

A CONCEPTUAL STUDY ON KLAIBYA AS A SANTARPANAJANYA VYADHI WITH REFERENCE TO APATHYA AHARA AND MODERN LIFESTYLE

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ABSTRACT

Klaibya, explained in Ayurveda as impairment of Shukra Dhatu and decline of Vajikaran strength, is increasingly linked to dietary excesses and faulty lifestyle habits of the modern era. Classified under Santarpanajanya Vyadhis, its onset is closely associated with Apathya Ahara such as overly heavy, unctuous, incompatible, and calorie-dense foods that weaken Agni, elevate Kapha and Meda, and ultimately obstruct normal sexual functioning. Present-day factors—sedentary behaviour, psychological stress, obesity, substance misuse, and metabolic imbalance—mirror these classical etiologies, indicating strong conceptual correlation with contemporary disorders like erectile dysfunction. This study explores Klaibya through the Ayurvedic lens and integrates it with current biomedical insights to clarify its multifactorial pathogenesis. The review highlights the significance of dietary regulation, physical activity, mental well-being, and Vajikarana therapies as holistic

measures for prevention and management. Overall, the work positions Klaibya as a lifestyle-induced, yet preventable, health condition.

KEYWORDS: Klaibya, Santarpanajanya Vyadhi, Apathya Ahara, Shukra Dhatu, Vajikarana, Lifestyle Disorder, Erectile Dysfunction.

INTRODUCTION

Ayurveda, the ancient Indian science of life, explains health as the equilibrium of Dosha, Dhatu, and Agni. Klaibya refers to the impairment of male sexual potency, characterized by Aveerata, Avirya, or inability to perform coitus effectively.

In recent decades, the prevalence of lifestyle-related disorders has markedly increased due to changes in dietary habits, sedentary behavior, and stress. Among these, Klaibya—a condition characterized by diminished sexual potency—has emerged as a significant clinical and psychosocial concern. In Ayurvedic literature, Klaibya is not merely defined as erectile dysfunction but represents a multidimensional disorder involving Manas (mind), Sharira (body), and Atma (spirit). Classical texts of Ayurveda describe various etiological factors (Nidanas) for Klaibya, among which Santarpana (overnutrition and indulgence) and Apathya Ahara (unwholesome diet) hold prime importance.

The concept of Santarpanajanya dushti, Srotorodha (obstruction of microchannels), and impaired Agni (digestive and metabolic fire). These pathophysiological events eventually result in diminished Dhatu Poshana, particularly of Shukra Dhatu, culminating in Klaibya. Modern science parallels these mechanisms through conditions such as obesity, insulin resistance, endothelial dysfunction, and hormonal imbalance—factors strongly associated with sexual dysfunction.

Modern lifestyles marked by overeating, high-calorie fast food, and minimal physical activity mimic the very pattern of Santarpana described by Acharyas. Thus, Klaibya today emerges as a classic example of a Santarpanajanya Vyadhi precipitated by modern dietary trends.

The increasing prevalence of erectile dysfunction in younger age groups, often linked with unhealthy dietary habits, stress, and metabolic disorders, underscores the relevance of revisiting Ayurvedic concepts from a preventive and holistic standpoint. By exploring Klaibya through the lens of Santarpanajanya Vyadhi, the underlying role of overnutrition and unwholesome dietary patterns can be better understood. Such an integrative approach not only bridges classical wisdom with modern pathophysiology but also paves the way for evidence-based preventive strategies focusing on dietary moderation, Ahara Shuddhi, and lifestyle correction (Vihara).

Hence, this study aims to critically analyze the impact of Apathya Ahara and overnutrition on the pathogenesis of Klaibya, elucidating its correlation with metabolic and lifestyle-induced disorders, and to provide a comprehensive understanding of its management through the principles of Santarpanopashamana Chikitsa as described in Ayurveda.

MATERIALS AND METHOS

In Charaka Sutrasthana (23/3), Santarpanajanya Vyadhis are described as disorders originating from excessive nourishment — mainly due to the aggravation of Kapha and Meda.

