



ISSN 2456-3110

Vol 4 · Issue 4

July-Aug 2019

Journal of
**Ayurveda and Integrated
Medical Sciences**

www.jaims.in

JAIMS

An International Journal for Researches in Ayurveda and Allied Sciences



Charaka
Publications

Indexed

A double arm clinical study to access the role of *Basti* and *Virechana Karma* along with *Vanari Yoga* in Premature Ejaculation

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ABSTRACT

Satisfaction is a pleasant or positive emotion. It can also be a feeling. If a Satisfaction during intercourse and fertility agents are intact then the whole intension will be lost. Ayurvedic medicine plays important role in the patients who are in deep depression due to dissatisfaction and infertility in the field of Andrology. *Gati* is the core characteristic concerned with any disorder of *Vata*. If *Shukra Dhatu* gets vitiated by *Vata Dosha* causes *Shukragata Vata*. Here 40 subjects diagnosed with *Shukragata Vata* w.s.r to Premature Ejaculation fulfilling the Inclusion criteria were selected for study and randomly categorized into two groups as Group A and Group B each consisting of 20 subjects. Group A received *Amapachana* with *Hareetakyadi Churna*, *Tritiya Baladi Yapana Basti* was administered in *Yoga Basti* schedule, later *Vanari Yoga* granules given as a *Shamanoushadi*. Group B received *Amapachana* with *Hareetakyadi Churna*, *Sadhyosnehapana* with *Shalmali Ghrita*. *Sarvanga Abhyanga* with *Murchitatila Taila* followed by *Sarvanga Swedana* and *Sneha Virechana* was administered with *Eranda Taila*. After *Samsarjana Krama*, *Vanari Yoga* granules was given as a *Shamanoushadi*. So the objective of the study is to establish such a treatment modality which can be helpful in treating the *Shukragata Vata*.

Key words: *Shukragata Vata*, Premature Ejaculation, *Tritiya Baladi Yapana Basti*, *Vanari Yoga*.

INTRODUCTION

Ayurveda is one of the most reliable novel and ancient medical science which have proved for more than 5000 years. Even though the modern science is changing from time to time, Ayurveda has maintained existence till date. Ayurveda was developed to safe guard the *Arogya* and also which is considered to be

essential for the achievements of the life called *Chaturvidha Purushartha* like *Dharma*, *Artha*, *Kama* and *Moksha*.^[1]

Now a days getting the Satisfaction during intercourse and fertility agents from herbal source is of top priority in the field of research in Andrology. If special branch of Ayurveda called *Vajeekarana*, can contribute something to solve this problem then it would be a great boon to global population, who are in deep depression due to dissatisfaction and infertility. Ayurveda has described several drugs and special therapeutic procedures to treat the problem of *Shukra Dusti*.

Shukra is considered as the *Saara* of all other *Dhatu*, it gives Happiness, Strength to the body. *Shukra* plays more important role in the formation of *Garbha*, *Shukra* under the influence of *Vayu* and *Pitta* is ejaculated from male genital organ, enters into *Garbhashaya* and combines with *Arthava* to form the *Garbha*.^[2]

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Submission Date: 12/07/2019 Accepted Date: 23/08/2019

Access this article online

Quick Response Code



Website: www.jaims.in

DOI: 10.21760/jaims.4.4.15

Vata can be described as a self-generating and self-propagating force that is responsible for the conduction, regulation and integration of all vital functions and structures of the body. If *Vata* is adopting an abnormal route and get occupied in other areas, it will cause derangement in its functions. This condition is termed as *Anyasthanagata Vata*. Even though the *Vata* is in equilibrium state and occupied at its own habitat nothing can be interfered with the *Gati* of *Vata*. Whenever there is a *Dusti* in the *Gati* of *Vata* it may cause vitiation and/or adopt abnormal *Gati*. Hence the *Gati* is the core characteristic concerned with any disorder of *Vata*.^[3] If *Shukra Dhatu* gets vitiated by *Vata Dosh* causes *Shukragata Vata*.

Shukragata Vata is a distinct pathological entity characterized by a group of clinical presentation either related with the impairment of Ejaculation or with the impairment of seminal property. One of the symptoms of *Shukragata Vata* is *Kshipram Munchana*^[4] that is Premature Ejaculation. Premature ejaculation (PME) in Ayurvedic terms are as follows, *Kshipram Munchana*, *Shukrasya Shighram Utsargam*, *Atishighra Pravritti*.

