

CLINICAL UNDERSTANDING OF *KLAIBYA*Chandra Nikhil Nagaraj S.¹

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ABSTRACT

Klaibya refers to impotency i.e a man who is unable to perform sexual intercourse, being powerless, helpless or the inability to carry out sexual activities. The male sexual dysfunctions have been elaborately described as *Klaibya* in Ayurvedic classics. Male Sexual dysfunctions are the most common of the psychosexual disorders in clinical practice. It refers to a problem during any phase of the sexual response cycle that prevents the man from experiencing satisfaction from the activity. The incidence of sexual dysfunctions increases with age. About 5% of 40 year old men and between 15% and 25% of 60 year old men experience sexual dysfunctions.

Keywords: *Klaibya*, Impotence, Erectile dysfunction, premature ejaculation, Orgasm.

INTRODUCTION

Vajikarana, branch of *Ashtanga Ayurveda* deals with fertility, potency and healthy progeny. In this branch diagnosis and management of infertility and Sexual dysfunction are dealt in detail. The male sexual dysfunctions have been elaborately described as *Klaibya* in Ayurvedic classics. The word *Klaibya* in *vajikarna* refers to impotence i.e a man who is unable to perform sexual intercourse, being powerless, helpless or the inability to carry out sexual activities.¹ It basically includes sexual desire disorders, sexual arousal disorders or erectile disorders, orgasm disorders and sexual pain disorders. *Śukradhātu* is the final tissue element produced from the progressive metabolic transformation of *annarasa*. It is responsible for *Bala(strength)*, *Varna(color)* and *Upacaya* in both male and female and by this it can be presumed that probably the whole endocrine system with special reference to hypothalamo- hypophyseal- gonadal

hormones can be included under the term *Sukra*. *Sukra* is that substance which is responsible for systemic body activities especially regeneration, reproduction, metabolism and tends to impart vigour and energy, and part of it comes out of the body at the time of sexual act and performs the specific function of reproduction. Therefore *Shukra* is responsible for conception and any defect in *shukra* leads to *Klaibya*.

The process of erection and ejaculation is a complex phenomena which covers both the psycho behavioral and physical aspects of sexual physiology or expression. *Sankalpa*(determination) is the mental preparation for the sexual act without this the further stage of sexual responses are not possible. Further sexual acts, *Pidana* i.e Specific stimulation of the genital parts are also determined by *manas*, and then only the acts are proceeded. So any defective determination or masking by *manovikaras* will not keep the sexual thoughts and feelings

intact. This is the first phase arousal defect of copulation or ejaculation because the ejaculation is strictly depending upon this phase.

After *sankalpa*, *cesta* and *pidana* the *sarva sarirasrita sukra* and *manas* are stimulated simultaneously. Therefore any of the defective co-ordination due to functional deficit of *manas* also causes sexual dysfunctions in the form of erectile dysfunction and premature ejaculation. *Krodha, Soka, Bhaya, Ajnana, Moha* etc are the *manovikaras* and *alpa sattva* are the causes of the genesis of *Klaibya*. The external injuries, ageing, chronic debilitating disease, alcohol, endocrine abnormalities will directly show their effect on *Manas*. These are a few examples to show the *manas* as a cause for *Klaibya* and *Klaibya* will inturn affect the *Manas*.

The classification of *Klaibya* is based upon the aetiology of the disease. *Charaka* has classified *Klaibya* into 4 types viz *Dhwajabhangaja*, *Bijopaghataja*, *Sukra Kshayaja* and *Jaraja* while *Sushruta* and *Bhavaprakasha* have classified the same into six types viz *Manasa*, *Saumya Dhatukshaya/Pittaja*, *Sukra Kshayaja*, *Medrarogaja*, *Sahaja* and *Sthira Sukranimittaja*.

General Symptoms of *Klaibya*

A person's persistent inability to perform sexual act even with the beloved, willing and submissive partner affecting the desire and capacity to perform sexual act due to difficulty in erection, non-erection or flaccidity of penis associated with tachypnoea, perspiration, exhaustion, difficulty and or cessation of ejaculation where the efforts remain to fail is called the general symptoms of *Klaibya*.²

Different Types of *Klaibya* Quoted by *Acharyas*

Dhvajabhangaja Klaibya / *Medhrarogaja Klaibya*:

Any change in the structure or integrity of a part or organ is *bhanga*. *Dhvaja* is used in the context of *Mehana* or Penis. Initially *Dhvajabhangaja Klaibya* produces inflammation and ulcer in the genital organs associated with pain and intern affects the sexual intercourse. In due course of time when the ulcer penetrates into deeper and deeper tissues it destructs the musculature, vessels and nerves leading to permanent erectile dysfunction. It is characterized by involvement of the penile organ suggestive of local affliction of penis, be it infections or wounds and the *lakshanas* of this type resembles *upadamsa* (venereal diseases).

