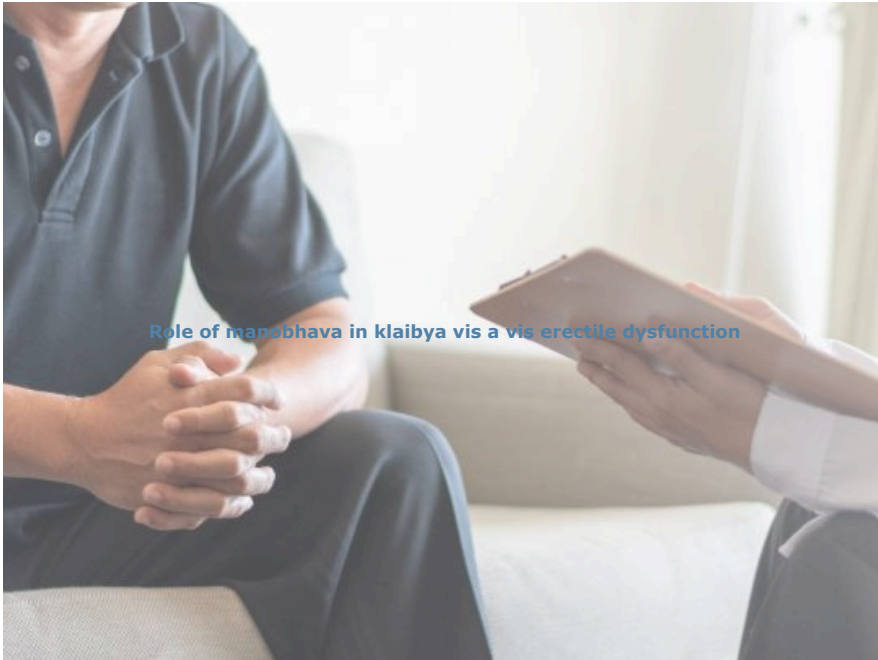


Role of manobhava in klaibya vis a vis erectile dysfunction

Sogi M^{1*}



Abstract

Abstract: Kama is one among four Purushartha can be related with sexual gratification, which is one of the happiness in the life and to create a healthy progeny. So fertility is necessity from the time immemorial .Among the various phases of sexual response, the most essential is the achieving of normal erection with sufficient rigidity for penetrative intercourse, the absence of which ends into failure and dissatisfaction. This condition has been elaborately described as 'Klaibya' in Ayurvedic classics and 'Erectile dysfunction in contemporary literature. The disease Klaibya is a multifactorial condition, mainly involving Bahu Doshavastha as a whole and Shukrashaya in specific, Mano dosha, and Shukravaha Sroto Dusthi. Estimated that in 1995 there were over 152 million men and in 2025 the number of men with erectile dysfunction will be 322 million, an increase of nearly 170 million men.

Objective: Role of Manaika bhava in aetio pathogenesis of Klaibya. As ED rate is increasing in men around the world day by day due to Psychological stress in wide range, So to know influence of Manaika bhavas as Etiology in detail Klaibya will be more beneficial to overcome the same. So this topic has been selected for the study.

Keywords: *klaibya.Purushartha, Manaika bhava, Doshavasta, Shukrashaya, Erectile dysfunction*

^{1*} Mahadev Sogi, Asstiant Professor, Department of kayachikitsa, Rajiv Gandhi university of health sciencesRGUHS, Dharwad, Karnataka, India.

Email

sogimahadev@gmail.com

Cite this Article

Sogi M. Role of manobhava in klaibya vis a vis erectile dysfunction. *Biomed Rev J Basic Appl Med Sci.* 2024;11(1):40-47. Available From <https://www.biomedicalreview.in/role-of-manobhava-in-klaibya-vis-a-vis-erectile-dysfunction>

Meta History

2024-11-28 Submission Recieved
2024-12-06 1st review
2024-12-14 2nd review
2024-12-23 3rd review
2024-12-31 Accepted and Published

Declaration

15.63 Plagiarism. Authors state no conflict of interest. Non Funded. The conducted research is not related to either human or animals use. All authors have accepted responsibility for the entire content of this manuscript and approved its submission.

Evidence in Context

What Know: According to Hindu mythology Dharma, Artha, Kaama and Moksha these are the four Purushartha (Pillar) of the life.

What New: Sex problem involves mind, body and intellect of the individual. Mind creates ideas, body tries to execute them and the intellect decides the appropriateness of the action.

To view

© 2024 by Sogi M and Published by Siddharth Health Research and Social Welfare Society. This is an open access article distributed under the terms of the Creative Commons Attribution License <https://creativecommons.org/licenses/by/4.0/> unported [CC BY 4.0].



Introduction

According to Hindu mythology Dharma, Artha, Kaama and Moksha these are the four Purushartha (Pillar) of the life. Ayurveda science adopted this concept. Healthy life is essential for achievement of these Purushartha. After age of Puberty we are bonded for achievement of Kama (Sexual life)¹.

Erectile dysfunction (ED) or impotence is the repeated inability to get or keep an erection firm enough for sexual intercourse. The word impotence is often used to describe other problems that interfere with sexual intercourse and reproduction such as lack of sexual desire, and problems with ejaculation or orgasm².

