

## REVIEW ARTICLE

# A Conceptual Study on *Shukragata Vata* (Premature Ejaculation) – A Review

Anant Bhardwaj<sup>1\*</sup>, Pankaj Sharma<sup>2</sup>

<sup>1</sup>Assistant Professor, Department of Kayachikitsa, Dayanand Ayurvedic College, Jalandhar, Punjab, India.

<sup>2</sup>Assistant Professor, Department of Kayachikitsa, Government Ayurvedic College, Patiala, Punjab, India.

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### ABSTRACT

Premature ejaculation (PE) is a common male sexual disorder that is frequently overlooked and resulting untreated. PE is defined as ejaculation before the completion of satisfactory sexual activity for both partners. In *Ayurveda*, various *Acharyas* (scholars) have contributed their insights and perspectives to understand diseases and their treatment. This clinical condition is described under *Shukragatavata* in *Ayurveda* which is a distinct pathological entity characterized by a group of clinical presentations related with ejaculation impairment and seminal abnormalities among which *Sheeghram Munchati* (PE) is one. The pathology of the same occurs at three levels of spheres – *Sukra*, *Vata*, and *Manah*. As *Shukra* is the seventh and final *Dhatu*, as a *Saara* (Essence) of all *Dhatu*, formed by a progressive evolutionary metamorphosis. It is responsible for all systemic bodily processes, including metabolic functions, and a portion of it exits the body during sexual acts which promotes *Garbhotpadana* (Reproduction). Like *Shukra Dhatu*, *Vata* is described as the source of life and the supporter of all living processes, ensuring a long and disorder-free life. *Vata* also restrains and impels all mental activities, and is responsible for the functional state of mind. All *Indriyas* (including *Upastha*) are under the control of *Manah* and *Manah* itself is under the control of *Vata*. All these concepts, that is, *Shukra*, *Vata*, and *Manah* attained superior considerations in *Ayurvedic* classics. Various ways were also described in ancient Indian erotic literature to trigger orgasm in a female partner, as well as the usage of *Shukra Stambhaka* medications to enhance control over ejaculation. The intention of this article is to provide a description of *Shukragata Vata* (PE) in ancient Indian erotic literature and *Ayurveda*.

## 1. INTRODUCTION

Although premature ejaculation (PE) was initially documented in the medical literature in 1887, Masters and Johnson proposed the first acceptable clinical definition in 1970 as “The inability of a man to delay ejaculation long enough for his partner to reach orgasm on 50% of intercourse attempts.” The American Urology Association defines PE as “ejaculation occurring sooner than desired, causing distress to one or both partners.”

The International Society for Sexual Medicine defines PE as: “A male sexual dysfunction characterized by ejaculation which always or nearly always occurs before or within about 1 min of vaginal penetration (lifelong PE), or a clinically significant and bothersome reduction in latency time, often to about 3 min or less (acquired

PE), and the 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 defined as ejaculation that occurs before or within a short period of the start of vaginal penetration or other significant sexual stimulation, with no or little perceived control over ejaculation. Early ejaculation has occurred episodically or consistently for at least several months and is associated with clinically substantial distress. Many males with premature (early) ejaculation express a sense of loss of control over ejaculation and worry about their inability to delay ejaculation during future sexual interactions.

The following factors may be relevant when evaluating any sexual dysfunction: (1) Partner factors (e.g., partner’s sexual problems, partner’s health status); (2) relationship factors (e.g., poor communication, differences in sexual desire); (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);

#### Corresponding author:

Anant Bhardwaj,  
Assistant Professor, Department of Kayachikitsa, Dayanand Ayurvedic  
College, Jalandhar, Punjab, India.  
Email: [abhimachli@gmail.com](mailto:abhimachli@gmail.com)

(4) cultural/religious factors (e.g., lack of privacy, inhibitions associated to restrictions of sexual activity; attitudes toward sexuality); and (5) medical factors pertinent to prognosis, course, or treatment.