Premature ejaculation (PME) is a common sexual problem in males affecting 25-40% of men and characterized by a lack of voluntary control over Ejaculation. A man suffers from PME if he ejaculates before his sex partner achieves orgasm in more than 50% of their sexual encounters. According to W.H.O. Second International Consultation on Sexual Health defined it as Persistent or recurrent ejaculation with minimal stimulation before, during or shortly after penetration and before the person wishes it, over which the sufferer has little or no voluntary control which causes the sufferer and/or his partner distress. An increased susceptibility to PME in men from the Indian Subcontinent has been reported. Most Modern research uses the Intravaginal Ejaculatory Latency Time (IELT) as measured by a stopwatch. This technique was originally used by a Psychoanalyst in 1973.

In the present study, the subjects were randomly selected according to the inclusion and exclusion

criteria and were placed into two Groups namely Group A and Group B containing 20 subjects each.

In *Shukradusti Basti*, (*Prashasta Shukradosheshu Basti Karma Visheshtah*)^[5] is most beneficial which is made out of *Shukravardhaka Dravya*. In classics like *Charaka Samhita*, *Sushruta Samhita* etc. explain various *Vrishya Basti*^[6] among them *Tritiya Baladi Yapana Basti*^[7] can be effectively used in this condition.

Snehana provides *Snigdhatva* to the body, liquefies *Dosha* and increases *Kledata* in the body. Like this it manages *Dosha* and helps in bringing them from *Shakha* to *Koshta*.^[8] *Shalmali* being *Madhura* in *Rasa*, *Snigdha* in *Guna*, *Sheeta Veerya*, *Madhura Vipaka* which are opposite to the qualities of *Vataja Shukradusti* like *Phenilatva*, *Tanutva* and *Rukshatva*.^[9] Hence *Shalmali Ghrita*^[10] for *Snehapana* can be helpful in *Shukragata Vata* condition. *Sneha-Virechana* is considered as choice of *Shodhana* in the management of *Shukragata Vata*.^[11] *Virechana Karma* is one of the prime treatment modality for *Pitta*.^[12] It also has a significant role in mitigation of *Vata*. *Eranda Taila* acts as *Sneha Virechaka*, *Vrushya*, *Vata Kaphahara*, *Adhobhaga Doshahara*, *Yonishukra Vishodhaka*.^[13]

Vanari Yoga^{[14],[15]} is a best *Vrushya Dravya*, in which *Kapikacchu Beeja* is the main ingredient with *Shukrala* in action. Hence it directly acts on *Shukra Dhatu*. The other ingredients such as *Dugdha*, *Ghrita* and *Sharkara* are *Brimhana Dravya* which helps in *Dhatu Vriddhi*. *Dugdha* is considered as *Sadhya Shukrakara Dravya*.

In the present study, 40 subjects were selected incidentally and placed randomly into two groups, Group A and Group B, with 20 subjects in each group. Classical signs and symptoms form the main diagnostic criteria and were also studied for assessment criteria.

Group A received *Amapachana* with *Hareetakyadi Churna* till the *Nirama Lakshana*, followed by *Tritiya Baladi Yapana Basti* in *Yoga Basti* schedule.

Group B received *Amapachana* with *Hareetakyadi Churna* till the *Nirama Lakshana*, followed by *Sadhya-*

Snehapana with Shalmali Ghrita and Sneha Virechana with Eranda Taila.

In both the groups *Vanari Yoga* was given as a *Shamanoushadi*. Follow-up was done for 2 months in both the groups and they were advised to attend the OPD every 15 days for general checkup and for recording changes observed in them.

OBJECTIVES OF THE STUDY

1. To study the Effect of *Tritiya Baladi Yapana Basti* in the management of *Shukragata Vata (PME)*.
2. To study the effect of *Virechana Karma* in the management of *Shukragata Vata (PME)*.
3. To study the effect of *Vanari Yoga* in subjects of *Shukragata Vata*.
4. To study the concept of *Shukra & Nidana Panchaka* of *Shukragata Vata* & Modern view of Premature Ejaculation.

Inclusion Criteria

1. Married male subjects presenting with complaints of early ejaculation during sexual intercourse atleast from 6 months.
2. Unable to delay ejaculation till the person wishes it.
3. Male subjects of age group of 25 to 45 years were included.

Exclusion Criteria

1. Subjects with Systemic diseases like Uncontrolled DM & HTN, structural deformity like Cryptorchidism, Varicocele, Hydrocele etc.
2. Subjects suffering from STD, HIV, HCV and HBsAg.

