



CLINICALLY COMPARE TO EVALUATE THE EFFICACY OF VANARIGUTIKA & VANIRIAVELHA IN DIFFERENT DOSAGE AS A VAJIKARAN EFFECT

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ABSTRACT-

Introduction- *Vajikarana* is one among eight branches of *Astangayurveda* which is concerned with aphrodisiacs, virility and improving health of progeny the main aim of *Vajikaran* is always successful copulation for healthy reproduction, with sexual pleasure being just an additional benefit; therefore it is considered a part of 'eugeney.' . Variety of drugs and their preparations (*Yoga*) have been mentioned in *Ayurvedic* texts for *Vajikarana*. *VanariGutika* mentioned by *Bhavaparkasha* in *Vajikarana* chapter and *VanariAvaleha* a different dosage form having the same ingredients as *VanariGutika* were selected for clinical trial.

Methods- Total 30 patients were selected from the OPD of R.A Podar Ayurveda Medical College ,Worli,Mumbai. The patients were randomly divided into two groups and named as Group A(*Vanari Gutika*), Group B (*Vanari Avaleha*) with 15 patients in each group.

Result-Highly Significant Results were seen in Group A & Group B in Subjective Parameters. In objective (semen analysis) parameter group A showed no statistically significant changes in Semen Volume, Sperm Count but statistically significant result was found in Sperm Motility% and Sperm Normal Morphology % and group B showed statistically significant results in all objective parameters .

Conclusion-Intergroup comparison showed no Statistical significance, though clinically relief in symptoms were observed in both groups

Keywords- *VanariGutika, VanariAvaleha, Vajikarana*

INTRODUCTION-

WHO defines the sexual dysfunction as “the various ways in which an individual is unable to participate in a sexual relationship as he or she would wish”. The male sexual dysfunction includes all sorts of disturbances of coital performance and sexual congress in male. As per *Charaka Samhita* by proper use of vajikaran formulations one become endowed with good physique, potency, strength, and complexion and sexually potent. This is helpful in many common sexual dysfunctions including infertility, erectile dysfunction, premature ejaculation etc. Variety of drugs and their preparations (*Yoga*) have been mentioned in *Ayurvedic* Texts for *Vajikarana*.

The *Vanari Gutika* described in *Bhavaprakasha* is the simplest formulation while the one mentioned in *Rasa PrakashaSudhakar* is a complex one with many a number of content. Though *Gutika* manufacturing is easy but this particular formulation has got certain disadvantages. Viz. 1. To maintain the consistency it requires some binding agents. 2. Difficult to maintain the uniformity of weight. 3 The prepared *Gutikas* are to be deep fried in ghee, coated with sugar syrup and are stored by immersing in the honey- a tedious process.

The science has given freedom to design and develop a variety of dosage form according to the situation warrants. Among the various factors like acceptability and agreeability in terms of color, taste and flavour by the individual, the drugs can be designed in different dosage forms even. Based on this fundamental, since it contains ghee sugar etc, to overcome the above disadvantages, since the shelf life is one and the same and also to explore the difference, if any, in the pharmacological effects it was planned to prepare the different dosage form – the *Avaleha* instead of *Gutika* using the same contents

MATERIALS AND METHODS-

Aims & objective:-

To clinically evaluate and compare the effect of '*Vanari Gutika*' and '*VanariAvaleha*' in different dosage form as *Vajikarana*

Selection of the criteria:-

Inclusion Criteria:-

1. Diagnosed & confirmed cases of *Shukrakshaya* (oligospermia), Erectile dysfunction, Pre mature ejaculation etc on the basis of symptoms and laboratory investigations.
2. Male patients between the age group of 21-60 years.

Exclusion Criteria:-

1. Patients suffering from chronic infections & any other serious illnesses like Hypertensive and Diabetic patients.
2. Patients suffering from any venereal disease, sexually transmitted diseases.
3. All congenital and surgical cases of impotency.

