A Clinical study on the Efficacy of Shatavaryadi Churna and Ashwagandhadi Tail in Klaibya w.s.r Erectile Dysfunction

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ABSTRACT

Erectile dysfunction (ED) is defined as the persistent inability to achieve or maintain penile erection sufficient for satisfactory sexual performance. This condition has been elaborately described as 'Klaibya' in Ayurvedic texts. It is most burning problem in today. Worldwide, ED is estimated to affect more than 150 million men, and that number is expected to exceed 300 million men by the year 2025. There is no proper management in modern science while the great value of Ayurveda therapy in this particular disease, Considering the high prevalence of this disease, “A Clinical study on the Efficacy of Shatavaryadi churna and Ashwagandhadi Tail in Klaibya w.s.r Erectile Dysfunction” was conducted, in this study was undertaken in 30 patients of Klaibya (Erectile Dysfunction). The present study showed that orally Shatawaryadi churna with the Anupana milk added with sugar and Ashwagndhadi tail for local application can be used as safe and main ‘Therapeutic Agent’ in the management of Klaibya, (Erectile dysfunction).

Key words- Klaibya, Erectile Dysfunction, Shatavaryadi churna, Ashwagandhadi Tail.

Introduction:

Management of Klaibya (ED) by Ayurvedic system of medicine is useful because of long cultural history of utilization and the current renewed interest in natural products to sustain health globally. As a way recognizing the values and roles of traditional medical knowledge in health care provision, further research into the efficacy and safety of herbal approach for the management of ED is necessitated worldwide. The search for natural supplement from medicinal plants is being intensified probably because of its reduced side effects, its ready availability and reduced cost. The potency of the Ayurvedic drug is significant. Therefore, the increasing search for medicinal plants with aphrodisiac potentials has necessitated the need for screening medicinal plants with aphrodisiac potentials. All the herbal plants in this review have exhibited significant pharmacological activity. The herbs can be an effective aphrodisiac, moreover, isolation and identification of active constituents from plants may bring a dynamic change in the modern world. After knowing the burning nature with higher incidence of the problem and the limitations of the available medications, it is the need of time to find out an effective, safe and affordable therapy to manage this troublesome problem. In Ayurveda, we may find a ray of light as it is having unique approach to understand the disease in total. Moreover the disease erectile dysfunction has been described elaborately along with its management under the name of Klaibya. Apart from which several effective preparations have been prescribed in Vajikarana chapter to improve the sexual health and to satisfy the partner in the way she finds. Keeping all these points into consideration the present clinical study efficacy of Shatavaryadi churna and Ashwagandhadi tail in the management of Klaibya has been carried out.

Aims and Objectives:

- Conceptual studies on Klaibya Roga with special reference to erectile dysfunction
- To evaluate the efficacy of Shatavariyadi churna and Ashwagandgadi tail in management of Klaibya

Materials and Methods:

Following material and method will be adopted for conducting the present clinical trials.

Selection of Cases:

Total 30 numbers of patients will be selected from the OPD & IPD in the P.G department of kayachikitsa at National Institute of Ayurveda and hospital, Jaipur Rajasthan.

Inclusion Criteria:

- Adult male patients who were married in age 20 to 60 years.
- Patients having signs and symptoms of Klaibya (erectile dysfunction) according to Ayurvedic and Modern texts.
Study design and Grouping

This study was a non blinded, randomized clinical trial using pre test and post test design. After inclusion the patients it was randomly divide into three groups and named as Group A, Group B and Group C. Each group contained 10 numbers of patients.

Selection of Drugs:

The drugs Shatavaryadi churna was selected for the present study mentions in Ayurvedic Texts for Vaajikarana in Yogaratnakar and Chakradutta. In Shatavaryadi churna five drugs which are taken in equal parts.

Shatavaryadi churna:

It is a composition of five medicinal plants (Shatawari, kapikacchu, Ashvagandha, mushali, gokshur) and claimed that very helpful for sexual diseases.

Ashvagandgadi tail:

For local application Ashvagandgadi tail was advised to selected patients. Reference of this drug was taken from Ayurvedic Texts Bhaishajya rarnavali in chapter of Vaajikarana Prakarnam. (Bh.Ra74/355-56)

Administered Drugs with duration:

Before starting the oral medication Panchaskara Churna, 5 gm once daily was administered 3 consecutive days for Kostha shudhi

Group-A:

In this group, 5gm Shatavaryadi churna was administered with lukewarm sugar added milk twice a day for 30 days.

Group-B:

In this group Ashvagandgadi tail was applied for external application twice a day for 30 days

Group-C:

In this group, 5gm Shatavaryadi churna was administered with lukewarm sugar added milk and Ashvagandgadi tail was advised for external application twice a day for 30 days.

Clinical Assessment Critaria-

A International Index of Erectile Function 15 items (IIEF-15)
B Haematological Parameter: Complete blood count, erythrocyte sedimentation rate, fasting blood sugar was investigated at baseline day and end of treatment.
C Semen Analysis: Semen analysis was done on baseline and final day of study.
D Serum Testosterone: Serum Testosterone was done on baseline and at day 30.

Table

Effect of therapy in semen analysis and serum testosterone-

Group A:

Effect of therapy in Serum Testosterone increased in 6.9% significant p value <0.01, and semen analysis quantity of Semen increased in 37.85% and, p value <0.001 show that highly significant. Sperm count million/ml increased in 11.9% p value <0.001 highly significant. Rapid linear progressive of sperm on 20.8% and, p value <0.001 show that highly significant. Non progressive of sperm change into progressive sperm 37.9%, p value <0.01 show that significant. Immotile sperm change into motile sperms 62.8% p value <0.001 highly significant.

