



## EFFECT OF SATVAJAYCHIKITSA (COUNSELLING AND ASSURANCE) AND SHIRODHARA IN THE MANAGEMENT OF PSYCHOGENIC ERECTILE DYSFUNCTION: A CASE STUDY

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### ABSTRACT

Any stimulus (intrinsic or extrinsic) that triggers a biological response is known as stress. Stress can exert various negative effects on the body ranging from alterations in homeostasis to life-threatening effects and death. Erectile dysfunction can be a manifestation of chronic stress. ED is the most common male sexual dysfunction that affects 10-25% of middle-aged and elderly men. ED may result from many etiologic factors like psychogenic, endocrinologic, neurogenic, arteriogenic or venoocclusive dysfunction. These factors are not mutually exclusive and multiple factors contribute to ED in many patients. According to modern science Psychogenic factors frequently coexist with other etiologic factors and should be considered in all cases. A patient aged 35 years came to the OPD of A&U Tibbia college with complaints of inability to initiate and maintain erection along with abnormal vision, dizziness, retrosternal burning, indigestion, heaviness in chest and disinterest. He was advised for *Shirodhara* along with counselling (*Satvvajaychikitsa*) and after a couple of days, there was a significant improvement in patient. In this case study, we are trying to highlight the contribution of stress & psyche on male sexual dysfunction and its management through *Satvavajaychikitsa* (counselling) and *Shirodhara*.

**Keywords:** Erectile dysfunction, Satvavajaychikitsa, Shirodhara.

## INTRODUCTION

**Erectile dysfunction (ED)** is a type of sexual dysfunction characterized by the inability to develop or maintain an erection of the penis during sexual activity. ED can have psychological consequences as it can be tied to relationship difficulties and self-image. 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".<sup>[1]</sup> Erectile dysfunction (ED) is not considered a normal part of the ageing process. Nonetheless, it is associated with certain physiologic and psychological changes related to age. Incidence of ED is higher among men with certain medical disorders, such as diabetes mellitus, obesity, lower urinary tract symptoms secondary to benign prostatic hyperplasia (BPH), heart disease, hypertension, and decreased high-density lipoprotein (HDL) levels. Smoking is also a significant risk factor in the development of ED. Psychological causes of ED include depression, anger, stress from unemployment, and other stress-related causes. Pathophysiology of ED includes three basic mechanisms: (1) failure to initiate (psychogenic, endocrinologic, or neurogenic), (2) failure to fill (arteriogenic), and (3) failure to store adequate blood volume within the lacunar network (venoocclusive dysfunction). These factors are not mutually exclusive and multiple factors contribute to ED in many patients. Psychogenic factors frequently coexist with other etiologic factors and should be considered in all cases<sup>[2]</sup>.

## CASE HISTORY

**History of Present Illness-** A 35-year-old male patient visited OPD of *Kayachikitsa* department of A & U Tibbia College with chief complaints of inability to initiate and maintain penile erection, retrosternal burning, indigestion, constipation, abnormal (blurring/hazy) vision, dizziness since last 5-6 months. Back in December 2018 patient had an episode of urethral bleeding during sexual intercourse and for that, he consulted in an allopathic urological OPD (BLK Hospital, New Delhi) where USG abdomen

and Uroflowmetry was done, and both were normal, and he was prescribed tab Floral (Alfuzosin-alpha-adrenergic antagonist). After taking the medication for 15 days, the patient developed the problem of ED. Again, the patient consulted in the allopathic hospital where he was prescribed Tab Tadalafil 10 mg OD on alternate days. Initially patient responded well to medication but after taking it for 4-5 months continuously on alternate days he started developing some side effects like blurring of vision and dizziness and fear of falling while crossing roads alone.

**The history** of the patient revealed that he had conflicts with his wife and was also having some issues with his business due to which he was severely depressed, and this problem of ED also increased his anxiety and depression. No previous h/o Diabetes mellitus, Hypertension, Dyslipidemia, Thyroid disorders. The patient also had some investigations of the hormonal profile including serum testosterone and prolactin levels in the past, but everything was within normal range

### Personal History-

Addiction- Nil  
Appetite- Reduced  
Bowel- Constipated  
Bladder- Normal  
Sleep- Disturbed

### General Physical Examination

On general physical examination, the patient was looking depressed, but otherwise well oriented, Pallor-absent, icterus-absent, cyanosis-absent, clubbing-absent, edema-absent  
blood pressure - 130/80mmhg,  
pulse rate 85/min,  
respiratory rate 16/min,

### Systemic Examination

**R/S-** B/L chest symmetrical, normal air entry, no added sound  
**CVS-** Normal apex beat, No thrill, No murmur  
**P/A-** Soft, non-tender  
**CNS-** well oriented to time, place and person

The patient had *Vatapittaprakriti* with *Samapramana* (~normal body proportion), *Madhyamasatmya* (~medium adaptation), *Madhyam* (~low), *Sara* (~proper nourishment of Dhatu or tissue), *Madhyamasamhanana* (~medium body built), *Madhyamvyayamashakti* (~Moderate capability to carry on physical activities), *Madhyamasatva* (~medium psychological strength), *Vishamagni* (irregular digestive fire).