Study design – Randomized Comparative Interventional clinical study

Sample selection- Lottery method.

Sample size – Total 30 Patients were randomly-divided in two groups A and B with 15 patients in each group.

Group A was given *VanariGutika* 7.5 g twice a day with milk for 30 days.

Group B was given *VanariAvaleha* 7.5 g twice a day with milk for 30 days.

Duration – 1 month (30 days)

Criteria for Assessment: Both subjective & objective parameters were employed for assessment of the impact of the treatment.

Subjective parameters: - The signs and symptoms like ejaculation, erection, libido, sperm quality and orgasm were assessed by assigning score (0 to 5) to the individual parameters. Scoring was done before and after the course of therapy.

(2) Laboratory (Objective) Parameters –

(A) Semen Analysis-

(B) Complete blood count- for diagnose any infectious condition in subjects.

(C) Random blood sugar- for diagnose any diabetic condition in subjects.

Statistical Analysis:

The analysis of data was done using **statistical software GraphpadInstat**. For intra group comparison of Non-parametric Data **Wilcoxon matched-pairs signed ranks test** was used while for Parametric Data **Paired 't' Test** was used. To test the significance of mean of difference of paired observations (BT versus AT) paired t-test was applied. To compare the efficacy of two groups i.e. intergroup comparison, **Mann-Whitney Test** for non parametric data & **Unpaired 't' test** for parametric data was used.

RESULT & OBSERVATION-**Table no. 1: Showing intragroup effect on subjective parameters –**

Variable	G R O U P	Mean			% of Change	S.D.	S.E.	P	RESULT
		BT	AT	Diff.					
Ejaculation	A	2.666	3.533	0.867	32.52	0.915	0.236	0.0039	Very Significant
	B	2.666	3.466	0.8	30.007	0.774	0.200	0.0020	Very Significant
Erection	A	2.8	4.2	1.4	50	1.242	0.3207	0.0002	Extremely Significant
	B	2.466	4.2	1.734	70.316	1.163	0.3003	0.0002	Extremely Significant
Libido Ejaculation	A	3.333	4.266	0.933	28	1.223	0.315	0.0078	Very Significant
	B	3.533	3.933	0.4	11.32	0.632	0.163	0.0625	Not Significant
Sperm count and Quality	A	2.4	3.312	0.912	36.11	0.743	0.1919	0.0001	Extremely Significant
	B	2.266	3.066	0.8	35.30	1.207	0.3117	0.0195	Significant
Orgasm	A	1.733	2.866	1.134	65.38	0.990	0.255	0.0005	Extremely Significant
	B	1.8	2.866	1.066	59.222	0.798	0.206	0.0010	Extremely Significant

Table No.2-Showing intragroup Effect on Objective parameters in 30 patients

Variable	G R O U P	Mean			% of Change	S.D.	S.E.	T	P	R E S U L T
		BT	AT	Diff.						
Volume (ml.)	A	1.866	2.033	0.167	8.94	0.449	0.116	1.435	0.1733	Not Significant
	B	1.63	1.97	0.34	20.85	0.4499	0.1162	2.870	0.0124	Significant
Sperm count	A	49.133	56.466	7.333	14.92	16.642	4.297	1.707	0.1100	Not Significant
	B	33.4	50.2	16.8	50.30	21.617	5.582	3.010	0.0094	Very Significant
Motility %	A	53.866	67	13.134	24.38	18.244	4.711	2.788	0.0145	Significant
	B	47.8	66.266	18.466	38.63	25.732	6.664	2.779	0.0148	Significant
Normal Morphology %	A	63.266	73.133	9.867	15.60	17.092	4.413	2.236	0.0422	Significant
	B	66.066	82.066	16	24.21	20.829	5.378	2.975	0.0100	Significant

Comparative Study of Effects on Both Groups. (Inter Group)

1) Subjective Parameter:

Table No. 3: Comparative effect of trial on **Subjective parameters** among both groups.