Group B:

Effect of therapy in Serum Testosterone and semen analysis in group B insignificant p value >0.05. Serum Testosterone 4.2%, semen analysis quantity of Semen increased insignificant 9.1%, and Sperm count million/ml 3.1% increased insignificant. Rapid linear progressive of sperm on 1.6% insignificant. Non progressive of sperm change into progressive sperm 5.4%, insignificant. Immotile sperm change into motile sperms 5.4% insignificant.

Group C:

Serum Testosterone increased in 10.4% p value <0.001, highly significant and semen analysis quantity of Semen increased in 20% and, p value <0.001 show that highly significant. Sperm count million/ml increased in 10.4% p value <0.001 highly significant. Rapid linear progressive of sperm on 28.9% and, p value <0.001

Table 40 Erectile Function of IIEF-5 score on 30 registered patients of Erectile Dysfunction

<table>
<thead>
<tr>
<th>Groups</th>
<th>Base line Mean</th>
<th>SD</th>
<th>SE</th>
<th>Day 30 Mean</th>
<th>SD</th>
<th>SE</th>
<th>% of change</th>
<th>t value</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group A</td>
<td>13.10</td>
<td>4.40</td>
<td>1.39</td>
<td>14.90</td>
<td>4.50</td>
<td>1.42</td>
<td>13.74%</td>
<td>9.00</td>
<td>&lt; 0.001***</td>
</tr>
<tr>
<td>Group B</td>
<td>16.00</td>
<td>3.01</td>
<td>0.95</td>
<td>16.50</td>
<td>3.02</td>
<td>0.95</td>
<td>3.21%</td>
<td>3.00</td>
<td>&lt;0.05*</td>
</tr>
<tr>
<td>Group C</td>
<td>12.10</td>
<td>6.35</td>
<td>2.00</td>
<td>15.80</td>
<td>7.03</td>
<td>2.22</td>
<td>30.57%</td>
<td>7.82</td>
<td>&lt; 0.001***</td>
</tr>
</tbody>
</table>

Note - Student t-test was done at end of treatment when *p<0.05, milksignificant **p<0.01 significant, ***p<0.001as highly significant compared to baseline p>0.05 insignificant.
show that highly significant. Non progressive of sperm change into progressive sperm 32%, p value <0.01 show that significant. Immotile sperm change into motile sperms 62.3% p value <0.001 highly significant.

**Conclusion**

Following conclusions can be drawn from the current research project-

- The disease ‘Erectile dysfunction can be compared with Klaibya,
- The optimum results have been seen Shatavariyadi churna with the Anupana milk added with sugar (Group-A) management of Klaibya (Erectile dysfunction).
- Comparatively better results were found in those patients of Klaibya who were treated by the Orally Shatavariyadi churna with the Anupana milk added with sugar and Ashwagndhadi tail for local application Group C.
- Clinical study has revealed that patients treated in both group A & group C shows statistically highly significant improvement in all symptoms and statistically significant improvement in IIEF-5 Score.
- Therapy was well tolerated by all the patients and no unwanted effect seen in any patient.
- Thus it can be concluded that orally Shatavariyadi churna with the Anupana milk added with sugar and Ashwagndhadi tail for local application can be used as safe and main ‘Therapeutic Agent’ in the management of Klaibya, (Erectile dysfunction).

**REFERENCES:**

- Charaka Samhita – English Translation (By : Sharma P.V)
- Diagnosis and Treatment of Functional infertility by B. Lunefield, V. Insler, M. Glererman 3rd edition.
- Principles of Internal Medicine Harrison M.C. grew hill Book Co. 16th edition.

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**Thromboxane A2 Receptor Antagonist**

Thromboxane A2 (TXA2) is a bronchoconstrictor prostanoid. TXA2 is a cyclooxygenase product of arachidonic acid involved in the pathogenesis of asthma, and takes part in its acute and chronic inflammatory processes.

Seratrodust, a thromboxane A2 (TXA2) receptor antagonist has found a place in the treatment of asthma. It is a quinone derivative. It has no action on blood coagulation cascade such as thrombus formation, prothrombin time and activated partial thromboplastin time. It inhibits bronchoconstriction induced by TXA2. It causes airway smooth muscle and vascular dilatation, and decreases airway hyperresponsiveness. It exerts its anti-inflammatory effect by acting as an antagonist of TXA2 receptors. On oral administration seratrodust is absorbed rapidly and is slowly cleared by hepatic biotransformation. It is administered in a dose of 80mg once a day orally, and the dose can be increased up to 320 mg a day. Lower dose is advocated in elderly. It is generally well-tolerated. It is contraindicated in individuals exhibiting hypersensitivity to seratrodust, and in patients with impaired hepatic functions. Seratrodust has shown to exhibit better control on asthma than that of cysteinyl leukotriene receptor antagonists in the management of asthma.

**The Association of Physicians of India**

An elevated plasma homocysteine level (>15 μmol/L) is prevalent in 30-50% of people older than 60 years. The cause is multifactorial; a combination of environmental and genetic factors, nutrition, lifestyle, and hormonal factors. Vitamin B₁₂ and folate are major determinants of homocysteine metabolism and supplementation with vitamin B₁₂ and folic acid has been shown to be effective in normalizing homocysteine levels.

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