



## Comprehensive Review of Vajikarana Treatments: Addressing Klaibya a Rasapradoshaja Vikara

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### ABSTRACT

In Ayurveda physiology, the text mentions that our body is composed of *Sapta Dhatu* (*Rasa, Rakta*, etc.). *Dhatu* is an essential component of the body. Among these seven *Dhatu*, the initial one, namely *Rasa Dhatu*, is the most important and performs a number of functions in the body to keep us healthy. If *Rasa Dhatu* is pure and normal in amount and function, the growth of the next 6 dhatus, i.e., *Rakta, Mamsa*, etc., will also be the same in properties. The functions of *Rasa Dhatu* start from intrauterine life and continue throughout life. *Rasa Dhatu* contains all the nutrients required to nourish the body. *Acharya Sushruta* mentioned that the human body is a product of *Rasa*. As *Rasa Dhatu* nourishes the body and helps it to stay healthy, one should always put effort into protecting the *Rasa Dhatu*. Male sexual dysfunctions have been elaborately described as *Klaibya* in classics. *Klaibya* refers to "erectile dysfunction (E.D.)," commonly known as "impotence," and it is one of the *Rasa-Pradoshaja-Vikara* and also mentioned under *Shukra-Pradoshaja-Vikara*. In present days, canned food, preserved food, highly irregular meal timings, and mental factors like fear, anxiety, stress, and tension lead to disturbed physical and mental health status. These are risk factors for sex-related disorders as described by *Acharya Charaka*: "*guruśītamatisnigdhamatimātram samaśnatām rasavāhīni duṣyanti cintyānām cāticintanāt*" (i.e., heavy, cold, excessively oily, and overabundant food, coupled with prolonged mental exertion, can disturb the *Rasa Dhatu* pathways). *Acharya Charaka* has expounded four types of *Klaibya*, namely *Bija-Upghata, Dhvajabhanga-Janya, Jara-Janya*, and *Shukra Kshaya*. In *Brihatrayi*, various treatment modalities, i.e., *Sodhana, Shamana, Rasayana*, and *Vajikarana*, have been prescribed in the management of *Klaibya*.

**Keywords:** *Rasapradoshaja Vikara, Klaibya, Erectile Dysfunction*

### INTRODUCTION

#### *Rasa Pradoshaja Vikara and Klaibya*

*Dosha, Dhatu*, and *Mala* are considered the fundamental constituents of the body. Just as a cloth is woven from threads and knots, the body is formed from these three basic components. Just as the growth and decline of a plant depend on its roots, any imbalance in these foundational elements can affect the entire body, leading to various ailments.

*Rasa Dhatu*, the first of the seven dhatus, is formed through the action of *Jatharagni* on *Ahararasa*. Its primary function is to strengthen the *Rakta* (blood) and nourish the entire body. After the complete digestion and assimilation of food, *Rasa Dhatu* is the first *Dhatu* to be formed.

*Rasa* is considered a "*Gati-Darshak*" *Dhatu*, indicating its continuous flow day and night. The term "*Rasa*" implies motion, as it circulates throughout the body in a liquid state continuously. It represents the best or prime part of anything, whether liquid or fluid. *Preenana*, or nourishment, of all body components is the primary function of *Rasa Dhatu*. It continuously nourishes the entire body, supporting growth and maintaining bodily activities. "*Rasa Pradoshaja Vikara*" refers to the pathological changes that occur in the body due to the vitiation of *Rasa Dhatu* by the *Dosha*. *Hetu Sevana* leads to an imbalance in the formation of proper *Rasa Dhatu*. *Rasa Pradoshaj Vikara* arises due to *Agnimandya, Ama Utpatti*, and *Strotorodha*.

#### *Concept of Klaibya*

*Klaibya* can be understood under two spectrums: one due to *Rasa Pradoshaja* and the other under *Shukra Pradoshaja*.