S. No.	Subjective parameters	Mean of ranks		Mann-Whitney U	p value	Result
		Group A	Group A			
1	Ejaculation	3.533	3.467	110	0.9266	Not Significant
2	Erection	4.200	4.200	93.50	0.4050	Not Significant
3	Libido	4.267	3.933	85.50	0.2089	Not Significant
4	Sperm count and Quality	3.267	3.067	96	0.4831	Not Significant
5	Orgasm	2.867	2.867	107.50	0.8439	Not Significant

2) Objective Parameter:

Table No. 4: Comparative effect of trial on **Objective parameters** among both groups.

S. No.	Objective parameters	Mean of ranks		t value	p value	Result
		Group A	Group B			
1	Volume(ml.)	2.033	1.967	0.3660	0.7171	Not Significant
2	Sperm count (Mill/ml.)	54.467	50.200	0.7794	0.4423	Not Significant
3	Motility %	67	66.267	0.1321	0.8958	Not Significant
4	Normal Morphology %	73.133	82.067	2.073	0.0475	Significant

While assessing the *Vajikarana* effect of *Vanari Gutika* on various parameters of Ejaculation, Erection, Libido, Sperm count and quality and Orgasm, it was observed that a highly significant improvement (except libido parameter in VanariAvaleha therapy observed not significant) occurred in all the above parameters. In terms of

percentage 32.52%, 50%, 28%, 36.11%, and 65.38 % and in *VanariAvaleha* 30.007%, 70.316%, 11.321%, 35.30%, 59.222% improvement was observed in Ejaculation, Erection, Libido, Sperm count and quality and Orgasm respectively. In intra group result of *VanariGutika* and *VanariAvaleha*, *VanariGutika* was more relief% except Erection parameter.

Seminal changes-While assessing the seminal changes after the *VanariGutika* therapy, 8.94% increase was noted in the volume, which is statistically insignificant ($p>0.01$). The sperm count showed increase of 14.92% from the initial reading which is statistically Insignificant ($p>0.01$). Significant increase ($p<0.01$) was observed in the number of motile sperms which is 24.38% increase from the pre reading. Normal morphology of sperm also increase (15.60%) from the pre reading.

In the *VanariAvaleha* therapy, 20.85% increase was noted in the volume, which is statistically significant ($p<0.01$). The sperm count showed increase of 50.30% from the initial reading which is statistically very significant ($p<0.01$). Significant increase ($p<0.01$) was observed in the number of motile sperms which is 38.63% increase from the pre reading. Normal morphology of sperm also increase (24.21%) from the pre reading. In intra group result of *VanariGutika* and *VanariAvaleha*, *VanariAvaleha* was more significant in all parameters of semen analysis.

Discussion-

The medicines or therapy by which the man becomes capable of sexual intercourse with the woman with great strength like a horse, However, the main aim of Vajikaran is always successful copulation for healthy reproduction, with sexual pleasure being just an additional benefit; therefore it is considered a part of 'eugeney.'

In this study wild variety of *Kapikachchhu* seeds were used. *Kapikachchhu* is the main ingredient having *Madhura Rasa*, *Madhura Vipaka* and *Guru Guna*. These properties make it *Dhatu Pushtikaraka*¹ because it's more aphrodisiac properties than cultivated seeds. In addition, it is having mood elevating property too. *Kapikachchhu* is a good source of dopamine. More specific to sexual function, it is likely that dopamine triggers penile erection by acting on neurons located in the para- ventricular nucleus of the hypothalamus, and perhaps on the pro-erectile sacral parasympathetic nucleus within the spinal cord. So, central dopamine is a key neuro- transmitter in the control of sexual function². *Vajikarana* effect of the trial drugs *vanarigutika* and *vanariavaleha* which contain *mucunapuriens* as the major ingredient. *Mucunapuriens* is a rich source of alkaloids such as prurienine, prurieninine, prurienidine as well as triterpenes, sterols and amino acids. *M. pruriens* seeds are rich source of L-DOPA and its metabolites, which include epinephrine and norepinephrine., also contribute to proper functioning of male genital system and facilitate sperm transport, contraction of seminal vesicles and inhibition of lipid peroxidation of spermatozoa as well as helps in reducing psychological stress.

