

# Klaibya: Disease Review

**Bhagwan Karale<sup>1</sup>, Vishnu Bawane<sup>2</sup>**

<sup>1</sup>Associate Professor, Dept. of PT & SR, B.R. Harné Ayurvedic Medical College and Research Center, Karav Vangani

<sup>2</sup>Professor & HOD, Dept of PT & SR, B.R. Harné Ayurvedic Medical College and Research Center, Karav Vangani

Corresponding Author: Bhagwan Karale

DOI: <https://doi.org/10.52403/ijrr.20221169>

## ABSTRACT

A great success of married life is hidden in the sexual harmony of the couple. The common cause which always prevents a man from enjoying a man from enjoying sexual interplay with his female partner is called as “klaibya” in Ayurveda and “Erectile Dysfunction” in modern medicine. It is commonly known as “Impotency” in lay man’s word. It is the worst calamity the male can encounter in his life which takes away all the pleasure and the bliss of his youth.

The problem of sexual dysfunction is getting more and more common now a days. Impotency as medical as well as social problem has acquired global dimensions and its incidence is supposed to be gradually increasing by every decade. Erectile dysfunction is a common medical problem affecting approximately 15% of men each year. Over 150 million men worldwide were estimated to have been affected by erectile dysfunction in 1995, and this is projected to rise to 320 million by 2025. Despite of great advances made by medical science in understanding the actual cause, but still the persistence of erectile dysfunction is still a catastrophe.

Through this article is attempt to explain etiopathology and diagnostic approach to Klaibya mentioned in Ayurvedic as well as in modern literature. It is an attempt to know its overall effect on human being.

**KEY WORDS:** Klaibya, Impotency, Erectile Dysfunction, Shandha, Napunsakatwa, Unmanliness.

## INTRODUCTION

The modern-day lifestyle consisting of faulty food habits such as fast food, canned food, preserved food, highly irregular meal timings and mental factors like fear, anxiety, stress etc. lead to disturbed physical as well as mental health status. This type of lifestyle with lack of physical exercise may adversely affect our body. In the Era of industrialization and modernization man is coupled with disturbed sleep patterns and habits such as cigarette smoking, tobacco chewing, excessive use of alcohol, unhealthy life style which are risk factors for sex related disorders. It includes disorder like sexual desire disorders, sexual arousal disorders, erectile disorders, orgasm disorders and various sexual dysfunctions are becoming very common now a days.

### 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>2</sup>. Chakrapani narrows the definition of Klaibya which means erectile dysfunction only<sup>3</sup>.

### Common symptoms of Klaibya according to Acharya Charaka+

- 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 dyspnea (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

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) Dhvajopaghataja Klaibya
- 3) Shukrakshayaja Klaibya
- 4) Jarasambhavaj Klaibya
- 5) Sahaja Klaibya
- 6) Khara shukra nimittaja

### Causes of Beejopaghaataja Klaibya

- 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

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 (colic pain) and fever.

### Causes of Dhvajopaghataja Klaibya

- 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 (procedure which is used to increase length of penis)

- Intercourse with female who is not maintaining proper cleanliness of her sex organs.
- Aybnigamana (other than vagina e.g. Anal sex, oral sex and masturbation)

### **Symptoms of Dhvajopaghataja Klaibya**

- Swelling of penis
- Ulceration on penis with severe pain.
- The ulcers start oozing with a red or 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"**

- 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
- 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**

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**

Acharya Charaka has mentioned that Klaibya occurred due to dhvajabhanga, janmjat and kshayajanya Klaibya are asadhya (incurable). Klaibya occurred due to amputation of penis or testicles are also considered as incurable.

### **Modern view**

Erectile dysfunction (impotence) occurs when a man can no longer get or keep an erection firm enough for sexual intercourse. Having erection trouble from time to time isn't necessarily a cause for concern. But if erectile dysfunction is an ongoing problem, it may cause stress, cause relationship problems or affect your self confidence.

Even though it may seem awkward to talk with your doctor about erectile dysfunction, go in for an evaluation. Problems getting or keeping an erection can be a sign of a health condition that needs treatment, such as heart disease or poorly controlled diabetes. Treating an underlying problem may be enough to reverse your erectile dysfunction. If treating an underlying condition doesn't help your erectile dysfunction. medications or other direct treatments may work.

