CLINICAL STUDY TO EVALUATE THE EFFICACY OF YAPANA BASTI AND VANARI GUTIKA IN THE MANAGEMENT OF KLAIBYA W.S.R. TO ERECTILE DYSFUNCTION

Mukesh Kumar1*, Sarvesh K. Singh2, Gopesh Mangal2, Shrinivas Sharma3

1*MD Scholar, 2Lecturor, 3Associate Professor, Dept. of Panchakarma National Institute of Ayurveda, Jaipur.

ABSTRACT

Successful sexual act is one of the most basic needs for the production of the future generations. Successful sexual act is not possible, if a person is suffering from the Klaibya. Acharya have mentioned different causes of the Klaibya, and Malanashishinta is one among these. Malanashishinta can be compared with the erectile dysfunction on the basis of symptoms. The Shhiradipanchamooladi Yapana Basti (960ml/day for 16days), which is mentioned in the Caraka Samhita for Vajikarana by Caraka and Vanari Guti (Sgm twice daily was given P.O. with milk as Anupana for 30 days) mentioned by Bhavaparkasha in Vajikarana chapter are used in this study. One of the basic aims of this thesis is to evaluate, whether the drugs administered through Basti have any benefit over the drugs administered orally, particularly in reference to the administration of Vajikarana drugs for the treatment. Total 30 patients were selected from the OPD & IPD in the P.G.Department of Panchakarma at National Institute of Ayurveda Jaipur, Rajasthan. The patients were randomly divided into three groups and named as Group A, Group B and Group C, with 10 patients in each group. Highly significant result was found in overall effect the subjective criteria in the group of A, B and group C with 55.55%, 34.78% and 94.44% respectively. In the semen analysis highly significant result was found in group-c with 42.34 % (semen volume), 15.97 % (Sperm count) and in Immotile sperm 45.01% respectively.

KEYWORDS: Kalaiya Shhiradipanchamooladi Yapana Basti, Vanari Gutika.

INTRODUCTION

The Ayurveda is a science that deals with the human life. The first priority of Ayurveda is the prevention of disease and maintaining the health of a healthy individual[1]. So, a man should follow such a dietary and daily regime, which will maintain his good health and prevent any illness in future[2], Ayurveda defines an ideal man as one who has got a healthy body, mind and Indriya, and leads such a life which is congenial to his personal development and conducive to social happiness. Acharya Vagbhatta has described the tripod of life as Aahara, Nidra, and Abrahmacarya. By the mention of Abrahmacarya, the Acharya gives a clear cut importance to sexual functions in human life.

The Veda divided human life into four stages i.e., Brahmacharya, Grahstha, Vanprastha, and Sanyasa Ashrama. Through these stages a human being achieves Dharma, Artha, Kama, and finally Moksha, which is the ultimate goal of human life. Acharya Susruta has written a separate chapter, "Shukrasonita Shudh Adhyya", in which he has given complete description of "Shudha Shukra", Shudha Shonita", causes of deformities, and complete management. The aim of the chapter should be the production of Shudha Shukra, Shudh Shonita, so that, healthy human progeny is produced. Acharya Caraka has also mentioned in detail, "Shudha Shukra," Shudha Shonita", treatment of their diseases. Caraka has written a separate chapter on Vajikarma, and mentions that by following the rules and regulations of Vajikarma one can achieve healthy progeny. By achieving good progeny one achieves Dharma, Artha, Preeti and Yashtra[3]. Good progeny benefits a person even in Vanprastha and Sanyasa Ashram. Successful sexual act is one of the most basic needs for the production of the future generations. Successful sexual act is not possible, if a person is suffering from the Klaibya. Acharya have mentioned different causes of the Klaibya, and Malanashishinta is one among these. Malanashishinta can be compared with the erectile dysfunction on the basis of symptoms. Due to the Klaibya a person is not able to produce offspring's. When a person is not able to complete his family, he is labelled with a social stigma. This becomes a reason for his physical, mental and social disturbance.

WHO defines the sexual dysfunction as “the various ways in which an individual is unable to participate in a sexual relationship as he or she would wish”. The male sexual dysfunction includes all sorts of disturbances of coital performance and sexual congress in male. Male sexual dysfunction or “impotence” can be defined as a “man's inability to attain or maintain an erection of sufficient strength to perform the act of intercourse”.

