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**ORAL THERAPEUTICS IN THE MANAGEMENT OF *SHUKRAGATA VATA* W.S.R. TO PRE-MATURE EJACULATION: A CASE STUDY**

**ARYA T<sup>1</sup>\* AND GAUR MB<sup>2</sup>**

**1:** PG scholar, department of Kriya Sharir, CBPACS, Delhi, India

**2:** HOD, department of Kriya Sharir, CBPACS, Delhi, India

**\*Corresponding Author: Dr. Tarun Arya: E Mail: [tarunverma3394@gmail.com](mailto:tarunverma3394@gmail.com)**

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**ABSTRACT**

**Introduction-** Now a days male infertility is a hot topic in the field of fertility medicine as it is increasing day by day due to environmental factors and lifestyle choices. In *Ayurveda Vajikarana* is the branch that deals with infertility and has references in all the classics specially *Charak Samhita Chikitsa Sthan Vajikaran Adhyaya. Vajikaran Chikitsa* strives to restore balance and vitality by harmonizing an individual's physiological, psychological, and emotional factors, so contributing to general health and the satisfaction of intimate relationships. The method emphasizes the interdependence of mind and body, highlighting the significance of a healthy lifestyle, good diet, and stress management.

**Methodology-** A 30-year-old man presented, with the complaints of not able to impregnate, premature ejaculation, disturbed sleep, anxiety, fatigue and depressive mood since one year. Patient was assessed before and after treatment and he was treated with *Shaman Chikitsa* (oral medication).

**Conclusion-** In *Ayurveda* treatment regimens can be tailored based on constitution (*Prakriti*) of individual as well as symptoms demonstrated by the patients, adverse effects, and clinical response to treatment. *Ayurvedic Chikitsa* has shown promising results in the management of symptoms associated with PE, depressive mood and male infertility.

**Keywords:** *Ayurveda*, early ejaculation, male infertility, premature ejaculation, rapid ejaculation, *Shukragata Vata*

## INTRODUCTION & BACKGROUND

Premature ejaculation (PE), which affects around 20-30% of men worldwide, is the most common male sexual disorder [1]. PE can cause emotional suffering, worry, embarrassment, and sadness, lowering self-esteem and even straining relationships [2]. PE has no known definition until the International Society for Sexual Medicine (ISSM) developed one [3]. PE is defined as a sexual dysfunction in males characterized by ejaculation that occurs regularly before or roughly within 60 seconds of vaginal penetration, an inability to postpone ejaculation in almost all or all vaginal penetrations, and unfavorable personal outcomes such as stress, dissatisfaction, and avoidance of sexual closeness [4].

The diagnosis and management of infertility and various sexual various sexual dysfunctions are dealt in detail in *Ayurvedic* classics. The male sexual dysfunctions have been elaborately described as '*Klaibya*' in *Ayurvedic* classics [5]. *Vata Dosha* governs the physiology of ejaculation. PE is caused by *Vata* vitiation (particularly *Apana Vata*) [6]. Previous researchers connected PE to the *Ayurvedic* pathological condition "*Shukragata Vata*" [7]. *Shukragata Vata* is a separate pathological entity characterized by a set of clinical manifestations associated to either ejaculation or seminal characteristics impairment. The traditional elements of '*Shukragata Vata*' that implies early / quick

ejaculation / PE include '*Kshipram Munchati*' [7], '*Shukrasya Sheeghram Utsargam*', [8] '*Pravritti/Atiseeghra Pravritti*' [9].

*Shukragata vata*' is an *Ayurvedic* pathological condition that is related to PE [10].

A 30-year-old man presented, with the complaints of not able to impregnate, premature ejaculation, disturbed sleep, anxiety, fatigue and depressive mood.

Chief complaints with durations

1. Not able to impregnate since 2.5 years
2. Early ejaculation with minimal sexual stimulation since 1 year.
3. Sexual dissatisfaction since 1 year
4. Anxiety since 5 months
5. Depressive mood since 5 months

**MEDICAL HISTORY-** No history of any chronic illnesses

Patient has previously taken sildenafil citrate 50 mg for about 6 months, but he developed anxiety and depressive mood soon after this. Which caused him to go for *Ayurveda* treatment.

