

Efficacy of *Matra Basti* and *Medhya Rasayana* in the Management of *Klaibya Roga*

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Abstract

Background: *Vata* is life, vitality, supporter of all embodied beings and is universal. Unimpaired status of *Vata* brings longer and disease free life by regulating its five sub types. *Vata* is responsible for all the *Chesta*, particularly of the *Indriyas* i.e., *DashaIndriya* and *Mana*. *Vata* has significant role in regulation of physical and psychological equations and in *Klaibya*, *Vata* stands in prime position. The chief factors causing the condition *Klaibya* are *Vata*, *Sattva*, *Dhatukshaya* in general and *Shukra Kshaya* in particular, *Shukravaha Srotodushti* and *Marmabhighata*. Considering the various factors involved in the pathogenesis of *Klaibya*, specifically the aggravated *Vata* causing stimulation and lack of control of *Manasa*, *Matra Basti* was selected. *Medhya Rasayana* was selected for its availability and having their definite action over central nervous system and higher mental functions. The selected drugs do not have any direct effect on *Shukravaha Srotas*. To see the effect of *Manosamvardhana Chikitsa*, Placebo was also given to the patients. Study was aimed to compare the effect of both drugs like *Medhya Rasayana Churna* and *Bala Taila Matra Basti* in the management of *Klaibya*. Therefore, the total patient of *Klaibya* was divided into four groups. Among them *Medhya Rasayan Churna* with *Matra Basti* group provided better result in almost all parameters of *Klaibya*.

Keywords

Klaibya, Matra Basti, Medhya Rasayan, Satva, Vata



Greentree Group

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INTRODUCTION

Vata is life, vitality, supporter of all embodied beings and is universal. Unimpaired status of *Vata* brings longer and disease free life by regulating its five sub types, it even regulates complete body functions^[1]. When *Vata* is deranged then it afflicts the body functions and good health is impossible^[2]. Instability of *Vata* is making it in accessible and is characterized by *Chala* property. *Vata* is responsible for all the *Chesta*, particularly of the *Indriyas* i.e., *Dasha Indriya* and *Mana*. The functioning of these *Indriya* in harmony is the key for normal sexual functioning. In five types of *Vata*, the main three *Vata*; *Prana*, *Vyana* and *Apana* causes the impairment of the functioning of these *Indriyas*.

In *Klaibya*, *Vata* stands in prime position. The chief factors causing the condition *Klaibya* are *Vata*, *Sattva* (Mental stability or *Mano dosha*), *Dhatukshaya* in general and *Shukrakshaya* in particular, *Shukravaha Srotodushti* and *Marmabhighata*. *Acharya Charaka* has also described about sexual disturbances^[3]. For the normal sexual response arousal act, orgasm and regulation is must which is controlled by *Vata*.

Acharya Charaka has defined *Ayu* as a combination of *Sharira*, *Indriya*, *Satva* and *Atma* and these four entities are very much essential for life, still *Satva* carries a great importance and potential as it is a bridge between *Sharira* and *Atma*. Here, the term “*Satva*” is used as *Manasa* as described by *Chakrapani*^[4]. In *Charaka Samhita Acharya Charaka* has also narrated that *Kama*, *Krodha*, *Bhaya*, *Shoka* etc. factors affects *Shukra*, *Deha Bala* and *Satva bala* leading to sexual dysfunction^[5]. The *Vyakulavta* of *Manasa* is a cause for *Akshamata* of *Kama* i.e., incapacity of *Manasa*.