Oral pharmacotherapy represents the first line option for most of the patients with erectile dysfunction. Sildenafil and Apomorphine are presently used for erectile dysfunction in modern medicine. Patients who do not respond to oral pharmacotherapy or who cannot use it are good candidates for intracavernosal and intratheral therapy. Alprostadil is the most widely used drug both for injection therapy and for the intratheral route. It is estimated that currently 25–30 million men worldwide taking PDE5 inhibitors, and an additional 50 million or
more who are potential candidates for treatment. Now it is clear, that there are so many adverse effects of PDE5 inhibitors and no satisfactory result even after long time use. Nowadays, a famous medicine for erectile dysfunction is sildenafil, but it has negative side effects for cardiovascular system. Although, there are many drugs available for the treatment of the erectile dysfunction in allopathy but they have many serious adverse effects and are very costly.

Due to these reasons, the Ayurvediya system of medicine must play its role for the management of erectile dysfunction without lethal side effects. So, the aim of the study is to manage the erectile dysfunction by using chief, easily available and safe Ayurvediya medicines. The Sthiradipanchamooladi Yapana Basti which is mentioned in the Caraka Samhita for Vajikarana by Caraka and Vanari Gutika mentioned by Bhavaparkasha in Vajikarana chapter are used in this study. One of the basic aims of this thesis is to evaluate, whether the drugs administered through Basti have any benefit over the drugs administered orally, particularly in reference to the administration of Vajikarana drugs for the treatment.

Aims and Objectives
The present research trial has been undertaken with the following aims and objectives.

1. To conceptualize and evaluate the approach of Ayurvediya management in the Klaibya w.r.t to erectile dysfunction.
2. To study the efficacy of the Vanari Gutika and the Sthiradipanchamula Yapana Basti in the management of the Klaibya.
3. To compare the efficacy of Vanari Gutika and the Sthiradipanchamula Yapana Basti on the Klaibya, when administrated separately and when given in the combination.

Materials and Methods
The following material and method were adopted for conducting the clinical trials.

Selection of Cases
Total 30 patients were selected from the OPD & IPD in the P.G.Department of Panchakarma at National Institute of Ayurveda Jaipur, Rajasthan.

Inclusion Criteria
- Adult male patients who were married and were b/w the age of 21 to 60 years.
- Patients having signs and symptoms of the Klaibya according to Ayurveda and Modern texts.

Exclusion Criteria
- Disorder in sexual organs e.g. hypospadias, epispadias etc.
- Unmarried Patients.
- Patients with diseases like severe Hypertension, Diabetes mellitus, IHD, COPD, Liver cirrhosis etc.
- Patients with sexually transmitted diseases.
- Erectile dysfunction due to nerve damage e.g. Accidental injury like spinal cord injury.
- Erectile dysfunction due to surgical cause e.g. surgery of colon, prostate, urinary bladder, rectum etc.

Groupings
Group-A: In this group Sthiradipanchamoola Yapana Basti was given approx. 960ml/day for 16days.
Group-B: In this group "Vanari Gutika" 5gm twice daily was given P.O. with milk as Anupana for 30 days.
Group-C: In this group, Sthiradipanchamoola Yapana Basti was given for 16 days, and "Vanari Gutika" as 5gm twice daily P.O. with milk as Anupana for 30 days.

Criteria for Assessment: Both subjective & objective parameters were employed for assessment of the impact of the treatment.

Subjective parameters: - The following signs and symptoms of Klaibya were assessed before and after the course of therapy.

1. Mlanashishnata[^i]
Clinical Interpretation of Mlanashishnata
Assessment of signs and symptoms was done pre and post trial on severity grading scale developed by Dr. Srinivas sharma etal.

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No erection at all</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Erection but not Sustained</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Sustained Erection</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Erection but not enough for penetration</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Erection Enough for penetration</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Successful intercourse</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Efficacy Assessment of Parameters of Selected Drugs.
A) International Index of Erectile Function 15 items (IIEF-15)

These questions were asked about the effects that the erection problems have had on patient’s sex life over the past 4 weeks:

Questionnaire:
Q.1. How often was you able to get an erection during sexual activity?
0- No sexual activity
1-Almost never or never
2-A few times (less than half the time)
3-Sometimes (about half the time)
4-Most times (more than half the time)
5-Almost always or always

Q.2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration?
Objective parameters

The analysis was carried out to assess the effect of the therapy before and after the treatment in the patients.

