

A CRITICAL REVIEW ON CONCEPT OF GATA VATA W.S.R. TO SHUKRAGATA VATA

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ABSTRACT

In Ayurveda various *Acharyas* have given their opinion to understand the disease in a better way. *Vata* is explained as life and supporter of all life processes and sustains long life free from disorders. *Shukra* is the seventh and final *Dhatu* as a *Saara* (Essence) of all *Dhatu* and produced in a progressive evolutive metamorphosis which is responsible for all systemic body activities including metabolic functions and part of which comes out of the body at the time of sexual act. Main function of *Shukra Dhatu* is *Garbhotpadana* (Reproduction). Both these concepts i.e. *Vata* and *Shukra* attained superior considerations in Ayurvedic classics. *Gata vata* is a pathological condition of *Vata* where in the vitiated *Vata* gets lodged in *Dhatu*s, *Upadhatu*s, *Ashayas* and *Avayavas* etc. Among them *Shukragata Vata* is one such complex clinical condition described under the concept of *Gata Vata* which is characterized by Early Ejaculation, Delayed Ejaculation, Seminal abnormalities or affliction of Fetus. Present study is an attempt to understand the concept of *Gata Vata* and clinical presentations of *Shukragata Vata* along with their treatment principles.

Keywords: *Vata, Shukra, Gata Vata, Shukragata Vata, Garbhotpadana*

INTRODUCTION

Vata is a unique *Dosha* as it differs from other *Doshas* because of its '*Ashukaritwa*¹' and its ability to carry all the life process in association with *Pitta*, *Kapha*, *Saptadhatu* and *Trimala*. For example: *Pitta* and *Kapha* are *Pangu* and *Vata* regulates their functions². The *Vata* (which is present in the living being) is self originated (*Swayambhoo*)³, subtle (*Sookshma*) and all pervasive (*Sarvagata*). It is not sensible (*Avyakta*) but its activities are potently manifests (*Vyaktakarma*)⁴. In the pathological state also it has two paths of its vitiation i.e. its vitiation may occur by the *Dhatu Kshaya* (depletion of *Dhatu*) or

by *Margavarana* (the obstruction of its path by the others)⁵.

Concept of *Gatatwa*:

The sequential changes happening from the very first contact of etiological factors (*Nidana*) till the development of disease is termed as *Samprapti*. *Khavaigunya* (deformity of *Srotas*) and *Dhatu Dourbalya* (inferior qualities of *Dhatu*) decide the *Sthanasamshraya* of *Doshas*. The mode of *Samprapti* is the key factor which decides finally the manifestation of the disease.

Different phenomenons have been put forward to explain the pathogenesis of various diseases. *Gatatwa* is one such complex phenomenon mentioned in all classical texts. *Acharya Vagbhata* deals the *Gatatwa* of *Dosha* just after explaining the *Samprapti of Roga*. The vitiated *Doshas* cause vitiation of *Rasa* and other *Dhatu*s together vitiates *Malas* which in turn vitiates *Malayatana* (channels of their elimination) which include two below (urethra & anus), seven in the head (eyes, nose, ears and mouth) and the channels of sweat; from the vitiated channels manifest their connected diseases⁶. Only *Vridhdha Vagbhata* explains the *Gatatwa* of *Pitta* and *Kapha*⁷. But he does not mention the *Gatatwa* of *Vata* in the same context instead of which advice to refer the context of *Vatavyadhi Nidana*. This may be due to relatively significant importance of *Gatatwa* of *Vata* as far as manifestation of diseases is concerned.

Various terminologies or synonyms are used to denote *Gatatwa* in the classics. They include: -

1. *Gate, Gatam*
2. *Prapte*
3. *Sthite/sthitam*
4. *Avasthite*
5. *Ashrite/Samashritam*

Analyzing the above referred meanings and synonyms it can be concluded that the word *Gata* has two implications. One related with the *Gati* (movement) and the other related with *Adhithana* (site). Hence *Gatatwa* of *Vata* implies an undesirable movement of *Vata* and its unnecessary occupation of certain sites.