## Causes

Male sexual arousal is a complex process that involves the brain, hormones, emotions, nerves, muscles and blood vessels. Erectile dysfunction can result from a problem with any of these. Likewise, stress and mental health problems can cause or worsen erectile dysfunction. Sometimes a combination of physical and psychological issues causes erectile dysfunction. For instance, a minor physical problem that slows your sexual response may cause anxiety about maintaining an erection. The resulting anxiety can lead to or worsen erectile dysfunction.

### Physical causes of erectile dysfunction

In most cases, erectile dysfunction is caused by something physical.

Common causes include

- Heart disease
- Clogged blood vessels (atherosclerosis)
- High cholesterol
- High blood pressure
- Diabetes
- Obesity
- Metabolic syndrome, a condition involving increased blood pressure.
- high insulin levels, body fat around the waist and high cholesterol
- Parkinson's disease • Multiple sclerosis
- Low testosterone
- Peyronie's disease, development of scar tissue inside the penis
- Certain prescription medications
- Tobacco use
- Alcoholism and other forms of substance abuse
- Treatments for prostate cancer or enlarged prostate
- Surgeries or injuries that affect the pelvic area or spinal cord

### Psychological causes of erectile dysfunction

The brain plays a key role in triggering the series of physical events that cause an erection, starting with feelings of sexual excitement. A number of things can

interfere with sexual feelings and cause or worsen erectile dysfunction. These include.

- Depression, anxiety or other mental health conditions
- Stress
- Relationship problems due to stress, poor communication or other concerns.

### Risk factors

A variety of risk factors can contribute to erectile dysfunction.

They include:

- **Medical conditions**, particularly diabetes or heart problems.
- **Using tobacco**, which restricts blood flow to veins and arteries. Over time tobacco use can cause chronic health problems that lead to erectile dysfunction.
- **Being overweight**, especially if you're very overweight (obese).
- **Certain medical treatments**, such as prostate surgery or radiation treatment for cancer.
- **Injuries**, particularly if they damage the nerves that control erections.
- **Medications**, including antidepressants, antihistamines and medications to treat high blood pressure, pain or prostate cancer.
- **Psychological conditions**, such as stress, anxiety or depression.
- **Drug and alcohol use**, especially if you're a long-term drug user or heavy drinker.
- **Prolonged bicycling**, which may compress nerves and affect blood flow to the penis, can lead to temporary erectile dysfunction.

### Complications

- Complications resulting from erectile dysfunction can include
- An unsatisfactory sex life
- Stress or anxiety
- Embarrassment or low self-esteem
- Marital or relationship problems
- The inability to get your partner pregnant

**Diagnostic techniques/tools Subjective techniques**

International index of erectile function (IIEF) DSM-IV TR diagnostic criteria for ED Objective techniques  
Audio-visual reaction time (AVRT)  
Galvanic skin resistance (GSR)  
Duplex USG  
Penile nerve function  
Dynamic infusion Cavernosometry  
Penile biothesiometry  
Nocturnal penile tumescence [NPT] testing

**DISCUSSION**

Sex is the means by which a person achieves maximum pleasure and successful intercourse relieves a person from all day tensions and helps him to relax physically and mentally, 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 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 male sexual response hampers sexual activity of male.

In Ayurveda, these disorders explained 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 a smaller number of sexual acts, and some men are virile by nature. Ayurveda recognizes this aspect of sexuality and explained 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.

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 cause for Klaibya. e.g. Grahani (-Sprue), 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. Thus Ayurveda explains clearly the role of mind in the sexual response of man So, it is natural that Ayurveda considers the

- Psychological factors as one of the prime etiologies of Klaibya. Chandra Nikhil et al shown in his study that male Sexual dysfunctions are the most common psychosexual disorders in clinical practice.
- Ayurveda texts explains about Jarasambhavaja Klaibya. Some of the modern studies explained that, the incidence of sexual dysfunctions increases with age. About 5% of 40 years old men and 15% to 25% of 60 years old men experience sexual dysfunctions.
- Many studies have been conducted to treat Klaibya and its associated conditions, we find that the causes of Klaibya are of various kinds viz. psychological, organic, metabolic etc. Based on the causes the different investigative/diagnostic techniques are developed, although their clinical use may be limited on certain instances; but it helps a lot to know the inherent cause of the disease and to plan the appropriate management accordingly.
- Various treatment modalities are explained for klaibya mentioned in Ayurveda as well as in modern science. In view of klaibya treatment integrated approach will give good results for

patients.

