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KLAIBYA (MALE SEXUAL DYSFUNCTIONS)-A LIFE STYLE DISORDER-AN OBSERVATIONAL STUDY TO EVALUATE THE ETIOLOGICAL FACTORS

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ABSTRACT :

Klaibya refers to impotence i.e a man who is not able to perform sex, being powerless, helpless or inability to carry out sexual activities. The male sexual dysfunctions have been elaborately described as *Klaibya* in *samhitas*. It includes all sorts of disturbances during coital performance. In fact it refers to a problem during any phase of the sexual response cycle that prevents the man from experiencing satisfaction from the activity that basically includes sexual desire (libido) disorders, sexual arousal (erectile) disorders, orgasm disorders and sexual pain disorders.

Key words: *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 dysfunctions are dealt in detail. The basic aim of the therapy is to maintain the sexual potency, fertility and to procreate healthy progeny in order to fulfill the four fold means of life i.e *Dharma, Artha, Kama* & *Moksha*. *Klaibya* is explained as lack of erection. The term *Aharsha, Apraharsha* describes male desire disorders and orgasm disorders respectively. Further *Shukragata vata* has been mentioned to describe ejaculatory disorders, as both early and delayed. The *Chaturvidha Klaibya* explained by *Charaka* are *Bijopaghataja, Dhwajabhangaja, Jaraja* and *Shukra Kshayaja*. *Bijopaghataja* occurs as a result of abnormality in the sperms, *Dhwajabhangaja* can occur due to inflammatory diseases of the penis, *Jaraja* can be considered as Andropause that occurs in old age due to decreasesd levels of testosterone and *Shukra kshayaja* occurs due to diminution in semen as a result of various *aharaja, viharaja* and *manasika karanas*. [1]Sexual dysfunctions cause a lot of frustration and interpersonal difficulties in married life.An individual suffering from sexual dysfunctions, often exhibit neuro-physiological, psychological and behavioural changes. These factors coexist and contribute each other. About 5% of 40 year old men and between 15 and 25% of 65 year old men experience sexual dysfunctions. Masters and Johnson reported fear of impotence in all men above 40 years of age. [2]

OBJECTIVES OF THE STUDY:

- To study about clinical incidence of etiologies, types, signs and symptoms in relation to male sexual dysfunctions in current medical practice.

MATERIALS AND METHODS:

Source of data: In present study the patients of *Klaibya* had been registered from OPD and IPD of *Kayachikitsa* and *Roganidana* department of SDM hospital, Udupi. The selection of cases had been done on the basis of clinical features. The diagnosis had been substantiated by laboratory findings.

METHOD OF COLLECTION OF DATA:

- A total of 20 patients suffering from *Klaibya* were selected for the study.
- A special proforma was prepared with details of history taking, physical signs, symptoms as mentioned in our classics and allied sciences. Patients were analyzed and selected accordingly.

INCLUSION CRITERIA:

- Male patients aged between 25 to 60 years.
- Patients suffering from primary and secondary sexual dysfunctions were selected.
- Patients suffering from infertility due to sexual dysfunctions.

B) EXCLUSION CRITERIA:

- Patients suffering from infertility due to inflammatory, infective conditions like orchitis , immunological disorders and female factors.

C) ASSESSMENT CRITERIA:

- *Klaibya* lakshanas explained in classics.
- Signs and symptoms of male sexual dysfunctions
- Investigations like complete blood count, blood sugar, urine analysis, lipid profile test.
- Special tests like NPT (nocturnal penile tumescence studies), biothesiometry and other tests if necessary.

DISCUSSION: Age: In this study 50% of the patients were in the age group of 25-35.40% of the patients belonged to the age group of 36-45 and 10% were in the age group of 46-60 which shows the relation of advanced age with the disease etiology. Sexual dysfunction is more commonly observed in people of above 50 years of age. Due to a drop in testosterone men 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.

Education: All the 20 patients in the present study were literate. Out of these primary schooling was 5%, attended high school 30%, attended higher secondary 30% and 40% were graduates. Therefore no nexus can be made between the educational status and sexual dysfunctions. Inadequate sex education, myths and misconceptions gained from pornographies might be the reason for sexual inadequacies in these individuals.

