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ORIGINAL ARTICLE

Efficacy of Jeeva Rasa in Male Infertility Linked with Erectile Dysfunction

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ABSTRACT

Background: Erectile dysfunction, a condition with intense psychologic consequences that may interfere overall well-being of man's self-esteem and interpersonal relationships. It's global prevalence was 3–76.5% as associated with increasing age.

Aim & Objective: To compare the efficiency of Jeeva Rasa Churna & Jeeva Rasa Avaleha in male infertility associated with erectile dysfunction.

Materials & Methods: Sixty patients of erectile dysfunction were registered for the study after having informed consent and divided in to two groups namely A and B having thirty patients in each. Jeeva Rasa Churna and Jeeva Rasa Avaleha were administered to group A and B respectively for 45 days. Observations and assessments were done as per questionnaire and grading system of International Index of Erectile Function (IIEF). Results were analyzed by applying Students paired't' test and Wilcoxon Signed Rank Test.

Result: Jeeva Rasa churna was more effective in comparison to Jeeva Rasa avaleha in male infertility associated with erectile dysfunction.

Conclusion: Jeeva Rasa Churna can be used for managing male infertility associated with erectile dysfunction.

KEYWORDS

• *Jeeva Rasa* • *Churna* • *Avaleha* • Erectile Dysfunction

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INTRODUCTION

Infertility is defined as failure to achieve a pregnancy after 12 months or more of regular unprotected sexual intercourse.[1] It is very normal and around one out of eight couples announcing the ineptitude to imagine following one year of endeavoring.[2-4] Through semen investigation and other exemplary symptomatic tests, around 1/3 credited to female variables, 1/3 of fruitlessness is ascribed to male elements and among 1/3 of couples no reason can be distinguished, otherwise called idiopathaic barrenness.[5-6] Sperm count, motile and normal sperm morphology have been accounted for as files of male fruitfulness.[7-8] The male infertility is pointer of helpless general wellbeing,[9-11] and regularly due to discharge of semen, nonattendance or low degrees of sperm, or abnormal shape (morphology) and development (motility) of the sperm.[12] It adds up to half of infertility cases; current therapeutic interventions depend on assisted reproductive technology (ART), as clinical or careful medicines have restricted worth in upgrading semen quality.[13] Erectile dysfunction, a condition in which person is unable to perform the coitus due to complete or partial lack of erection or rigidity, is one of the major issues responsible for male infertility. It could be expected due glyco-metabolic and penile vascular status and firmly connected with an expanded psychopathological weight, for the most part with somatized tension. The occurrence of erectile dysfunction is expanding step by step with the increment in the progressions in the way of life. Both, surgical and nonsurgical management of ED have been in practice, however surgical treatments are associated with complications and they are unaffordable by the common people. Subsequently it is the need of hour to discover a viable, protected and feasible treatment to deal with this inconvenient issue.

Numerous, plant, metal & minerals have been mentioned for the treatment of infertility with major concern to erectile dysfunction quoted as *Vajikarana Rasayana'* (aphrodisiac). Among them, *Satavari* (*Asparagus racemosus), Akarkara (Anacyclus Pyrethrum), Ashwgandha* (*Withania somnifera*), *Shilajatu, Sweta Mushali (Chlorophytum borivilianum), Vidarikanda (Pueraria tuberosa) are major concern for erectile dysfunction as well as infertility. Shatavari,* promotion and potentiate sexual performance,[14-15] *Anacyclus Pyrethrum* (AP), a male sexual stimulant,[16] whereas *Withania somnifera* indicated in stress, impotency and infertility. *Shilajatu* commonly recommended for genitourinary disorders, male sexual stimulant, digestive disorders, and diabetes. *Chlorophytum borivilianum* considered as herbal *Viagra,*[17] increases sperm count, sexual desire/ libido,[18] and *Pueraria tuberosa* DC (Fabaceae) used as tonic, aphrodisiac, anti-rheumatic, diuretic, and galactagogue.[19] On the basis of above mentioned indication, the hypothesis has been framed that combination of *Shatavari, Chlorophytum borivilianum, Shilajatu, Withania somnifera, Anacyclus Pyrethrum and Hingula* will be effective in male infertility associated with erectile dysfunction. For the comparative study, two formulations namely *Jeeva Rasa Churna* (JRC) and *Jeeva Rasa Avaleha*(JRA) has been prepared.