**Definition of *Klaibya* according to different Acharyas:**

Means lack of penile erection.<sup>1</sup>

Means lack of penile rigidity<sup>2</sup>

*Acharya Charaka* explains that when a person is unable to cohabit with a submissive, beloved partner due to the looseness of his penis, although there is a constant firm desire to do so, or if sometimes attempts to engage in sexual activity result in breathlessness, fainting with profuse perspiration, and all attempts end in failure without ejaculation due to flaccidity of the penis, it is considered *Klaibya*. From this, it is clear that lack of erection and lack of rigidity are the cardinal features of *Klaibya*. Hence, it is more appropriate to use the term "erectile dysfunction" or "erectile disorder of males" in particular for describing this condition.

**Erectile Dysfunction:**

Erectile dysfunction (ED) is not considered a normal part of the ageing process. Nonetheless, it is associated with certain physiological and psychological changes related to age. In the Massachusetts Male Ageing Study (MMAS), a community-based survey of men aged 40–70, 52% of respondents reported some degree of ED. Complete ED occurred in 10% of respondents, moderate ED in 25%, and minimal ED in 17%. The incidence of moderate or severe ED more than doubled between the ages of 40 and 70. In the National Health and Social Life Survey (NHSLs), which included a sample of men and women aged 18-59, 10% of men reported being unable to maintain an erection (corresponding to the proportion of men in the MMAS reporting severe ED). The incidence was highest among men in the age group 50-59 (21%) and men who were poor (14%), divorced (14%), and less educated (13%).

The incidence of ED is also higher among men with certain medical disorders, such as diabetes mellitus, obesity, lower urinary tract symptoms secondary to benign prostatic hyperplasia (BPH), heart disease, hypertension, and decreased high-density lipoprotein. Smoking is also a significant risk factor in the development of ED. Medications used in treating diabetes or cardiovascular disease are additional risk factors. Psychological causes of ED include depression, anger, stress from unemployment, anxiety (especially among younger men), and other stress-related causes.

Causes include vasculogenic, neurogenic, endocrinological, diabetic, medication-related, and psychogenic factors. Two mechanisms contribute to the inhibition of erections in psychogenic ED. First, psychogenic stimuli to the sacral cord may inhibit reflexogenic responses, thereby blocking the activation of vasodilator outflow to the penis. Second, excess sympathetic stimulation in an anxious man may increase penile smooth-muscle tone. The most common causes of psychogenic ED are performance anxiety, depression, relationship conflict, loss of attraction, sexual inhibition, conflicts over sexual preference, sexual abuse in childhood, and fear of pregnancy or sexually transmitted disease. Almost all patients with general ED, even when it has a clear-cut organic basis, develop a psychogenic component as a reaction to ED.

**Etiology and Pathogenesis of *Rasa Pradoshaja Vikara* and *Klaibya* According to *Ayurveda*<sup>3</sup>**

When the *Rasa Dhatu* is in a balanced state, it results in the formation of healthy *Rakta* (blood).<sup>4</sup>

When individuals indulge in heavy, cold, excessively oily, and overabundant food, coupled with prolonged mental exertion, they become susceptible to disturbances in the *Rasa Dhatu* pathways.<sup>5</sup> These disturbances manifest as various health issues, disrupting the body's equilibrium and vitality.

Heavy and cold foods, such as rich desserts or refrigerated items, disrupt the digestive fire (*Agni*) and impede the proper digestion and assimilation of nutrients. Overly oily foods aggravate *Kapha Dosha*, leading to sluggishness and congestion in the channels responsible for transporting *Rasa Dhatu*. Additionally, consuming food in excessive quantities overwhelms the digestive system, hindering its ability to process nutrients effectively.

Furthermore, worrying too much strains the mind and body, depleting vital energy and disturbing the balance of *Dosha*. This mental exertion disrupts the smooth flow of *Rasa Dhatu*, leading to its accumulation or depletion in various tissues, ultimately resulting in health issues.

<sup>1</sup> Agnivesha. Carakasamhita: Sutrasthana , 28 Adhyaya verse 18 Cakrapani Last accessed on 2024 Sept 06 Available from: <https://niimh.nic.in/ebooks/ecaraka>

<sup>2</sup> (As.Sa.Ci. 13/32 Indu)

<sup>3</sup> Dr. C. Bhuvaneshwari, et al. CONCEPTUAL STUDY of RASA PRADOSHAJA VIKARAS. International Ayurvedic Medical Journal. ISSN: 2320 5091 Available from: [https://www.iamj.in/posts/images/upload/3098\\_3111.pdf](https://www.iamj.in/posts/images/upload/3098_3111.pdf).

