



www.ijapc.com

IJAPC

E ISSN 2350 0204

Vol 12 Iss 2 2020

GREENTREE GROUP PUBLISHERS (ggp)



An Appraisal Study on *Klaibya* w.s.r. to Modern Diagnostic Approach

Ranjith L^{1*} and Ranjitha²

^{1,2}Department of Roga Nidana & Vikruti Vignana, Government Ayurvedic medical college Dhanwantari road Bangalore, KA, India

ABSTRACT

Klaibya is a condition where an individual has persistent inability to perform the sexual act even with the beloved, cooperative submissive partner due to difficulty in erection, non erection or flaccidity of penis, associated with tachycardia, perspiration exhaustion. *Acharya charaka* has described in detail about general & specific nidanas of *klaibya*, *shukrapradoshaja vikaras* & various types of *Napumsaka*. The basic etiology behind this includes psychological, neurological, vascular insufficiency, drugs side effects of antihypertensive drugs, antidepressant drugs, and disease like diabetes mellitus. To diagnose the cause there are several subjective and objective tools available viz., -DSM-IV-TR, Diagnostic criteria are IIEF, Penile circulation studies, Penile nerve function test, NPT, PIPE, CDDU, AVRT, GSR. Based on the causes the different investigative or diagnostic technique is developed; although their clinical use may be limited on certain instances; but it helps a lot to know the inherent cause of the disease.

KEYWORDS

Klaibya, *Nidana Panchaka* of *Klaibya*, Modern Subjective and Objective Diagnostic Techniques



Greentree Group Publishers

Received 24/01/20 Accepted 28/02/2020 Published 10/03/2020



INTRODUCTION

Sexual gratification is the most essential thing for being happy and satisfied in married life. The presence of sexual dysfunction hampers the quality and harmony of married life which may ultimately lead to many psychosomatic disorders in both partners in due course of time. Sexual dysfunction causes lots of frustration and interpersonal difficulties in married life. An individual suffering from sexual dysfunction may also have some other contributing factors such as deranged Neuro-physiological, psychological, and behavioral factors which coexist and contribute to each other. The studies show that half of married couples experience sexual difficulties in one or the other way. Further the incidence of sexual dysfunction is increasing day by day with the increase in the incidence of diabetes and its complications, HTN, peripheral vascular diseases, anxiety, stress, depression and their medications. It is also increasing due to changes in lifestyle and increased addictions particularly to smoking and alcohol. There are numerous characteristic clinical features for the diagnosis of *Klaibya* in our scientific literatures. The male sexual dysfunctions have been elaborately described as *Klaibya* in *Ayurvedic* classics. The word *Klaibya* in

vajikarana refers to impotence i.e., a man who is unable to perform sexual intercourse, being powerless, helpless or the inability to carry out sexual activities¹. *Krodha, Shoka, Bhaya, Moha* etc are the *manovikaras* and *alpa satva* are the causes 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 in turn affect the *Manas*. *Vajikarana*, branch of *Ashtanga Ayurveda* deals with fertility, potency and healthy progeny. It incorporates diagnosis and management of infertility and Sexual dysfunction.

Etymology

The term *Klaibya* is derived from the root '*klibr adhyastre*' by applying the *sutra* '*Igupadheti*' and adding the suffix 'ka' *prasodaraditvad*. Literal 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 becomes lack of masculine offensiveness i.e. the lack of potency for sexual act².

MATERIALS AND METHODS



Careful perusal of *bruhattrayees*, the greater triad of *Ayurvedic* literature like *Charaka samhitha*, *Sushrutha samhitha*, *Astanga hrudayam*, *Laghuthrayee* along with contemporary textbooks and reference books of internal medicine

Definition of *Klaibya*:

Definition of *Klaibya*:

1. *Klaibyamaituneasamarthyam*: Means inability to perform sexual act²

2. *Klaibyamidvajanucharya*: Means lack of penile erection³

3. *Klibohinasatvah*: Means having less mental capacity or potency⁴

4. *Klaibyamratynabhimukhata*: Aversion towards sexual congress or sexual acts⁵

5. *Klaibyamstrisuanutsaha*: Lack of interest in sexual partner⁶

6. *Dhvajabhangomedrasyasthabdtha*: Means lack of penile rigidity⁵

7. *Dvajothanamaithunaasakthi*: Though there is erection unable to perform sexual intercourse³