## TREATMENT PROTOCOL

After assessing the patient thoroughly, we concluded that stress and other psychological components were the major contributors to the development of ED in the patient. So, we planned the following treatment and after 15 days of treatment, there was a significant improvement in the symptoms.

<i>Satvavajaychikitsa</i> <sup>[3]</sup> (Psychotherapy)	Weekly in the form exploration of unconscious conflicts, various interpersonal difficulties and motivation
<i>Ksheerdhara</i>	30 minutes daily for 15 days
Tab liv 52	2BD
<i>Avipattikar Churna</i>	4gm BD
<i>Kamdudha Rasa(muktayukta)</i>	250 mg BD
<i>Mulethi Churna</i>	3gm BD
Cap <i>Ashwagandha</i>	2cap after lunch

## OUTCOMES

The patient was taking Tadalafil for the last 4-5 months, but he developed an abnormal vision that can be a side effect of the drug as it inhibits homologous non-penile PDE-6 isoenzyme found in the retina, so the drug was completely withdrawn with *Ayurvedic* treatment. After 7 days of treatment, there was a significant improvement in the bowel habits and other gastric complaints like retrosternal burning, indigestion, heaviness in the chest. Along with oral medication, counselling was done once weekly and *Shirodhara* was done for 15 days. After 15 days, the patient started to have an erection which was completely absent before treatment. And after 1 month of treatment patient had successful intercourse on an average of 2 times out of 4-5 coital activities.

## DISCUSSION

*Shirodhara* <sup>[4]</sup> with *Ksheer* (cow milk) was planned as *Ksheer* has *Vata-Pitta Shamaka* properties and *Shirodhara* itself has Alpha-adrenergic blocking effect (increased sympathetic tone in an anxious and stressed patient can increase penile smooth muscle tone and thus result in reduced blood flow to the penis). The hypothalamus, in conjunction with the limbic system, regulates feelings of fury, aggression, pain, and pleasure, as well as sexual arousal behav-

oural patterns. Finally, *Shirodhara* may influence the hypothalamus, resulting in a reduction in most psychological and somatic illnesses <sup>[5]</sup>. *Tab liv.52* has *Dipana-Pachana* properties. *Mulethi* is well known *Vata-Pitta Shamaka* drug along with its *Medya, balya* and *brihamniya* <sup>[6]</sup> (brain tonic) properties. *Avipattikar Churna* <sup>[7]</sup> and *Kamdudharasa* <sup>[8]</sup> also has *Pitta* alleviating properties. *Ashwagandha* has *Rasayana* (rejuvenating) and *Shukrala* (aphrodisiac) properties <sup>[9]</sup>.

## CONCLUSION

As per today's era, when sedentary lifestyle and unhealthy relationships can easily interfere with people's lives. It affects both mental and physical health, whereas depression and stress are the most common mental disorders. Depressive disorder is a multi-system condition that affects a person's health, mood, and thoughts. People suffering from depression cannot simply pull themselves together and get better; they require special attention and psychological therapy. Adopting *Satvavajaya Chikitsa* can help with it effectively <sup>[10]</sup>. It is known as treatment of self-control or as a mind-controlling therapy in which stress has been laid on restraining of mind from unwholesome objects. So overall results for both the

intervention viz. *Satvavajaya chikitsa* and *Aushadhya Chikitsa* along with *Shirodhara* were significant for the treatment of ED. No adverse effects were observed at the end of the study; thus, it can be concluded that *Shirodhara* and *Satvavajaya Chikitsa* can effectively manage ED.

#### DECLARATION OF PATIENT CONSENT

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient(s) has/have given his/her/their consent for his clinical information to be reported in the journal. The patient understand that his name and initials will not be published, and due efforts will be made to conceal his identity, but anonymity cannot be guaranteed.

#### REFERENCES

1. Harrison's principles of internal medicine, 19<sup>th</sup> edition. Edited by kart.J. isselbacher, Mc. Grow Hill International Book Company.
2. Harrison's principle of internal medicine, 19<sup>th</sup> edition. Edited by kart.J. isselbacher, Mc. Grow Hill International Book Company.
3. Shastri Kashinath and Chaturvedi Gorakhnath, Charak Samhita, 11/54, Vidyotini Hindi Commentary, 16<sup>th</sup> Edition, 2004, Part-1, Chowkhamba Bharati Academy (2004).
4. Divya Kajaria et.al: An Appraisal of the mechanism of Action of Shirodhara. Annals Ayurvedic Med. 2013;2 (3) P.114-117.
5. Divya Kajaria et.al: An Appraisal of the mechanism of Action of Shirodhara. Annals Ayurvedic Med. 2013;2 (3) P.114-117.
6. Dravyaguna Vijnana by J.L.N. SASTRY, reprint edition 2015.
7. Kaviraj Shri Govind Das Sen, Bhaisajya Ratnavali, siddhi-prada Hindi commentary by Siddhinandan Mishra Amlapittadhikar.
8. Kaviraj shri Govind Das Sen, Bhaisajya Ratnavali, siddhi-prada Hindi commentary by Siddhinandan Mishra Amlapittadhikar.
9. Dravyaguna Vijnana by J.L.N. SASTRY, reprint edition 2015.
10. Dr Ashwini et.al. Role of Satvavajaya chikitsa in the management of Depression. J Ayurveda Integr Med sci 2019; 4:275-278

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