



REVIEW ON KLAIBYA (ERECTILE DYSFUNCTION)

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ABSTRACT

Erectile dysfunction is one among sexual dysfunction also known as Impotence. This condition has been elaborately described as 'Klaibya in Ayurveda classics and 'Erectile dysfunction' in contemporary texts. The desires of human life are *Praneshana*, *Dhaneshana* and *Paralokaeshna*. For the fulfillment of these desires, In *Ayurveda* classics there has been mention of four *Purushartha* i.e. *Dharma*, *Artha*, *Kama* and *Moksha*. *Kama* can be related with sexual gratification, which is one of the hap age nosiness in the life and to create a healthy progeny. Male sexual dysfunction affects 10–25% of middle-aged and elderly men. In the National Health and Social Life Survey (NHSLs) the prevalence of sexual dysfunctions was 31%. is estimated that in 1995 there were over 152 million men worldwide who had erectile dysfunction, and in 2025 the number of men with erectile dysfunction (ED) will be 322 million, an increase of nearly 170 million men. The person who is having *Maithuna Ashaktata* or unable to perform coitus is diagnosed as *Klaibya*, The disease *Klaibya* is a multifactorial condition, mainly involving *Bahu Doshavastha* as a whole and *Shukra Dosha* in specific, associated with *Mano Dosha*, *Rasa* and *Shukravaha Sroto Dusthi*, an attempt to understand the disease ,pathophysiology and available intervention and its advantages and limitation.

Key words: *Klaibya*, Purushartha, Shukravaha Srotas, Bahu Dosha avasta, Maithuna Ashaktata, ED.

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INTRODUCTION

According to Hindu mythology Dharma, Artha, Kaama and Moksha are the four Purushartha (Pillar) of the life. Ayurveda science adopted this concept. A healthy life is essential for the achievement of these Purushartha. After age of Puberty we are bonded for achievement of Kaama(Sexual life).¹

Erectile dysfunction is one among sexual dysfunction also known as Impotence, among the various phases of sexual response, the most essential is the achieving of normal erection with sufficient rigidity for penetrative intercourse, the absence of which ends into failure and dissatisfaction. This condition has been elaborately described as '*Klaibya*²' in *Ayurveda* classics and 'Erectile dysfunction' in contemporary texts.

Male sexual dysfunction affects 10–25% of middle-aged and elderly men. In the National Health and Social Life Survey (NHSL) the prevalence of sexual dysfunctions was 31%. It is estimated that in 1995 there were over 152 million men worldwide who had erectile dysfunction, and in 2025 the number of men with erectile dysfunction will be 322 million, an increase of nearly 170 million men.³

The disease *Klaibya* is a multifactorial condition, mainly involving *Bahu Doshavastha* as a whole and *Shukra dosha* in specific,

associated with *Mano Dosha*, *Rasa* and *Shukravaha Sroto Dusthi*.⁴

The basic initiation of sexual instinct is under the influence of psychological integrity⁵. *Apana* and *Vyana Vata* is association with *Sadhaka pitta* and *Manas* influence the normal sexuality of an individual and any abnormality in this *Apana*, *Vyana*, *Sadhaka Pitta* and *Manas* leads to *Shukravaha Srotodushti* and hence *Shukradushti* lands up in infertility or Sexual dysfunctions⁶.

Harsha, *Praharsha* (excitement), *Preeti* (affection, love), *Bala* (capacity to have sex) and psycho-sexual endocrinal functions of *Shukra*.⁷The entire body is seat of *Shukra* and *Hrudaya* is the pivotal organ for regulation of *Rasa*, *Shukra*, *Ojas*, *Manas* and *Vayu*. Hence all psychosexual endocrinal functions are interdependent. The *Harsha*-Sexual excitement is dependent on *Dehabala* (psychological integrity) and also the *Vrushattva*-Sexual capacity depends upon this excitement and this triangular *Harsha-Dehabala-Sattvabala-Vrishattva*.⁸

The nonsurgical treatment are having poor efficacy with systemic and local side effects. The surgical treatments are associated with complications, change in the shape of the penis and they are unaffordable by the

common people. Hence both of them are having poor acceptance in the society.

