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Review Article

PSYCHOLOGICAL DIMENSIONS OF SEXUAL WEAKNESS: A COMPREHENSIVE REVIEW

Murari Girare[1], Ratnesh Kumar Shukla[2]*
[1]Assistant Professor, Department of Kaya Chikitsa, Govt Ayurveda college, Rewa, MP.
*[2]PG Scholar, Department of Kaya Chikitsa, PTKLS Govt Ayurveda College and Institute, Bhopal, MP, India.

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ABSTRACT

Ayurveda provides direction and inspiration for leading a healthy and balanced life. In today's fast-paced life, experiencing stress is common, and this stress leads to many kinds of diseases in the human body. According to Dr CB Pert Neuropeptides and their receptors form a biochemical network linking the mind and body, acting as emotion molecules that carry emotional information throughout the body, and affecting both physical and mental health." In a rural survey conducted in Haryana (North India), it was found that 81% of adult men reported sexual health issues. The most frequent was self-perceived semen defect (64.4%), followed by loss of libido (21%), guilt about masturbation (20.8%), erectile dysfunction (ED) (5%), and premature ejaculation (PE) (4.6%). Sexual health and psychological well-being are closely linked, each influencing the other in significant ways. Mental health challenges such as depression, anxiety, low confidence, and ongoing stress can decrease sexual desire and cause issues like erectile dysfunction or premature ejaculation. This happens because psychological distress alters the brain's chemistry, which can disrupt normal patterns of arousal and sexual function. Conversely, ongoing sexual difficulties may create emotional strain, leading to feelings such as guilt, frustration, performance anxiety, or tension within relationships. These reactions can intensify the original sexual health concerns, creating a cycle where psychological and physical factors reinforce each other. Ayurveda also recognizes this connection, describing how emotional states and mental well-being contribute to or result from sexual vitality. Ayurvedic approaches emphasize the importance of balancing the mind and body, addressing both psychological and physiological elements to improve sexual health.

INTRODUCTION

Sexual weakness, particularly Erectile Dysfunction (ED**)**, is not solely a physical issue-psychological and emotional factors play a critical role. According to modern medical research, psychological causes such as stress, anxiety, guilt, depression, and low self-esteem account for approximately 10–20% of ED cases[1]. Among men under 40 years old, psychogenic ED prevalence reaches 85%, compared to about 40% in men over 40, demonstrating the strong impact of mental health on erectile function.[2]

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Emerging studies further suggest that psychological stress activates the hypothalamic-pituitary-adrenal (HPA) axis, leading to elevated cortisol and impaired endothelial function, both of which compromise penile vascular health[3]. Chronic anxiety and maladaptive thought patterns reduce parasympathetic tone, suppressing nitric oxide release, which is essential for penile erection[4]. Cognitive factors such as performance pressure, fear of rejection, and relationship insecurity create a cycle of avoidance and self-doubt, amplifying erectile difficulties[5]. Neuroimaging research has identified altered brain activity in regions responsible for sexual arousal and reward processing, suggesting that psychogenic ED is a neuropsychological disorder as much as a vascular one[6]. Additionally, unresolved past trauma or negative sexual experiences may unconsciously shape sexual responses, further perpetuating dysfunction[7].

In modern perspective symptoms like

performance Anxiety– Fear of failure, lack of confidence, and mental blocks impair erection quality.

Depression and Chronic Stress– Neurotransmitter imbalances and elevated cortisol reduce libido and erectile response; depression increases ED risk by 39%.

Relationship Issues & Low Self-Esteem– Marital dissatisfaction, guilt, and fear of not satisfying a partner contribute to ED severity.

Mental Disorders and Medications– Psychiatric conditions (bipolar disorder, OCD, schizophrenia) and side effects from SSRIs, antipsychotics, and antihypertensives further impair sexual function. ED and depression/anxiety have a bidirectional relationship, where each condition worsens the other. This highlights the psychosomatic nature of sexual dysfunction in modern medicine.