<sup>4</sup> Sushruthsamhita Dalhan Tika With Nibandhsangrah. :Sutrasthana; 14 Adhyaya,verse 3 Dalhan Tika. Last accessed on 2024 Sept 06

<sup>5</sup> Agnivesha. Carakasamhita: Vimanasthana , 5 Adhyaya verse 13 Cakrapani Last accessed on 2024 Sept 06 Available from: <https://niimh.nic.in/ebooks/ecaraka>

**Rasa Pradoshaja Vikara:**

| <i>Vikara</i>       | <i>Charaka [Ch.Su. 28]</i> | <i>Sushruta [Su.Su.24]</i> |
|---------------------|----------------------------|----------------------------|
| <i>Asraddha</i>     | +                          | +                          |
| <i>Aruchi</i>       | +                          | +                          |
| <i>Asyavairasya</i> | +                          | +                          |
| <i>Arasangyata</i>  | +                          | -                          |
| <i>Hrillasa</i>     | +                          | +                          |
| <i>Gaurava</i>      | +                          | +                          |
| <i>Tandra</i>       | +                          | -                          |
| <i>Angamarda</i>    | +                          | +                          |
| <i>Jwara</i>        | +#                         | +#                         |
| <i>Tama</i>         | +                          | -                          |
| <i>Pandutva</i>     | +                          | +*                         |
| <i>Shrotorodha</i>  | +                          | +*                         |
| <i>Klaibya</i>      | +                          | -                          |
| <i>Angasada</i>     | +                          | +                          |
| <i>Krushangata</i>  | +                          | +*                         |
| <i>Agninasa</i>     | +                          | -                          |

Acharya Sushruta discussed *Pandu Roga*, *Margoparodha*, and *Karshya* instead of *Pandutva*, *Shrotorodha*, and *Krushangata*. In *Rasapradoshajavikara*, Acharya Charaka listed 18 diseases, while Sushruta mentioned 16. Sushruta outlined these diseases briefly in the *Sutrasthana* without detailing management principles.

The concept of *Klaibya*, derived from "*Klibr*," denotes masculine potency issues or impotence. It refers to difficulties like erectile dysfunction or unsatisfactory sexual performance due to various causes described by Charaka and Sushruta.

**Classification of *Klaibya*<sup>6</sup>:** The classification of *Klaibya* is based upon the aetiology of the disease

Charaka has classified *Klaibya* into 4 types

1. *Dhwajabhangaja Klaibya*
2. *Bijopaghataja Klaibya*.
3. *Sukra Kshayaja Klaiby*.

<sup>6</sup>Rathore V, Tiwari D, Hitesh K, Kaushik. KLAIBYA. World Journal of Pharmaceutical and Medical Research www.wjpmrcom | . 2015;9:168.

#### 4. Jaraja Klaibya.

*Sushruta* and *Bhavaprakasha* have classified the same into six types via

1. *Manasa Klaibya*
2. *Saumya Klaibya*
3. *Dhatukshaya/Pittaja Klaibya*
4. *Sukra Kshayaja Klaibya*
5. *Medrarogaja Klaibya*
6. *Sahaja and Sthira Sukranimitaja Klaibya*

*Beejopaghataja Klaibya* is due to abnormality in sperm. *Dhwajopaghataja Klaibya* is due to inflammatory disease of the penis. *Sukrakshayaja Klaibya* is due to diminution of semen. *Jaraja Klaibya* is due to a decreased level of serum testosterone in old age.<sup>7</sup>

#### **Treatment of Klaibya according to different Acharyas:**

Treatment involves specific therapies such as enemas, aphrodisiacs, and herbal formulations tailored to each type of *Klaibya*. *Vajikarana* therapy revitalises the elements of the body and restores balance and health. Management includes both general and targeted approaches to restore sexual health, considering individual strength and *Dosha* imbalances. Some *yoga* mentioned in *charaka samhita* for ED are:

