



EVALUATION OF THE EFFECT OF UTTARABASTI AND MATRABASTI IN KLAIBYA W.S.R.TO ERECTILE DYSFUNCTION

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ABSTRACT

The condition in which loss or decrease in the capacity of normal erection with sufficient rigidity for penetrative intercourse is described as '*Klaibya*'. It can be compared with Erectile dysfunction. Erectile dysfunction (ED) is a highly prevalent condition among men all over the world. It has a significant negative impact on the quality of life of the patients along with their partners. Hence to treat such condition many treatment modalities have been mentioned in Ayurveda among which *Basti* has prime role. In the present study *Ashwagandha taila* is used in the form of *Uttarabasti* and *Matrabasti* for 8 consecutive days to know its effect on *Klaibya*. Follow up of 16 days was done. The results were compared based on the subjective and objective parameters after 24 days. After assessing the parameters, it was observed that Group A *Ashwagandha tailaUttarabasti* has better role as compared to Group B *Ashwagandha TailaMatrabasti* in the management of *Klaibya*.

Keywords: *Klaibya*, *Uttarabasti*, *Matrabasti*, *Ashwagandha Taila*, Erectile Dysfunction

INTRODUCTION

Among the various phases of sexual response, the most essential is the achieving of normal erection with sufficient rigidity for penetrative intercourse, the absence of which ends into failure and dissatisfaction. This condition has been elaborately described as 'Klaibya' in Ayurvedic classics and 'Erectile dysfunction' in modern texts.

Although Erectile dysfunction is a benign disorder, it affects physical and psychological health and has a significant impact on the quality of sufferers and their partners and families. In the National Health and Social Life Survey (NHSL) the prevalence of sexual dysfunctions was 31%.¹ It is estimated that in 1995 there were over 152 million men worldwide who had Erectile dysfunction, and in 2025 the number of men with Erectile dysfunction will be 322 million, an increase of nearly 170 million men. The greatest increase will be in the developing world, that is, Africa, Asia, and South America.²

The disease *Klaibya* is a multifactorial condition, mainly involving *Bahu Doshavastha* as a whole and *Shukrakshaya* in specific, *Mano Dosh*, and

ShukravahaSroto Dusti.³ *Bastikarma* has been doing wonders in the treatments of Ayurveda. Though it has been indicated for almost all the diseases, the prime importance of *Bastikarma* has been specified in the management of *Klaibya*.

Ashvagandhataila is mentioned as one of the *Vajeekarana yoga* in **Chakradatta**⁴ and in **Bhaishajyaratnavali**⁵. It is also mentioned that *Ashvagandhataila* can be used in the form of *Anuvasanabasti*.

Considering the grave nature of the disease though it does not reduce the life expectancy, it had been selected for the present study to find out a better cure

Aim and Objectives

- Evaluation of effect of *Uttarakabasti* with *Ashvagandhataila* in *Klaibya* (erectile dysfunction)
- Evaluation of effect of *Matrabasti* with *Ashvagandhataila* in *Klaibya* (erectile dysfunction)
- To compare the efficacy of both *Uttarakabasti* and *Matrabasti* with *Ashvagandhataila* in *Klaibya* (erectile dysfunction).

Materials and Methods:

A) Drugs: *Ashvagandha Taila*

Ingredients

Table 1: Showing the ingredients of *AshvagandhaTaila*:

S.NO.	DRUGS	LATIN NAMES	QUANTITY
1	<i>Ashvagandha</i>	Withaniasomnifera	5 sera-4.67 kg
2	<i>Jala</i> (Water)		1 drona-12 litre
3	<i>Dugdha</i> (Milk)		4 prastha-3.072 litre
4	<i>Taila</i> (<i>Tila</i>)	Sesamum Indicum	1 prastha-0.768 litre
5	<i>Kamalanala+kamalakanda + kamala kosha</i>	Nelumbo nucifera	Remaining all are totally 1/4 th of taila
6	<i>Malatipushpa</i>	Jasminum grandiflorum Linn.	
7	<i>Vribera</i>	PavoniaodorataWilld.	
8	<i>Madhuka</i>	Madhukaindica	
9	<i>Saariva</i>	Hemidesmus indicus	
10	<i>Padmakesara</i>	Prunus cirasoidus Linn.	
11	<i>Meda</i>	Litseachinensis Lam.	
12	<i>Punarnava</i>	Boerhaviadiffusa Linn.	
13	<i>Draksha</i>	Vitis vinifera	
14	<i>Manjistha</i>	Rubiocordifolia Linn.	
15	<i>Brihatidwaya</i>	Solanum indicum + Tribulus terrestris	
16	<i>Ela</i>	Elettariacardmomum	
17	<i>Elavalu</i>	Gisekiapharnaceoides	

18	<i>Triphala</i>	Emblica officinalis +Terminalia belerica+Terminaliachebula	
19	<i>Mustha</i>	Cyperusrotundus Linn.	
20	<i>Chandana</i>	Santalum alba Linn.	
21	<i>Padmaka</i>	Prunus cirasoidus Linn.	

