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**TITLE: PERCEPTION OF *KLAIBYA* W.S.R TO ERECTILE DYSFUNCTION**

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## PERCEPTION OF *KLAIBYA* W.S.R TO ERECTILE DYSFUNCTION Abdul Khader<sup>1</sup>, Singh Gurudip<sup>2</sup>

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### ABSTRACT:

*Attainment of conjugal life is concealed in the sexual harmony of the couple. The common cause which always prevents a man from enjoying sexual interplay with his partner is called as "Klaibya" which is often compared with "Erectile Dysfunction (E.D.)". It is commonly known as Impotency by layman. Erectile dysfunction is a common, affecting nearly 10–20 million men in the USA and multifactorial disease due to organic and (or) psychological factors that strongly impairs the quality of life in man. During the past decade many advances in the understanding of the pathophysiology of erectile dysfunction have been made and new therapeutic strategies have become available. It has been established that an insufficient production of nitric oxide by penile nerve terminals and/or vascular endothelium may result in an impaired erection or complete impotence. Erectile dysfunction as a medical and social problem has acquired global dimensions and its incidence is supposed to be gradually increasing by every decade. Despite great advances made by medical science in understanding the actual cause, but still this problem is persist, due to which ED is still a catastrophe. Nowadays, intra-cavernous injection of vasoactive drugs represents a standardized approach for the diagnosis, and the treatment of choice, for erectile dysfunction, but is not widely accepted by the patients. The possibility of treating erectile dysfunction with intra-urethral administration of prostaglandin-E1 has recently become available and is a therapy more acceptable to the patients. Other noninvasive medical therapies are undergoing evaluation.*

*This review article attempts to explain etio-pathology & diagnostic approach Klaibya mentioned in Ayurvedic & modern literature and it's over all effects on human being.*

**KEYWORDS:** Ayurveda, Erectile Dysfunction, Nitric oxide, Klaibya

### INTRODUCTION

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Erectile dysfunction (ED) is defined as the inability of the male to attain and maintain erection of the penis sufficient to permit satisfactory sexual intercourse (NIH Consensus Conference, 1993). However, sexual complaints included in this definition is loss of rigidity after vaginal intromission and early or premature

ejaculation. These alterations of sexual behaviour may precede fully developed ED and should be adequately considered for medical treatment. Other sexual dysfunctions such as reduced libido, ejaculatory disturbances, reduced orgasmic sensation and infertility may accompany ED (Korenman,1995).

**Prevalence, Incidence and cause:**

Modern technologies have given us so much profits and comforts that no one can imagine to live without them. With the help of Automatisation, man has been able to achieve great targets of his life, within very short span of time and with less manpower. Though these things have proved to be a boon to mankind, but they also have a dark side. He is very much engaged in competitive life and job responsibilities. The modern day lifestyle consisting of

- 50% of the general male population aged between 40 and 70 years (Feldman *et al.*, 1994) and may be caused by organic and/or psychological disorders, the former being prevalent (65 versus 35%) according to studies (Benet and Melman, 1995).
- The incidence of ED increases with age (75% >70 years old), and the disease frequently occurs in the presence of

**Organic cause / Physical causes of erectile dysfunction<sup>1</sup>**

1. Chronic renal (20–100%) or
2. Hepatic failure (50–70%),
3. Diabetes (27.5–60%),
4. Hypertension (46%),
5. Hyper-cholesterolaemia (33%),
6. Ischaemic heart disease (16%) and
7. Depression (Schiavi and Rehman, 1995).
8. High blood pressure
9. Diabetes
10. Metabolic syndrome, a condition involving increased blood pressure, high insulin levels, body fat around the waist and high cholesterol
11. Parkinson's disease
12. Multiple sclerosis
13. Low testosterone
14. Peyronie's disease, development of scar tissue inside the penis

**Psychological causes**

1. Interactive–experiential problems (depressive–anxious behaviour, religious pressure, lifestyle changes, psychological trauma, child abuse etc.)
2. Relationship disorders (performance anxiety, sexual incompatibility,
3. Loss of attraction, fears of intimacy etc.) (Cole, 1993)

**Risk factors**

1. Habit concern: Cigarette smoking, tobacco chewing, Alcohol, drug abuse
2. Food concern: Fast food, canned food and preserved food,  
Irregular meal timings,
3. Psychic concern: Fear, anxiety, stress and stress
4. Activity concern: Sedentary, lack of physical exercises
5. **Medical conditions**, particularly diabetes or heart problems.
6. **Certain medical treatments**, such as prostate surgery or radiation treatment for cancer.
7. **Injuries**, particularly if they damage the nerves that control erections.
8. **Medications**, including antidepressants, antihistamines and medications to treat
9. **Prolonged bicycling**, which may compress nerves and affect blood flow to the penis, can lead to temporary erectile dysfunction.

