



AYURVEDIC MANAGEMENT OF KLAIBYA (IMPOTENCE) WITH TERATOZOOSPERMIA: A SINGLE CASE STUDY

Vignesh Madaswamy Pillai¹, Kalpana Nilesh Gholap²

1. Assistant Professor, Department of Panchakarma, Datta Meghe Ayurvedic Medical College Hospital & Research Centre, Nagpur, Maharashtra
2. Professor & HOD, Department of Panchakarma, Dr G. D. Pol. Foundation's Yerala Medical Trust's Ayurvedic Medical College and Hospital, Kharghar, Navi Mumbai, Maharashtra

Corresponding Author: vigfrndz@gmail.com

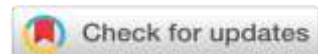
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ABSTRACT

Male infertility is a significant factor in over 40% of infertility cases. This research paper presents a case study of a 35-year-old Indian labourer working in a steel mill who reported symptoms of *Ling-Shaithilyata* (loss of penile erection), *Mlana-Shishnata* (loss of erection during intercourse), and *Alpaharsha* (desire for intercourse) along with a history of 3-5 years without a child. The patient was diagnosed as Klaibya, a condition characterised by male sexual dysfunction, with teratozoospermia, a condition involving abnormal sperm morphology. Ayurvedic therapy, specifically *Vajikarna chikitsa*, was administered to the patient following an internal Shodhana (bio-cleansing) procedure. The treatment protocol included *Koshtha-Shuddhi* (purgation), a decoction of herbal medicines, and *Yogbasti*.

Additionally, the patient received *Vasti-Bastand Vrushya Basti* for two months and oral intake of specific Ayurvedic formulations for three months. The patient was assessed using the International Index of Erectile Function and semen analysis before and after three months of treatment. Semen analysis after treatment revealed that 63% of the patient's sperm exhibited normal morphology, indicating a substantial enhancement compared to the initial teratozoospermia condition and significant improvement in erectile function, orgasmic function, sexual desire, Intercourse satisfaction and Overall satisfaction of the individual demonstrating the successful use of Ayurvedic formulations in treating Klaibya w.s.r.t. teratozoospermia without any reported adverse side effects. This case

study underscores the diverse range of Ayurvedic therapy options available for addressing male infertility disorders.

Keywords: Male infertility, Teratozoospermia, *Vajikarna chikitsa*, *Vrushya basti*, Ayurveda Panchakarma, Shodhana, Bio-cleansing, IIEF, Semen analysis.

INTRODUCTION

According to *Acharya Charaka*, *Klaibya* is when a person is unfit to abide with a submissive, beloved mate due to the looseness of his penis, indeed though there is a constant, strong desire to do so, or if sometimes attempts to do a sexual act, he feels breathless, fainting with gushing sweat. All attempts fail without interjection due to the flaccidity of the penis.

Sexual dysfunction is a significant concern that affects individuals worldwide, leading to emotional distress and strained relationships. One such condition is *Klaibya*, as described by *Acharya Charaka*, where an individual is unable to engage in sexual intercourse with a willing partner due to the flaccidity of the penis, despite having a strong desire to do so. Symptoms of *Klaibya* include breathlessness, fainting, profuse perspiration, and failed attempts at sexual activity.

Teratozoospermia, on the other hand, refers to abnormalities in the morphology (shape and form) of sperm. These abnormalities can occur in the head, midpiece, or tail of the sperm, and they significantly reduce the fertility potential of a man⁽¹⁾ As per the World Health Organization (WHO), a man with more than 96% abnormal sperm is classified as Teratozoospermia.⁽²⁾ Additionally, Kruger's criteria identify men with more than 85% abnormally shaped sperm as Teratozoospermia.⁽³⁾ A man with this condition decreases the potential of fertilising a female's egg, causing infertility.

The impact of *Klaibya* and teratozoospermia on individuals' reproductive health and overall well-being necessitates effective treatment options. Ayurvedic Samhitas mentions *Snehana* (oil massage), *Vamana* (emesis), *Virechana* (purgation), *Niruha* (medicinal enema containing decoctions), *Anuvasana* (medicinal enema containing sneha), *Shamana Aushadi* (palliative therapy), in the management of *Klaibya*.⁽⁴⁾ Of

particular importance is *Vajikarna chikitsa*, a specialised branch of Ayurveda focused on enhancing sexual function and fertility. Hence, in the present study, the patient was given Shodhana followed by *Vajikarna chikitsa* and *Shamana*. The selected *Shamana Aushadhi* were readily available to the patient, ensuring ease of administration and compliance. Understanding the effectiveness of Ayurvedic interventions in managing *Klaibya* and teratozoospermia can provide valuable insights for healthcare professionals and individuals seeking alternative treatments for these conditions. By exploring the potential benefits of traditional therapies, this research contributes to the growing body of knowledge on holistic approaches to sexual health and fertility.