Scoring Algorithm for IIEF: All items are scored in 5 domains as follows:

<table>
<thead>
<tr>
<th>Items Domain</th>
<th>(questions)</th>
<th>Range</th>
<th>Max Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Erectile Function</td>
<td>1, 2, 3, 4, 5, 15</td>
<td>0-5</td>
<td>30</td>
</tr>
</tbody>
</table>

Clinical Interpretation of IIEF 5

Erectile function total scores can be interpreted as follows:

- 0-6 - Severe dysfunction.
- 7-12 - Moderate dysfunctions
- 13-18 - Mild to moderate dysfunction
- 19-24 - Mild dysfunctions
- 25-30 - No dysfunction

Objective parameters (semen analysis)

Statistical Analysis

In Stat Graph Pad 3 software was used & for non-parametric Data Wilcoxon matched-pairs signed ranks test was used while for Parametric Data Paired ‘t’ Test was used and the results were calculated in each group. For calculating the Inter group comparison, KRUSKALWALLIS & ANOVA Test was used and results calculated.

- Insignificant: P >0.05,
- Significant: P <0.05
- Highly significant: P < 0.01, P < 0.001, P<0.0001

Results

All the 30 subjects registered under all the three groups completed the course of the treatment for 30 days and follow up for 60 days. The effect of the therapy on different parameters like International Index of Erectile Function (IIEF) scoring, Mlanashishnata were assessed after the complete course of the treatment and follow up. The results obtained, before and after the treatments were analyzed by using Software: In Stat Graph Pad 3.

A) Effect of The therapy on the subjective parameter

1. Effect of the therapy on IIEF Q: 1

In Group A, Group B and Group C a relief of 92.31%, 91.66% and 90% was noted respectively, which is statistically significant (p<0.05) in all the three groups.

2. Effect of the therapy on IIEF Q: 2

In Group A, Group B and Group C a relief of 80%, 76.92% and 93.75% was noted respectively, which is statistically significant (p<0.05) in all the three groups.

3. Effect of the therapy on IIEF Q: 3

In Group A, Group B and Group C a relief of 52.94%, 56.25% and 94.11% was noted respectively, which is statistically significant (p<0.05) in all the three groups.

4. Effect of the therapy on IIEF Q: 4

In Group A, Group B and Group C a relief of 75%, 73.33% and 91.66% was noted respectively, which is statistically significant (p<0.05) in all the three groups.

5. Effect of the therapy on IIEF Q: 5

In Group A, Group B and Group C a relief of 42.85%, 36% and 93.75% was noted respectively, which is statistically significant (p<0.05) in all the three groups.

6. Effect of the therapy on IIEF Q: 15

In Group A, Group B and Group C a relief of 55.55%, 34.78% and 94.44% was noted respectively, which is statistically significant (p<0.05) in all the three groups.

7. Effect of the therapy on Mlanashishnata

In Group A, Group B and Group C a relief of 55%, 45% and 92.85% was noted respectively, which is statistically significant (p<0.05) in all the three groups.

B) Effect of the therapy on the objective parameter

1. Effect of the treatment on Semen volume

In Group A, Group B and Group C an improvement of 35.75%, 28.76% and 42.34% was noted respectively, which is statistically significant (P<0.05), significant (p<0.05) and highly significant (P<0.0001) respectively in the three groups.
2. Effect of the treatment on Semen pH
In Group A, Group B and Group C an improvement of 0.61%, 0.39% and 4.80% was noted respectively, which is statistically significant (p<0.05), non-significant (P>0.05) and significant (p<0.05) respectively in the three groups.

3. Effect of the treatment on sperm count
In Group A, Group B and Group C an improvement of 12.30%, 8.14% and 15.97% was noted respectively, which is statistically significant (P<0.05), significant (p<0.05) and highly significant (P<0.0001) respectively in the three groups.

4. Effect of the treatment on Rapid Linear Progression of sperm
In Group A, Group B and Group C an improvement of 26.17%, 19.31% and 30.88% was noted respectively, which is statistically highly significant (P<0.0001), highly significant (P<0.0001) and highly significant (P<0.0001) respectively in the three groups.

5. Effect of the treatment on Sluggish Linear Progression of sperm
In Group A, Group B and Group C an improvement of 18.14%, 15.85% and 19.22% was noted respectively, which is statistically highly significant (P<0.0001), highly significant (P<0.0001) and highly significant (P<0.0001) respectively in the three groups.

6. Effect of the treatment on Non Progression of sperm:
In Group A, Group B and Group C an improvement of 20.58%, 20.70% and 34.19% was noted respectively, which is statistically significant (P<0.05), significant (p<0.05) and highly significant (P<0.0001) respectively in the three groups.

