

PSYCHOGENIC ERECTILE DYSFUNCTION AND AYURVEDA: A CASE STUDY

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ABSTRACT

Erectile dysfunction (ED), traditionally viewed as primarily psychogenic, is now understood as a complex condition involving both psychological and physiological factors, including stress, hormonal imbalance, and neurovascular dysfunction. In modern medicine, dysregulation of the hypothalamic-pituitary-adrenal (HPA) axis, elevated cortisol, and reduced testosterone are implicated in psychogenic ED. Ayurveda, centuries ahead in recognizing mind-body connections, classifies such dysfunctions under *Klaibya*, particularly *Manasik Klaibya*, where disturbances of *Manas* (mind) and *Vata* are central. Classical descriptions include symptoms like *Linga Saithilya*, *Mogha Sankalpa*, and *Nirvirya*. Ayurvedic rasayana and *Vajikarana* therapies emphasize rejuvenation of *Shukra dhatu*, mental stability (*Satva*), and systemic vitality (*Ojas*). Herbs such as *Ashwagandha*, *Kapikacchu*, *Vidarikanda*, and *Pippali* are recognized for their

adaptogenic, androgenic, and aphrodisiac properties, often modulating dopamine, nitric oxide, and testosterone pathways. The theoretical convergence of ancient Ayurvedic concepts and contemporary psychoneuroendocrinology offers a robust, integrative framework for understanding and managing psychogenic sexual dysfunction holistically.

KEYWORDS: Erectile Dysfunction, Klaibya, Sex, Vajikaran, Ayurveda.

INTRODUCTION

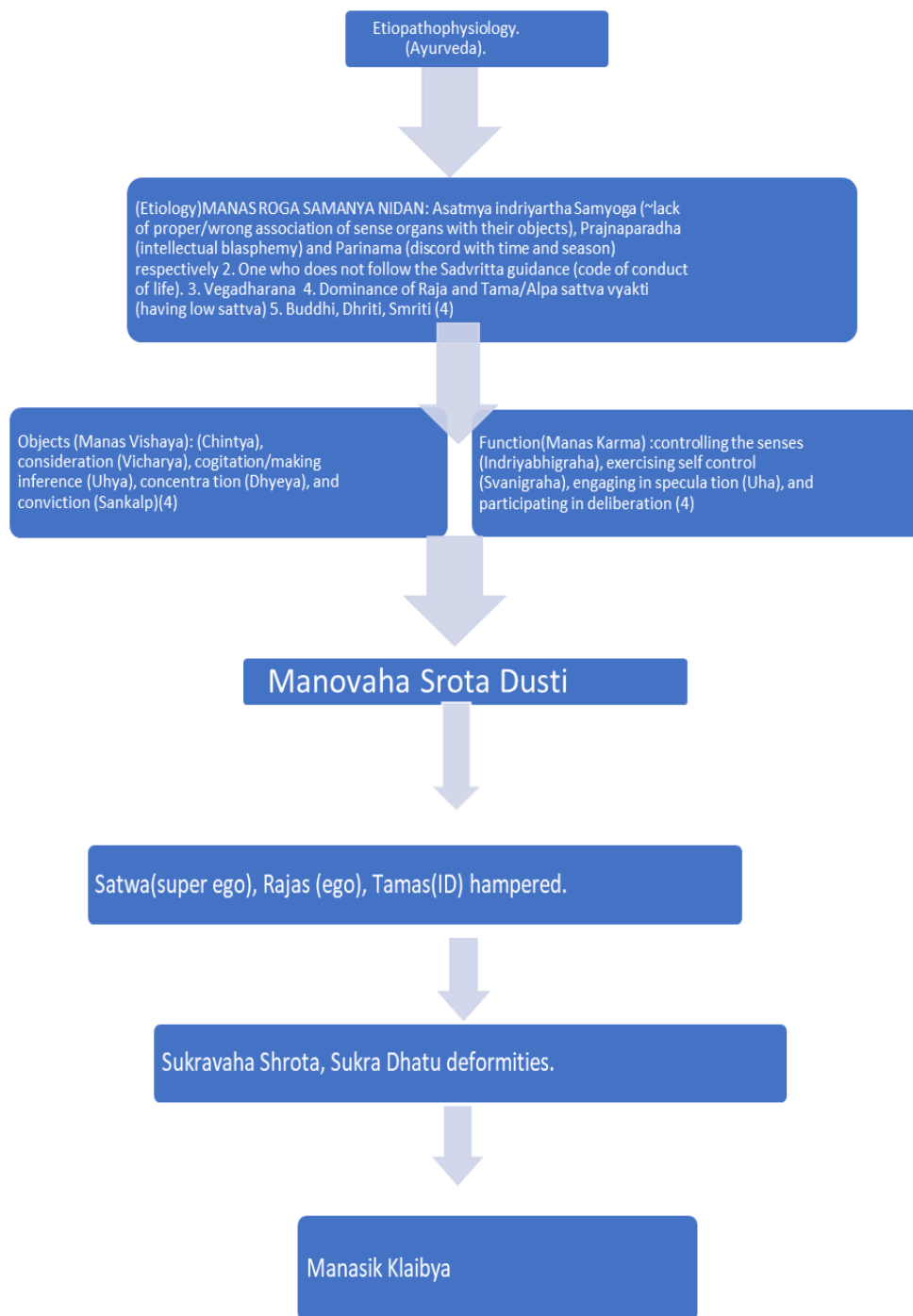
Human sexuality has existed for over 200,000 years and has long been depicted in art, writing, and cultural traditions. Early artifacts suggest a focus on fertility, and ancient texts like the *Kama Sutra* (400 BCE–200 CE) explored love, desire, and sexual techniques.