Parameters of Study

Improvement in Sexual Health Parameters will be recorded. The Scoring System developed by Mehra and Singh, IPGT & RA Jamnagar (1995) will be adopted for the purpose. The details of Scoring pattern is:

A	Subjective Parameters (Sexual Parameters)
1.	Erection
2.	Penile Rigidity
3.	Performance Anxiety

4.	Ejaculation
5.	Sexual Desire

B	Objective Parameters (Seminal Parameters)
1.	Volume
2.	Liquefaction
3.	Colour
4.	Consistency
5.	Viscosity
6.	pH
7.	Sperm count & Motility
8.	<i>Doshadushita Shukra Lakshana</i>

Study Design

It was a Comparative Clinical Study where minimum of 40 subjects diagnosed with *Shukragata Vata* were incidentally selected and randomly categorized into two groups as Group A and Group B each consisting of 20 subjects.

Group A

Ama Pachana	Hareetakyadi Churna Dose: 5gms of <i>Churna</i> with warm water before food. (Till <i>Nirama Laxana</i>)
Abhyanga	<i>MurchitaTilaTaila</i> followed by <i>Swedana</i> .
Basti	<i>Tritiya Baladi Yapana Basti</i> , in <i>Yoga Basti</i> schedule.
Shamana Yoga	Vanari Yoga Dose : 5gms of <i>Churna</i> with warm milk (Twice a day)

Group B

Ama Pachana	Hareetakyadi Churna Dose: 5gms of <i>Churna</i> with warm water before food. (Till <i>Nirama Laxana</i>)
Abhyantara Bahya Snehana	<i>Sadhya Snehapana</i> with <i>Shalmali Ghrita</i> Dose - <i>Madhyama Matra</i> (As per <i>Agni, Kostha</i> of subjects). <i>Abhyanga</i> with <i>Moorchita Tila Taila</i> followed by <i>Swedana</i> .
Sneha	<i>Eranda Taila</i>

Virechana	Dose : As per <i>Kostha</i> of patient.
Paschat Karma	<i>SamsarjanaKrama</i> depending on <i>Vega/Shuddhi</i> .
Shamana Yoga	<i>Vanari Yoga</i> Dose : 5gms of <i>Churna</i> with warm milk (Twice a day)

Overall assessment of results	Grade of improvement
Complete Relief	100 % Improvement or Conceived.
Marked Relief	75 to 99 % Improvement
Moderate Relief	50 to 74 % Improvement
Mild Relief	26 to 49 % Improvement
Unchanged	<25 % or No Improvement

OBSERVATIONS AND RESULTS

Table 1: Showing symptoms wise distribution of *Shukragata Vata* subjects in both Groups.

Chief Complaints	Group A	%	Group B	%	Total	%
Premature Ejaculation	20	100%	20	100%	40	100%
Loss of Rigidity	00	00%	00	00	00	00%
Lack of sexual desire	00	00%	00	00	00	00%

Table 2: Distribution of subjects according to Sperm count.

Sperm count	Group A	%	Group B	%	Total	%
0 to 15 million/ml	12	60%	06	30%	18	45%
16 to 30 million/ml	05	25%	00	00%	05	12.5%
31 to 45 million/ml	00	00%	01	05%	01	2.5%
46 to 60 million/ml	00	00%	04	20%	04	10%
61 to 75 million/ml	03	15%	07	35%	10	25%

76 & above	00	00%	02	10%	02	05%
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Group A (*Basti Karma*)

Table 3: Effect of therapy on Subjective Parameters and Objective Parameters

Parameter	Mean		Mean diff	% improvement	S. D.	S. E.	“t”	P
	BT	AT						
Ejaculation	4.2	1.25	2.95	70.24	0.80	0.18	16.03	0.0001
Erection	3.75	1.25	2.5	66.67	0.67	0.14	16.22	0.0001
Penile Rigidity	3.75	1.25	2.5	66.67	0.74	0.16	14.52	0.0001
Performance Anxiety	3.25	1.75	1.50	46.16	0.86	0.19	7.58	0.0001
Sexual Desire	3.4	1.95	1.45	42.65	0.91	0.20	6.93	0.0001
Sperm Count	4.15	3.15	1	25	1.37	0.30	3.17	0.0005

0.0001 = Highly Significant, 0.005 = Significant

Group B (*Virechana Karma*)