The other constituents i.e. *Dugdha*, *Sharkra*, *Madhu*, *Gogrita* are mainly *Balya*, *Rasayan*, *Vrishya*, *Yogavahi*, *Shrotosodhaka*, *Vajikaraka* properties⁸ and contribute towards good health. By, these qualities *Vanari Gutika* proves very beneficial in the management of the Sexual dysfunction. The effects of

Vajikarana, drug, as mentioned earlier, it produces *Bala*, *Harsha* and capability to cohabit like a young horse. *Vajikarana* drugs also delay the time of ejaculation and can treat erectile disorders and semen quality. In the present trial, individual constituents of *VanariGutika* and *Avaleha*, works on different aspects to bring about changes in ejaculation, erection and sperm count etc. *Kapikachchhuis* useful for seminal weakness and is effective in *Vajikarana*.

Conclusion-

- ✓ Male sexual problem is most important problem of 21st century. The national census reports of the past three decades showed that male infertility was accounted to 50% of combined infertility, which is due to the deficiencies in the semen quality, especially Oligospermia, erectile dysfunction and premature ejaculation.
- ✓ Among the various aphrodisiac drugs of *Ayurveda* *vanarigutika* was claimed to be effective in above conditions. Three formulations were found across the literature and the one which was mentioned in *BhavaPrakasha* was selected for study.
- ✓ In clinical study relief percentage of subjective parameters like ejaculation, libido, sperm count and quality and orgasm was more in *VanariGutika* treated group as compared to *VanariAvaleha*. However in erection parameter *VanariAvaleha* showed more relief.
- ✓ Comparing the relief percentage of objective parameters (Semen Analysis) *VanariAvaleha* treated group showed more relief in all parameters of semen analysis.
- ✓ Intergroup comparison showed no Statistical significance, though clinically relief in symptoms was observed in both groups.
- ✓ It is suggested to carry out further studies, to recommend the suitable form for prescription based on the outcome.

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लगहबुपपपहरहहहहबबू उड्या

साना एवं जगना, शरारा, 77 हहे

लहाना, मन

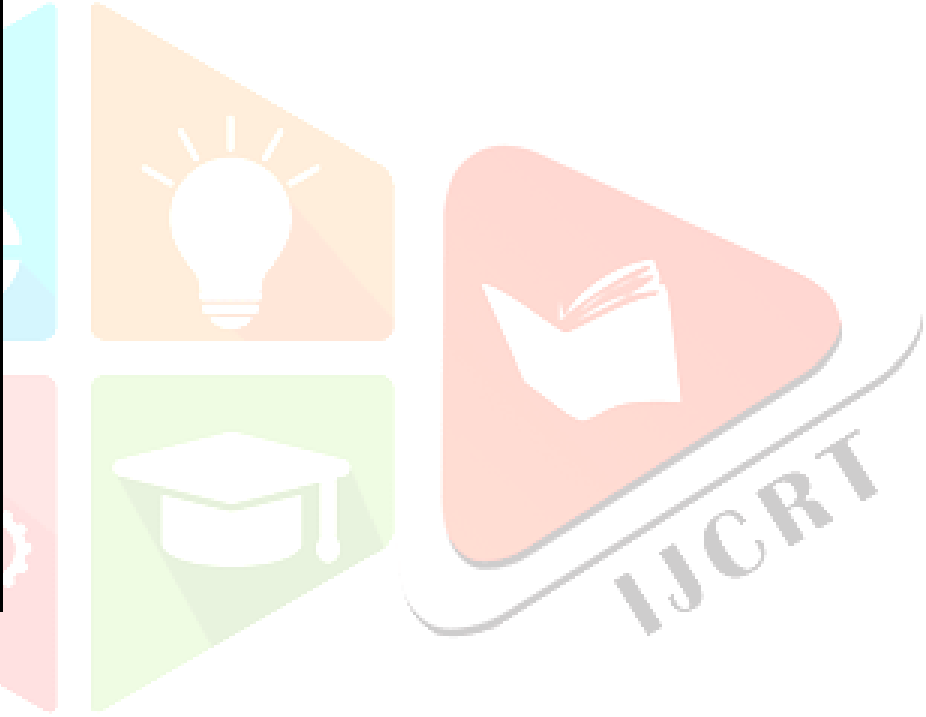
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विपरीत लक्षण अस्वस्थ व्यक्ति के होते हैं।

