

## A CLINICAL STUDY ON KSHIPRA MUNCHANA OF SHUKRAGATA VATA W.S.R.TO PREMATURE EJACULATION AND ITS MANAGEMENT WITH VANGA BHASMA

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### ABSTRACT

Sexual dysfunctions are increasingly becoming a major health problem in today's world due to changes in sedentary life style, food habits, socio-cultural changes and influence of media. The three major forms of male sexual dysfunction are ejaculatory dysfunction, erectile dysfunction (ED), and decreased libido. PE is the most prevalent male sexual dysfunction. The prevalence of sexual dysfunction is high, affecting 25%-40% of men. Masters and Johnson conceptualized this disorder in terms of the couple and considered man a premature ejaculator if he cannot control ejaculation for a sufficient length of time during intravaginal containment to satisfy his partner in at least half of their episodes of coitus. *Acharaya Charaka, in Vata vyadhi chikitsa explained Kshipram munchyathi as one of the lakshanas of shukra gata vata. Chakrapani further commented during Vyavaya Kala there will be kshipra munchana which means the person will have early ejaculation during sexual intercourse. The problem is caused by a vitiated vata causing hyper stimulation of Manah and lack of control over ejaculation Harshana, balya, shukrala is the line of treatment indicated, Vanga bhasma is explained to be having properties like shukrala, balya, vata hara, shukra kshaya hara, Kamavardaka. Jathiphala has shukra stambhaka among Vajikarana drugs.*

**Keywords:** *Kshipramunchana, Shukragatavata, Ksheenashukra, premature ejaculation,*

### INTRODUCTION

Sexual dysfunctions are increasingly becoming a major health problem in today's world due to sedentary life style, changes in food habits, socio-cultural changes and influence of media. Premature ejaculation is one such example, resulting in lot of dissatisfac-

tion and intolerance creating differences in the married life. Masters and Johnson conceptualized this disorder in terms of the couple and considered man a premature ejaculator if he cannot control ejaculation for a sufficient length of time during intra-vaginal contain-

ment to satisfy his partner in at least half of their episodes of coitus.<sup>1</sup> the prevalence of sexual dysfunction is high, affecting 25%-40% of men.<sup>2</sup> Most likely, innocence, lack of awareness and anxiousness in youth is contributing to premature ejaculation and hence leading to psychological problems like generalized anxiety and depression. In such persons, Psychotherapy like sex therapy to be more effective treatment method for this problem.<sup>3</sup> The focus of Psychotherapy, is to help identify psychological difficulties that contribute to solve problems in relationships that might have added to the cause of premature ejaculation.<sup>4</sup> Acharaya Charaka, in *Vatavyadhi chikitsa* explained *Kshipram munchyathi*<sup>5</sup> as one of the *lakshanas of shukragatavata*. *Chakrapani* further commented during *vya-vayakala* there will be *kshipramunchana* which means the person will have early ejaculation during sexual intercourse. The treatment *harshana* and *balya*, *shukrala* has been indicated.<sup>6</sup> In *Rasa Tarangini*, *Vangabhasma* is explained to be having properties like *shukrala*, *balya*, *vatahara*, *shukrakshayahara*, *Kamavardaka*.<sup>7</sup>

## OBJECTIVE

To evaluate the effect of *Vanga bhasma* in premature ejaculation.

## MATERIALS AND METHODS:

### Source of data:

5 Patients of Premature Ejaculation were selected from the O.P.D of Sri Kalabyraveswaryaswamy Ayurvedic Medical

College, Hospital & Research Centre, irrespective of age, religion, caste and creed.

## DIAGNOSTIC CRITERIA:

SCALE occurrence of ejaculation before orgasm of the female partner at least 50% of the coital incidences for past one month. Decreased capacity of ability to delay ejaculation

## INCLUSION CRITERIA:

1. The patients suffering from male sexual dysfunction with premature ejaculation.
2. Patients with the history of active sexual contact with partner for six months.
3. Male Patients aged above 21 years.

## EXCLUSION CRITERIA:

1. Age below 21yrs and above 70yrs
2. Major psychiatric illness like epilepsy, schizophrenia, mental retardation.
3. Persons having very short post ejaculatory refractory period.
4. Withdrawal from opioid derivatives.

## METHOD OF TREATMENT:

- For the purpose of *koshtashuddhi eranda taila* in the form of *Gandharvahastyadi taila* 48ml was administered for 2days
- Patients were administered 125mg of *Vanga bhasma* twice a day before food for a period of 30 days.