Case Report

A 35-year-old male patient reported to the OPD with chief complaints of *Ling-Shaithilyata* (loss of penile erection), *Mlana-Shishnata* (loss of erection during intercourse), and *Alpaharsha* (reduced sexual desire). The patient also expressed concerns about not being able to conceive a child for the past 3 to 5 years.

The patient, an Indian labourer working in a steel plant, did not have a history of systemic disorders such as hypertension or diabetes mellitus and was not taking any medications. Physical examination revealed normal positioning of the testes, and the rest of the physical examination was unremarkable (Table 1). Initial assessment of the patient's partner revealed regular ovulatory cycles and no apparent problems with endocrine profile or tubal patency. The patient denied having a history of sexually transmitted infections, mumps, tuberculosis, filariasis, epididymitis, herniotomy/herniotomy, chronic persistent genital infections, paresis, or exposure to gonadotoxic drugs. However, as a result of semen analysis, the presence of teratozoospermia was revealed, and it was found

that there was an abnormality in the shape of the sperm.

Unfortunately, the patient could not undergo further investigations due to financial constraints, such as testing for anti-sperm antibodies. Nevertheless, the

combination of the patient's symptoms, physical examination findings, and the presence of teratozoospermia highlights the need for a comprehensive evaluation and appropriate management to address the underlying causes of the couple's infertility.

On Clinical examination: - Table 1 shows the patient's examination details.

Table 1: Physical/local examination of the patient

On examination	Observation	
Distribution of Pubic hair	Normal	
Penis examination		
Texture of skin	Normal	
Body / shaft	Normal	
Prepuce	Normal	
Glans	Normal	
Urethral meatus (External)	Normal	
Scrotum Examination	Right	Left
Swelling	No	No
Scars	No	No
Temperature	Normal	Normal
Rugae	Present	Present
Pigmentation	Dark Brown	Dark Brown
Testes Examination		
Position	Normal	Normal
Borders	Regular	Regular
Consistency	Firm	Firm
Size	Normal	Normal
Surface	Smooth	Smooth
Prostrate (p/r) Examination	Normal	
Vas Deferens examination	Palpable	
Epididymis examination	Normal	
Spermatic cord examination	Normal	

Systemic examination: -

The patient was Pitta predominant, having a good appetite and working in constant heat. Other systemic examinations were suggestive of Pitta and Vata vaigunya. Vitals were within limits and non-significant.

Assessment criteria

Patients were evaluated using the International Erectile Function Index ⁽⁵⁾ and semen analysis before treatment initiation and three months after treatment. Tables 2 and 3 show details of pre- and post-treatment examinations.

The treatment regimen included the following:

1. *Pachana*: To aid digestion, the patient was prescribed Sunti churna (dry ginger powder) at a dosage of 5gm twice daily for five days.
2. *Snehapana* (Internal oleation): *Goghrita* (medicated ghee) was administered in increasing amounts until *samyak snigdha lakshana* (specific signs of adequate oleation) were observed over five days.
3. *Sarvang Snehana Swedana*: Full body oleation and sudation were performed on the two-day Vishram kala (rest period) and on the day of Virechana (purgation).
4. *Virechana*: The patient underwent *Virechana* using a decoction of *Trivrit, Kutaki, Aragvadha, and*

Haritaki (herbal formulation) 100ml mixed with 50ml *Eranda Sneha* (castor oil) on an empty stomach at 7.00 am. *Mrudvika Phant* (a type of purgative formulation) was used as *virechanopaga*. The patient reported ten bowel movements (Vegas) during the day. *Samsarjana krama* (a specific post-purification diet) was followed for five days.

5. *Vasti*: Yogavasti karma (medicated enema) was administered after Virechana. On the 9th day after Virechana, Anuvasan vasti (medicated oil enema) with *Sahachar taila* (medicated oil) was given, followed by Niruha vasti (medicated decoction enema) with *Charakokta Shukrashodhan Gana Dravyas* (herbal formulations).
6. *Vajikarna Chikitsa*: After the Shodhana treatment, *Bastand Vrushya vasti* (a specific form of enema) was administered seven days and repeat-

ed for two cycles over two consecutive months. *Sahachar taila Anuvasan vasti* was used if required.

In addition to the above procedures, the patient was prescribed oral medications for three months:

1. *Kushmand avleha*: 1 teaspoon twice a day before food.
2. *Pushpadhanva ras*: 1 tablet after food, taken with milk.
3. *Tab Muslijeet*: 1 tablet three times a day for three months.

The prescribed medicines, *Kushmand Avleha*, *Pushpadhanva Ras* (*Unjha Pharmacy*), and *Tab Muslijeet* (*Kalleshwar Ayurveda Care*), were obtained from external sources. All medications were administered for three months, and no adverse drug reactions were reported during the treatment period.