B) Patients: Total 30 patients diagnosed as *Klaibya* i.e. having Erectile dysfunction were selected for the clinical study.

Source of Data

Patient suffering from symptoms of *Klaibya* having erectile dysfunction were selected from O.P.D. of D.G.M.A.M.A.H. GADAG after fulfilling the inclusion and exclusion criteria.

Literary

Literary aspect of the study was collected from both ayurvedic as well as modern textbooks and updated with recent medical journals.

■ **Selection of Drugs**

The trial drug was collected from Vyas pharmacy after being properly identified.

■ **Study Design**

A comparative clinical study

■ **Sample Size:**

Totally 34 patients were taken for study, 4 dropped out

Group A: 15 patients had received *Uttarabasti* with *Ashvagandha Taila*

Group B: 15 patients had received *Matrabasti* with *Ashvagandhataila*.

■ **Inclusive criteria**

1. Patients with classical symptoms of *Klaibya* like *Linga Shaithilya, Mlana Shishnata, Mogha-Sankalpa Chesta, Dhvajanucchraya, Suratasaktata*.

Study duration

Group-A:	Group-B:
<i>Uttarabasti karma</i> - 8 days	<i>Matrabasti karma</i> - 8 days
Follow up - 16 days	Follow up - 16 days
Total duration - 24 days	Total duration - 24 days

2. Patients between the age group of 20 years to 50 years
3. Male sex
4. Patients who are fit for *Uttarabasti*
5. Patients who are fit for *Matrabasti*

■ **Exclusion criteria**

1. Patients who are under concomitant therapy.
2. Patients who are unfit for *Uttarabasti & Matrabasti*
3. Patients associated with other systemic disease.
4. Patients suffering from STD, Carcinoma, AIDS, TB, other disease like Phimosi, Ulceration, Hydrocele, Spinal cord lesions, etc.
5. Patients having congenital disorder of gonads.

Diagnostic criteria

- Diagnosis is made on the basis of classical symptoms of *Klaibya* like *Linga Shaithilya, Mlana Shishnata, Mogha Sankalpa Chesta, Dhvajanucchraya, Suratasaktata* and as Erectile dysfunction in modern texts

Posology

- *Group- A: Uttarabasti* with *Ashvagandhataila* 24 ml for 8 days
- *Group-B: Matrabasti* with *Ashvagandhataila* 72 ml for 8 days

Method of administration of the *Uttarabasti* and *Matrabasti* with *Ashvagandha Taila* was done as per the classics.

Assessment of results: The subjective and objective parameters of base line data to pre and post medication were compared for assessment of results. All the result will be analyzed statistically for ‘p’ value using unpaired and paired ‘t’ test.

Criteria for Assessment of Results

Subjective Criteria:

Domain	Questions #	Total score
Erectile Function	1, 2, 3, 4, 5, 15	
Orgasmic Function	9,10	
Sexual Desire	11, 12	
Intercourse Satisfaction	6, 7, 8	
Overall Satisfaction	13, 14	

Clinical Interpretation

I. **Erectile function** total scores can be interpreted as follows:

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

II. **Orgasmic function** total scores can be interpreted as follows:

Score	Interpretation
0-2	Severe dysfunction
3-4	Moderate dysfunction
5-6	Mild to moderate dysfunction
7-8	Mild dysfunction
9-10	No dysfunction

III. **Sexual desire** total scores can be interpreted as follows:

Score	Interpretation
0-2	Severe dysfunction

3-4	Moderate dysfunction
5-6	Mild to moderate dysfunction
7-8	Mild dysfunction
9-10	No dysfunction

IV. **Intercourse satisfaction** total scores can be interpreted as follows:

Score	Interpretation
0-3	Severe dysfunction
4-6	Moderate dysfunction
7-9	Mild to moderate dysfunction
10-12	Mild dysfunction
13-15	No dysfunction

