

World Journal of Pharmaceutical and Life Sciences WJPLS

www.wjpls.org



A COMPARATIVE CLINICAL STUDY OF *VIDARIKANDA* CHURNA AND *KATAKA* CHURNA IN THE MANAGEMENT OF MALE SEXUAL DYSFUNCTION AND POOR VISION

Dr. Shri Ram Saini*1 and Dr. B. K. Sevatkar2

¹M.D. Scholar, P.G. Department of Roga Nidana Evam Vikriti Vijanana, NIA, Jaipur.
²Assistant Professor, P.G. Department of Roga Nidana Evam Vikriti Vijanana, NIA, Jaipur,

*Corresponding Author: Dr. Shri Ram Saini

M.D. Scholar, P.G. Department of Roga Nidana Evam Vikriti Vijanana, NIA, Jaipur.

Article Received on 02/07/2017

Article Revised on 23/07/2017

Article Accepted on 13/08/2017

ABSTRACT

Background: Excessive sex induced stress hormones- epinephrine and nor-epinephrine may damage retinal endothelial cells, inflame eye balls and dilate pupils, over sensitivity to light in the retina and adverse effect on power of vision.

Aim: To evaluate and compare the efficacy of *Vidarikanda* churna and *Kataka* churna in the management of Male sexual function and poor vision. Material and methods: 110 patients who have *Timira* (Refractive errors) with associated symptoms of Male sexual dysfunction (MSD) had selected for randomised control trial on the basis of prepared inclusion & exclusion criteria, out of them 50 patients each were divided in two groups (excluding drop outs) named Group A and group B. Results: The trial drug *Kataka churna* showed statistically significant results in subjective parameters of Visual disturbances (*Timira roga*) and visual acuity. *Vidarikanda churna* is significantly improved the quality of vision and MSD. Conclusion: The study is overall concluded that *Shukravradhaka* drugs like *Vidarikanda* is significantly improve the quality of vision. So, more & more *Shukral* drugs should be prescribed in the treatment of low visual acuity. *Vidharikanda* offers a good promise for the patients of low visual acuity and the research will pave the path for further research in this field.

KEYWORDS: Timira, MSD, Kataka churna, Vidarikanda churna.

INTRODUCTION

Eye is an important sense organ. Life without eyesight is miserable and valueless. Hence it is very important to protect vision at any cost Many studies have found that 'normal' vision is being able to see a certain size line on the eye chart [the Snellen chart] from 6 meters away, A normal eye has a near point of 25cm to clear vision. The diseases of eye were classified by Sushruta, according to the site of lesion. One group of eye diseases, known as 'DrishtigataRoga' are responsible for visual impairment, both partial and complete. Timira comes under this group of diseases. Sushruta considers Timira, Kacha and Linganasha as the progressive clinical stages of the disease Linganasha; [1] many of the clinical features described for Timira are having similarities with the refractive errors. Aacharya Sushruta also described Atimaithun (excessive sexual activity), in etiological factors causing Netraroga. [2] AacharyaSushruta not described separate etiological factors of Drishtiroga, there for all the etiological factors of Netraroga also causing Dristigataroga. Timira is main Dristigataroga. Excessive sex induced stress hormones- epinephrine and nor-epinephrine may damage retinal endothelial cells,

inflame eye balls and dilate pupils, light over sensitivity in the retina and adverse effect on power of vision Blurred vision is a common side effect. Most ophthalmologists can effectively diagnose and treat blurred vision caused by glaucoma, cataracts, presbyopia, diabetes, macular degeneration or retinal detachment. But for sexually exhausted people with blurred vision, the problem goes undiagnosed and treated.

AIMS AND OBJECTIVES

To evaluate and compare the efficacy of *Vidarikanda* churna & *Kataka* churna in the management of Male sexual function & poor of vision.

