

## A CLINICAL STUDY OF GOKSHURADI MODAK AND ASTHAPAN BASTI IN THE MANAGEMENT OF KLAIBYA (ERECTILE DYSFUNCTION)

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### ABSTRACT

**Purpose:** *Klaibya* is the inability to attain and keep sufficient rigid erection which is very essential during sexual intercourse for his sexual needs or the needs of his female partner. In medical term it is called as erectile dysfunction. It is commonly known as Impotency. It looked as a medico-social problem. There is no satisfactory treatment in modern science. *Ayurveda* has specific branch- *Vajikaran* for treating these problem. The study was conducted to evaluate the clinical efficacy of *Gokshuradi Modak* and *Asthapan Basti* on *Klaibya*. **Method:** 40 patients diagnosed as *Klaibya* were randomly divided into 2 groups. Group-A was given *Gokshuradi Modak* 12 grams twice a day after food with plane water orally and group-B was given *Gokshuradi*

*Modak* in the same manner after *Asthapan Basti* for five days. The duration of study in both groups was two months. Semen volume, sperm count, motility, non motile, sluggish, abnormal sperm were considered before treatment and after treatment for assessment. Symptoms of *Klaibya* given in *Ayurveda* were also considered for assessment. **Result:** After treatment highly significant results were found in sperm volume, sperm motility and sluggish in both groups, but sperm count increased only in group-B. Significant results were also

found in symptoms such as *Shram*, *Daurbalyta*, *Panduta*, *Ling-shaithilyata*, *Mlan-Shishnata*, *alpaharsha*, *Nirbeej*, *Medra-vedna*, *Stambhan-abhav*, *Shukra-achyuti* and *Vyavay-anichha*.

**Conclusion:** In the present study both the groups showed good results in *Klaibya* (erectile dysfunction) but group-B (*Asthapan Basti* followed by *Gokshuradi Modak*) was found better than group-A (*Gokshuradi Modak* alone). These therapy were safe and without any side effects.

**KEYWORDS:** *Shram*, *Daurbalyta*, *Panduta*, *Ling-shaithilyata*, *Mlan-Shishnata*, *alpaharsha*, *Nirbeej*, *Medra-vedna*, *Stambhan-abhav*, *Shukra-achyuti* and *Vyavay-anichha*.

## INTRODUCTION

*Klaibya* is defined as sexual dysfunction characterized by the inability of a man to perform the sexual act or incomplete performance which leaves the female partner partially or totally dissatisfied. In other words *Klaibya* is also defined as inability to attain and keep sufficient rigid (firm) erection which is very essential during sexual intercourse for his sexual needs or the needs of his female partner. *Chakrapani* narrows the definition of *Klaibya* which means erectile dysfunction only.

Sex has got ups and downs in lifetime. A person looking strong in physical growth may be weak in sexual activities and one who looks weak in physique may be sexually strong, potent and possess many offspring. Erectile dysfunction (ED) is both increasingly recognized and increasing in prevalence with the aging of our population and a potentially devastating ailment that affects not only men, but also their sexual partners. The Massachusetts Male Aging Study revealed that age is the single most important variable associated with erectile difficulty.

The common cause which prevents man from enjoying the act of sexual interplay with his female partner is referred to as "*Klaibya*". A male suffering from *Klaibya* is unable to maintain the sufficient rigid erection during the lovemaking process required for pleasure or fertilization therefore *Klaibya* is creating problems to males directly and indirectly to female. It is very humiliating for a person to find himself ineffective before his female partner while performing sexual intercourse, since on the other part the female partner expects the male partner to give her immense sexual pleasure and gratification during the full period of sex. *Klaibya* can be temporary or permanent and it can be total or partial too. Generally *Klaibya* considered as a disorder of old age but it can also affect men at any age of puberty. In such

cases Ayurveda is very beneficial because Ayurved has a hidden treasure to solve the various sex and infertility related problems of mankind.

It looked as a medico-social problem. There is no satisfactory treatment in modern science. Ayurveda has specific branch- *Vajikaran* for treating these problem. *Vajikarana* is a branch of Ayurveda which is prescribed to improve sex life. *Vajikara dravyas* are highlighted and praised in the context of *Klaibya* to overcome the aggravated *Vata*. Hence *Gokshuradi Modak*, a *Vajikara dravya* was chosen to evaluate its efficacy in *Klaibya* vis-à-vis Erectile Dysfunction (ED).

## MATERIAL AND METHODS

### Selection of Patients

For the present study, 40 male patients fulfilling the clinical criteria for diagnosis of *Klaibya* were selected from OPD of Kayachikitsa, Shri N.P.A. Government Ayurveda College Hospital Raipur, Chhattisgarh irrespective of religion, cast, occupation etc. They were assigned in to two groups for the interventional study. They were assigned in to two groups for the interventional study. Written informed consent was taken on prescribed format from each patient. The study was cleared by the institutional committee.