- ❖ *Vajikarana Ghrita*: Best for erection<sup>8</sup> Ca.Ci. 1/2/1-33
- ❖ *Vrishya Pippali Yoga*<sup>9</sup>: Useful for erectile dysfunction Ca.Ci.1/2/3-12

## DISCUSSION

One can infer that the four chapters of *Vajikaran* are detailed to treat or prevent specific types of *Klaibya* as follows:

1. ***Samyogasharirmuliya Vajikarana Adhyaya*** for *Beejopaghaataja Klaibya*: This chapter focusses on treatments aimed at disorders related to the movement or vitality of semen (*Beejopaghaataja Klaibya*), addressing them through specific *Vajikarana* therapies.
2. ***Aasaktaksheriya Vajikarana Adhyaya*** for *Dhwajopaghataja Klaibya*: Here, the emphasis is on treatments for *Klaibya* caused by disorders related to the flag or emblem (*Dhwajopaghataja Klaibya*), likely involving therapies to enhance virility or treat sexual dysfunction through *Vajikarana* methods.
3. ***Mashparnabhrtiya Vajikarana Adhyaya*** for *Jarasambhavaj Klaibya*: this chapter deals with *Klaibya* originating from old age (*Jarasambhava Klaibya*), focusing on rejuvenation and addressing sexual or reproductive issues associated with aging through specific *Vajikarana* formulations and practices.
4. ***Pumanjatabaladi Vajikarana Adhyaya*** for *Shukrakshayaja Klaibya*: This chapter concerns *Klaibya* arising from depletion of semen (*Shukrakshayaja Klaibya*), focusing on treatments to enhance semen quality and quantity and rejuvenate reproductive health through *Vajikarana* therapies mentions the use of *Shilajatu*.

These chapters provide a structured approach within *Vajikaran* to address various forms of *Klaibya*, each targeting different underlying causes and manifestations of sexual or reproductive disorders through specific *Vajikarana* treatments and formulations. Specifically, *Shilajatu*, a natural substance derived from mountainous regions, is rich in fulvic acid, humic acid, and numerous minerals, which are believed to support reproductive health. *Shilajatu* efficacy in improving sperm count and quality, exploring its biochemical mechanisms and clinical outcomes. Key findings suggest that *Shilajatu* supplementation may enhance sperm production, motility, and morphology by mitigating oxidative stress, promoting mitochondrial function, and regulating hormone levels.<sup>10</sup>

<sup>7</sup>Shekh N, Ramnihor T, Jaiswal, Ram M, Prakash S, Jr2. CRITICAL STUDY OF KLAIBYA W.S.R. TO ERECTILE DYSFUNCTION. World Journal of Pharmaceutical and Medical Research www.wjpmrcom | . 2015;8.

<sup>8</sup> Chaudhary P, Lamba N, Mehra B. VRISHYA AND VAJIKARANA - EXPLORING ANCIENT SCIENCE OF APHRODISIACS. Journal of Research and Education in Indian Medicine (Est1982). 2017;(1-2):1.

<sup>9</sup> Chaudhary P, Lamba N, Mehra B. VRISHYA AND VAJIKARANA - EXPLORING ANCIENT SCIENCE OF APHRODISIACS. Journal of Research and Education in Indian Medicine (Est1982). 2017;(1-2):1.

<sup>10</sup> Kaltsas, Aris. "Oxidative Stress and Male Infertility: The Protective Role of Antioxidants." *Medicina-Lithuania*, vol. 59, no. 10, 4 Oct. 2023, pp. 1769–1769, <https://doi.org/10.3390/medicina59101769>.

As per text, human sexual behaviours are often compared to animals, defining various styles:<sup>11</sup>

*Chataka* (Sparrow): Multiple short-term conjugations with a small amount of semen production.

*Gaja* (Elephant): Infrequent, prolonged conjugation with abundant semen discharge.

*Vrusha* (Bull): Regular, stable seasonal conjugation with a higher quantity of semen.

*Ashwa* (Horse): Regular, forceful, dynamic conjugation with average semen quantity.

