

## AN EPIDEMIOLOGICAL (NIDANATMAKA) SURVEY ON SEXUAL HEALTH

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### ABSTRACT

Healthy sexual functioning provides a media to express love, which is the base for all sort of creative activities. Sexuality is not just sexual activity but is rather the sum total of man's existential presence in the world. Human beings are losing their virility due to alterations in life-style. The prevalence of sexual dysfunction increases as men age; about 20-30% of adult men have at least one manifest sexual dysfunction. Sexual Dysfunctions include Sexual Desire Disorders, Sexual Arousal Disorders, and Orgasmic Disorders etc. A *Nidanatmaka* survey was carried out on 500 subjects including both- healthy volunteers as well as patients suffering from *Bandhyatva* or *Klaibya*. The population of subjects in the age group of 18 to 70 years. As the majority of the subjects with altered sexual health were in the age group of 18-40 years, generally in this age group a person is peak in enjoying sexual life and this age is considered as reproductive age in man's life. It can be assumed that maximum fertility issues can occur at this age. Excessive stress either physical or psychological and excessive sex indulgence may be the reasons for altered sexual functions.

**Key words:** Virility, *Klaibya*, *Bandhyatva*, Stress, Sexual dysfunction.

### INTRODUCTION

Sexuality is not just sexual activity but is rather the sum total of man's existential presence in the world.<sup>1</sup> Due to changes in life-style, humans are losing *Vrishyata* (virility) i.e. potency physically, mentally, sexually and spiritually.<sup>2</sup> Healthy sexual functioning provides a media to express love, which is the base for all sort of creative activities and the absence of which hampers the marital relationship leading to frustration sometime ends into divorce and causes inadequacy in performing the routine duties. It has a great importance in sustaining the harmony and pleasure in marital life. Aging may be associated with a lowering of sexual interest and functioning (especially in males) but there are wide individual differences in age

effects.<sup>3</sup> The prevalence of sexual dysfunction increases as men age; about 20-30% of adult men have at least one manifest sexual dysfunction.<sup>4</sup> A complex interplay between psychological, social and biological factors is often the cause for various sexual dysfunctions.<sup>5</sup> Sexual Dysfunctions include Sexual Desire Disorders, Sexual Arousal Disorders, Orgasmic Disorders, Sexual Pain Disorders, Sexual Dysfunction due to a General Medical Condition, Substance-Induced Sexual Dysfunction, and Sexual Dysfunction Not Otherwise Specified.<sup>6</sup>

**Aims and objectives:** To conduct a *Nidanatmaka* (epidemiological) survey study on Sexual health profile.

**Materials and methods:**

A *Nidanatmaka* survey was carried out on 500 subjects including both- healthy volunteers as well as patients suffering from *Bandhyatva* or *Klaibya*. The population of subjects in the age group of 18 to 70 years, either married or unmarried, were included in the *Nidanatmaka* study, after informed consent. They were selected from the pool of outdoor and indoor patients reporting to National Institute of Ayurveda and associated hospitals.

**Inclusion criteria:**

- 1) Healthy adult male volunteers
- 2) Adult Male Patients suffering from *Klaibya* (Impotence) or *Bandhyatva* (infertility)

**Exclusion Criteria:**

- 1) Patients suffering from major illness like- Coronary artery disease, CHF, arrhythmias, stroke, cardiac disorders, Tuberculosis, etc.
- 2) Uncooperative patients.

**Scoring for assessment of Sexual health:**

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**1) Sexual desire:**

- No desire at all: 0
- Lack of desire: 1
- Desire but no activity: 2
- Desire only on demand: 3
- Normal desire: 4
- Excess desire: 5

**2) Erection:**

- No erection by any method: 0
- Erection with artificial methods: 1
- Erection but unable to penetrate: 2
- Initial difficulty but unable to penetrate: 3
- Erection with occasional failures: 4
- Erection whenever desired: 5

**3) Rigidity (after intromission):**

- Unable to maintain erection or unable to continue sexual act: 0
- Some loss in erection but able to continue sexual act: 1