MATERIALS AND METHODS

Total 110 patients of *Timira* (refractive errors) with the associated complaints of Male sexual dysfunction (MSD) were registered for the clinical study from O.P.D. and I.P.D. of *Roga Nidāna Evam Vikṛti Vijñāna and Shalkya* department of NIA Hospital. Selection was carried out on the basis of relevant history, signs, symptoms and

laboratory investigations suggestive for the disease *Timira* (refractive errors). A written information and consent form had been given to the selected patients. The patients were explained about the purpose, procedures and possible side-effects of the trial drugs. Out of 110 patients, 100 patients had completed the trial.

Drugs

The trial drugs *Vidarikanda*^[3] *Churna* (*Acharya bhavamishara* has described as a representative drug of *Jivaka* and *Rishabhaka* who are *shukrajanana* according to *Charaka*) and *Kataka*^[4] *Churna* were taken for this trial which is given below:

Group A: *Vidarikanda Churna* in dose of 5 gm BD with lukewarm water.

Group B: *Kataka Churna* in dose of 3gm BD with lukewarm water.

Medicinal parts to be used.

S. N.	Drug	Latin name	Part used	Form
1.	Vidarikanda	Peuraria tuberose	Tuber	Churna
2	Kataka	Strychnos potatorum	Seed	Churna

Duration of Trial: 2 months

Follow up: 15th, 30th, 45th and 60th days,

Non-drug follows up at the interval of one month for the period of 3 months.

Criteria for the selection of the patient

A. Inclusion-criteria

- Male patients presenting with complaints of decreased visual acuity.
- b. Patient with classical features of *Timira* mentioned under the methods of collection of data included.
- c. Age between 20-50 years.

B. Exclusion-criteria

- Female patients.
- Age-related eye diseases- as macular degeneration and cataracts.
- c. Patient suffered from major illness and trauma.
- d. Patient suffered Eye diseases like Glaucoma, Corneal Ulcers and Trachoma.
- e. Patient have suffering High B.P., Cardiac diseases, AIDS and Diabetes.

Withdrawal Criteria: During the course of the clinical trial some patients cannot followed the instructions given, they were withdrawn from trial.

Assessment Criteria

Subjective Parameters: Patients selected for relief symptoms like- Avyakta Rupa Darshan/ Duram na pashyate (Indistinct distance vision), Vihwala Darshana (Blurred vision) and Makshikadi abhuta dravya darshan (Floaters), Dwidha/Bahuvidha darshan (Diplopia/ Polypia), Shirobhitapa (Headache), Klabiya (erectile dysfunction), Dorbalya (General weakness), and Methunaharsa (Loss of libido). Which were classified into grades. The improvement in grade was recorded at different levels.

OBSERVATIONS AND RESULTS

The effects of the therapy on 100 patients who had been completed the trial is presented in this section. Subjective parameters i.e. Avyakta Rupa Darshan/Duram na pashyate (Indistinct distance vision), Vihwala Darshana (Blurred vision) and Makshikadi abhuta dravya darshan (Floaters), Dwidha/Bahuvidha darshan (Diplopia/Polypia), Shirobhitapa (Headache), Klabiya (erectile dysfunction), Dorbalya (General weakness), and Methunaharsa (Loss of libido) improvement were assessed by Wilcoxon matched-pairs signed-ranks test for one group therapeutic effect and for the assessment of therapeutic effect.

Table 1: Comparative effect of *Vidharikanda Churna & Kataka Churna* on *Avyakta Rupa Darshan* (Indistinct distance vision) in Group A & Group B.

Channe	N		Mean ± SD		% Change	hanga T±	$\begin{array}{c c} & & & \\ & T_{+} & & T_{-} \end{array}$				WP	
Groups	11	BT	AT	Diff	% Change	1 +	1-	S.E.	VV	Г	Result	
Group A	50	1.76	1.58 ± 0.595	0.18	10.22%	140.0	50.0	.084	90.0	0.0728	IN.S	
Group B	50	1.76	1.52 ± 0.555	0.24	13.64%	142.5	28.5	0.078	114.0	0.0104	S	

Table 2: Comparative effect of Vidharikanda Churna & Kataka Churna on Blurred vision in Group A & Group B