MATERIALS AND METHODS:

All the ayurvedic classical texts of Ayurveda like *Bruhtraye's* and *Laghutraye's* along with various papers, journals, and contemporary books which in specific with sexual dysfunction and digital sources

NIRUKTI AND PARIBHASHA OF KLAIBYA

The person who is having Maithuna ashaktata or unable to perform coitus is said as *Klaibya*.

PHYSIOLOGY OF ERECTION:

AYURVEDIC VIEW:

The performance of sexual act depends upon physical and psychological excitement which is proportional to the strength of the body and mind.⁹ Male sexual act mainly comprises of two phase i.e. erection and ejaculation. Erection is the prerequisite to accomplish the sexual act, and it is attained in three ways individually or combined together - viz –

- *Sankalpa* (Mental preparation for sexual act),
- *Chesta* (physical stimulation) and
- *Nishpidana* (Localized rubbing or stimulation).¹⁰

Sankalpa indicates involvement of psyche as a prime factor and the stimulation of which is emaciation due to chronic diseases, suppression of natural urges, injuries and

obtained through the various pleasuring objects of different sense organs such as *Darshana*, *Sravana*, *Rasana*, *Ghrana*, and *Sparshana*. Further *Sparshana* is the most important as it is the media in *Chesta* and *Nishpidana* for attaining and maintaining the erection and ejaculation. Various objects of different senses stimulating the mind for getting erection and indulging in sexual intercourse are described in the classical texts. Foregoing description indicates the involvement of complex psycho-neuro-vascular mechanism in the process of penile erection

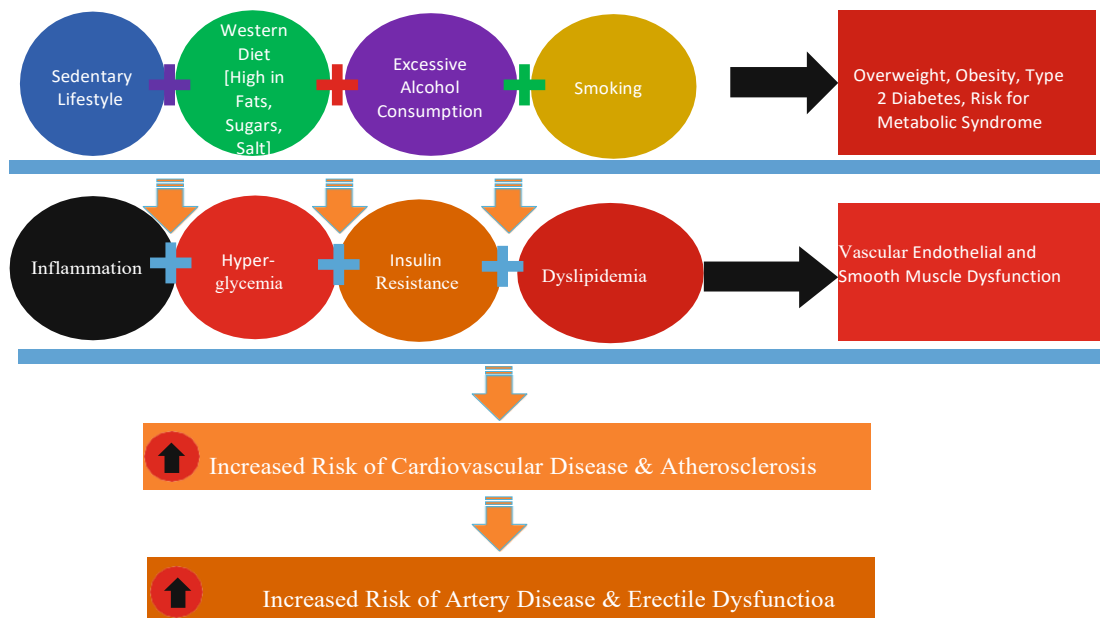
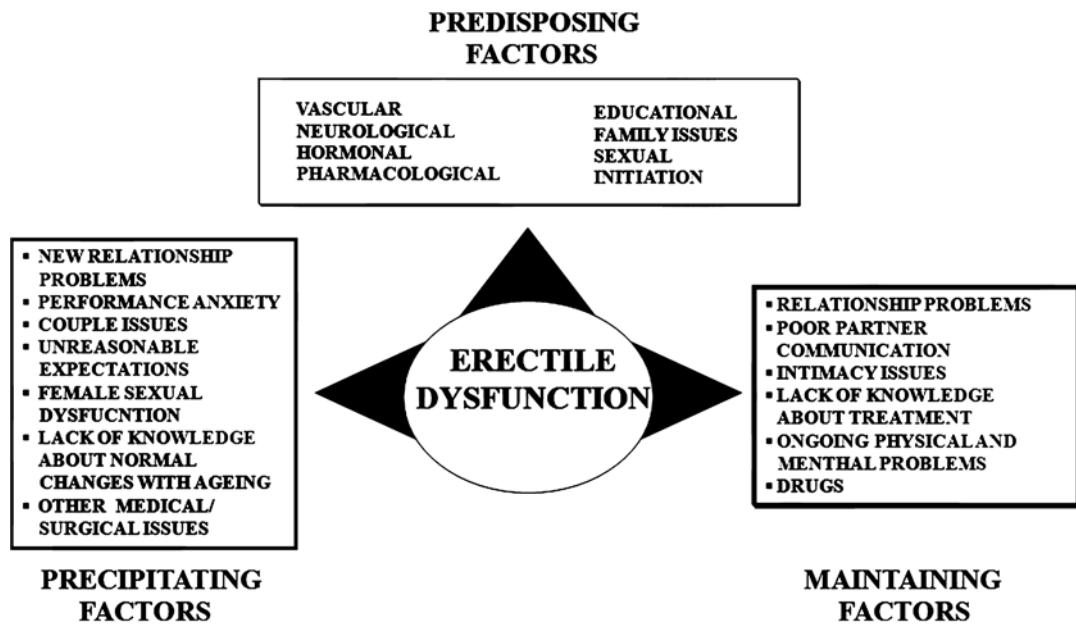
NIDANA OF KLAIBYA:

Acharya Charaka described *Klaibya* is caused due to *Dusht Shukra Dhatu*. The causes of *Shukra Dushti* are as follows:

Heavy exercise, excessive sexual activities, consumption of unwholesome food, intercourse at premature age, indulging sex with animals other than women, controlling semen during ejaculation, excessive intake of foods which are dry, bitter in taste, astringent, salt, sour and hot. Intercourse with impassionate women, old age, fear, anger, worry, grief, lack of confidence in partner, injury to genital organ by sharp instruments, alkalies, cauterization, black magic, sever vitiating in Dhatu.¹¹

Table No. 1 Showing Nidana Of Different Types Of *Klaibya*.

Type	Aharaja Nidana	Viharaja Nidana	Manasa Nidana	Anyana Nidana
Bijopaghataja	<i>Shita, Ruksha, Alpa, Sanklishta, Anashana, Viruddha, Ajirna-bhojana</i>	<i>Atistri Sevana, Shrama, Abhichara</i>	<i>Avishvasa, Shoka, Chinta, Bhaya, Trasa, Narinamarasajna ta</i>	<i>Rasadi Kshaya Vatadi - Vaishamya Panchakarmaapaara</i>
Shukrakshayaja	<i>Ruksha Anna-Pana Ruksha Aushadha Nirahara Asatmyabhojana</i>	<i>Ativyavaya</i>	<i>Chinta, Krodha, Shoka, Irsya, Bhaya, Utkantha, Udvega</i>	<i>Ashurasadi Dhatu Kshaya Raktadi Kshaya Krusata</i>
Pittaja	<i>Katu atisevana Amlaatisevana Lavana atisevana</i>			
Jaraja	<i>Avrusya Sevana Anahara</i>	<i>Shrama</i>	<i>Klama</i>	<i>Rasadikshaya BalaVeeryakshaya Indriyakshaya Ayusakarshana</i>
Sthira Shukraja		<i>Balina Brahmacharya Shukravega Nirodha</i>	<i>Shoka Mana</i>	



BHEDHA

Different types of *Klaibya* are explained in the Classical texts based on their etiopathogenesis. Charaka has explained four types of *Klaibya* in detail along with their

management and further two more types are mentioned as incurable while explaining the prognosis, while Sushruta explained six types of *Klaibya*. Bhavaprakash has described seven types of *Klaibya*. They are as follows:

Table No.2 Showing Classification of *Klaibya*

<i>Charaka</i> ¹⁴	<i>Sushruta</i> ¹⁵	<i>Y.R.Klaibhyanidana</i> , ¹⁶ <i>Baishajyaratnavalli</i> , ¹⁷ <i>M.Ni.Parishista</i> ¹⁸	<i>Bhavaprakasha</i> ¹⁹
1. <i>Bijopaghataj</i> 2. <i>Dhvjabhangaja</i> 3. <i>Shukrakshayaja</i> 4. <i>Jarasambhavaja</i>	1 <i>Manasa</i> 2 <i>Saumya dhatukshayaja</i> 3 <i>Shukraksayaja</i> 4 <i>Pumsatva-Upaghataja</i> 5 <i>Sahaja</i> 6 <i>Sthira shukranimitaja</i>	1 <i>Manasa Napumsakata</i> 2. <i>Pittaja</i> 3. <i>Aveerya ahara and aushadha</i> 4. <i>Upadamshajanya</i> 5. <i>Sirachedhanajanya</i> 6. <i>Bharamacharyajanya</i> 7. <i>Swabhavika</i>	1, <i>Manasa</i> 2. <i>Pittaja</i> 3. <i>Shukrakshayaja</i> 4. <i>Medhra Rogaja</i> 5. <i>Viryahini Sira Chedia</i> 6. <i>Shukrastambha</i> <i>Nimitaja</i> 7. <i>Sahaja</i>

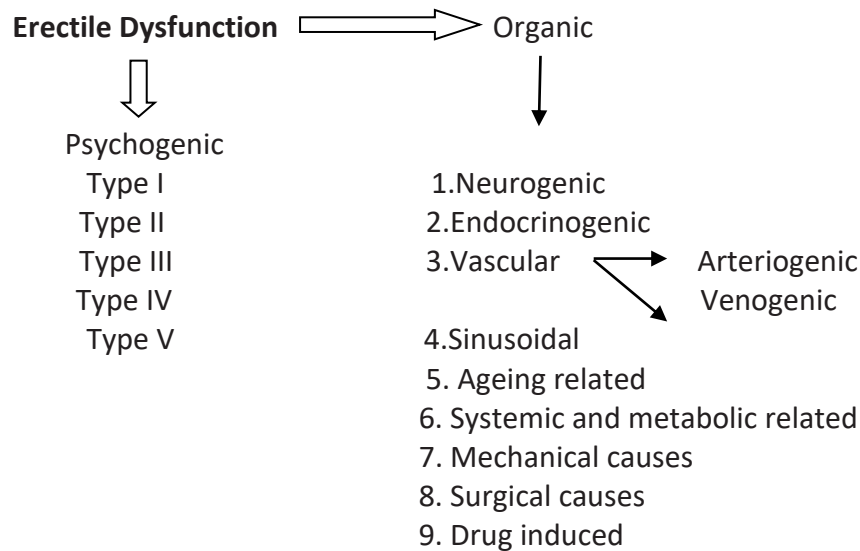


Figure 3: Classification of Erectile Dysfunction²⁰

ROOPA:

The symptoms of *Klaibya* can be classified into two types,²¹

(A) *Samanya Lakshana* (Common symptoms of all *Klaibya*)

(B) *Vishesha Lakshana* (Specific Symptoms of each type of *Klaibya*)

Table No.3: Lakshana of *Klaibya*

The <i>Samanya Lakshana</i> –	The common associated symptoms are as
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	follows:
1) <i>Linga Shaithilya</i> :	1 Svasartaha (Breathlessness / tachypnoea)
2) <i>Mlana Shishnata</i> :	2 <i>Swinna Gatrata</i> (Profuse swelling)
3) <i>Nirbija Or Nirvirya</i>	3 Absence of froth formation in the urine
4) <i>Mogha Sankalpa Chesta</i> :	4 Sinking of feces in water
5) <i>Dhvajanucchraya</i> :	
6) <i>Suratasaktata</i> :	

