

ROLE OF GOKSHURADI YOGA IN THE MANAGEMENT OF *KLAIBYA* W.S.R. TO ERECTILE DYSFUNCTION

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ABSTRACT

The occurrences of sexual dysfunctions are increase now a day due to change in life style, food habits, socio-cultural changes and influence of media and revolutionary changes in information technology. Erectile dysfunction is a sexual dysfunction making a lot of frustration and interpersonal difficulties in the married life. The prevalence of the same is also very high. Due to high incidence of the problem and moral as well as social restrictions regarding sex, unethical medical practices are leading to more serious psychological problems like generalized anxiety and depression in the patient. The present status emphasizes the importance of imparting adequate knowledge about sex and management of sexual dysfunction like Erectile dysfunction (*Klaibya*). Considering the above aspects, a clinical trial was conducted with 20 patients randomly divided in two groups and treated with *Gokshuradiyoga*, in 10 patients and rest of the 10 patients were under placebo treated along with restricted diet pattern for 8 weeks. Overall effect in treated group-A in 25% patients were moderately improved, 10% were markedly improved and mild improved, rest 5% were remained unchanged, while with placebo group patients were unchanged with 35% and 10% patients were moderately improvement, 5% patients were mild improvement.

Keywords: *Klaibya*, Erectile Dysfunction, Sexual dysfunction, *Gokshuradi yoga*.

INTRODUCTION

Klaibya is unable to cohabit with a submissive, beloved partner due to looseness of his penis, although there is constant firm desire to do so or if sometimes attempts to do sexual act, he feels breathlessness, fainting with profuse perspiration and all attempted ends into failure due to flaccidity of penis.¹ Erectile

dysfunction (*Klaibya*) is also defined as the persistent failure to develop erection of sufficient rigidity for penetrative sexual intercourse.² The disturbance causes marked distress or interpersonal difficulty in the relationship. A brief understanding of the multiple functions of *shukra* and its relation with *vata*

and *mana* is necessary for the pathogenesis and understanding the line of management with Ayurvedic drugs. Such an attempt is being made here, and necessary finding of the clinical study conducted in this regard are furnished.

Aims and Objects:-

1. To assess the role of “Gokshuradi yoga” in the management of *Klaibya*.
2. To study etiopathogenesis of *Klaibya* as per Ayurvedic and modern science.

Material and Methods:-

Material:

Patient’s selection:

Patients were attending the O.P.D. of Govt. Akhandanand Ayu. College & Hospital, Ahmedabad who was clinically diagnosed of the erectile dysfunction were selected and randomly distributed in following therapeutic groups irrespective of their age, religion etc. for the present study. 10 pts had been selected in each group.

Drugs Selection:

All formulations *gokshuradi yoga and yavachurnavati* were prepared in govt. Rajpipala Ayurved Pharmacy, Gujarat, as per Standard operative procedures (SOP) under supervision of subject experts.

Table 1: compounds of *gokshuradi yoga*

| NO. | DRUGS | LATIN NAME | PARTS |
|-----|--------------------|---------------------------|-------|
| 1 | <i>Gokshur</i> | Tribulus terrestris | 1 |
| 2 | <i>Ikshurabija</i> | Hygrophila spinosa | 1 |
| 3 | <i>Wajigandha</i> | Withania somnifera | 1 |
| 4 | <i>Satavari</i> | Asparagus racemosus | 1 |
| 5 | <i>Musli</i> | Chlorophytum arundinaceum | 1 |
| 6 | <i>Vanaribija</i> | Mucuna pruriens | 1 |
| 7 | <i>Yastimadhu</i> | Glycyrrhiza glabra | 1 |
| 8 | <i>Nagbala</i> | Grewia hirsuta vahl. | 1 |
| 9 | <i>Bala</i> | Sida Cordifolia | 1 |

Study design:

Design: Open label randomized study

Methodology:

Management of Patients:-

The 20 patients selected for the present study were randomly divided into 2 groups. Each group had 10 patients.

➤ Group: A

Drug: *Gokshuradi yoga*

No of patients: 10

Dose: 3 tablet BD (each tablet 500 mg)

Duration: 8 weeks

Anupana: luke warm milk

➤ Group: B Placebo

Drug: *Yavachurnavati*

No of patients: 10

Dose: 3 tablet BD (each tablet 500 mg)

Duration: 8 weeks

Anupana: luke warm milk

Duration of treatment: Above medicament was given to the patients for the duration of 4 weeks.