**FAMILY HISTORY** – DM-II and hypertension

**PERSONAL HISTORY**

Diet: Vegetarian  
Appetite: Good

Bowel:	Constipated (once every 2-3 days)		bulging, dull note over precordium, S <sub>1</sub> S <sub>2</sub>
Micturition:	4-5 times/ day, 1-2 times/ night		normal, no added sounds
Sleep:	Disturbed, 2-3 hours, <i>Ratrijagrana</i>	CNS:	Patient conscious and well oriented
Dietary habits:	<i>Vishamashana, Viruddhashana</i>	Loco-motor:	Normal range of motion in all joints.
Physical activity:	Sedentary	<b><i>Asthavidha pariksha:</i></b>	
Addiction:	Alcohol (2-3 times /week), smoking (2 cigarettes/day)	<b><i>Nadi:</i></b> <i>Vatapradhan -Pitta</i>	
		<b><i>Mala:</i></b> <i>Prakruta</i>	
		<b><i>Mutra:</i></b> <i>Samyak</i>	
		<b><i>Jihwa:</i></b> <i>Nirama</i>	
		<b><i>Sabda:</i></b> <i>Spashta,</i>	
		<b><i>Sparsha:</i></b> <i>Anushna Sheeta</i>	
		<b><i>Drik:</i></b> <i>Prakrit</i>	
		<b><i>Akriti:</i></b> <i>Madhyam</i>	

**GENERAL EXMINATION**

Height:	156 cm
Weight:	74 kg
Cyanosis:	Absent
Pallor:	Absent
Icterus:	Absent
Lymph nodes:	No palpable lymph nodes
Clubbing:	Absent
Blood pressure:	120/82 mm of hg
Pulse rate:	86/ minute
Temperature:	Afebrile

**SYSTEMIC EXAMINATION**

Respiratory:	No scar mark or discoloration, Bilateral airway entry clear, no added sounds
Cardiovascular system:	No discoloration/precordial

**LOCAL EXAMINATION**

**Inspection:** No discoloration or scar mark present, no abnormal discharges present. Normal looking external genitalia with good distribution of pubic hair seen.

**Palpation:** Normal bilateral testis, no lymph nodes palpable, no any abnormality felt on palpation.

**INVESTIGATIONS**

S. NO.	ASSESSMENT	BEFORE TREATMENT (05/04/2023)	AFTER TREATMENT (10/06/2023)
1.	Semen Analysis		
	Volume	1.5 ml	2.3 ml
	Sperm count	20 million	32 million
	Progressive motility (A+B)	>35%	>50%
	Normal Morphology	>20%	>40%
	pH	7.2	7.2
	Liquefaction	Normal	Normal
2.	RBS	110 mg/dl	112 mg/dl

**DIAGNOSIS:** *Shukragata Vata*

### TREATMENT

S. No.	Medicine	Dosage	Duration
1.	<i>ChitrakadiVati</i>	2 BD with warm water before food	First 5 days
2.	<i>Vidaryadi Avaleha</i>	3 gm BD with milk after food	2 months
3.	<i>Kronch Beej Churna</i>	50 gm	5 gm BD with milk after food
	<i>Aswagandha Churna</i>	50 gm	
	<i>Jatiphala Majja Churna</i>	50 gm	
4.	<i>Purna Chandrodaya Rasa</i>	250 mg with <i>Churna</i> mixture	1 month

Oral drugs were continued for 2 months as patient was responding well to the given treatment.

### **Pathya** advised for menopausal age and diabetic diet

1. The patient was advised to consume fruits daily at least once a day to relieve constipation.
2. Milk, *Ghee*, *Masha*, *curd* etc.

### **Apathya** to be avoided:

1. Fried food, refined wheat flour, packed fruit juice, stale food
2. Sleeping during daytime.
3. *Ratrijagrana*
4. Alcohol
5. Smoking

### DISCUSSION

After 2 months of oral medication, the patient had great alleviation from early ejaculation. Sleep quality was also enhanced, which helped with anxiety and

depressive mood. Patient was feeling energetic and time for sexual intimacy also improved. Objectively improvement was also observed in semen analysis of the patient after two months of medication.