Able to maintain erection and continue sexual act: 2

**4) Ejaculation:**

- No ejaculation at all: 0
- Delayed ejaculation without orgasm: 1
- Ejaculation before penetration: 2
- Ejaculation with penetration but early discharge: 3
- Ejaculation with own satisfaction: 4
- Ejaculation with own and partner's satisfaction: 5

**5) Orgasm:**

- No enjoyment at all: 0
- Lack of enjoyment in most of occasions: 1
- Enjoyment in 25% of sexual encounters: 2
- Enjoyment in 50% of coital opportunities: 3
- Enjoyment in 75% of coital opportunities: 4
- Enjoyment in every sex act: 5

**Observations and Results:**

**Age Profile:** Percentage prevalence of Age profile of study subjects (n=500) shows that 76 (15.2%) of the subjects were in the age group of 18 to 25 years. 398 (79.6%) of the subjects were in the age group of 26 to 40 years. 25 (5%) of the subjects were in the age group of 41 to 55 years and only one (0.2%) subject was in the age group more than 55 years.

**Religion Profile:** Percentage prevalence of Religion profile of study subjects shows that- out of 500 subjects, 399 (79.8%) subjects were Hindu and 101 (20.2%) subjects were Muslims.

**Diet Profile:** Percentage prevalence of Diet profile of study subjects (n=500) shows that 256 (51.2%) subjects were having vegetarian diet and 244(48.8%) subjects were having mixed type of diet.

**Marital Status Profile:** Percentage prevalence of Marital Status profile of study

subjects (n=500) shows that 108 (21.6%) subjects were unmarried and 392 (78.4%) subjects were married.

### Sexual health profile: (Table 1)

- 1. Sexual Desire:** Percentage prevalence of Sexual Desire profile of study subjects (n=500) Shows that 25 subjects (5%) were having complaint of lack of desire, 13 subjects (2.6%) were having desire but no activity, 36 subjects (7.2%) were having complaint of desire only on demand, 395 subjects (79%) were having normal desire, and 31 subjects (6.2%) were having excessive desire.
- 2. Erection Profile:** Percentage prevalence of Erection profile of study subjects (n=500) Shows that 9 subjects (1.8%) were having complaint of no erection by any method, 31 subjects (6.2%) were having erection but unable to penetrate, 17 subjects (3.4%) were having initial difficulty but unable to penetrate, 168 subjects (33.6%) were having complaint of erection with occasional failure, and 275 subjects (55%) were having erection whenever desired.
- 3. Rigidity Profile:** Percentage prevalence of Rigidity Profile of study subjects (n=500) Shows that 45 subjects (9%) were unable to maintain erection or unable to continue sexual act, 139 subjects (27.8%) were having some loss in erection but able to continue sexual act, and 316 subjects (63.2%) were able to maintain erection and continue sexual act.
- 4. Ejaculation Profile:** Percentage prevalence of Ejaculation Profile of study subjects (n=500) Shows that 10 subjects (2%) were having complaint of delayed ejaculation without orgasm, 49 subjects (9.8%) were having complaint of ejaculation before penetration, 105 subjects (21%) were having the

complaint of ejaculation with penetration but early discharge, 80 subjects (16%) were having ejaculation with own satisfaction, and 256 subjects (51.2%) were having ejaculation with own and partner's satisfaction.

- 5. Orgasm Profile:** Percentage prevalence of Orgasm Profile of study subjects (n=500) Shows that 11 subjects (2.2%) were having complaint of No enjoyment at all, 33 subjects (6.6%) were having complaint of Lack of enjoyment in most of occasions, 24 subjects (4.8%) were having complaint of Enjoyment in 25% of sexual encounters, 40 subjects (8%) were having complaint of Enjoyment in 50% of coital opportunities, 151 subjects (30.2%) were having complaint of Enjoyment in 75% of coital opportunities, and 241 subjects (48.2%) were having Enjoyment in every sex act.