The basic initiation of sexual instinct is under the influence of psychological integrity³. Apana and Vyana Vata is association with Sadhaka pitta and Mana influence the normal sexuality of an individual and any abnormality in this Apana, Vyana, Sadhaka Pitta and Mana leads to Shukravaha Srotodushti and hence Shukradushti lands up in infertility or Sexual dysfunctions⁴.

Harsha, Praharsha (excitement), Preeti (affection, love), Bala (capacity to have sex) and psycho-sexual endocrinal functions of Shukra.⁵ The entire body is seat of Shukra and Hrudaya is the pivotal organ for regulation of rasa, Shukra, Ojas, Mana and Vayu. Hence all psychosexual endocrinal functions are interdependent. The Harsha-Sexual excitement is dependent on Dehabala (psychological integrity) and also the Vrushattva-Sexual capacity depends upon this excitement and this triangular Harsha-Dehabala-Sattvabala-Vrishattva.

The involvement of different sense organs in their respective subjects and the stimulation of the Mano Chesta and Nishpidana all depends upon the normal function of Vata. Particularly Prana, Vyana and Apana are responsible for erection and ejaculation of semen. Acharya Sushruta was the first person who described the complex psycho - neuro - vascular mechanism of erection. He says that the filling of Shukravaha srotas under the influence of psychological or physical stimulation resulting in tumescence⁶.

Vatsyayanas kamasutra is of the view that Kama is of two types viz. Samanya and Vishesha. Vishesha is once again of two types, Apradhana and Pradhana. All the feelings of pleasure which the couple experience during foreplay are Apradhana or secondary. The pleasurable feelings of orgasm constitute the pradhana kama. So Klaibya can be considered as the condition where the stage of Pradhana Kama is not reached by the couple⁷.

Manasika Klaibya

Definition: Manasika klaibya may be defined as loss of erection due to inflicted mind.

Any defect in the determination or ambition regarding sexual interaction or act with the partner is prime cause. The rigid upbringing, negative initial experiences and lack of sexual education and the personality trait in itself viz. introversion, dull, fearful or Avara Sattva individual are prone for this.

Kama, Krodha, Bhaya, Shoka, Moha, Mada, Manoabhighata, Avichara, Irshya, Avisrambha, Utkantha, Udvega etc. are the prime Mano vikaras⁸ and Manaika Bhava which have got their definite role in the vitiation of general functioning of Mana as well as speculative higher mental and recreational functions i.e. sexual arousal, orgasm by altering the Doshic configuration basically with special reference to Vata Dosh and Rasa and in turn the seventh metabolic discrete Shukra in specific⁹.

The rule of Chintyanam Atichintana, Achintyanam Chintan, Chintyanam Achintana ascribed to the sexual phenomena will affect the process of sexual response and arousal. The Deha Prakriti, Manaika Prakriti and Satva Bala have been dealt in detail in the texts to explain sexual procreational and recreational capacity of an individual¹⁰.

Any of these constitutional defects becomes a susceptible factor to cause sexual dysfunctions in future. Other supportive causes of sexual dysfunctions are viz., the behavior of person towards the female partner, seeing defects in partner, disinterest in partner. When the emaciated person indulges in sex due to excessive sexual drive, ignorance, competitive sex, poor technique etc. leads to sexual dysfunctions. Understanding the instincts mutually is important in sexual arousal for the greater pleasure.

Manasika nidanas

Mind plays an important role in the arousal, desire, erection and ejaculation. So the nidanas which affect the mind will predispose towards Klaibya. The major manasika nidanas explained are Shoka, Bhaya, Krodha, Chinta, Udvega.

Shoka is explained as sorrow or dhukham. ¹⁵⁰It is known as depressive behaviour of the patient. The happy state of mind as a pre-requisite for a man's virility and sexual interest has been mentioned by Charaka. ¹⁵¹Sushruta emphasizes on a happy state of mind which leads to shukra pravartana.

Therefore shoka being the opposite guna of harsha leads to decrease in sexual desire. ¹⁵²Krodha, Shoka and Bhaya causes pitta prakopa which further leads to the rakta dusti this vidahi rakta and Prakupiat pitta when it gets lodged in Shukravaha srotas causes Shukravaha Sroto dushti and ultimately leads to Klaibya.. ¹⁵³

Chinta and Udvega distract the mind as a previous failure at sex will increase chinta and Udvega. Interpersonal relationships between the partners i.e lack of communication and partner conflicts play a vital role in the development of manasika klaibya. It is mentioned as the causes of Bijopaghataja ¹⁵⁴ and Shukra Ksayaja Klaibya. ¹⁵⁵

Men, who experience a sudden loss of erectile capability often, have a psychological origin. Just as an erection can result from thinking about sex, negative thoughts can prevent an erection from occurring. Psychological processes such as stress, anxiety and worries can impair erectile functioning by reducing erotic focus. Psychological aspects such as lack of self confidence, lack of communication, lack of sexual knowledge and partner conflicts are important contributing factor for the manifestation of Klaibya.

