

**EFFECTS OF UTTARA BASTI, IN THE MANAGEMENT OF KLAIBYA W.S.R.
ERECTILE DYSFUNCTION - A CONCEPTUAL REVIEW**Mukesh Kumar Sagar¹, Umesh Shukla², Babita Dash³¹PG Scholar, ²Professor, Head & Guide, ³Lecturer & Co-Guide

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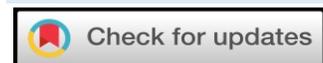
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**ABSTRACT**

Ayurveda is a science of life which believes in treating body, mind and soul for ensuring a complete state of health. Sexuality has fascinated the people in all walks of life from ancient time to present. The male sexual dysfunction includes all nature of disturbances of coital performance and sexual congress in male. This condition has been decoratively described as “*Klaibya*” in Ayurvedic classics and “**Erectile Dysfunction**” in modern texts. On the basis of the cause, six types of *Klaibya* are mentioned by *Acharya Sushruta* and four types of *Klaibya* are mentioned by *Acharya Charaka* in Ayurvedic classics. On the basis of the cause, two types of Erectile Dysfunctions are mentioned in modern medical science. The disease *Klaibya* is a multifactorial ailment, mainly including *Bahu Doshavastha* as a whole and *Shukrakshaya* in definite, *Mano Dosha*, and *Shukravaha Sroto Dusti*. The *Basti* administered through the *Uttara Marga* (*Mutra* and *Shukra Marga* in male) and having the *Sreshtha Guna* (superior qualities) is known as *Uttara Basti*. *Uttara Basti* is one among the *Panchakarma* is capable of performing all sorts of actions like *Shodhana*, *Samana* and *Bramhana* etc. By virtue of the specific type and drugs utilised it effectively overcomes the aggravated *Vata*. It specially ameliorates the *Bahu Dosavastha* due to its *Shodhana* action.

Keywords: *Shukrakshaya*, *Sukravaha Sroto Dusti*, *Uttara Basti*, *Mansik Klaibya*, *Shodhana*, *Samana* and *Bramhana*