A specific group of disorders or disturbances of coital performances and sexual congress in male either primary or secondary is called male sexual dysfunctions. In classics of *Ayurveda*, sexual dysfunctions are dealt under the heading of *Kliba*, *Klaibya*, *Shukradushti* and *Shukragata Vata* and elsewhere in scattered form. *Acharya Sushruta* has mentioned the *Manasa Klaibya* with treatment is discussed in *Chikitsasthana* chapter 26. *Acharya Harita* has also mentioned the role of *Manasa* in *Klaibya*. *Ayurveda* highlighted the management of *Klaibya* (Sexual dysfunctions) under the special branch named *Vajikarana* and prescribed drugs, diet, and preservation of

sexual health and management. In modern science there is no still specific, safe and effective drug available to combat any of sexual dysfunctions but psychotherapy, psychoanalysis, marital therapy, behavioral therapy and sex therapy are also gave better results in the patients of Sexual dysfunction. So in light of above references patients were divided into four groups, which are Placebo group, *Matra Basti* group, *Medhya Rasayan Churna* group, combined group.

AIMS AND OBJECTIVES

- To evaluate the role of *Satva* in aetiopathogenesis and management of *Klaibya*.
- To assess the role of *Vata* in aetiopathogenesis of *Klaibya* in the light of *Matra Basti* usage.
- To assess the role of *Shukra Dhatu* in the management of *Klaibya*.

MATERIALS AND METHODS

● Criteria for Selection of Patients :

- The patients of *Klaibya* were selected from the O.P.D. & I.P.D. of I.P.G.T. & R.A., Jamnagar, hospital, irrespective of their age, sex, religion etc.

- A detailed research proforma incorporating all the clinical aspects mentioned for this problem i.e. sexual dysfunction were examined clinically and detailed psychological, sexual, family history was recorded.

- To evaluate the psychological intactness *Manah Parikshana Bhava*, mental status examination, Hamilton anxiety and depression rating scales to rule out the organic causes and detailed semen analysis to define the *Shukra Dushti* and other dysfunctions were also carried out.

- Semen examinations were carried out of those patients who were able to give the sample of semen by masturbation or by sexual act at home or at investigation laboratory after and before treatment.

- Routine hematological, bio-chemical, urine, stool etc. examinations were carried out to rule out other pathology before starting and after the completion of the treatment.

● Exclusion Criteria

Patients of *Klaibya* suffering from any –

- Pathological conditions
- Metabolic and Hormonal disturbances
- Immunological disturbances
- Congenital and local mechanical causes



- Some other disease where the patient was not able to perform sexual act were excluded.

● **Inclusion Criteria**

- Patients having sign and symptoms of *Klaibya*.

- Age: 20-60 yrs.

● **Diagnostic criteria:**

- Classical signs and symptoms of the disease as mentioned in the *Ayurvedic* texts as well as modern books.

GROUPING:

The patients were randomly divided into the following four groups, each comprised 30 patients –

1) Placebo Group :

Drug: Starch filled capsule

Dose: 2 caps/ twice a day

Anupana: Normal water

Duration: 30 days

2) Matra Basti Group :

Drug: *Bala Taila*

Dose: 60 ml/day

Duration: 30 days (15 times alternatively)

3) Medhya Rasayana Churna Group :

Drug: *Medhya Rasayan Churna* (*Mandukparni, Yashtimadhu, Guduchi, Shankpushpi* in equal part)

Dose: 5 gm/ twice a day

Anupana: Normal water

Duration: 30 days

4) Combined Group: Patients of this group were given *Medhya Rasayana Churna* 5 gm. twice/day with normal water and 15 *Matra Basti* of *Bala Taila* of 60 ml dose alternatively for the duration of 30 days.

CRITERIA FOR ASSESSMENT

The assessment of patients was done before, during treatment (once in a week) and during follow up period (once in a fortnight). As the most complaints were subjective, various scoring system were formulated or adopted to assess the patient before and after treatments. They include the following.

- a) Scoring pattern for sexual parameters: Premature Ejaculation, Sexual desire, Penile Erection, Penile Rigidity, Nocturnal Emissions, Post Act Exhaustion, performance anxiety.
- b) Scoring pattern of mental status examination: Concentration, Emotions, Attentions, Communications, Insight disturbances
- c) Scoring pattern for Hamilton anxiety and depression rating scales.
- d) Detailed semen analysis was done to assess the Semen gram.



