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REVIEW ARTICLE

Ayurveda Management of *Klaibya* (~Male Sexual Disorder): A Narrative Review

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ABSTRACT

Background: Male sexual dysfunction, encompassing erectile dysfunction, premature ejaculation, and low libido, is a burgeoning global health concern with significant psychosocial impact. Its prevalence is supposed to be gradually increasing over every decade. Globally, 52% of men aged 40–70 experience sexual dysfunctions, which are caused by a combination of physical and psychological factors. In Ayurveda, these conditions are collectively categorized under *Klaibya*. While modern andrology offers pharmacological interventions like phosphodiesterase type 5 inhibitors, there is an increasing demand for integrative approaches that address systemic health and long-term vitality through traditional wisdom.

Objectives: The objective of the study was to synthesize the classical Ayurvedic understanding of *Klaibya*, evaluate the therapeutic efficacy of *Vajikarana* (aphrodisiac therapy), and establish its clinical relevance within the framework of modern andrological diagnostics and management.

Materials and Methods: A comprehensive search was conducted across databases, including PubMed, Google Scholar, and Digital Helpline for Ayurveda Research Articles, alongside a manual review of classical Ayurvedic texts such as *Charaka Samhita* and *Sushruta Samhita*. Keywords included "*Klaibya*," "*Vajikarana*," "Erectile Dysfunction," and "Ayurvedic Andrology."

Results: The review identifies four primary types of *Klaibya* (*Beejopajata, Dhwajopajata, Shukra-kshaya, and Jaraja*), which correlate closely with modern classifications of organic, psychogenic, and age-related sexual dysfunction. Ayurveda emphasizes a holistic management protocol involving *Shodhana* (~purification), *Sattvajaya* Chikitsa (~psychotherapy) and the administration of potent *Vajikarana* herbs like Ashwagandha (*Withania somnifera*) and *Kapikacchu* (~ *Mucuna pruriens*). Modern pharmacological studies validate these herbs' roles in modulating the hypothalamic-pituitary-gonadal axis, enhancing nitric oxide production, and reducing oxidative stress.

Discussion: The management principles of Ayurveda, including *Shodhana* and *Shaman* play a unique role to manage the disease like *Klaibya*. Ayurvedic management of *Klaibya* offers a multi-dimensional approach that complements modern andrology, particularly in cases where psychological factors and systemic vitality are paramount.

Conclusion: Integrating *Vajikarana* protocols into contemporary practice may provide a more sustainable, holistic solution for male reproductive health, though further large-scale, double-blind clinical trials are necessitated to standardize dosages and long-term safety profiles.

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1. INTRODUCTION

Healthy sex is an important component of overall well-being, as it supports emotional bonding, mental relaxation, hormonal balance, self-esteem, and relationship satisfaction while also contributing to

physical health through stress reduction and improved sleep. Mutual respect, communication, emotional intimacy, and a healthy body that can react instinctively to arousal and desire are all necessary for its survival. Rapid modernization, on the other hand, has upset this equilibrium by encouraging sedentary lifestyles, excessive screen time, long-term stress, and an increasing reliance on fast food. Addiction to fast food frequently results in hormonal imbalances, obesity, insulin resistance, cardiovascular problems, and nutritional deficiencies, all of which impair libido, endurance, and sexual performance. In addition, hurried intimacy, emotional detachment, and disregard for partner needs are encouraged by the fast-paced culture of instant satisfaction. Therefore, to re-establish good sexual relationships, mindful living, balanced nutrition, and intentional intimacy are necessary. Modern lifestyle patterns and bad eating habits also gradually erode sexual health. The common cause that prevents men from enjoying a sexual act with a female partner is known as *Klaibya*. In Ayurvedic literature, the term *Klaibya* refers to sexual dysfunction, which is characterised by decreased sexual desire, difficulty in attaining or sustaining an erection, or an inability to engage in regular sexual activity, along with contributing elements, including mental stress, fear, sadness, overexertion, excessive sexual activity, bad diet, and chronic systemic disorders. Classical writings stress the intimate connection between the mind and body in sexual health, emphasising that both psychological and physical elements contribute to the appearance of *Klaibya*. *Klaibya* can be linked to psychosexual problems and erectile dysfunction (ED) from a modern standpoint, highlighting the value of Ayurvedic concepts in comprehending and treating sexual health holistically.