Table No:4, Showing Specific Symptoms Of Different Types Of *Klaibya*:²²

<i>Klaibya</i>	<i>Vataprakopa Janya</i>	<i>Shukraksaya Janya</i>	<i>Dhatu Ksaya Janya</i>	<i>Any (Other)</i>
<i>Bijopaghataja</i>	<i>Alpa Prana, Shula</i>	<i>Daurbalya, Apraharsha, Shrama</i>	<i>Panduta, Panduroga</i>	<i>Tamaka Shwasa, Kamala, Chardi, Jvara, Kasa, Atisara</i>
<i>Shukra Kshayaja</i>	<i>Ghora Vyadhi, Vrishana Vedana, Medhra Vedana, Dhumayana</i>	<i>Panduta, Sadana, Shrama, Shukravisarga, Shukrashonita</i> --		
<i>Jaraja Klaibya</i>	<i>Indriya Kshaya, Vaivarnata, Deenata, Kshipra Vyadhi</i>	<i>Viryakshaya, Shrama</i>	<i>Balakshaya, Kshina Dhatu, Daurbalya.</i>	

SAMPRAPTI

Shukra is the platform to exhibit the symptomatology of sexual dysfunctions. Any derangement in *Manas-Vata-Shukra* axis due to any cause leads to *shukravaha srotodusti* and *shukradusti* manifests either as infertility or sexual dysfunctions.²³ The supporting factors are Agni, morbidity of recurs or metabolic derivatives, *Trayopasthambahas, prakruti, vayu, Bala, Sara, Ahara, Vihara,*

Manas, Agantu factors and lastly even *Daiva* or *Karma*.²⁴

Erectile dysfunction is multifactorial with endothelial, vascular, autonomic, endocrine and neurologic factors either in isolation or in harmony. Erectile Dysfunction may result from three basic mechanisms: (1) Failure to initiate (psychogenic, endocrinal, or neurogenic), (2) Failure to fill (arteriogenic), and (3) Failure to store adequate blood volume within the

lacunar network (venooclusive dysfunction). These categories are not mutually exclusive, and multiple factors contribute to Erectile Dysfunction in many patients ²⁵.

KRIYAKALA SPECIFIC TO KLAIBYA:

Due to the different causes, *Tridosha* Vitiation and *Agnidushti* leads to *Ama* (*Sanchaya, Prakopa*) and that intern hamper regulation of seven *dhatu*s (*Prasara*). So the *retovahasira*, *shukravaha srotas* and *shukravaha srotomula* are effected by pathological ailments (*Sthanasamshraya*) where in the supportive external factors are *marma cheda* etc., the *shukradusti* manifested like this is the root mechanism for manifestations of various reproductive and sexual problems (*Vyakta*) viz., *Kshayaja*, *Jarasambhava*, *Beejopaghataja* and *Dhvajabhangaja klaibya*. When not checked in this stage the complicated manifestations will be seen (*Bheda*) viz, *Hrudroga*, *Shvasa*, *Krumi*, *Manishepha-Mushka vidirna*²⁶

DIAGNOSIS OF KLAIBYA:

As specific etiopathogenesis is involved in different types of *Klaibya*, the appropriate management entirely depends upon the differential diagnosis of the different types of *Klaibya*. In order to diagnose the specific type of *Klaibya*, detailed history of the indulgence

in various etiological factors and the symptoms is most essential.

CHIKITSA OF KLAIBYA^{28,29,30}

Chikitsa sutra:

Depending upon *Deha*, *Dosha*, *Agni*, *Bala* for *Shukradosha nashartha Basti*, *Ksheera*, *Ghrita*, *Vrishya yogas*, *Rasayana prayoga*, and in *Abhichara utpanna napumsakta Daivavyapashraya chikitsa* is advised.

Shodhana chikitsa in Klaibya:

Snehana, *Swedana*, *Snehayukta Virechana* then *Asthapanabasti*, next *Anuvasanabasti* then *Palasha*, *Erandamula*, *Musthadi yoga siddha Asthapanabasti* is advised.

Usually this therapy is employed when both *Yuktivyapasraya* and *Satvavajaya* fails. This is believed to have its beneficial effects on the higher functions of the brain. It improves *Dhee*, *Dhairya*, etc. which are the best remedies for psychological ailments.

Both nonsurgical and surgical treatments are in practice for the treatment of ED.

Each of them is associated with several demerits like poor response, poor acceptance, local side effects, systemic side effects, complications, change in shape of the penis by surgical treatment and unaffordable cost of the treatment.