Sexual Disorders in Ayurveda

Ayurvedic texts describe multiple forms of *Klaibya* (impotence) and related sexual dysfunctions:

- ***Beejopaghaataja Klaibya***– Impairment of reproductive tissue (*Beeja*) (*Charaka*).
- ***Dhvajopaghaataja/Dhvajabhangaja Klaibya***– Structural penile injury (*Sushruta*).
- ***Jaraaja Klaibya***– Age-related degeneration of *Shukra dhatu.*
- ***Kshayaja/Dhaatu Kshayaja Klaibya***– Depletion of body tissues leading to weakness.
- ***Beejadoshaja Klaibya***– Congenital or genetic defects in reproductive tissue.
- ***Maanasa Klaibya***– Impotence due to psychological or emotional factors (*Charaka*, *Sushruta*).
- ***Sahaja, Khara Shukra Nimittaja Klaibya*** – Other congenital or qualitative defects in semen.

These classifications include both physical and mental causes, with *Manasa Klaibya* aligning closely with psychogenic ED described in modern medicine [8].

Modern–Ayurveda Correlation Table

Modern Psychological Causes	Ayurvedic *Klaibya* Type	Clinical Symptoms
Performance anxiety, stress, guilt	*Maanasa Klaibya*	Lack of desire, failure to maintain erection, withdrawal
Depression	*Beejadoshaja/Dhaatu Kshayaja*	Low energy, fatigue, diminished semen quality
Low self-esteem, relationship conflicts	*Maanasa Klaibya*	Intercourse avoidance, lack of sexual confidence
Past trauma	*Dhvajopaghaataja/Beeja vikriti*	Psychological avoidance, structural penile dysfunction

Both modern medicine and *Ayurveda* emphasize that sexual weakness is not purely a physical condition but significantly influenced by mental and emotional factors. The Ayurvedic concept of *Maanasa Klaibya* parallels psychogenic ED described in modern research. Integrative treatment- combining psychotherapy, cognitive behavioral therapy, stress management, Ayurvedic *Vajikarana* therapies, purification procedures (*Basti*, *Uttar Basti*), and herbal formulations- can address both psychological and physiological dimensions of ED. This holistic approach offers a more sustainable solution to managing sexual dysfunction.

MATERIAL AND METHOD

Vajikarana

Sexual health has long been regarded as an essential component of overall well-being in both traditional and modern medical systems. In Ayurveda, *Vajikarana* is one of the eight clinical branches (*Ashtanga Ayurveda*), specifically dedicated to promoting sexual health, fertility, and reproductive vitality. The term *Vajikarana* is derived from the Sanskrit word "*Vaji*" (meaning horse), symbolizing vigor, strength, and reproductive prowess, and "*Karan*" (meaning to make), thereby referring to a therapy that bestows the sexual potency and vitality akin to that of a horse[9]. Classical texts such as the *Charaka Samhita* describe *Vajikarana* as a means to invigorate the body, enhance libido, ensure progeny, and promote physical and mental well-being[10].

From a mechanistic perspective, *Vajikarana* therapy operates through the nourishment and rejuvenation of *Shukra Dhatu* (reproductive tissue), aiming to improve both the quantity and quality of semen, sexual performance, and fertility. The therapy traditionally incorporates a holistic approach involving *Shodhana* (bio-purification), *Shamana* (palliative therapy), *Rasayana* (rejuvenation), and the use of aphrodisiac herbs such as *Ashwagandha* (Withania somnifera), *Kapikacchu* (Mucuna pruriens), and *Shatavari* (Asparagus racemosus)[11]. Modern studies indicate that these herbs may exert beneficial effects

via modulation of endocrine function, antioxidant action, neuroadaptogenic effects, and improvement in spermatogenesis[12]. In contemporary contexts, *Vajikarana* is increasingly being explored as a complementary approach for managing male sexual dysfunctions, including erectile dysfunction, premature ejaculation, and subfertility. However, while preliminary findings suggest promising outcomes, the field lacks sufficient randomized controlled trials, standardized formulations, and pharmacological validation- posing challenges for integration into mainstream biomedical practice [13].