MATERIAL AND METHODS

Preparation of *Jeeva Rasa*

JRC was prepared by using *Hingula, Shilajatu, Aakarakarabha*, *Ashwagandha*, *Mushali*, *Shatavari, Vidarikanda,* through milling and separation process, the separation was carried out through 80 mesh of sieve to get homogenous powders [6]. The ingredients in JRC were *Hingula* present at the concentration of 4% and rest ingredients were present at the concentration of 16% each by weight.

JRA was prepared by using *Hingula, Shilajatu, Aakarakarabha*, *Ashwagandha*, *Mushali*, *Shatavari, Vidarikanda, Sarkara, Ghrita* and water through the method explained under *avaleha kalpana.* Maximum concentration of sarkara (57.14%) and minimum concentration of *Hingula(0.5%)* was present. *Shilajatu, Aakarakarabha*, *Ashwagandha*, *Mushali*, *Shatavari, Vidarikanda* was present at 2.28% each with 11.4% *Ghritra* and 17.28% water by weight.

Clinical study

Sixty patients of *Klaibya* (Erectile dysfunction) were chosen from the O.P.D, S S Hospital, BHU, Varanasi after approval of institutional ethical committee vide no. Dean/2015-16/EC/1729 dated 19.03.2016. The selected patients were recruited for clinical trial in two groups of thirty patients each. The patients of group A were given *Jeeva Rasa Churna,* in the portion

of 3 g twice/day and the patients of group B were given *Jeeva Rasa Avaleha* with milk after supper for a period of 45 days with 3 subsequent meet-ups of 15 days span.

Inclusion Criteria

Patients from the age group of 21–50 years having problem of male infertility with erectile dysfunction were included in present clinical trial.

Exclusion Criteria

Patients age below 20 and above 50 years were excluded; patients having any systemic disorder like Sexually Transmitted Disease, Carcinoma, AIDS, innate anomalies of genital organs, other infection like Phimosis, Ulceration, Hydrocele, Spinal string injuries, were also excluded from present clinical trial.

Laboratory Examination

Routine haematological tests like hemoglobin %, differential leukocyte count, erythrocytes sedimentation rate and urine routine and micro examination that includes pH, pus cells, red blood cells, epithelial cells, crystals, casts, urea was carried out to only before the treatment to assess status of the patients before the clinical trial and to exclude other pathologies.

Criteria for assessment

Assessment was done on the basis of subjective criteria that included semen analysis and serum testosterone as well as objective criteria like sexual desire, Erection, Ejaculation [Table 1].

Table 1: Criteria for the assessment of therapy

Criteria	Score	Criteria
Sexual desire	1	Almost never or never
	2	A few times (less than half the time)
	3	Sometimes (about half the time)
	4	Most times (more than half the time)
	5	Almost always or always
Ejaculation	0	No sexual stimulation or intercourse
	1	Almost never or never
	2	A few times (less than half the time)
	3	Sometimes (about half the time)
	4	Most times (more than half the time)
	5	Almost always or always
Penile erection	0	No sexual activity
	1	Almost never or never
	2	A few times (less than half the time)
	3	Sometimes (about half the time)
	4	Most times (more than half the time)
	5	Almost always or always

Statistical analysis

General data were subjected to suitable statistical analysis such as descriptive statistics for demographic data, Wilcoxon signed-rank test for nonparametric paired data, and paired t-test for quantitative parametric paired data was applied. Statistical calculations were made with the help of SPSS programming. The results were interpreted as significant ($P < 0.01$), highly significant ($P < 0.001$) and insignificant ($P > 0.05$).

RESULT

In 60 registered patients, group A, 30 patients treated Jeeva Rasa Churna showing significant efficacy in ejaculation, sexual desire and penile erection and also significant raise in serum testosterone sperm motility and total semen volume. Group B, 30 patients treated Jeeva Rasa Avaleha with provided positive improvement in penile erection, sexual desire, ejaculation and serum testosterone

On assessing the effect of therapies it was found that group A has better efficacy in erectile dysfunction and male infertility and serum testosterone, sperm count, viability and motility were observed in JRC group [Table 2-4].