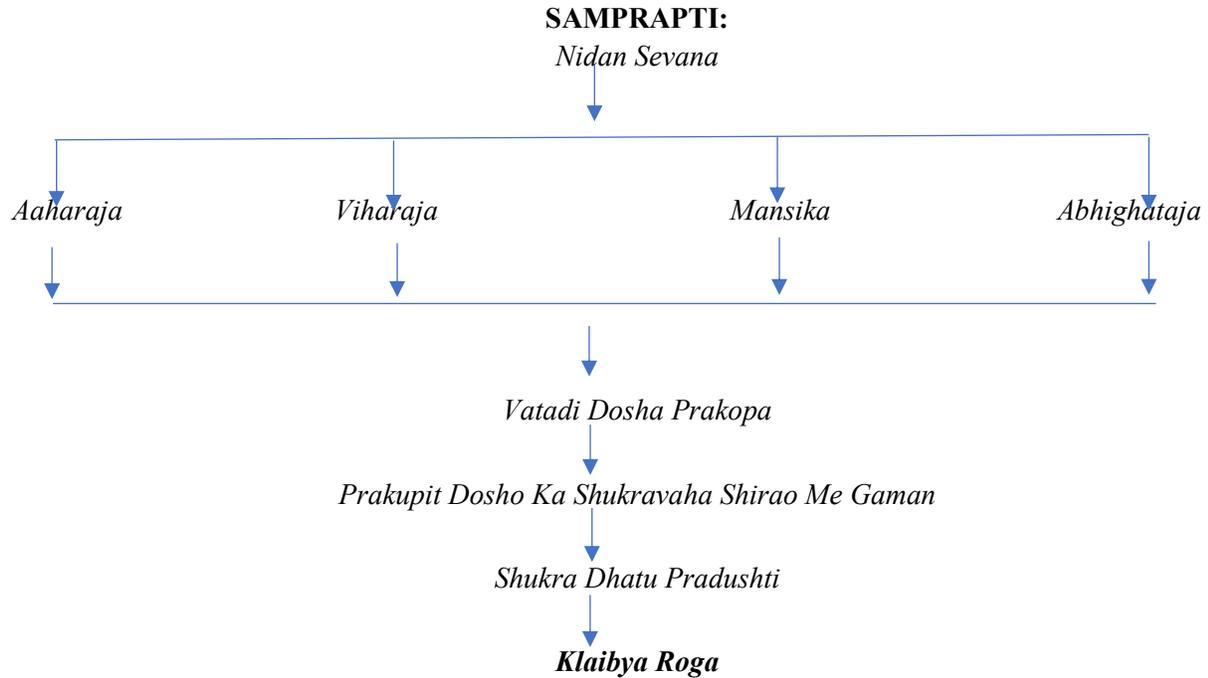
INTRODUCTION

Healthy sexual functioning plays pivotal role in maintaining the hormones and happiness in marital life. The absence of which hampers the marital affiliation leaving to frustration sometime ends into dissociate and causes incompetence in performing the routine duties. The male sexual dysfunction includes all nature of disturbances of coital performance and sexual congress in male. This condition has been decoratively described as “*Klaibya*” in Ayurvedic classics and “**Erectile Dysfunction**” in modern texts. Erectile Dysfunction is a sexual problem in males because of which erection cannot be maintained or the erection is not firm enough for sexual intercourse. ED is characterized by the regular or repeated inability to achieve or maintain an erection of satisfactory rigidity to finish sexual activity. It is defined as the “persistent or recurrent inability to achieve and maintain a penile erection of sufficient rigidity to permit satisfactory sexual activity for at least 3 months”^[1]. ED often has an impact on the emotional well-being of both men and their partners. Many men do not seek treatment due to feelings of embarrassment. About 75% of diagnosed cases of ED go untreated^[2]. Erectile dysfunction (ED) is a common medical condition that affects approximately 100 million men worldwide and is currently recognized as a major public health problem. It is estimated that nearly one-half of men older than 40 years have some degree of ED. While in 1995, ED affected over 152 million men worldwide, it is projected that by 2025, more than 320 million patients will be afflicted with the largest projected increases in the developing world^[3-4]. The overall prevalence of ED has been reported to be 16-25 per cent in the general population depending on the cohort of study and the definition of ED being applied^[5].

Age is a strong determinant of occurrence of ED, and epidemiological studies indicate a strong relationship between ED and advancing age. While men aged 50-59 years have a 3.6 times higher risk of developing ED as

compared to those aged 18-29 years, the risk is even higher (6-7 times) among males older than 70 years^[6]. Age-related hormonal, metabolic and inflammatory as well as increased prevalence of other risk factors for ED in the older population may be responsible for this association. When ED occurs in younger males, it is associated with a greater increase in the risk of future cardiac events as compared to its first detection in older males^[7]. Therefore, younger men with early-onset ED may be the ideal candidates for intensive CV risk factor screening and medical interventions. Global incidence of Erectile Dysfunction (ED) is increasing day by day and it is a very common encounter problem in practice. Due to Erectile Dysfunction, infertility is common in male. No proper treatment except hormonal therapy which is full of side effects is available.

Disease Review: According to Ayurveda, ED is basically a condition of low vitality. Generally, vitiation of *Vata Dosha* is responsible for *Klaibya* or ED. On the basis of the cause, six types of *Klaibya* are mentioned by *Acharya Sushruta* in Ayurvedic texts, e.g. 1. *Manasik Klaibya* is caused by psychological factors, 2. *Shukrakshayaj Klaibya* is caused by deficiency of *Shukra Dhatu*, 3. *Ativyavay Klaibya* is caused by excessive coitus, 4. *Aghataj Klaibya* is caused by surgical or accidental trauma, 5. *Sahaj Klaibya* means congenital and 6. *Shukra Nirodhaj Klaibya* is caused by suppression of sexual urge^[8]. On the basis of the cause, four types of *Klaibya* are mentioned by *Acharya Charaka* in Ayurvedic texts, e.g. 1. *Bijopghataj Klaibya* is caused by loss of *Shukra Dhatu*. 2. *Dhvajbhanga Klaibya* is caused by surgical or accidental trauma, 3. *Jarajanya Klaibya* caused by old age and 4. *Shukrakshayaj Klaibya* is caused by deficiency of *Shukra Dhatu*^[9]. This disease is a multifactorial condition, mainly involving *Bahu Dosavastha* as a whole and *Sukrakshaya* in specific *Mano Dosha* and *Sukravaha Shroto Dushti*.



