The Efficacy of Shatavari in Orgasm: A Comparative Clinical Study

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The Efficacy of Shatavari In Orgasm A comparative Clinical Study

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ABSTRACT

Vajikarana is a branch dealing with the medicines for healthy and intellectual offspring and maintains sexual vigor for performing happy life. It promotes the creative transformation of sexual energy for the benefit of the body and mind, these all functions are carried out if shukravaha srotas is in normal condition, if any defect in the shukravaha srotas (male reproductive system) it leads to klaibya.

Klaibya in Ayurveda is attributed to infertility. Reduction of Orgasm¹ is one of the symptom in infertility. Orgasm² is sudden discharge of accumulated sexual tension during the sexual response cycle, resulting in rhythmic muscular contractions in the pelvic region. The reduction in orgasm will affect the sexual life of both the partners. It can be increased by many vajikarana dravyas as like Shatavari.

Shatavari³ is a potent Vajikarana dravya, implying its ability to increase fertility, increases longevity, vigor and vitality of the body. Its Root has been referred as aphrodisiac, rejuvenating based on chemical constituents like Asparagamine A, a polycyclic alkaloid⁴,⁵ and subsequently synthesized to allow for the construction of analogs⁶. The efficacy of any drug can be better appreciated if it is compared. Hence a comparative clinical study was conducted on group A B C treated with external administration of yoga basti with shatavari ghruta, internal administration of shatavari ghruta⁷, yoga basti and internal administration of shatavari ghruta respectively. Study showed high significance in group B and C, as compare to group A.
INTRODUCTION

- Vajikarana is a branch dealing with the medicines for healthy and intellectual offspring and maintains sexual vigor for performing happy life. When shukravaha srotas is in normal condition.
- If any defect in the shukravaha srotas it (male reproductive system) leads to klaibya.
- Reduction of Orgasm is one of the symptom in infertility, Orgasm is sudden discharge of accumulated sexual tension during the sexual response cycle, resulting in rhythmic muscular contractions in the pelvic region.
- It can be increased by so many vajikarana dravyas as like Shatavari.
- Hence Shatavari is given in the form of ghruta in Orgasm.

PURPOSE: AIM:

- The present work was undertaken to analyze the efficacy of shatavari in Orgasm.

OBJECTIVES:

- To assess the efficacy of Shatavari on Orgasm.

METHODS RESEARCH DESIGN:

- A single blind randomized comparative clinical study.
- Data has been collected by purposive sampling from minimum of 30 patients of Orgasm with respect to age and sex, irrespective of caste, religion and socio economic status.
- All the patients has been assigned to three groups, group A, group B and group C, consisting of 10 patients in each group for the intervention.
- Data has been collected before treatment, during treatment and after treatment.

DIAGNOSTIC CRITERIA:

- Reduced Somatic and Psychological Orgasm i.e Sudden discharge of accumulated sexual tension during the sexual response cycle.
- Reduced rhythmic muscular contractions in the pelvic region.

INCLUSION CRITERIA:

1. Only male patient.
2. Age between 25-50 years.
3. Patient fit for Snehana, Swedhana and Basti karma.

EXCLUSION CRITERIA:

1. Patients with any systemic disorders like TB, CA, DM VD, and HIV.

INTERVENTION:

The intervention of clinical study was carried according to the individual groups as mentioned below.
GROUP A:
1. The patients of group A were administered with shunti phanta in appropriate doses for deepana and pachana till niramavastha was attained.
2. After attaining niramavastha patient was subjected to abhyanga (sarvadehika) by balataila followed by ushna jala snana.
3. The sequence of 8 basti in the form of Yoga basti was administered starting from Anuvasana basti by Shatavari ghruta (overall 5 Anuvasana basti) and Niruha basti by Shatavari Kshaerapaka (overall 3 Niruha basti) with maintaining the proper duration between them and performing the abhyanga and ushna snana before each basti. After pratyaagamana of each basti, patients were advised to take specially cooked rice and maintain the pariharya vishaya’s.

GROUP B:
1. The patients of group B were administered with shunti phanta in appropriate doses for deepana and pachana till niramavastha was attained.
2. Patients were administered with 12 ml of Shatavari Ghruta in equal two-divided dosage with sharkara, one hour before meals for 24 days.
3. Patients were advised to take a specific ahara and vihara for 24 days.