### Inclusion criteria

1. Male patient in the age of 21-60 years.
2. Patients having sign and symptoms of *Klaibya*.

### Exclusion criteria

Patient with primary and secondary azoospermia, varicocele, trauma & torsion of testis, obstructive aspermia, vasectomy, STD, heart disease etc.

### Collection of Drugs

Raw drugs for *Gokshuradi Modak*- *Gokshur*, *Talmakhana*, *Ashwagandha*, *Shatavari*, *Musli*, *Kapikachu*, *Mulaithi*, *Nagbala* and *Bala* with *Go-Dugdih*, *Ghrit*, *Sharkara* collected from field after proper identification. The authentication of raw drugs was done in DTL&R Center Raipur.

### Investigations

According to necessity

1. Haematological Test

2. Blood Sugar
3. Urine test
4. Semen analysis
5. Testosterone test.

### Criteria for Assessment

The assessment of the patients was done based on subjective as well as objective criteria during the course of trial. The final assessment was done on the basis of the both parameters.

### Subjective criteria

The presence of following *Klaibya Lakshana- Shram* (tired), *Daurbalyta* (weakness), *Panduta* (pallor), *Ling-Shaithilyata* (loss of penile erection), *Mlan-Shishnata* (loss of erection during intercourse), *Alpaharsha* (wish for intercourse), *Nirbeej* (less quantity of sperm), *Medra-Vedna* (pain in penis), *Vrishan-vedna* (pain in testis), *Stambhan-Abhav* (premature ejaculation), *Shukra-Achyuti* (less semen volume) And *Vyavay-Anichha* (note wish).

### Objective criteria

Semen analysis was done on baseline and final day of study- Semen volume, sperm count, motility, non-motile, sluggish, abnormal sperm.

### Treatment Protocol.

Group	Therapy	Drugs/ Doses/Anupana	Duration
Group-A	Oral Medicine	<i>Gokshuradi Modak</i> - 12gm. twice a day With plain water after meal	2 months
Group-B	1. <i>Asthapan Basti</i>	<i>Gokshuradi Kwatha</i> -300 ml. <i>Gokshuradi Kalka</i> - 50 gm. <i>Til Tail</i> - 100 ml. <i>Madhu</i> - 50 ml. <i>Saindhav</i> - 5 gm.	5 days
	2. Oral Medicine	<i>Gokshuradi Modak</i> - 12gm. twice a day With plain water after meal	2 months

### Diet and life style plan (*Pathya-Apathya*) for both Group.

<b>Pathya</b>	<ul style="list-style-type: none"> <li>▪ Rice, Wheat, Green gram, Green Vegetables, Fruits, Milk, Ghee, chicken, meat, seasonal fruits, <i>Haritaki</i>, <i>Amalaki</i>.</li> <li>▪ Adequate sleep at night, Body Massage, stay clean environment, Brisk walking and light exercises, Evacuation of urges like Urine, Feces etc. at proper time.</li> </ul>
<b>Apathya</b>	<ul style="list-style-type: none"> <li>▪ <i>Dahi Sevan</i>, over intake water, <i>Alpa-Bhojan</i>, <i>Pishta-Anna</i>, <i>Guru-Virudha-Bhojan</i>, Oily, fried, spicy food items, fast food, ice cream, cold drinks, curd, bread, biscuit, Alcohol, tobacco, tea, coffee.</li> <li>▪ Suppression of natural urge, intercourse with <i>Rajaswala</i>, <i>Ayonigaman</i>, Fasting, Stress and strain.</li> </ul>

## OBSERVATION AND RESULTS

Table- Showing effect of therapy on subjective parameters.

Sr. no.	Subjective Parameters	Group- A				Group- B			
		Mean BT	Mean AT	% Relief	P- Value	Mean BT	Mean AT	% Relief	P- Value
1.	<i>Shram</i>	1.75	0.55	68.57	0.001	2	0.45	77.5	0.001
2.	<i>Daurbalyta</i>	1.65	0.45	72.72	0.001	1.9	0.5	73.68	0.001
3.	<i>Panduta</i>	1.5	0.45	70.00	0.001	2.05	0.4	80.48	0.001
4.	<i>Ling-shaithilyata</i>	1.8	0.55	69.44	0.001	1.8	0.45	75.00	0.001
5.	<i>Mlan-Shishnata</i>	1.85	0.6	67.56	0.001	1.65	0.45	72.72	0.001
6.	<i>Alpaharsha</i>	1.85	0.65	64.86	0.001	1.9	0.45	76.31	0.001
7.	<i>Nirbeej</i>	1.55	0.65	58.06	0.001	1.2	0.45	62.50	0.001
8.	<i>Medra-vedna</i>	1.3	0.35	73.076	0.001	0.75	0.15	80.00	0.001
9.	<i>Vrishan-vedna</i>	1.3	0.3	76.92	0.001	1.1	0.2	81.81	0.001
10.	<i>Stambhan-abhav</i>	1.9	0.8	57.89	0.001	1.9	0.45	76.31	0.001
11.	<i>Vyavay-anichha</i>	1.9	0.6	68.42	0.001	1.7	0.45	73.52	0.001
12.	<i>Shukra-achyuti</i>	1.85	0.6	67.56	0.001	1.05	0.2	80.95	0.001

