گزارش‌های آموزشی مرکز اطلاعات علمی

مقاله نویسی علوم انسانی

اصول تنظیم قراردادها

آموزش مهارت های کاربردی در تدوین و چاپ مقاله
Effects of Herbal vigRX on Premature Ejaculation: A randomized, double-blind study

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Objective : We conducted a double-blind, placebo-controlled study to determine the efficacy of an herbal sexual supplement (vigRX) on premature ejaculation (PE).

Method: A randomized double blind study was conducted on a fixed dose of herbal vigRX at Roozbeh Psychiatry Hospital, Tehran University of Medical Sciences. The sample consisted of 85 married patients diagnosed with primary PE according to Diagnostic and Statistical Manual of Mental Disorders. Each patient underwent diagnostic evaluation by one trained psychiatrist, using Structured Clinical Interview for DSM-IV-TR. Each patient was evaluated by researchers to exclude the organic sexual dysfunctions. The patients were randomly assigned into two groups: group 1 consisting of 42 patients receiving placebo, and group 2 consisting of 43 patients receiving 540 mg herbal vigRX for a 4-week treatment course. The effects of the drug on the ejaculatory function in each group were assessed by the intravaginal ejaculation latency time (IELT), and the Chinese Index of Premature Ejaculation (CIPE) before and at the end of the treatment course. Statistical analysis was performed using SPSS software (15th version).

Results: The mean IELT increased 22.4 and 32.0 seconds in the placebo and the vigRX group respectively after the treatment course. The mean IELT differences between the two groups was not significant. The mean CIPE score increased 2.40 and 4.37 in the placebo and the vigRX group respectively .The mean CIPE score differences between the two groups was not significant.No side effect was reported by the subjects in neither groups during the treatment course.

Conclusion: Although the improvement in IELT and CIPE scores in the herbal vigRX group was more than the placebo group, this difference was not statistically significant. The increasing of IELT and CIPE score in the placebo group may be due to the placebo effects. Further studies with higher vigRX doses, greater sample size and longer treatment courses are warranted.

Keywords: Ejaculation, Herbal medicine, Sexual dysfunction, Controlled trial

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Table 1. Baseline data of patients

| Variable                 | Group 1     | Group 2     | Pvalue |
|--------------------------|-------------|-------------|--------|
| Mean age (years)         | 27.0±5.7    | 25.9±3.4    | NS*    |
| Mean IELT (seconds)      | 72.6±68.9   | 70.8±55.5   | NS     |
| Mean CIPE score          | 27.1±8.0    | 27.0±5.6    | NS     |

*NS=Non Significant

Table 2. Comparison of intravaginal ejaculation latency time (IELT) score between two groups

| group             | mean IELT before treatment (seconds) | mean IELT after treatment (seconds) | mean IELT difference (seconds) | df  | t      | Pvalue |
|-------------------|--------------------------------------|------------------------------------|--------------------------------|-----|--------|--------|
| 1 (Placebo)       | 72.6±68.9                            | 95.1±72.8                          | 22.4±36.2                      | 83  | 1.2    | NS*    |
| 2 (vigRX)         | 70.8±55.5                            | 102.8±66.2                         | 32.0±36.5                      |     |        |        |

*NS=Non Significant

Table 3. Comparison of Index of Premature Ejaculation (CIPE) score between two groups

| group             | mean CIPE score before treatment | mean CIPE score after treatment | mean CIPE difference | df  | t      | Pvalue |
|-------------------|----------------------------------|---------------------------------|----------------------|-----|--------|--------|
| 1 (Placebo)       | 27.1±8.0                         | 29.5±6.7                        | 2.4±5.0              | 83  | 0.162  | NS*    |
| 2 (vigRX)         | 27.0±5.6                         | 31.4±6.3                        | 4.3±4.1              |     |        |        |

*NS=Non Significant

Results
Fourteen patients dropped out of the study during the presence of any endocrinological state or taking any psychotropic medications within the last 2 weeks prior to the study. All the patients were heterosexual. The patients who completed the treatment course, 42 patients were in group 1 (placebo), and 43 in group 2 (vigRX). The mean age, mean IELT and mean CIPE score in both groups were obtained. The baseline data were compared in the two groups and was not statistically significant (Table 1).

