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Review Article

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EFFICACY OF KSHEERBALA TAILA MATRABASTI IN THE MANAGEMENT OF ERECTILE DYSFUNCTION

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ABSTRACT

Erectile dysfunction also known as impotence, is a type of sexual dysfunction characterized by the inability to develop or maintain an erection of the penis during sexual activity. Erectile dysfunction can have psychological consequences as it can be tied to relationship difficulties and self-image. Psychological causes are performance anxiety, stress, and mental disorders. It is four times more common in men aged in their 60s than those in their 40s. Smoking is a key cause of erectile dysfunction. Smoking causes impotence because it promotes arterial narrowing. Erectile dysfunction is characterized by the regular or repeated inability to obtain or maintain an erection. Penile erection

is managed by two mechanisms: the reflex erection, which is achieved by directly touching the penile shaft, and the psychogenic erection, which is achieved by erotic or emotional stimuli. The former uses the peripheral nerves and the lower parts of the spinal cord, whereas the latter uses the limbic system of the brain. In both cases, an intact neural system is required for a successful and complete erection. Stimulation of the penile shaft by the nervous system leads to the secretion of nitric oxide, which causes the relaxation of smooth muscles of corpora cavernosa, and subsequently penile erection. Additionally, adequate levels of testosterone and an intact pituitary gland are required for the development of a healthy erectile system. As can be understood from the mechanisms of a normal erection, impotence may develop due to hormonal deficiency, disorders of the neural system, lack of adequate penile blood supply or psychological problems.

KEYWORDS: Psychological causes are performance anxiety, stress, and mental disorders.

CASE

PATIENT NAME- XYZ

AGE - 35 yrs.

SEX- Male

Occupation- Driver

C/O

Generalized debility

Inability to maintain erection of penis.

Unable to perform sexual activity.

Since 3 months.

No H/O- Malaria /Typhoid /Dengue.

No K/C/O- HTN/PTB/BA/Epilepsy/DM

No H/O- Any Surgical illness.

No H/O- Any Drug Allergy.

H/O – Smoking

Alcoholism

NO H/O – trauma on genital region.

No H/O- Exposure to heat and radiation.

O/E- on admission

GC- Fair & Afebrile

P-76/min BP-130/80 mm of hg

S/E- RS- AEBE Clear

CVS-S1 & S2 Normal

CNS-Conscious & Oriented

P/A- soft & distended

Urine-catheterized

Stool-Passed

L/E – Penis- size (N) Urethral Opening (N)

Scrotum- No hydrocele, No varicocele

Epididymis- Palpable

Testes- Rt-12-14cc Lft-14-16cc

Investigations

Hb-14.1%; RBC-3.59; WBC-6.17;

SGOT – 23.40, SGPT- 21.20, Total bil. – 0.8

Direct Bil. -0.35, Indirect Bil. -0.45

Sr. Creat. -0.7, Sr. Ca. -9.84

Sr. Uric acid -5.70

RA -Negative, VDRL, HbsAg -Negative

Treatment Given

Ksheerabala taila Matrabasti 60ml was given for 8 days for three consecutive cycle with gap of 15 days.

After Treatment

After first cycle of matramasti, generalized debility was decreased, there was improvement in erectile function. But was still unable to perform sexual activity. But, as the treatment was on going and after the completion of treatment, there was overall improvement in sign and symptoms. Patient is able to perform whole sexual activity. No generalized debility and erectile dysfunction.

DISCUSSION AND CONCLUSION

From Ayurvedic point of view, the erectile dysfunction is the result of vitiated vatavah nadissamsthana and vitiated raktavaha srotasa that means decreased nerve response and inadequate blood supply. In this condition, vitiated vata dosha (apana vayu) obstructs the raktavaha srotasa which means there is rktavasa srotovarodh resulting into improper circulation of rakta dhatu (blood) in to the body. Samvedana (sensation) is the function of healthy vata dosha, If vata dosha gets vitiated this function also gets hampered. In this case, we had given the matrabasti. Basti is the best treatment for vitiated vata dosha. Ksheerbala taila matrabasti treated the vitiated vata dosha and it became at its normal sthana and function. Hence, raktvaha srotovarodha diminished and there was proper circulation of blood into the body. There was no erectile dysfunction in patient.

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