercourse attempts". PE is defined by The American Urology Association as "ejaculation occurring sooner than desired causing distress to one or both partners". Estimates of the prevalence of premature (early) ejaculation vary widely depending on the definition utilized. Internationally, a prevalence range of 8%–30% has been reported across all ages, with even lower and

higher rates in other studies. Prevalence of premature (early) ejaculation may increase with age. For example, the prevalence among males ages 18–30 in Switzerland and Turkey is about 9%–11%, while the reported prevalence of concern among males ages 50–59 in the United States about how rapidly they ejaculate may be as high as 55%. When premature (early) ejaculation is defined as ejaculation occurring within approximately 1 minute of vaginal penetration, only 1%–3% of males would be diagnosed with the disorder.

"In sex as in banking there is a penalty for early withdraw" ---CythiaNelms

The International Society for Sexual Medicine (ISSM) defines PE as: "A male sexual dysfunction characterized by ejaculation which always or nearly always occurs prior to or within about one minute of vaginal penetration (lifelong PE), or, a clinically significant and bothersome reduction in latency time, often to about 3 minutes or less (acquired PE), and 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".

Male early ejaculation is characterized by ejaculation that occur prior to or within a very short duration of the initiation of vaginal penetration or other relevant sexual stimulation, with no or little perceived control over ejaculation. The pattern of early ejaculation has occurred episodically or persistently over a period at least several months, and is associated with clinically significant distress. Many males with premature (early) ejaculation complain of a sense of lack of control over ejaculation and report apprehension about their anticipated inability to delay ejaculation on future sexual encounters. The following factors may be relevant in the evaluation of any sexual dysfunction: 1) partner factors (e.g., partner's sexual problems, partner's health status); 2)

relationship factors (e.g., poor communication, discrepancies in desire for sexual activity); 3) individual vulnerability factors (e.g., history of sexual or emotional abuse), psychiatric comorbidity (e.g., depression, anxiety), and stressors (e.g., job loss, bereavement); 4) cultural/religious factors (e.g., lack of privacy, inhibitions related to prohibitions against sexual activity; attitudes toward sexuality); and 5) medical factors relevant to prognosis, course, or treatment.

Vajikarana (sexual medicine/aphrodisiac therapy) is one of Ayurveda's eight branches, and it deals with preserving and enhancing a man's sexual potency, as well as conception and management of infertility and sexual dysfunctions. Vajikarana increases a person's sexual capacity as well as their physical, psychological, and social wellness. Ayurvedic classics go into great length about the diagnosis and treatment of infertility and numerous sexual dysfunctions. Ayurvedic texts have thoroughly described male sexual dysfunctions as 'Klaibya'. 'Shukragatavata' is an Ayurvedic related disease in which symptoms like ChhipramMunchtiShukram etc. are found which can be compared with PE. The present article deals with the concepts and management of PE in Ayurveda.

II. AIM & OBJECTIVES:

To understand the etiopathogenesis, diagnosis and management of 'Shukragatavata'/'Vajikarana' with relation to premature ejaculation (PE) in Ayurveda.

III. MATERIAL AND METHODS:

Literature search- Review of literature regarding 'Shukragatavata'/'Vajikarana' is collected from Brihatrayi and available commentaries on it and research articles are also searched from various websites.

Type of study- Conceptual study

Physiology of erection and ejaculation- Ayurvedic perspective

Male sexual act mainly comprises of two stages i.e., Erection and Ejaculation. Caraka has classified the process of erection and ejaculation of Shukra into four stages. They are Sankalpa (Mental preparation for the sexual act), Chesta (Physical stimulation), Nishpeedana (Localized stimulation) and Shukrachyuti (Ejaculation). First three factors are responsible for erection, it is necessary to accomplish the sexual act, and it attained individually or combined. The final stage, Shukrachyuti i.e., Ejaculation of Shukra occurs

because of the three factors. Caraka compared this with the water coming out of wet cloth by squeezing. By these factors, we can understand that Sexual performance is not just a physical activity but also a psychological one. Therefore, the performance of sexual act depends upon physical and psychological excitement, which is proportional to the strength of the both body and mind.