Bijopaghataja Klaibya:

It is caused by the diminution of semen. The semen gets vitiated and diminished in quantity. *Chakrapani* explains that it is due to *prakrita vayu kshaya* leading to deficient production of *bija* thus leading to the presentation of *bijopaghatajaklaibya Nidanans* such as *ruksha* (Dry), *virudha ahara* (Unwholesome, incompatible food), *ajirna bhojana* (eating before the previous meal is digested), *anashana* (fasting), *ativyayama* (Excessive physical activity) all can cause disturbance in *vata karma* and *Shukra Kshaya*. The factors like *pancakarma apacara* (iatrogenic), physical and mental exertion also aggravate the *vata* due to *cala guna*. *Mansika karanas* such as *cinta* (worries), *soka* (grief), *krodha* (anger) predominant in *Rajoguna* have an effect not only on the mind but body as well. These psychic factors cause inhibition of sensory impulse coming from brain due to affliction of *vata* or excess stimulation as in case of *sukragata*

vata. The cumulative effect of all these factors leads to this presentation. The person may also suffer from other diseases like *Pandu*, *Kamala*, *Chardi*, *Atisara*, *Shula*, *Kasa* and *Jvara*. All disorders of sexual development can be considered such as *Sahaja Klaibya* (Congenital erectile dysfunction), *Bijadosagarbhaja* (Sexual defect in foetal life), *Dvireta* (Hermaphroditism or intersex), *Vatika Sanda* (Castrated testis), *Pavendriya* (Microphallus), *Apumana Pumana* (Eunuch).

Jaraja Klaibya:

This is caused due to the depletion of *rasadi dhatus* which naturally occurs in old age or due to intake of *avrishya ahara* (anaphrodisiac food). During old age due to decreased levels of serum testosterone, chief androgenic hormone a man can have decreased libido and difficulty in holding erection. Sexual dysfunction is more commonly observed in persons of above 50 years of age. Due to a drop in testosterone men will experience changes in their sexual function as they age such as fewer sperms are produced, erection takes longer to occur as well as may not be as hard, sexual desire as well as the force of ejaculation also decreases.

Ksayaja or Shukra Ksayaja Klaibya:

It is caused by the diminution of semen. *Charaka* explains due to *nidanas* like *rukshannapana*, *anashana*, *asatmya bhajana*, *chinta*, *shoka*, *Krodha* the *rasa dhatu* undergoes depletion subsequently there is *anuloma kshaya* (depletion of tissue elements) of all *dhatus* until *Shukra* and *Sushruta* explains that it occurs when a person does excess sexual acts in parlance with his strength without the intake of *vajikarna dravyas* (aphrodisiac substances) like milk,

ghee etc. Certain disorders not related with sexual organ influence the level of androgenic hormones like hypogonadism, haemochromatosis, cirrhosis of liver, hypopituitarism, hyperprolactinaemia and primary testicular disease.

Sahaja Klaibya:

It occurs since very birth, born along with the birth of man and it includes all congenital factors responsible for impotency. The provocation of *Vata dosha*, particularly *vyana* and *apana* occurring due to *vishama sthithi* assumed during *samyoga*. This leads to improper *samyoga* of *shukra* and *shonita*, leading to improper development of sexual organs i.e defect in the *bija bhaga* of mother, father or both together leading to development of *Sahaja Klaibya*. *Sukra-shonita* abnormalities can be compared with congenital abnormalities related with chromosomal or genetic inheritance defect in the embryo or foetal life particularly sexual organ development.

Manasika Klaibya (Psychological impotence):

Chinta (worry), *shoka* (grief), *bhaya* (fear), *Krodha* (anger), *avisrambha* (lack of trust towards the female factor) causes sensory inhibition to the brain which leads to the development of psychogenic impotence. This may be due to disinterest towards the female partner mistrust, forced marriage, unattractiveness of the female, due to disease in the female. Possible psychological and environmental factors, worry about poor sexual performance (performance anxiety), unrealistic expectations about performance, Stress over financial matters and anxiety from work or home, lack of confidence, lack of communication between partners, hurt feelings, unresolved conflicts etc.

Saumya Dhatu Kshayaja/Pittaja:

It is caused by diminution of semen due to excessive intake of diet which has pungent, sour, hot and salty taste.

Shukrastambhaja Klaibya:

It occurs due to mental agitation and following celibacy which results in not focusing towards sexual gratification that ultimately results in hardness of semen. The research studies have suggested that forced religious pressure such as forced celibacy etc can have impact on individual psychosexuality.³

Viryavahisira Chedaja/ Marma Chedaja:

It occurs due to injury to the sexual organ itself or to the vital structures which have a direct bearing on the functioning of the organ. Any trauma to the Pelvis i.e injury to the blood vessels and nerves supplying to the Penis, such as Pelvic fracture, Pelvic Surgery such as radical prostatectomy, TURP, Pelvic irradiation for rectal and anal carcinoma, Surgery for Priapism, External sphincterectomy, Long distance bicycle riding may affect the nerves and arteries and it can also cause erectile problems or numbness in the genitals. The blood vessels or nerves that supply the penis are positioned in the perineum and constant pressure on these can lead to ED.⁴

CONCLUSION

Dhvjabhangaja and *Medhrarogaja Klaibya* are due to inflammatory disease of the Penis. *Bijophagataja Klaibya* is due to abnormality in the sperms. *Jaraja Klaibya* is due to decreased levels of serum testosterone in old age i.e Andropause or Male menopause. *Sukrakshayaja Klaibya* is due to diminution of semen as a result of various *aharaja*, *viharaja* and *Manasika* factors. *Su-*

krasthambaja Klaibya is due to prolonged sexual abstinence. *Sahaja Klaibya* (congenital impotence) i.e defect due to various chromosomal abnormalities. *Manasika Klaibya* is the (psychogenic impotence) is due to various *manasika vikaras* and *Marmachedaja Klaibya* (impotence due to damage to the vital parts) is a result of pelvic fracture, Pelvic surgery etc.

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