Table 1 According different *Acharya's* – Classification of *Klaibya*

Types	<i>Charaka</i>	<i>Sushrutha</i>	<i>BhavaPrakash</i>	<i>Haaritha</i>	<i>Kal.Kar.</i>	<i>Vanga sena</i>
<i>Sahaja</i>	-	+	+	+	+	+
<i>Bijopaghataja</i>	+	-	-	-	-	-
<i>Dhvajabhangaja/ Medhrarogaja</i>	+	-	+	+	+	-
<i>Jaraja</i>	+	-	-	-	-	-
<i>Shukrakshayaja</i>	+	+	+	+	-	+
<i>Medrarogaja</i>	-	-	+	-	-	-
<i>Sthirashukra nimitaja</i>	-	+	+	-	-	+
<i>Saumya dhatukshayaja</i>	-	+	-	-	-	+
<i>Pittaja</i>	-	+	-	-	-	-
<i>Manasika</i>	-	+	+	-	+	+
<i>Marmachedyaja</i>	-	-	+	-	-	+

Table 2 According to *Charakoktha nidana* for *Klaibya*⁷

<i>Klaibya</i>	<i>Aharaja nidana</i>	<i>Viharaja nidana</i>	<i>Manasika nidana</i>	<i>Anyanidana</i>
<i>Beejopaghathaja</i>	<i>Sheeta</i> (cold), <i>ruksha</i> (ununctou), <i>alpa</i> (scanty), <i>sanklista</i> (polluted), <i>viruddha</i> (mutually antagonistic), food items <i>ajeerna bhojana</i> (intake of food before previous meal digested)	<i>Ati-stree sevana</i> (excessive sexuallindulging), <i>Shrama</i> (tierednes), <i>abhic hara</i> (affliction by black magic)	<i>Avishwasa</i> (no faith), <i>shoka</i> (grief), <i>chintha</i> (worry), <i>bhaya</i> (fear), <i>trasa</i> (terror), <i>naarinaamarasanjnyatm</i> (dislikingfor women)	<i>Rasadi kshya</i> (dimnition oftissueelements), <i>vatadi vaishamya</i> (disharmony among the doshas), <i>panchakarma apachara</i> (improperad ministration of <i>panchakarma</i> therapies)
<i>Dhvajabhangaja</i>	Intake of excessive <i>amla</i> (sour), <i>lavana</i> (salt), <i>ks hara</i> (alkali), <i>asatmya</i> (unw holesome), <i>vishama</i> (irregular)food, <i>anupa mamsa</i> (meat from	Sexual intercourse with <i>kanya</i> , <i>ayonigamana</i> (sexual intercourse in other parts other than vagina), <i>dheerga</i>	<i>Moha</i> (delirium), <i>pramada</i> (excitement), <i>kamaharshita</i> (desire for sexual intercourse).	



	animals of marshy land), <i>pistanna</i> (foods with less water in it), <i>guru bhojana</i> (heavy), <i>ati-ambupana</i> (excess water intake)	<i>roga</i> (sexual intercourse with women having chronic illness), <i>chirothrusta</i> (no had a sexual intercourse from long time), <i>rajaswala</i> (sexual intercourse during menstruation), <i>durgandha</i> , <i>yonigamana</i> (offensive vagina), <i>medrasayaadhawana</i> (unhygienic), <i>kshathana</i> , <i>nakha danta shastra</i> (injury to penis by nails, teeth, weapons), <i>vegavarodha</i> (suppression of natural urges)		
Jarajanyasambhava	<i>Avrushyasevana</i> (foods which are non aphrodisiac), <i>anahara</i> (fasting).	<i>Shrama</i> (tiredness)	<i>Klama</i> (weak)	<i>Rasadi dhathu kshaya</i> (diminution of tissue elements) <i>bala kshaya</i> (diminution of strength), <i>indriya kshaya</i> (diminution of senses), <i>ayukshaya</i> (less life span), <i>shukra kshaya</i> (diminution of semen)