Sthanas (Sites) of Gatadosha:

Different *Adhithanas* are explained in the context of *Gatatwa* of *Vata* in different classics are as follows:

1. *Dhatugata Vata*
2. *Upadhatugata Vata*
3. *Ashayagata Vata*
4. *Avayavagata Vata*

Dhatugata Vata:

The symptomatology and treatment of all *Dhatugata Vata* are explained in classics except that of *Rasa Dhatu*. *Rasagata Vata Lakshanas* are mentioned only by *Yogaratanakara*⁸. Here the functional status of *Dhatu* is analyzed to understand the *Dhatugata Vata*. The *Prasadamsha* (essence of food) provides nutrition to *Rasadi Dhatu*s, *Ojus*, *Indriyas*, *Sandhis* etc⁹. When the food articles are producing more *Kittamsha* in comparison to *Prasadamsha* the chance of *Dosha Vriddhi* and *Kopa* along with *Dhatudaurbalya* is likely to take place.

For example: *Vatalahara* will increase the formation of *Kittamsha* for production of more *Vata* and decrease the production of *Dhatu*s like *Rasa*, *Rakta*, *Mamsa*, *Meda* etc. When *Vata* get vitiated it attains more *Chala* property and starts its abnormal movements (*Gati*). *Dhatudaurbalya* causes *Riktata* (vacuum) in *Dhatu*s, makes more space (*Avakasha*) to enhance the movement of *Vata* again. Thus, the vitiated *Vata* abnormally move in specific *Dhatu*s and get occupied there. Likewise *Viharas* are also possible to create the vitiation of *Vayu* and weakness of *Dhatu*.

*Dhatu*s have two forms viz. *Asthayidhatu*s (nutrient to the concurrent *Dhatu*) and *Sthayidhatu*s (Formed and stable tissue elements). In *Dhatugatatwa*, the *Sthayidhatu*s are weakened and aggravated *Vata* gets lodged there in. Due to the same fact, line of treatment also should be to improve the quality of *Dhatu* and to pacify the *Vata*. According to the complexity of the pathogenesis, *Dhatu Gatatwa* may produce symptomatology suggesting a single disease, a group of disease or even diseases which are opposite in nature. However, the clinical presentation may be generally having the nature of *Dhatu Dourbalya*. It seems that '*Rasa*' is also mobile as *Vata*, so *Rasadhatugata Vata* is not explained in classics; instead *Twakgata Vata Lakshanas* were mentioned.

Upadhatugata Vata:

The *Gatatwa* of *Vata* has been mentioned in the *Sira* and *Snayu* as *Upadhatu*s. These references explain

the dilatation and hollowness of *Siras* and diseases related to posture and movements.

Ashayagata Vata:

Vitiation of *Vata* in certain *Ashayas* is causing disorders. These *Ashayas* include *Kostha*, *Amashaya*, *Pakwashaya* and *Kukshi*. Even though *Amashaya* and *Pakwashaya* are included in the *Kostha*, their *Gata Vata lakshanas* are separately mentioned. This may be due to its higher incidence and importance. The symptomatology of certain *Avayavagata Vata* like that of *Hridaya* can also be understood from *Kosthagata Vata Lakshanas*.

Avayavagata Vata:

The symptomatology as well as treatment of *Gudagata Vata* and *Sandhigata Vata* was described in classics. But regarding *Basti*, *Nabhi*, *Shira* and *Hridaya* only treatments were described. *Gatatwa* phenomenon is also explained for *Garbha*, *Indriya* and *Sarvanga*. *Sushruta* in the treatment context describes *Gatatwa* of *Vayu* in *Bahu*, *Skandha*, *Vaksha*, *Trika* and *Manya*. *Sarvanga Vata* is the most serious condition as the vitiation of *Vata* is not limited to any area of the body, but affects the whole body.

CONCEPT OF SHUKRAGATA VATA

Shukragata Vata is a distinct pathological entity characterized by a group of clinical presentations either related with the impairment of ejaculation or with the impairment of seminal properties.