Table 4: Effect of therapy on Subjective Parameters and Objective Parameters

Parameter	Mean		Mean diff	% improvement	S. D.	S. E.	“t”	P value
	BT	AT						
Ejaculation	4.1	1.3	2.8	68.30	0.81	0.18	15.03	0.0001
Erection	3.6	1.25	2.35	65.25	0.56	0.12	18.25	0.0001
Penile Rigidity	3.75	1.2	2.55	68	0.58	0.12	19.12	0.0001
Performance Anxiety	3.4	1.6	1.8	52.95	1.16	0.25	6.75	0.0001
Sexual Desire	3.45	1.75	1.7	49.28	1.05	0.23	7.03	0.0001
Sperm Count	2.4	1.8	0.6	25	1.2	0.26	2.17	0.05

0.0001 = Highly Significant, 0.005 = Significant

Table 5: Showing comparative efficacy of therapies on subjective and objective parameters in Group A and Group B

Assessment Parameters (N=40,D.F=38)	Group A			Group B			Unpaired t test (Group-A vs Group-B)		
	Mean	S.D.	S.E.	Mean	S.D.	S.E.	S.D.	t _{cal}	P
Ejaculation	2.95	0.80	0.18	2.80	0.81	0.11	0.68	0.75	0.500
Erection	2.5	0.67	0.14	2.35	0.56	0.12	0.40	1.50	0.200
Penile Rigidity	2.5	0.74	0.16	2.55	0.58	0.12	0.46	0.35	0.500
Performance Anxiety	1.50	0.86	0.19	1.80	1.16	0.25	1.09	0.90	0.500
Sexual Desire	1.45	0.91	0.20	1.70	1.05	0.23	1.06	0.80	0.500
Sperm Count	1	1.37	0.30	0.6	1.2	0.26	1.74	0.74	0.500

0.200 = Significant, 0.500 = Non Significant

Table 6: Overall effect of study on both Group A & Group B

Remarks	Group A	%	Group B	%	Total	(%)
Fertility	04	20%	02	10%	06	15%
Marked Improvement 75% & above	02	10%	01	05%	03	07.50%
Moderate Improvement 50 to 74%	12	60%	13	65%	25	62.50%
Mild Improvement 25 to 49%	06	30%	06	30%	12	30.00%

No Improvement Below 25%	00	00%	00	00%	00	00%
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DISCUSSION

Discussion is the most essential part of Research work which helps to explain the interpretation on findings and judgment on the clinical study. In the present study, various aspects of *Shukragata Vata* (PME) from Ayurveda and Modern perspective have been explored. Ayurveda put attention on healthy living and considers the physical union of *Stree* and *Purusha* for the purpose of the creation of offspring. In *Shukragata Vata* (PME) sexually satisfaction is not possible due to early ejaculation, so in present study an attempt was made to solve the issues of dissatisfaction and infertility agents through herbal sources as dealt in Ayurvedic science.

Those who not follow the *Asta Vidha Ahara Visheshatana* will disturb the process of digestion and proper nourishment of *Dhatu* and also *Shukra* which is called *Parama Sara* of *Dhatu* also not properly nourishes which leads to *Dusti in Shukra Dhatu*. *Viharaja Nidana* like *Shukra Vega Dharana*, etc. and *Manasika Nidanas* like *Chinta*, etc. causes *Vata Dusti* as a result it leads to *Shukragata Vata* due to *Prana, Samana, Vyana* and *Apana Vayu Dusti* and *Rajo Dosha Dusti*.

In this study *Basti* and *Virechana* therapy is taken as *Shodhana Karma* because prior to administering *Rasayana* and *Vajeekarana Yogas*, *Shodhana Karma* is advocated. If *Shodhana Karma* is not administered priorly, its like dyeing in dirty cloth. *Basti Karma* is the best choice of treatment for *Vata Dosha*. *Basti* which prolongs the life and restores the health is called *Yapana Basti* and it enhances the quality of *Shukra Dhatu*, reduces *Daarbalya* and *Riktata* in *Shukravaha Srotas*, there by pacifying of *Shukragata Vata*. *Virechana Karma* is one of the prime treatment modality for *Pitta* and also in mitigation of *Vata*. *Shalmali Ghrita* is advised here for *Snehapana* prior to *Virechana Karma* because it is indicated in *Shukrameha*, *Klaibhya Dhatu*, etc. and *Eranda Taila*

for *Virechanartha*, which acts as *Sneha Virechaka*, *Vrushya*, *Vata Kaphahara*, *Adhobhaga Doshahara*, *Yonishukra Vishodhaka*.

