Original Research Article

Additional role of sertraline prescribed for treatment of pre mature ejaculation in control of nightfall (nocturnal emission) - A multicenter study

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Abstract

In Indian culture maleness is matter of pride. The concept of maleness in India is preoccupied by various culturally reinforced false concepts. One of them is nocturnal emission induced physical weakness and sexual weakness. Despite of compelling scientific evidences that nocturnal emission is a normal physical process and has nothing to do with sexual or physical weakness, it is very difficult to treat psychopathology associated with nocturnal emission.

Key Words: Nocturnal enuresis, sertraline cultural bound.

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Received Date: 14/05/2017 Revised Date: 04/06/2017 Accepted Date: 16/07/2017

Access this article online

Quick Response Code:

Website: www.statperson.com

Volume 7
Issue 3

INTRODUCTION

Nocturnal emission is a spontaneous orgasm occurring during sleep. It is also known as wet dream or night fall and includes ejaculation in male and vaginal wetness in female (Alfred Kinsey, 1953). Nocturnal emission is a common and natural phenomenon with 87% males experiencing it at least once till there adulthood[1]. Semen concentration is same in nocturnal emission specimen and normal ejaculation samples but percentage of sperms that are mobile and normal morphology sperms are higher in nocturnal emission specimens[2]. Most of the nocturnal emission episodes are reported during REM sleep[3]. In India, there is a vast difference in thinking on sexuality, impotency and sterility based on socially reinforced thinking as compared to other foreign cultures. As scientific evidences prove that Dhat syndrome, Masturbation and nocturnal emission are not causes of impotency or sterility but in Indian culture there is a popular over valued idea that these can cause weakness and impotency in male. People think that Pre mature ejaculation and erectile dysfunction can be due to Dhat syndrome, excessive masturbation and nocturnal emission. Due to this difference in cultural thinking it is some time seen that psychopathology is developing in these otherwise normal physiological phenomenons. Due to these facts it is very important to provide psychiatric help to these persons. Masturbation and Nocturnal emission are considered as natural and normal phenomenon so no need for their treatment has ever been considered till date. But due to cultural factors in India nocturnal emission is some time a major cause of concern and should be considered for psychiatric intervention. Persons should be counseled for nocturnal emission and their apprehension must be cured by imparting appropriate anatomical and physiological knowledge and other necessary psychological therapies ie cognitive and behavioural therapy etc. Sometimes it is associated with such high level of apprehension that pharmacotherapy to stop nocturnal emission become necessary otherwise other therapies don't work. In this type of situations selection of drugs become a challenge as medical literature is lacking in researches that which drug should be chosen to deal such situation. The study was planned to see the effect of sertraline in controlling nocturnal

How to cite this article: Manish Nigam, Preeti Nigam, Rakesh Kumar Paswan. Additional role of sertraline prescribed for treatment of pre mature ejaculation in control of nightfall (nocturnal emission) - A multicenter study. *International Journal of Recent Trends in Science and Technology* July to September 2017; 7(3): 56-57. http://www.statperson.com

emission frequency. Various studies have concluded that daily intake of selective serotonin reuptake inhibitors like serotonin is useful in treatment of premature ejaculation[4]. The mechanism of action is activation of the 5-HT_{2C} receptor which leads to a delay of ejaculation. Nocturnal emission is a type of involuntary ejaculation. So the role of sertraline in nocturnal emission is same-it increases threshold and stop nocturnal emission.

MATERIAL AND METHODS

Fifty patients in series were chosen having co-existing premature ejaculation and nocturnal emission from outpatient department. Those who had any organic illness like cardiac etc were excluded from study group. For control group fifty patients were chosen in series having only nocturnal emission and no complain of pre mature ejaculation. Study group was treated by sertraline for pre mature ejaculation. Control group subjects were treated by psychological counselling for nocturnal emission-giving them informed knowledge of normalcy of nocturnal emission process. Satisfaction from treatment based on yes or no question (Are you satisfied with the treatment response- yes or no) demonstrated that out of 50 study subjects 32 reported satisfied (yes response) after 15 days follow up. In control group out of 50 subjects only 14 reported satisfied on 15th day follow up. On 1 month follow up study group with counselling reported 38 subjects satisfied and control group 17 were satisfied after repeated psychotherapy sessions. On 3 month follow up study group with counselling reported 42 subjects satisfied and control group 19 were satisfied after repeated psychotherapy sessions. In control group, subjects were mainly unsatisfied because they related there bodily symptoms like weakness etc to their continuous nocturnal emission and wanted to stop it rather to accept it as a normal physiological process.

RESULSTS

Table 1

	Study group	Control group
Total subjects	50	50
Satisfied at 15 th day	32	14
Satisfied at 1 month	38	17
Satisfied at 3 month	42	19

Table 2: Satisfied at 15 th day

	Satisfied	unsatisfied	P value
Sertraline/study group	32	18	0.0006
Psychotherapy/control	14	36	

Table 3: Satisfied at 1 month

	Satisfied	Unsatisfied	P value
Sertraline/study group	38	12	0.0001
Psychotherapy/control	17	33	

Table 4: Satisfied at 3 month

	Satisfied	Unsatisfied	P value
Sertraline/study group	42	8	0.0001
Psychotherapy/control	19	31	

DISCUSSION

Results of the study show that in sertraline group number of satisfied subjects is very significantly high as compared to control (psychotherapy) group. The analysis of results revealed many important facts. In sertraline group number of satisfied subjects was high since first evaluation at 15th day. Latter on 1 and 3 month evaluation, the number of satisfied subjects gradually increased. In control group getting psychotherapy the subjects were informed that nocturnal emission is a normal physiological process and it will do no harm. But in control group major worry was that nocturnal emission is not stopping any bit and showing detrimental effect on physical health (though explained that this was their culturally reinforced false belief). Though gradually the number of satisfied subjects increased in control group but it remained significantly low.

CONCLUSION

The study results are clear and showed that due to firm culturally reinforced beliefs a subject having nocturnal emission do not accept any counselling or psychotherapy unless and until his nocturnal emission is not decreased or stopped by drug therapy. Study result demonstrated excellent effect of sertraline in controlling nocturnal emission induced psychopathology in Indian subjects.

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Source of Support: None Declared
Conflict of Interest: None Declared