MANAGEMENT: *Uttara Basti* (a type of *Basti*) one among the *Panchakarma* is capable of performing all sorts of actions like *Shodhana*, *Samana* and *Bramhana* etc. by virtue of the specific type and drugs utilized in it and effectively overcomes the aggravated *Vata*. *Uttara Basti* the best among the variations of *Basti* (en-

ema), is specified in the management of several Urological, Andrological and Gynaecological conditions. It is a technique by which medicaments are introduced into intra vesicle, intra vaginal and intra uterine route, by particular techniques to achieve desired therapeutic outcome. In males, this procedure is administered intra-vesical and intra-urethral.

Table 1: Various Sneha Used in Uttara Basti in Different Conditions:

S. No.	Conditions	Sneha
1.	Asthenospermia	<i>Pippalyadi Taila / Mahamasha Taila</i>
2.	Azoospermia ^[10]	<i>Pippalyadi Taila / Anu Taila / Ksheerabala Taila</i>
3.	Erectile Dysfunction ^[11, 12 & 13]	<i>Ashwagandha Taila / Sahacharadi Taila / Arjuna Shalmali Sidda Taila</i>
4.	Oligospermia ^[14 & 15]	<i>Ashwagandha Taila / Tila Taila / Mahamasha Taila</i>
5.	Premature ejaculation ^[16]	<i>Ashwagandha Ghrita / Sahacharadi Taila</i>

Material and Methods: Literary resources like classical textbooks of Ayurveda, clinical trials, published manuscripts and clinical experience of treating cases.

Equipment's required: Surgical gloves, Sponge holding forceps, Cotton swabs, Savlon, Betadine or *Triphala Kashaya*, Green wound cloth with a central hole, Glass / Steel bowl of 50ml capacity, Infant feeding tube no. 8 or Disposable rubber catheter No 6/7 or according to the size of Urethral meatus, Kidney tray,

Disposable syringe of 50 ml capacity, Medicine: *Mahamasha Taila* (oil)

Precautions / Safety measures: All instruments including *Sneha* (*Ghee / oil*) medicine should be autoclaved to avoid UTI., The medicine is checked for Luke warm temperature before administration., The catheter should not be forcefully inserted in case any obstruction is met., Retention time ranges between three to six hours.

PROCEDURE: Before main procedure, two sitting of *Asthapan Basti* with *Triphala Kwatha* should administered for *Koshtha Shuddhi*. *Abhyanga Karma* and *Svedana Karma* should be done preferably over the back, groin and abdomen, then *Yavagu* added with *Ghee* should be given for drinking. [17] The patient should be brought to *Basti* room and advised to sit on the stool having the height equal to the knee of patient. The penis is made to erect. Then the *Basti Yantra* holding the

Kwatha or *Sneha* is taken and the *Basti Netra* along with the *Mutra Marga* is greased with *Sneha*. *Netra* is carefully introduced into the *Mutra Marga* and *Basti Putaka* is compressed uniformly. After *Shodhana*, one day rest, then *Uttara Basti* with *Mahamasha Taila*- 24 ml oil will be instilled into the bladder by using sterile urethral catheter under aseptic precautions on 1st three sitting every day, then 3 days gape and after 2nd three sitting every day for 6 sitting.

Table 2: Treatment Regimen:

Procedure	Duration	Drugs	Dose	Time
<i>Asthapan Basti (Koshtha Shodhnarth)</i> [18]	Two Sitting	<i>Shodhana Dravya</i> [19]	<i>Dvadasha Prasritika</i> [20] (1152 ml)	Before Meal
<i>Uttara Basti</i>	Six Sitting; 1 st three sitting Every day, then three days gape and after 2 nd three sitting every day [21].	<i>Mahamasha Taila</i> [22]	<i>Ardha Pal</i> [23] (24 ml)	After meal