ASSESSMENT OF TOTAL EFFECT OF THERAPY

1. < 25% Relief- Unchanged.
2. 25-50% Relief- Mild improvement.
3. 50-75% Relief- Moderate improvement.
4. >75% Relief- Marked improvement.
5. 100 % Relief- Complete remission.

STATISTICAL ANALYSIS

Student's "t" test (paired and unpaired) was applied for assessment of the results.

DISCUSSION

In *Ayurveda*, especially *Charaka* [6] has explained *Klaibya* as where the person having persistent inability to perform sexual intercourse, even with the beloved submissive and willing partner though having persistent desire, due to the lack of desire and if at all attempted ends into failure without ejaculation due to lack of rigidity associated with breathlessness and perspiration. *Acharya Charaka* has described the premature ejaculation and delayed ejaculation as under *Shukragata Vata* [7].

In *Ayurveda*, *Vata* is responsible for all the *Chesta*. The aggravated *Vata* causes the impairment in the functioning of *Indriya*.

Vatacara Ahara, *Viharaor Manasika* factors such as *Dwesya Stri Samprayoga*, *Stridosha Darshana* etc. are the causative factors to provoke the *Vata Dosha*, whereas *Dhatukshaya*, *Shukrakshaya* and *Mano Dosha* are also said to be the main culprit of the *Klaibya*. *Apana Vata* a variety of *Vata* is responsible for the control of erection, ejaculation, orgasm and spermatogenesis [8]. In the pathogenesis of *Klaibya*, *Vata*, *Dhatukshaya (Shukrakshaya)*, *Shukravaha Srotodushti* and *Mano Dosha* play an important role. So, keeping this view in mind especial therapeutic modality by the name *Matra Basti* of *Bala Taila* was used to treat the patients suffering with *Klaibya*. Because, *Basti* has been applauded by all the *Acharyas* for its efficacy in overcoming the aggravated *Vata* and advised to use the *Basti* for the management of any disease by using specific drug prescribed or suitable for that condition [9]. *Bala* has also *Vrushya* property and to enhance the sexual health to an extent the partner desires to improve the status of *Shukra* and to provide pleasure to the mind [10]. Particularly to enhance the *Shukra*, *Bala*, *Mamsa*, *Vata*, *Satva* and to check the process of ageing which are the main factors involved in the pathogenesis of *Klaibya*.

**Probable mode of action of drugs:**

Placebo drug was found to be effective to certain extent in the management of the patient of sexual dysfunction and showed significant results due to *Dhee Dhairya Atmadi Vijnanam* is explained as excellent therapy for *Mano Dosha*. Placebo capsules, a *Manosamvardhana Chikitsa*, but placebo treatment is not sufficient to control the vitiated *Vata* and mental disturbance especially in the patients having sexual dysfunctions.

Matra Basti of *Bala Taila* was given to the patient, which is having the dominancy of *Madhura Rasa* followed by *Tikta Rasa*, *Snigdha*, *Guru Guna* and *Madhura Vipaka* owing to the aforesaid properties of the drugs, in this group for statistical results obtained which may be due to different types of reasons. *Basti* gave far better improvement on the aggravation of *Vata* by removing the *Srotorodha*, and also by improving the status of *Dhatu* by means of the drugs used in it. If *Vata* is regulated, the normal function of *Indriya* and *Prana Vayu* also can be regulated, particularly the higher center in the brain and spinal cord which are taking part in the process of sexual activity. *Apana Vata* when gets *Anulomanan Gati* by *Matra Basti* performs its normal functions

and stimulates the *Karmendriyas* to perform its normal functions. On the other hand regulated *Vyana Vata* by *Basti* performs its normal functions of *Rasa-Rakta Samvahana* which is essential for erection and rigidity and also it helps for reflexogenic erection by improving *Sparshana* which is the most important stimulation for getting sexual arousal. *Matra Basti* regulates the vitiated *Vata* especially *Apana*, *Vyana* and *Prana Vata*. After regulating *Vata*, *Manasa* is also governed by *Basti*.