The present study is purely a literature-based conceptual review. Relevant information was systematically gathered from the classical Ayurvedic texts including Charaka Samhita, Sushruta Samhita, Ashtanga Hrudaya, Madhava Nidana, and Bhavaprakasha along with their authoritative commentaries. Additional data were obtained from peer-reviewed research articles, contemporary medical literature, and national research databases. All collected material was critically analyzed to understand the concept of Santarpanajanya Vyadhi in relation to dietary patterns and lifestyle.

SANTARPANAJANYA VYADHI

The term Santarpana is derived from “Santarpayati iti Santarpanam,” meaning that which nourishes and satisfies the body. Although essential for sustenance, excessive Santarpana leads to a group of disorders collectively known as Santarpanajanya Vyadhi—conditions emerging from over-nutrition.

Nidana (Causative Factors)

According to Ayurveda, the following factors promote over-nourishment and contribute to Santarpana-related diseases, Excessive intake of:

- Snigdha (oily, unctuous foods)
- Guru (heavy-to-digest foods)
- Madhura (sweet substances)
- Pichchhila (slimy foods)

- Navanna (freshly harvested grains)
- Nava Madya (fresh alcoholic drinks)
- Anupa Mamsa (meat of marshy/ domestic animals)

- Varija Mamsa (aquatic meat)
- Gorasa (milk and milk products)
- Gaudika Anna (jaggery-based preparations)
- Pishtanna (flour-based foods)
- Physical inactivity (Cheshtadvashi)
- Daytime sleep (Divasvapna)
- Sedentary habits such as prolonged resting or sitting comfortably (Sukha Shayyasana)

Diseases Classified as Santarpanajanya Vyadhi

Excessive nourishment and sedentary lifestyle predispose individuals to the following conditions:

- Prameha (Diabetes mellitus and allied metabolic disorders)
- Pramehapidika (carbuncles)
- Kotha (urticaria)
- Kandu (generalized itching)
- Pandu (anaemia)
- Jvara (various types of fever)
- Kushtha (skin disorders)
- Amapradoshaja Vikara (conditions arising from metabolic toxins/Ama)
- Mutrakrichchha (difficulty in urination)
- Arochaka (anorexia or loss of appetite)
- Tandra (drowsiness and lassitude)
- Klaibya (infertility)
- Atisthaulya (excessive obesity),
- Alasya (laziness),
- Gurugatrata (heaviness of body),
- Indriyasrotasam lepa
- Buddhermoha (confusion),
- Pramilaka (continuous thinking),
- Shopha (swelling)

Conceptual Framework

An integrated model was developed correlating Ayurvedic pathogenesis (Samprapti) with modern physiological mechanisms.

Apathya Ahara (Fast food, fried, preserved, incompatible diet)



Santarpana (Overnutrition)



Agnimandya (Weak digestion/metabolism)



Ama formation (Toxins, free radicals)



Srotorodha (Microchannel blockage)



Medo Dushti (Obesity, lipid imbalance)



Hormonal disturbance (↓Testosterone, ↑Estrogen)



Shukra Dhatu Dushti (Impaired sperm & sexual vigor)



↓ Blood flow + ↑ Stress + ↓ Ojas



Klaibya (Erectile dysfunction / Sexual debility)

Modern Correlation

Impact of Fast Food on Male Reproductive Health.

Fast Food Composition

- High in trans fats, refined sugar, salt, and preservatives.
- Low in essential nutrients and antioxidants.

Metabolic Effects

- Causes weight gain, insulin resistance, and poor lipid profile.
- Increases inflammation and reduces energy levels.
- Lowers natural testosterone production.

Endocrine (Hormonal) Impact

- Disturbs the hypothalamo–pituitary–gonadal (HPG) axis.
- Excess fat converts testosterone into estrogen.

- Chemicals in processed foods act as endocrine disruptors.

Resulting Disorders

- Erectile dysfunction (Klaibya) due to poor blood flow and low testosterone.
- Decreased sperm count and quality → infertility.
- Loss of libido and overall sexual weakness.

RESULTS (Observations).

Aspect	Observation
Fast Food Composition	High in trans fats, sugars, sodium, and preservatives
Metabolic Effects	Leads to insulin resistance, obesity, reduced testosterone
Endocrine Impact	Disruption of hypothalamo-pituitary-gonadal axis
Resultant Disorder	Erectile dysfunction, infertility, and decreased sexual drive

The comparative analysis establishes a direct link between Santarpana Ahara (overnutrition) and the pathogenesis of Klaibya.