The global frequency of PE is believed to be 20–40% among the general population,<sup>[1]</sup> while in India, 8.76% of sexual problems reported were PE among 21.15% of sexual disorders.<sup>[2]</sup> However, there are various meanings for PE. The current 5<sup>th</sup> iteration of the DSM clarified most of the previous ambiguity, describing PE as a persistent/recurrent pattern of ejaculation occurring during partnered sexual activity within approximately 1 min before or after vaginal penetration and before the individual requests it. In the majority of cases, it is only diagnosed if the primary symptom lasts at least 6 months. It should also not be related with any other medical conditions or substance abuse.<sup>[3]</sup>

In *Ayurveda*, this clinical condition is known as *Shukragata Vata*. *Shukragata Vata* is an independent pathological entity defined by a set of clinical manifestations associated with ejaculation dysfunction and seminal abnormalities, one of which is *Sheeghram Munchati* (PE). *Shukragata Vata* pathology occurs at three levels of spheres: *Vata*, *Sukra*, and *Manah*. *Vatakara Ahara Vihara* and *Manoabhighata* vitiate the *Vata* and *Shukra Dhatu*. *Vata* regulates and propels all mental activities, and is in accountable of the mind's functional state. *Manah* controls all *Indriyas* (sense organs), including *Upastha* (Penis), while *Vata* controls *Manah* itself. As a result, the involvement of *Vata*, *Mana*, and *Shukra* must be considered when planning the management of *Shukra Kshipram Munchati* (premature ejaculation).

## 2. AIMS AND OBJECTIVES

- To understand the description along with etiopathogenesis of *Shukragata Vata* (Premature ejaculation) in *Klaibya* (Male infertility) in various classical literature.
- To understand the role of *Manah* (Psychological state) in the etiopathogenesis of *Shukragata Vata* (Pre-mature ejaculation) in *Klaibya* (Male infertility) in various classical literature.

## 3. MATERIALS

Literature pertaining to *Shukradhatu*, *Shukradushti*, *Klaibya*, and *Vaieekarana* from *Ayurvedic* classical literatures and reputed journals were referred to gather information.

## 4. METHODOLOGY

### 4.1. Concept *Shukragata Vata* and its Relationship to *Vata's* Actions in Psychosexual Terms

*Shukragata Vata* is a medical condition that causes clinical symptoms associated to impaired ejaculation or seminal properties. *Shukra*, the seventh and final Dhatu, is the *Saara* (essence) of all *Dhatus*. It is responsible for all systemic bodily operations, including metabolic functions, and is released during sexual acts. The primary function of *Shukra Dhatu* is *Garbhotpadana* (reproduction). Vitiating of *Shukradhatu* reveals *Shukradhatu Dusti* (pathology) in the form of *Vridhhi* and *Kshaya*. It is an important entity in the context of reproduction.

*Vata* is thought to regulate and stimulate neurological activity.<sup>[4]</sup> It maintains the mind's functional format. Control and stimulation are important for effective arousal, activity, and target action. A vitiated *Vata* could adversely affect mental processes across multiple dimensions. In the case of *Shukragata Vata*, it can produce overstimulation, resulting in loss of control over physiological and psychological functions.

### 4.2. A Functional Approach to *Shukra*, *Vata*, and *Mana* (Psychology)

- *Shukra*, *Mana*, and *Vata* are located all over the body.
- *Shukra* is having the property of *Saratwa*<sup>[5]</sup> (flow), while *Mana* and *Vayu* are explained as *Gatiman*.
- *Shukra* is explained as *Twakastha*, *Twak* (skin) is in *Samavayi Sambandha* with *Manah*<sup>[6]</sup> and thus to *Vata* also.
- *Shukra* is explained as *Sookshma* or *Anubhava*, *Mana* has *Anutwa* property<sup>[7]</sup> and *Vata* is also *Sookshma*.
- Different functions attributed to *Shukra*, namely, *Dhairya*, *Chyavana*, *Preeti*, *Harsha*, etc. can be explained on neuropsychological axis of *Mana*.
- *Vata* is explained as *Pranetah* (stimulator) and *Niyantah* (controller) of *Manah*.
- *Vata* is explained as the *Yoni* receptacle for *Harsha* and *Utsaha*<sup>[8]</sup> which are functionally attributed to *Shukra*.
- All *Indriyas* (including *Upastha*) are under the control of *Mana*, and *Mana* itself is under the control of *Vata*.
- *Harsha Shakti* depends on *Deha Shakti* as well as *Satwa Shakti*.<sup>[9]</sup>
- *Suprasanna Mana* is necessary for *Harshana*.<sup>[10]</sup>