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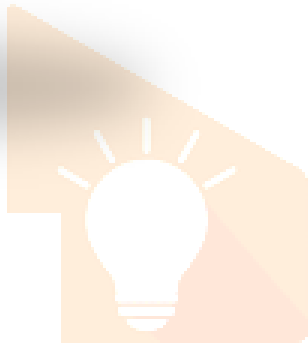
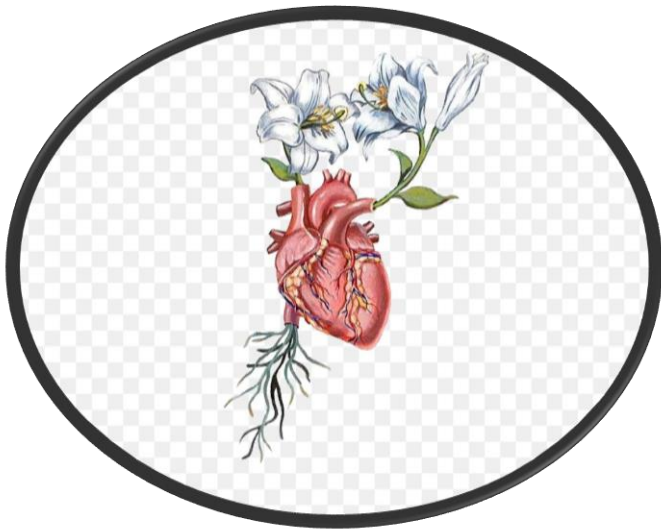
९. न चास्य

स्वस्थस्य स्वास्थ्य रक्षणं आतुरस्य विकार प्रशमनं

आयुर्वेद का प्रयोजन स्वस्थ व्यक्ति के स्वास्थ्य की रक्षा करत विकार को शन्त करना है।



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VISIT YOUR PRIMARY CARE DOCTOR

Seeing your doctor regularly can help prevent chronic illness and help manage your risks.

DR. KATHRYN JOBBINS
Primary Care Physician,
Baystate High Street Health Center

STOP SMOKING

It's never too late to adopt a healthy lifestyle. Stopping smoking is the single best thing you can do to protect your health.

DR. TIMOTHY EGAN
Non-Invasive Cardiologist,
Heart & Vascular Program



EAT A HEALTHY DIET

Eat more fruits, vegetables, whole grains, legumes and fatty fish. Limit your intake of added salt, sugars and fats.

DR. BARRIE SUTTON, RN, LDN
Registered Dietitian, Baystate Health

HEART MONTH



[CLICK TO
MAKE AN
APPOINTMENT](#)



LOSE WEIGHT

Weight is a major risk factor for high blood pressure, high cholesterol, and diabetes which increases your risk of heart disease.

DR. QUINN PACK
Prevention Cardiologist,
Heart and Vascular Program

STRESS LESS



Try healthy ways to deal with stress such as exercise, yoga or meditation, spending time with family or friends, or seeing a mental health professional.

