

Elaborative Study Of Sushrutokta Shandha Wsr To Their Psychosexual Behavior

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Abstract- In Samhitas there are described a very important Sthan (Lesson) known as “Sharir Sthan”. The importance of Sharir Sthan mentioned in Sushruta Samhitas - The physician will become greatly learned only after observing the body with his own eyes. Sushruta Samhita is best in Sharir Sthan because this Sthan is based on cadaveric dissection (gross anatomy) and as well as Panchbhautikattava Theory (Micro Anatomy). The purity of semen and ovum plays a major role in to affect on progeny. In whatever kinds of foods, behavior, and activities, the man (husband) and woman (wife) together develop similar desires then, even their sons (children) will also develop similar desires. As per these theories five types of Shandha (impotent person) described by Sushruta. The first four types Asekya, Saugandhik, Kumbhik, and Irshyak is Sa-Shukra Shandha and remains two Nar-Shandha and Nari-Shandha is A-Shukra. The above are the kinds who are generally known as Eunuchs and Impotence. The first four will have an erection of their in special condition remains two will change their behavior as the opposite gender. These concepts are indicating genetic sexual disorders. In this paper, the description of the Shandhata concept will be discussed in two ways the first effects of parent's activities and behavior on progeny and the second psycho-sexual condition of these progeny in the modern era.

Key Words- Shandhata, Klibiya, Asekya, Impotent, Psychosexual behavior.

I. INTRODUCTION-

The physician will become greatly learned only after observing the body carefully with his own eyes¹- mentioned in Sushrut Samhita for importance of Rachna Sharir (Anatomy). In Sushrut Samhita Sharir Sthan Second chapter described about purity of Shukra (semen) and Shonit (menstrual blood, Ovum). Vitiated Shukra (semen) and Shonit (menstrual blood, Ovum) will not be capable of producing an offspring². In whatever kinds of foods, behavior and activities, the man (husband) and woman (wife) together develop similar desires then, even their sons (children) will also develop similar desires³. As per this theory Sushrut described five type of Shandha or Kalib. These are Asekya, Saugandhika, Kumbhika, Irsyaka, Nar-Shandha and Nari-Shandha. The first four types Asekya, Saugandhik, Kumbhik and Irshyak is Sa-Shukra Shandha and remains two Nar-Shandha and Nari-Shandha is A-Shukra⁴. Maharshi charak has also described eight type of Klibiya, Shandhata under eight type of genetic sexual disorder these are Dwireta, Pawanendriya, Samskarwahi, Nar-Shandha, Nari-Shandha, Vakri, Irshyak & Vatik Shandha⁵. The above are the kinds who are generally known as Eunuchs and Impotents. As per these theories five type of Shandha (impotent person) described by Sushruta. The first four types Asekya, Saugandhik, Kumbhik and Irshyak is Sa-Shukra Shandha and remains two are Nar-Shandha and Nari-Shandha is A-Shukra. In Sushrut Samhita the first four will have erection of their in special condition remains two will change their behavior as opposite gender. And in Charak Samhita mentioned eight type of genetic sexual disorder due to past deeds should be determined. Dwireta, Pawanendriya, Samskarvaahi, Nar-Shanda, Nari-Shanda, Vakri, Irshyaka, Vatik-Shanda. Here Samskarvaahi, Nar-Shanda, Nari-Shanda, Irshyaka these 4 types are as similar as Sushrut Samhitas.

II. AIM-

Elaborative study of the concept of Shandha, Klib, Klibiya, Napunsak as mentioned in Ayurveda Samhitas. And also effects of parent's activities and behavior on progeny and psycho-sexual condition of these progeny as described in Ayurveda Samhita. Try to correlate these concepts in moon light of Modern science.

III. OBJECT-

- Collect ayurvedic literatures regarding Shandha, Klib, Klibiya, Napunsak.
- Collect literatures regarding Genetic sexual disorders and psycho-sexual conditions.

IV. MATERIAL & METHODS-

Literatures regarding Shandha, Klib, Klibiya, Napunsak, Genetic sexual disorders and psycho-sexual conditions from Ayurved Samhitas, modern medical science literatures, journals, research papers, internet etc.

V. REVIEW-

5.1 Asekya-

Asekya is the (name of) the person who is born from very less (quantity) of the seed of his father. He obtains erection of his penis surely, only after licking the semen⁶. Compromised quality of semen could be affected on progeny.