7. Effect of the treatment on immotile sperm:
In Group A, Group B and Group C an improvement of 40.90%, 38.44% and 45.01% was noted respectively, which is statistically highly significant (P<0.0001), highly significant (P<0.0001) and highly significant (P<0.0001) respectively in the three groups.

Table 4: Inter group comparison between Group A, Group B and Group C

<table>
<thead>
<tr>
<th>Variables</th>
<th>Group A</th>
<th>Group B</th>
<th>Group C</th>
<th>P Value</th>
<th>Remark</th>
</tr>
</thead>
<tbody>
<tr>
<td>IIEF Q:1</td>
<td>1.2</td>
<td>1.1</td>
<td>0.9</td>
<td>0.0465</td>
<td>S</td>
</tr>
<tr>
<td>IIEF Q:2</td>
<td>1.2</td>
<td>1</td>
<td>1.5</td>
<td>0.6485</td>
<td>NS</td>
</tr>
<tr>
<td>IIEF Q:3</td>
<td>0.9</td>
<td>0.9</td>
<td>1.6</td>
<td>0.0654</td>
<td>NS</td>
</tr>
<tr>
<td>IIEF Q:4</td>
<td>1.2</td>
<td>1.1</td>
<td>1.1</td>
<td>0.321</td>
<td>NS</td>
</tr>
<tr>
<td>IIEF Q:5</td>
<td>0.9</td>
<td>0.9</td>
<td>1.5</td>
<td>0.047</td>
<td>S</td>
</tr>
<tr>
<td>IIEF Q:15</td>
<td>1</td>
<td>0.8</td>
<td>1.7</td>
<td>0.422</td>
<td>NS</td>
</tr>
<tr>
<td>Mlanashishnata</td>
<td>1.1</td>
<td>0.9</td>
<td>1.3</td>
<td>0.8764</td>
<td>NS</td>
</tr>
</tbody>
</table>

(HS: Highly Significant S: Significant NS: Non Significant)

Graph 1: Inter group comparison between Group A, Group B and Group C


Table 8: Inter group comparison between Group A, Group B and Group C for objective parameters (sperm analysis)

<table>
<thead>
<tr>
<th>Variables</th>
<th>Group A Mean (AT)</th>
<th>Group B Mean (AT)</th>
<th>Group C Mean (AT)</th>
<th>P value</th>
<th>Remark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semen volume</td>
<td>0.64</td>
<td>0.53</td>
<td>0.77</td>
<td>0.1717</td>
<td>NS</td>
</tr>
<tr>
<td>Semen pH</td>
<td>0.105</td>
<td>0.025</td>
<td>0.309</td>
<td>0.0039</td>
<td>S</td>
</tr>
<tr>
<td>Sperm Count</td>
<td>5.796</td>
<td>3.906</td>
<td>7.65</td>
<td>0.1241</td>
<td>NS</td>
</tr>
<tr>
<td>RLP</td>
<td>11.91</td>
<td>9.21</td>
<td>13.87</td>
<td>0.1045</td>
<td>NS</td>
</tr>
<tr>
<td>SLP</td>
<td>5.819</td>
<td>4.724</td>
<td>6.245</td>
<td>0.4366</td>
<td>NS</td>
</tr>
<tr>
<td>NP</td>
<td>2.247</td>
<td>2.367</td>
<td>3.59</td>
<td>0.5133</td>
<td>NS</td>
</tr>
<tr>
<td>IM</td>
<td>4.27</td>
<td>3.972</td>
<td>4.61</td>
<td>0.4511</td>
<td>NS</td>
</tr>
</tbody>
</table>

(RLP- Rapid linear progressive, SLP- Sluggish linear progress, NP- non progressive, IM-Immotile sperm)

DISCUSSION

Ayurvediya Acharya Caraka has placed the Kama as one among the cardinal factors of Purusharth. This shows the importance they have attributed to Kama. The other three factors include Dharma (virtuous action), Artha (wealth), and Moksha (salvation). The Kama means Sukha it is attained by the virtuous actions and by making good use of the wealth. Even though the Kama is having a broad meaning, in the present study it is used to mention the sexual desire. It comprises many other factors including the normal functioning of behavior, social, psychological and physiological factors. In a sexual act, even though male plays leading role, female too have to perform her role properly. As sexual union is not an individual entity, the partners have equal responsibility in the successful completion of the intercourse; they are assigned with duties to have pleasure and satisfaction. Any dissatisfaction between the partners in successful sex causes a strong unpleasant attitude towards each other and is the root-cause of many family conflicts, divorces and even suicides.

