

MALE SEXUAL DISORDERS IN INDIAN TRADITIONAL MEDICINE- A HISTORICAL REVIEW

M.M. PADHI

Central research Institute (Ayurveda) Unit: 1, Bhubaneswar-9, Orissa,

Received: 8 March 1986

Accepted: 16 November 1988

ABSTRACT: The description of male sexual disorders by ancient authors of Indian medicine is praiseworthy. Effort has been made to describe the standard of approach with reference to certain books on Ayurveda and astrology. The development of administration of mineral medicines has added a new aspect in their treatment, but the description regarding their forms, etiopathogenesis, prognosis and the principle of treatment has remained unchanged. The opinions of various authors have been presented historically from vedic age up to the modern era. The present status of treatment and the role of Ayurveda in the treatment of sexual dysfunctions have been highlighted here.

Since the primitive age, sexual aspect of life has been regarded as the necessity for creation as well as the psycho-physiological act that provides specific sensuous pleasure. A perusal of the books concerning the branch of medicine in India, which have been evolved since the oldest age of civilization, shows that the approach to sexuality was convincing and established. In course of time the authors have been suggesting a number of new drugs and their formulations in the treatment of male sexual disorders, but the description in the texts of classical age, specifically that of Charaka Samhita is noteworthy. This paper aims at describing the standard of approach to male sexuality debility by various authors of India traditional medicine with reference to certain books from vedic age up to the modern era.

In India Vedas are regarded as the oldest recitation those were scribed during the period between 4000 B.C. to 1000 B.C contributing a number of tenets to the science of medicine. Though more or less all the Vedas contain erotic descriptions, Atharvaveda (1000 B.C.) termed male sexual debility as 'Kliva' and the measures for increasing potency as 'Vajikara'. In this context there are prayers to make the potency and male sex organs similar to those of elephant, ass and mainly that of horse – the Vaji.

Since this vedic age, the branch of medicine has been dealt with by mainly two groups of practitioners. One group of persons studied Ayurveda which derived as a sub-division of Atharvaveda mostly suggesting the treatment of the diseases according to the

derangement of bodily elements. The other group of persons studied astrology which concerns with governing of universal bodies like planets, stars etc, on the human body, their influence in producing infirmities and treatment with the drugs which can cure the diseases by removing ill effect of those bodies. Besides, the science of treatment was also a part of 'tantras' which suggested curing the disease with the drugs and incantation (mantras) that signified the exertion of force with some incorporeal power that might be godly or otherwise.

The influence of all these branches having reciprocal consistence become prevalent among common people which could evolve some sort of treatment that they used as nostrums. More or less male sexual disorders have been dealt with by all these forms of treatment. Since in this connection Ayurveda could be established as a recognized system of medicine, being the matter of elaborative description, a glimpse is given hereunder regarding other branches. For illustration, in 34th chapter of Purusaphalita Khanda of Bhrigu samhita it has been state that the person of such horoscope if marries within 17 to 25 years of age cannot obtain content in coitus due to quick ejaculation. In order to prevent it the author advises to take Goksura ((Tribulus-terrestris), Sveta Musali (Chorophytum tuberosum), Krishna Musali (curculigo orchioides), Salmali (Bombax ceibe) with milk and sugar at bed time. Similarly in some tantras it has been suggested to wear the root of Dhatura (Datura alba) collecting it in an auspicious day, that can prevent early ejaculation. A number of such other descriptions are found in these books which