1.1. Aims and Objectives

The aim of the study was to provide a comprehensive narrative synthesis of the Ayurvedic conceptual framework of *Klaibya* and evaluate the clinical relevance of *Vajikarana* (aphrodisiac therapy) in the context of contemporary andrological diagnostics and therapeutic standards.

2. MATERIALS AND METHODS

Primary data will be extracted from the Ayurveda texts, i.e. *Charaka Samhita*, *Shushruta* Samhita, Ashtanga Hridaya, *Sharangadhara* Samhita and Bhava Prakasha, focusing on the *Vajikarana* Adhyaya (~chapters on aphrodisiacs). A systematic search of peer-reviewed literature will be conducted across PubMed/MEDLINE, Google Scholar, ScienceDirect, and the Digital Helpline for Ayurveda Research Articles database. Combinations of MeSH terms and traditional keywords will be used: *Klaibya*, *Vajikarana*, Male Sexual Dysfunction, ED, Testosterone, Ashwagandha, Andrology, and "Integrative Medicine."

3. DISCUSSION

Ayurveda, *Klaibya* is a broad term that encompasses various degrees of male sexual dysfunction, primarily characterized by the inability to perform the sexual act despite having the desire (*Sankalpa*).[1] *Klaibya*, described extensively in Ayurvedic classics, represents a broad spectrum of male sexual dysfunctions that closely correspond to ED in modern medicine. This integrative review highlights that both systems, though differing in terminology and framework, converge on a multifactorial understanding of the condition. Ayurveda explains *Klaibya* through disturbances in *Dosha* (primarily *Vata*), depletion of *Dhatus* – especially *Shukra Dhatu* – and vitiation of *Shukravaha Srotas*. In addition, *Manasika factors* such as anxiety, fear, and stress are considered key contributors. These concepts parallel modern findings where ED is attributed to vascular insufficiency, neurogenic impairment, hormonal imbalance, and psychological disturbances. The Ayurvedic emphasis on *Vata* derangement aligns with impaired neural and circulatory mechanisms, while *Shukra Kshaya* reflects reduced reproductive vitality seen in chronic illness, ageing, and endocrine disorders. Dietary and lifestyle factors (*Aharaja* and *Viharaja Nidana*) described in Ayurveda – such as improper diet, excessive exertion, and overindulgence in sexual activity – are comparable to modern risk factors like obesity, diabetes, hypertension, and unhealthy lifestyle habits. The concept of *Dhatu Kshaya* further correlates with systemic degeneration and metabolic dysfunction recognised in contemporary medicine. From a therapeutic perspective, modern management primarily focuses on symptomatic relief through pharmacological agents such as phosphodiesterase type 5 (PDE5) inhibitors and mechanical or surgical interventions. In contrast, Ayurveda adopts a holistic approach to correcting underlying imbalances through *Vajikarana therapy*, *Rasayana*, *Panchakarma*, and psychological support. These interventions not only target sexual function but also aim to improve overall vitality, mental well-being, and quality of life.

3.1. *Nidan* (~Causative Factors)

Causative factors of *Klaibya* are described under *Samanya Nidan* and *Vishesh Nidan. Samanya Nidan* includes *Ativyavaya* (~Excessive sexual activity or excessive loss of semen). *Ativyayama* (~Excessive physical work exercise), *Asatmye Cha Sevanate* (~Due to intake of incompatible food), *Akale Cha Avyapa Yoni* (~Sexual intercourse in improper time and improper genital tract.) *Tikta*, *Kshaya, Atilavna, Ushna* and *Amla* (~Over consumption of spicy, bitter, astringent, salty and hot. Excessive consumption of unsuitable things), *Narinama Rasajanamagamnajjata* (~Sex without desire) *Gamanaat Jaraya* (~No previous experience of sex and sexual intercourse with old women) *Chinta*, *shoka*, *bhaya* and *kroda* (~Worry, grief, anxiety, anger.), *Vyapada* caused by *Shastra*, *Kshara* and *Agni karma*, *Vega Avaroda* (~Suppression of natural urges), *Dhatu Sampradushanat* (~Vitiation of various tissues) and *Krashita* (~Malnourishment). *Vataadi Dosha* becomes aggravated through the indulgence in these causative factors, enters the seminal vessels – either individually or in combination – and swiftly vitiates (contaminates) the semen.[2] *Vishesh Nidan* as per *Acharya* Charak mentioned as *Chaturvidha Klaibya*, these are *Bijopaghataja Klaibya (~Shukra Kshaya)* is impotence caused by depletion of *Shukra Dhatu* due to improper diet (cold, dry, incompatible, during indigestion), mental stress (fear, grief, anxiety), excessive sex, exertion, fasting, lack of affection, improper *Panchakarma*, and *Dhatu kshaya* with Vata aggravation.[3] *Dhwajhaupghataj* arises due to excessive intake of acidic, salty, alkaline, incompatible and heavy foods, irregular meals, excess water, yoghurt, milk or marshy meat, and debility from disease. It is also caused by improper sexual practices (with immature partners, unnatural acts), intercourse with diseased or unsuitable partners, trauma or injury to the genital organ, poor hygiene, and overuse of aphrodisiac/enlargement measures. In addition, suppression of ejaculation and physical damage (cuts, blows, abrasions) contribute to this condition.[4] *Jaraayaj Klaibya* occurs in old age due to *Dhatu* depletion, lack of rejuvenative therapy, decline in strength and senses, reduced lifespan, poor diet, and excessive exertion.[5] *Kshayaja Klaibya* (~wasting type) develops due to chronic mental stress (worry, grief, anger, fear, anxiety), intoxication, and poor nutrition, especially intake of dry and incompatible foods in a debilitated person.[6] According to modern science, ED is a multifactorial disorder. Psychogenic causes include anxiety, stress, and relationship issues, while psychiatric