Shukra is the seventh and final *Dhatu* as *Saara* (Essence) of all *Dhatu* and produced in a progressive evolutive metamorphosis which is responsible for all systemic body activities including metabolic functions and part of which comes out of the body at the time of sexual act. Main function of *Shukra Dhatu* is *Garbhotpadana* (Reproduction). Vitiation of *Shukradhatu* shows *Shukradhatu dusti* (pathology) in the form of *Vridhhi* & *Kshaya*. So it is an important entity in context of reproduction.

Activities of Vata on Psychosexual parlance:

Vata is described as the agent which restrains and impels mental activities¹⁰. It is responsible for the functional format of mind. The control and stimulation are the bifold activities which are necessary for an optimal arousal, activity and achievement of target action. A vitiated *Vata* may cause the mental activities adversely in different dimensions. As far as the particular problem of *Shukragata vata* is concerned, vitiated *Vata* causes over stimulation leading to lack of control over physiological and psychological activities.

Functional approximation of Shukra, Vata and Mana:

- *Shukra*, *Mana* and *Vata* are located all over the body.
 - *Shukra* is explained as *Twakastha*¹¹, *Twak* is in *Samavayi Sambandha* with *Mana*¹² and thus to *Vata* also.
 - *Shukra* is explained as *Sookshma* or *Anubhava*¹¹, *Mana* has *Anutwa* property¹³ and *Vata* is also *Sookshma*.
 - *Shukra* is having the property of *Saratwa*¹¹, while *Mana* and *Vayu* are explained as *Gatiman*.
 - *Vata* is explained as stimulator (*Pranetah*) and controller (*Niyantah*) of *Mana*.
 - Different functions attributed to *Shukra* viz. *Dhairya*, *Chyavana*, *Preeti*, *Harsha* etc. can be explained on Neuropsychological axis of *Mana*.
 - *Vata* is explained as the *Yoni* receptacle for *Harsha* and *Utsaha*¹⁰ which are functionally attributed to *Shukra*.
 - All *Indriyas* (including *Upastha*) are under the control of *Mana*, and *Mana* itself is under the control of *Vata*.
 - *Harsha Shakti* depends on *Deha Shakti* as well as *Satwa Shakti*¹⁴.
 - *Suprasanna Mana* is necessary for *Harshana*¹⁵
- So, from above description the term *Shukra* represents characteristics in various known and unknown psycho-neurological activities. Among the psycho-

logical and sexual related functions of *Shukra* i.e. *Harsha*, *Dhairya*, *Chyavana* and *Preeti* are important to the context. *Dhairya*, *Chyavana* and *Preeti* are interrelated and normally characterized by an optimal anxiety. A derangement in this, probably caused by impairment in the activities of sub components of *Vata* ultimately leads to a poor Erection and Early Ejaculation as in the case of over activity of sympathetic nervous system.

The clinical presentations of *Shukragata Vata* are as follows.

1. Early Ejaculation:

- *Kshipram Munchati*¹⁶
- *Shukrasya Sheeghram Utsargam*¹⁷
- *Pravriddhi/Atisheeghra Pravriti*¹⁸

2. Delayed Ejaculation:

- *Badhnati/Chiram Dharayate*¹⁶
- *Sangam*¹⁷
- *Apravriti/Atimanda*¹⁸

3. Seminal Abnormalities:

- *Vikriti*¹⁶
- *Vaikrita/Grathita vivaranadi Yuktam*¹⁸

4. Affliction of Fetus/Premature birth/ Delayed birth:

- *Garbhasya Vikriti/ Vyangatvadinanavikarayuktam Garbham/ Garbhmapi Kshipram Munchati Va Chiram Dharayati*¹⁶

1. Early Ejaculation:

- *Kshipram Munchati/ Shukrasya Sheeghram Utsargam/ Pravriti/Atisheeghra Pravriti*

The different clinical presentations of a same pathological process occur according to the affliction of the vitiated *Vata* on the various structural and functional attributes of *Shukra*.