V. **Overall satisfaction** total scores can be interpreted as follows:

Score	Interpretation
0-2	Severe dysfunction
3-4	Moderate dysfunction
5-6	Mild to moderate dysfunction
7-8	Mild dysfunction
9-10	No dysfunction

RESULT

Table 2: Showing the comparative effect of treatment on subjective parameters in Group A and Group B

PARAMETER	GROUP	Mean	SD	T-Value	P-Value	Remarks
<i>Lingashaithilya</i>	A	0.4	0.507	2.127	<0.05	S
	B	0.33	0.487			
<i>Moghsankalpachesta</i>	A	0.33	0.487	0.787	>0.05	NS
	B	0.2	0.414			
Erectile function	A	3.46	1.18	3.07	<0.01	HS
	B	2.4	0.63			
Intercourse satisfaction	A	1.86	1.3	1.07	>0.05	NS
	B	1.46	0.63			
Orgasmic function	A	0.33	0.487	0.406	>0.05	NS
	B	0.26	0.457			
Sexual desire	A	0.2	0.414	0	>0.05	NS
	B	0.2	0.414			
Overall satisfaction	A	0.26	0.457	0.377	>0.05	NS
	B	0.2	0.414			

To compare the subjective effectiveness of the treatment procedure between the two groups, the statistical analyses is done by using Un-paired t-test, by assuming that the mean effect treatment procedures is same in both the groups after treatment procedure.

From the analyses, it is clear that only the parameters *Linga Shaithilya* and Erection function have shown significant and highly significant result respectively. Remaining all the factors went not significant statistically.

Table 3: Showing the comparative effect of treatment on Objective parameters in Group A and Group B

PARAMETER	GROUP	Mean	SD	T-Value	P-Value	Remarks
Desire for Sex	A	0.4	0.63	0.341	>0.05	NS
	B	0.33	0.487			
Penile Erection	A	0.66	0.61	0.990	>0.05	NS
	B	0.46	0.49			
Penile Rigidity	A	0.4	0.5	0.393	>0.05	NS
	B	0.33	0.48			
Ejaculation	A	0.33	0.48	0.414	>0.05	NS
	B	0.26	0.45			
Orgasm	A	0.266	0.45	0.853	>0.05	NS
	B	0.4	0.414			
Volume	A	0.31	0.47	1.542	>0.05	NS
	B	0.04	0.49			
Sperm concentration	A	12.6	18.8	1.595	>0.05	NS
	B	4.45	6.18			
Total Sperm count	A	12.9	19.5	1.769	>0.05	NS
	B	3.56	6.15			
Total motility	A	-1.53	19.61	1.157	>0.05	NS
	B	5.16	10.84			

To compare the objective effectiveness of the treatment procedure between the two groups, the statistical analyses is done by using Un-paired t-test, by assuming that the mean effect of the treatment procedures is same in both the groups after treatment procedure.

From the analysis all the parameters shown non-significant (as $P > 0.05$). i.e., the mean effect of the treatment procedure is same in both the groups.

Table 4: Effect of *Ashvagandha Taila Uttarabasti* On Subjective Parameters of Group A

PARAMETER	MEAN		Net Mean	SD	SE	T-Value	P- Value	Remarks
	AT	BT						
<i>Lingashaithilya</i>	2.93	2.53	0.4	0.507	0.131	3.05	< 0.01	HS
<i>Moghasankalpachesta</i>	2.53	2.2	0.33	0.487	0.125	2.64	< 0.05	S
Erectile function	22.06	18.6	3.46	1.18	0.304	11.3	< 0.001	HS
Intercourse satisfaction	11.9	10.0	1.86	1.3	0.335	5.55	< 0.001	HS
Orgasmic function	6.8	6.46	0.33	0.487	0.125	2.64	< 0.05	S
Sexual desire	7.6	7.4	0.2	0.414	0.107	1.87	>0.05	NS
Overall satisfaction	6.06	5.8	0.26	0.45	0.116	2.25	<0.05	S

To know about the which subjective factors among Group A are more effective, the statistical analyses is done by using paired t-test, by assuming that the drug is not responsible for changes in before and after the *Uttarabasti* with *Ashvagandhataila*.

From the analysis it is clear that the parameters *Linga Shaithilya*, Erectile function and Intercourse satisfaction are highly significant, the parameters *Moghasankalpachesta*, Orgasmic function and Overall satisfaction are statistically significant, whereas Sexual desire is statistically not significant.

