PE based on self-report of low or absent control over ejaculation, resulting in distress for them or their sexual partner or both," and timing was not a main criterion.[1] Stating that "teens and men by masturbation can understand their sexual response and learn ejaculatory control (. . .)"[2] is a very superficial and profane idea. Again, PE is not just a question of timing but, more importantly, a lack of control and satisfaction, according to its definition: "the inability to delay ejaculation on all or nearly all vaginal penetrations" (International Society for Sexual Medicine [ISSM] 2014).[3] "Normal" teens and men have an innate capacity of delaying their ejaculation, but the lack of ejaculatory control by a PE patient makes isolated behavioral therapies, most of the time, doomed to fail.

We fully agree that "PE is still far from being fully understood," such as *lichen sclerosus* or Peyronie disease, but it does not mean that PE should not receive our attention and be treated. Saying that "PE is normal in adolescent males especially during their first sexual encounters (. . .)"[2] also does not prove that PE is not a dysfunction—phimosis may be also physiological in children but not in adults, and we should not mistake pathologic PE with natural variable or situational PE. PE is certainly a dysfunction if it entails "negative personal consequences, such as distress, bother, frustration, and/or the avoidance of sexual intimacy" (definition of PE, ISSM 2014).[3]

Sex is not just a reproductive act in humans, and the authors' rebuttal does not take into account that, contrary to animals, a couple's pleasure and satisfaction are often primary end points. By saying that "male ejaculation does not automatically mean the end of sex for most women (. . .),"[2] the authors are assuming that male erectile dysfunction is not a sexual dysfunction either—after all, there are other ways than coitus to achieve a woman's orgasm.

In Medicine, there are lots of questions for which we still do not have the answer. However, we have to say that we disagree with the rebuttal, beginning with its title. PE is and will continue to be the most prevalent male sexual dysfunction and a clear indirect cause of female sexual dissatisfaction (most of the time, it is the woman who brings her partner to the doctor!) that may even end a relationship.[4] Doubting that is disbelieving the health professionals that deal everyday with this condition and all the scientific societies that validate PE as a disease (ISSM, International Society for Sexual Medicine, American Urological Association, European Association of Urology, American Psychiatric Association, and others).[5-7]

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Premature Ejaculation and Its Remedies in Medieval Persia

TO THE EDITOR:

BACKGROUND

The history of premature ejaculation (PE) is probably as old as human history. Despite the well-known history of PE in the 19th and 20th centuries, there is little information on the history of this disease throughout antiquity and the medieval period.[1] PE is mentioned in ancient Greek mythology with the term "*ejaculatio ante portas*."[2] This disease is also mentioned in *Njal's Saga*, a 13th century Icelandic saga.[3] It appears that medieval Persian physicians have mentioned PE in their medical manuscripts for the first time. In this historical essay, we have reviewed manuscripts handed down from the most outstanding medieval Persian scholars: Rhazes (865-925 CE), Haly Abbas (949-982 CE), and Avicenna (980-1037 CE). We determined to focus on "*Zakhire Kharazmshahi*," a script from Hakim Esmail Jorjani (1042-1137), in which probably the most detailed discussion is made about premature ejaculation.

RHAZES, HALY ABBAS, AND AVICENNA

Different famous medieval physicians such as Rhazes, Haly Abbas, and Avicenna have extensively elaborated on different aspects of sexual dysfunction.[4-6] Rhazes (865-925 CE), a Persian physician, born in Rey City (Iran),[7] has written a manuscript entitled "*Fil-Bah*" [on Aphrodisia] and

Figure 1. The chapter of "*Sorate Enzal*" (rapid ejaculation), from "*Zakhireye Khwarazmshahi*" [The Treasure of King Khwarazm], *Jorjani* (1042-1137 CE), kept in Iran National Library, record number: 5-31818. Link: http://dl.nlai.ir/UI/c1ee6532-b72a-4079-b8b7-a84b8dc6a2e0/LRRView.aspx. (Color version available online.)

Table 1. Natural remedies suggested for premature ejaculation by Jorjani (1042-1137 CE)

Scientific Name	Common Name	Name in "Zakhire Kharazmshahi"	Indication in Premature Ejaculation Types	Dosage Form
Verjuice	Verjuice	*Ab Ghureh*	Excessive semen volume, hot temperament of semen	Oral
Oxymel	Oxymel	*Sekanjabin*	Excessive semen volume, low viscosity of semen, hot temperament of semen	Oral
Punica granatum extract	Pomegranate juice	*Ab Anar*	Excessive semen volume, hot temperament of semen	Oral
Punica granatum	Pomegranate flowers	*Golnar*	Excessive semen volume, hot temperament of semen	Oral, Topical
Myrtus communis	Myrtus	*Murd*	Hot temperament of semen, retentive power weakness	Topical
Trimethylbicyclo [2.2.1] heptan-2-one	Camphor	*Kafoor*	Excessive semen volume, hot temperament of semen	Oral, Inhalation
Santalum album	*Santalum*	*Sandal*	Hot temperament of semen	Inhalation
Coriandrum sativum	Coriander	*Geshniz*	Excessive semen volume	Oral
Portulaca oleracea	Portulaca	*Khorfeh*	Excessive semen volume, hot temperament of semen	Topical
Cinnamomum verum	Cinnamon	*Darchin*	Low viscosity of semen	Oral
Carum carvi	Caraway	*Zireh*	Attenuation of semen quality	Oral
Cannabis	Cannabis	*Shahdaneh*	Low viscosity of semen	Oral
Cheilocostus speciosus	Crepe ginger	*Qost*	Retentive power weakness	Topical
Narcissus poeticus L.	Narcissus	*Narges*	Retentive power weakness	Topical, Inhalation
Rhus coriaria	Sumach	*Somagh*	Hot temperament of semen	Topical

discussed different *medicinal* aspects of sex in 13 long-running chapters.[8] He has also devoted 2 chapters of his famous book "*al-Havi*" (The Large Comprehensive, known in Latin as *Liber Continens*) to sexual dysfunctions.[9] He did not mention PE directly in his notes.