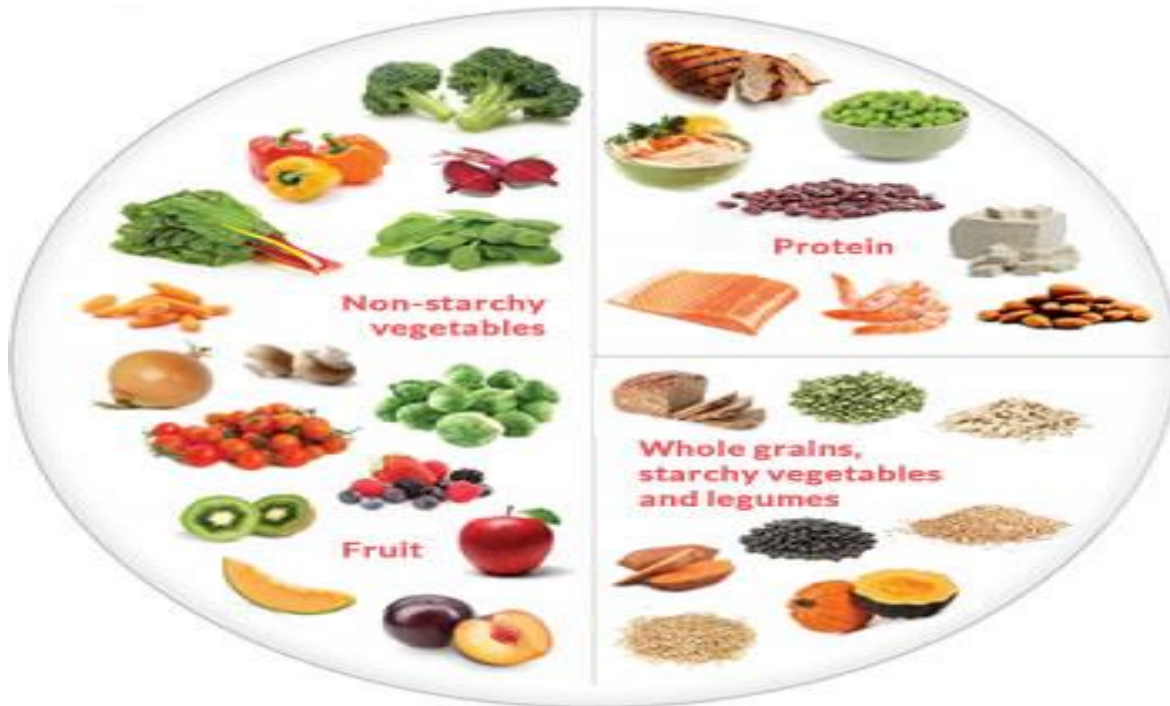
DR. STUART ANFANG
Psychiatrist,
Behavioral Health

GET A GOOD NIGHT'S SLEEP

Adults benefit the most from 7-8 hours of sleep each day. Studies have shown a relationship between lack of sleep and coronary artery disease.

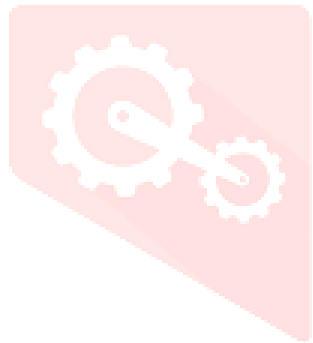
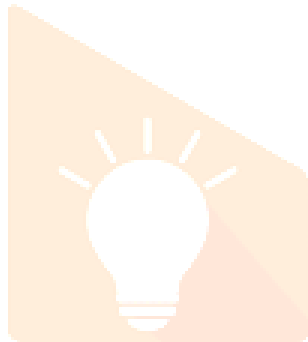
DR. KARIN JOHNSON
Neurologist,
Baystate Sleep Center





Preventing **heart disease** naturally

1. Avoid eating industrial vegetable oils.
2. Eat less sugar
3. Eat nutrient dense foods
4. Eat fermented foods
5. Eat Green Vegetables
6. Maintain a healthy weight
7. Visit to the doctor for health check up on regular basis