Religious texts—including the Qur'an, Torah, and Bible—also contain references to sex. While writings such as the *Kama Sutra*, *Ars Amatoria*, and *The Perfumed Garden* discussed sexuality, they weren't part of formal scientific study. Scientific research into sex began about 125 years ago. In the late 1800s, amid Victorian sexual repression, more open views emerged in Europe. In 1886, Richard von Krafft-Ebing's *Psychopathia Sexualis* helped establish sexology as a scientific field.^[1]

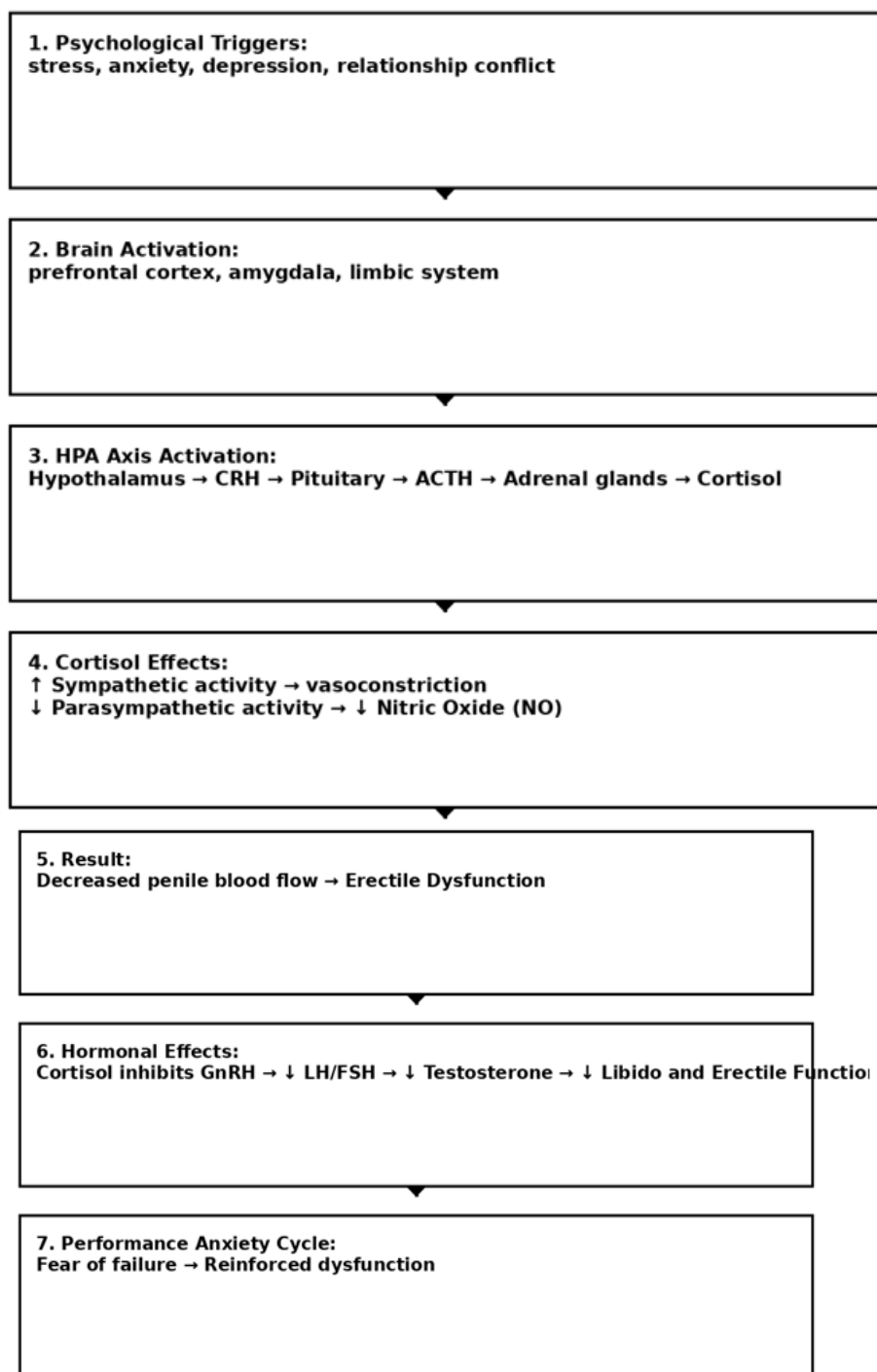
Erectile Dysfunction is the inability to attain or maintain an erection suitable for intercourse and its incidence is seen to be gradually increasing by every decade. Earlier it was thought that the cause of Erectile Dysfunction is basically psychogenic, about 90% and only 10% is organic (Helen Kaplan (1974)); However, the introduction of modern diagnostic tools in the area of sexual medicine revealed that vascular, neurologic, endocrinal, and other factors, contribute significantly to the development of Erectile Dysfunction.^[2] In Ayurveda all sexual dysfunction including erectile dysfunction is described under the heading of *Klaibya*. Generally *Klaibya* is considered as a disorder of old age but can also affect men at young age too. In such cases Ayurveda is very helpful as it has many hidden treasures to solve the various sex and infertility related problems in mankind.