conditions like depression also contribute. Neurogenic factors include spinal injury, pelvic interventions, multiple sclerosis, and diabetes mellitus. Endocrine causes involve hormonal imbalance, especially low testosterone. Arthritogenic factors such as hypertension, smoking, and metabolic disorders impair blood flow, while venous dysfunction affects retention. Certain drugs, including antihypertensives and antidepressants, may also cause ED.[7]

3.2. *Samprapti* (~Pathogenesis)

The aggravated Doshas – such as *Vata* – whether acting individually or in combination, enter the seminal vessels and vitiate the semen[8] [Flow Chart 1].

Meanwhile, according to contemporary science, psychogenic impotence was once thought to account for about 90% of cases, but most ED is now recognised as mixed (psychogenic and organic). Erection is regulated by the hypothalamus, limbic system, and cerebral cortex via spinal centers. In psychogenic dysfunction, inhibition occurs due to increased central suppression or sympathetic overactivity, with elevated catecholamines causing increased smooth muscle tone and impaired erection. Higher norepinephrine levels are observed in such patients.[9]

3.3. *Roopa* (~Symptoms)

Even with a strong desire for sexual intercourse and a willing partner, the man is unable to reach his wife for sexual intercourse due to flaccidity in the penis. Even if he somehow manages to engage in sexual intercourse, he becomes breathless, his body sweats profusely, his attempts at sexual intercourse fail because his penis fails to attain rigidity, and he is devoid of semen. This constitutes a symptom of general impotence.[10]

Specific symptoms according to *Nidan. Bijopaghataja* – It presents with pallor, weakness, low vitality, loss of sexual desire, and may be associated with *Pandu* (~Anemia), *Tamak Shwasa* (~Bronchial Asthma), *Kamala* (~Jaundice), along with fever, vomiting, and diarrhea.[3] *Dhwajabhangaj* – causing swelling, pain, redness, and suppurative ulcers with pale/reddish discharge. It leads to penile deformity and induration (hardening) of the penis, accompanied by fever, excessive thirst, dizziness, and a burning sensation in the genital region. Advanced stages show necrosis, foul discharge, maggots, and possible sloughing of the penis and scrotum.[11] *Jarayaj* has marked weakness, fatigue, discoloration, and overall debility, with the body becoming prone to multiple diseases.[5] *Kshayaja* leads to depletion of *Rasa Dhatu* and progressive wasting of all *Dhatus*, including *Shukra* (~the vital essence). Excessive sexual activity further depletes *Shukra*, resulting in severe debility, serious diseases, or even death.[6] According to Ayurvedic classics, different Acharyas have classified *Klaibya* into various types based on causative factors and clinical features. Acharya Charaka has described *Klaibya* into four types: *Dhwajabhangaja Klaibya* (~caused by injury or damage to the penis), *Bijopaghataja Klaibya* (~due to damage to the reproductive elements), *Shukra Kshayaja Klaibya* (~resulting from depletion of semen), and *Jarajanya Klaibya* (~associated with ageing). Acharya Sushruta has elaborated six types of *Klaibya*: *Manasa Klaibya* (~psychological causes), *Aharaja Klaibya* (~due to improper diet), *Shukrakshayaja Klaibya* (~due to loss or depletion of semen), *Sahaja Klaibya* (~congenital), *Pumstva Upaghataja Klaibya* (~due to injury to male reproductive capacity), and *Khara Shukra Nimittaja Klaibya* (~caused by vitiation or abnormal quality of semen). Acharya Bhavaprakasha has further expanded the classification into seven types: *Manasa Klaibya* (~psychogenic), *Pittaja Klaibya* (~due to vitiation of Pitta dosha), *Shukra Kshayaja Klaibya* (~due to semen depletion), *Medhrarogaja Klaibya* (~caused by diseases of the penis), *Viryavahini Sirachhedaja Klaibya* (~due to injury to the vessels), *Shukra Stambha Nimittaja Klaibya* (~due to obstruction or stagnation of semen), and *Sahaja Klaibya* (~congenital). ED can be classified into different types based on its underlying causes. Psychogenic ED occurs due to psychological factors such as stress, anxiety, and relationship issues, which interfere with sexual performance. Physical or medical conditions cause organic ED and includes subtypes like neurogenic (nerve-related), vasculogenic (blood flow-related), endocrine (hormonal imbalance), and anatomical causes. Mixed ED involves a combination of both psychological and organic factors and is considered the most common type in clinical practice. In addition, drug-induced ED occurs as a side effect of certain medications, including antihypertensives and antidepressants.[11]