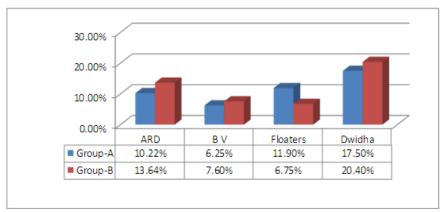
Charma	N		Mean ± SD		0/ Changa	% Change T+	т	C II	W	D	Result
Groups	11	BT	AT	Diff.	% Change	1+	1-	S.E.	vv	1	Result
Group A	50	1.70	1.60 ± 0.421	0.10	6.25%	49.5	0.42	0.0482	52	0.0425	S
Group B	50	1.84	1.70 ± 0.609	0.14	7.60%	28.0	0.00	0.0495	28	0.0156	S

Table 3: Comparative effect of Vidharikanda Churna & Kataka Churna on Floaters in Group A & Group B.

Groups	N		Mean ± SD		% Change	% Change T+		S.E.	w	D	Result
•	14	BT	AT	Diff.	70 Change	1+	1-	S.E.	**	r	Result
Group A	50	1.68	1.48 ± 0.495	0.200	11.9%	90.0	15.0	0.069	75.0	0.0166	S
Group B	50	1.78	1.66± 0.385	0.120	6.75%	31.5	4.5	0.054	27	0.0547	IN.S

Table 4: Comparative effect of Vidharikanda Churna & Kataka Churna on Dwidha/ Bahuvidha darshan (Diplopia/Polypia) in Group A & Group B.

Groups	N		Mean ± SD		9/ Change	% Change T+		S E	W P		Result
•	11	BT	AT	Diff.	% Change	1 +	1-	S.E.	**	r	Kesuit
Group A	50	1.14	0.94 ± 0.535	0.20	17.5%	110.0	25.5	0.075	85.0	0.0250	S
Group B	50	0.98	0.78 ± 0.519	0.20	20.4%	111.5	24.5	0.074	87.0	0.0547	S



(Symptoms-ARD= Avyakta Rupa Darshan, BV=Blurred vision).

Table 5: Comparative effect of Vidharikanda Churna & Kataka Churna on Shirobhitapa (Headache) in Group A & Group B.

Groups	N		Mean ± SD % Change T+	Tı	т	S E	w	D	Result		
•	11	BT	AT	Diff.	% Change	1 +	1-	S.E.	VV	Г	Result
Group A	50	1.50	1.34 ± 0.534	0.16	10.67%	125.0	25.0	0.075	85.0	0.0250	S
Group B	50	1.84	1.70 ± 0.350	0.14	7.61%	28.00	0.00	0.054	28.00	0.0156	S

Table 6: Comparative effect of Vidharikanda Churna & Kataka Churna on Dorbalya (General Weakness) in Group A & Group B.

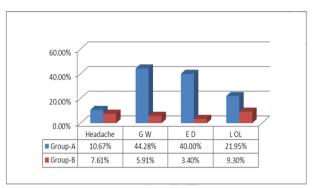
Groups	N	Mean ± SD % Change		T	т	S.E.	W	D	Result		
Groups	17	BT	AT	Diff.	% Change	1 —	1-	S.E.	vv	P	Kesuit
Group A	50	1.40	0.78 ± 0.49	0.62	44.28%	496.0	0.00	0.69	496.0	0.0001	E.S.
Group B	50	1.34	1.26 ±0.39	0.08	5.97%	27.0	9.00	0.05	18.0	0.0156	IN S.

Table 7: Comparative effect of *Vidharikanda Churna & Kataka Churna* on Erectile Dysfunction in Group A & Group B.

Groups	N	M	ean Score ± S	SD	% Change	T.	T+ T- S.E. W				Result
	11	BT	AT	Diff.	70 Change	1+	1-	S.E.	vv	P	Result
Group A	50	1.20	0.94 ±0.48	0.26	40.0%	108	4.0	0.068	104	0.0015	V.S.
Group B	50	1.16	1.12 ±0.44	0.04	3.4%	33	22	0.063	11	0.6214	IN S.

