EFFICACY OF MATRA BASTI AND MEDHYA RASAYANA IN THE MANAGEMENT OF KLAIBYA ROGA

VD. NILESH BHATT
M.D.(Ayu.) Ph.D.

Department of Panchakarma
Institute for Post Graduate Teaching & Research in Ayurveda
Gujarat Ayurved University
Jamnagar – 361 008 (India)
**Vata** is life, vitality, supporter of all embodied beings and is universal. Unimpaired status of **Vata** brings longer and disease free life by regulating its five sub types.

**Vata** is responsible for all the Chesta, particularly of the Indriyas i.e., DashaIndriya and Mana.

**Vata** has significant role in regulation of physical and psychological equations and in Klaibya, **Vata** stands in prime position.

The chief factors causing the condition Klaibya are **Vata**, Sattva, Dhatukshaya in general and Shukra Kshaya in particular, Shukravaha Srotodushti and Marmabhighbata.
Considering the various factors involved in the pathogenesis of Klaibya, specifically the aggravated Vata causing stimulation and lack of control of Manasa, Matra Basti was selected.

Medhya Rasayana was selected for its availability and having their definite action over central nervous system and higher mental functions.

To see the effect of Manosamvardhana Chikitsa, Placebo was also given to the patients.

Study was aimed to compare the effect of both drugs like Medhya Rasayana Churna and Bala Taila Matra Basti in the management of Klaibya.

Therefore, the total patient of Klaibya was divided into four groups each comprised 30 patients.
AIMS AND OBJECTIVES

- To evaluate the role of *Satva* in aetiopathogenesis and management of *Klaibya*.
- To assess the role of *Vata* in aetiopathogenesis of *Klaibya* in the light of *Matra Basti* usage.
- To assess the role of *Shukra Dhatu* in the management of *Klaibya*.
CRITERIA FOR SELECTION OF PATIENTS

EXCLUSION CRITERIA

- Patients of Klaibya suffering from any –
- Pathological conditions
- Metabolic and Hormonal disturbances
- Immunological disturbances
- Congenital and local mechanical causes
- Some other disease where the patient was not able to perform sexual act were excluded.

INCLUSION CRITERIA

- Patients having sign and symptoms of Klaibya.
- Age: 20-60 years
GROUP AND POSOLOGY

A. Placebo Group:
- Drug: Starch filled capsule
- Dose: 2 caps/ twice a day
- Anupana: Normal water
- Duration: 30 days

B. Matra Basti Group: (Ch. Chi. 28, 30)
- Drug: Bala Taila
- Dose: 60 ml/day
- Duration: 30 days (15 times alternatively)
C. Medhya Rasayana Churna Group  (Ch. Chi. 1)

- **Drug:** Medhya Rasayan Churna (Mandukparni, Yashtimadhu, Guduchi, Shankhpushpi in equal part)
- **Dose:** 5 gm/ twice a day
- **Anupana:** Normal water
- **Duration:** 30 days

D. Combined Group:

Patients of this group were given Medhya Rasayana Churna 5 gm. twice/day with normal water and 15 Matra Basti of Bala Taila of 60 ml dose alternatively for the duration of 30 days.
CRITERIA FOR ASSESSMENT

Various scoring systems were formulated or adopted to assess the patient before and after treatments. They include the following.

- **Scoring pattern for sexual parameters:**

- **Scoring pattern of mental status examination:**
  Concentration, Emotions, Attentions, Communications, Insight disturbances

- **Scoring pattern for Hamilton anxiety and depression rating scales.**

- **Detailed semen analysis was done to assess the Semenogram.**
RESULT AND DISCUSSION
EFFECT OF THERAPY ON MENTAL STATUS EXAMINATION

- **A**: Attention (19.44), Concentration (19.44), Communications (19.44), Emotions (19.44), Insight (21.05)
- **B**: Attention (8.57), Concentration (9.09), Communications (9.09), Emotions (9.09), Insight (10.53)
- **C**: Attention (28.00), Concentration (26.82), Communications (28.00), Emotions (26.82), Insight (33.33)
- **D**: Attention (22.85), Concentration (25.00), Communications (25.00), Emotions (25.00), Insight (33.33)
EFFECT OF THERAPY ON SEXUAL HEALTH PARAMETERS

- **Lack of Desire**
  - A: 63.63%
  - B: 28.57%
  - C: 17.85%
  - D: 57.14%

- **Premature Ejaculation**
  - A: 28.57%
  - B: 26.92%
  - C: 30.61%
  - D: 66.66%

- **Lack of Rigidity**
  - A: 24%
  - B: 46%
  - C: 46.96%
  - D: 57.14%
CONT...