Uranism- This is general term given to the perversion of sexual instincts, and includes sexual gratification by fingering, fondling, fellatio, cunnilingus. Fellatio is Oral stimulation of penis by the male or female. Cunnilingus is Oral stimulation of female genitals⁷.

Semen ingestion- In some cultures semen is considered to have special properties associated with masculinity. Papua New Guinea, Sambia, Etoro cultures believe that semen promotes sexual maturation among the younger men. They must fellate their elders⁸.

Also present in the semen are mood-enhancing compounds such as cortisol, estrone, oxytocin, thyrotropin-releasing hormone, prolactin, melatonin and serotonin. For this reason, scientists have begun studying the health benefits of semen intake, both orally and vaginally⁹. So we can understand that semen ingestion can erect penis in some psychosexual condition.

5.2 Saugandhika-

He who is born from the woman having vagina with offensive smell, gets erection of his penis after inhaling the smell of either the vagina or penis, he is known as **Saugandhika**¹⁰.

Urolagnia- In which sexual excitement is provoked by sight or odor of urine or faeces¹¹. In which sexual excitement is associated with the sight or thought of urine or urination. The term has origins in the Greek language (from ouron - urine, and lagnia - lust)¹². Olfactory influences play a certain part in various sexually abnormal tendencies and practices. (*Psychology of Sex*) Possibly odours can increase aggression, through septal nucleus stimulation. Increased penile-blood flow may be a measure of a "neighbourhood effect" of induced aggression rather than direct sexual excitation. The specific odours that affected penile blood flow. Olfactory sensation can influence the sexual reflex arc; as mentioned, human pheromones, which trigger sexual response through direct olfactory-limbic interconnections, are speculative. Penile erection, the measure of male sexual arousal is a manifestation of outflow from the septal nuclei within the limbic system, and end organ for olfactory fibres. As a function of the autonomic nervous system, penile enlargement is controlled by arterial flow through the pudendal artery and the smaller arteries to the penis. The first physical sign of sexual excitation is a change in penile-blood flow. Blood flow to the penis increases with sexual excitement and decreases with sexual inhibition¹³.

5.3 Kumbhika-

He who after himself getting coitus through his rectum by another person first and then becomes capable of copulation with the woman is known as **Kumbhika**¹⁴. **Penile-anal-penetration- (Anal intercourse)** - Stimulation of the anal nerve ending & orgasm achieved through anal penetration- by direct/indirect stimulation of the prostate in men. In male receptive partner being anally penetrated can produce a pleasurable sensation due to the inserted penis rubbing or brushing against the prostate through anal canal¹⁵. Those on the receiving end, the men, feel stimulation of their prostate. Similar to women, men have a "G-spot" — specifically, the area inside the rectum that permits the prostate gland to be touched. The only direct way to access a man's prostate is through the anterior or front wall of the anus. Providing direct stimulation to the prostate can lead a man to have an intense orgasm, even without stimulating the penis.

5.4 Irshyak-

Next hears of **Irsyaka**; he who becomes capable of copulation after witnessing the copulation of other is to be called as Irsyaka¹⁴.

Voyeurism/Scotophilia/Mixoscopia- The desire to observe the genitals of other or to watch sexual intercourse becomes the condition of erotic excitement and gratification¹⁶. The American Psychiatric Association has classified certain voyeuristic fantasies, urges and behavior patterns as a paraphilia in the Diagnostic and Statistical Manual (DSM-IV) if the person has acted on these urges, or the sexual urges or fantasies cause marked distress or interpersonal difficulty. It is described as a disorder of sexual preference in the ICD-10. ICD-10 is the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD), a medical classification list by the World Health Organization (WHO). The DSM-IV defines voyeurism as the act of looking at "unsuspecting individuals, usually strangers, who are naked, in the process of disrobing, or engaging in sexual activity". The diagnosis would not be given to people who experience typical sexual arousal simply by seeing nudity or sexual activity¹⁷.

Scopophilia or scotophilia (from Greek skopeō, "look to, examine" and philia, "tendency toward"), is deriving pleasure from looking. As an expression of sexuality, it refers to sexual pleasure derived from looking at erotic objects: erotic photographs, pornography, naked bodies, etc.