GROUP C:
Patient treated according to group A intervention as explained earlier
- After satisfactory completion they were followed by group B intervention excluding deepana and pachana

RESULTS:
- Study showed high significance in group B and C, as compare to group A.

<table>
<thead>
<tr>
<th>ORGASM</th>
<th>NO. OF PATIENT’S</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>GRADE 1</td>
<td>00</td>
<td>00.00</td>
</tr>
<tr>
<td>GRADE 2</td>
<td>12</td>
<td>37.66</td>
</tr>
<tr>
<td>GRADE 3</td>
<td>14</td>
<td>46.00</td>
</tr>
<tr>
<td>GRADE 4</td>
<td>04</td>
<td>16.33</td>
</tr>
</tbody>
</table>

- Patients registered for the study were assessed for,
  - Majority of patients were from Grade – 3 (14pts, 46%),
  - Grade – 2 were (12pts, 37.66%)
  - Grade – 4 were (4pts, 16.33%)
  - None of the patients had the normal Orgasm.
GROUP - A

<table>
<thead>
<tr>
<th>Variable</th>
<th>Grading on</th>
<th>Mean</th>
<th>SD</th>
<th>SE</th>
<th>T</th>
<th>P Value</th>
<th>Significance</th>
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<tbody>
<tr>
<td>BT</td>
<td>2.5</td>
<td>0.49</td>
<td>0.19</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orgasm AT</td>
<td>2.0</td>
<td>0.00</td>
<td>0.00</td>
<td>3.63</td>
<td>0.0150</td>
<td>NS</td>
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<tr>
<td>FU</td>
<td>1.5</td>
<td>0.49</td>
<td>0.15</td>
<td>4.16</td>
<td>0.0088</td>
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Group - B

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<th>SE</th>
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<td>BT</td>
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<td>0.72</td>
<td>0.25</td>
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<tr>
<td>Orgasm AT</td>
<td>2.0</td>
<td>0.00</td>
<td>0.00</td>
<td>2.55</td>
<td>0.0515</td>
<td>NS</td>
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</tr>
<tr>
<td>FU</td>
<td>1.4</td>
<td>0.49</td>
<td>0.16</td>
<td>4.13</td>
<td>0.0076</td>
<td>NS</td>
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Group - C

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<th>SE</th>
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<td>0.17</td>
<td>06.48</td>
<td>0.0013</td>
<td>S</td>
<td></td>
</tr>
<tr>
<td>FU</td>
<td>1.8</td>
<td>0.33</td>
<td>0.15</td>
<td>11.17</td>
<td>0.001</td>
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- At the end of Intervention Group A, B showed non – significant and after follow up group B and C showed high significance, as compared to group A.
- Hence Shatavari ghruta has significant result on Orgasm.

**DISCUSSION:**

Circumstances of Orgasm are:

- Reduced Somatic and Psychological Orgasm i.e. Sudden discharge of accumulated sexual tension during the sexual response cycle.
- Reduced rhythmic muscular contractions in the pelvic region.
- It can be treated with medicine. The present work deals with reduced Orgasm.
- Both Shatavari ksheera basti and shatavari ghruta are having effect on Orgasm.
- Group A B C showed significant result at the end of treatment and group C showed high significance at the end of follow up.
- Basti is having slow influence, hence group A and B showed significant result at the end of follow up.

Probable Mode of Action of Asparagus Racemosa:

- It is one of the Vajikarana herb, and just like Ashwagandha, in men it can
readily increase the Orgasm, erection indexes and much more.

- Shatavari is imbued with phytoecdysteroids which can mimic hormones and sapogenins$^{10}$. It support sexual arousal and ability in men.

**CONCLUSION**

- Orgasm is a sudden discharge of accumulated sexual tension during the sexual response cycle, reduced rhythmic muscular contractions in the pelvic region.

- Basti helps in anabolism of tissues and Overall basti with Shatavari grhuta externally have significant result, only Shatavari grhuta internally have high significant in Orgasm.

**BIBLIOGRAPHIC REFERENCES:**


5. Structure of Asparagamine A (I), a Novel Polycyclic Alkaloid from Asparagus racemosus

6. Total Synthesis of the Antitumor Agent Asparagamine A retrieved 11-02-2011]


8. Sharangadhara samhita Madhyama khanda, brahmananda tripati choukamba pg 172


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**Conflict of Interest:** None declared

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