## CONCLUSION

In this review, 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. Dhvajabhangaja 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 Klaibya. 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.

## Declaration by Authors

**Ethical Approval:** Not Applicable

**Acknowledgement:** None

**Source of Funding:** None

**Conflict of Interest:** The authors declare no conflict of interest.

## REFERENCES

1. Vaman Shivram Apte. Hindi- sanskrit dictionary. 1st ed. Mumbai: anil publication: 2007. p. 619.
2. Vaidya Brahmanand Tripathi, Editor, Charaka Samhita of Charaka. Sutrasthana, Chapter 30, Verse no. 155-156, Reprint 2007, Varanasi: Chaukhamba Surbharti Publication, 2007. p. 403.
3. Vaidya Brahmanand Tripathi, Editor, Charaka Samhita of Charaka. Sutrasthana, Chapter 28, Verse no. 18, Reprint 2007, Varanasi: Chaukhamba Surbharti Publication, 2007. p. 403.
4. Vaidya Brahmanand Tripathi, Editor, Charaka Samhita of Charaka. Sutrasthana, Chapter 30, Verse no. 155-157, Reprint 2007, Varanasi: Chaukhamba Surbharti Publication, 2007. p. 1038.
5. Vaidya Brahmanand Tripathi, Editor, Charaka Samhita of Charaka. Sutrasthana, Chapter 30. Verse no. 154, Reprint 2007, Varanasi: Chaukhamba Surbharti Publication, 2007. p. 1038
6. Vaidya Jadavji Trikamji, Editor, Sushrut Samhita of Sushruta. Chikitsasthana, Chapter 27, Verse no. 9-15, 1 edition, Varanasi: Chaukhamba Surbharti Prakashan 1994. p. 403-404.
7. Vaidya Brahmanand Tripathi, Editor, Charaka Samhita of Charaka. Sutrasthana, Chapter 30, Verse no. 158-159, Reprint 2007, Varanasi: Chaukhamba Surbharti Publication, 2007. p. 1038.
8. Vaidya Brahmanand Tripathi, Editor, Charaka Samhita of Charaka. Sutrasthana, Chapter 30, Verse no. 160-161, Reprint 2007, Varanasi:
9. Rosen SC et al. The international index of erectile function (iief) a multidimensional scale for assessment of erectile dysfunction, urology. 1997; 49(6): 822-30. 10.
10. American psychiatric association. Diagnostic and statistical manual of mental disorders. 4 ed. Textreview. Washington, dc: American Psychiatric Association; copyright 2000.
11. Hobbs K, Braunwell R. May K, et al. Sexuality, sexual behavior andpregnancy. Sex marital ther, 1999; 14:371.