Duration of the Study – 30 Days

- Pre – Test – 1<sup>st</sup> Day      Post- Test - 30<sup>th</sup> Days

## CRITERIA OF ASSESSMENT:

- Ability to delay ejaculation

**Table 1: Observations:**

TABLE NO-1 SHOWING OBSERVATIONS		
Age in Years	31-40	
Education	High School	60%
Marital Status	Married	100%
Socio-Economic Status	Middle	60%
Nature of Occupation	Sedentive	60%
Locality	Urban	100%
Dietary Habits	<i>Adhyashana</i>	60%
Addictions	Smoking, Alcohol	80%
Agni	Manda	40%
Knowledge of Sex	Moderate	80%
Source of knowledge of Sex	Friends, Pornography	100%
Pre-Marital Masturbation	3-4 times/Week	40%
Frequency of sexual act per week	2-3 time per week	40%
Duration of Foreplay	5 min	80%
Position of coitus	MOT	80%
<i>ShukragataVata</i>	<i>KshipraMunchana</i>	100%
<i>KsheenaShukraLakshana</i>	<i>Aharshana</i>	40%
	<i>Dourbalya</i>	40%
	<i>AlpaShukraPravrutti</i>	20%
	<i>VrishnaVedana</i>	60%
	<i>SandhiShoola</i>	40%
NIDANA	<i>Shareerika- Strain</i>	80%
	<i>Manasika- Stress</i>	60%
	<i>Aahra- Atikatu, lavana.</i>	40%
	<i>Vihara- Ratrijagarana</i>	60%
On an average Hamilton Anxiety Score	1	

**Table2:Showing Rasa Panchaka Of Vangabhasma<sup>8</sup>**

	Latin Name	Active principle	Rasa	Guna	Veerya	Vipaka	Dosha Karma	Vishista Karma	Rogagnata
<i>Vanga Bhasma</i>	Stannum	Tin, zinc, Iron...	<i>Kashaya, katu</i>	<i>Laghu, Rooksha</i>	<i>Katu</i>	<i>Katu</i>	<i>Pitta, Vata Hara</i>	<i>Vrishya, Rasayana</i>	<i>Shukrakshayahara, Manovikara...</i>

## RESULTS

The values obtained were subjected to paired 't' test to compare the mean values in the group the differences in the mean values

were considered highly significant at  $p < 0.001$  and  $p < 0.01$ , significant at  $p < 0.05$  and insignificant at  $p > 0.05$ .

### Ability to Delay Ejaculation:

**Table 3:** Showing Result of Ability to Delay Ejaculation

Mean Difference	SD	SE	T-value	P-value	RESULT
2	0.707	0.317	6.32	<0.001	HS

On Ability to delay ejaculation, before treatment and after treatment p value (<0.001) revealed statistically highly significant.

**Table 4:** Gradings:

Ability to Delay Ejaculation <sup>9</sup>	
Ejaculation during sexual act of at least 5min with more than 17-20 penile thrust, able to delay up to some extent according to wish, satisfied in almost all counters.	7
Ejaculation within 1-5 minutes of sexual act with 13-16 penile thrust satisfied in almost all encounters but unable to delay according to wish	6
Ejaculation during sexual act of at least 50% of encounter and 9-12 penile thrust	5
Ejaculation within one minute to sexual act and 5-8 penile thrust	4
Ejaculation within 30 seconds of sexual act with 1-4 penile thrust Ejaculation within 30 seconds of sexual act with 1-4 penile thrust	3
Ejaculation on penetration	2
Ejaculation during foreplay	1
Ejaculation at mere touch, sight, hearing of partner	0

**Table 5:** Hamilton Anxiety Sale<sup>10</sup>

Severe Grossly Debility	4
Severe	3
Moderate	2
Mild	1
None	0

## DISCUSSION

- Early ejaculation is a functional impairment at the different levels of *vata*, *manah* and *Shukra* which are having striking functional approximation.
- The individual components of *vata* viz. *prana*, *udana*, *vyana* and *apana* are having specific functions in the male sexual response cycle, and an imbalance in between control and stimulation leads to sexual dysfunctions.

- Premature ejaculation is caused by a vitiated *vata* causing over stimulation, and lack of control over physiological and psychological activities.
- Specific etiological factors related to *Shukradourbalyakaraaharaviharas*, code of conduct of *maithuma*, *manobhigata* and *vataprakopa* are favouring this.
- *Sukra* is the terminal tissue element and nourishes of the supreme vital essence.