Modern View [16-30]

Psychological Cause	Description	Key Insight	Article Summary	References
Anxiety Disorders (including Performance Anxiety)	Persistent nervousness or fear before/during sex; excessive worry about performance	Creates self-fulfilling cycle; anxiety leads to dysfunction, which increases anxiety	Many men with ED/PE have diagnosable anxiety disorders, especially linked to performance situations	Rajkumar & Kumaran (2015), Ciaccio & Di Giacomo (2022), Verywell Mind (2021)
Depression	Depressed mood, loss of interest, lack of motivation	Bidirectional link: depression increases risk of ED, and vice versa	Depression in men with sexual dysfunction raises risk of low libido and suicidal thoughts	Malhi & Bell (2022), Özkent et al. (2021), Laumann et al. (1999)
Low Self-Esteem/ Negative Body Image	Feelings of inadequacy, shame about body or masculinity	Poor self-image increases anxiety and reduces confidence in sexual situations	Worries over appearance or masculinity often precede or worsen sexual performance issues	Topak et al. (2023), Allen & Walter (2023)
Relational/Family Conflict	Ongoing discord with partner or within family	Sustained conflict undermines intimacy and sexual satisfaction in males	Longer-term relationship problems predict worsening sexual satisfaction and ED	Boddi et al. (2015), Corona et al. (2006)
Childhood Trauma/ Abuse	Early emotional, physical, or sexual trauma	Trauma survivors often have persistent sexual anxieties and difficulties	Men with psychogenic ED often report more childhood abuse/neglect	Gewirtz-Meydan et al. (2023), Penn State Health (2001)
Guilt, Shame, Societal Pressure	Feelings arising from not meeting societal/partner expectations, or from upbringing	Guilt/shame increases avoidance, anxiety, and arousal difficulties	Religious/social pressure or infidelity guilt suppresses healthy sexual expression	Medical News Today (2023), Hims.com (2025)
Stress (Work, Financial, Life Events)	Persistent life stressors- including work/ financial worries	Chronic stress is a major trigger for most male sexual dysfunctions	High stress levels strongly correlate with low libido, arousal, and interest	Allen & Walter (2023), WebMD (2023)
Other Psychiatric Conditions	PTSD, mood disorders, body dysmorphia	Psychiatric comorbidity amplifies sexual problems	Medications for these disorders can further compromise sexual function	Malhi & Bell (2022), Allen & Walter (2023)

Cognitive Distraction ('Spectatoring')	Mentally observing self during sex rather than experiencing it	"Spectatoring" reduces arousal and erectile response	Unrealistic standards (often from media) divert focus from erotic experience	Ciaccio & Di Giacomo (2022), Allen & Walter (2023)
Intimacy/Attachment Issues	Insecure relationship attachment; fear of trust/ vulnerability	More sexual problems seen in those with insecure/anxious/avoidant attachment styles	Secure attachment protects against psychogenic ED and boosts sexual satisfaction	Boddi et al. (2015), Topak et al. (2023)

Theory of neurotransmitters [31-49]

Neurotransmitter/ Hormone	Nervous System Site	Role in Psychological/Mental Phenomena	Link to Male Sexual Function	References
Dopamine	Hypothalamus, midbrain reward circuits	Motivation, reward, mood, pleasure, mental drive	Drives desire, libido, arousal; low dopamine (from stress, depression) strongly reduces sexual motivation/performance	1. Melis & Argiolas, 2022; 2. Giuliano, 2001; 3. Hull, 2004; 4. Paredes, 2009; 5. Rastrelli, 2025
Serotonin (5-HT)	Raphe nuclei, frontal/limbic networks	Mood regulation, anxiety, inhibition, impulse control	Excess serotonin (in anxiety, antidepressants) inhibits desire and erection	6. Hull, 2004; 7. OMICS, Serotonin & Sexual Dysfunction; 8. Simonsen, 2021; 9. VerywellHealth, 2017
Oxytocin	Paraventricular hypothalamus, limbic areas	Emotional bonding, trust, social connection, feeling of safety	Facilitates arousal, erection, satisfaction by lowering anxiety and increasing intimacy	1. Melis & Argiolas, 2022; 12. PosterityHealth, 2023; 13. Simonsen, 2021
Prolactin	Pituitary ("brain hormone")	Modulates sexual satisfaction, post-orgasmic state, "mental satiety"	High levels (chronic stress/depression/drug side effects) decrease sex drive and reward	14. PubMed Central, 2023; 15. Hull, 2004
Noradrenaline (Norepinephrine)	Locus coeruleus, cortex/limbic system	Mental alertness, stress response, attention, anxiety, arousal	Excess in anxiety states inhibits erection/performance; balanced levels enable focus/arousal	