The physiology of Ejaculation explained in Ayurveda viz., *Sankalpa*, *Chesta*, *Nishpeedana* and *Shukrasravana*¹⁹ may be compared with male sexual response cycle. Any alteration in these leads to Ejaculatory impairment. When the concept of normal ejaculation process is considered, the proper

activity of *Prana*, *Udana*, *Vyana* and *Apana vayu* are very necessary for a good erection, penile rigidity, sufficient vaginal containment, penile thrust and an optimal timed Ejaculation. Because these types of *Vata* are having direct relationship in the psychoneurophysiology and haemodynamics of the sexual response cycle in male. *Prana* and *Udana* unitedly make the mental aspects of sexual response. They constitute the appetite phase of sexual response cycle.

- Activity of *Prana* associated with *Udana* stimulates *Vyanavayu* which is situated in the *Hridaya*. *Astanga Sangraha* explained that *Vyana vayu* present in the female partner directs the *Shukra* (semen) ejaculated by male to the interior of *Yoni* (*Yonou cha sukla pradipadano*).
- The further steps of ejaculation i.e. ante-grade ejaculation with forceful spurts and bladder neck closure is controlled by *Apānavāta*. *Apānavāta* is responsible for the *Nishkramana* of *Shukra* along with *dharana* (retention by bladder neck closure) is parasympathetically activated.

A derangement in this probably caused by impairment in the activities of *Prana*, *Udana*, *Vyana* and *Apana*. This ultimately leads to a poor erection and early ejaculation. Pathogenesis of *Vata* is the key phenomenon occurring in the manifestation of *Shukragata Vata*.

Charakacharya while explaining the *prakruta Vata* functions mentioned that *Vata* controls and directs the mind (*Niyanta praneta cha manasaha*)²⁰ (Ca.Su.12/8). A balance between control and stimulation are necessary for an optimal arousal, activity and achievement of target action. As far as the particular problem of early ejaculation is concerned vitiated *Vata* may causes the mental activities adverse in different dimensions and over stimulation leading to lack of control over physiological and psychological activities. Thus *Kshipra Munchana* of *Shukragata vata* can be correlated to Premature Ejaculation in which anxiety, stress, fear etc. are the main triggering factors. Premature Ejaculation is a

psychosomatic disturbance due to a psychologically overanxious personality (Schapiro-1943).

2. Delayed ejaculation:

- *Badhnati/Chiram Dharayate/ Sangam/ Apravriti/Atimanda*

In Delayed Ejaculation although the intra-vaginal ejaculation eventually occurs, it requires a long time and strenuous efforts at coital stimulation, and sexual arousal may be sluggish. Like Early Ejaculation, Delayed Ejaculation can also be caused by psychological and physical factors. It may be caused when the vitiated *Vata* loses its *Dhrutatwa* or *Chalatwa* after the enlodgement which leads to lack of sufficient stimulation (*Prerana*) for Ejaculation.

- When we see the etiological factors which are responsible for *Vata vriddhi* (*Swanidana*) causes an increase in the qualities like *Rooksha*, *Laghu*, *Khara*, *Sookshma*, *Chala*, *Sheeta* etc. The accumulation of *Vata* is at its own seat. The vitiated *Vata* cause *Apravritti* in the *Shukravaha srotas*, then clinical presentation will be of Delayed Ejaculation. Continuous diminution of *Shukradhatu* causes *Riktaka* (Emptiness) in *Shukravaha srotas*. *Riktata* will also be present in *Rasavaha srotas*. The direction of *Vata* which adopted abnormal *Gati* will be towards *Shukra* taking the benefits of *Riktata* in the *dhatu*.
- *Shukradhatu viguna ahara-viharas* (etiological factors antagonistic to *Shukra*) causes reduction in the excellency of *Shukradhatu*. The reduction of *Shukradhatu* is characterized by diminution of properties like *Guru*, *Snighdha*, *Bahala* etc. of *Shukra dhatu* which leads to inability to ejaculate.
- *Nidanas* causing *Manoabhighata* (Psychological stress) lead to derangement in the mental faculties. It may produce comparative increase in *Raja* and *Tama gunas* and reduction of *Satwa guna* on psychic sphere. In brief these factors cause further *Vatavridhi* and *Shukrakshaya*.
- *Astanga Hridayakara* explained in *Sutrasthana* that when the vitiated *Vata* causes the *Kshaya* of *Shukradhatu* by *Shoshana swabhava* and quanti-

tatively less amount of *Shukra* is ejaculated after long effort²¹.