- *Shukra* has multifunctional identity, out of which *Dhairya*, *Cyavana* and *Preeti* are interdependent and related to sexual act.
- The aggravated *cala* (*seeghra*) property of *vata* on psychosexual parlance may be reduced by better *niyantrana* and subsequent controlled *prerana*.
- Premature Ejaculation in persons who are physiologically predisposed to early ejaculation by short nerve latency time, rapidity of all reflexes or behavioural conditioning. *Vata* is explained as life and vitality, supporter of the all embodied beings and sustain long life free of disorder.
- The line of treatment of Premature Ejaculation should be based on *Vrishya*, *balya*, *Medhya*, *shukrastambhaka* and *Vatahara* properties.
- The drugs have *vrishya*, *balya*, *Medhya* and *shukrastambhaka* properties. As *vrishya* and *balya* the drug enhances the quality of *Shukradhatu* reducing *Dourbalya* and *Riktata* in *shukravahasrotas* thus by pacifies the aggravated *gatavata*.
- *Medhya* properties of the drugs act biologically and improve the psychological functioning.
- The by virtue of its property it helps in decreasing *saratva* (which is making *prerana*) of *shukradhatu* and enhancing *Sthiratva* (which is favouring *dharana*) helps in the retention of semen for longer duration. It also improves the strength of the individual by *balya* property helps in sexual functioning as *harsh shakti* depends on *dehabala* also.
- Magnesium is one of the elements present in human semen, and it is required for en-

zymes that act on phosphate containing substrates<sup>11</sup>.

- A decrease in magnesium level will result in an increase of thromboxane A2 (TxA2), and this will lead to a rise in endothelial intracellular calcium, and subsequently, a decline in nitric oxide (NO).
- Since NO is a vascular smooth muscle-relaxing factor, cavernosal smooth muscle contraction, resulting from decreased NO, may be a contributing factor to premature ejaculation.

## CONCLUSION

- ✓ Among the psychological and sexual related functions of *Shukra Harsh*, *Dhairya*, *Cyavana* and *Preeti* are important to the context. *Dhairya* and *Cyavana* and *Preeti* are inter complimentary and normally characterized by an optimal anxiety.
- ✓ Properly timed ejaculation is the resultant good satisfaction.
- ✓ The physiology of ejaculation explained in Ayurvedic viz., *samkalpa*, *ceshta*, *nishpeedana* and *shukrasravana* may be compared with male sexual response cycle.
- ✓ Any alteration in the eight factors responsible for ejaculation leads to ejaculatory impairment out of which ‘*drutatva* of *maruta*’ is most important.
- ✓ Researches divide men who experience Premature Ejaculation is due to shorter nerve latency time and Psychogenic or behaviourally etiology
- ✓ On pharmacological analysis, the constituents of this especially psychotropic, anti-anxiolytic, aphrodisiac, mood elevators and reduce hyper excitability this helps to control the attainment of steep curve arousal and plateau phase response cycle<sup>12</sup>.

- ✓ Among the pharmac therapeutic agents serotonin reuptake inhibitors said to be most effective.
- ✓ The above drug possesses *Vrishya, Bala, Medhya, Vatashamaka, Vajeekarana* properties.

## REFERENCES

1. Concise textbook of clinical psychiatry by Harold I.Kalpan. Benjamin J.Sadock Williams & Wilkins publishers, 2000 Chapter 14, Page 252-253.
2. S C Basu: Male reproductive dysfunction, 14<sup>th</sup> edition, published by Jaypee Brothers Medical Publishers (P) Ltd, New Delhi, 2005, Chapter 4, p 55.
3. Concise textbook of clinical psychiatry by Harold I.Kalpan. Benjamin J.Sadock Williams & Wilkins publishers, 2000 Chapter 14, Page 253.
4. <http://www.urologyhealth.org/content/moreinfo/pe.pdf>
5. Agnivesha, CharakaSamhitha, with the Ayurveda dipika commentary of Chakrapanidutta, edited by Vaidya Jadavji TrikamjiAcharaya, Chowkhambha Krishnadas Academy Varanasi, 2013. Chikitsa Sthana 28 /34, page 618.
6. Agnivesha, Charaka Samhitha, with the Ayurveda Deepika commentary of Chakrapani Dutta, Edited by Vaidya Jadavji-TrikamjiAcharaya, Chowkhambha Krishnadas Academy Varanasi, 2013.ChikitsaSthana 28 /94, page 621.
7. Rasa tarangini by kashinathshastri of sadananda Sharma's printed at Mothilalbana-raseedasvangavignaneeya, verse 39-42, page no 443.
8. Physicochemical characterization of Vanga Bhasma By Lagad C.E et al. IRJP 2013,4(2).
9. KethanMahajan-Effect of shukrastambhanayanapanabasti in the management of premature ejaculation .2007, SDM HASSAN RGUHS.
10. Kethan Mahajan-Effect of shukrastambhanayanapanabasti in the management of premature ejaculation.2007, SDM HASSAN RGUHS.
11. Hiremath R R, Pandey B L, Jha C B. Experimental Study of Vanga Bhasmas. AYU [serial online] 2008[cited 2015 Sep 12] 29:8892
12. Toxicity Studies on Vanga Bhasma Nagaraju.V., Joshi D. And Aryya N. C. Institute Of Medical Sciences, Banaras Hindu University, Varanasi-221 005, India

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