Avisrambha

Avisrambha is described as avishvasa by Chakrapani¹⁵⁶. Distrust towards the female factor will cause disinterest towards sex. Avisrambha may also mean lack of trust or confidence in males own ability or virility. Factors like stridoshadarsana (finding fault of partner) will lead to arasanga (disinterest) and will lead to lose of potency or interest towards sexual activity. Lack of cooperation or harsh attitude of the female partner will also cause transient impotence in a man. It is explained in the context of Bijopaghataja Klaibya.¹⁵⁷

Abhicara

Abhicara refers to maarana, mohana (affliction by black magic). It can also be considered as Avicara which means abhava in Sankalpa i.e lack of passionate determination. It is mentioned as the nidana of Bijopaghataja Klaibya. ¹⁵⁸ One cannot indulge in sexual act in its presence. If it persists for longer period it causes reduced sexual strength and finally leading to psychological impotence.

Abhighata

Any injury to the Phallus by weapons, teeth, nails, beating by a stick or compression can cause dhvajabhangaja variety of Klaibya. ¹⁵⁹ Injury to Shukravaha Srotas leads to Kleebata, delayed ejaculation or ejaculation of semen mixed with blood. Marma chedana leads to Pumsatvanasha. ¹⁶⁰ Here Marma Chedhana refers to Shukravaha nadi Chedhana.. Damage to the vital parts leads to Marmchedaja variety of Klaibya. ^{161,162} Now days Pelvic Surgery that is in practice and Pelvic irradiation for rectal and anal carcinomas can be considered here.

Marma cheda refers to direct injury to the blood vessels and nerves supplying to the penis which are responsible for erection and destruction of testis results into lack of production of male sex hormones like testosterone in turn resulting into Klaibya. This includes Pelvic fractures and several surgical causes include radical prosectomy, pelvic irradiation, TURP etc. Etiology of Psychological Erectile Dysfunction:

Performance anxiety: Performance anxiety (i.e. fear of failure) is a more common cause of psychological erectile disorder. Sexually related anxiety may be considered the final common pathway through which multiple psycho pathogens may produce sexual dysfunction or impotence. It can be product of simple performance fears, fears of sexual success, fears of sexual failure or deep fears of rejection. It can have many origins and intensities and can play various roles in the psychodynamic structure of the person and in the relationship. If anxiety is evoked when a person tries to have a sex, it will produce the identical psycho physiologic disturbances of function¹¹.

The psychological components of the negative affect which is evoked when he tries to make love will inhibit the spinal centers which control the inflow and outflow of blood and the blood will drain out of his penis instantly, producing impotence, no matter what the original stimulus was. Disorder is depending upon individual psycho and physiologic response pattern which is highly specific.

Some subjects feel anxiety as soon as they have an erection and so lose it then, others are tranquil until the point of penetration but lose the erection at that time; still others feel anxiety while they are in the vagina and so become flaccid before they ejaculate. His excessive thinking and worrying prevents adequate sexual performance.

Intrapersonal Difficulties: Due to anxiety, depression, fears, low self-esteem, mild residues of childhood guilt and shame about masturbation and sexual pleasure, feelings of inadequacy or a sense of being undesirable as a partner, moral prohibition, hostile and neurotic association, and man may be unable to express a sexual impulse¹².

Interpersonal Difficulties: Due to lack of communication, sexual expectations, sexual expressiveness, marital discord or more serious relationship problem, an inability to trust may lead to impotence.

Post-traumatic stress disorders: When trauma was sexual in nature then there is decreased desire, decreased arousal and aversion to sexuality (e.g. rape or sexual abuse). Sexual conflicts which have their roots in childhood injury and destructive adaptations to these injuries may lead to impotence. Parents negative attitude towards sex also contribute in the development of impotence.

Psychiatric illnesses: Diminution of sexual desire may occur in depression. Anxiety produced by unrealistic sexual expectations of oneself and one's partner, transient fear of rejection interfere with sexual desire. The hidden emotional forces in a couple's relationship may produce sexually disruptive anxiety.

Anxiety may interfere with performance, primary arousal. Increased anxiety interferes with normal function of parasympathetic nervous system. Mania classically increases desire or interest. Stress induced by occupation is also a cause for impotence.

The effect of the immediate situation: Fear of damaging the sexual partner or oneself, fear of causing unwanted pregnancy or sexually transmitted disease causes impotence. Some men are impotent with prostitutes; culturally engendered guilt's etc. is the immediate situation which causes Erectile Dysfunction.

Frigid women: Wife may express her antipathy to sexual intercourse by being completely passive permitting penetration but refusing to stimulate the husband in any way. The lack of emotional response and lack of physiological response in the form of increased vaginal secretion diminish the husband's desire. Erectile Dysfunction occurs and the wife blames the husband and laugh at him. The repeated failure and the wife's scornful attitude convince the man of his impotence. Some frigid wives use their ability to allow or to refuse coitus in order to control their husband.

Unconscious psychological causes: Guilt about Homosexuality, a punitive superego, partner is identified with pure sister or mother; severe conscious castration anxiety, etc. may lead to psychological impotence.