12. Kaplan MJ et al. Approaching sexual issues in primary care. *Primary care*, 2002; 29:113.
13. Kinsey AC, Pomeroy WB, Martin CE, et al. *Sexual behavior in the human male philadelphia: wb saunders*, 1948.
14. Masters WH, Johnson VE, et al. *Human sexual response*. Boston: little brown and co. 1966.
15. Allen RP, Engel RM, Smolev JK, Brendler CB, et al. Comparison of duplex USG and nocturnal penile tumescence in evaluation of impotence. *Journal of urology*. 1994; 151 (6): 1525-1529.
16. Auanet.org [homepage on the internet] Linthicum: Urology Care Foundation Inc.; c 2013[updated 2007 June 17; cited 2013 Sept 18]. Available from <http://www.auanet.org/>
17. Milbank AJ, Gold Farb, et al. Urological manifestations of vascular disease, *urologic clinics of north america*, 2003; 30(1): 13-26.
18. Ahcpr.gov [homepage on the internet] Rockville: Agency for health care research and quality Inc.; c 2013[updated 2013 Aug; cited 2013 Sept 18]. Available from <http://www.ahept.gov/>
19. Broderick GA et al. Evidence based assessment of erectile dysfunction. *International Journal of impotence research*, 1998: 564-573.
20. Chandra Nikhil et al Clinical understanding of Klaibya, *IAMJ*, 2013; 1(3): 1-4.
21. Manjunatha T et al. A clinical study on the role of Gokshuradi Yoga in the management of Klaibya (Erectile Dysfunction). *J. Res. Educ. Indian Med*; 2012; XVIII (2):113-120.
22. Misra Amit Kumar et al. Diagnostic techniques in klaibya (erectile dysfunction). *IRJP*; 2012, 3(2): 31-35.
23. Kulkarni H. A pharmacotherapeutic study on Putrajeevaka (*Drypetes roxburghii* Wall.) with special reference to Vrishya Karma. *Ayurved research Database*, 2001-2011; 147: 238.
24. Bhatted S. A comparative study of the role of Vajikarana drugs administered orally and by Basti in management of Klaibya with reference to Erectile Dysfunction. *Ayurved research Database*, 2001-2011; 121: 137.
25. Virani N. Erectile dysfunction (klaibya) in diabetic & non diabetic subjects & its management with ashvattha (*F. religiosa* Linn.) *Ayurved research Database*, 2001-2011; 185: 187. i. Chaukhamba Surbharti Publication, 2007, p. 1038.
26. Vaidya Brahmanand Tripathi, Editor, *Charaka Samhita of Charaka. Sutrasthana, Chapter 30, Verse no. 163-167*, Reprint 2007, Varanasi: Chaukhamba Surbharti Publication, 2007. p. 1039.
27. Vaidya Brahmanand Tripathi, Editor, *Charaka Samhita of Charaka Sutrasthana, Chapter 30, Verse no. 168-171*. Reprint 2007, Varanasi: Chaukhamba Surbharti Publication, 2007. p. 1040.
28. Vaidya Brahmanand Tripathi, Editor, *Charaka Samhita of Charaka Sutrasthana, Chapter 30, Verse no. 178-180*, Reprint 2007, Varanasi: Chaukhamba Surbharti Publication. 2007. p. 1041.
29. Vaidya Brahmanand Tripathi, Editor, *Charaka Samhita of Charaka. Sutrasthana, Chapter 25, Verse no. 40*, Reprint 2007, Varanasi: Chaukhamba Surbharti Publication, 2007. p. 454.
30. Vaidya Brahmanand Tripathi, Editor, *Charaka Samhita of Charaka. Sutrasthana, Chapter 30, Verse no. 176-177*, Reprint 2007, Varanasi: Chaukhamba Surbharti Publication, 2007. p. 1041.
31. Vaidya Brahmanand Tripathi, Editor, *Charaka Samhita of Charaka. Sutrasthana, Chapter 30, Verse no. 188*, Reprint 2007, Varanasi: Chaukhamba Surbharti Publication, 2007. p. 1039
32. Mayoclinic.com [homepage on the internet] United States; Mayo Foundation for Medical Education and Research. Inc.; c1998-2013[updated 2013 July 13; cited 2013 Sept 18]. Available from: <http://www.mayoclinic.com/>
33. ncb.nlm.nih.gov [homepage on the internet] United States: National Center for Biotechnology Information, U.S. National Library of Medicine. Inc.; c1993-2013[updated 2012 Nov 26, cited 2013 Sept 18]. Available from: <http://www.nlm.nih.gov/>.
34. healthline.com [homepage on the internet] San Francisco: Healthline Networks Inc.; c2005-2013[updated 2013 Sept 17; cited 2013 Sept 18]. Available from <http://www.healthline.com/>

How to cite this article: Bhagwan Karale, Vishnu Bawane. Klaibya: disease review. *International Journal of Research and Review*. 2022; 9(11): 531-537.  
DOI: <https://doi.org/10.52403/ijrr.20221169>

\*\*\*\*\*