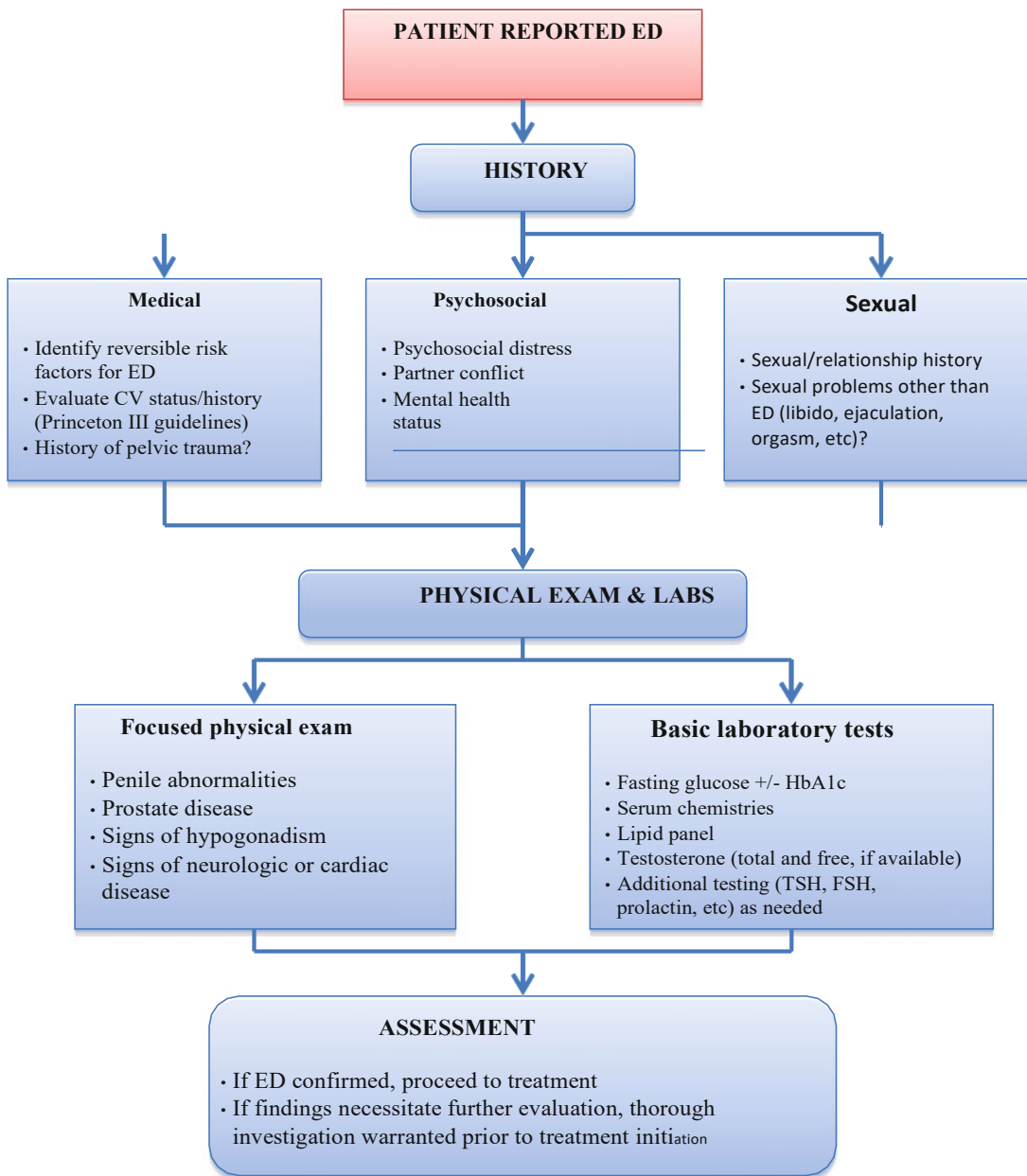


Fig. 4: Algorithm For The Diagnostic Evaluation Of ED²⁷

Table No:5: Showing Chikitsa Klaibya:

<p>Beejopaghataja Klaibya Chikitsa:³¹</p> <hr/>	<p>Different <i>Vajeekarana yogas</i> which are explained in <i>Charaka Chikitsa</i> 2nd chapter are to be used for the management of <i>Beejopaghataja Klaibya</i>.</p>
<p>Dhwajabhangaja Klaibya Chikitsa:³²</p>	<p><i>Pradeha, Parisheka kriyas</i> or <i>Raktamokshana, Snehapana</i> and <i>Snehayukta Virechana</i> then <i>Anuvasanabasti</i> or <i>Asthapanabasti prayoga</i> and <i>Vrunavat Chikitsa</i> are followed.</p>

<p>Abhicharaja Klaibya Chikitsa:³³</p>	<p>Charaka advises <i>Daivavyapashraya chikitsa</i> and <i>Shukrakara bhaishajya</i>. <i>Abhichara</i> is that which causes mental trauma first followed by physical incapacity. This therapy involves chanting Mantras(incantations), Aushadis(sacred herbs), Mani(precious gems), Mangala(propitiatory rites) including oblations), Bali(offerings), Homa(sacrifices), Niyama(vows),etc. These are specifically aimed for psychogenic causation.</p>
<p>Adravya vrishya Chikitsa(Psychotherapy)³⁴ –</p>	<p>Ayurveda states, the foremost aphrodisiac is life-partner i.e. exhilarating woman. The qualities to be possessed by the female partner are clearly explained as equally desirous to sex, skillful in copulation, charming, attractively dressed, etc. Or, the importance of the female partner should not be the treatment of choice when the sexual problem is secondary to major marital adjustment problems.</p>

MODERN VIEW OF MANAGEMENT:³⁵

Both non-surgical and surgical treatments are in practice for the treatment of ED.

Each of them is associated with several demerits like a poor response, poor acceptance, local side effects, systemic side effects, complications, change in the shape of the penis by surgical treatment and unaffordable cost of the treatment.

Non surgical treatments of the ED:

Both specific and non-specific treatments are available. Specific treatment includes psychotherapy, replacement of offending medication and hormone therapy. Nonspecific treatment includes the vacuum constriction device and Intracavernous injection.

The following treatments are in practice;

1. Change in lifestyle
2. Change of medication
3. Pelvic floor muscle exercise
4. Psychosexual therapy

5. Psychotherapy
6. Sex therapy
7. Hormonal therapy
8. Oral agents
9. Centrally acting drugs:
 - a. Adrenoceptor antagonists e.g. phentolamine, yohimbine
 - b. Dopaminergic agonists e.g. Apomorphine
 - c. Serotonergic drugs: e.g. Trazodone
10. Peripherally acting drugs: e.g. Pentoxifyline
11. Transdermal medication: e.g. application of Nitroglycerine paste
12. Intraurethral medication: e.g. Prostaglandin E2
13. Intracavernous Injection (ICI)

Sadhyasadyata:

It depends upon the causative factors, if *Klaibya* has occurred due to general gravious cause (*Dhatu kshayaja*) or congenital (*Sahaja*, *Beejadoshaja*, *Matru- Pitru Doshaja*) and local part affected (*Dhvjabhangaja*, *Sannipataja*, *Marma Chedaja*, *Shukadosaja* i.e. *Mamsarabuda*, *Mamsapaka*. *Vidradhi*, *Tila Kalaka* etc.) are not curable and remaining others can be managed.³

DISCUSSION:

Psyche and *Vata* are directly related. *Vata* controls, regulates, initiates and maintains the *manas*. Sexual expression and ejaculations are under control of *Vata*. The basic initiation of sexual instinct is under the influence of

psychological integrity. *Apana* and *Vyana Vata* is association with *Sadhaka pitta* and *Manas* influence the normal sexuality of an individual and any abnormality in this *Apana, Vyana, Sadhaka Pitta and Manas* (AVSP) axis leads to *Shukravaha Srotodushti* and hence *Shukradushti* lands up in infertility or Sexual dysfunctions.

Shukra and Sex:

Shukra is the thing belonging to man, product of 4 proto-elements (*Apa, Agni, Prithvi, Vayu*) composed of all six tastes, when deposited in the womb of a women brings about conception. *Pumsatva*, *Paurasha*, *Bala*, *Veerya* are functioned synonyms of *Shukra* (the complete testicular secretions i.e. Semen +Androgens) which is pervaded in entire body and defect in which leads to lack of virility, masculinity and potency. *Retas*, the ejaculate (*Rupadravya*) comes out during intense coital pleasure.