The mean IELT was 95.1±72.8 seconds and 102.8±66.2 seconds in group 1 and 2 respectively at the end of the treatment course. The mean IELT increased after the 4-week treatment in both groups but it increased more in group 2. The mean IELT differences between the two groups was not statistically significant (Table 2).

The mean CIPE score increased 2.4±5.0 and 4.3±4.1 in group 1 and 2 respectively. CIPE score increased after the 4-week treatment in both groups but more in group 2. The mean CIPE score differences between the two groups was not statistically significant (Table 3).

No side effect was reported by the subjects in both groups during the treatment course.

Discussion
In this study, we examined the efficacy of VigRX as a sexual complementary herbal drug which contains eight herbal supplements including: Epimedium Leaf Extract, Cuscuta Seed Extract, Ginkgo Biloba Leaf, Asian Red Ginseng - Panax Ginseng, Saw Palmetto Berry - Fructus Serenoae, Muira Pauma Bark Extract, Hawthorn Berry - Fructus Crataegi, Catuaba Bark Extract, Cuscuta Seed Extract, Ginkgo Biloba Leaf, Asian Ginseng Root, and Saw Palmetto Berry - Fructus Serenoae. VigRX is a well-known herbal supplement that stimulates sexual activity. VigRX ingredients

Materials and Method
This is a randomized double blind fixed dose study which conducted in Roozbah Psychiatric Hospital in Tehran University of Medical Sciences (TUMS) during July 2007 to March 2009. Ninety nine married male patients were studied. They applied to TUMS Departments of Psychiatry and Urology and were diagnosed with primary PE according to DSM-IV-TR. (5). After complete description of the study to the volunteers, the written informed consent including necessary details of the study was obtained from each patient. Each patient underwent a diagnostic evaluation by one trained psychiatrist using Structured Clinical Interview for DSM-IV-TR. To exclude organic sexual dysfunctions, each patient was evaluated by researchers. Exclusion criteria were as follows: the presence of erectile dysfunction and inhibited male orgasm, a severe physical or mental illness, the history of alcohol and any substance abuse or dependence. The
Berry, Muira Pauma Bark Extract, Catuaba Bark Extract and Hawthorn Berry in the treatment of primary PE.

Although patients who received vigRX showed more improvement in IELT and CIPE scores compared with those who received placebo, the differences between the two groups was not statistically significant. On the other hand increasing of IELT and CIPE score in the placebo group may indicating placebo effects in patients who were studied. No side effect was seen in the patients in both groups during the treatment course.

In an open trial study was done by Cohen et al. ginkgo biloba was found to be 84% effective in treating antidepressant-induced sexual dysfunction predominantly caused by selective serotonin reuptake inhibitors(16).

In a triple-blind randomized, placebo-controlled clinical trial of ginkgo biloba carried out by Whealy although some spectacular individual responses was seen but there was no statistically significances in sexual improvement and side effects between two groups(17).

Waynebring et al assessed the efficacy of a unique herbal formulation of Muira puama and Ginkgo biloba (Herbal vX) in 202 healthy women complaining of low sex drive. Responses showed significantly higher average total scores from baseline in 65% of the sample after using the supplement. Statistically significant improvements occurred in frequency of sexual desires, sexual intercourse, and sexual fantasies, as well as in satisfaction with sex life, intensity of sexual desires, excitement of fantasies, ability to reach orgasm, and intensity of orgasm (18).

Different and sometimes controversial results which reported in the literatures about herbal formulations may be due to the designing and methodology of the studies or individual differences in responding to these supplements.

Using of minimal recommended dosage, small sample size and short treatment course was the main limitations of our study so we recommended future studies with higher vigRX doses, greater sample size and longer treatment courses to further evaluation of the efficacy and probable side effects of this herbal supplement.

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