Differential diagnosis of *Klaibya,* the process, begins with assessing *Maithuna Shakti* (~sexual capability). If absent, further assessment is not continued. If present, the next step is to evaluate *Dhwajoamchaya* (~erection). If an erection is absent, the patient is evaluated for other sexual disorders. If an erection is present, a detailed examination (*Trividha* and *Dashavidha Pareeksha*) is conducted. Next, *Yoshidanuraga* (~sexual desire) is assessed: If absent, and there is no history of erection or ejaculation, it is diagnosed as *Sahaja Klaibya* (~congenital). If desire is present, the next factor considered is *Vaya* (~age). Based on age: In *Vriddha* (~old age), symptoms such as loss of strength, vitality, and sensory function indicate *Jara Janya Klaibya* (~age-related impotence). In *Madhyama* (middle age), further history is evaluated. If there is a history of trauma (injury, fractures, tissue damage, chronic disease), it leads to *Dhwajabhanga Klaibya*, with *doshic* features such as: *Vata*: Pain, swelling *Pitta*: Inflammation, suppuration *Kapha*: Mass formation *Rakta/Sannipata*: Fever, burning, systemic involvement If such history is absent, lifestyle and psychological factors are assessed: Improper diet, stress, fear, grief, etc., may lead to *Bijopaghataja* or *Shukra Kshaya Janya Klaibya* Further evaluation includes history of infertility or systemic diseases (like *Pandu, Hridroga, Tamaka Swasa*): If present → *Bijopaghataja Klaibya* If absent but history of excessive sexual activity and emaciation → *Shukra Kshaya Janya Klaibya*[12] [Flow Chart 2].

Meanwhile, in contemporary science, diagnosis and assessment of ED involve a comprehensive clinical approach combining detailed history, physical examination, and appropriate investigations. Evaluation focuses on identifying the onset, severity, and contributing factors such as psychological stress, systemic diseases, or medication use. Assessment of nocturnal and early morning erections helps differentiate psychogenic from organic causes. Physical examination and laboratory tests are used to detect vascular, neurological, or endocrine abnormalities. In addition, validated tools like the international index of erectile function support the assessment by quantifying severity and monitoring treatment outcomes[13] [Flow Chart 3].

3.4. Management

Treatment protocol according to *Charak*- The basis for the treatment of impotence lies in the utilisation of those very medicines used for the alleviation of seminal disorders and for the benefit of conditions involving depletion and injury, which should now be employed for the mitigation of impotence as well. A physician well-versed in the properties of medicines and the appropriate timing of their administration must, after thoroughly assessing the patient's constitution, the nature of the doshas, and the strength of the Jathragni (~digestive fire), apply all the therapeutic measures