***Ayurveda* View** [50-66]

Ayurvedic Cause	Psychological Factor	Key Insights	Classical/ Research Evidence	References
Vata Dosha aggravation	Stress, worry, anxiety	Aggravated *Vata* leads to *Ojas* depletion, *Shukra* disturbance, and low libido	Stress = *Vata* ↑ = reduced sexual vigor; restoration via mind-body therapies emphasized	1. Sharma et al., *AYU*, 2017; 2. Singh et al., *Ancient Science of Life*, 2019; 3. Rejuvenating Sexual Health Holistically

				(2021)
Negative *Mansika Bhava*	Grief, anger, jealousy, guilt, fear, anxiety	Persistent negative emotions block sexual arousal and cause dysfunction	Classical texts and modern reviews confirm contribution of these emotions	4. Management of Sexual Disorders Through Ayurveda (*J. Res. Ayurvedic Sci*, 2020); 5. Pathophysiology of Sexual Dysfunction in Ayurveda (2022)
Avara Satva (Low resilience)	Weak psyche, rumination, anxiety	Weak *Satva* linked to higher risk of sexual dysfunction; *Vata Prakriti* impacts susceptibility	Clinical and survey studies on psychogenic ED and *Satva/Prakriti* types	6. Efficacy of Ashwagandha in Psychogenic ED (*Int. J. Ayurveda Res.*, 2020); 7. Polyherbal Compounds for ED (*AYU*, 2018)
Suppression/Performance anxiety	Inhibition, guilt, lack of confidence	Suppressing urges or fear of failure creates anxiety → weakness cycle	*Satvavajaya Chikitsa* (psychotherapy) and *Vajikarana* (aphrodisiac therapy) recommended	8. Vajikarana: Treatment of Sexual Dysfunctions (*AYU*, 2015); 9. *Satvavajaya Chikitsa* Studies (*AYU*, 2016)
Lifestyle/Environmental stress	Modern life pressures, poor sleep, multitasking	Raises *Vata*, disturbs routine, and contributes to mind-body imbalance	*Nidana Parivarjana* (remove cause), routine, palliative and purificatory therapies	10. LifeZen: Ayurveda & Sexual Health (2022); 11. The Ayurvedic Approach to Boosting Libido (*J. Ayurveda Integr Med*, 2015)
Self-esteem / body image issues	Shame, guilt, internalized negativity	Social stigma and low self-worth amplify anxiety, erectile and arousal problems	Combination of *Medhya Rasayana* (nootropics), counseling, and partner support effective	12. Gupta et al., *Journal of Ethnopharmacology*, 2021; 13. Ayurvedic Herbs to Combat Sexual Dysfunction (*Pharmacogn Rev*, 2021)
Vajikarana & Medhya Rasayana	Herbs for mind /sexual vigor (*Ashwagandha, Brahmi, Shatavari*)	Adaptogenic plants reduce psychological stress, improve resilience, and directly support sexual function	Clinical, classical, and review articles supporting combined mental + physical therapy	14. Brahmacharya, Sexual Health, and Vajikarana (*J. Ayurveda Integr Med*, 2018); 15. Clinical Study of Polyherbal Compounds for ED (*AYU*, 2018)
Satvavajaya Chikitsa	Meditation, counselling, *yoga, pranayama*	Mind-therapies plus herbal intervention ≫ faster recovery from psychogenic sexual problems	Multiple clinical reports and historical recommendations	16. Satvavajaya Chikitsa Studies (*AYU*, 2016); 17. Mishra et al., Ancient Science of Life, 2022

Research evidence indicates that several Ayurvedic herbs act as aphrodisiacs while also positively influencing mental health parameters such as stress, anxiety, mood, and neurochemical balance. The five most studied herbs for males are:

- ***Ashwagandha* (*Withania somnifera*)**[67]

  Ashwagandha is a well-known adaptogenic herb that lowers cortisol levels, reduces anxiety, and alleviates stress. Clinical trials have shown that it increases testosterone levels and improves sexual desire and satisfaction in males.

- ***Safed Musli* (*Chlorophytum borivilianum*)** [68]

  Safed Musli enhances physical energy and counters fatigue and stress, indirectly improving sexual health. Animal studies have demonstrated its strong aphrodisiac potential and ability to enhance sexual performance.