OBSERVATION AND RESULT:

The results of this case study demonstrate the effectiveness of Ayurvedic treatment in treating *Klaibya* with teratozoospermia. The patient received a comprehensive treatment regimen, including Shodhana therapy, Vajikarana therapy, and the administration of Ayurvedic medicines. (Table 2, Table 3)

Seminal parameters	Before treatment	After treatment
Volume	2	2
Ph	7.8	7.5
Liquification time	15	15
Total sperm count	60	160 million/ejaculate
Rapidly progressive		20
Slowly progressive		25
Dead sperm		
Morphology :		
Normal form	1	63
Abnormal form	99	37
Head defects	74	30
Mid piece defects	15	30
Tail defects	10	40
Semen analysis	Teratozoospermia	Normal
USG abdomen and pelvis	NAD	

	Before treatment	After treatment
Erectile function	12	24
Orgasmic function	4	8

Sexual desire	4	7
Intercourse satisfaction	5	10
Overall satisfaction	4	8

DISCUSSION

Klaibya is the term used in Ayurveda, the traditional Indian system of medicine, to describe sexual dysfunction or impotence in men. The word "Klaibya" is derived from the Sanskrit language, where "Klaibya" means "inability" or "impotence."

In Ayurveda, sexual health is considered an essential aspect of overall well-being. Klaibya is believed to arise due to an imbalance of doshas, the three fundamental energies or forces that govern the body and mind. According to Ayurvedic principles, Klaibya can be caused by an imbalance in the Vata dosha, representing air and ether elements.

Teratozoospermia, characterised by abnormal sperm morphology, is a well-known cause of male infertility. However, there is a shortage of reported or documented cases demonstrating the effectiveness of Ayurvedic treatment in such cases.

Ancient Ayurvedic texts, such as those by Acharya Kashyapa, highlight the significance of maintaining the health of sperm for the overall health of the progeny. Kashyapa emphasises the role of Virechana (purgation) for Shodhana (bio-cleansing) of the dushit beeja (sperm). (6) The rationale behind this approach is to eliminate toxins and balance the pitta dosha, which is often associated with the vitiation of shukra (sperm).

Based on the principles of Ayurveda, the diagnosis of Klaibya, evidence of Teratozoospermia, and the patient's prakriti (individual constitution) and the predominance of vitiated dosha (Pitta pradhan Vataanubandhi), a sequential approach of Shodhana followed by Vajikarna treatment was employed.

Vajikarna, a specialised branch of Ayurveda, focuses on improving the reproductive system and enhancing sexual functions. Its primary objective is to minimise Shukra dosha (disturbances in semen) and promote the healthy formation of progeny. Vajikarna therapies can be categorised into three types: Shukra Karaka (enhancing sperm count/generation), Shukra rechaka

(facilitating ejaculation of seminal fluid), and Shukra rechaka & karaka (serving both purposes). (7)

In this case study, these principles of Vajikarna were utilised in treating the patient. The aim was to address the abnormal sperm morphology and improve the patient's fertility potential. The results obtained from the study on Ayurvedic management of Klaibya (impotence) based on the data (Table 3) show significant improvement in Intercourse Satisfaction, Sexual desire, Erectile function, Orgasmic function, and Overall satisfaction of the individual.

Remarkably, post-treatment semen analysis revealed a significant improvement, with 63% of normal sperm morphology, indicating the effectiveness of the Ayurvedic treatment approach.

Additionally, specific Ayurvedic medications were prescribed to support the treatment. Kushmand avleha, administered before meals, possesses Vrushya (aphrodisiac), Punahanavkar (rejuvenating), and Rasayana (rejuvenating) properties, as mentioned in the Bhaishajya Ratnavali. Pushpadhanva ras, another prescribed medication, helps pacify the vata and pitta doshas, which are often associated with male reproductive health issues.

Tab Muslijeet (Safed Musli, Krunch beej, tal makhana, Utangan beej, Vrudhadhara beej, Shuddha Shilajeet), taken as 1-1-1 for three months, was also included in the treatment regimen. It's indicated explicitly for Premature ejaculation, impotence, and erectile dysfunction and helps improve overall reproductive health and semen quality.

Acharya Charaka suggests that Basti Chikitsa plays an important role in treating Vata Dosha, the primary cause of reduced semen quality. Vrushya Vasti, in particular, exhibits Rasayana (rejuvenating) effects and can be safely administered for extended periods to promote vitality and longevity without adverse effects, supporting overall well-being.

It is important to note that these results are based on a single case study. Further studies are needed to establish the generalizability and effectiveness of ayurve-

dic treatment for Klaibya with teratozoospermia. Controlled studies with larger samples are required to validate these results and provide more evidence for the efficacy of Ayurveda in treating male infertility.

CONCLUSION

In addition to bio-cleansing (Shodhana) and administration of targeted drugs by Virechana, applying the principles of Vajikarana is effective in the treatment of Klaibya with teratozoospermia, improving sexual function parameters as well as improving sperm quality. It has also been shown that increasing the amount of such encouraging results gives hope to many patients suffering from Teratozoospermia and gives confidence to emerging Ayurvedic practitioners that male infertility can be managed with simple drugs without surgery.

Patient declaration of consent:

The investigator obtained all the necessary informed consent from the patient. The patient has consented to their clinical information being reported in a medical journal. The patient acknowledges that her name and initials will not be published, and efforts will be made to conceal her identity, but anonymity is not guaranteed.

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