World Meeting on Sexual Medicine
November 19-21, 2021
Virtual

"Effects and safety of combined hypericum perforatum and quercetine in premature ejaculation: A pilot study"

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Introduction

Premature ejaculation (PE) is a common, and under treated medical condition that affects men and their partners. Advances in clinical research in premature ejaculation (PE) over the last years have led to the development of a variety of new treatment options, including dietary supplements.

Hypericum perforatum (HP), a natural supplement has demonstrated pharmacologic action to inhibit serotonin reuptake and that inhibits rat and human vas deferens contractility. These results might explain delayed ejaculation described in patients receiving HP.

Quercetin is a naturally occurring bioflavonoid found in high concentrations in red wine, onions, and green tea. Therapy with the bioflavonoid quercetin provides significant symptomatic improvement in most men with chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS). Subjects with PE often show symptoms and signs compatible with CP/CPPS, as confirmed by many different studies, CP/CP are an organic risk factor for PE.

Aim

The purpose of the present investigation was to assess the safety and preliminary evidence of the effectiveness of a supplement that combined HP and quercetin for the treatment of PE.

Method

A one-group pretest-posttest design was used in the current research. Main outcome measures were assessed using the mean stopwatch-measured Intravaginal Ejaculatory Latency Time (IELT) at baseline and after 12 weeks.

The collected data were tabulated and analyzed using the Statistical Package for the Social Sciences version 22 (SPSS). Quantitative data are expressed as means ± standard deviations (SDs).

For the comparison of paired variables the Wilcoxon test was used. Premature Ejaculation Diagnostic Tool (PEDT) was used for the diagnosis and as a secondary measure.

The study inclusion criteria to be selected were as follows: Being over 18 years old, being in a heterosexual relationship for at least the last 6 months, having a score ≥ 11 in the PEDT and a mean self-reported IELT ≤ 2 minutes.

Exclusion criteria included a history of alcohol abuse or dependence, having received medication or psychological treatment for PE in the last 6 months, suffering from diabetes or habitual use of recreational drugs.

A total of 12 subjects, aged between 27 and 58 years of age (mean = 40.50 years, standard deviation (SD) = 8.31) were treated with 1 daily tablet of 650 mg of Myhixel Max® (Fig.1).

Each tablet contained Hypereric dry extract 433.64mg, Sophora japonica L. (95% quercetin 72.27mg), 68.65mg quercetin and anti-caking agents (magnesium stearate and silico dioxide).

Figure 1. Myhixel Max®.

Results

In the present study, there was a significant improvement in mean IELT (mean pre = 69.6 seg (SD) = 37.8 mean post = 146.4 seg (SD) = 67.2, Wilcoxon test pre vs post p-value = 0.008) (Fig 2).

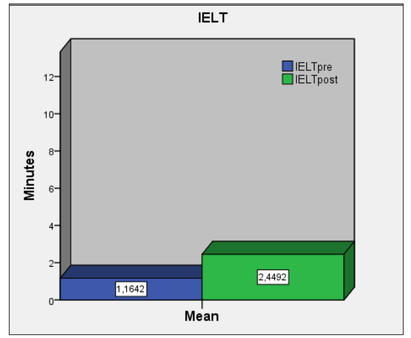

Figure 2. Comparative mean IELT pre-treatment and posttreatment.

Conclusion

Oral therapy with HP and quercetin was associated with a significant increase in mean IELT from baseline, with no adverse effects related to the treatment.

We can conclude that this supplement in daily use has the potential to become an effective and safe treatment for patients suffering from PE, long-term durability of the response is yet to be determined.

Future studies with, larger group of patients; larger follow-up and group control are needed.

Acknowledgements

This poster and the research behind it would not have been possible without the exceptional support of my teammates Josefa y Encarna.

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