Haly Abbas (949-982 CE)—born in the city of Arrajan (Southwestern Iran)[10]—under the chapter of male genital diseases, devoted 3 divisions to sexual diseases in his manuscript "*Kamil al-Sinaa al Tibbiya*" [The Perfect Book of the Art of Medicine].[11] He also did not mention PE in these diseases; however, he did note "rapid ejaculation" as the sign of hot temperament of testes.

The most prominent physician of the Islamic Golden Age, Avicenna (980-1037 CE),[12] also known as Ibn-e-Sina, born in Afshaneh, a city near Bokhara (in old Persia),[13] addressed a disease as "*Kesrate Daroure Mani*" [excessive semen gush] in the third volume of his medical encyclopedia, Al-Qānūn fī al-Tibb (The Canon of Medicine), in the chapter devoted to men's specific diseases.[14] Some symptoms of this condition are similar to PE; nevertheless, Avicenna did not point directly to PE. In this chapter, he has also recommended physicians not to be ashamed of talking about some subjects such as enlarging the penis, constricting the vagina, or pleasure of women.

JORJANI

The concept of premature ejaculation as a disease was presented in a distinct section in yet another medieval medical text by Hakim Esmail Jorjani for the first time.

Sayyed Ismail ibn Husayn Gorgani (1042-1137 CE),[15] known as Jorjani, was born in Gorgan (Northern Iran). His most famous manuscript "*Zakhireye Khwarazmshahi*" [The Treasure of King Khwarazm] is known as the most comprehensive medical encyclopedia in the Persian language in the medieval era. Although mostly influenced by Avicenna, he presented several important points, which were not previously mentioned by Avicenna.

He managed to directly and explicitly tackle the problematics of premature ejaculation as "*Sorate Enzal*," or rather: rapid ejaculation [according to his own recognition] in the same compilation of *Zakhireye Khwarazmshahi*. In his chapter on "diseases related to men" from the sixth volume of his book in the nineteenth part, section 3, subsection 9 (ailments concerning intercourse) (Fig. 1), Jorjani has written:

Rapid ejaculation has four causes: excessive semen volume, thin watery semen (low viscosity), hot temperament of semen, and weakness of retentive power of seminal tracts.[16]

He has mentioned low-frequency intercourse, thin semen, burning sensation on ejaculation, and ejaculation without enough erection as signs of these causes, respectively. He suggested different treatment modalities according to the causes of the disease and temperaments.[17] For example, limitation in food intake, abstinence of wine, and phlebotomy were suggested for patients who had PE due to excessive semen volume. Natural remedies applied in various types of PE in "*Zakhire Kharazmshahi*" are shown in Table 1. The classification of PE presented by Jorjani was re-

peated in later medieval medical manuscripts with little alterations.

CONCLUSION

The very concept of premature ejaculation—like other sexual disorders such as impotence—has originated from antiquity and medieval period. Besides historical importance, such ancient medical information is important for the scientists in the field of traditional, complementary, and alternative medicine. The historiographic trend of classification and naming of disorders as of men's sexuality actually has its original roots in such ancient civilizations as Greek, Assyrian, Egyptian, and Indian. In olden Persia, the idea itself along with the description of symptoms have partially been adopted from the abovementioned: Persians came to develop the notion itself into some highly expanded literature regarding classification, systematization, semiology, and therapeutic options, some traces of which can only be found in Persia.

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Re: Kryvenko et al.: Prostate-specific Antigen Mass Density – A Measure Predicting Prostate Cancer Volume and Accounting for Overweight and Obesity-related Prostate-specific Antigen Hemodilution (Urology, 2016;90:141–147)

TO THE EDITOR:

I read with great interest the admirable work presented by Kryvenko et al[1] about use of a new measure for prostate cancers, called prostate-specific antigen mass density (PSAMD). The authors had conducted a retrospective study on 469 patients with prostate cancer to investigate correlations of different parameters related to prostate-specific antigen (PSA), including PSAMD, with total tumor volume. Their results showed that although PSAMD might have a slightly better correlation coefficient than PSA density (PSAD) ($r = 0.336$ vs $r = 0.314$), the latter parameter is still strongly correlated with total tumor volumes in patients with prostate cancer.

A remarkable finding in their result is the statistically lower prostate weights in patients with higher total tumor volumes. This finding might not have any clinical nor biological rationales, and seems to be more attributable to biases in their selection of study population or simply may have happened by chance. In other words, they had selected their cases based on their Gleason scores, and then the sample came to be matched for age, PSA, total tumor volume, and race between different groups based on body mass index, intentionally or unintentionally. However, categorizing