In Ayurveda erectile dysfunction is not described as an independent disease but is included as a symptom that is *linga Saithilya* under the heading of *klaibya*. The *Samanya Lakshana* of *Klaibya* which are found in all type of *Klaibya* are *Linga Saithilya* (Flaccidity of the penis even after psychic or physical stimulation), *Mlanda Sishnata* (Lack of rigidity), *Nirbija* or *Nirvirya* (Absence of sperms or Lack of ejaculation), *Mogha Samkalpa Cheta* (unsuccessful sexual activity), *Dhvajanucchraya* (Lack of erection), *Suratasaktata*: Incapability to perform sexual activity, *Svasatrha* (Breathlessness), *Svinn Gatrata* (Profuse sweating) etc.^[3]

Among the many types of *Klaibya* Described by various acharyas, Acharya Sushruta, Yogaraj, and BhavaPrakash Nighantu has put some lights on the *Manasik* Type of *klaibya*. *Manasik* has always been an interesting and complicated subject of interest in Medical Field. As the science is still evolving and exploring the new frontiers every day, there is big possibility of finding a proper correlation deep roots tangled between *Manasik Klaibya* and Psychogenic Erectile Dysfunction with solid scientific evidences.

Etiopathogenesis(Ayurveda)

Etiopathogenesis (modern)



Case

Presenting Complaint

A 35 year old male came to OPD with the chief complaints of loss of erection during sexual activity since 3 years. He has been married for 3 years. The problem is causing many troubles in his married life. He informs that the problem arose post COVID and after his marriage.