The vicious cycle: Many men believe that erection is a sign of manhood. So that failure to achieve an erection and have intercourse which causes sense of shame and marked anxiety, which leads to poor erection and failure to have coitus, i.e. Erectile Dysfunction causes anxiety; anxiety leads to further impotence and which creates more anxiety. Episodes of Erectile Dysfunction are reinforcing, with this man becoming increasingly anxious before each sexual encounter.¹³

Myths and misconcepts about sexuality: The myths and misconcepts about sexuality are also contributed in the formation of psychological impotence. These are viz, semen is precious, masturbation is a sin, masturbation causes impotence, masturbation leads to decrease in the size of the penis, and masturbation causes weakness and loss of virility. Ejaculation or loss of semen leads to fatigue. Size of penis matters in sexual gratification. Night emissions are pathological. Slight curvature of the penis is pathological. Alcohol increases the sexual power. Some person believes that physically well-built means sexually potent.

Madonna syndrome: Occurs when a male places the mother of his child on a pedestal after the child's birth and believes it is evil to have intercourse with her.¹⁴

Coolidge effect: Occurs when a couple has been married for some time and no longer finds one another exciting.¹⁵

Widower's syndrome: When a widowed male feels pressured to have intercourse before he has completed the grieving process for his wife.¹⁶

Samprapti of Manasika klaibya: Here it has been tried to consider the concept of Mana in an applied aspect at first and then its further understanding and explanation has been made critically with reference to the manifestation of Manasika klaibya.

Mana is an embody of Prakriti, it is an element made of Triguna, outcome from Ahamkara as an essence. In sexual practice, personality identity or gender identity plays much role. The person should positively identify himself as male, fit for copulation naturally and no deviation is expected in this regard. If any of the gender identity property of Mana is impaired the very moment is the first step to think conversely about sex and a pattern of guilt and disappointment exists, further leading to abnormal sexual behavior and incapacity to follow normal sexual activities so Mana is a cause here. Sharira, Indriya and Mana constitute general body and Prakriti, all the three being the instruments for self.

Transformation and transaction of experiences into the practice is called Mana, for the functioning of which all the Triguna i.e., Rajas (stimulation), Tamas (stability) and Satva (self-determination control) are essential.¹⁷ The very essential mode of sexual arousal response and act are said to be under the influence of those Triguna model. Any of the basic dysfunction or disequilibrium of the working mode of either of stimulation or stability and self-control is definitely going to hamper the socio-behavioral functioning capacity of an individual with reference to sexuality. Triguna functions of Mana individually or in combination can struck off the sexual congress.

However any of accidental outbreaks of sexual impairment due to other factor can in turn inhibit the further process of stimulation or loss of self-determination so Mana here is acting as a cause or as an effect in genesis of Manasika klaibya.¹⁸ Mana is minute, shifts from one to another very fast within very negligible period of time, so anything that hits the nature and functioning aspects of Mana, specially the causes aimed at sexual physiology within no time of contact, intactness, working motto and continuity of sexual arousal and process is checked and the shift of the same into another aspect of thoughts of fear, aversion or disinterest in sexual act appears. The vice versa of the same is also possible i.e. any of incapability to perform sex even at normal mental capacity will certainly, immediately affects the Manasika Bhava leading to the same shift phenomenon. Hence the Mana act again as a cause and effect in causing Manasika Klaibya.¹⁹

Mana is an internal instrument, part and parcel of Prakriti without which one cannot understand the facts or follow the same. The Manovikara are the deviators from self. It is also hindering factor for attainment of self or knowledge or both. The Manovikara like Iccha, Moha etc. when act strongly against the context and conduct of sex in particular the ongoing feelings and arousal and further continuation of sexual phenomenon etc. are disturbed to maintain the internal instrument and avoiding the Manovikara is required for integrity of sexual act otherwise the covering of the same is happening and the further sexual thoughts²⁰, process and interest are lost. Indriya are those entities made up of Prana and are Chetanavan, do not depend upon Mana for existence but astonishingly depend for functioning. The control over Indriyas is indirect phenomenon. During sexual congress due to any of the exogenous or endogenous triggers, if Mana loses its control over Indriyas, any of the excessive lack or pervasive or indiscriminate sexual attitudes will develop leading to sexual dysfunctions. It tunes the sensory systems to give much perfection and again the disturbance in tuning process will certainly disturb the dos and don'ts in sexual congress. The property of Mana to become introverted leads to detachment from sensory activities. This leads to lack or absence of perception from psycho sexual responses, the effect being sexual problems²¹.

The functions of Mana like, to think, to predict, to move, to motivate, to decide, etc. when predict in relation to sexual response, i.e. to think about the sexual acts and about partner the decisions regarding the sexual congress and other matter related to psychosexual and behavioral aspects when get disturbed due to the different etiological factors, the result will be disturbed sexual attitude and disinterest or aversion or lack of sexual potency. So the dysfunctions of Mana will be the cause for sexual dysfunction²². If the analysis of sexual instincts or stimuli are carried through senses with the help of Mana and then assessed in the light of Buddhi and its subtypes the proper cognition is possible. Any defects in this channel will disturb the sexual perceptions, feelings, arousal and even orgasm. The inability of a person to understand and perceive the sexuality of partner or women is also due to defective cognitive functions or affective functions, the Mana being the effective factor²³.