Basti works on *Vata*, *Shukra*, *Shukravaha Srotasa* and is able to cure the mental disorders too. Regulation of *Manas* by *Vata* helps to overcome the anxiety and depression and also causes *Manovaharsana* in turn significantly improves desire. *Basti* improves the status of *Shukra* which is responsible for all type of regeneration. Also *Basti* eliminates waste material in the *Pakvashaya* and cleans the *Purishvaha Srotodusti* and clears *Shukravaha Srotodushti* too.

Medhya Rasayana Churna has provided better results and which does not possess any *Vrushya* property primarily acting at the level of *Manasa Bhava* and higher functions relieve the psychological stress and in its remote *Rasayana*



effect may be act as on *Shukravaha Srotasa* as *Vajikarana* and improves the sexual performance. Most of the drugs in *Medhya Rasayana Churna* are having *Guru, Snigdha Guna, Sheeta Virya* and *Madhura Vipaka* and *Vata shamaka* too. Among them *Mandukaparni* and *Shankhapushpi* are especially mentioned for *Medhya* properties. Thus, it can be said that these drugs act at the level of *Manovaha Srotasa*, higher mental functions and relieves the psychological stress. At the same time all these drugs are *Rasayana* in action, which means it enhances the *Bala* of *Deha* and *Indriya*. Therefore, *Medhya* drugs are first pacify vitiated *Satva* and then improves the quality of *Shukra Dhatu* due to *Rasayana Yoga*.

RESULTS

Placebo drug was found to be effective to certain extent in the management of the patient of sexual dysfunction and showed significant results in: communication (18.75%) (**Table 1**). Placebo drug has also shown significant result in lack of sexual

desire (63.63), nocturnal emissions (28.57%) and performance anxiety (18.51%)(**Table 2**)

Matra Basti of *Bala Taila* was given to the patient in this group and statistical significant results are obtained in parameters like premature ejaculation (24.00%), total sperm count (30.57%)(**Table 3**), Hamilton Anxiety Rating scale (15.46%) and Depression Rating Scale (17.81%) (**Table 4**). **Medhya Rasayana Churna** group showed better results in concentration (33.33%), insight (38.63%) (**Table 1**) lack of desire (46.00%), premature ejaculation(30.61%), rigidity(46.96%), nocturnal emission (51.85%), lack of penile erection(57.14%)(**Table 2**) and Hamilton anxiety (35.77%)and depression rating scale (50.71%)also (**Table 4**)

Combined therapy has shown better significant results and also improved the Mental disturbance, all the types of Sexual Parameters and Total sperm Count (38.61%) (**Table 3**)Hamilton anxiety (58.16%) and Depression Rating Scales (66.10%) also (**Table 4**)

Table 1 Effect of Therapy on Mental Status Examination in the Patients of *Klaibya*