Nocturnal emission
Performance anxiety
Post-act exhaustion
Penile erection

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td>58.57</td>
<td>38.36</td>
<td>51.86</td>
<td>50</td>
</tr>
<tr>
<td>38.51</td>
<td>33.33</td>
<td>57.14</td>
<td>57.14</td>
</tr>
<tr>
<td>27.27</td>
<td>25</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>9.09</td>
<td>9.09</td>
<td>50</td>
<td>60.84</td>
</tr>
</tbody>
</table>

Legend:
- Nocturnal emission
- Performance anxiety
- Post-act exhaustion
- Penile erection
EFFECT OF THERAPY ON SEMENOGRAM IN THE PATIENTS OF KLAIBYA

Viability
Immobile
Non-progressive
Total sperm count

A
B
C
D

1.35
2.74
2.77
3.7
12.5
2.88
17.85
8.22
16.66
30.57
3.7
8.33
18.42
8.33
10.64
10.64

38.61
EFFECT OF THERAPY ON HAMILTON RATING SCALES IN PATIENTS OF KLAIBYA

<table>
<thead>
<tr>
<th></th>
<th>Anxiety</th>
<th>Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>23.92</td>
<td>27.55</td>
</tr>
<tr>
<td>B</td>
<td>15.46</td>
<td>14.71</td>
</tr>
<tr>
<td>C</td>
<td>35.77</td>
<td>50.71</td>
</tr>
<tr>
<td>D</td>
<td>58.16</td>
<td>66.1</td>
</tr>
</tbody>
</table>
PROBABLE MODE OF ACTION OF DRUGS

- **Placebo** drug was found to be effective to certain extent in the management of the patient of sexual dysfunction and showed significant results due to *Dhee Dhairya Atmadi Vijnanam* is explained as excellent therapy for *Mano Dosha*.

- But placebo treatment is not sufficient to control the vitiated *Vata* and mental disturbance especially in the patients having sexual dysfunctions.

- *Matra Basti of Bala Taila* was given to the patient, which is having the dominancy of *Madhura Rasa* followed by *Tikta Rasa, Snigdha, Guru Guna* and *Madhura Vipaka*.

- *Basti* gave far better improvement on the aggravation of *Vata* by removing the *Srotorodha*, and also by improving the status of *Dhatu* by means of the drugs used in it.
If Vata is regulated, the normal function of *Indriya* and *Prana Vayu* also can be regulated, particularly the higher center in the brain and spinal cord which are taking part in the process of sexual activity.

*Apana Vata* when gets *Anulomanan Gati* by *Matra Basti* performs its normal functions and stimulates the *Karmendriyas* to perform its normal functions.

On the other hand regulated *Vyana Vata* by *Basti* performs its normal functions of *Rasa-Rakta Samvahana* which is essential for erection and rigidity and also it helps for reflexogenic erection by improving *Sparshana* which is the most important stimulation for getting sexual arousal.

*Matra Basti* regulates the vitiated *Vata* especially *Apana*, *Vyana* and *Prana Vata*. After regulating *Vata*, *Manasa* is also governed by *Basti*. 
Basti works on *Vata, Shukra, Shukravaha Srotasa* and is able to cure the mental disorders too. Regulation of *Mana* by *Vata* helps to overcome the anxiety and depression and also causes *Manovaharsana* in turn significantly improves desire.

*Basti* improves the status of *Shukra* which is responsible for all type of regeneration.

*Medhya Rasayana Churna* has provided better results and which does not possesses any *Vrushya* property primarily acting at the level of *Manasa Bhava* and higher functions relieve the psycho-biological stress and in its remote *Rasayana* effect may be act as on *Shukravaha Srotasa* as *Vajikarana* and improves the sexual performance.
Most of the drugs in *Medhya Rasayana Churna* are having *Guru, Snigdha Guna, Sheeta Virya* and *Madhura Vipaka* and *Vata shamaka* too.

Among them *Mandukaparni* and *Shankhapushpi* are especially mentioned for *Medhya* properties.

Thus, it can be said that these drugs act at the level of *Manovaha Srotasa*, higher mental functions and relieves the psychological stress. At the same time all these drugs are *Rasayana* in action, which means it enhances the *Bala* of *Deha* and *Indriya*.

Therefore, *Medhya* drugs are first pacify vitiated *Satva* and then improves the quality of *Shukra* Dhatu due to *Rasayana Yoga*. 
The results of both the drugs were good in the patients of Klaibya but **Combined therapy** is more effective in comparison to Other groups.
The results of both the drugs were good in the patients of Klaibya but Combined therapy is more effective in comparison to Other groups.
Thank You