Table 8: Comparative effect of Vidharikanda Churna & Kataka Churna on Loss of libido in Group A & Group B.

Ī	Crounc	Mean Sc	ean Score ± S	SD	% Change	T+	Т-	S.E.	W	D	Result	
	Groups	11	BT	AT	Diff.	76 Change	1+	1-	S.E.	**	ľ	Result
Ī	Group A	50	0.82	0.64 ± 0.38	0.18	21.95%	45.0	00	0.054	45.0	0.0039	V.S.
Ī	Group B	50	0.86	0.78 ± 0.48	0.08	9.30%	52.0	26	0.069	26.0	0.3394	IN S.



(Symptoms –GM=General weakness, ED=Erectile dysfunction, LOL=Loss of libido).

DISSCUSION ON RESULTS

- vision): Vidharikanda is one among the best Rasayana and Sukrajanana drug and Kataka is one among the best Chakshushya^[5] drug, thus a drug having base Chakshushya & Rasayana Sukrajanana properties might be helpful for treating the disease Timira (refractive errors) with associated symptoms of male sexual dysfunction. Relief in the symptom of Avyakta Darshana was observed 10.22% in Group A (p<0.07), and 13.64% in Group B (p<0.01). Group B was statistically significant while Group-A was not significant. Group B showed 3.42% more relief than Group A.
- 2. Comparative Effect on Blurred vision: Majority of Rasayana drugs works on multiple areas and helps in achievement of Vyadhikshamatwa through its Dipana, Pachana, Medhya and non specific immune booster properties. Chakshushya term indicate restoration of eye sight because Chakshushya^[6] class of medicines has a targeted action on the eye and visual apparatus. Vidharikanda is one among the best Rasayana and Sukrajanana drug and *Kataka* is one among the best *Chakshushya* drug, thus a drug having base Chakshushya & Rasayana Sukrajanana properties might be helpful for treating the disease Timira (refractive errors) with associated symptoms of male sexual dysfunction. Relief in the symptom of Blurred vision was observed 6.25% in Group A (p<0.04), and 7.60% in Group B (p<0.01). All these values were statistically significant. Group B showed 1.35% more relief than Group A.
- **3.** Comparative Effect on Floaters: Relief in the symptom of Floaters was observed 11.9% in Group A (p<0.01), and 6.75% in Group B (p<0.005). Group A was statistically significant while Group-B was not significant. Group A showed 5.15% more relief than Group B due to Rasayana property of *Vidharikanda*.
- 4. Comparative Effect on *Dwidha/ Bahuvidha darshan* (Diplopia/ Polypia): Relief in the symptom of *Dwidha/ Bahuvidha darshan* (Diplopia/ Polypia) was observed 17.5% in Group A (p<0.02), and 20.4% in Group B (p<0.05). All these values were

- statistically significant. Group B showed 2.9% more relief than Group A becouse *Kataka* is one among the best *Chakshushya* drug, thus a drug having base *Chakshushya* might be helpful for treating the disease *Timira*.
- 5. Comparative Effect on Shirobhitapa (Headache): Relief in the symptom of Shirobhitapa (Headache) was observed 10.67% in Group A (p<0.02), and 7.61% in Group B (p<0.01). All these values show both group were statistically significant. But Group B showed 3.06% more relief than Group A because in present study headache is mainly occure due to eye disease and Kataka is one among the best Chakshushya drug, thus a drug having base Chakshushya might be helpful for treating the disease Timira.
- **6.** *Dorbalya* (General Weakness): Relief in the symptom of *Dorbalya* (General Weakness) was observed 44.28% in Group A (p<0.0001), and 5.97% in Group B (p<0.01). Group A was statistically extremely significant while Group-B was not significant. Group A showed 38.31% more relief than Group B due to Rasayana^[7] property of *Vidharikanda*.
- 7. Comparative Effect on Erectile Dysfunction: Relief in the symptom of Erectile Dysfunction was observed 40.0% in Group A (p<0.001), and 3.44% in Group B (p<0.62). Group A was statistically Very significant while Group-B was not significant. Group A showed 36.56% more relief than Group B because *Vidharikanda* is one among the best *Rasayana*⁽⁸⁾ and *Sukrajanana* drug.
- 8. Comparative Effect on (*Methunaharsa*) Loss of libido: Relief in the symptom of (*Methunaharsa*) Loss of libido was observed 21.95% in Group A (p<0.003), and 9.30 % in Group B (p<0.33). Group A was statistically Very significant while Group-B was not significant. Group A showed 12.65% more relief than Group B because *Vidharikanda* is one among the best *Rasayand*⁹ and *Sukrajanana* drug. A previous study Contraceptive efficacy of Strychnos potatorum seed extract in male albino rats show that Strychnos potatorum seed possesses suppressive effects on male fertility and could be useful in development of male contraceptive agent. [10]