Capacity to absorb the educative or experience of sex or the retrieval of the previous experiences has its own role. If a person's Medha has lost its sexual absorbance in sex congress and copulation, the resultant is failure. The strong negative previous sexual experience when brought again and again into sexual response; phenomenon becomes fail and the condition is sexual dysfunction.

Kama, Krodha, Bhaya, etc. are Vikara⁷², in the sense deviations, varying from person to person, when cross the limit of normalcy they certainly disturb the body, sexual responses positively or negatively up to any extent. These are the examples for Shariraanam Manaena²⁴. They inhibit or over exhaust the limit of particular sexual act, mediated through Mana. The excitement and potency are dependent on Deha and Satva Bala. The mental pleasure leads to Vrishya effect²⁵. The above said etiological factors²⁶ affect Shukra, Dehabala and Satvabala leading to the sexual dysfunctions which is true vice versa.

The process of ejaculation is a complex phenomenon which covers both the psycho behavioral and physical aspects of sexual physiology or expression. Sankalpa is the object quality of Mana which is referred as the elemental phase of ejaculation, without which further stage of sexual responses are not possible. In the next step after the body touch, in the love play, further actions like the love foreplay, determination to continue the same is also the property of Mana. Further sexual acts (Pidana) are also determined by Mana, and then only the acts are preceded. So any defective determination or masking by Manovikara will not keep the sexual thoughts and feelings intact and obstruct the same. This is the first phase arousal defect of copulation or ejaculation, because the ejaculation is strictly depending upon this phase which is centrally depending upon the healthy and intactness of Mana²⁷.

In the next phase after Chesta, Sankalpa, Pidana the Sarva Shariraashrita Shukra and Sarvashariraashrita Mana are stimulated simultaneously is normal phenomena. Any of the defective coordination due to the functional deficit of Mana again causes transient phase sexual dysfunctions, E.g. erection delayed or decreased or partial. The ejaculation of the Retas is due to the Mana Bhavas like Harsha and Tarsha (excitement or stimulation and desire). So due to any defect in the premier phase of ejaculation further required ejaculation is not possible. The Vyakulattva of Mana²⁸ (disturbed, afflicted) is a cause for Kama akshamata, i.e. incapability to carry out the sexual act. The desire to get the penile erections and ejaculation through Sankalpa is Harsha; the defective Harsha will lead to defective erections as well as ejaculation. The intactness of the Sankalpa can afford the process of ejaculation and any defect in this state can bring the condition of unsatisfactory or defective ejaculations. The whole process of Harsha is dependent upon Satva Bala, means to say that lack of Satva Bala can hamper the process and genesis of Harsha which in turn causes sexual dysfunction. Acharya Sushruta has beautifully narrated the process of ejaculation and has stressed very much upon the psychosexual factors necessary for the whole ejaculatory process. The Shukra pervade in the entire body is invisible. That is ejaculated only due to the sight or seeing the beloved female

Partner, the thoughts of the partner, hearing to sexual word of the partner, the touch and sensation of the female partner and the exciting condition and excitement derived from all these and the pleasant mind are the factors that bring to cause the ejaculation of Retas²⁹.

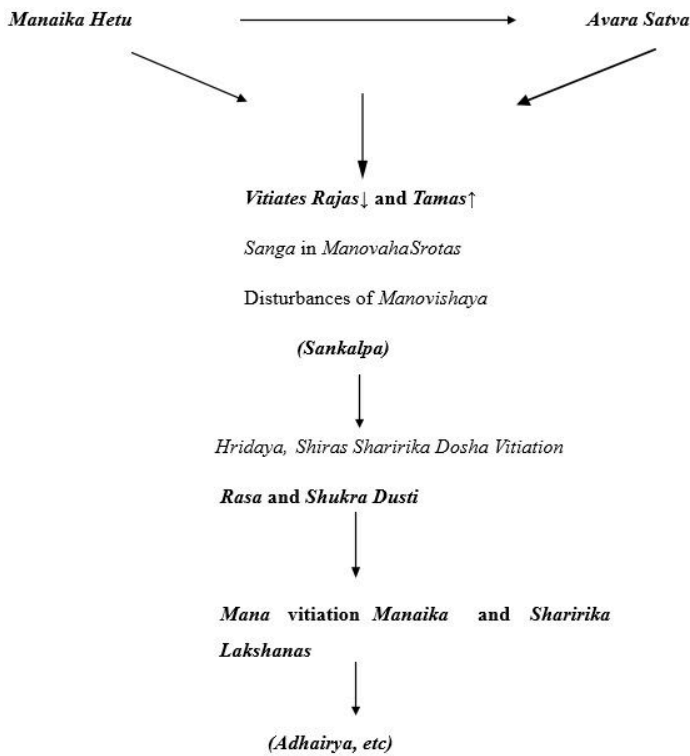
This is also equated with the expulsion of breast milk due to the sensation, thought, touch of baby and intactness of Sankalpa. The definition of Vrishya itself contains the property of Mana-Harshana of Mana (Pleasing of Mana) without which no drug can become virilific. So the impairment or lack of this Harshana also leads to the sexual dysfunctions. Fearlessness, daily habituations to copulation are the qualities of Mana and behavioral attitude helping for virility.