After *Shodhana Karma Vanari Gutika* is administered here in both the groups as *Shamanoushadi* with *Ksheera* as *Anupana* which is explained in *Yogaratnakara* and *Bhavaprakash* as *Vanari Vati*. Both the authors explain it in *Sheegra Draavi (PME)* and *Dwajabhanga (ED)* conditions. Instead of *Gutika* we prepared the granular form because it absorbs faster than *Gutika*. *Kapikacchu* is the main ingredient of *Vanari Yogawhichis* famous for its powerful *Vajeekarana* action and also well known to increase the sperm count and testosterone level in the body.

In this study *Tritiya Baladi Yapana Basti* with *Vanari Yoga* shows more effective in improving the duration of *Ejaculation* process due to *Madhura Rasa* and *Madhura Vipaka*, *Guru Snigdha* in *Guna*, *Sheeta Veerya* properties of its ingredients like *Bala*, *Atibala*, *Kapikacchu* and *Yava* which helps in subsiding the *Vata*. *Yapana Basti* also improve *Shukra* quality and *Mamsa Dhatu* which helps in the erectile dysfunction compared to *Eranda Taila Virechana*. *Kapikacchu* consisting Dopamine as chemical composition helps to increase sexual activity and thereby helps in improving the duration of *Ejaculation* process.

Eranda Taila Virechana with *Vanari Yoga* showed more effect in improving the Penile Rigidity. *Virechana* is indicated in *Pitta Vikara (Rakta Dusti)*, *Eranda Taila* is *Vatashamaka* so it corrects the *Vyana* and *Apana Vayu Dusti* with respect to improve the blood circulation to penile parts. Also *Vrushya*, *Medho Vardhaka*, *Smrithikaraka* properties of *Eranda Taila* might act on *Manovaha Srotus* in controlling the *PME*. This shows it is more effective in improving the Performance Anxiety and Sexual Desire compared to *Tritiya Baladi Yapana Basti*.

Both the groups showed the same result in Sperm Count, but in Group A, 05 subjects had *PME* along with *Azoospermia* and same 02 subjects noted in Group B. Fertility wise 04 Subjects in Group A and 02 subjects in Group B could able to conceive their wives. Based on Fertility aspects *Tritiya Baladi Yapana Basti*

with *Vanari Yoga* was more effective than *Eranda Taila Virechana* with *Vanari Yoga*.

CONCLUSION

We can conclude that, as compare to modern view, the holistic approach of Ayurvedic system of medicine is effective without any complications and side effects because Ayurveda focuses on rebalancing individuals and not just treating diseases, its treatments are having low potential for iatrogenesis or side effects. In addition, they tend to promote the systemic health and well-being of the individual. This being the case, it makes sense to first attempt to correct sexual dysfunctions through Ayurvedic treatment. *Gatatva* is an essential factor in *Vataja Samprapti* characterized by *Dhatudaurbalya*, *Srtotoriktata*, *Vata Prokopa* and increased *Gati* of *Vata*. *Shukragata Vata* is a diseased condition, which consists of various clinical symptoms. Such as *Kshipram Munchati*, *Badhnati*, *Garbha Vikruti*. This study shows both the treatments like *Tritiya Baladi Yapana Basti* with *Vanari Yoga* and *Eranda Taila Virechana* with *Vanari Yoga* shows effectiveness in *Shukragata Vata* w.s.r to *PME*. Both Groups shows result in the reduction of subjective parameters. Among all subjective parameters, Group A shows more improvement in *Ejaculation* and *Erection*. Group B shows improvement in subjective parameters like *Penile Rigidity*, *Performance Anxiety* and *Sexual Desire*. In objective parameter both the Groups shows same result in *Sperm Count*. In total out of 40 subjects of *Shukragata Vata (PME)*, after treatment 04 Subjects in Group A and 02 subjects in Group B could able to conceive their wives. 2 subjects in Group A and 01 subject in Group B had marked relief, 12 subjects in Group A, 13 subjects in Group B had moderate relief. Remaining 06 Subjects in Group A and 06 subjects in Group B got mild relief.

REFERENCES

1. Charaka Samhita of Agnivesha, By Vaidya H.C. Kushwaha Edited with 'Ayurveda Deepika' Hindi Commentary, 1st Volume, Chaukhamba Orientalia, Varanasi. 2012, Sutrasthana, 1st Chapter, Sloka No - 15, Page No - 9.