Follow up: follow up should been taken at the 4 weeks.

Diagnostic criteria:

- IIEF-15 questionnaire was adopted to rule out the sexual problems in the individual and for the assessment of the result of the dysfunctions found in this. Some defini-

tions of the words which were used in this questionnaire;³

- 1) Sexual activity includes intercourse, caressing, foreplay & masturbation.
- 2) Sexual intercourse is defined as sexual penetration of your partner.
- 3) Sexual stimulation includes situation such as foreplay, erotic pictures etc.
- 4) Ejaculation is the ejection of semen from the penis (or the feeling of this).
- 5) Orgasm is the fulfillment or climax following sexual stimulation or intercourse.

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

Inclusion Criteria:-

- 1) Positive patient history and established diagnosis of *Klaibya* (erectile dysfunction) with clinical features like *LingaSaithilya* (Flaccidity of the penis even after psychic or physical stimulation), *MlanaShishnata* (Lack of Rigidity), *NirbijaorNirvirya* (Absence of sperms or lack of ejaculation), *MoghaSankalpaChesta* (Futile sexual activity), *Dhvajanucchraya* (Lack of erection), *Suratasaktata* (Incapability to perform sexual act)
- 2) Positive history of erectile dysfunction as per modern science.
- 3) The patient above 21 years and less than 50 years of age.

Exclusion Criteria:-

- 1) Pts had any type of physical injury related to reproductive system.
- 2) Diseases like S.T.D.(sexual transmitted disease), Major Psychiatric illness, Cancer, AIDS, Diabetes mellitus, Hypertension, Depression, Tuberculosis and Drug induced erectile dysfunction.

Investigation:

- 1) Routine hematological examinations like Hb% (Haemoglobin), TLC (Total Leucocyte count), DLC (Differential Leucocyte count), ESR (Erythrocyte sedimentation Rate), and PCV (Packed Cell Volume) were performed to rule out any other pathological condition.
- 2) Semen analysis
- 3) Urine Routine and Microscopic to rule out urinary tract infections.
- 4) Stool Routine and Microscopic.

Criteria for Assessment:-

- Relief in the subjective parameter of Erectile Dysfunction mainly. (scoring pattern as per table-1)
- Relief in the subjective parameters of associated Sexual dysfunctions and the other symptoms were also considered to support the main finding and to assess the total effect of the therapy.(scoring pattern as per table-2)
- Relief in the subjective parameter as per international index of Erectile Function(IIEF) questionnaire.(scoring pattern as per table-3)
- The special scoring system for sexual parameters in male, used in *Vajikarana* Lab I.P.G.T. & R.A. with some changes was adopted for the statistical analysis of the overall effect of the therapy on different sexual parameters. (Scoring pattern as per table-4).

Total Effect of the Therapies:-

Overall effect of the therapy was assessed in terms of Complete Remission, Marked Improvement, Moderate Improvement, Mild Improvement and Unchanged by adopting the following criteria.

| | |
|----------------------|--|
| Complete Remission | 100% relief in chief complaints and associated symptoms no recurrence during follow up study was considered as complete remission. |
| Marked Improvement | More than 75% improvement in chief complaints and associated symptoms was recorded as marked improvement. |
| Moderate Improvement | 50% to 75% improvement in chief complaints and associated symptoms was considered as moderate improvement. |
| Mild Improvement | 25% to 49% improvement in chief complaints and associated symptoms was considered as mild improvement. |
| Unchanged | Less than 25% reduction in chief complaints and associated symptoms was noted as unchanged. |

Statistical Analysis:-

The information collected on the basis of above observations was subjected to statistical analysis in terms of mean (X), standard deviation (S.D.) and standard error (S.E.) Paired ‘t’ test was carried out at P > 0.05, P < 0.01 and P < 0.001 levels.