The above said description suggests that the term “*Shukra*” pertains to different known and unknown psychological and neurological functions. *Shukra's* psychological and sexual functions, including *Harsha*, *Dhairya*, *Chyavana*, and *Preeti* are important in this context. *Dhairya*, *Chyavana*, and *Preeti* are interrelated and typically reflect ideal anxiety. A derangement in this, probably caused by impairment in the activities of sub-components of *Vata* ultimately leads to a poor *Erection* and *Early Ejaculation* as in the case of overactivity of sympathetic nervous system.

The clinical presentations of *Shukragata Vata* in various classical literature are as follows.

1. Early ejaculation:
  - *Kshipram Munchati*<sup>[11]</sup>
  - *Shukrasya Sheeghram Utsargam*<sup>[12]</sup>
  - *Pravritti/Atisheeghra Pravritti*.<sup>[13]</sup>
2. Delayed ejaculation:
  - *Badhnati/Chiram Dharayate*
  - *Sangam*
  - *Apravriti/Atimanda*
3. Seminal Abnormalities
  - *Vikriti*<sup>[10]</sup>
  - *Vaikrita/Grathita vivaranadi Yuktam*
4. Affliction of Fetus/premature birth/delayed birth
  - *Garbhasya Vikriti/nanavikarayuktam Vyangatvadi Garbham/Garbhamapi Kshipram Munchati Va Chiram Dharayati*

### 4.3. Concept of *Shukragata Vata* versus *Shukravrita Vata* in Classical Literature

*Shukragata Vata* and *Shukravrita Vata* present symptoms that are similar. *Charaka* and *Vagbhata* recommend treating *Shukravrita Vata* similarly to *Shukragata Vata* (*Poorvavat Retasavrite*)<sup>[14]</sup> analyzing the symptoms of both clinical disorders reveals considerable differences.

- In *Shukravrita Vata* the clinical symptomatology is different, that is, “*Ativega*” may be manifested by *Early Ejaculation*, forceful or repeated ejaculation.
- “*Avega*” clearly indicates *Anejaculation*. It is entirely different from *Chiram Dharayate* (*Delayed Ejaculation*) as in the case of *Shukragata Vata*. *Ejaculation* may be due to *retrograde Ejaculation* also mentioned in table 1.

- The “*Shukra*” in case of *Shukravrita Vata* is explained as “*Nishphala*.” It means that it will be never capable to impregnate<sup>[15]</sup> (Ca.Ci). However, in the case of *Shukragata Vata*, the *Shukra* is capable of impregnation but may cause deformities or abnormalities in the fetus.

#### 4.4. *Shukragata Vata* (PE) in Ancient and Erotic Literature

##### 4.4.1. In *Charak Samhita*

*Charaka* has given much importance to *Vajeekarana* which is justified by inclusion of one separate chapter with four “*Padas*” in *Cikitsasthana*. *Gatatva* concept of *Vata* is presented in the *Chikitsa Sthana* – 28<sup>th</sup> chapter and in this *Shukragata Vata Lakshanas* and treatments are suggested. *Charaka* has highlighted the eight essential factors of *Shukra* which help in ejaculation.

##### 4.4.2. In *Sushruta Samhita*

*Sushruta* also explained the *Sukra* and its disorders in detail. He attributed the properties of *Dhairya*, *Cyavana*, and *Preeti* to the *Shukradhatu* (Su.Su. 14/1–4). Different *Shukra Dushti Lakshanas* and their treatments (Su.Sa. 2/4) are explained. The vitiation of *Vyana* and *Apana* are explained as responsible for the *Shukradosha* (Su.Sa. 2/4). *Shukragata Vata Lakshanas* and treatments are described.