Caraka further explained eight factors contributing to the ejaculation of semen as Harsha (Excitement), Tarsha (Desire), Saratva (Fluidity), Paicchilya (sliminess), Gourava (heaviness), Anubhava (Subtleness), Pravana-bhava (tendency to flowout) and Drutatva of Maruta (Action of Vata). Here the first two factors are explaining the importance of psychological activity in the sexual performance and the other factors explaining the qualities of the Shukra, which ejaculates through the genital organs. There are eight aspects of sexual act described in Daksasmriti i.e., Smarana (memory), Kirtana (repeated talking), Keli (physical actions), Prekshana (visualizing or observing), Guhyabhasanam (secret conversation), Sankalpa (thought of sexual act), Adhyavasaya (pre-coitus activities) and Kriyanivrutti (accomplishment of act).

Sushruta opines that the filling of Shukravahasira under the influence of stimulation of psychological causes like Smarana (memory) or physical actions like Darshana (visual), Sravana (auditory) and Sparshana (tactile) result in tumescence. He explains the ejaculatory physiology in terms of activity of Vata and the Tejas (heat) generated in the act of copulation, because of friction between the male and female genital organs, which expels out the Shukra into the Yoni (Vagina).

Penile erection depends on the complex psycho-neuro-vascular events and intact hypothalamus- pituitary-testicular axis. The enlargement and stiffening are caused by an influx of blood into the cavernous and spongy tissues of the penis. Under the influence of sexual stimulation, the intracavernosal space pressure increases by the increased blood flow from the arteries, penile venous flow from emissary veins decreases due to compression by the expansion of these spaces. These vascular changes result in an erection, a parasympathetic reflex. The penis returns to its flaccid state when the arteries constrict and pressure on the veins is relieved. When the organ has become hard and stiff, the erector penis muscles draw the organ well up against the lower abdomen, giving it a forward and upward position.

At the deeper level, erection occurs as a response to a stimulation, which is the hypogastric and pelvic nerves, promotes the release of nitric oxide from neurons and endothelium of the corpus cavernosa of the penis. This Nitric oxide facilitates relaxation of intracavernosal trabeculae, thereby increasing blood flow and penile enlargement.

The ejaculation of the semen is the physiological endpoint of the sexual act as far as the male is concerned and it depends on numerous factors, such as mutual attraction, the relative sizes of the copulatory organs, absence of inhibitions, period of continence etc. Ejaculation accompanied by the ample sensation known as orgasm takes place. During ejaculation, the secretions of the testicles, which are stored in the seminal vesicles mixed with their own secretions, are expelled into the urethra, where the prostatic secretions are also discharged synchronously. A sympathetic reflex, the smooth muscle sphincter at the base of urinary bladder is closed because of the higher pressure on the urethra caused by expansion of the corpus spongiosum of penis. Thus, urine is not expelled during ejaculation and semen does not enter the urinary bladder.

The sex apparatus is the most delicate mechanism in the body and, as its proper functioning is dependent not only on its own nervous and muscular integrity but also on endocrine and psychic factors.

Activities of Vata on psychosexual parlance:

Vata is described as the agent who restrains and impels mental activities. It is responsible for the functional format of mind. The control and stimulation are the bifold activity of same initiation which is antagonistic in Nature. A Balance between these two is necessary for an optimal arousal, activity and achievement of target action. A vitiated Vata may cause the mental activities adversely in different dimensions. As far as the particular problem of premature ejaculation is concerned vitiated Vata causes over stimulation leading to lack of control over physiological and psychological activities.