Sexual dysfunctions are caused mainly due to the lack of moral support and confidence. The erection and ejaculation are achieved by physiological force mediated by the strong psychological determination and the exhilaration or sexual drive from higher to lower region so the defect or lack of these will certainly lead to sexual dysfunctions viz., ejaculatory incompetence, lack of satisfactory erections etc. Prasanna Mana (pleasant mind) and Harsha are essential for ejaculation; even though the person is copulating with the partner this again shows the role and significance of Mana in sexuality and sexual dysfunctions³⁰.

Hence, in a nutshell the role of Mana in the pathogenesis of Klaibya or in total sexual dysfunction can be summarized as the intact, healthy and effective functioning of Mana viz. Sankalpa, Nirbhayata, Harsha, Tarsha, pleasure, pleasantness, love enjoying, exciting, cheerfulness, Pravara Satvabala, SauManaya, Avyakulata, Prasanna Mana, normalcy of ManoVishayas and Arthas and also Vrittis can bring the normal sexual erections and ejaculation. At the same time any defect in the above said Manovyaparas and Chittavrittis³¹ will certainly hamper the capacity to get erections and ejaculation and the sustenance and activity in sexual congress resulting in satisfactory sexual acts or dysfunctions the Mana is the causative factor here.

Body and mind are relatively working in all aspects and sexuality is not away from this. The rule for manifestation of disease is Mana affecting the body and body affecting the Mana. There are various reference explained in Hetu Skandha in favour of Mana affected due to disturbed physiological conditions leading to sexual disturbances like certain food substance dominant with Rajas and Tamas properties, food incompatibilities and misconducts and Prajnaparadha will lead to physiological disturbance in turn affecting the psychological disturbances.

The fear, insanity, guilt, ignorance, negative experience, external injuries to genitals leading to sexual problems in turn definitely affect the Mana which become frightened or disturbed once again deeply. Lastly it is clear from ongoing discussion that Krodha, Shoka, Bhaya, Ajnana, Moha, Udvega etc. are the Manovikaras and Alpa Satva or Avara Satvabala are the Manaika causes in the genesis of Manasika Klaibya³². Therefore the role of Mana in Samprapti of Klaibya is established as a cause or effect or both.



Dhvajaanucchraya Roopa:

The general symptom of Manasika Klaibya is described as incapability of performing the sexual act due to Linga Shithilata³³(looseness of the phallus). The person if touched by partner feels sweating, trembling and unable to perform sexual act.

Chikitsa

The Ayurvedic approach is intended to bring back the patient to his normal constitution along with relief from disease. The treatment consists of medicines, diet; daily routine and mental health and covers a vast field. The remedies are represented by its vast pharmacopias of herbs, minerals and products of animal origin. The Ayurvedic therapy can be broadly divided into two types- Brimhana and Langhana. Of them Brimhana finds a fair application in Klaibya. The system focuses on cause rather than symptoms. In case of Klaibya also the treatment of choice is Hetu vipareeta. Sushruta says-Sadhyanamitaresham Tu Karyo Hetuviparyaya³⁴. The treatments are person specific rather than disorder specific. Thus, the appropriate choice of therapy should be selected considering the causative factors and after a thorough evaluation of the patient. It seems, a positive therapeutic approach should include³⁵ **1.** Dravya Chikitsa (drug therapy), **2.** Adravya-Manaika Chikitsa (included in psychotherapy); and **3.** Pathyacharana (diet and regimen).

Charaka has suitably combined these three in formulating a general line of treatment for Klaibya as shown below

A. Purification therapy: i. Snehayukta Virechana preceded by Purvakarmas and Basti (Asthapana and Anuvasana)

B. Vrishya yogas: i. Vrishya Dravyas and ii. Adravya Vrishyas (psychotherapy).

C. Pathyahara: Therapeutic

In Manasika Klaibya, Mana is mainly inflicted, so the chikitsa is intended more towards modification of Manovishayas with the Medhya Dravya like Shankhapushpi and psychotherapy in the form of Behavior Therapy.

Sadhyasadhyatva

Manasika Klaibya is curable³⁶ but the success depends upon the nature of causative factor. If a sexual partner is not cooperative then management of Manasika Klaibya is difficult. Fruitful outcome of therapy is always depends upon the self-esteem of the person. Those with low self-esteem may take more time to overcome the problem.

Conclusion

Erectile dysfunction is a prevalent problem that can affect, and can be affected by, psychosocial aspects of a man's life. Medical or pharmacological interventions are often appropriate to treat ED, but the psychosocial aspects should not be ignored. Sex is not only a dynamic process; it is also an intimate relational bond. Sex problem involves mind, body and intellect of the individual. Mind creates ideas, body tries to execute them and the intellect decides the appropriateness of the action. It deals with psychology as well as physiology and techniques of Sexuality. Thus Sexuality should be studied at all levels- mind, body and intellect of the concerned individual. It is not only psychology but the sexual fitness and behavioral application of the techniques of Sex, which are important in Human Sexuality. Sex is an instinctual expression involving a physical relation, and is technical and not mechanical.