Before that he was asymptomatic. He used to take only pan masala 2 years back and abstain from other addictions now. His past medical and family history is unremarkable. He has been found to have no other clinical symptoms and currently not under any medication. His vitals were under normal range.

His general and systemic examinations were done and it was found to be normal. Locally there was no pain, swelling or tenderness in the urogenital region.

Investigations: CBC, RBS, Fasting Lipid Profile, TSH, Sr. Testosterone were done, and all reports were under normal limit.

Diagnosis: He was diagnosed as a case of Erectile Dysfunction, which might have been developed due to some psychological cause.

Case Note: After conversation with the patient he opened up about his anxiety, fear, and restless urge to perform better in bed. So he was given proper counselling for over one month, both online and offline.

To follow up the improvement of his condition IIEF.^[5] scale was use. International Index of Erectile Function (IIEF) Questionnaire is a validated, multi dimensional, self-administered investigation that has been found useful in the clinical assessment of erectile dysfunction and treatment outcomes in clinical trials.

**OVER THE PAST 4 WEEKS
CHECK ONE BOX ONLY**

<input type="checkbox"/> Q1	How often were you able to get an erection during sexual activity?	0 No sexual activity 1 Almost never or never 2 A few times (less than half the time) 3 Sometimes (about half the time) 4 Most times (more than half the time) 5 Almost always or always
<input type="checkbox"/> Q2	When you had erections with sexual stimulation, how often were your erections hard enough for penetration?	0 No sexual activity 1 Almost never or never 2 A few times (less than half the time) 3 Sometimes (about half the time) 4 Most times (more than half the time) 5 Almost always or always
<input type="checkbox"/> Q3	When you attempted intercourse, how often were you able to penetrate (enter) your partner?	0 Did not attempt intercourse 1 Almost never or never 2 A few times (less than half the time) 3 Sometimes (about half the time) 4 Most times (more than half the time) 5 Almost always or always
<input type="checkbox"/> Q4	During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?	0 Did not attempt intercourse 1 Almost never or never 2 A few times (less than half the time) 3 Sometimes (about half the time) 4 Most times (more than half the time) 5 Almost always or always
<input type="checkbox"/> Q5	During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?	0 Did not attempt intercourse 1 Extremely difficult 2 Very difficult 3 Difficult 4 Slightly difficult 5 Not difficult
<input type="checkbox"/> Q15	How do you rate your confidence that you could get and keep an erection?	1 Very low 2 Low 3 Moderate 4 High 5 Very high

MANAGEMENT

Management was done in 3 phases. For 2 months and 7 days.

List 1

Phases	Comment
Purva Karma (list)	Snehapan and Virechan.
Shaman (list 2)	As given in the list.
Counselling	Counselling was done offline and online throughout the 2 months of treatment, in multiple sessions.

List 2

Sl no	Medicine/protocol for Purvakarma	Dose	Anupan	Duration
1.	Agnitundi Vati	2 tab BD	water	Day 1 Day 2
2	Snehapan with Panchatikta Ghrita	30ml>60 ml>90 ml>120 ml	-----	From Day 2 to Day 5
3	Triphala Churna	2 tsf(5gm)	Luke warm water	6th day
4	Eranda Taila	10 ml	-----	6th day
5	Rest	-----	-----	7 th day

RESULTS: After the treatment patient got very much relief from his symptoms. It has been shown in the IIEF scale below.