are also seen in some of the Ayurvedic books of the middle age

Among the available Ayurvedic texts Charaka Samhita is regarded as the oldest which was originally written by agnivesa (1000 BC) In this book is has clearly been stated that Ayurveda is the Upanga of Atharvaveda. Due to the impact of Atharvaveda and being written almost during the same period, the parlance of charaka samhita concides with that of Atharvaveda to a greater extent. As we see, the male sex organ and sexual act of an increased potent man have been compared with those of elephants horses etc.; and tantric procedure told as causing impotency. This book subsequently modified by Charak (200 B.C.) and Dridhabala (4th century) provided a lot of informations pertaining to male sexual disorders in respect of its etiology, pathology, classification, prognosis, principle of treatment, recipes, recommended rituals and other regimen. In this book the terms like 'Kliaivya' sanddhya' and 'Napumsakata' have been referred to mean the male sexual debility in general and its various forms have been described as Apraharsana (lack of or less libido), Dhvajabhanga (Lack of or less erection), Sukrameha (Spermaturia) etc. in sutra Sthana chapter 19th the disease impotency has been classified in to 4 types as vijopaghataja (disorders of seen-androgens), Dhvajabhanga (penile diseases or trauma), Jarajanya (due to old age and sukaksayaja (Cosumption of semen) according to its etiology. While describing the properties and actions of various drugs either medicinal or dietetic, he has indicated which are helpful in the treatment of

impotency and which do induce impotency. A number of disease. In Vimanasthana first chapter he has high lighted the geographical distribution of the disease, that the male sexual debility was prevalent among the inhabitants of Prachya (eastern region like Assam, Bengal etc.) and China (at present also told as china) since they used to take excessive amount of Ksara (alkalies). In sharirasthana it has been clarified how the hereditary and congenital factors like faults in parents, defective spermatozoon and ovum those mated for conception; foetal anomalies like improper or defective development of the part that represents sex organ or affection of such part by deranged humours, maldescended tests and undescended testes engender impotency in various forms. In the chapter of Vatavyadhis (neurological disorders) two conditions described as Sukragatavata in which the action of vata (nerves) controlling sukra (semen and its asylum i.e the sex organs) are affected and sukravritavata in which the nerves innervated in the male sex organs are affected leading to early ejaculation and no ejaculation are significant informations of failure of nervous control in causing the male sexual disorders. In the chapter of prameha a condition termed as sukrameha which is characterized by passing of semen with urination or ejaculation of semen by slight physical or mental irritation etc. resembles to spermaturia and nervous exhaustion in the modern science. In the 30th chapter of treatment section the male sexual debility has been described in details with its numbers o causative factors, pathogenesis types, prognosis, principle of treatment and panchakarma therapies; which

is adequate enough for a physician to tackle such a patient. But in this direction the substantial contribution of this book is the description of Vajikarana (aphrodisiac therapy) chapter at the commencement of the treatment section. This sort of treatment containing a number of aphrodisiac receipes and regimen is meant for treating the ale sexual disorders and male sterility. The purpose of such treatment has been said to rescue the persons already harassed, frustrated for neglected in the society as well as to prevent the occurrence of male sexual debility in healthy men in a disciplined and controlled manner, Moreover the book presents physiological data of male sexual function with its various phases like desire for intercourse (Praharsana), erection (Vega, stavdha), emission (sukranprachyayata) ejaculation (Sukramprasinhate) and detumescence (Saithilya) in a better performed coitus those are helpful for evaluation of the degree of impotency and assessment of response of given therapy. Such vivid description for the first time among Ayurvedic texts has not only remained as guidelines to the subsequent Ayurvedic authors those focused any information on male sexual disorders but also remained unique for its clear and scientific nature. Simultaneously it must be praiseworthy to note that most of the data in this book relating to male sexual disorders are similar to those data established by researchers of modern medical science even in recent studies reported so far.

During the period of samhita i.e. from 1000 B.C to 7th century some other texts were written in various branches of Ayurveda. Susruta Samhita a work mainly on surgery

was written during 2nd century which provides some informations on male sexual disorders regarding its classification, treatment with aphrodisiacs, and its occurrence due to congenital defect. Then two books of collection – “Astanga samgraha” and “Astanga Hridaya” during 6th century provided data mainly following Charak Samhita and adding some exclusive aphrodisiac preparations. In “Astanga Samgraha” excess intake of Guggulu (commiphora mukul) has been told to cause impotency. Bhela samhita (though the available book seems to be written during 7th century) opined some thing specific that involvement of deranged pitta (Metabolic disorder) in sukra leads to impotency. He also suggested certain specific panchakarma therapies, especially vasti in the treatment of impotency.