5.5 Nar-Nari Shandha-

Hear, now of **Sandhaka** the fifth kind; he who copulates with the woman, out of ritukala (Fertile period) overcome by desire (sexual) and himself behaves like a woman (in copulation) is known as **Sandhaka**, and has feminine features also. Behaving like a woman in copulation means-man lying down and making the woman to mount on him. Feminine features are noticeable in different parts of his body, voice, gait, absence of moustache etc¹⁸.

Transvestism/Eonism- (Trans- across, over vestism-dressed Cross dresser). In which the personality is dominated by the desire to be identified with opposite sex. "Being a woman" if a male, and "being a man" if a female¹⁹. It is a practice of dressing and acting in a style on manner traditionally associated with the opposite sex.

Transvestic Fetishism, Gender Dysphoria- (Gender Identity Disorder)-DSM-5, many of these physical and psychic characteristics may be said to indicate some degree of *INFANTALISM*. (*Psychology of sex*)

During ritukala (fertile period) if a woman behaves like a man during copulation (herself mounting on the man) if she begets a female child, it will be like a man in all her activities in future also. Such a lady is known as **Narachestita** (Masculine in activities and features of her body parts, voice, gait and other activities)²⁰.

VI. DISCUSSION

Asekya, Saugandhika, Kumbhika, Irsyaka, Sa-Retasa, Nar & Nari Sandhaka- these persons are known as Sandha (Impotent) and will have no semen. The above are the kinds of men who are generally known as eunuchs and impotents (incapable of copulation and producing a child). They may have very less quantity of semen, less number of spermatozoa (oligospermia) or even no spermatozoa at all (azoospermia) or spermatozoa may be non-motile (inactive/not moving). They will not have erection of their penis. All these persons are not capable of copulation and procreation.

Though having these abnormalities, when the channels of semen becomes clear (devoid of any obstruction or becomes dilated) due to pleasure (sexual), then they will have erection of their penis. Absence of erection may be due to many causes viz. physical, mental and hormonal and related to semen (spermatozoa) only²¹. As per Sushruta abundance (predominance) of Shukra (semen) makes the foetus to be a male, abundance of Artavea (ovum) makes the foetus to be a female; and when both these are equal; it makes the foetus to be a eunuch. But in modern medical science each spermatozoon and ovum contains 23 pairs of chromosomes; of these, 22 pairs are known as autosomes and one paired is called sex chromosomes. Sex chromosomes are of two kinds, known as X and Y. Spermatozoon contains either one X chromosome or one Y chromosome; whereas ovum contains X chromosome only. When the spermatozoon containing an X unites with the ovum, then the combination of two XX chromosomes gives rise to a female child and when a spermatozoon containing Y chromosomes unites with the ovum then the combination of XY chromosomes gives rise to a male child. Abnormal combinations of sex chromosomes lead to two kind hermaphrodites (eunuchs), male with feminine features and female with masculine features²².

Sushrutokta Shandhata is based on psychosexual behavior of parents which is affected on their progeny.

VII. CONCLUSION-

As per discussion we can correlate Sushrutokta Shandha (Impotents) as above. We can see how Sushrut described that psychosexual behaviors many centuries ago which is become as habitual sexuality in present modern era. One of main theory is that parent's activities are more important if they done unnatural acts than their progeny will develop same activities. So this is important that parents have to know bad effects of their psychosexual activities which can develop on their progeny. For willing a Su-Santati (Better Progeny) that is much important to know.

Table-1- Conclusion of Shandhata

No.	Type	Cause	Act/Result	Effect On	In Modern
1	Asekya	born from very less (quantity) of the seed of his father	licking the semen	Progeny	Uranism
2	Saugandhik	having vagina with offensive smell	inhaling the smell of either the vagina or penis	Progeny	Urolagnia
3	Kumbhik	getting coitus through his rectum by another person first	then becomes capable of copulation with the woman	Active Person	Anal Intercourse, Penile-Anal Penetration
4	Irshayaka	witnessing the copulation of other	after he who becomes capable of copulation	Active Person	Voyeurism/ Scopophilia/ Mixoscopia
5	Nar- Shanda	Man behaves like a woman (in copulation) and has feminine features also.	If male- Feminine features	Progeny	Transvestism/Eonism
6	Nari- Shanda	Behaves like a man (in copulation) and has masculine features also.	If female- masculine features	Progeny	Transvestism/Eonism

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