Table 3 *Lakshanas of klayibya*⁸

Beejopaghataja	Dhwajabhangaja	Jaraja	Kshayaja
<i>Pandu varna</i> (pale in color), <i>sudurbala</i> (weak), <i>alpa prana</i> (low vitality), <i>alpa harsha</i> (low excitement), <i>hridroga</i> (heart diseases), <i>tamaka</i> (asthma), <i>pandu</i> (anaemia), <i>kamala</i> (jaundice), <i>shramapiditha</i> (physical exhaustion), <i>chardi</i> (vomiting), <i>atisara</i> (diarrhoea), <i>shula</i> (colic pain), <i>kasa</i> (cough), <i>jwara</i> (fever).	<i>Shopha</i> (swelling), <i>vedana</i> (pain), <i>raga</i> (redness), <i>medrasphota</i> (pustular eruptions), <i>linga paka</i> (suppuration of penis), <i>mamsa vrudhi vrana</i> (fleshy growth on penis and its ulceration), <i>pulakodaka srava</i> (brownish black exudation), <i>shyavaruna valaya</i> (blackish red circular induration), <i>jwara</i> (fever), <i>trushna</i> (thirst), <i>bhrama</i> (giddiness), <i>murcha</i> (fainting), <i>chardi</i> (vomiting), <i>srava</i> (exudation) <i>rakta</i> (blood), <i>Krishna</i> (black), <i>neela</i> (bluish), <i>avila</i> (turbid), <i>lohita</i> (red).	<i>Dhatukshaya</i> (diminution of tissue elements), <i>durbala</i> (weak), <i>vivarna</i> (change in complexion), <i>deena</i> (mentally weak), <i>kshipra vyaditha</i> (gets afflicted by diseases very quickly)	<i>Rasa kshaya</i> (diminution of <i>rasa</i> dhatu), <i>shukra kshaya</i> (diminution of semen), <i>ghora vyadhi</i> (serious illness), <i>marana</i> (death)