Occupation: In the present study the profession status was 10% business men,10% bar tenders, 10% carpenters, 40%office clerks ,15% bank employees, 5% priests, 5% policemen, 5% conductors. Maximum patients were from employee class. This shows the stress and busy way of life associated with anxiety and conflicts with their partner and the society in these selected study groups. *Ativyayama* is one of the causes of aggravation of *Vata, Dhatukshaya* in general and *Shukrakshaya* in specific which are the main causative factors involved in the pathogenesis of *Klaibya* and further they are having psychological distress in their marital life which direct towards the involvement of *Manasa bhava.*

Socio-Economic status: The present study shows that 35% belonged to the lower class, 60% from the middle class, and 5% from the rich. Suitable socio economic condition is an important factor in preventing sexual dysfunctions. The people from different socio economic condition are involved in sexual problems. Probably the reason may be because people experi-

ence lack of social status while they have more responsibilities. The middle class people are always having conflict with the situation. Hence they are prone to have high degrees of stress which is known to hamper the sexual life. The constraints of lower middle class in routine life may be contributory to already suffering individual.

Chronicity: The present study shows that maximum patients (60%) had chronicity of 1-3 years followed by >3 years (15%), 6-12 months (15%) and 0-6 months (10%). The more chronicity usually suggests the underlying deep pathologies, mainly organic in nature.

Type of disease: The study shows that all the patients had secondary ED (100%). Secondary type of disease is possibly indicative of Psychological disturbances.

Nature of disease: It was observed that 85% patients had non-progressive nature of disease and (15%) had progressive. The non-progressive nature usually denotes psychological disturbances.

NPT (Nocturnal Penile Tumescence): Maximum patients (85%) had NPT positive and (15%) negative.NPT is positive in case of psychogenic ED and negative in organic ED.

Associated disease: The present study shows that 10% had Diabetes mellitus; obesity, Hypertension, Acid Peptic disease and 5% had InterVertebral Disc Prolapse and Fissure in ano. Diabetes mellitus is one of the most common causes of sexual dysfunction seen in men. One of the complications of diabetes is diabetic neuropathy causing loss of vibratory sensations of the lower part of the body including the glans. As a consequence of excess fat, the following abnormalities like increased estrogen production, a raise in Sex hormone binding globulin (SHBG), some degree of FSH suppression, variable LH levels, . Vascular changes in the arteries, autonomal neuropathy and gonadal dysfunction, accompanying depletion of Nitric Oxide an Guanosine monophophate in corpus cavernosum. Accompanying dyslipidaemia negatively affects blood circulation in the penis. All the above contribute in diabetic patients, where onset of ED occurs perhaps 10-15 years earlier than the corresponding age groups in general population. Men in their 30s and younger with diabetes may also experience sexual dysfunction. When the arteries become narrower and harder blood doesn't flow as freely. Since erections depend on the ability of blood to fill the penis this can be troublesome for men trying to achieve erection. IVDP can interfere with sex by causing pain that may make sex uncomfortable. It can also alter mood, sleep habits and attitude.

Sleep pattern: Sleep is included under *Trayopastambha* responsible for maintaining health; however a continuous disturbed sleep may affect the normal physical as well as mental well being of a person. Sound and proper sleep is attributed property of *Vrshya* in *Ayurveda*. In this study maximum patients (65%) were enjoying sound sleep while 35% patients had disturbed sleep. Disturbed sleep for long duration and less sleep disturbs the hypothalamic regulations and hence the sexual feelings and capacity. Disturbed and less sleep aggravates the *vata* and makes the person lethargic, both hampers the sexual arousal.

Exercise pattern: Exercise is essential to keep the body fit. The study shows (70%) were performing moderate amount of exercises and (30%) less amount of exer-

cises. Sedentary life style is known to cause diabetes mellitus, obesity and sexual dysfunctions.