All the subcomponents of Vata have influence on physiology of ShukraDhatu. Out of the subcomponents Prana Vayu, Udana Vayu, Vyana Vayu and Apana Vayu are having direct relationship in the psycho neurophysiology and haemodynamic of the sexual response cycle in male. Prana is explained having the functions of Manodharana and BuddhiDharana (holding proper intellect and mental faculties). Udana has the functions of Mano Bodhana,

DheeBodhanaDhritiBodhana and SmritiBodhana. The word Bodhana is used to denote Samvahana (carrying out) and Pariposhana (excitation) etc. So, it is responsible for the recollection, imagination, fantasizing etc. along with a control (Dhriti) over the stimulation. So, Prana and Udana unitedly make the cognitive aspects of sexual response. They constitute the appetite phase of sexual response cycle. These components of Vata also causes psychogenic and reflexogenic erection. An optimal activity of Prana associated with Udana stimulates Vyana Vayu which is situated in the Hridaya. Vyana Vayu is explained to be having the functions deposition of semen deep in the vagina. The Vyana Vayu present in the female partner directs the semen ejaculated by male to the interior of yoni (vagina). But considering the location, activity and other features of Vyana Vayu the above description is suitable for explaining the haemodynamic in mechanism of erection. Activities of Prana, Udana and Apana constitute the excitement and plateau phase of male sexual response. It is generally assumed that parasympathetic (cholinergic) system facilitates the process of erection, at the peak level of continuous stimulation Vyana Vata itself responsible for the emission, which is controlled by sympathetic activity. The further steps of ejaculation i.e., ante grade ejaculation with forceful spurts and bladder neck closure is controlled by Apana Vata. Apana Vata is responsible for the Nishkramana of Shukra, Mootra etc. The release is parasympathetically activated. It is also observed that before ejaculation the level of oxytocin (the hormone responsible for the expulsion of foetus during delivery- an activity of Apana Vata) is raised in man. From above description it is clear that a coordinated activity of Prana, Udana, Vyana and Apana are very necessary for a good erection and rigidity, sufficient vaginal containment and penile thrust and an optimal timed ejaculation. A derangement in this, probably caused by an impairment in the activities of sub components of Vata ultimately leads to a poor erection and early ejaculation as in the case of an over activity of sympathetic nervous system.

Importance of Mana

Along with Vata Mana plays a very important role in the neuro-psychologic axis. Shadhaka Pitta is responsible for maintaining Dhairyas besides maintaining Buddhi and Medha.

A Suprasanna Mana is important to achieve Preeti because if Mana is diverted right from the beginning it then erection will not occur but after optimum erection as Harsha develops the

person should divert his mind so that he does not reach the peak instantaneously and hence able to achieve optimum orgasm.

Dhairya keeps control on the cancalMana. Mana is always looking out for bliss due to loulyata. It is the Dhairya that keeps the Mana in check. e.g., ahermit is able to live a life of celibacy due to his Samkalpa to do so. If hedwindles away from his Samkalpa then he is unable to keep celibacy. Thus, it is the Dhairya of the mana that ultimately controls the Samkalpa. A firm Samkalpa for sex and Dhairya of Mana are extremely essential for achieving optimum preeti through good Cyavana.

Ayurvedic concept of Shukragata Vata

Shukragatavata is a distinct pathological entity characterized by a group of clinical presentations either related with the impairment of ejaculation or with the impairment of seminal properties. The clinical presentations of Shukragata Vata are 'KshipramunchatiShukram' (early ejaculation), 'BandhanatiShukram' (delayed ejaculation), 'Vaikrita/GrathitavivaranadiYuktam' (Seminal abnormalities), 'GarbhasyaVikriti' (affliction of foetus/premature birth). And 'KshipramunchatiShukram', 'shukrasyasheeghrasargam', 'pravritti/Atiseeghrpravritti', are the classical features of 'shukragatavata' which denotes early / fast ejaculation / PE.