The obtained results were interpreted as: -

Insignificant P > 0.05

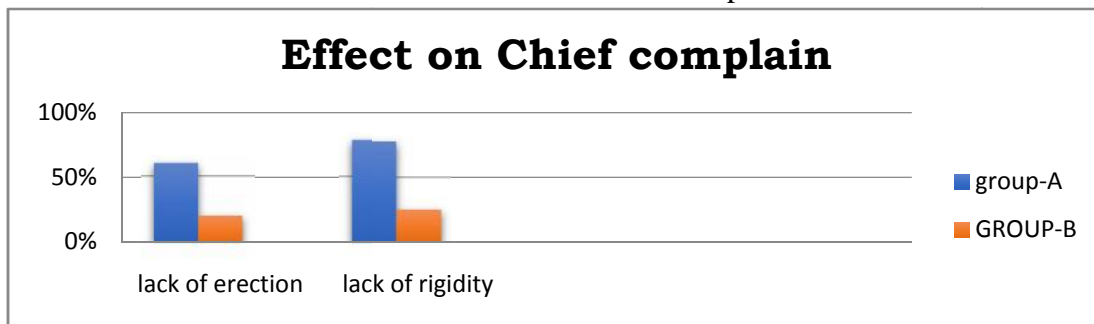
Significant P < 0.05

Highly significant P < 0.01, P < 0.001

Total 20 patients were registered for the present study, among them 20 patients have completed the treatment. As the present study was done on *Klaibya*, all the **Male** patients were selected.

Observation:

CHART1: Effects on chief complain:



- Cardinal symptoms reported were lack of rigidity and lack of erection (100%), lack of rigidity till completion of sexual act (20%), lack of erection till the completion of sexual act (25%). Among them 10% had chronicity above 3 years, 90% had primary a

and 85% had NPT positive, absent of anxiety as per Hamilton anxiety scale(65%), local examination femoral pulse felt (100%), curved and circumcised penis(35%).

Chart 2: Effects on associated complain

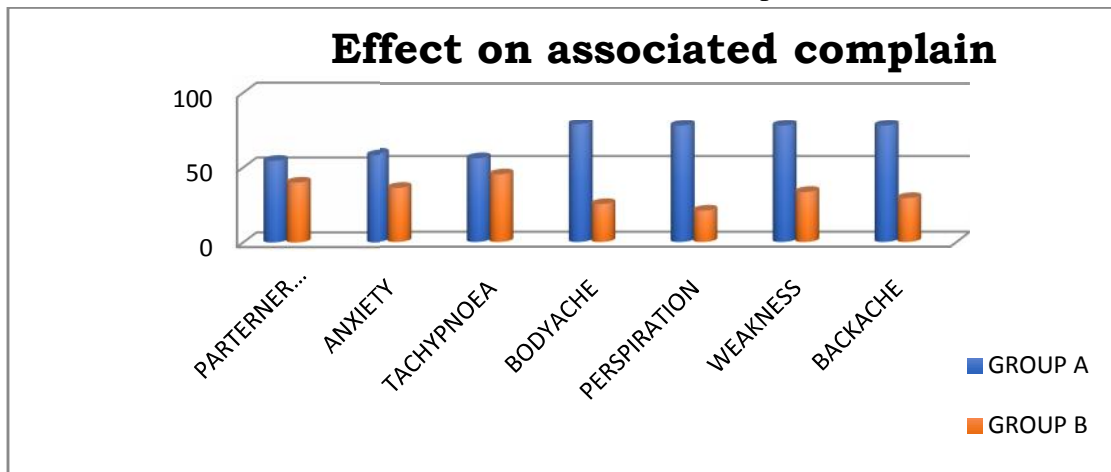
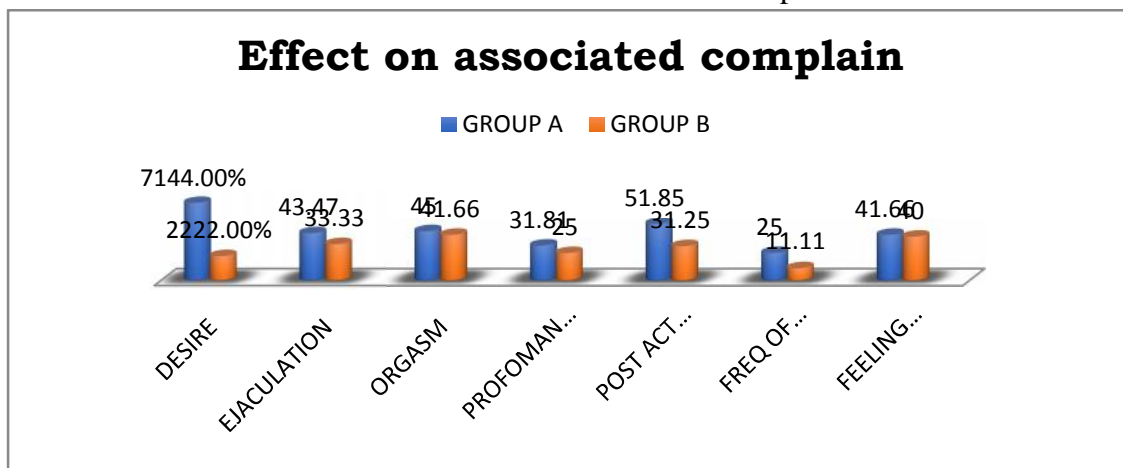