Successful sexual-life is the result of the balance of Sharirik and Mansik Dosha. Vata is the prime reason for vitiation of other Dosha. Yapana Basti balances the Vata, and is Balya, Shukramasvardhak, and Sarvarogaprashamana. Shukra has a dual function, not only producing the sperm but also Ojas, the finest product of digestion. Ojas creates vigor, bliss, lightness, stamina, immunity, luster in the skin, and sparkle in the eyes, and clarity of mind. Ojas is vital to the health and happiness of everyone. Anyone who wants mental clarity, immunity, and spiritual well-being will find these recommendations useful, because it enhances the Shukra dhatu and thus enhance Ojas." These properties result in good health, good quality of Shukra Dhatu, and hence prove beneficial in Klaibya.

Bavaparkasha claims that Vanari Gutika is most superior medicine among all the Vajikarana Ausadha for Linga shaithilaya. Kapikacchu is the main ingredient
having Madhura Rasa, Madhura Vipaka and Guru Guna. These properties make it Dhatu Pushthikaraka⁵, Kapikachu is well known for its aphrodisiac action. In addition, it is having mood elevating property too. Kapikachhu is a good source of dopamine⁶. More specific to sexual function, it is likely that dopamine triggers penile erection. The other constituents i.e., Dugdha, Shankra, Madhu, Gogrih are mainly Balya and contribute towards good health. By, these qualities Vanari Gutika proves very beneficial in the management of the Klaibya.

Probable Mode of Action of the Therapy

A) Discussion on Sthiradipanchamoola yawana Basti

Vata is a very important Dosh to be managed during the treatment of any disease, as Acharya told that other Dosh are handicapped without Vata Dosha⁷, & Basti is the prime therapy in the management of Vata Dosha, & is called as Ardhaichikitsa in any sort of disease, as mentioned in Carak Siddhithana⁸. Also, Sushruta in Chikitsasthana chapter 35 mentioned not only in Vata Dosha, but Pittaja, Kaphaja, Raktaaja, Sansarga, Sannipatika conditions can be benefited by Basti. Acharya Sushruta compared Doshnirharana potential of Basti with the Sun. He told that Basti has the potential to excrete morbid Dosa from all the parts of the body even though it is Pakvashayasta, in the same way that the Sun has potential to suck all the Rasa in Prithvi, even though it resides in Aakash⁹.

Discussion on Vanari Gutika

Although a number of medicines are described in classical literatures of Ayurveda, we have selected one recipe called Vanari Gutika from Bavaparkasha. Kapikachhu is having Dhatu Pushthikaraka. Kapikachhu is well known for its aphrodisiac action. In addition, Kapikachhu is a good source of dopamine. More specific to sexual function, it is likely that dopamine can trigger penile erection, by acting on neurons located in the paraventricular nucleus of the hypothalamus, and perhaps on the pro-erectile sacral parasym pathetic nucleus within the spinal cord. So, central dopamine is a key neurotransmitter in the control of sexual function¹⁰. Dugdha is well known aphrodisiac and life stabilizer drug. Being Rasayana, Dugdha improves the quality of Dhatu produced and also brings the Dushki of Dhatu (Dusya) to a normal state. Ghrita with its Sheeta Virya and Rasayana properties helps in improving all the Dhatu. Ghrita is proved to be beneficial for aphrodisiac purpose and delays the ageing. Shankra is Madhura in Rasa, Balya, Daha Nashak and Shukrala. So it is useful in increasing the stamina and therefore helps in the management of the Klaibya.

CONCLUSION

The conclusion is the final outcome of any scientific study. The Klaibya is a disease which affects one's normal life to a great extent by making cracks in the relation of partners and there by disturbing the peace of mind of both the partners. The Klaibya is one of the basic reasons for divorces and suicides among married partners. The Klaibya is a disease which affects one's normal life to a great extent by making cracks in the relation of partners and there by disturbing the peace of mind of both the partners. The Klaibya is one of the basic reasons for divorces and suicides among married partners.

REFERENCES


Cite this article as:

Source of support: Nil, Conflict of interest: None Declared

*Address for correspondence
Dr Mukesh Kumar
MD Scholar, Dept. of Panchakarma National Institute of Ayurveda, Jaipur.
Email: dr.mukeshkumawat05@gmail.com
Ph: 9799487997

Available online at: http://ijapr.in