Table- Showing effect of therapy on seminal parameters (objectives parameters).

Sr. no.	Objectives Parameters	Group- A				Group- B			
		Mean BT	Mean AT	% Relief	P- Value	Mean BT	Mean AT	% Relief	P- Value
1.	Volume	1.72	2.21	28.40	0.001	2.15	2.82	31.16	0.001
2.	Total count	25.5	32.95	29.21	0.01	26.05	34.15	31.09	0.001
3.	Sperm Motility	48.75	55.4	13.64	0.001	50.15	57.1	13.85	0.001
4.	Non Motile	23.25	22.55	3.010	0.05	21.75	21.05	3.21	0.10
5.	Sluggish	28.5	22.75	20.17	0.001	28.1	21.8	22.41	0.001
6.	Abnormal	5.5	5.3	4.50	0.05	5.5	5.25	5.40	0.02

## DISCUSSION

In the clinical study a total number of 40 patients were registered and categorized into three groups, each group had 20 patients. All 40 patients completed the trial. The information gathered on the basis of study was subjected to statistical analysis.

Mixed diet is the main reason for increase of Raja and Tama *Mansika Dosha* causing infliction of mind. This finding also makes us aware of the fact that subjects having Raja and Tama *Mansika doshas* are more prone to develop *Klaibya* in later stages of their life cycle. Majority of patients belonged to *Vata-Pitta prakriti*. *Vataprakrti Purusha* will have *Alpa Santana*. *Pittaprakrti Purusha* will have *Alpa Shukra*, *Alpa Vyavaya Shakti* & will have *Alpa Santata* by virtue of *Katu-Amla Rasa* of *Pitta Dosha*. Hence it may be inferred that either *Vata* or *Pitta* association in *Sharira Prakriti* may make the person more susceptible for *Klaibya*. Maximum number of patients had *Manda Agni* and *Kroora Koshtha*. *Kroora Kostha*

is *Vata* dominant. So vitiation of *Apana Vata* has pivot role in the pathogenesis of *Klaibya*. *Gokshuradi Modak* provided statistically significant relief in the symptoms of *Klaibya* and overall satisfaction.

### Probable Mode of Action of The Therapy

The trial drug has significantly improved the patients of *Klaibya*. The probable action of the drug is due to the properties of *Madhura* taste and *Guru*, *Snigdha* properties, *Madhura Vipaka* and active potency of *Sheeta*. In the classics, *Acharya Charaka* has mentioned the *Guru & Snigdha Guna* as one among the six qualities of *Vrishya Dravya*. Here *Guru*, *Snigdha Guna* and *Madhura Rasa* are similar to the properties of *Shukra*. With these properties, the trial drug proved better on sexual parameters to alleviating the *Vata Dosha* by its *Guru & Snigdha* property, which is the root cause in the manifestation of *Klaibya*. Thus, the formulation has the properties like *Madhura Rasa and Guru, Snigdha Guna*. By virtue of *Vrishya, Balya, Brimhana, Vajikara* property, the formulation tones up of the body muscle, this leads to improvement in erectile dysfunctions.

After treatment highly significant results were found in sperm volume, sperm motility and sluggish in both groups, but sperm count increased only in group-B. Significant results were also found in symptoms such as *Shram, Daurbalya, Panduta, Ling-shaithilyata, Mlan-Shishnata, alpaharsha, Nirbeej, Medra-vedna, Stambhan-abhav, Shukra-achyuti* and *Vyavay-anichha*.

### CONCLUSION

The trial drug was given to patients divided in two randomized groups for the period three months and the different results showed significant improvement. In the present study both the groups showed good results in *Klaibya* but group-B (*Asthapan Basti* followed by *Gokshuradi Modak*) was found better than group-A (*Gokshuradi Modak* alone). These therapy were safe and without any side effects. It will be found excellent results the medicine used after *Panchakarma* therapy. Hence the *Gokshuradi Modak* is a worthy choice of drug in treating *Klaibya* (Erectile Dysfunction).

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