previously outlined. These measures – including Basti (~medicated enemas), milk, ghee, *Vrshya yoga* (~aphrodisiac formulation), and *Rasayanas* (~Rejuvenative therapies) – are to be utilised in cases of impotence arising from excessive sexual indulgence or from vitiation of the bodily tissues (~*Dhatus*) and *Doshas*. Furthermore, in cases of impotence resulting from sorcery or malevolent rituals (~*Abhichara*), spiritual therapies (*Daivavyapashraya Chikitsa*) – such as prayers, rituals, and propitiatory rites – should be undertaken.[14] Formulations include *Jivaniye ghrita*, *Chywanprashavleha, and Shilajatu*.[15] The use of ghee, milk, meat broth, *Shali rice*, wheat, and *Sathi rice* – along with the administration of Basti (medicated enema) therapy – is considered a particularly excellent remedy for seminal disorders. Thus, *Sage Atreya* has expounded here on the treatment protocols for all eight types of seminal disorders.[16] A patient suffering from *Klaibya* should first be thoroughly *Snehan* (~Oleation) and *Swedan* (~Hot Fomentation), followed by a *Snehayukta Virechan* (~therapeutic purgation). After this, a wise physician should have him eat food or administer *Asthapana Basti*. After this, administer *Anuvasana Basti* again, followed by *Asthapana Basti* using a combination of Palash (Dak), Castor root, Nagarmotha, etc.[17] Treatment for *Dhwajbhangaj Klaibya* – To alleviate the distress resulting from ED, one should administer *Pradeha* (~topical application of pastes) and *Parisheka* (~therapeutic affusion); alternatively, one may perform *Raktamokshana* (~bloodletting), followed by the oral intake of medicated fats (~*Snehapana*) and the induction of purgation (~*Virechana)* using unctuous substances. Following the purgation therapy, one should administer *Anuvasana Basti* (~oil enema) or *Asthapana Basti* (~decoction enema); furthermore, a learned physician should conduct all subsequent therapeutic interventions in the same manner as prescribed for the treatment of wounds.[18] *Jarajanye and Shukrakshey Janye Klaibya* – In cases of impotence arising from old age or excessive depletion of *Shukra* (reproductive fluid), beneficial purification therapy – administered with medicated oils – should be undertaken following the procedures of *Snehan* (oleation) and *Swedan* (fomentation).[19] In cases of impotence arising from old age or emaciation, one should administer *Kshirasarpi* (~medicated milk-ghee preparations), *Vrishya Yogas* (~aphrodisiac formulations), *Yapana Bastis* (~enema), and *Rasayana* therapies.[20] Treatment protocol according to *Sushrut* – In curable cases of male sexual disorders, treatment contrary to the causative factors (i.e., opposed to the disease-producing causes) should be administered.[21] Various formulations given by *Acharya* should be administered in the case of *Klaibya.* Such as *Vidarikand yoga*, *Amalak Yoga*, *Ashwatha Yoga*, *Vidarimoola Yoga*, *Masha Yoga*, *Godhumadi Yoga*, *SwayamGuptadi Yoga*, and *Katipaaya Yoga*.[22] All varieties of milk, all varieties of meat, and the *Kakolyadi group* are considered superior due to their aphrodisiac properties; therefore, they should be consumed.[23] Treatment protocol according to Vagbhata – After performing the customary auspicious rites, the physician administering the therapeutic regimen should first administer *Niruha* and *Anuvasana* enemas – enriched with ghee, oil, meat broth, milk, and sugar – to a patient whose constitution is unctuous and pure, and who subsists on a diet of milk and meat broth. Subsequently, he should employ *Vajikarana* formulations that are conducive to the enhancement of semen, progeny, and physical strength.[24] Various formulations given by *Vagbhatt* are *Gokshuradi Churna, Vidaryadi Avaleha,* etc. *Bheshajaya Ratnavali* mentions various formulations that are in the disease of *Dhwajabhang*, such as the *Laghu* and *Brihat Chandroudaya*, *Makar Dhwaja, Siddhasuta, Panchashara*, *Kamadeepak, Kamini Darpaghna, Kamagnisandipana, Pushpadhanva, Purnachandra, and Siddhashalmali Kalpa.* It is beneficial to always use ghee, *Sri Gopal oil, Pallavasara oil, Mahachandan,* etc., according to their Dushti. (~Defect).[25] Yogratnakar also mentioned formulations such as *Rasala Yoga, Shatviryadi Churna, Muslayadi Churna, Vanari Gutika, Pippalyadi Yoga, Vidarikanda Churna, Sitapalandu Ras, Gokshuradi Churna, Kesari Paka, Rativridhikara Modak, Rativallabhakhyapugappak, Kameshwar Modak, AmraPak, Kaminisandipan Modak, Shatavari Ghritam, Laghu VajigandhiSarpi, Chandanadi Tailam, MahaSugandhi Tailam, MadanKamdev Ras, MahaRajvati Ras, Purnendu Ras, Kameshwar, Vangeshwar, Til-Gokshuradi Churna, Gokshura Peya, Sinduradi Yoga, VriyaStmabha Vati, Kapikachu Pak, Durvadi Ghrita etc.*[26] [Flow Chart 4].