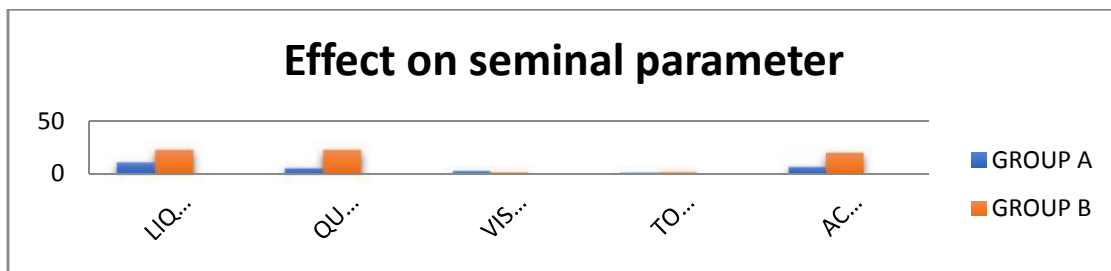
CHART 3: effects on associated complain:



- The Associated Sexual complaints reported in the clinical study were Post act exhaustion and performance anxiety (95%), early

ejaculation (85%), lack of satisfaction (90%), tachypnoea and weakness (80%) lack of desire (50%).

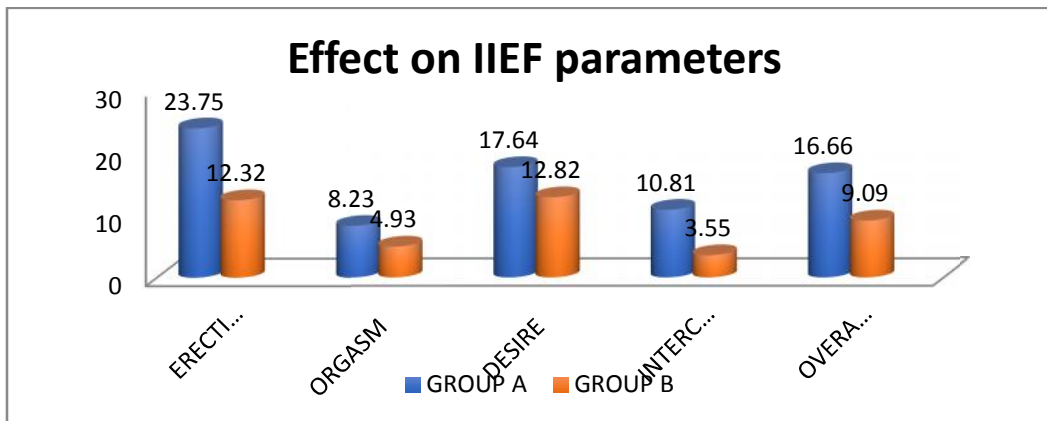
CHART 4: EFFECT ON SEMINAL PARAMETER



The effect of seminal parameters was insignificant ($p > 0.05$) in both group-A and Group-B in liquefaction time, Quantity, vis-

cosity, Active motile where as in total count in Group-A, it was highly significant by 33.33% but in Group-B it was insignificant by 11.11%.