## DISCUSSION

The prevalence of sexual dysfunction increases as men age; about 20-30% of adult men have at least one manifest sexual dysfunction. Aging may be associated with a lowering of sexual interest and functioning (especially in males) but there are wide individual differences in age effects. A complex interplay between psychological, social and biological factors is often the cause for various sexual dysfunctions and subsequent functional inadequacies.

**Sexual Desire:** Sexual Desire profile of study subjects shows that majority of the subjects (79%) were having no complaint regarding the sexual desire.

**Erection Profile:** 55% subjects were having erection whenever they desire but out of remaining 45% subjects having impaired erection, 37.8% subjects were from

younger age i.e. between 26-40 years. This is an alarming sign for younger male population.

**Rigidity Profile:** In the Rigidity Profile of study subjects, maximum number of subjects (63.2%) were able to maintain erection and continue sexual act, but out of remaining 36.8% subjects having impaired rigidity profile, 30% subjects were from younger age i.e. age between 26-40 years.

**Ejaculation Profile:** Ejaculation Profile of study subjects, 51.2% subjects were having ejaculation with own and partner's satisfaction and 16% were having ejaculation with own satisfaction. 30.8% subjects were having the complaint of early ejaculation.

**Orgasm Profile:** Orgasm Profile of study subjects shows that 48.2% were having normal orgasmic function.

As the majority of the subjects were in the age of 18-40 years, generally in this age group a person is peak in enjoying sexual life and this age is considered as reproductive age in man's life. It can be assumed that maximum fertility issues can occur at this age. Excessive stress either physical or psychological and excessive sex indulgence may be the reasons for this population to seek the help of the physician.

The study shows that maximum subjects i.e. 78.4% were married, as the majority of the subjects were married, it may be because generally sexual problems and fertility related issues come in knowledge after marriage.

### CONCLUSIONS:

1. Sexual health issues are increasing day by day.
2. Youngsters are becoming more prone to sexual dysfunctions.

with vajikarana.

**Table 1: Sexual health profile of study subjects (n=500)**

3. Psychological stress may be a risk factor for sexual dysfunction in youngsters.
4. Sex education in early age will be supportive in increasing the quality of healthy sexual relationship.

### REFERENCES:

1. Srikumar K, Impotency, First ed., Kottakkal, Department of publications, Arya Vaidya Sala, 2003, Reprint:2011, p.8
2. Pramod C Baragi et al: Clinical evaluation of Vya effect of Pga Kha a on sexual health and seminal parameters. Anc Sci Life. 2013 Jan-Mar; 32(3): 134-138.
3. American Psychiatric Association. Diagnostic and statistical manual of mental disorders (4<sup>th</sup> ed., text rev). Washington DC: American Psychiatric Association, 2000; p.537
4. Lewis RW et al: Epidemiology/risk factors of sexual dysfunction. J Sex Med. 2004;1:35-39
5. Chapter in a book: Nizamie S Haque, Tikka Sai K. Sexual dysfunctions in Males. In: Kar N, Kar GC, editors, Comprehensive text book of sexual medicine. 2<sup>nd</sup> Ed. New Delhi: Jaypee Brothetrs Medical Publishers (P) Ltd.; 2014. p.162
6. American Psychiatric Association. Diagnostic and statistical manual of mental disorders (4<sup>th</sup> ed., text rev). Washington DC: American Psychiatric Association, 2000; p53
7. Mehra BL, et al: Jamnagar: Department of Kayachikitsa, Gujarat Ayurvedic University; 1995. Studies on klaibya (male sexual dysfunctions) and its management

Sexual Health Grade	Sexual Desire		Erection		Rigidity		Ejaculation		Orgasm	
	No. of sub.	%	No. of sub.	%	No. of sub.	%	No. of sub.	%	No. of sub.	%
0	0	0	9	1.8	45	9	0	0	11	2.2
1	25	5	0	0	139	27.8	10	2	33	6.6
2	13	2.6	31	6.2	316	63.2	49	9.8	24	4.8
3	36	7.2	17	3.4			105	21	40	8
4	395	79	168	33.6			80	16	151	30.2
5	31	6.2	275	55			256	51.2	241	48.2

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