CONCLUSION

Kataka Churna showed significant results on the symptoms Avyakta Darshana (Indistinct distance vision), Blurred vision, Dwidha/ Bahuvidha darshan (Diplopia/Polypia) various Achayas described kataka is Chakshuya. The study is overall concluded that Shukravradhaka drugs like Vidarikanda is significantly improve the quality of vision. So, more & more Shukral drugs should be prescribed in the treatment of low visual acuity. Vidharikanda offers a good promise for the patients of low visual acuity and the research will pave the path for further research in this field.

REFERENCES

- Susruta samhita of maharsi-susruta utartantradarsati rag vijanayadhaya -5, sutra 5, 6, 7 edited with Ayurveda tattva sandipika hindi commentay by kaviraja ambikadutta shastri part 2 chaukhambha sanskrit sansthan varansi, 29.
- 2. Susruta samhita of maharsi-susruta utartantradarsati rag vijanayadhaya -1/26 edited with Ayurveda tattva sandipika hindi commentary by kaviraja ambikadutta shastri part 2 chaukhambha sanskrit sansthan varansi, 14.
- 3. Bhavaprakashharitkyadivarga Sutra-144 by shriBramashankarSastri of Vidhothinihindi commentary Publisher: Chaukhambasansakrit series office Gopal mandir lean Varansi, 63.
- Bhavaprakashmisharaprakaranaaamaradiphalvarga Sutra-90 by shriBramashankarSastri of Vidhothinihindi commentary Publisher: Chaukhambasansakrit series office Gopal mandir lean Varansi, 572.
- Kaiyadeva-nighantuhaushadvarg suthra-1136-1141 edited and translated by Prof. Priyavratasharma and Dr.Guru Prasad sharma Chaukhambhaorientalia – varansi, 211
- Bhavaprakashmisharaprakaranaaamaradiphalvarga Sutra-90 by shriBramashankarSastri of Vidhothinihindi commentary Publisher: Chaukhambasansakrit series office Gopal mandir lean Varansi, 572.
- Nidhi Pandey and Yamini B TripathiAntioxidant activity of tuberosin isolated from Pueraria tuberose Linn. (PMID:20836891 PMCID: PMC2944242), J Inflamm (Lond), 2010; 7: 47. Published online 2010 September.
- 8. Nagendra Singh Chauhan, Vikas Sharma, Mayank Thakur, Alexandra Christine Helena Frankland Sawaya, and V.K.Dixit The Scientific World Journal, 2013; 2013: Article ID 780659, 8 pages.
- 9. Nagendra Singh Chauhan, Vikas Sharma, Mayank Thakur, Alexandra Christine Helena Frankland Sawaya, and V.K.Dixit The Scientific World Journal Volume 2013 (2013), Article ID 780659, 8 pages
- Pharmacologyonline, Gupta et al. Center for Advanced Studies, Reproduction Physiology Section, Department of Zoology, University of Rajasthan, Jaipur 302002, India.¹, 2007; 1: 79-83.