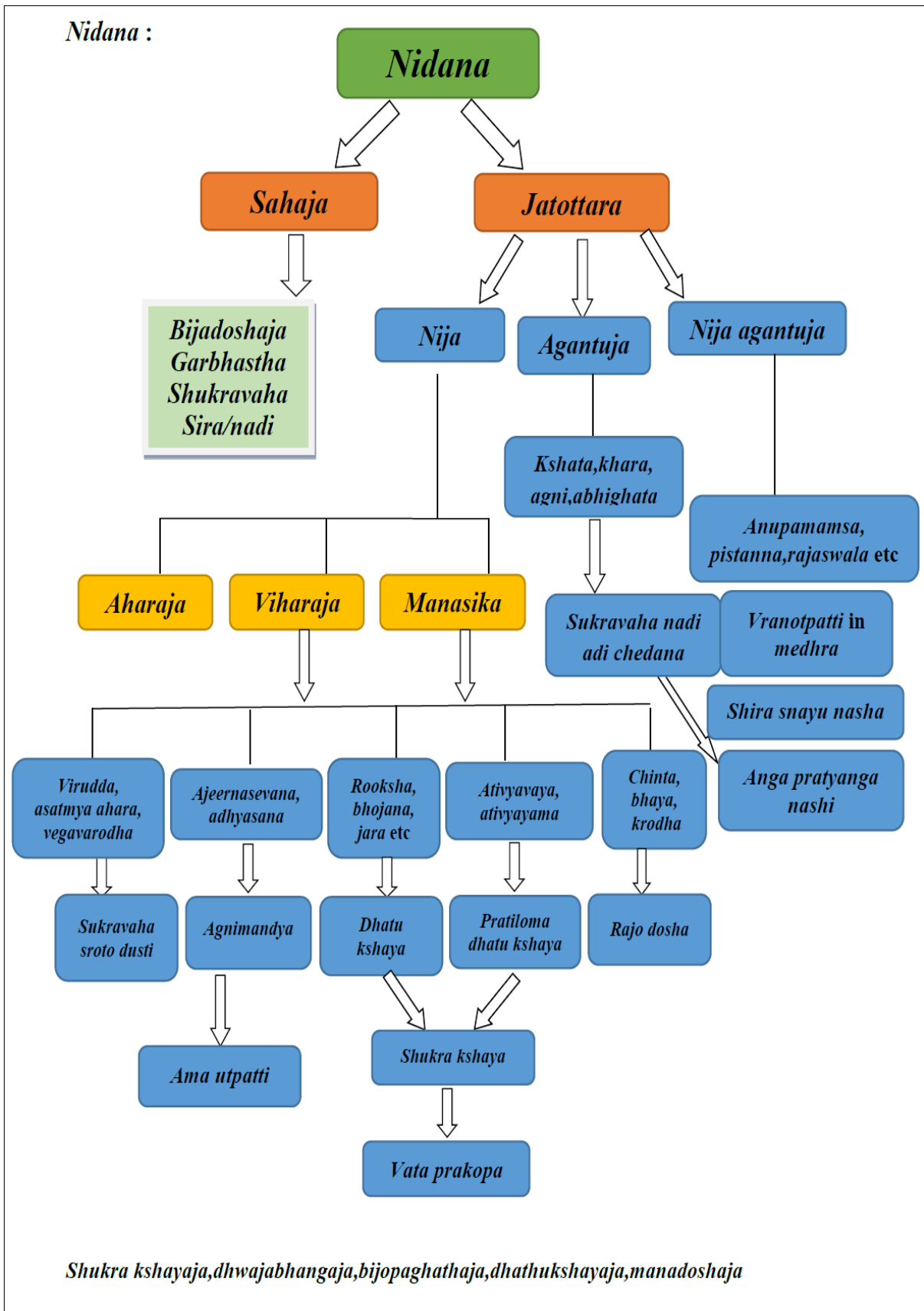


Figure 1 Classification of *klaibhya-* Shukra kshayaja, dhvajabhangaja, bijopagathaja, dhathukshayaja, manadoshaja



Modern diagnostic approach⁹:

Investigations are important as they often reveal many aspects of ED that cannot be foretold by clinicians. But in developing countries such as India, where the cost effectiveness is a factor, they should preferably be chosen according to the clinical findings. As there are quite a few disorders that may lead to ED, a plethora of investigations is often necessary in most cases for critical evaluation.

- Blood and urine tests
- Urinalysis
- Complete blood count
- Blood sugar, liver and kidney functions
- Lipid profile
- Hormone profile (FSH, LH, Testosterone and Prolactin)
- Thyroid function tests

Complete blood count (CBC) for any potential hematological disorder is one of the preliminary tests to be done. A lowered level of red cells limits the body's utilization of oxygen and can lead to fatigue initiating erectile problem. Nearly 60% of men with diabetes experience impotence sometime in their life span. Checking of blood sugar level, (if necessary glucose tolerance tests) for diabetes. Urine analysis could demonstrate renal disease or infection, which can be confirmed by renal

function tests. Liver and Kidney diseases can create hormonal imbalances, if these organs are not adequately removing metabolic wastes from the body. Liver is particularly important regarding steroid hormone metabolism.

Lipid profile is done to rule out hyperlipidaemia. The level of blood lipids such as cholesterol and triglycerides may signify the presence of arteriosclerosis, which negatively affect the blood circulation in the penis. Prostate specific antigen (PSA) and serum acid phosphatase and Transrectal ultrasonography (TRUS) are important for men over age 50 to evaluate the size of prostate as well as for the presence of any cancer. Evaluation of thyroid function is required since thyroid hormone regulate metabolism and production of sex hormones. Endocrine evaluation with clinical and hormone profile (FSH, LH, testosterone and Prolactin) is generally indicated.

Subjective techniques:

- International index of Erectile function(IIEF)
- Diagnostic criteria for Erectile dysfunction(DSM-IV-TR)

Objective techniques:

1. Penile circulation studies
2. Penile nerve function test
3. Nocturnal penile tumescence (NPT)



4. Biothesiometry
5. Vasoactive injection (PIPE)
6. Specific nerve testing
7. CDDU(Color Duplex Doppler Ultrasonograph).
8. Audio-visual reaction time(AVRT)
9. Gal vanic skin resistance (GSR)

DISCUSSION

The person is having persistent inability to perform sexual intercourse due to the lack of erection even with the submissive, beloved and willing partner though having persistent desire to do so and if at all attempted ends into failure without ejaculation due to flaccidity (lack of rigidity) of the penis associated with breathlessness and perspiration is explained in our classics⁷.