References

1. Agnivesha, Charaka Samhita with the Ayurveda - Dipika commentary of Chakrapanidatta. edited by Vaidya Jadavji Trikamji acharya. Chaukhambha Orientalia, Varanasi, Reprint: 2015, sutra sthana, 11th chapter, verse- 4 pp 69. . [Crossref][PubMed][Google Scholar]
2. Agnivesha, Charaka Samhita with the Ayurveda - Dipika commentary of Chakrapanidatta. edited by Vaidya Jadavji Trikamji acharya. Chaukhambha Orientalia, Varanasi. Reprint: 2015, chikitsa sthana, 2nd chapter, verse- 22 pp 391. [Crossref][PubMed][Google Scholar]
3. Vagbhata ,Astanga Sangraha, Indu's Shshilekha, edition reprint -2016. uttar tantra 50/9 Chaukhambha Sanskrit Series Office. Varasnasi, pp:790. . [Crossref][PubMed][Google Scholar]
4. Mark E. Milliard ,Michel F. Sorrell Harrison's principles of Internal Medicine. Volume – 2, Chapter 363(section 2). Mc Graw Hill Publication, 20th edition. pp:2818 [Crossref][PubMed][Google Scholar]
5. API Textbook of Medicine – Yesh Pal Munjal, Surendra K Sharma. AK Agarwal, RK Singal. Pritam Gupata, 10th edition, Volume I, Page: 2818. . [Crossref][PubMed][Google Scholar]

6. Vagbhatta, Astanga Hridaya with Sarvanga sundara and Ayurvedarasayana commentary by Arunadatta and Hemadri, edited by Pt. Hari Sadashiva Shastri Paradakara; Chaukamba Surharati Prakashan. Varanasi, Reprint 2007, chikitsa sthana, 11th chapter, verse – 4, pp 670. . [Crossref][PubMed][Google Scholar]
7. Mark E. Milliard ,Michel F. Sorrell Harrison's principles of Internal Medicine, Volume – 2, Chapter 363(section 2), Mc Graw Hill Publication, 20thedition, pp:2818. . [Crossref][PubMed][Google Scholar]
8. Vagbhata ,Astanga Sangraha. Indu's Shshilekha, edition reprint -2016. uttar tantra 50/9 Chaukambha Sanskrit Series Office. Varasnasi, pp:790. [Crossref][PubMed][Google Scholar]
9. Mark E. Milliard ,Michel F. Sorrell Harrison's principles of Internal Medicine. Volume – 2. Chapter 363(section 2), Mc Graw Hill Publication, 20thedition, pp:2818 [Crossref][PubMed][Google Scholar]
10. Rehman S. Erectile dysfunction: Prevalence. incidence and risk factors. Academic dissertation. University of Tampere: 2004 [Crossref][PubMed][Google Scholar]
11. Sri Govinda Das. Bhaishajya ratnavali, vyakhya by Ambika datta shastri. Chaukambha publication Varanasi 2015, Reprint, pp 768. . [Crossref][PubMed][Google Scholar]
12. Mark E. Milliard ,Michel F. Sorrell Harrison's principles of Internal Medicine, Volume – 2, Chapter 363(section 2), Mc Graw Hill Publication, 20thedition, pp:2818. . [Crossref][PubMed][Google Scholar]
13. Mark E. Milliard ,Michel F. Sorrell Harrison's principles of Internal Medicine, Volume – 2, Chapter 363(section 2), Mc Graw Hill Publication, 20thedition, pp:2818. . [Crossref][PubMed][Google Scholar]
14. Agnivesha, Charaka Samhita Chikitsa stana,Chapter2/4,slokha 47, Brahmanand tripathi editor,Chukhamba surabharathi prakashana, Varanasi 3rd ed. 1994. Pg. 108. [Crossref][PubMed][Google Scholar]
15. Vagbhata Astanga Hridaya Sutrasthana Chapter 11, shloka 4, Translated by K. R. Srikanthamurthy,Krishnadas Academy 1996, Varanasi. 3rd ed. P-155 [Crossref][PubMed][Google Scholar]
16. Kaviraja Ambikadatta shastri (Commentary) Ayurveda Tatva Sandeepika ,Susrutha Samhita of Maharshi Sushruta, with Choukambha Sanskrit Sansthana, Varanasi. Volume-I, Reprint Edition2016, Nidanastana, 10/19-22, Page No. 347. . [Crossref][PubMed][Google Scholar]
17. Agnivesha, Charaka Samhita Chikitsa stana,Chapter2/4,slokha 47, Brahmanand tripathi editor,Chukhamba surabharathi prakashana, Varanasi 3rd ed. 1994. Pg. 108. [Crossref][PubMed][Google Scholar]
18. Acharya Yadavjirikamji. Charaka Samhita of Agnivesha. Chakrapani Datta's Ayurveda deepika(sans). Edition reprint-2014, chikitsa stana 30/153. Chaukambha Sanskrit Series , Varasnasi, pp: 640 [Crossref][PubMed][Google Scholar]
19. charya Yadavjirikamji,Charaka Samhita of Agnivesha. Chakrapani Datta's Ayurveda deepika(sans). Edition reprint-2014, chikitsa stana 30/154. Chaukambha Sanskrit Series , Varasnasi, pp: 640. [Crossref][PubMed][Google Scholar]
20. Acharya Yadavjirikamji, Charaka Samhita of Agnivesha. Chakrapani Datta's Ayurveda deepika(sans). Edition reprint-2014, Sutrastana 30/119-150, Chaukambha Sanskrit Series Office, Varasnasi, pp: 650. . [Crossref][PubMed][Google Scholar]
21. Acharya Yadavji Trikamji and Narayana Ram Acharya Kavyatirtha, Sushruta Samhita of Sushruta, Dalhana's Nibandha Sangraha (sans), chikitsa stana, 26/5. Chaukambha Sanskrit Sansthan,Varanasi. Edition reprint- 2009, pp:548. . [Crossref][PubMed][Google Scholar]
22. Vagbhata. Astanga Hridaya, Arunadatta's Sarvanga Sundara and Hemadri's Ayurveda Rasayana(sans). NidanaSthana, 40/2 Chaukambha Surbharati Prakashan,Varanasi, Edition-reprint-2010, pp:893. . [Crossref][PubMed][Google Scholar]
23. Vagbhata ,Astanga Sangraha, Indu's Shshilekha, edition reprint -2016. utara tantra sthana 50/1 Chaukambha Sanskrit Series Office. Varasnasi, pp:848. . [Crossref][PubMed][Google Scholar]
24. Rajesh Upadhya and Nitin Gupta Y. P. Munjal, API Text Book of Medicine,Volume 1, a. Chapter- 9, Jaypee Brothers Medical Publishers,10th Edition,pp:395. [Crossref][PubMed][Google Scholar]
25. Mark E. Milliard ,Michel F. Sorrell Harrison's principles of Internal Medicine,Volume-2, Chapter 391(section 2), Mc Graw Hill Publication, 20thedition, pp:2818. . [Crossref][PubMed][Google Scholar]
26. Acharya Yadavjirikamji. Charaka Samhita of Agnivesha. Chakrapani Datta's Ayurveda deepika(sans). Edition reprint-2014, sutra stana 1/50, Chaukambha Sanskrit Series , Varasnasi, pp: 377. [Crossref][PubMed][Google Scholar]
27. Acharya Yadavjirikamji,Charaka Samhita of Agnivesha. Chakrapani Datta's Ayurveda deepika(sans). Edition reprint-2014, siddi stana 12/15-5. Chaukambha Sanskrit Series , Varasnasi, pp: 631. [Crossref][PubMed][Google Scholar]
28. Vangaseana,Kavivara shriShaligramaji Vaishya. Khemaraja Shrikrishna das Prakashana, Edition-2003. Basthi adhikara 90/166, pp:905. . [Crossref][PubMed][Google Scholar]
29. Acharya Yadavjirikamji. Charaka Samhita of Agnivesha. Chakrapani Datta's Ayurveda deepika(sans). Edition reprint-2014, siddi stana 12/18. Chaukambha Sanskrit Series , Varasnasi, pp: 631 [Crossref][PubMed][Google Scholar]
30. Charaka Samhita with Ayurveda Dipika commentary. Varanasi: Chaukambha SanskritSansthan. 2001. Vimana Sthana, 6/5. [Crossref][PubMed][Google Scholar]
31. Hamilton M, Fish's Outline of Psychiatry, 4th Ed. Mumbai: Varghese Publishing House,1984. Indian Ed, 1999. . [Crossref][PubMed][Google Scholar]