Table 5: Showing the effect of *Ashvagandhatailamatrabasti* on subjective parameters: GROUP B

PARAMETER	MEAN		Net Mean	SD	SE	T- Value	P- Value	Remarks
	AT	BT						
<i>Lingashaithilya</i>	2.8	2.46	0.33	0.487	0.125	2.64	< 0.05	S
<i>Moghsankalpachesta</i>	2.2	2	0.2	0.414	0.107	1.87	>0.05	NS
Erectile function	20.66	18.26	2.4	0.63	0.162	14.69	< 0.001	HS
Intercourse satisfaction	11.33	9.86	1.46	0.63	0.162	8.87	< 0.001	HS
Orgasmic function	6.2	5.93	0.26	0.45	0.116	2.25	< 0.05	S
Sexual desire	6.93	6.73	0.2	0.414	0.107	1.87	>0.05	NS
Overall satisfaction	6.2	6	0.2	0.414	0.107	1.87	>0.05	NS

To know about the which subjective factors among Group B are more effective, the statistical analyses is done by using paired t-test, by assuming that the drug is not responsible for changes in before and after the *Matrabasti* with *Ashvagandhataila*.

From the analysis it clear that the parameters Erectile function and Intercourse satisfaction are highly significant, the parameters *LingaShaithilya*, *Moghasankalpachesta* and Orgasmic function are statistically significant, whereas Sexual desire and Overall satisfaction are statistically not significant.

Table 6: Showing the effect of *ashvagandhatailaUttarabasti* on objective parameters: GROUP A

PARAMETER	MEAN		Net Mean	SD	SE	T- Value	P- Value	Remarks
	AT	BT						
Desire for Sex	1.73	1.33	0.4	0.63	0.162	2.44	< 0.05	S
Penile Erection	3.13	2.46	0.66	0.61	0.157	4.18	<0.001	HS
Penile Rigidity	2.33	1.93	0.4	0.50	0.129	3.05	< 0.01	HS
Ejaculation	2.8	2.46	0.33	0.48	0.124	2.64	< 0.05	S
Orgasm	2.33	2.06	0.266	0.45	0.116	2.25	< 0.05	S
Volume	1.37	1.06	0.31	0.47	0.121	2.38	<0.05	S
Sperm concentration	40.8	28.2	12.6	18.8	4.85	2.41	<0.05	S
Total Sperm count	35.9	23.0	12.9	19.5	5.03	2.37	<0.05	S
Total motility	53.07	54.61	-1.53	19.61	5.06	0.28	>0.05	NS

To know about the which objective factors among Group A are more effective, the statistical analyses is done by using paired t-test, by assuming that the drug is not responsible for changes in before and after the *Uttarabasti* with *Ashvagandhataila*.

From the analysis it is clear that the parameters Penile Erection and Penile Rigidity are highly significant, the parameters Desire for sex, Ejaculation, Orgasm, Semen Volume, Sperm concentration, and Total sperm count are statistically significant, where as Total motility is statistically not significant.

Table 7: Showing the effect of *Ashvagandhatailamatrabasti* on objective parameters: GROUP B

PARAMETER	MEAN		Net Mean	SD	SE	T- Value	P- Value	Remarks
	AT	BT						
Desire for Sex	2.06	1.73	0.33	0.487	0.125	2.64	< 0.05	S
Penile Erection	2.86	2.4	0.46	0.49	0.126	3.74	<0.01	HS
Penile Rigidity	2.33	2	0.33	0.48	0.124	2.64	< 0.05	S

Ejaculation	2.8	2.53	0.26	0.45	0.116	2.25	< 0.05	S
Orgasm	2.46	2.26	0.4	0.414	0.107	1.87	> 0.05	NS
Volume	1.20	1.16	0.04	0.49	0.126	0.28	>0.05	NS
Sperm concentration	45.18	40.72	4.45	6.18	1.59	2.38	<0.05	S
Total Sperm count	38.5	34.9	3.56	6.15	1.58	2.00	>0.05	NS
Total motility	67.5	62.33	5.16	10.84	2.80	1.65	>0.05	NS

To know about the which objective factors among Group B are more effective, the statistical analyses is done by using paired t-test, by assuming that the drug is not responsible for changes in before and after the *Uttarabasti* with *Ashvagandhataila*.

From the analysis it is clear that the parameters Penile Erection is highly significant, the parameters Desire for sex, Penile Rigidity, Ejaculation and Orgasm are significant. Semen Volume, Sperm concentration, Total sperm count and Total motility are statistically not significant.