The chief factors causing the condition *Klaibya* are *Vata*, *Datukshaya* in general and *Shukrakshaya* in particular, *Shukravaha Srotodusti*, *Marmaghata* and *Mano Dosha*. *Vata* is responsible for all the *Chesta*, particularly of the *Indriyas* viz. *Jnanendriya*, *Karmendriya* and *Mana*. The functioning of these *Indriyas* in harmony is the key for normal sexual functioning. The aggravated *Vata* particularly the *Prana*, *Vyana* and *Apana* causes the impairment in the functioning of these *Indriyas*. Further the vigor is most essential thing to perform

any functions, and it entirely depends upon the optimum quantity of *Dhatu* having good quality in general and *Shukra* in particular, specialty it holds good for indulgence in sexual intercourse. Hence the deprivation of the *Dhatu* is considered as cause for *Klaibya*. The normal state and functioning of the related *Srotas* is also essential for the efficient activities, hence *Shukravaha Srotodusti* is considered in this regard. To diagnose the cause there are several subjective and objective tools available viz- DSM-IV-TR, Diagnostic criteria are IIEF, Penile circulation studies, Penile nerve function test, NPT, PIPE, CDDU, AVRT, GSR.

CONCLUSION

Increasing trend in male sexual dysfunctions observed in which are compounded by some of the new emergent life styles. The data available suggests that modern lifestyle factors such as exposure to electromagnetic radiations, stressful work pattern, fast food habits, tobacco smoking or chewing, alcohol, laptop computer use and exposure to extreme heat have adverse effects on male sexual function. *Klaibya* is defined as a man who is unable to perform sexual act with female partner. Ayurveda explains male sexual dysfunctions under *Klaibya*. *Shukra* is responsible for



conception. Therefore any defect in *shukra* leads to *Klaibya*. The *Nidana* of *Klaibya* deals with the explanation of *Klaibya* on 2 planes. *Sahaja* i.e a person is born with the disease and *Jattotara* i.e acquired by various *sharirika* and *Manasika karanas*.

Based on the causes the different investigative/diagnostic technique is developed; although their clinical use may be limited on certain instances; but it helps a lot to know the inherent cause of the disease.



REFERENCES

1. Agnivesha; Charaka Samhita; Ayurveda Deepikatika of Chakrapani; Chowkhamba orientalia, Varanasi; Edition-2015; Chikitsa Sthana, 30/154, page641.
2. Agnivesha; Charaka Samhita; Ayurveda Deepikatika of Chakrapani; Chowkhamba orientalia, Varanasi; Edition-2015; Sutrasthana 17/69, page103.
3. Agnivesha; Charaka Samhita; Ayurveda Deepikatika of Chakrapani; Chowkhamba orientalia, Varanasi; Edition-2015; Sutra sthana 28/18, page179.
4. Agnivesha; Charaka Samhita; Ayurveda Deepikatika of Chakrapani; Chowkhamba orientalia, Varanasi; Edition-2015; Sutra sthana8/25, page60.
5. prof. Jyotirmitra Astangasamgraha, nidanasthana 19/9pg 248 reprint ed.2008, chaukhamba subharati prakashan, Varanasi, pages965.
6. Madhavakara, Madhava Nidana with Madhukosha Commentary, Ed. Y Upadhyaya, Chaukhambha Sanskrit Sansthan, Varanasi, 1993 (Reprint), 5/22, page185.
7. Agnivesha; Charaka Samhita; Ayurveda Deepikatika of Chakrapani; Chowkhamba orientalia, Varanasi; Edition-2015; Chikitsa Sthana, 30/154, page641.
8. Agnivesha; Charaka Samhita; Ayurveda Deepikatika of Chakrapani; Chowkhamba

orientalia, Varanasi; Edition-2015; Chikitsa Sthana 30/132-190 page640.

9. SC Basu ed. Male Reproductive Dysfunction Chapter 5, 1st edition.2005, JaypeeBrothers Medical Publishers (P)LTD. New Delhi,Page67-71.