Sl no	Questions	Scale	BT	AT
1	How often were you able to get an erection during sexual activity?	0 No sexual activity 1 Almost never or never 2 A few times (less than half the time) 3 Sometimes (about half the time) 4 Most times (more than half the time) 5 Almost always or always	2	4
2	When you had erections with sexual stimulation, how often were your erections hard enough for penetration?	0 No sexual activity 1 Almost never or never 2 A few times (less than half the time) 3 Sometimes (about half the time) 4 Most times (more than half the time) 5 Almost always or always	2	4
3	When you attempted intercourse, how	0 Did not attempt intercourse	3	5

	often were you able to penetrate (enter) your partner?	1 Almost never or never 2 A few times (less than half the time) 3 Sometimes (about half the time) 4 Most times (more than half the time) 5 Almost always or always		
4	During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?	0 Did not attempt intercourse 1 Almost never or never 2 A few times (less than half the time) 3 Sometimes (about half the time) 4 Most times (more than half the time) 5 Almost always or always	2	5
5	During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?	0 Did not attempt intercourse 1 Extremely difficult 2 Very difficult 3 Difficult 4 Slightly difficult 5 Not difficult	3	4
6	How do you rate your confidence that you could get and keep an erection?	1 Very low 2 Low 3 Moderate 4 High 5 Very high	2	4

This clearly indicated his improvement from the treatment. By the end of treatment, the investigations were repeated. They didn't show any significant abnormality and deviation from the previous reports. It is worth mentioning that not only his symptoms of ED was improved, but also his general physical and mental health was improved as stated by the patient.

DISCUSSION

Purva Karma: As per Acharya Charaka, it is important to undergo Shodhan(purification) prior to Rasayana and Vajikarana treatment.^[6] This might also have an affect on the boosting metabolism (Which will be beneficial for the metabolism and absorption of the drugs under Shaman Chikitsa) and expulsion of other toxic or therapeutic molecules that might have been present in the body.

Shaman Chikitsa

SI No	Drugs	Effect
1	Vrishya Gutika (Some important Ingredients and their effects are given accordingly)	A potent Drug mentioned in Vajikaran Chapter of Charak Samhita Chikitsa Sthana)
a	Vidarikanda	Aphrodisiac (Vrishya), Androgenic Effect (Increases serum testosterone levels in animal studies.) (8), Adaptogenic and Anti-stress (Helps regulate the hypothalamic-pituitary-adrenal (HPA) axis, reducing cortisol levels) (9), Improves Erectile Function (Likely enhances nitric oxide (NO) production → vasodilation → better penile blood flow.)
b	Pippali	Piperine (main alkaloid): enhances absorption (10), anti-inflammatory, antioxidant, Testosterone-Modulating : Some evidence indicates improved Leydig cell function and enhanced testosterone levels (11) , Aphrodisiac (Vrishya)
c	Vansalochana	Mineral-Rich (Silica is essential for collagen production, tissue repair, and reproductive tissue health,) Cooling & Soothing (Sheetala, Pittahara) (12)
d	Kapikacchu	Potent Aphrodisiac (Vrishya), Boost Testosterone and LH (Increases serum testosterone and Luteinizing Hormone (LH) by stimulating the hypothalamic-pituitary-gonadal (HPG) axis) (13), L-DOPA Content (Neurotransmitter Support)
2	Ashwagandha	Vrishya (Enhances libido and sexual vigor), Testosterone Boost (↑ Testosterone, LH, and sperm production), Adaptogen (↓ Cortisol, improves mood,

		reduces psychogenic ED) (14) Rasayan (Rejuvenates reproductive tissues and energy) NO Enhancer(Promotes vasodilation → better erections)(15)
3	Manasmitra Vatakam	It has a very good effect on mind, sleep, anxiety, and stress.
4	Abhrak Bhasma	Rasatarangini, Rasa Ratna Samucchaya, Charaka Samhita Describes Abhrak Bhasma as: Rasayana – tissue rejuvenator Balya – strengthens the body Vrishya – aphrodisiac Ojovardhaka – enhances life essence (Ojas) Medhya – improves intellect (also important in psychosexual conditions)
5	Chitrakadi Vati	To facilitate proper digestion and metabolism of food and even drugs.

CONCLUSION

It has been seen that most of the male population that has been suffering from Erectile Dysfunction has a psychological contribution to it. It is worth mentioning that these kind of patient should not be treated as conventional patients of other disease. As sex plays a vital role in human life, which has been s also emphasised many times throughout history in various Scriptures, we as physician should approach and patient in a holistic manner, with empathy, reassurance, and encouragement. The treatment protocol, especially with Vrishya Gutika has been found very much beneficial in this particular case.

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