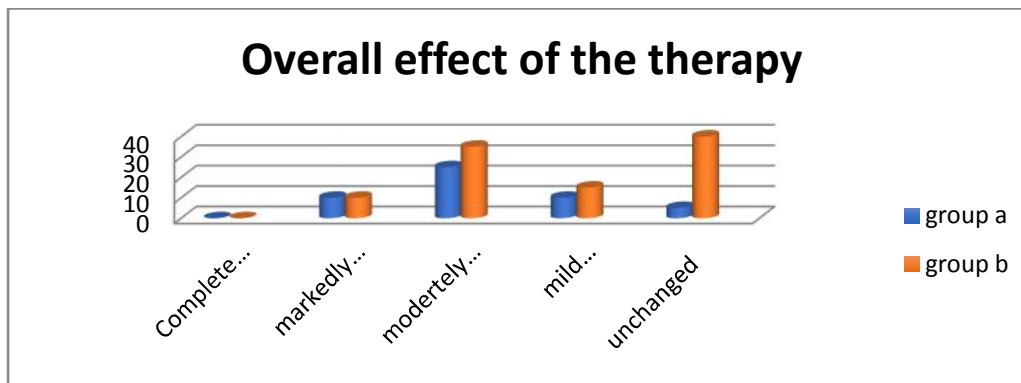
CHART5: EFFECT ON IIEF PARAMETER



- Clinical interpretation of IIEF-15 shows that mild to moderate dysfunction was

present in 75 %, moderate dysfunction in 15 % and Mild dysfunction in 10 %.

CHART 6: OVERALL EFFECT OF THE THERAPY



DISCUSSION

According to Ayurveda, The line of treatment of *Klaibya* is to be based on *Shukrajanana*, *Vrishya*, *Balya*, *Medhya* and *Vataharain* nature.⁴ A drug (*Dravya*) performs certain actions (*Karmas*) in the body by its properties (*Guna*), which exist in it in a state of co-inherence. *Gokshuradi yoga* is made by different Drugs. The yoga content like *Ashavagandha*, *Kauncha*, *Shatavari*, *Musali*, *Yastimadhu*,

Bala, *Nagabala*, etc.⁵ They all are aphrodisiac. One of the causes of Ed is tension, anger, fear, emotion. *Kauncha*, *Ashavagandha* is nervine tonic⁶. So it's helpful in tension and other *Manasbhava*.

To form a good quality of *Shukra* previous *Dhatu* must be a good quality. The Drug or food provides such nourishment is termed as *Rasayana*. In this yoga *Ashavagandha*, *Kaun-*

cha, Shatavari, Musali, Yastimadhu, Bala, Nagabala, etc have a such properties which agonies the effect and makes it a perfect combination for *Erectile dysfunction*. As per *samanya vishesh sidhdhanta* similar properties drugs increases *Shukra*. *Gokshuradiyoga* Possess *Vrishya, Balya, Medhya, Rasayana* and *Shukrajanana* properties. With its *Rasapanchaka* the drug proved better on sexual parameters by alleviating the *Vata Dosha* by *Guru, Shnigdha Guna, SheetaVirya, MadhuraVipaka*. By virtue of *Vrishya and Balya* property of the drug enhances the quality of *shukradhatu* reducing *daurbalya (generalized debility)*. By pacifies the aggravated *vata* and toning up of the body muscles takes places which lead to improvement in erectile dysfunctions.⁷ *Shishna* is one of the *Karmendriya*, and *Anand* is *Vishaya* (subject) of its. *IndriyaPrasidati* refers to enhancement of sexual pleasure and performance which is a basic necessity in the process of reproduction. The sexual act is the best aphrodisiac parameter. *Medhya* properties of the drugs act biologically and improve the psychological functioning.

CONCLUSION

In *Klaibya* thus is the inability of a man to achieve or maintain an erection sufficient for his sexual needs or the needs of his partner. *Vata, Manaha, Shukra* and *Dhatukshaya* in general are the important factors related to sexual act and they play a vital role in the normal human sexual response cycle. *Dehashakti* and *Satvashakti* are the basic factor for erection and weakness of this causes *Erectile Dysfunctions*. Moreover, the modern life style, worsen the condition. Irregular dietary habits, tobacco addiction, excessive and stressful life adds as the triggering factors to the manifestation of the disease. *Gokshuradi yoga* with virtue of its, *Shukrala, Balya, Rasayana, and Vrishya* property, *Madhura-Tikta Rasa, Guru & Snigdha Guna and Madhura Vipaka* effectively contributed its part to the final results. On

the basis of all results obtained in the clinical study it can be concluded clearly that *Gokshuradi yoga* is far better in comparison to the placebo in providing better cure to the patients of *Klaibya*. No any side effects have been reported by the patients during the study or in follow-up time.

Suggestions for further study-

1. Study on large number of patients should be done for better assessment.
2. Prolonged follow up of six months.
3. In fact it is obligatory to note that, proper sex education and counseling were additional benefit to treat the present subject, and hence the psychosomatic manifestation was cured. *Bhishagvashyata, Nidana-Parivarjana*, abstinence from sexual indulgence play a very important role.

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