If the vitiated Vata causes Atipravritti (hyperactivity) functionally in the ShukravahaSrotas it leads to early ejaculation during sexual act. Vata is causing the control (Niyanta) and stimulation (Praneta) of mental activities and thus by ShukraPravritti. A Balance between these two is necessary for an optimal arousal activity and achievement of target action. Vitiated Vata responsible for Atipravritti in

ShukravahaSrotas causes over stimulation leads to abnormally steep arousal and activity with lack of control over ejaculation. Vata in particular if considered as subcomponents, Prana and Udana causes impaired activity on Mana, Budhi, Dhriti and Smriti faculties of mind. This phenomenon leads to mental disturbance during sexual act, cognitive impairment and lack of control over sexual act. Vyana Vayu that is responsible for the deposition of Shukra in the vagina along with Apanavayu, which is responsible for Dharana as well as Nishkramana of Sukra cause early ejaculation. Thus, these functions are resultant of the coordinated activity of Prana, Udana, Vyana and Apana. Dhairya (courage), Cyavana (ejaculation) and Preeti (Satisfaction) are interdependent and their chronological order is significant in the context of human sexual response. An impairment of these functions leads to lack of Dhairya (performance anxiety), SheeghraChyavana (early ejaculation) and Preetyabhava (lack of satisfaction). Many a time this impairment continues in a vicious circle.

On persistent failure in having Dhairya, controlling Chyavana and enjoying Preeti it may make so many inter personal difficulties. The problem may make frustration in the individual and partner. It may further cause extreme ManoVibhramsha and allied symptomatology like generalized anxiety and even suicidal tendency etc.

Etiological considerations of Shukragata Vata:

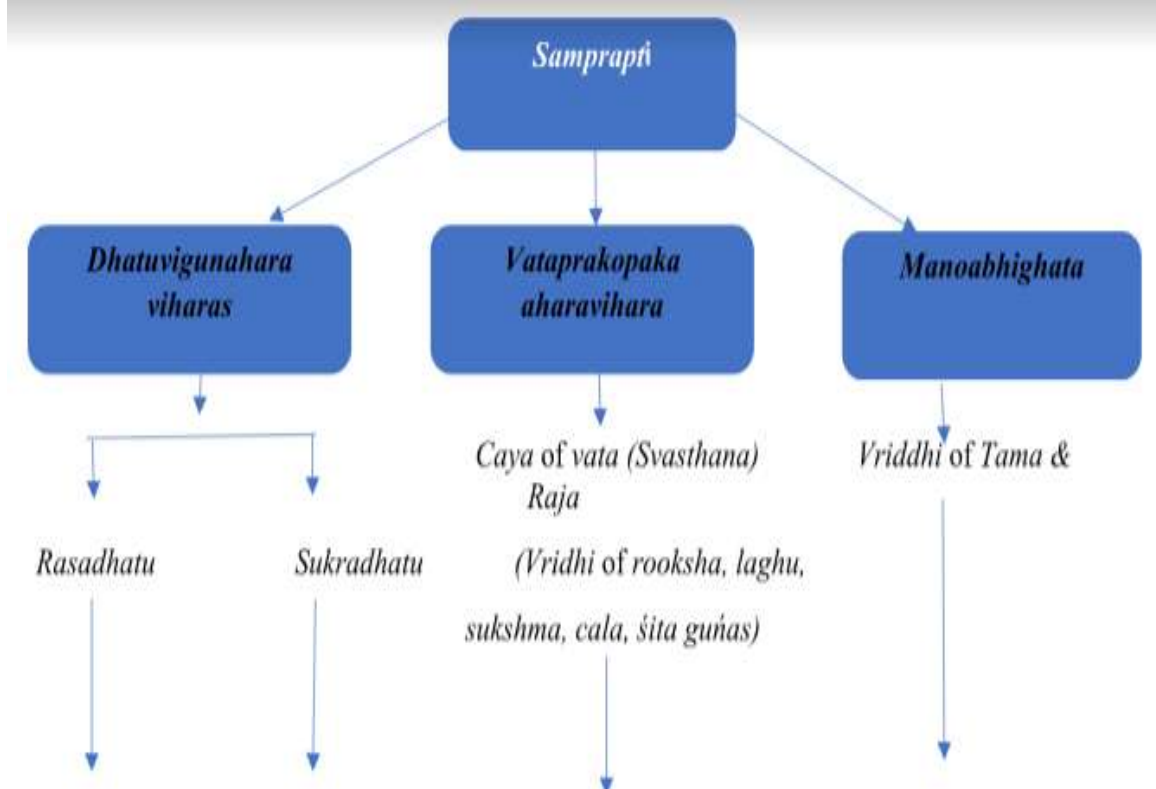
Etiological factors have not directly mentioned in the context of shukragatavata. But considering the pathological features of gatavata etiologial factors mentioned elsewhere causing shukradhatudourbalya, manoabhighata and vataprakopa relevant to the disease context are collected and presented here.