Bathing habits: Present study shows that 80% had the habit of taking cold water bath and 20% hot water bath. Habit of taking frequent hot water bath is likely to interfere with one of the important factors in the thermoregulation of scrotum-the scrotal dissipation of heat Elevated temperature brings disruption of the normal absorptive and secretory functions of the cauda epididymis. Rise in temperature diminishes the storage capacity of the cauda epididymis also reduces sperm numbers in the ejaculate. The intrascrotal temperature has to be steadily kept lower than the corporeal temperature by 2 to 2.5 degree in order to let the testes perform its normal spermatogenic function.

Wearing undergarments: 90% of patients were wearing loose undergarments while 5% wear tight undergarment and no undergarment. Prolonged wearing of tight underwear have bearing on blood flow to the penis. It causes the testicles to overheat which reduces sperm count and movement. Ideally the testicles need to stay at or a couple of degrees below room temperature to ensure that they are in optimum condition.

Addiction: In the present study it has been observed that smoking (10 %), Paan (10%) and Alcohol & (15**%).** The tobacco chewing and smoking both are known to cause the narrowing of the micro arteries and arterioles (vaso constricting effect), which is the main cause for vascular erectile dysfunction. Smoking, heavy drinking may adversely affect a man's ability to have an erection. Nicotine not only decreases arterial blood flow but it also blocks cavernosal smooth muscle relaxation. Use of alcohol may decrease the ability of nervous system to close off the necessary valves and thus inebriated men often fail to achieve or to maintain erection. Alcohol consumption lowers the plasma testosterone synthesis, though the alcohol in little quantity increase the libido but the long term and excessive use may induce impotence by several mechanism like peripheral neuropathy, testicular dysfunction, an effect on the hypothalamo-pituitary axis as well as impaired hepatic functions, resulting in increased serum estrogen levels. Even moderate levels of alcohol consumption may impair erectile function. There is no evidence found that tea or coffee can causes erectile dysfunction.

Relation with wife: Maximum patients i.e. 90 % had satisfactory relation with their wife but in 10% had no satisfaction. Misunderstanding in this relation was observed. Relation with wife plays pivot role for maintaining the harmony of marital life in general and the sexual life in particular. The quality of ones relationship is a prime factor for developing or worsening sexual dysfunctions. The unsatisfactory and misunderstanding nature of relation with wife or trouble in relationship leads to lack of desire and poor arousal.

Source of knowledge about sex / foreplay: The sources of knowledge about sex / foreplay for maximum number of patients were friends 10 % patients whose source were movies and magazines formed 80%. As the Myths, misconceptions and unusual expectations are responsible for sexual dysfunction in general and erectile dysfunction in particular in many cases. Hence sexual education from a genuine source is essential.

Premarital & Extramarital affairs: In the present study 25 % had premarital &

extramarital affairs. Experiences of the premarital & extramarital affairs will definitely have the impact on sexual life after marriage especially the failure and the bad experiences during the foreplay or the coitus particularly with the prostitutes causes mental trauma and the person develops anxiety about his performance and depression after repeated failure is encountered, which hampers later on the marital sexual life. That may be the reason in the individuals reported pre-marital affairs and extramarital affairs..

Attainment of puberty and development of secondary sexual characters:

Maximum patients (85%) had well developed secondary sexual characters and 15% had moderately developed secondary sexual characters. Delayed puberty may be seen in chromosomal disorders like Klinefelters syndrome, Kallaman's syndrome etc. Deficiency of testosterone may lead to poor growth and development of secondary sexual characters like growth of pubic, axillary, facial and chest hairs, thickening of the skin, increased sebaceous gland secretions, consequent deepening of the voice.

Laboratory findings (Hb%): 10% patients had moderately less Hb% between 10-12% and 90% were between 13-15%. Blood count for any potential haematological 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 problems.

Laboratory findings (RBS): The study shows 10% had moderately increased levels of RBS between 140-220mg/dl and 90% between 60-140 mg/dl. Erectile dysfunctions and decreased libido are common amongst diabetics. Hence checking of blood sugar level for diabetes is very important.