2. Sushruta Samhita, Dr. Anant Ram Sharma, Susruta Vimarsini Hindi Commentary Varanasi Chaukhamba Surbharati Prakashana 2nd Volume, Shareerasthana, 3rd Chapter, Sloka No - 4, Page No - 29-30.
3. Charaka Samhita of Agnivesha, By Vaidya H.C.Kushwaha Edited with 'Ayurveda Deepika' Hindi Commentary, 2nd Volume, Chaukhamba Orientalia, Varanasi. 2012, Chikitsasthana, 28th Chapter, Sloka No - 4, 11, Page No - 729-731.
4. Charaka Samhita of Agnivesha, By Vaidya H.C.Kushwaha Edited with 'Ayurveda Deepika' Hindi Commentary, 2nd Volume, Chaukhamba Orientalia, Varanasi. 2012, Chikitsasthana, 28th Chapter, Sloka No - 34, Page No - 734.
5. Charaka Samhita of Agnivesha, By Vaidya H.C.Kushwaha Edited with 'Ayurveda Deepika' Hindi Commentary, 2nd Volume, Chaukhamba Orientalia, Varanasi. 2012, Chikitsasthana, 30th Chapter, Sloka No - 152, Page No - 821.
6. Charaka Samhita of Agnivesha, By Vaidya H.C.Kushwaha Edited with 'Ayurveda Deepika' Hindi Commentary, 2nd Volume, Chaukhamba Orientalia, Varanasi. 2012, Siddisthana, 12th Chapter, Sloka No - 18 (1), Page No - 1125.
7. Charaka Samhita of Agnivesha, By Vaidya H.C.Kushwaha Edited with 'Ayurveda Deepika' Hindi Commentary, 2nd Volume, Chaukhamba Orientalia, Varanasi. 2012, Siddisthana, 12th Chapter, Sloka No - 9, Page No - 1125.
8. Charaka Samhita of Agnivesha, By Vaidya H.C.Kushwaha Edited with 'Ayurveda Deepika' Hindi Commentary, 1st Volume, Chaukhamba Orientalia, Varanasi. 2012, Sutrasthana, 28th Chapter, Sloka No - 33, Page No - 479.
9. Charaka Samhita of Agnivesha, By Vaidya H.C.Kushwaha Edited with 'Ayurveda Deepika' Hindi Commentary, 2nd Volume, Chaukhamba Orientalia, Varanasi. 2012, Chikitsasthana, 30th Chapter, Sloka No - 140, Page No - 820.
10. Bhaisajya Ratnavali of Shri Govind Das edited by Bhisagratna Shri Brahmasanakar Mishra, Vidyotini hindi Commentary by Shri Kaviraj Ambikadatta Shastri Ayurvedacharya, Chaukhamba Prakashana, Varanasi, 37th Chapter, Sloka No - 192-194, Page No - 737-738.
11. Charaka Samhita of Agnivesha, By Vaidya H.C.Kushwaha Edited with 'Ayurveda Deepika' Hindi Commentary, 2nd Volume, Chaukhamba Orientalia, Varanasi. 2012, Chikitsasthana, 28th Chapter, Sloka No - 14, Page No - 748.
12. Astanga Hrudaya, Vidyotini Hindi Commentary by Kaviraja Atrideva Gupta, Chaukhambha Prakashana 2016 edition, Sutrasthana, 13th Chapter, Sloka No 9 , Page No 130.
13. Sushruta Samhita, Dr Anant Ram Sharma, Susruta Vimarsini Hindi Commentary Varanasi Chaukhamba Surbharati Prakashana 1st Volume, Sutrasthana, 45th Chapter, Sloka No - 114, Page No - 369.
14. Yoga Ratnakar, by Madham Shetty Suresh Babu, Volume 2 Choukhamba Sanskrit Series Office,Varanasi, Vajikarana Chapter, Sloka No - 27-31, Page No - 1230.
15. Bhava Prakasha of Bhavamisra, by Prof. K.R. Srikantha Murthy, 2nd Volume, Choukhamba Krisnadas Academy Varanasi, Uttarkhanda 1st Chapter, Sloka No - 71-75, Page No - 834-835.

How to cite this article: Dr. Shrinivasraddi G. Venkaraddiyavar, Dr. Prashanth A.S., Dr. S.G.Chavan. A double arm clinical study to access the role of Basti and Virechana Karma along with Vanari Yoga in Premature Ejaculation. J Ayurveda Integr Med Sci 2019;4:108-114. <http://dx.doi.org/10.21760/jaims.4.4.15>

Source of Support: Nil, **Conflict of Interest:** None declared.