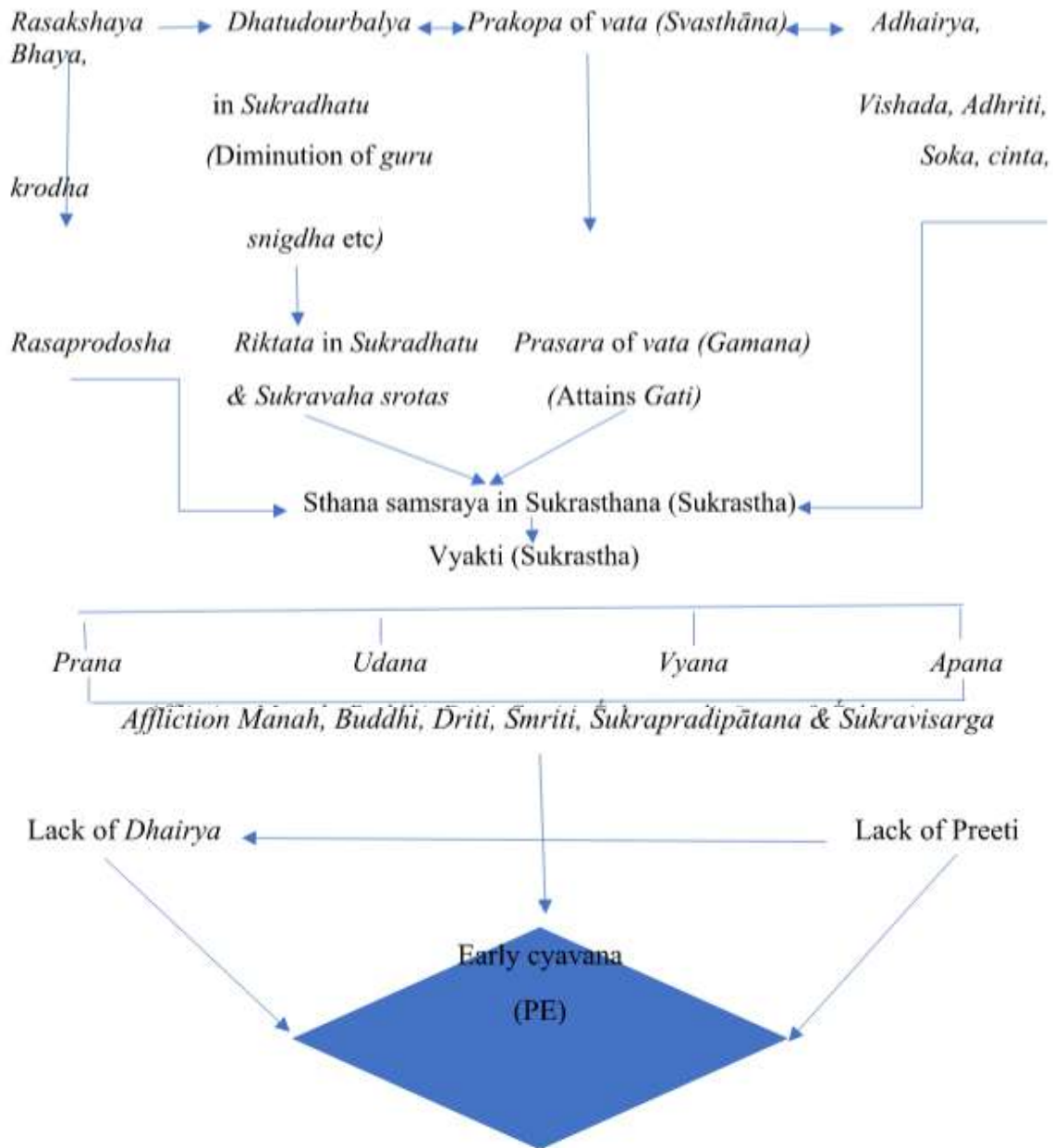
Table No. 1. Etiological factors of Shukragata Vata