HEART HEALTHY FOODS

for your grocery list

- SALMON
- FLAXSEED
- OATMEAL
- BLACK OR KIDNEY BEANS
- ALMONDS
- WALNUTS
- RED WINE
- TUNA
- POPCORN
- BROWN RICE
- SOY MILK
- BLUEBERRIES
- CARROTS
- SPINACH
- BROCCOLI
- SWEET POTATOES
- RED BELL PEPPERS
- ASPARAGUS
- ORANGES
- TOMATOES
- BANANAS
- CANTALOUPE
- PAPAYA
- DARK CHOCOLATE
- TEA
- YOGURT
- LENTILS
- RAISINS
- 100% WHOLE WHEAT BREAD
- APPLES





Choose fruits and vegetables over unhealthy fatty foods

ADAM.

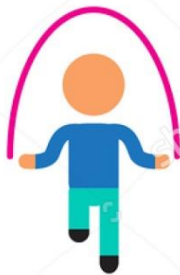


Heart Disease Prevention



Healthy Diet

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Exercise

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Quit Smoking

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Reduce Sugar

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Limit Alcohol

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Decrease Stress

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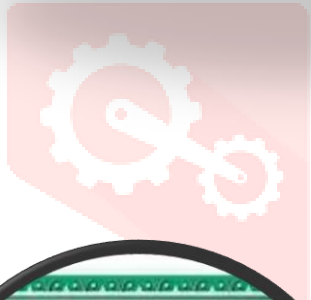
✓ Ways to reduce the risk of heart disease:

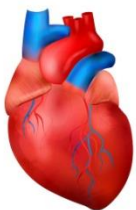
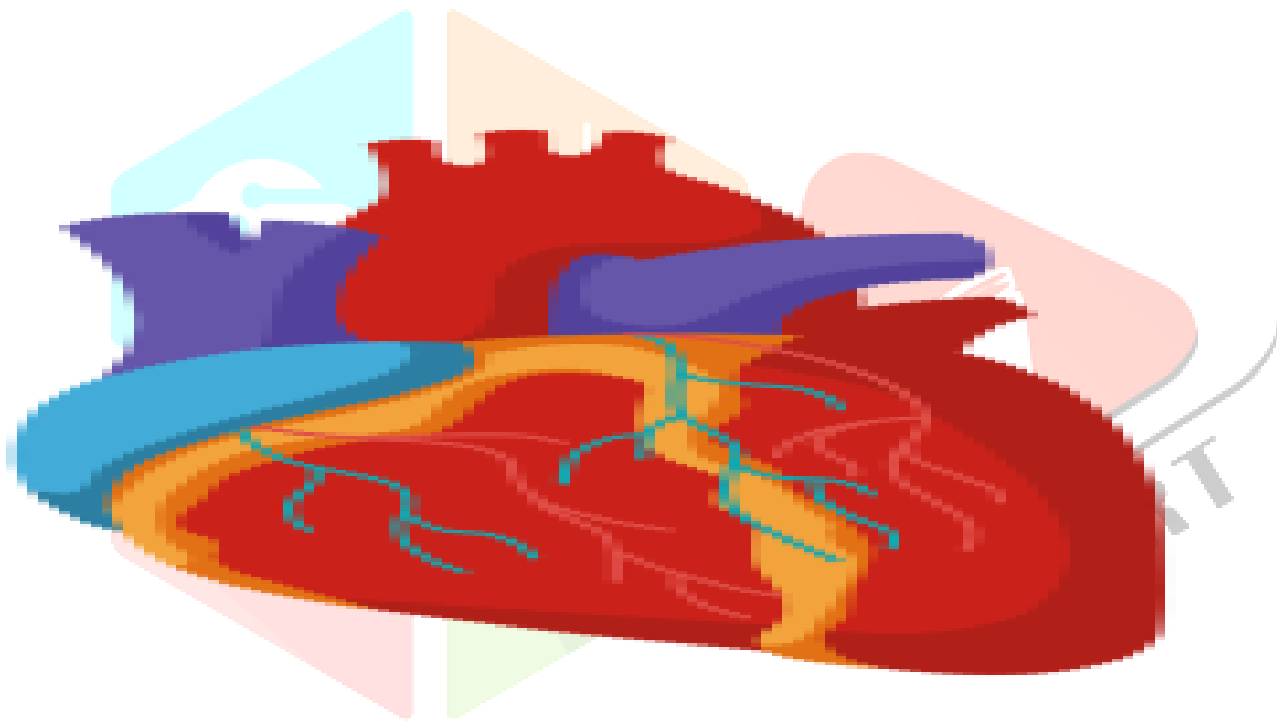
- Remain Physically Active
- Do Not Smoke
- Moderate Your Alcohol Consumption
- Stay On A Healthy Diet
- Keep A Healthy Weight
- Combat High Blood Cholesterol
- Keep High Blood Pressure in Check
- Keep Diabetes Controlled