Mode of Action of Uttara Basti: *Uttara Basti* (a type of *Basti*) one among the *Panchakarma* is capable of performing all sorts of actions like *Shodhana*, *Samana* and *Bramhana* etc. In *Klaibya Roga* mainly involvement of *Vata Dosha*. *Taila* (oil) is the best medicine of *Vata Dosha* for *Samana*. In this procedure we take *Mahamansha Taila* (oil). *Mahamansha Taila* is best for *Bramhana Karma*. The lower part of the body is administered by a subtype of *Vata* called as *Apana Vayu*. This *Vayu* or *Vata* helps in controlling and governing all the activities taking place in the lower part of the body. Its centres of control are colon, pelvis, urinary bladder and lower limbs. If the *Apana Vayu* is at its efficient best and it did not vitiate all the events related to the above-mentioned organs take place easily and naturally. But if the *Vata* gets vitiated or moves in reverse direction i.e. upward direction (generally *Apana Vata* tends to move in downward direction, expelling and excreting

things being its primary function) or gets obstructed functionally by other subtypes of *Vayu* or *Pitta* or *Kapha (Avarana)* or gets weak in function, the functions related to the above mentioned organs and parts of the body will be disturbed. Hence, the medicines administered through urethral route helps to balance primary- *Apana Vata* and its associated other sub *Doshas*, thereby leading to cure or relief from the respective disorders. The *Uttara Basti* has a cleaning action especially *Niruha Basti*. By purgative action of *Uttara Basti* in the urinary bladder and other genital passages, the process of urination and sexual functions will be re-established. The organs will be clean and sterile and will get rid of swelling, irritation, inactivity and contaminations. The *Sneha Basti* administered in *Uttara Basti* will be having a helpful role. They are nutritive in function and will improve the blood passage, nerve conduction and immunity of the organs.

Table 3: Recommendations of Various Conditions with Various *Sneha* For Further Scope In Uttara Basti Research Trial:

S. No.	Conditions	<i>Sneha</i>
1.	Anti-sperm antibodies	<i>Dashamula Taila / Balaguduchyadi Taila</i>
2.	Burning ejaculation	<i>Chandanadi Taila</i>
3.	Dysuria	<i>Brihatyadi Kashaya / Panchavalkala Kashaya / Mutra Virajaniya Gana Kashaya</i>
4.	Epididymitis	<i>Dhanwantara Taila / Mahanarayana Taila</i>
5.	Genitalia pain	<i>Mahanarayana Taila / Shatawhadi Taila</i>

6.	Maturation arrest	Shatapaki Bala Balashwagandha Taila
7.	OAT Syndrome	Ksheerabala Taila / Balaguduchyadi Taila
8.	Pyobacterospermia	Shukra Shodhana Gana Kashaya / Chandana-Sariva Sidda Kseera
9.	Teratozoospermia	Phala Ghrita / Dashamula Taila
10.	Varicocele	Amrutadya Taila / Sahacharadi taila 21 / Yashtimadhu Taila

Contra Indications: Diabetes mellitus, Anatomical urethral stricture, Hypersensitivity, Carcinoma of penis, Hypo/Epispadias, Phimosis

DISCUSSION

Before starting *Uttara Basti*, *Niruha Basti* (decoction enema) should be given for two days, to obtain *Marga Shuddhi* (purification of channels) and *Ashaya Prashithila*. Prior to the management of *Uttara Basti*, *Sthanika Abyanga* (local oleation therapy) followed by *Mridu Nadi Sweda* (mild sudation therapy) may help in pacifying *Vata Dosha* and also surge the drug absorption by smooth muscles. When applied with proper indications *Uttara Basti* plays a significant role in the disorders of *Klaibya* and shows amazing results, strict aseptic safety measures and dangerous carefulness. On the basis of above study, it is concluded that *Uttara Basti* is a very useful local treatment and off- course used in the management of *Klaibya* for the fruitful outcomes.

CONCLUSION

Although very precisely mentioned in the classics, the male *Uttara Basti* is limited to a handful of practitioners. Main property of *Mahamansha Taila* is *Samana* and *Bramhana*. This approach of Ayurvedic medicinal procedure has wide applicability and has been scientifically proved to be best route of administering the drug locally on target organs of uro-genital system to achieve best possible results. Thus, the recommendations provided through this paper have been customized based on several successful trials. This evidence-based practice of Male *Uttara Basti* procedure shall prove more beneficial for the upcoming clinicians and will help in its exploration to the entire scientific world.

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