Laboratory findings (Total Cholesterol): The study shows 10% had moderately increased levels of Total cholesterol between 250-300mg/dl and 90% with < 250.Checking the levels of total cholesterol are important to rule out hyperlipidaemia. The level of cholesterol may signify the presence of arteriosclerosis, which negatively affects the blood circulation in the penis.

Seminogram (Total count): 10% had total sperm count less than 20 million/ml and 5% were between 20-40 million/ml and 85% showed sperm count more than 40 million/ml. The total sperm count is the most informative investigation in the evaluation of semen. A count less than 20 millions/ml is considered as severely oligospermic, deficiency of spermatozoa in semen.

Seminogram (Motility): 10% had motility less than 40% and 5% between 40-50% and 85% showed more than 50% sperm motility**.** The sperm motility, the quality of sperm movement is an important feature of semen quality. The sperms which are able move forward at a faster rate are alone capable of swimming up to the ovum to fertilize it. A value less than 50% indicates asthenospermia i.e. Poor sperm motility suggesting that the testes are producing poor quality sperms and are not functioning properly.

***Agni*:** In the present study maximum patients were possessing *Samagni* (75%), followed by *mandagni (20%)* and *Vishamagni (5%).Rasavaha sroto dusti* may be the cause for *Klaibya in* patients with *mandagni* and in patients of *vishamagni* the cause may be the aggravation of *vata* due to irregular dietary habits

and improper digestion which results in *Dhatu Kshaya.*

Koshta: It was observed that maximum patients were having *madhyma koshta* (80%) followed by *mridu* (15%) and *Krura* (5%). In *Krura Koshta* patients, *Vata Prakopa* and feeling of incomplete evacuation may cause defective sexual arousal.

Prakriti:The surveillance regarding the *Prakriti; Sharirika* as well as *Manasika* of Patients(of this study) showed individuals of *Vata-Pitta Prakriti* (25%), *Vata-Kapha* (30 %), *Kapha Prakriti* (10 %), *Pitta-Kapha* (25 %) and *Vata Prakriti* (10%). The *Manasa Prakriti* of maximum patients (55 %) was of *Rajas Tamas* type, followed by *Satva- Rajas Prakriti* (25%)and *Satva-Tamas Prakriti* (20.%). According to Ayurveda, *Vataja & Pittaja Prakriti* individuals are prone for *Alpashukrata* .

Sara, Samhanana & Satmya: In the present study, *Madhyama Sara, Samhanana & Satmya* was found in all the pts indicating that they were healthy otherwise but have sexual problems only.

Satva: It was observed that 40% of the patients were of *Madhyama Satva* and 50% patients of *Avara Satva* and (10%) were of *Pravara satva. Chakrapani* specially mentioned that *Klaiba* is one who is having *Hina Satva* According to the modern science also, will power plays an important role in getting better erection with sufficient rigidity and in performing better sexual act. *Charaka* says that *Sankalpa* (will power) is the best among all *Vrushyas* and *Daurmanasya* (low will power) is the fore most in all *Avrushyas.*

Vyayama Shakti: It was observed in the study that 25% were having *Avara Vyayama Shakti* and the remaining 70% patients with *Madhyama Vyayama Shakti* and 5% with *Pravara Vyayama Shakti*. *Avara Vyayama Shakti* is suggestive of *Daurbalyata i*n these individuals.

Aharajanya Nidana: In the present study 30 % patients were habituated to *Katu Rasa*, 30 % consumed *Lavana Rasa* in excess, 40% took *Amla Rasa* in more quantity, 30 % patients consumed *Asatmya Ahara*, 25 % patients indulged in *Ajirna Bhojana*, 25% in *Vishamasana*,10 % patients in *Alpa Bhojana* and 10% patients had *Anasana* as one of the *Aharajanya Nidana*. *Ati Amla-Lavana-Katu Sevana* increases *Pitta* which leads to *Balahani* and *Indriya Daurbalya* . In addition to Ati Lavana, Katu & Kshara Sevana causes *Pumsatvaghata* & *Shukra Dushti*. While, *Viruddhashana, Asatmya Ahara, Vishamashana* and *Ajirna Bhojana* causes Grahani Dushti & Ama Sanchaya, leading to *Anuloma Dhatu Kshaya* & *Vata Prakopa* resulting into *Klaibya*. *Alpa bhojana, Rukshya Bhojana* and *Anashana* causes *Dhatu Kshaya* and *Vata Prakopa* which leads to *Klaibya*.