Afore said are the result of industrialization and modernization.

The well-known and ancient authoritative text of Indian erotic literature *Kama Sutra* considers *Kama* (love and sex) as an art. This literature deals with all

the aspects of love and sex, with its personal, social, cultural and medical importance

The common cause which prevents man from enjoying the act of sexual interplay with his female partner is referred to as "*Klaibya*". A male victim of *Klaibya* is unable to maintain the sufficient rigid erection during the lovemaking process required for pleasure or fertilization therefore *Klaibya* is creating problems to males directly and indirectly to female. It is very humiliating for a person to find himself ineffective before his female partner while performing sexual intercourse, since on the other part the female partner expects the male partner to give her immense sexual pleasure and gratification during the full period of cohabitation. *Klaibya* can be **temporary** or **permanent** and it can be **total** or **partial** too. Generally *Klaibya* considered as a disorder of old age but it can also affect men at any age of puberty. In such cases *Ayurved* excellence has a concealed paragon to unravel the various sex and infertility related glitches of mankind.

### Physiology of normal erections

Penile erections involve an integration of complex physiologic processes involving the CNS, peripheral nervous system and hormonal and vascular systems. Any abnormality involving these systems,



whether from medication or disease, has a significant impact on the ability to develop and sustain an erection, ejaculate and experience orgasm.

Tumescence, the vascular filling of the cavernous bodies, relies on neural and hormonal mechanisms operating at various levels of the neural axis. This is unique among visceral functions because it requires central neurological input.

### Erectile function Pathways

- The balance between contraction and relaxation of corpus cavernosal smooth muscle is controlled by central and peripheral factors by numerous transmitters and transmitter systems.
- At the cellular level, smooth muscle relaxation occurs by release of acetylcholine from the parasympathetic nerves.
- **Rhoa–Rho Kinase Pathway** is involved in the regulation of cavernosal smooth muscle contraction.
- **Nitric Oxide (No) Pathway:** NO released from nerve endings relaxes the vascular and corporal smooth muscle cells of the penile arteries and trabeculae, resulting in an erection.
- **Tactile, olfactory and visual stimuli** pathway

- The hypothalamic and limbic pathways play an important role in the integration and control of reproductive and sexual functions.

### Diagnostic techniques/tools

#### Subjective techniques

International index of erectile function (IIEF) <sup>4</sup>

DSM-IV TR diagnostic criteria for ED <sup>5</sup>

#### Objective techniques

Audio-visual reaction time (AVRT) <sup>6,7</sup>

Galvanic skin resistance (GSR) <sup>8,9</sup>

Duplex USG <sup>10,11,12</sup>

Penile nerve function <sup>13</sup>

Dynamic infusion Caverosometry <sup>14</sup>

Penile biothesiometry <sup>14</sup>

Nocturnal penile tumescence [NPT] testing <sup>14</sup>

#### Etymology

The term *Klaibya* is derived from the root (*klibradhyastre* by applying the sutra ‘*lgupadheti*’ and adding the suffix ‘*ka*’ *prsodaraditvad* (*halayudhakosha*) literary meaning of the word *dhyastrye* is discipline, but in the present context the word *dhyastrye* means masculine offensive nature, boldness or arrogance, where ‘*a*’ is applied as prefix then it became lack of masculine offensiveness i.e. The lack of potency for sexual act. Literally the word *Klaibya* means to be impotent, to behave like a eunuch, impotence, unmanliness, weakness, timidity, cowardice<sup>15</sup>.

*Klaibya* is represented by the word impotence. Impotence is a Latin word, consisting of *im* and *potence*. ‘*im*’ denotes lack of and ‘*potency*’ denotes power meaning of which are:

- Lack of power.
- Specifically lack of copulative power in the male.

### Definition of *Klaibya*

*Klaibya* is defined as sexual dysfunction characterized by the inability of a man to perform the ‘sexual act’ or incomplete performance which leaves the female partner partially or totally dissatisfied. In other words *Klaibya* is also defined as inability to attain and keep sufficient rigid (firm) erection which is very essential during sexual intercourse for his sexual needs or the needs of his female partner<sup>16</sup>. *Chakrapani* narrows the definition of *Klaibya* which means erectile dysfunction only<sup>17</sup>.

### Common symptoms of *Klaibya* according to *Acharya Charaka*<sup>18</sup>

- A person even on having a strong sexual desire to perform sexual act with a beloved, willing and co-operative partner, he cannot perform coitus with her due to lack of his penis erection or lack of penile rigidity.
- Even if he manages to have an erection, his anxiety will cause attacks of dyspnoea (difficulty during breathing) and perspiration (excessive sweating), and his

attempts to have sex will result in a tiredness, frustration and due to which his attempt will end in a failure.