Mental Status Examination	Mean		%	SD	SE	't'	P	
	B.T.	A.T.						
Attention	Gr. A	1.36	1.22	10.0	0.35	0.07	1.82	>0.05
	Gr. B	1.45	1.37	8.57	0.33	0.06	1.81	>0.05
	Gr. C	1.50	1.22	18.18	0.45	0.09	2.80	<0.01
	Gr. D	1.26	0.69	44.82	0.84	0.17	3.21	<0.01
Concentration	Gr. A	1.19	0.85	28.00	0.48	0.10	3.16	<0.01
	Gr. B	1.22	1.11	9.09	0.32	0.06	1.80	>0.05
	Gr. C	1.68	1.12	33.33	0.58	0.11	4.80	<0.001
	Gr. D	1.29	1.00	22.85	0.54	0.10	2.84	<0.01
Communications	Gr. A	1.14	0.92	18.75	0.49	0.09	2.27	<0.05
	Gr. B	1.24	1.00	19.44	0.51	0.09	2.54	<0.05
	Gr. C	1.53	1.20	21.73	0.54	0.09	3.33	<0.01
	Gr. D	1.30	1.04	20.00	0.61	0.12	2.02	>0.05
Emotion	Gr. A	1.66	1.41	15.00	0.44	0.09	2.76	<0.05
	Gr. B	1.24	1.00	19.44	0.51	0.09	2.54	<0.05
	Gr. C	1.36	1.00	26.82	0.61	0.11	3.26	<0.01
	Gr. D	1.60	1.20	25.00	0.70	0.14	2.82	<0.05
Insight	Gr. A	1.60	1.28	20.00	0.55	0.11	2.87	<0.01
	Gr. B	1.46	1.15	21.05	0.61	0.12	2.54	<0.05
	Gr. C	1.76	1.08	38.63	0.90	0.18	3.77	<0.001
	Gr. D	1.96	1.30	33.33	0.74	0.14	4.47	<0.001

Table 2 Effect of Therapy on Sexual Health Parameters In the Patients of *Klaibya*

Sexual Health Parameters	Mean		%	SD	SE	't'	P	
	B.T.	A.T.						
Lack of Desire	Gr. A	1.57	0.57	63.63	0.96	0.25	3.89	<0.001
	Gr. B	1.81	1.33	25.00	0.82	0.24	1.83	>0.05
	Gr. C	2.27	1.22	46.00	0.95	0.20	5.16	<0.001
	Gr. D	1.71	0.57	66.66	0.66	0.17	6.44	<0.001
Premature ejaculation	Gr. A	1.66	1.19	28.57	0.60	0.13	3.62	<0.001
	Gr. B	1.72	1.31	24.00	0.77	0.14	2.85	<0.01
	Gr. C	1.88	1.30	30.61	0.72	0.13	4.18	<0.001
	Gr. D	1.86	0.80	57.14	0.70	0.18	5.87	<0.001
Lack of rigidity	Gr. A	1.86	1.53	17.85	0.48	0.12	2.64	<0.05
	Gr. B	1.73	1.26	26.92	0.51	0.13	3.50	<0.01
	Gr. C	2.20	1.16	46.96	1.03	0.18	5.47	<0.001
	Gr. D	1.52	0.65	57.14	0.93	0.27	4.30	<0.001
Nocturnal emission	Gr. A	1.61	1.15	28.57	0.51	0.14	3.20	<0.01
	Gr. B	1.83	1.16	36.36	1.03	0.42	1.58	>0.05
	Gr. C	1.58	0.76	51.85	0.72	0.17	4.66	<0.001
	Gr. D	2.28	1.00	56.25	0.95	0.35	3.57	<0.05
Performance anxiety	Gr. A	1.92	1.57	18.51	0.63	0.16	2.10	<0.05
	Gr. B	1.50	1.00	33.33	0.54	0.22	2.22	>0.05
	Gr. C	1.90	0.80	57.89	0.87	0.27	3.97	<0.01
	Gr. D	1.75	0.75	57.14	0.75	0.26	3.74	<0.05
Post-act exhaustion	Gr. A	1.83	1.33	27.27	0.83	0.34	1.46	>0.05
	Gr. B	2.00	1.50	25.00	0.83	0.34	1.46	>0.05
	Gr. C	1.66	0.83	50.00	0.75	0.30	2.71	<0.01

	Gr. D	1.00	00.5	50.00	0.54	0.22	2.23	>0.05
	Gr. A	2.35	2.14	9.09	0.42	0.11	1.88	>0.05
	Gr. B	1.83	1.16	36.36	1.03	0.42	1.58	>0.05
	Gr. C	1.59	0.68	57.14	0.75	0.15	5.68	<0.001
Penile Erection	Gr. D	2.70	1.15	60.84	1.21	0.32	5.05	<0.001