DISCUSSION

Ayurveda emphasizes Ahara (diet) as the foundation of health. Overindulgence in heavy, oily, and sweet foods leads to Santarpana, causing derangement of Kapha and Meda Dhatu.

These factors block the normal metabolic transformation of Dhatus, particularly the Shukra Dhatu, leading to infertility and sexual debility.

Fast food, with its high-calorie and low-nutrient profile, mirrors the Santarpanaja Ahara described by Acharyas. Modern studies corroborate that obesity, hyperlipidemia, and metabolic syndrome reduce testosterone levels, impair spermatogenesis, and damage vascular endothelium — all of which contribute to erectile dysfunction.

Hence, Klaibya should not be seen merely as a local reproductive disorder but as a systemic metabolic and psychosomatic condition arising from Santarpana.

Therapeutic approaches focusing on Langhana, Medohara, and Shukra Vardhaka principles are therefore rational and evidence-based.

CONCLUSION

Klaibya is a multidimensional disorder resulting from both metabolic excess (Santarpana) and functional obstruction of Shukra Dhatu.

Fast food consumption and sedentary habits represent the modern equivalent of Santarpana Hetu, which vitiate Kapha and Meda, obstruct Srotas, and diminish sexual vigor.

Preventive strategies — Ahara-Vihara Shuddhi, Vyayama, Rasayana therapy (Ashwagandha, Shatavari, Kapikacchu) — can restore metabolic balance and improve reproductive health.

Hence, modern Klaibya can be effectively managed and prevented by adopting Ayurvedic lifestyle modifications aligned with Santarpana Nivritti principles.

REFERENCES

1. Gupta KA. Ashtanga Hridaya of Vagbhata edited with Vidyotini. Sutrasthan. 2007th ed. Varanasi: Chaukhambha Prakashan; 3 p.
2. Kushwaha VdHCS. Caraka Samhita, Ayurveda- Dipika Ayusi Hindi- Commentary. 2017th ed. Varanasi: Caukhambha Orientalia; 2009: 47–68. (Jaikrishnadas Ayurveda Series; vol. 2nd).
3. Vaidya Brahmanand Tripathi, Editor, Charaka Samhita of Charaka. Sutrasthana, Chapter 30, Verse no. 155-156, Reprint 2007, Varanasi: Chaukhamba Surbharti Publication, 2007: 403.
4. Acharya Trikamji Jadavji. Caraka Samita of Agnivesa elaborated by Caraka & Drdhabala with the Ayurvedipika commentary by Sri Cakrapanidatta. Sutrasthana. 2007th ed. Varanasi: Chaukhambha Orientalia; 179 p.
5. Kushwaha VdHCS. Caraka Samhita, Ayurveda- Dipika Ayusi Hindi- Commentary. 2017th ed. Varanasi: Caukhambha Orientalia; 2009: 383. (Jaikrishnadas Ayurveda Series; vol. 2nd).; 1.
6. Shastri KA. Susruta Samhita of Maharshi Susruta- Ayurved Tattva Sandipika. 2016th ed. Varanasi: Chaukhambha Sanskrit Sansthan; 54 p. (The Kashi sanskrit Series; vol. 1).

7. Kushwaha VdHCS. Caraka Samhita, Ayurveda- Dipika Ayusi Hindi- Commentary. 2017th ed. Varanasi: Caukhambha Orientalia; 2009: 66. (Jaikrishnadas Ayurveda Series; vol. 2nd).
8. Vaidya Tripathi Brahmanand. Charaka Samhita. Sutrasthana. 2007th ed. Varanasi: Chaukhamba Surbharti Publication; 1038.
9. Vaidya Trikamji Jadavji. Sushrut Samhita. Chikitsasthana. 1st ed, Varanasi: Chaukhamba Surbharti Prakashan; 403-404.
10. Misra B, Vaisya R. Bhavaprakasa of Sribhava Mishra-edited by Vidyotini. Chapter-72/1-9. 2020th ed. Varanasi: Chaukhambha Sanskrit Bhawan; (The Kashi Sanskrit Series).
11. Gupta, S. et al. (2022). "Lifestyle-induced metabolic dysfunction and male infertility." Journal of Endocrinology & Metabolism.
12. WHO Report on Lifestyle Disorders (2023).