Table 2: Jeeva Rasa Churna and Jeeva Rasa Avaleha on Sexual desire

Group	Sexual Desire	BT		AT		
		No	%	No	%	
A	Grade 0	00	00	00	00	Within the group comparison (Wilcox on signed rank test) BT v/s AT z=2.859 p=0.004
	Grade 1	05	33.33	01	06.67	
	Grade 2	00	00	00	00	
	Grade 3	06	40.00	03	20.00	
	Grade 4	04	26.67	10	66.67	
	Grade 5	00	00	01	06.66	

B	Grade 0	01	06.66	00	00	z=3.244 p=0.001
	Grade 1	07	46.67	01	06.67	
	Grade 2	00	00	01	06.67	
	Grade 3	06	40.00	04	26.66	
	Grade 4	01	06.67	09	60.00	
	Grade 5	00	00	00	00	

Table 3: Jeeva Rasa Churna and Jeeva Rasa Avaleha on penile erection

Group	Penile Erection	BT		AT		
		No	%	No	%	
A	Grade 0	00	00	00	00	Within the group comparison (Wilcox on signed rank test) BTv/s AT z=3.419 p=0.001
	Grade 1	00	00	00	00	
	Grade 2	02	13.33	00	00	
	Grade 3	12	80.00	03	20.00	
	Grade 4	01	06.67	10	66.67	
	Grade 5	00	00	02	13.33	
B	Grade 0	00	00	00	00	z=3.207 p=0.001
	Grade 1	00	00	00	00	
	Grade 2	01	06.67	01	06.67	
	Grade 3	13	86.67	03	20.00	
	Grade 4	01	06.67	09	60.00	
	Grade 5	00	00	02	13.33	

Table 4: *Jeeva Rasa Churna* and *Jeeva Rasa Avaleha* on Ejaculation

Group	Ejaculation	BT		AT		
		No	%	No	%	
A	Grade 0	00	00	00	00	Within the group comparison (Wilcox on signed rank test) BT v/s AT z=2.972, p=0.003
	Grade 1	00	00	00	00	
	Grade 2	01	06.67	00	00	
	Grade 3	13	86.67	05	33.33	
	Grade 4	01	06.67	08	53.34	
	Grade 5	00	00	02	13.33	
B	Grade 0	01	06.67	00	00	z=3.416, p=0.001
	Grade 1	00	00	01	06.67	
	Grade 2	02	13.33	01	06.67	
	Grade 3	12	80.00	01	06.66	
	Grade 4	00	00	07	46.67	
	Grade 5	00	00	05	33.33	

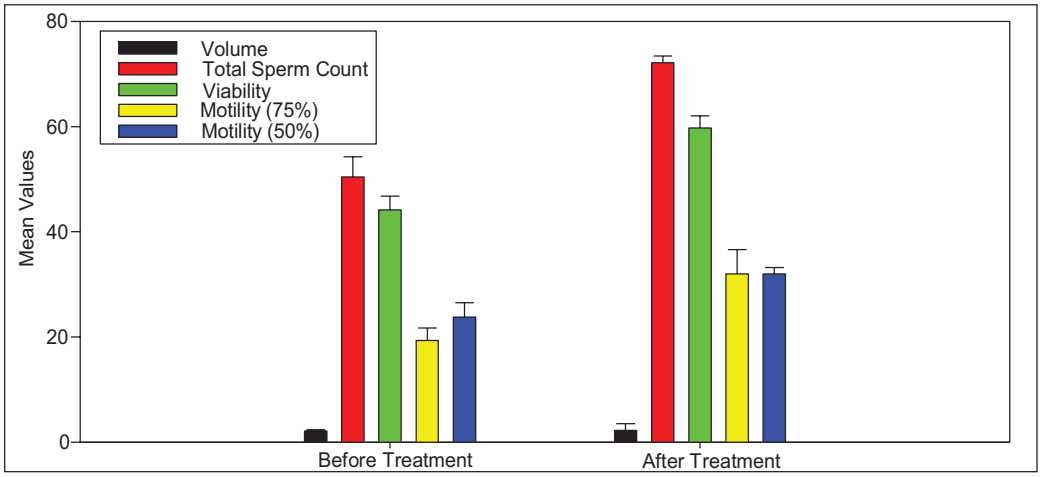


Figure 1: Effect of Jeeva Rasa Churna on Sperm mobility, viability, and sperm volume