##### 4.4.3. In *Ashtanga Samgraha and Ashtanga Hridaya*

*Vridha Vagbhata* compiled the detailed description of *Shukra* from *Charaka* and *Sushruta* and regularly formatted. The *Gatatva* of *Pitta* and *Kapha* is only described by *Vridha Vagbhata*.<sup>[16]</sup>

##### 4.4.4. In *Madhavanidana*

*Madhavanidana* deals with the *Vatavyadhi Nidana* where *Sukragata Vata Lakshanas*<sup>[17]</sup> was explained in it. *Madhavacharya* has followed *Charaka* in the descriptions.

##### 4.4.5. In *Sharangadhara Samhita*

*Acharya Sharangadhara* has made certain distinct advances in the field by dividing the drugs acting on *Sukra* as *Sukrala*, *Sukrapravartaka*, *Sukrarechaka*, *Sukrastambhaka*, and *Sukrasoshaka*. *Jateephala* (*Myristica fragrans*) is exemplified as *Sukrastambaka*. A yoga *Akarakarabhadi Choorna* having *Sukrastambhaka* effect has also been explained.<sup>[18]</sup>

##### 4.4.6. In *Bhavaprakasha*

Seven types of *Klaibya* are explained in the *Bhavaprakasha* along with their management. *Bhavaprakasha* has also explained the process of ejaculation. *Bhavaprakasha* discussed *Vata Vyadhi* in the 24<sup>th</sup> chapter of *Madhyama Khanda* in which the *Gatatva* of *Vata* is also explained.

##### 4.4.7. In *Yogaratanakara*

In *Yogaratanakara* detailed etiology, pathology, and types of *Klaibya* are explained with numerous *Vajeekarana Yogas*. *Veerya Sthambha Vati* is one among them.<sup>[19]</sup> *Rasadhatugata Vata* has been mentioned only by *Yogaratanakara*. *Sukragata Vata Lakshanas* were mentioned under the *Vata Vyadhi Nidana*.<sup>[20]</sup>

##### 4.4.8. In erotic literature

As an art as well as science the different ancient Indian erotic literature deal with the various aspects of “*Kama*” (love and sex) along with its social, cultural, and medicinal importance. Literature regarding descriptions of organs of the body of women to be stimulated during foreplay for better gratification according to the lunar cycle of progression and regression is available in *Ratimanjari*. Classification of unions between men and women on the basis of time of sexual act is made. According to these three types of sexual

unions are present – short-timed, (*Sheeghrasambhava*), moderate-timed (*Madhyamasambhava*), and long-timed (*Chirasambhava*). Degree of arousal which varied from person to person according to the stimulation (*Kriya*) is described in three types – *Laghu* (easily aroused), *Madhyama* (moderately aroused), and *Chirodaya* (*Aangaranga*. 3.14) (late aroused). Likewise, the speed of reaching orgasm in man and woman may be quick, medium, or slow (*Ratirahasya* 3/11–16). However, passionate he may be a man can remain indefinitely potent during intercourse if he directs his thoughts to rivers, woods, caves, mountains, or other pleasant places and proceeds gently and slowly. If he imagines a particularly nimble monkey signing on the branch of a tree, he will not ejaculate even though his semen is already at the tip of the penis (*Ratirahasya* 5/1–4). A number of recipes for hastening the orgasm of the female partner (*Dravanayogas*) in an intercourse are enlisted in different erotic classics (*Aangaranga*.6/1–10, *Smaradipika* 211, Cf Ps. 3/22–33, RK 69–74, *Sringara-Rasa-Prabandha-Dipika* 3/2–11). It is advised to do *Purushayita* (female on top) to satisfy the curiosity of her lover, or her own desire or novelty (*Kamasutra*. 2.8/1–7). *Kalyanamalla* prescribed a number of recipes for the delaying of orgasm (*Sukrastambana*) in man and for the perfection for the dalliance of love. The *Sukraksharana* (ejaculation) is described as two types – *Syndana* (oozing) and *Visrishti* (forceful ejaculation). *Syndana* leads to moistening only but *Visrishti* along with coital friction leads to orgasm (*Yashodara* on *Kamasutra* 2/1/3).

#### 4.5. PE in Contemporary Science

Waldinger<sup>[21]</sup> distinguishes four periods in the approach to and treatment of PE.