3. Seminal Abnormalities:

- *Vikriti/ Vaikrita/Grathita vivaranadi Yuktam*
Seminal parameters are impaired when the vitiated *Vata* afflict the functional characteristics of *Shukra* as Semen or Spermatozoa. When *Vata* affects these characteristics, *Shukra Dushti*²² is explained as *Phenila*, *Tanu*, *Rooksha*, *Grathita*, *Vivarnadi Yukta*, *Vatika Shukra*, *Granthi shukra (Vatakaphaja)*, *Ksheena (Vata-Paittika)*, *Alpa Retas*, *Ksheena Retas* and *Vishushka Retas* occurs. These are seminal abnormalities lacking in the qualities like Sperm count (Azoospermia or Oligozoospermia), Motility (Asthenozoospermia) and Morphology (Teratozoospermia). The physical properties of semen like Volume, Viscosity and Appearance etc. may also be impaired due to *Vata* vitiation.

4. Affliction of Fetus/Premature birth/ Delayed birth:

- *Garbhasya Vikriti/ Vyangatvadi nanavikara yuktam Garbham/ Garbhamapi Kshipram Munchati Va Chiram Dharayati.*

Shukragata Vata may afflict the resulting *Garbha* (Fetus). *Shukra* affected by vitiated *Vata* may cause different disorders like premature birth, and Delayed birth of fetus. *Acharya Charaka* says that *Beeja*, *Beeja bhaga* & *Beeja bhaga avayava* are the fundamental entities which are responsible for reproduction.

- ❖ **Beeja:** refers to *Shukra* (male gamete) or *Shonita* (female gamete) responsible for formation of *Garbha*.
- ❖ **Beeja bhaga:** refers to part of *Beeja* responsible for production of particular *Avayava* of body (Chromosomes)
- ❖ **Beeja bhaga avayava:** refers to part of *Beeja bhaga* responsible for production of a particular part of an organ (Gene which is the structural & functional unit of a chromosome)

If both *Shukra* and *Shonita* are completely destroyed, there is no formation of *Garbha*. But if any

part of *Shukra* (*Beeja bhaga*, *Beeja bhaga avayava*) is *roga grastha* (abnormal) then there will be chances of *Garbha* formation but in *Vikruta rupa*.

Yasya yasya Angavayasya beeje beejabhaga upatapto bhavati |Tasya tasya Angavayasya Vikrutirupajayate²³ || (Cha.Sha.3/17)

The theory states that whichever part/organ (*Avayava*) in *Beeja* or *Beeja bhaga* gets abnormal; the same abnormality is manifested in the growing fetus. i.e. *Vikruta Garbha*. If particular *Avayava* of *beeja bhaga* is abnormal, the respective *Anga* (Organ) developing from that *Beeja bhaga* also becomes abnormal in the fetus.

- ❖ When the part of *Beeja* which is responsible for production of *Shukra* in the fetus is excessively vitiated, then this gives birth to a sterile child i.e. *Vandhya Praja*.
- ❖ When the *Beeja bhaga avayava* which is responsible for production of *Shukra* is excessively vitiated, then it gives birth to a *Puti Praja* (whose child delivers before delivery).
- ❖ When the *Beeja bhaga avayava* which is responsible for production of *Shukra* and the *Beeja*

bhaga which is responsible for production of organs that characterize a male are excessively vitiated, this gives birth to a child who is not a complete male but only having masculine characteristics. Such a type of child is known as *Trinaputrika²⁴*.