Viharjanya Nidana: In *Vihara Janya Nidana*, *Shrama* was reported as a *Nidana* in maximum patients (20 %) followed by *Ati Vyavaya* (5%). Because of *Shrama Vata Prakopa* and Anuloma *Dhatu Kshaya* occurs while *Ativyavaya* and *Abhichara* cause *Pratiloma Shukra Kshaya* and these are the causative factors of *Shukravaha Sroto Dushti*.

Mansabhava janya Nidana: Maximum patients (40 %) were reported with *Udvega* as *Nidana* followed by patients with *Bhaya*(20 %) and patients with *Chinta*(40 %),.The rigid upbringing, negative intial experiences,lack of sexual education and the personality trait in itself viz introversion ,dull, fearful individuals are prone to this. *Chinta, soka, bhaya, krodha,udvega,*

avicara, *avisrambha* etc are the prime *manovikaras* they vitiate the general functioning of *manas* as well as its higher mental and recreational functions i.e sexual arousal, orgasm etc by altering *doshik* configuration *vata* in particular in turn *rasa dhatu* and *sukra dhatu* in specific. All these factors cause psychological disturbances in general and dysfunctions of neuroendocrine system which controls the sexual behavior and the vascular changes during erection in particular.

***Dosha prakopa*:** The study shows that 80% had shown symptoms of *vata prakopa* followed by (10% with *Pitta* and *kapha prakopa* respectively. This suggests that the aggravation of *vata* is the main causative factor in the manifestation of *Klaibya* since it plays an important role in achieving erection and ejaculation.

Sroto dusti: The study shows that 100% patients had *Sukravaha sroto dusti lakshanas*,80% with by *rasa vaha sroto dusti lakshanas* followed by 10% with *Pranavaha, Annavaha, Medovaha, raktavaha sroto dusti lakshanas*. This observation supports the classical theories mentioned in the textbooks where *Klaibya* is mentioned as one of the main symptom of *Rasavaha* and *Sukravaha Srotodusti*[4]. The involvement of other *srotas* like *medovaoha, annavaha, raktavaha* may be due to associated disease like *madhumeha, Sthoulya* and *Bhrama*.

***Sukragata vata lakshanas*:** The lakshanas of *sukragata vata* had been observed in 15% patients, *Kshipram munchati* i.e premature ejaculation in 65% and *Badhnati sukram* i.e retention of semen in 10%. This once again supports the information mentioned in the textbooks. [3]

CONCLUSION:

- The study shows Male sexual dysfunctions are largely the result of psychological or lifestyle problems. Psycholgical Stress, depression, major financial crisis, bereavement, premarital and extramarital affairs have profound influence on mind and are capable of causing psychogenic male sexual dysfunctions.
- The study shows smoking Tobacco chewing, Smoking, heavy drinking also adversely affects a man's ability to have an erection.
- Diabetes mellitus, Obesity has been identified as one of the causes of Organic sexual dysfunction.
- The study shows that *Klaibya* is due to excessive intake of *amla, lavana, katu ahara* .*Sushruta* explains that these *aharaja nidanas* can lead to *Pittaja Klaibya*[5].
- The study shows that *aharaja karanas* such as *asatmya bhojana* and *alpa bhojana* and role of *Manasika Karanas* like *Udvega, chinta, Bhaya* leads to *Klaibya* whereas *Charaka* explains that these *nidanas* can lead to *Beejopaghatajanya* and *Sukrakshayajanya*[6] variety of *Klaibya*.
- The studies also proved that *Klaibya* can occur after marriage due to staying away from home for occupational commitments or prolonged abstinence. *Sushruta* terms this condition as *Shukrastambhaja Klaibya*. ie impotence due to sexual abstinence *Charaka* said that suppressing the urge for sexual thinking or sexual activities as most important factor for impotence.

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