- Out of total 16 parameters Group B showed better results in 4 factors, whereas remaining 12 factors were dominated by the Group A. Hence comparatively Group A *Uttarabasti* with *Ashvagandha Taila* is having better result than the Group B *Matrabasti* with *Ashvagandha Taila*.
- Statistically there is no difference in the mean effect of the two procedures over the objective parameters of *Klaibya* whereas only *Lingashaithilya* and Erectile function parameters had the significant difference in the mean effect of the therapy on subjective parameters of *Klaibya*.

DISCUSSION

The chief factors causing the condition *Klaibya* are *Vata*, *Dhatukshaya* in general and *Shukrakshaya* in particular, *Shukravaha Strotodusti*, *Marmaghata* and *Mano Dosha*. *Vata* is responsible for all the *Chesta*, particularly of the *Indriyas* viz. *Jnanendriya*, *Karmendriya* and *Manas*. The functioning of these *Indriyas* in harmony is the key for normal sexual functioning. The aggravated *Vata* particularly the *Prana*, *Vyana* and *Apana* causes the impairment in the functioning of these *Indriyas*.

Further the vigor is most essential thing to perform any functions, and it entirely depends upon the opti-

imum quantity of *Dhatu* having good quality in general and *Shukra* in particular, specially it holds good for indulgence in sexual intercourse. Hence the deprivation of the *Dhatu* is considered as cause for *Klaibya*.

Before giving *Uttara Basti*, *Niroohabasti* is indicated in the classics. It indicates that *Kostha Shodhan*, *Vatanulomana* and *Rookshana Chikitsa* are essential before *Snehana Chikitsa* like *Uttara basti*. But for the convenience of the study and for research purpose I have restricted my study only to *Uttarabasti* without any type of *Niruhabasti*.

Probable mode of Action:

Ashvagandha Taila possesses *Vrushya*, *Balya*, *Medhya*, *Vatahara*, *Rasayana*, *Vajeekarana*, *Pachana* and *Deepana* properties. As *Vrushya* and *Balya* the drug enhances the quality of *Shukradhatu* reducing *Dourbalya* and *Riktata* in *Shukravahasrotas* thus by pacifies the aggravated *Vata*. *Medhya* properties of the drugs act biologically and improve the psychological functioning. The *Shukrastambhaka* property by virtue of decreasing *Saratva* of *Shukra Dhatus* and enhancing *sthiratva* 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 *Harshashakti* depends on *Dehabala* also.

On pharmacological analysis the constituents of the drugs were especially psychotropic, antianxiolytic, aphrodisiac, mood elevators and reduce hyper excitability. This helps to control the attainment of steep curve arousal and plateau phase of sexual response cycle.

Dropouts: Patients were selected for the clinical study between the age group 20-50 years, A Total of 4 patients were dropped out from the study. 3 in Group A i.e. in *Uttarabasti* group and one patient from the Group B i.e. *Matrabasti* group.

Out of those 3 patients of dropped out in Group A, two patients had developed urinary tract infection after 2nd and 4th day of *Uttarabasti* administration respectively.

The reason may be because of not maintaining the proper hygienic and aseptic precautions. During such instance I had gone through the details of *Uttarabasti* instruments and their condition aseptic measures, finally I got to know that Foley's catheter using for those patients were not cleaned properly. Because of which even after subjecting the instruments to autoclave the patients developed urinary tract infection. Since then an extra care was taken to see that all the things there within aseptic condition.

Remaining one patient of drop out the reason found that, he was not comfortable with the mode of administration. He had left the treatment by 3rd day and insisted for the oral medication.

In group B one patient of dropped out had also the same sort hesitation to undergo the treatment. Hence, he was also insisting for the oral medication and left trial study by 5th day of *Matrabasti*.

CONCLUSION

- *Uttarabasti* with *Ashvagandhataila* has very good effect over the *Linga Shaithilya*, Erectile function, Intercourse satisfaction, Penile Erection and Penile Rigidity parameters
- *Matrabasti* with *Ashvagandhataila* has very good effect over the Erectile function and Intercourse satisfaction parameters and Penile Erection parameters.
- Out of total 16 parameters Group B showed better results in 4 factors, whereas remaining 12 factors were dominated by the Group A. Hence comparatively Group A *Uttarabasti* with *Ashvagandha Taila* is having better result than the Group B *Matrabasti* with *Ashvagandha Taila*.
- Statistically there is no difference in the mean effect of the two procedures over the objective parameters of *Klaibya* whereas only *Lingashaithilya* and Erectile function parameters had the significant difference in the mean effect of the therapy on subjective parameters of *Klaibya*.

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