Thus the presentations of *Shukragata Vata* include fetal abnormalities, premature birth and delayed birth is due to pathological manifestations of *Beeja* (*Shukra dusti*), *Beeja bhaga* (Head & Tail defects), *Beeja bhaga avayava dusti* (chromosomal defects). This explains concept of Genetics dealt by *Acharya Charaka* in *Shareerasthana*.

Shukragata Vata v/s Shukravrita Vata

The symptomatology of *Shukragata Vata* and *Shukravrita Vata* looks alike. Treatment suggested by *Charaka* and *Vagbhata* for *Shukravrita Vata* is to follow the line of treatment of *Shukragata Vata* (*Poorvavat Retasavrite²⁵*). On a close analysis of the symptomatology of both clinical conditions shows certain differences in between them.

<i>Shukragata Vata</i>	<i>Shukravrita Vata</i>
<i>Kshipram Munchati/ Shukrasya Sheeghram Utsargam</i>	<i>Ativega</i>
<i>Badhnati/Chiram dharayate</i>	<i>Avega</i>
<i>Shukra Vikriti</i>	<i>Nishphalatvam</i>
<i>Garbha Vikriti</i>	-----

- In *Shukravrita Vata* the clinical symptomatology are different i.e. '*Ativega*' may be manifested by Early Ejaculation, forceful or repeated ejaculation.
- '*Avega*' clearly indicates Anejaculation. It is entirely different from Delayed Ejaculation (*Chiram dharayate*) as in the case of *Shukragata Vata*. Ejaculation may be due to retrograde Ejaculation also.
- The '*Shukra*' in case of *Shukravrita Vata* is explained as '*Nishphala*'. It means that it will be never capable to impregnate²⁶ (Ca.Ci.28/68). But

in case of *Shukragata Vata*, the *Shukra* is capable of impregnation but may cause deformities or abnormalities in the fetus.

Management of *Shukragata Vata*:

- ❖ The line of treatment for *Sukragata Vata* should consists of *Praharsha Anna*, *Vrishya* (aphrodisiacs), *Balya* (tonics), *Vatahara* (drugs/procedures which pacifies *Vata dosha*), *Medhya* (psychotropic drugs) and *Sukrakara* properties. If *Shukra* is *Vibadhamarga* (obstructed) *Virechana* should be performed. After

Virechana the above line of treatment should be followed²⁷. *Basti* is the best available treatment and an ideal choice for *Shukragata Vata*, as it controls *Vata* at its own site²⁸.