- Absence of morning erections
- Semen of this person is thin and odorless
- Erection will not occur at time of the day or night.
- No sexual passion, no erection and even some time no discharge
- Immediate softening of penile erection after seminal emission
- Imperfect or partial erection for a short time and subsides before the main sexual act.
- premature or early ejaculation)

### Types of *Klaibya*<sup>19,20</sup>

Various types of *Klaibya* are explained in the classical texts based on their causes. *Acharya Charaka* has explained four types of *Klaibya*; whereas *Sushruta* has explained 6 types they are as follows-

- 1) *Beejopaghaataja Klaibya*
- 2) *Dhwajopaghataja Klaibya*
- 3) *Shukrakshayaja Klaibya*
- 4) *Jarasambhavaj Klaibya*
- 5) *Sahaja Klaibya*
- 6) *Khara shukra nimittaja*

### Causes of *Beejopaghaataja Klaibya*<sup>21</sup>

- Regular and excessive consumption of pungent, sour, hot and salty substances in diet.
- Sorrow
- Worry and Anxiety
- Excessive intercourse at premature age

- Excessive heavy exercise
- Excessive sexual activities
- Lack of confidence in female partner
- Black magic
- *Anuloma* and *Viloma Kshaya* of all *Rasadi Dhatus*
- Sex with a woman who is having lack of sex interest
- Prolonged abstinence from sexual act

Due to above causes aggravated *Vata Dosha* vitiated the *Shukra Dhatu* and diminished in quantity which causes *Beejopaghaataja Klaibya*.

#### **Symptoms of *Beejopaghaataja Klaibya***<sup>22</sup>

The person suffering from this type of *Klaibya* is paleness, weak, low in vitality, less excitement with women, *Hridya Roga* (heart diseases), *Tamaka Shawasa* (asthma), *Kamla Roga* (jaundice), *Klama* (exhaustion), *Vaman* (vomiting), *Atisara* (loose motion), *Shool* (colicpain) and fever.

#### **Causes of *dhwajopaghatataja Klaibya***<sup>23</sup>

- This type of *Klaibya* is caused by excessive consumption of sour & salty products
- *Viruddhanna* (incompatible food)
- Severe emaciation caused by chronic diseases
- Intercourse with wife of enemies.
- Due to lack of personal hygiene
- Sexual intercourse with very young girls
- Trauma caused by teeth and nails
- Injury to genital organ or nerve

- Sexual intercourse with a menstruating woman
- Sexual intercourse with a woman who is suffering from chronic disease
- Lack of sex interest in the sexual partner
- Finding fault with partner
- Intercourse with animals like
- Intercourse with women who is in menstrual cycle
- Intercourse with female who is having infected vagina
- Excessive use of *Shuka Prayoga* (a procedure which is used to increase length of penis)

- Intercourse with female who is not maintaining proper cleanliness of her sex organs.
- *Ayonigamana*<sup>25</sup> (other than vagina e.g. Anal sex, oral sex and masturbation)

#### **Symptoms of *Dhwajopaghatataja Klaibya***<sup>26</sup>

- Swelling of penis
- Ulceration on penis with severe pain.
- The ulcers start oozing with a red turbid colored discharge.
- Suppuration discharge resembling rice water having *Aruna* or *Shyava Varna*.
- The penis becomes hard and rounded.
- Other symptoms like fever, thirst, vomiting etc. are found.
- There is a burning sensation in the urinary bladder, scrotum and groin.
- The ulcers on the penis sometimes emit foul smelling with whitish and viscous discharge.

- Sometimes ulcers will heal quickly and sometimes persist for a long time and will be infested with maggots and worms.

**Causes of *Shukrakshayaja Klaibya***<sup>27</sup>

- Daily intake of dry foods and drink
- Consumption of food which is not suitable for body
- Worry, sorrow, anger
- Sever emaciation due to chronic diseases
- Controlling semen at the time of ejaculation<sup>28</sup>
- Suppression of natural urges
- fasting for long period

Due to this the *Rasa Dhatu* which is located in the heart becomes depleted. Due to the decrease of *rasa*, the subsequent tissues from *Rakta* and *Mamsa* till *Shukra* will get depleted. Even after the decrease of *Shukra*, if the person still indulges more in sexual acts in parlance with his strength without taking *Vajikarana* preparations (aphrodisiac drug) his *Shukra* will quickly get exhausted and he falls prey to serious disease and even may prove fatal. Therefore abstinence or regulated sex should be maintained till the lost *Shukra* regains its normal capacity.