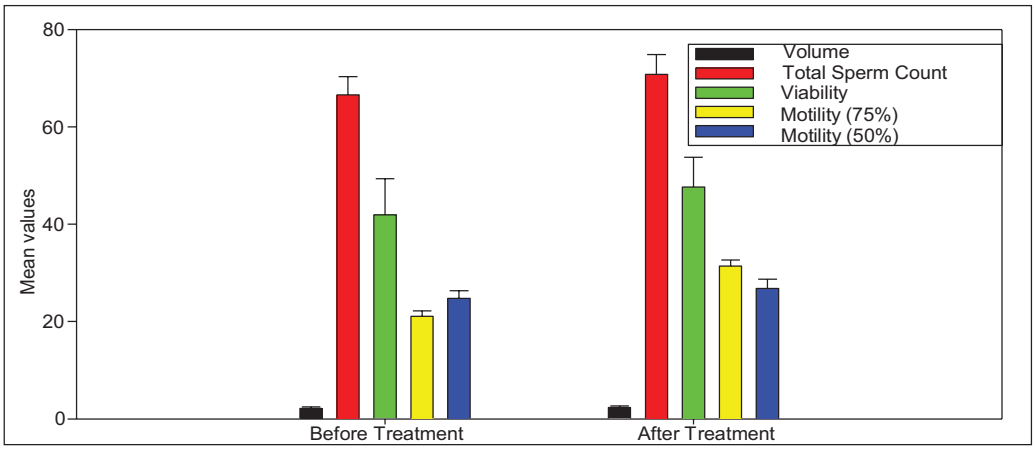


Figure 2: Effect of Jeeva Rasa Avaleha on Sperm mobility, viability, and sperm volume

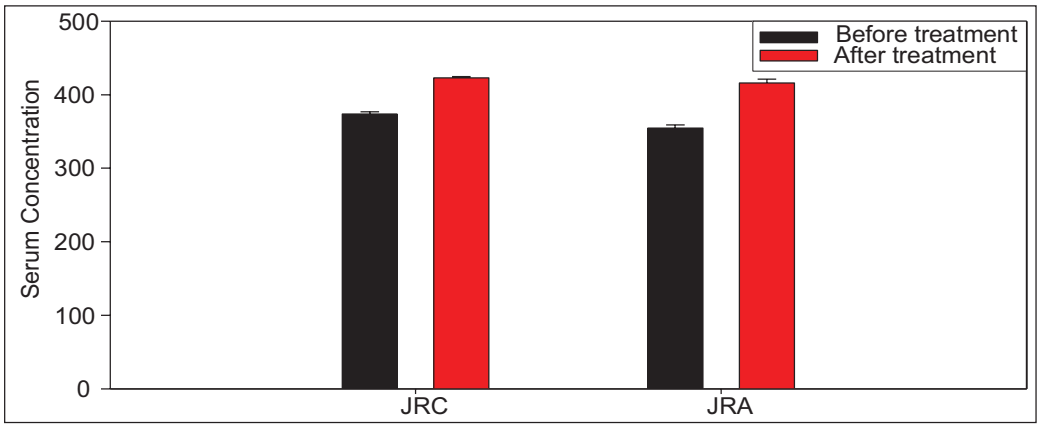


Figure 3: Jeeva rasa Churna and Avaleha on serum testosterone

DISCUSSION

Sperm mobility, viability, and sperm volume has been improved by *Jeeva Rasa* (fig 1-2). *A. racemosus* and *Anacyclus pyrethrum,* assist steroidogenesis, improved availability of hormone to gonads and thus restore the sexual function.[20] Further, lessens dithering time (a marker of fascination towards female), discharge idleness, post ejaculatory inertness, intromission inactivity, increments of sexual desire/libido with penile erection.[21-2] *Shilajit* showed good result on testis weight, epididymis, fundamental vesicle, sperm creation, sperm motility, sperm fixation, sialic corrosive focus in epididymis, fructose fixation in original vesicle, moxie,[24] and *Chlorophytum borivilianum* increment of sperm tally, motility sexual life and charisma.[28] It was seen that serum testosterone has been increased by *Jeeva Rasa* (fig 3). *Withania somnifera*, builds semen volume, sperm motility and serum testosterone (17%) and luteinizing hormone (34%) levels and hormonal profile, oxidative biomarkers and cell reinforcement nutrients in original plasma.[25] *Pueraria tuberosa* additionally increments LH, FSH and testosterone levels by influencing gonadotropin discharge chemical GnRH, associated with the androgenic and estrogenic exercises which increases serum testosterone.[19, 26]

Jeeva Rasa is multi component & herbomineral formulation, synergistic nature of its constituents may be responsible for its mode of action.[27] Although *Jeeva Rasa* (JRC & JRA) improve primary measure of fertility such as erectile dysfunction, sexual desire & ejaculation, but *Jeeva Rasa Churna* pointedly amplified testosterone, sperm count, viability and motility better than *Jeeva Rasa Avaleha* in spite of having same ingredients. This may be due concentration of ingredients in both formulations.

CONCLUSION

Jeeva Rasa, herbomineral formulation increase sexual desire, penile erection and ejaculation apart form that *Jeeva Rasa Avaleha* also increases serum testosterone, sperm count,

viability and motility. *It may be an optimistic for the treatment of erectile dysfunction associated male infertility.*

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