Table 3 Effect of Therapy on Semenogram In the Pts. of *Klaibya*

Semenogram	Mean		%	SD	SE	't'	P	
	B.T.	A.T.						
Viability	Gr. A	52.85	52.14	1.35	12.50	4.55	0.15	>0.05
	Gr. B	54.62	56.12	2.74	7.34	2.59	0.57	>0.05
	Gr. C	60.00	58.33	2.77	13.20	5.38	0.30	>0.05
	Gr. D	54.00	56.00	3.70	6.72	2.74	0.72	>0.05
Immobile	Gr. A	22.85	25.71	12.50	6.36	2.40	1.18	>0.05
	Gr. B	21.87	21.25	2.88	8.21	2.90	0.21	>0.05
	Gr. C	23.33	27.50	17.85	10.68	4.36	0.95	>0.05
	Gr. D	26.66	24.16	09.37	5.24	2.14	1.16	>0.05
Non-progressive	Gr. A	22.57	24.42	8.22	8.61	3.25	0.57	>0.05
	Gr. B	22.50	20.62	8.33	7.03	2.48	0.75	>0.05
	Gr. C	25.00	20.83	16.66	10.68	4.36	0.95	>0.05
	Gr. D	24.16	21.66	10.34	8.80	3.59	0.69	>0.05
Total sperm count	Gr. A	77.28	73.57	4.80	15.42	5.82	0.63	>0.05
	Gr. B	63.37	82.75	30.57	13.42	4.74	4.08	<0.001
	Gr. C	95.00	77.50	18.42	17.81	7.27	2.40	>0.05
	Gr. D	60.00	83.16	38.61	10.62	4.33	5.33	<0.01

Table 4 Effect of Therapy on Hamilton Rating Scales In Patients of *Klaibya*

Hamilton Rating Scales	Mean		%	SD	SE	't'	P	
	B.T.	A.T.						
Anxiety	Gr. A	14.76	11.23	23.92	2.38	0.44	8.10	<0.001
	Gr. B	15.73	13.30	15.46	1.88	0.34	7.05	<0.001
	Gr. C	15.93	10.23	35.77	3.87	0.70	8.04	<0.001
	Gr. D	11.63	4.86	58.16	5.52	1.00	6.70	<0.001
Depression	Gr. A	6.53	4.73	27.55	1.29	0.26	7.60	<0.001
	Gr. B	5.80	4.76	17.81	0.99	0.18	5.66	<0.001
	Gr. C	04.66	02.30	50.71	1.84	0.33	7.01	<0.001
	Gr. D	3.93	1.33	66.10	1.71	0.31	8.30	<0.001

REFERENCES

1. Vd. J. T. Acharya (Editor). Ayurved Dipika Commentry of Chakrapanidutta on *Charaka Samhita Chikitsa Sthan* 28/3-4-5, Varanasi, Chowkhamba Krishnadas Academy, Reprint, 2010
2. ibidem*, *Charaka samhita Chikitsa Sthana* 28/11-12
3. ibidem*, *Charaka samhita Chikitsa Sthana* 2/4/44-45
4. ibidem*, *Charaka samhita Sutra Sthana* 8
5. ibidem*, *Charaka samhita Chikitsa Sthana* 2
6. ibidem*, *Charaka samhita Chikitsa Sthana* 30/155 -157
7. ibidem*, *Charaka samhita Chikitsa Sthana* 28/34
8. Tripathi B, editor, *Astang Hridaya* of Vagbhatta, *Sutra Sthan* 12/9, Ver. 1, Delhi, Chaukhambha Sanskrit Paristhan, Reprint, 2012.
9. ibidem*, *Charaka samhita Sidhhi Sthana* 10/4
10. ibidem*, *Charaka samhita Chikitsa Sthana* 1/9