Management according to contemporary science includes lifestyle modification, psychosexual therapy, and pharmacological treatment. PDE5 inhibitors are the first-line therapy, while other options include intracavernosal injections, vacuum devices, and surgical interventions in refractory cases [Flow Chart 5].

4. CONCLUSION

An integrative approach that combines modern medical advances with Ayurvedic principles such as *Vajikarana*, *Rasayana*, and lifestyle modification may lead to more effective, sustainable, and patient-centered management of ED, ultimately improving overall health and quality of life.

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11. DISCLAIMER/VIEW AND OPINIONS

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12. AI-USE DECLARATION

The authors declare that no generative AI tools were used to create scientific content, interpret data, or draft any sections of this manuscript. AI-based tools were used solely for minor language and grammar refinements to improve clarity and readability. All scientific

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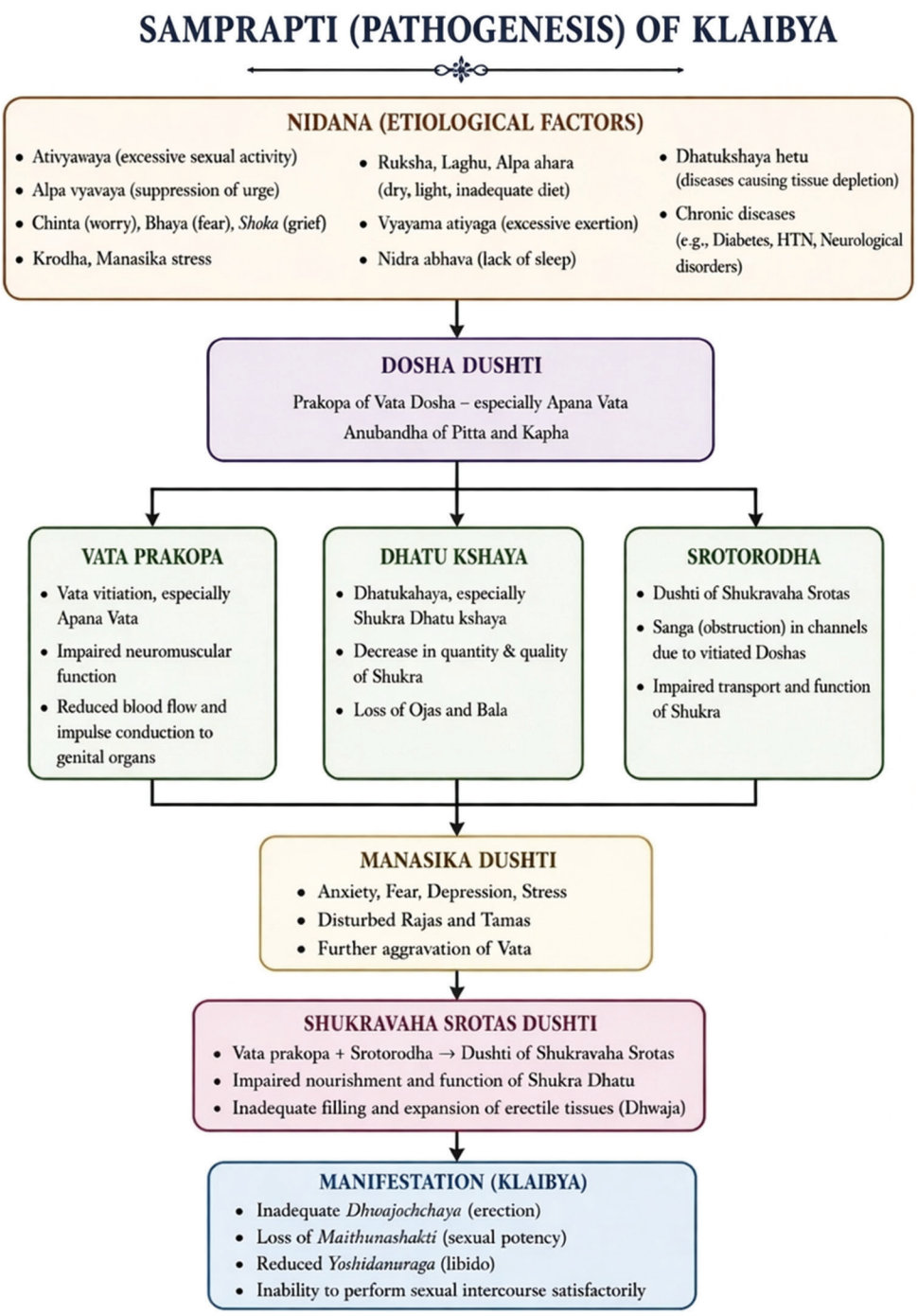
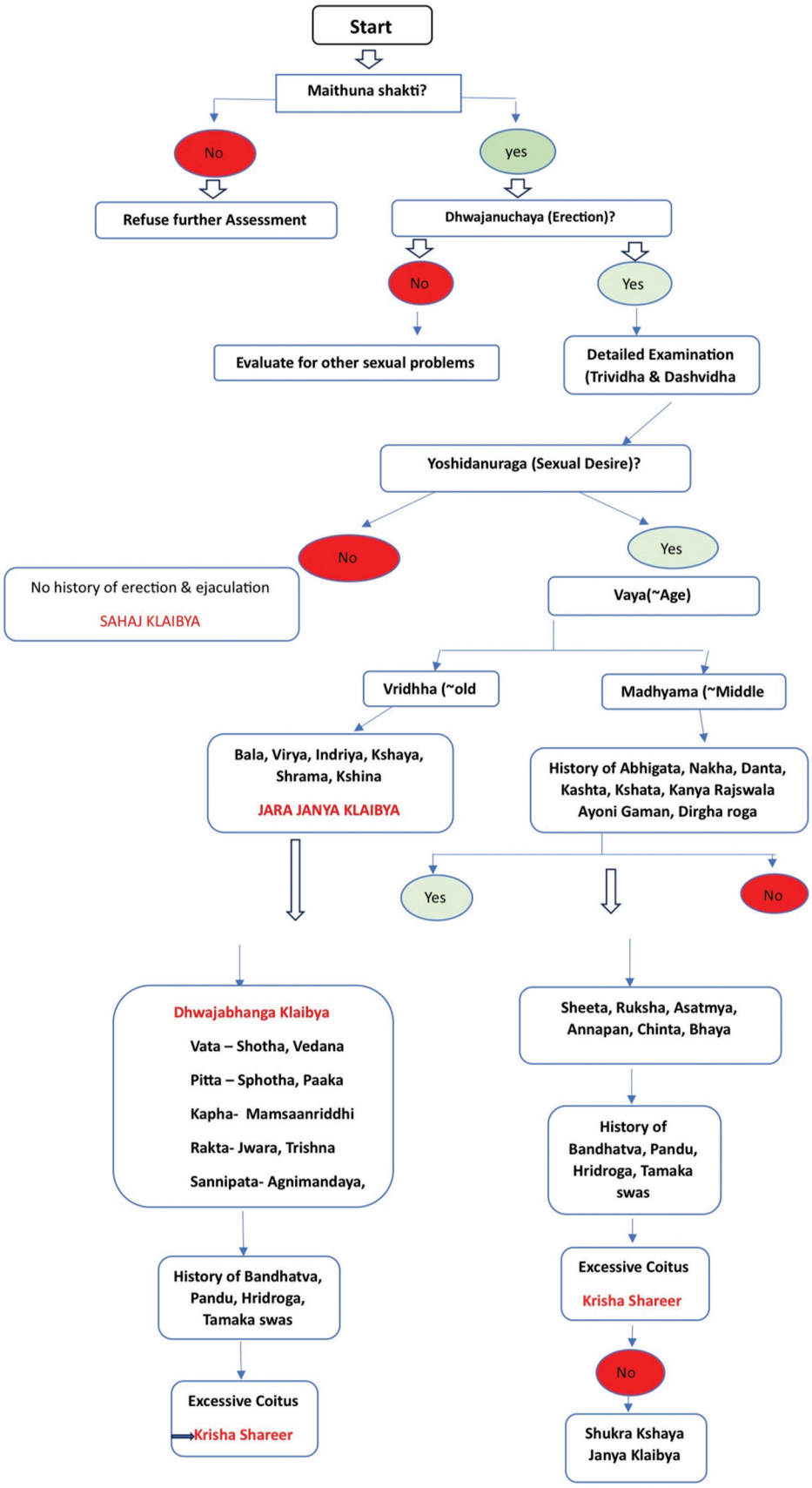
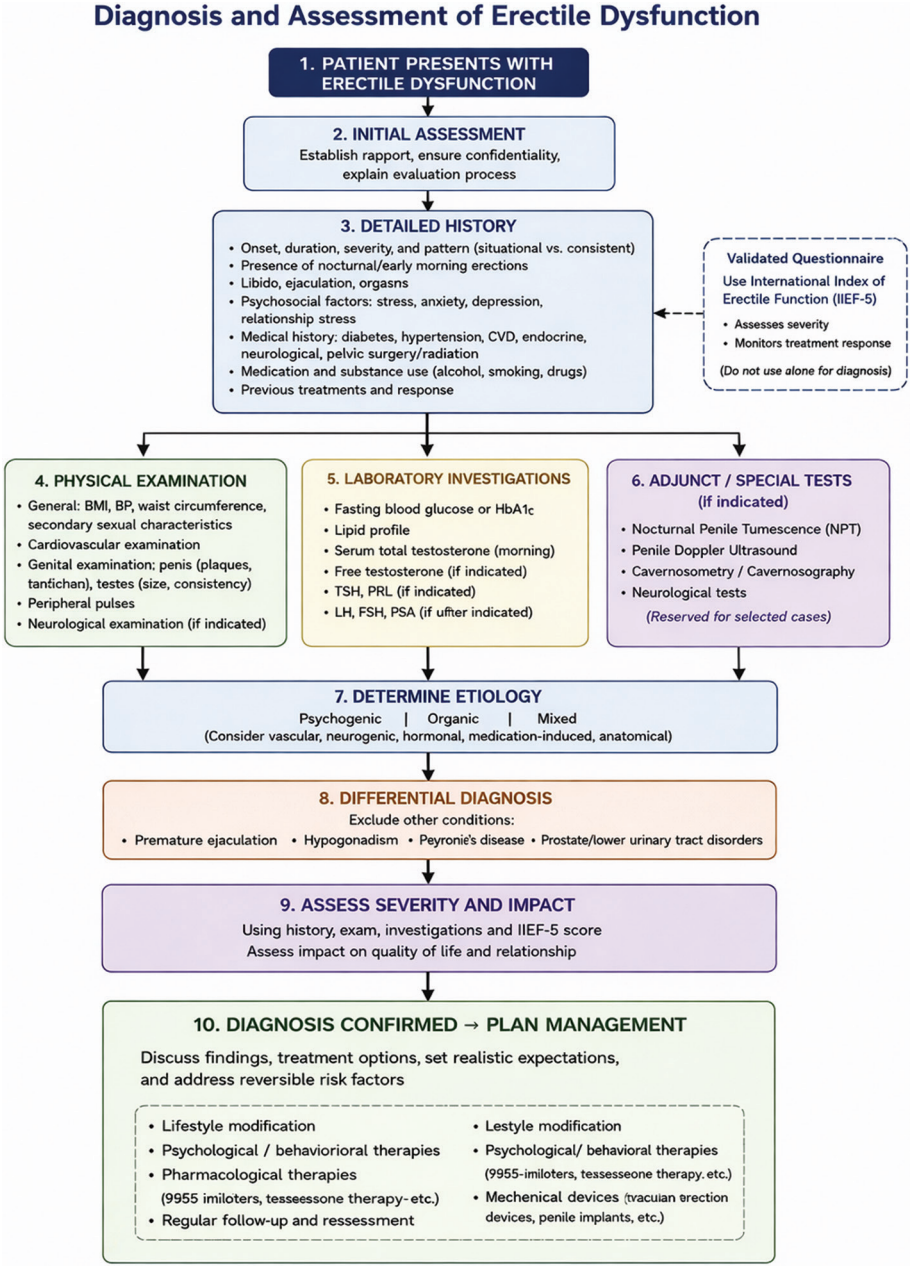


Flow Chart 1: *Samprapti* (~Pathogenesis) of *Klaibya*

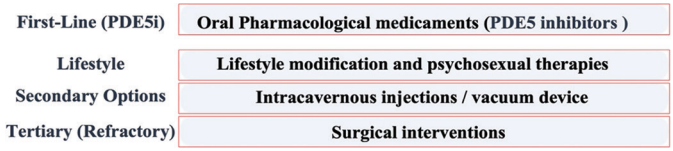


Flow Chart 2: Differential diagnosis of *Klaibya*



Flow Chart 3: Assessment of erectile dysfunction

Flow Chart 4: Management principles of *Klaibya* Ayurveda



Flow Chart 5: Management principles of *Klaibya* modern