- ***Kapikachchu (Mucuna pruriens*)** [69,71]

  This herb boosts dopamine levels in the brain, leading to improved mood and resilience against stress. It enhances sperm count, libido, and erectile function. Human studies have confirmed its role in improving fertility by modulating the hypothalamus –pituitary–gonadal axis. *Kapikachhu* seeds, derived from *Mucuna pruriens*, are used specifically for their spermatogenic and libido-enhancing effects. Research supports their strong aphrodisiac properties and benefits in improving male reproductive health while enhancing mood and mental clarity.

- ***Shilajit* (*Asphaltum punjabianum*)** [70]

  Shilajit is known for its anti-stress and anti-fatigue properties. Clinical studies have shown that it significantly increases free testosterone levels and improves overall male vitality, making it a potent aphrodisiac.

DISCUSSION [72]

In *Charaka Samhita, Acharya Charaka* goes beyond just treating sexual disorders- he actually presents a deeper, more holistic model for long-term male well-being and mental peace. Interestingly, many of his points seem to align with what modern neuroscience now tells us about happiness and sexual health. The first idea *Acharya Charaka* emphasizes is the importance of being with a wise and virtuous partner *(Shreshtha Stri*). According to him, such a relationship brings emotional joy (*Preeti*), deep connection (*Visrambha*), and lasting satisfaction (*Tripti*). Today's neuropsychology supports this idea: dopamine, the "feel-good" chemical, gives us pleasure and desire, while oxytocin, often called the "bonding hormone," builds trust and emotional closeness. When a man-experiences love and intimacy in this way, it naturally protects him from common psychological issues like stress, insecurity, or depression. This beautifully matches the ancient idea that fulfilment in a healthy relationship is a form of prevention against emotional suffering. Then comes the idea of *Vajikar Mitra Mandali*- a group of supportive friends and companions. *Acharya Charaka* believed that surrounding oneself with good company boosts mental strength and happiness. Neuroscience agrees here too. Positive social interactions increase levels of serotonin (which uplifts mood) and oxytocin (which builds social trust). These connections not only improve a person's mental health but also act as a buffer against isolation, anxiety, and performance-related worries. *Acharya* Charaka also gives importance to *Aahar-Vihar*, which basically means proper food and lifestyle. He advises that regular, nourishing meals, restful routines, and joyful activities can maintain inner balance. Modern medicine calls this lifestyle medicine- and we now know that such routines help regulate brain chemicals like serotonin, dopamine, and endorphins, all of which are linked to emotional stability, energy, and sexual health. Regular rest and enjoyable routines reduce the impact of stress and help the mind recover from setbacks. Another point that stands out is *Charaka's* attention to the post-union phase- what happens after intimacy. He suggests that comforting talk and care between partners (and even among close friends) brings a sense of deep mental relaxation. In scientific terms, after sexual activity, hormones like prolactin and oxytocin are released, which create a sense of peace and bonding. This emotional recovery further strengthens resilience against future psychological pressure. Even *Charaka's* lifestyle tips- like staying close to nature, balancing work and relaxation, and not overstraining the mind- are surprisingly modern. These are now part of standard wellness advice and are known to positively impact brain chemicals such as serotonin, noradrenaline, and endorphins, which help us stay calm and emotionally clear.

CONCLUSION

This review underscores that sexual weakness cannot be solely attributed to physiological factors; rather, it is intricately linked to various psychological determinants. Empirical evidence demonstrates that mental health conditions such as anxiety, depression, and cognitive distortions, along with interpersonal stressors, significantly influence the manifestation of sexual dysfunctions. Recognizing these psychological dimensions is crucial for advancing diagnostic accuracy and developing integrative treatment modalities that combine psychotherapeutic interventions with conventional medical approaches. Future research should further investigate the bidirectional relationship between psychological well-

being and sexual health to establish evidence-based guidelines for prevention and holistic management.

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***Address for correspondence**
Dr. Ratnesh Kumar Shukla
PG Scholar,
Department of Kaya Chikitsa,
PTKLS Govt Ayurveda college and Institute, Bhopal, MP.
Email: drratneshs@gmail.com