- ❖ *Ayurveda* has given importance to *Shukra* as the supreme *Dhatu* because of its generative property. *Vajikarana* is branch of *Ayurveda*, which deals with various types of physical, psychological, sexual problems like impotence, libido, poor erection and early ejaculation in the males. The *Vajikarana* drugs are helpful in providing strength and vigor to the person along with improvement of reproductive potentiality²⁹. *Shukradosha Chikitsa* can be adopted in *Shukragata Vata*³⁰. The treatment explained in the '*Putrakameeya adhyaya*' can be employed in the management of *Shukragata Vata*³¹ (A.S.Sha.1/39)
- ❖ While commenting on *Charaka samhita*, *Chakrapani* clarifies that *Praharsha* as *Manoharshana*. Exhilarating food articles improves the quality of sexual arousal and functioning. The drugs should possess *Balya* and *Shukrakara* properties as the excellent sexual functioning depends on the physical and mental strength (Cha.Chi.2/4/45)³². *Balya* drugs will help in the management. For *Shukradhatu Dourbalya*, *Shukrakara* drugs should be administered to enhance the Excellency of *Dhatu*. Above to these all the drugs should be basically *Vatahara* to bring back *Vata* to its normal site.
- ❖ *Acharya Sushruta* and *Vridhha Vagbhata* suggest *Shukradushti Chikitsa* for *Shukragata Vata*. *Dalhana* suggest *Vajeekarana* and *Mootra Dosha Chikitsa*. *Indu* specifies it as *Vataja Shukradushti Chikitsa*.
- ❖ The line of treatment in *Shukragata Vata* varies according to the clinical presentation. For example classical *Virechana* is a must in case of *Vibadhamarga* (Eg: Anejaculation, Retrograde ejaculation, Obstructive Azoospermia etc), *Uttarabasti*³³ in cases of *Shukradosha* (Eg: Azoospermia, Sperm Maturation Arrest, Oligozoospermia, Asthenozoospermia, Teratozoospermia etc.) should be performed.
- ❖ In case of early Ejaculation (*Kshipram Munchati*) certain modifications can be made in the line of treatment. *Medhya* and *Shukra Stambhaka* drugs can be added considering the etiopathological features of the problem. *Sharanagadhara* suggest *Jatiphala* as *Shukra Stambhaka* drug. P.V. Sharma described *Akarakarabha* in the *Shukra Stambhaka Gana*. *Ahiphena* is also acting as *Shukra Sthambhaka*. *Paraseeka Yavani* by virtue of its *Kamavasadaka* property will help in Early Ejaculation.
- ❖ *Vrishyavati* is suggested for *Shukragata Vata* in *Chikitsa Pradeepika*. Its contents include *Shweta Karaviramoola*, *Mahishi Ksheera*, *Karpoora* etc. *Karaskara & Panchavalkala* are also practically used for the purpose. They include application of *Bhoomilata kalkasiddha Kusumbha Taila* on soles, *Ajaksheera* and *Ushtra Ksheera* along with *Goghrita* should be applied on both legs during sexual act (*Chakradatta Vajeekaranadhikara*). They include external application of different pharmaceutical modification of drugs like *Lajjalu*, *Snuhi*, *Kusumba*, *Punarnava*, *Kakajanghas*, *Shamyaka*, *Kokilamoola*, *Saptaparna*, *Sharapunkha* etc.
- ❖ In '*Bhaishajya Ratnavali*', a chapter named '*Veerya Sthambhana adhikara*' as this chapter contains various formulations which are useful to control ejaculation. Various single drugs (herbal), herbo-mineral formulations, various external applications (a paste containing various herbs) over feet and lower abdomen to withhold ejaculation, different amulets (wearing amulets prepared by various herbs) and various other practices are mentioned in *Bhaishajya Ratnavali*³⁴.
- ❖ '*Yoga Ratnakara*' has described various Ayurvedic formulations which are useful in loss of Erection and Early Ejaculation. A for-

mulation called, 'Vanari Gutika' which contains *Atmagupta* (*Mucuna pruriens*) as one of the main ingredients indicated in Early Ejaculation and also in loss of Erektion. Various medicated oils like *Chandanadi Tailam* and *Maha Sugandhi Tailam* are mentioned for application all over the body in Early Ejaculation. *Veerya Sthambhaka Vati*- which contains *Ahiphena* (*Papaver somniferum*) as one of the main ingredient is also indicated in *Shukragata Vata*³⁵.

CONCLUSION

'*Shukragata Vata*' is a pathological entity comes under the *Gatatwa* concept of *Vata* characterized by a group of clinical presentations, which include Ejaculatory impairments, Seminal impairments as well as Fetal abnormalities. *Gatatwa* is an essential feature of *Vataja samprapti* characterized by *Dhatu daurbalya*, *Srtoto Riktata*, *Vataprokopa* and increased *Gati* of *Vata*. *Dhatugata Vata* is absolutely different from *Dhatvavrita vata*. *Vata*, *Mana* and *Shukra* are having functional approximation like optimal arousal, properly timed ejaculation and good satisfaction. So any impairment in these three levels leads to pathology.

Anxiety and Stress are the triggering factors for *Kshipra munchana*. So while treating a patient of Premature Ejaculation psychological counseling is must. Hence *Vrushya* drug having *Balya*, *Medhya*, *Shukrastambhak* & *Vatahara* properties is used along with Psychological counseling. Various external applications over lower abdomen or all over the body for reducing performance anxiety and use of *Shukra Sthambhaka* drugs/formulations to improve control over ejaculation are beneficial. This could impart confidence and self esteem in the subject and help him to think positively and to indulge in sexual act enthusiastically by reducing performance anxiety.

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