Sex and Age:

Persons below 16 years and above 70 years of age are unfit for sexual acts.³⁰

Pre-adolescent male copulation with a female elder to him will loose strength and vigor as the male sexual glands and neuroendocrines are not yet completely matured at this age. Middle aged person (in between 16-60 yrs) is dominated with pittadosha, hence is bestowed with *Bala* (strength) *Veerya* (potency) and

Paurasha (Manliness) etc, which makes him fit for sexual copulation. Sexual practice is contraindicated in general after 70 years of age because of dominance of Vata dosha which leads to loss of natural vitality and strength and if the Sex is practiced in this old age many crisis will occur in the body.

According to *Acharya Sushruta* male should not marry up to 25 years of age (meanwhile he should acquire knowledge about sex) and then should get marry to a female above the age of 16 years. Female is said to be (Fertile, Childbearing age) between 12 years to 45 years of age.

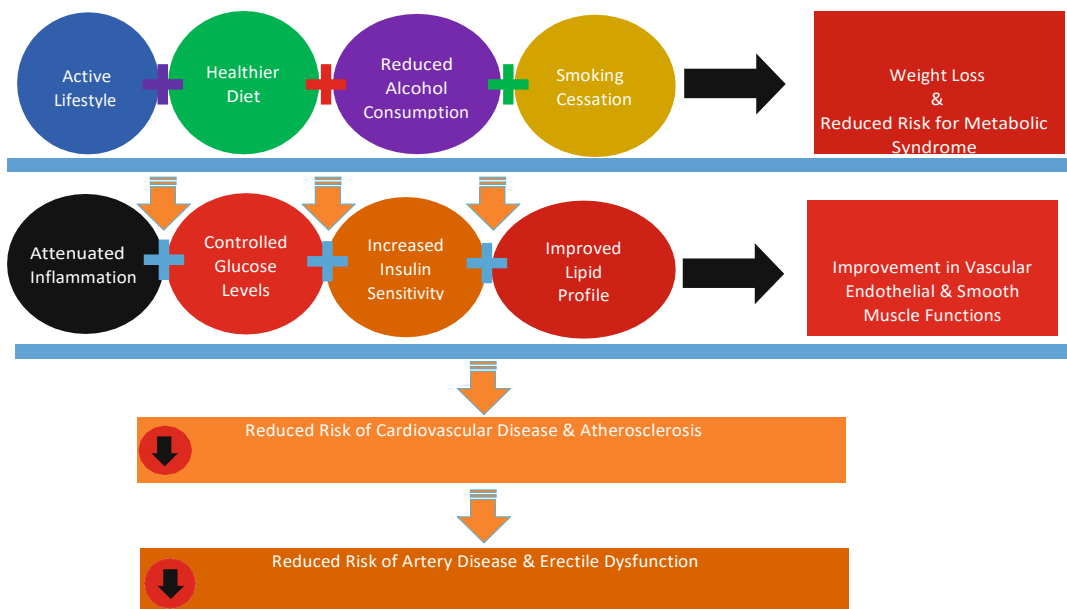


Figure 5: Lifestyle Changes May Contribute To Improvements In Erectile Function

CONCLUSION

Erectile dysfunction can be defined in terms of Ayurveda as; a man has a strong desire to perform sexual act with a cooperative partner, he cannot perform sexual act because of looseness (absence of erection) of his phallus (penis). Even if he performs sexual act with his determined efforts he does not get erection and gets afflicted with tiredness, perspiration and frustration to perform sex. ED thus is the inability of a man to achieve or maintain an

erection sufficient for his sexual needs or the needs of his partner.

Majority of patients were masturbating once or twice in a week, and had the history of night emission. A considerable population was experienced to premarital sex and extramarital sex for which they approached prostitutes or known ladies. The first sexual encounter was failure in a considerable majority. Majority of the patients were married at 31-40 years of age group. The duration of

foreplay is moderate during sexual act and majority positively indulged in sexual act. Relation with partner was poor in a considerable majority of subjects in sexual and nonsexual areas and certain partners were shy, feared or negative towards sex.

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