On the other hand, as the astrology, tantras and Upanisadas; writing of some specific books developed those were termed as – “Kamasastras”. The books like Kuchumara tantra, panchasayaka, anangaranga and above all the kamsurtra written by vatsayana are the major woks in this aspect. They mainly suggested the measures including certain erogenic techniques for a better performance or perception of pleasure in coitus.

In the mediaeval age (8th century onwards), Madhava Nidanam a book of clinical diagnosis written by Madhava (900 A.D.), in an additional chapter contains the compilation of the opinion of previous authors. After it treatment of male sexual disorders took a new turn due to invention of

internal administration of mineral medicines especially that of mercury by Nagarjune, some time between 8th to 10th century. However, among the Ayurvedic authors chakradutta (1075 A.D.) obtains the credit to include such medicines in a decorated manner for the first time. This time and during subsequent ears India remained under the regime of various moghul emperors and in the society much more emphasis was given to the sexuality. Since in comparison to the treatment with herbal and dietetic preparations, mineral medicines were proved to be of acting more quickly, potently even in a lower dose and without leaving any bad taste; the Ayurvedic scholars endeavoured to evolve such medicines for the treatment of various diseases including impotency. The books like vangasena and others written during this period contains a number of new formulae of internal medications as well as external applications aiming at correction of male sexual disorders. The medications for increasing potency had been termed as “Vajikarana” which means the medicines that makes a man potent enough by accelerating libido, erection durability of coitus, better perception of pleasure in orgasm and above all the general vitality. During this period some books gave entity to another chapter as “Viryastambha” to specify the property of drugs or devices those provide an astringent effect to the semen or in other words enhance the phase of sexual act between erection and ejaculation. In vangasena (12th century) such drugs have been described in a chapter other than the chapter of vajikarana while in Bhaisajya Ratnavali (18th century) and some

other books the chapter has specifically been termed as “Viryastambha Prakaranam” or so. Mostly these medicines have temporary effect and are meant for temporary use. Further, inclusion of certain new drugs in the treatment of male sexual disorders were made during this period among which some were indigenous and introduction of some exotic drugs was facilitated by the exchange of trade and culture with neighbouring countries especially that of muslims. As we see that rugs like ambar (Ambergris) first mentioned in Dhanwantari Nighantu (10th century); Akallaka (Anacyclus pyrethrum) and Ahiphena (Papever somniferum) first described in Gadanigraha (12th century) were brought to India by the muslims and the drugs like Kupilu (strychnos nuxvomica) and Dhattura (Daturalba) came in to use for the treatment of impotency. A number of other books on pharmacy, medicine etc. written during 12th to 19th end century included a number of mineral medicines in the treatment of these disorders.

In the modern age, especially during late 19th and during 20th century while other sciences could develop a number of new things in their respective fields, a little has been done in the field of Ayurveda. This is in-as much-as very less interest was given during moghul period and extreme negligence during British regime. However, towards the days of independence and later on a number of educational and professional organizations have been showing advances to some extent. Certain books etc. written by modern Ayurvedic scholars, suggest combination of medicines consisting of both the classical drugs as well as out of their own experiences.

From the above discussions it is obvious that the knowledge on sexology of ancient Indian practitioners was adequate. In course of time, a number of effective medicines could be evolved, but the diagnostic approach and principle of treatment etc., suggested by these ancient authors has remained unaltered. Since the primitive age till the modern era such diseases have been a matter of challenge by creating societal harassments and legal problems. In this advanced stage of science a number of studies have been conducted, but the modern medicinal treatment i.e with the androgens has been told as of little value except in the cases of hypogonadism. The devices like pudendal artery by pass surgery etc. are not free from the chances of complications and the artificial prosthesis has not yet gained popularity especially in the conservative society like that of India. In this context it may be told that Ayurveda contains a number of effective medicines for these diseases in comparison with other systems of medicines, but no appropriate effort has been made to establish these matters through experimental and/or clinical studies. Hence, with the help of modern tests and techniques for detecting the factors involved in the aetiopathogenesis of male sexual disorders, the methodical studies of Ayurvedic drugs in these conditions would add not only valuable data to this branch of science, but also be beneficial contribution to the suffering humanity.

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