***Jarasambhavaj Klaibya***<sup>29</sup>

This type of *Klaibya* occurs naturally in old age. Because in old age, all the *Rasadi Dhatus* under gone the *Dhatu Kshaya* (process of depletion). Moreover, there is depletion of *Shukra Dhatu* also and ultimately it resulted in *Shukra-*

*Kashya*. During this period if that person does not consume any *Vrishya Aahara* (aphrodisiac diet) in his daily routine diet, then there will no nourishment of *Shukra Dhatu*. It results in *Balakshaya* (weakness), *Veeryakshaya* and *Indriya Balakshaya* (loss of strength of the sense organs). In this state if he is performing strenuous activity & fast, which will cause *Jarajanya Klaibya*. The person becomes despicable and looks malnourished and also loses its complexion.

***Sadhyaasadyata* (prognosis) of *Klaibya***<sup>30</sup>

*Acharya Charaka* has mentioned that *Klaibya* occurred due to *Dhwajabhanga*, *Janmjat* and *Kshayajanya Klaibya* are *Asadhyata* (incurable). *Klaibya* occurred due to amputation of penis or testicles are also considered as incurable.

**DISCUSSION**

Sex is the means by which a person achieves maximum pleasure, which no other costly thing can provide him. Successful intercourse relieves a person from all day tensions and helps him to relax physically and mentally. But when a man suffers from inefficiency of having normal sex, the tensions generated tend to increase not only in himself but also in his partner.

*Klaibya* or male sexual dysfunction, denoting the inability of a man to achieve a satisfactory sexual relationship, may



involve inadequacy of erection or problems with emission, ejaculation; retarded ejaculation and retrograde ejaculation. These a wide range of disorders pertaining to the male sexual response ultimately converts into male sterility also.

In Ayurveda explains these disorders under the heading of *Klaibya*. The capacity to have sexual intercourse with a woman is not constant throughout life. It differs from man to man and also in the same individual at different times and phases of life. Some men can have repeated sexual acts, some men have less number of sexual acts, and same men are virile by nature.

Ayurveda recognizes this aspect of sexuality and explains it by giving examples of deferent animals like the horse, sparrow, bull, elephant etc. Sexual potency and attitudes vary from person to person. A person looking strong in physical growth may be weak in sexual activities and one who looks weak by physique may be sexually strong, potent and possess many offspring.

According to modern, the erectile impotence is defined when a person has a problem to achieve and maintain a firm

erection, consistently over a 6 month period and in more than 50% of his coitus attempts.

*Klaibya* is also found as an associated condition in many diseases, which can be taken as *Nidanarthkara* diseases for *Klaibya*. e.g. *Grahani*, *Arsha* (Piles), *Halimaka* (a type of jaundice), etc. which will lead to problems of sexual performance and person suffers from *Alpa-maithuna* and *Klaibya*. Even improper sleeps, lack of sleep also cause of general deterioration in sexual performance and potency.

*Acharya Charaka* says that virility of a man depends much or proper sleep & lack of proper sleep will lead to impotence. Ayurveda explains clearly the role of mind in the sexual response of man. So it is natural that Ayurveda considers the mental factors as one of the prime etiologies of *Klaibya*.

Ayurveda texts explains about *Jarasambhavaja Klaibya* which can be established by a recent study.

## CONCLUSION

From this review article it can be concluded that root causes of *Klaibya* is the hectic and stressful life schedule of present times. General health

considerations like sleep, appetite, mental tension, worry; excessive exercise and fatigue affect the sexual performance and desire (libido) of a healthy man. Impotence

(male sexual dysfunction) is mainly discussed under the heading *Klaibya* with some scattered references relating to the symptoms in *Sukragata Vata*, *Sukravrita Vata*, *Sukrakshaya* etc. *Bijophagataja Klaibya* is due to abnormality in the sperms.

*Dhvjabhangaja Klaibya* is due to inflammatory disease of the penis. *Sukrakshayaja Klaibya* is due diminution of semen as a result of various *Aaharaja*, *Viharaja* and *Manasika* factors. *Jaraja Klaibya* is due to decreased levels of serum testosterone in old age.

For having good quality of sexual intercourse, erection plays an important role, and erection depends upon physical, emotional and mental health. Real and everlasting success of married life is hidden in the sexual harmony of the

couple. Therefore any woman can never love a person who is suffering from *Klaibyata*. This type of person is not regarded by any woman even though he is very strong in body built, handsome and affluent in wealth. A woman is happier and more contented with a poor and ugly man who is potent and virile than a man devoid of sexual power. Lack of sexual knowledge, fear and anxiety are most common factors of *Klaibya*. Majority of the patients did not have a reliable source for sexual education and having many misconceptions regarding normal sexual response. Before to start any type of treatment the best approach is to counseling the couples rather than drug therapy. Sex education and reassurance may also be beneficial in the patient of *Klaibya*.

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