32. Vyas JN, Niraj A. Textbook of Postgraduate Psychiatry. 2nd Ed, New Delhi: JaypeeBrothers, 1999. p336. [*Crossref*][*PubMed*][*Google Scholar*]

33. Charaka Samhita with Ayurveda Dipika commentary. Varanasi: Chaukhambha SanskritSansthan. 2001. Shareera Sthana, 1/20. [*Crossref*][*PubMed*][*Google Scholar*]

34. Charaka Samhita with Ayurveda Dipika commentary, Varanasi: Chaukhambha Sanskrit Sansthan, 2001. Sutra Sthana, 11/43 Charaka Samhita with Ayurveda Dipika commentary, Varanasi: Chaukhambha SanskritSansthan, 2001. Chikitsa Sthana, 2/1/43-5. . [*Crossref*][*PubMed*][*Google Scholar*]

35. Charaka Samhita with Ayurveda Dipika commentary. Varanasi: Chaukhambha SanskritSansthan. 2001. Chikitsa Sthana, 2/3/21. [*Crossref*][*PubMed*][*Google Scholar*]

36. Srikumar K. Impotency. Arya Vaidya Sala. Kottakkal, 1st Ed, 2003. [*Crossref*][*PubMed*][*Google Scholar*]

Disclaimer / Publisher's NoteThe statements, opinions and data contained in all publications are solely those of the individual author(s) and contributor(s) and not of Journals and/or the editor(s). Journals and/or the editor(s) disclaim responsibility for any injury to people or property resulting from any ideas, methods, instructions or products referred to in the content.