*Vajikaran Chikitsa*, an *Ayurvedic* branch, is a holistic therapeutic approach that focuses on improving sexual health and vigor. *Vajikaran Chikitsa*, which is derived from the *Sanskrit* terms "*Vaji*" (meaning horse, representing strength and vigor) and "*Karan*" (meaning agent or component), attempts to increase reproductive and sexual well-being. This traditional therapy technique addresses several elements of sexual dysfunction, including as infertility, erectile dysfunction, and low libido, by combining herbal treatments, dietary instructions, and lifestyle changes.

### **Vidaryadi Avaleha** [11]

Commonly used for Muscle wasting, body soreness, myalgia, bloating, gas problems, and asthma are all symptoms of muscle wasting. Malnutrition, overall weakness, and exhaustion. Its effect on the Tridosha is primarily to balance the Pitta and Vata Doshas. It works as a *Rasayana* and provides nutrition to the body that it needs for *Dhatu Pushti*.

In *Vidaryadi Avaleha* majority of the drugs are *madhur* in *Rasa*, *Shita* in *Virya*, *Madhur* in *Vipaka*, *Guru* and *Snigdha* in *Guna* and *Vata-Pitta Doshgnata*.

They are having *Shukral* properties and having qualities similar to the *Shukra*. *Vidari* is *Shukaral* as well as *Balya* that is why we can see the *Prabhava* on semen analysis parameters.

### **Kronch Beej Churna**

*Kaunch beej* acts as an aphrodisiac, enhancing sexual desire. It improves sperm count and motility. It also aids in the generation and amount of sperm. In addition, *Kaunch beej* reduces physiological stress and enhances sperm quality. This is because of its antioxidant properties. According to certain research, *Kaunch beej* increases sexual performance by postponing the moment of ejaculation [12, 13].

### **Ashwagandha (withania somnifera):**

It has the *Guna* of *Laghu* (light), *Snigdha* (unctuous), *Madhur* (sweet), *Kashay* (astringent), *Tikta* (bitter), *Rasa* (taste), *Madhur Vipaka* (taste conversion after digestion), and *Ushna Veerya* (hot potency). It is beneficial for symptoms caused by *Kapha* and *Vata* vitiation since it possesses *Kapha-Vataghna* (pacifies *Vata* and *Kapha*) properties and protects brain cells from inflammatory proteins and free radicals. Acts on the endocrine system, causing hormones to settle. It reduces cortisol production by 28%. It promotes attention and restful sleep. Ashwagandha may increase a person's capacity to cope with stress [14]. Ashwagandha is a powerful aphrodisiac that may aid in stress-induced male infertility by increasing testosterone levels [15].

### **Jatiphala Majja Churna (Myristica fragrans Hent)** [16]

- *Rasa* : *Tikta, katu*
- *Guna* : *laghu, tikshna*
- *Virya* : *ushna*
- *Vipaka* : *katu*
- *Kaphavatahara*

It promotes digestive fire, treats anorexia; it is *Grahi* in nature so acts as a *Shukra Stambhaka* thus, promotes time of ejaculation.

### **Purna Chandrodaya Rasa**

Balances *Vata*, *Pitta* and *Kapha*. There's direct reference as a *Vrushya Aushadhi* in *Bhaishajya Ratnavali* [17]

### CONCLUSION

Given that there's substantial effect of premature ejaculation on quality of life, we can conclude that *Ayurveda Chikitsa* not only alleviated the symptoms of the disorder but also improved the quality of life in this patient by relieving stress and anxiety. *Vajikarana Chikitsa* can be game changer in the field of male infertility and associated complaints.

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### Author Contribution

Dr. Tarun Implemented treatment protocol, collected data, conducted data analysis and wrote research paper. Corrections in the research paper: Dr. Manu Bhai Gaur

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### Informed consent

Participation information sheet was provided before study. The written consent was obtained from each participant.

### Conflict of interest

Authors have no relevant financial or non-financial interests to disclose.

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