*Vajikarana* therapy (the science of aphrodisiacs, virility, and improving the health of progeny), rooted in Ayurveda, aims to enhance sexual potency and overall health. The therapy is preceded by living in strict compliance with the directions mentioned in Ayurvedic classics, various methods of body cleansing, and other non-medicinal strategies like sexual health-promoting conduct, behaviour, and diet.<sup>12</sup> followed by administering herbal and herbo-mineral formulations based on an individual's *Dosha* constitution. Additional practices include massage with medicated oils, herbal baths, and sensory stimulations like music aimed at rejuvenating sexual vigour akin to that of an 8-year-old horse. However, the main aim of *Vajikaran* is always successful copulation for healthy reproduction, with sexual pleasure being just an additional benefit; therefore, it is considered a part of 'eugeney.' However, this therapy is also described under various sexual and reproductive diseases, i.e., *Klaibya* or erectile dysfunctions, *Bandhyatva* or infertility, *Shukraghata Vata* or azospermia, and premature ejaculation.<sup>13</sup>

*Rasayana* drugs, including *Vajikarana Rasayana*, act on the neuro-endocrine-immune system, particularly influencing the hypothalamus and limbic system. They claim adaptogenic actions reduce sexual anxiety and enhance sexual desire and performance. These therapies are also proposed to treat conditions such as erectile dysfunction, infertility, and premature ejaculation by revitalising the body's seven *Dhatu* (body elements) and restoring balance.

Critically, *Vajikarana* faces challenges in modern scientific validation due to limited experimental studies and issues like formulation standardisation and herb purity. Addressing these through rigorous research, including randomised controlled trials, is crucial to establishing efficacy, safety, and broader acceptance within modern medical frameworks.<sup>14</sup>

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## CONCLUSION

Understanding the principles of Ayurveda in relation to *Rasa Dhatu* and its disorders like *Klaibya* provides holistic insights into the management of erectile dysfunction and related conditions. One of the prominent disorders associated with *Rasa Pradoshaja Vikara* is *Klaibya*, which correlates with erectile dysfunction (ED). *Klaibya* is characterised by the inability to achieve and maintain penile erection sufficient for satisfactory sexual intercourse. Ayurveda texts categorise *Klaibya* into different types based on its aetiology, such as *Beeja-Upghataja* (due to dietary factors), *Dhwajabhanga-Janya* (due to trauma), and *Shukrakshayaja* (due to seminal depletion). Management of *Klaibya* includes comprehensive approaches such as *Sodhana* (purification therapies), *Shamana* (palliative treatments), *Rasayana* (rejuvenation therapies), and *Vajikarana* (aphrodisiac therapies). These therapies aim to restore the balance of *Dosha* and *Dhatu*, strengthen overall vitality, and promote sexual health. Modern studies, such as the Massachusetts Male Ageing Study (MMAS), highlight that ED affects a significant proportion of men, with increasing incidence correlated with age and various medical conditions like diabetes mellitus, obesity, and cardiovascular diseases. Psychogenic factors including depression, anxiety, and relationship conflicts also contribute to ED. Integrating Ayurveda principles with modern medical approaches offers a comprehensive framework for addressing sexual health issues effectively. *Vajikarana* struggles with adherence to modern scientific standards, lack of standardised formulations, and difficulties in sourcing pure herbs. *Vajikarana* faces significant criticism due to its lack of adherence to modern scientific research standards. Additionally, the absence of standardised formulations and the difficulty in obtaining unadulterated herbs present realistic challenges in the practical application of *Vajikarana* preparations.

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<sup>11</sup> Dalal P, Tripathi A, Gupta S. *Vajikarana*: Treatment of sexual dysfunctions based on Indian concepts. *Indian Journal of Psychiatry*. 2013;55(6):273.

<sup>12</sup> Dalal P, Tripathi A, Gupta S. *Vajikarana*: Treatment of sexual dysfunctions based on Indian concepts. *Indian Journal of Psychiatry*. 2013;55(6):273.

<sup>13</sup> Dalal P, Tripathi A, Gupta S. *Vajikarana*: Treatment of sexual dysfunctions based on Indian concepts. *Indian Journal of Psychiatry*. 2013;55(6):273.

<sup>14</sup> Dalal PK, Tripathi A, Gupta SK: *Vajikarana*: treatment of sexual dysfunctions based on Indian concepts. *Indian J Psychiatry*. 2013, 55:S273-6