##### 4.5.1. The first period (1887–1917); Early ejaculation

In 1887, Gross<sup>[22]</sup> described the first case of early ejaculation in medical literature followed by second report of Von Kraft-Ebing<sup>[23]</sup> in 1901. Though publications where rare early ejaculation was viewed as an abnormal phenomenon but not significantly as a psychological disturbance.

##### 4.5.2. The second period (1917–1950) neurosis and psychosomatic disorder

In 1917 Abraham described early ejaculation as ejaculation praecox and stated that it was a symptom of a neurosis caused by unconscious conflicts. On the other hand, some physicians stated that PE was due to anatomical urological abnormalities, such as a too-short foreskin frenulum or changes in the posterior urethra, which had to be treated with the incision of the foreskin. In 1943, Schapiro argued that PE caused by a combination of a psychologically overanxious constitution a weak ejaculatory system, and was neither a pure psychological nor a pure somatic disturbance. Schapiro described two types of PE, Type B in which early ejaculation existed from the first intercourses, and Type A, which led to ED which were later known as primary (lifelong) and secondary (acquired) forms of PE.<sup>[24]</sup>

##### 4.5.3. The third period (1950–1990); learned behavior

Master and Johnson<sup>[25]</sup> claimed the high success rates of behavioral therapy in the form of the squeeze technique, an adaptation of the stop-start technique published by Semans<sup>[26]</sup> in 1956. Masters and Johnson stated that men with PE had learned this rapidly behavior as a result of their rushed initial experiences of the sexual intercourse.

##### 4.5.4. The fourth period (1990–Present); neurobiology and genetics

Since 1990s, there have been many publications on the role of SSRIs, clomipramine, and topical anesthetic creams in delaying ejaculation.

At the same time, in 1998, Waldiner postulated that PE is related to disturbance of serotonin (5HT) receptors in specific areas of the central nervous system with a possible genetic vulnerability.

## 5. CONCLUSION

By the above description of *Shukragata Vata* (PE) in various classical and contemporary literature, it can be concluded that it is a psychosexual disorder predominantly. A functional coordination between *Vaata*, *Shukra*, and *Manah* is necessary for healthy ejaculatory functions. As all the neurological functions of the body are under the control of *Vaata* and *Manah* so, their treatment purely depends on the correction of vitiated *Vaata* and *Mano Avastha*. There are other causes of PE, that is, in diabetic patients due to abnormality of ischiocavernosus nerve signals which control the closure of connection between bladder and urethra, which in turn, causes abnormal ejaculation. Some drugs may also inhibit normal ejaculation like  $\alpha$ -adrenoreceptors antagonists, because sympathetic activity is important for ejaculation but they cause inhibition. It is clear from the description that impaired neurologic functions are due to vitiation of *Vaata*, *Manah*, and all the *Indriyas* (*Upastha*) which are also under the control of *Manah*. Hence, vitiation of both the components, that is, *Manah* and *Vaata* can lead to vitiation of *Shukra*. In Ayurveda, the description of ejaculation states that if a man and a woman with good qualities, participate in copulation, with *Saumanasyam* (without Anxiety), the *Sukra* (semen) trickles out from its source, because of *Cheshta* (sexual act), *Sankalpa* (passionate attachment) and *Pidana* (physical pressure), and is ejaculated through *Mutravahasrotas*. Hence, it can be concluded that a better *Mano Avastha* (i.e. *Saumanasyam*) is necessary for ejaculation and for this, the *Vaata* must be in normal situation and *Gati* because the *Manah* itself is under the control of *Vaata*.

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## 10. CONFLICTS OF INTEREST

Nil.

## 11. DATA AVAILABILITY

This is an original manuscript and all data are available for only review purposes from principal investigators.

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**Table 1:** Shukragata Vata versus Shukravrita Vata in Classical Literature

<b><i>Shukragata Vata</i></b>	<b><i>Shukravrita Vata</i></b>
<i>Kshipram Munchati/Shukrasya</i>	<i>Ativega</i>
<i>Sheeghram Utsargam</i>	
<i>Badhnati/Chiram dharayate</i>	<i>Avega</i>
<i>Shukra Vikriti</i>	<i>Nishphalatvam</i>
<i>Garbha Vikriti</i>	