Shukradhatudourbalyakaran idana	Nidanas related to Maithuna	Nidanas causing manobhighata	Nidanas causing vataprakopa
Excessive intake lavana, katu, tikta&kashayarasas	Akalamaituna	Chintyanamcatichintan	Ativyayama, Ativyavaya, Prapatana, Ativyavaya, Ratrijagarana
Intake of kshara	Ayonigamana	Bhaya	Katu, tikta, kashaya rasa
Intake of viruddhaahara	Atimaituna	Krodha	Rooksha, laghuaharas

Aharaviharas antagonistic to rasavaha srotas	Anutthitanareeseva	Utkantha	Dhatoonamsamks haya
Anashana (Fasting long)	Rajasvalagamana	Atiharsha	Chinta, Shoka
Alpashana (Consumption of lesser quantity of food)	Apriyagamana	Shoka	Marmabhighata (
Shukraveganigraha	Apriyacaranareegamana	Krodha	Heenabhojana, Shushkabhojana, Pramitashana, Vegodeerana, Veganigraha
Shastraksharagnivibhramat(Iatrogenic)	Dushtasamkeernam ehananareegamana	Irshya	Kriyati yoga
Excessive intake of Amla rasa andarticles havingamlavipakaandkatuvipaka	Garbhini gamana		Yanasamkshobha
	Anyayoshitagamana		Vishamasana
	Maithuna in restricted places likechaitya, shmashana, chatvaraetc.		Vishada,Harsha

The etiopathogenesis of shukrasyakshipramunnchana in shukragatavata is shown in the flow chart following.





Ayurvedic Management of PE

Vajikarana is an Ayurvedic branch that deals with a variety of physical, psychological, and sexual issues in both men and women, including impotence, libido, inadequate erection, and early ejaculation in men and sterility and frigidity in women. The Vajikarana medications can assist a person gain strength and vigour while also increasing their reproductive capacity. Scanty research has been done on role of Ayurvedic drugs/procedures in the management of PE.

Praharshaanna (exhilarating food items), balya (tonics), Shukrakara drugs (aphrodisiacs) and Vajikaranavasti's (various enemas with medicated oils & decoctions) are useful in the management of Shukragatavata. If Shukra is Vibadhamarga (obstructed) in case of Anejaculation, retrograde ejaculation etc., then Virechana (purgatives) should be administered. After administering the Virechana procedure, patient is advised to take food articles and medications, which enhance the quantity of Shukra, and also enhance the stamina and libido. While commenting on Charakasamhita,

Chakrapani clarifies 'Praharsa' as 'Manoharshana'. Exhilarating food articles improves the quality of sexual arousal and functioning. The drugs should possess Balya and Shukrakara properties and as the excellent sexual functioning depends on the physical and mental strength. Balya drugs will help in the management. In Shukragata Vata, Shukradhatu Dourbalya is present, and it causes Gatatva of Vata; so Shukrakara drugs should be administered to enhance the excellency of Dhatu. Above to these all the drugs should be basically Vatahara, since Vata vitiation is to countered to bring back it to its normal site. Sushruta and Vagbhatas suggest Shukradosh chikitsa whereas Dalhana advocates Vajikarana and Mutradosha Chikitsa.