<http://www.themedica.com/articles/2008/03/8-effective-ways-to-have-a-hea.html>







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Heart Failure

Symptoms

- weakness
- dyspnea on exertion
- palpitations
- edema (swelling)
- rapid weight gain

verywell

Heart Disease Symptoms

- Pain in chest**
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- Swelling of feet**
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- Trouble breathing**
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- Feeling weak**
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- Palpitations**
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- Cyanosis**
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Heart Attack Signs and Symptoms

- Heavy chest pain
- Cold and sweaty
- Pain in neck or left arm
- Nausea
- Sudden onset of symptoms
- Short of breath
- More tired than usual

- Flu-like symptoms
- Feelings of indigestion or heartburn
- Symptoms for a number of days
- Heartburn

Men and Women Women

Watch for THE SIGNS

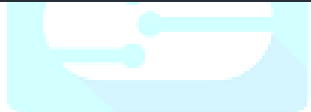
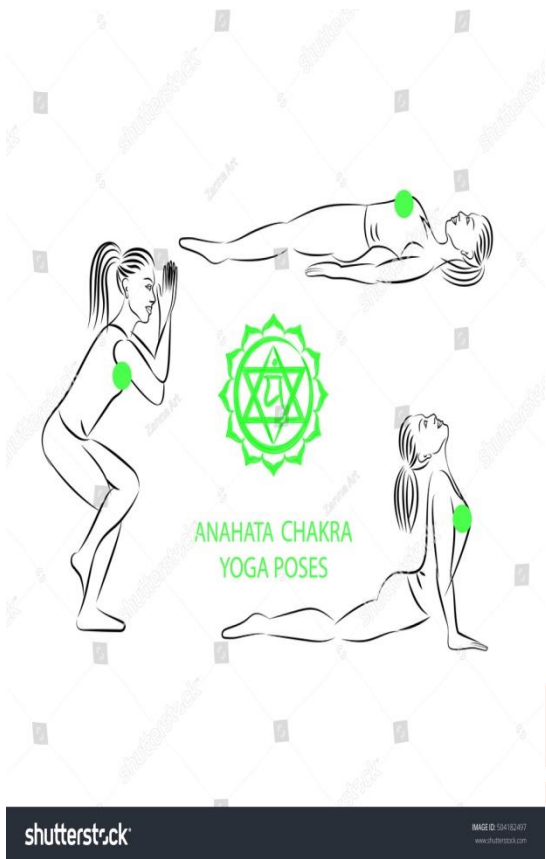
Most common IN MEN...

- Discomfort or tingling in arms, back, neck, shoulder or jaw
- Chest pain
- Shortness of breath

Additional symptoms, most common IN WOMEN...

- Sudden dizziness
- Heartburn-like feeling
- Cold sweat
- Unusual tiredness
- Nausea or vomiting





ANAHATA CHAKRA
YOGA POSES





Heart Care by Yoga & Diet

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