In case of early ejaculation (Kshipramunchati) certain modifications can be made in the line of treatment. Medhya and ShukraStambhaka drugs can be added considering the etiopathological features of the problem. Sharnagadhara suggest Jateephala as Shukrastambhaka drug. P.V. Sharma described Akarakarabha in the ShukraStambhakagana. Ahiphena is also acting as ShukraSthambhaka. Paraseekayavani by virtue of its Kamavasadaka property will help in early ejaculation. Vrishyavati is suggested for Shukragatavata in Chikitsa pradeepika. In medieval classics certain measures have been explained for long retention of semen during sexual act. They include application of Bhoomilata kalkasiddhakusumbhataila on soles, keeping mercury purified in Brihatkaranjabeeja and covered in leaf of Dhattoora in the mouth, application of Ajiaksheera and Ushtraksheera along with Goghrita in both legs during sexual act etc. These measures seem to be for distracting the mind during sexual act. Such measures are also suggested in erotic classics. They included external application of different pharmaceutical modification of drugs like Lajjalu, Snuhi, Kusumba, Punarava, Kakajanghas, Kokilamoola, Saptaparna, Sarapunkha etc. However, it may be the line of treatment of early ejaculation in Shukragata Vata should be aimed Vrishya, Balya, Vatahara, Medhya and ShukraStambhakaproperties. Among Panchakarmas Basti is an ideal choice as it controls Vata at its own site.

Akarakarabhadiyoga has reduced ejaculation time and increased female partner satisfaction. Narasimha choorna, Bhallatakaphalamajjadiavaleha, and Musalyadi choorna have been shown to improve the duration and frequency of sexual acts. Atmagupta

(Mucuna Prurita Hook) and Ashwagandha (Withaniasomnifera Linn) have been shown to lengthen sexual acts..

Anti-anxiety, adaptogenic, and stress-relieving qualities are found in Brahmi (Bacopamonnieri) and Mandukaparni (Centella asiatica). Putranjeevaka (Drypetes roxburghii) can help you have more ejaculation time. Kapikacchu (Mucuna pruriens) is an aphrodisiac as well as a performance enhancer for men. Ashwagandha is a Vajikarana drug and also it is having properties like, anxiolytic, anti-depressant, anti-stress adaptogen and uplifts mood. A chapter called 'Veeryastambhanaadhikara' (which has numerous formulations effective for controlling ejaculation) is described in the 'Bhaishjya Ratnavali' (an Ayurvedic text). Bhaishjya Ratnavali mentions several single medications (herbal), Herbo-mineral formulations, external applications over the feet and lower abdomen to prevent ejaculation, different amulets, and various other procedures. Another Ayurvedic text, 'Yoga ratnakara,' describes different Ayurvedic formulas that can help with erectile dysfunction and early ejaculation. Early ejaculation and erection loss are treated using a concoction called 'Vanarigutika,' which contains Atmagupta as one of the key constituents. Medicated oils such as Chandanaditailam and Mahasugandhitailam are recommended for use all over the body in the early stages of ejaculation. Abdhishoshadi yoga can help with ejaculation control. PE also mentions Veeryastambhakavati, which has Ahiphena as one of the key ingredients. The importance of control over mind can be seen from the reference of Kokaka where he states that if a person imagines a particularly nimble monkey swinging on the branch of a tree, he will not ejaculate even though his semen is already at the tip of the penis.

The combination of Stambhanakaraka Yoga and psychological counselling is the most effective treatment for Shukragata Vata. One should perform sex with Su-prasannamanain the beginning of the act the person should fully focused on the act but as the act proceeds, he should divert his mind to other activities. Yoga can be performed daily to attain stability of mind.

IV. CONCLUSION

Stambhanakaraka Yoga, due to its biological qualities, functions as a psychotropic, lengthens the sexual act, and minimises performance anxiety. The combination of Stambhanakaraka Yoga and external applications

over lower abdomen or all over the body, wearing different amulets made by herbs, psychological counselling is the most effective treatment for Shukragata Vata. The triggering causes for Premature Ejaculation are anxiety and stress. As a result, psychological counselling is required while treating a patient with premature ejaculation. When a Vrishya medicine with Balya, Medhya, and Shukrastambhaka qualities is taken, the result in premature ejaculation is encouraging.

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