

**AN OPEN LABEL SINGLE ARM CLINICAL STUDY TO EVALUATE THE COMBINED  
EFFICACY OF MADHUTAILIKA BASTI AND KAMINI VIDRAVANA RASA IN THE  
MANAGEMENT OF KLAIBYA VIS-À-VIS ERECTILE DYSFUNCTION****Dr. Siddalinga Swamy J.M.\*<sup>1</sup>, Dr. Sanjay Kumar M.D.<sup>2</sup>**<sup>1</sup>Third Year Post Graduation Scholar, Department of Kayachikithsa, GAMC Mysuru,<sup>2</sup>Professor Department of Kayachikithsa, GAMC Mysore,

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**ABSTRACT**

Erectile dysfunction (ED), clinically correlated with *Klaibya* in *Ayurveda*, is a multifactorial disorder involving impaired erection, reduced rigidity, altered ejaculation, diminished sexual desire and psychological factors such as performance anxiety. The present open-label, single-arm clinical study was conducted to evaluate the combined efficacy of Madhutilika Basti followed by Kaminī Vidravana Rasa in the management of Klaibya vis-à-vis ED. A total of 37 subjects were registered, of whom 30 subjects aged 21–59 years completed the study, while 7 were dropouts due to irregular follow-up; two of the registered subjects developed rectal bleeding on the third day of Basti. Subjects were selected from Government Ayurveda Medical College and Hospital, Mysuru, and Government Hi-Tech Panchakarma Hospital, Mysuru. Following appropriate preparatory management, *Madhutilika Basti* was administered for eight days, followed by *Kaminī Vidravana Rasa* 125 mg once daily with Kṣīra as Anupana for the prescribed duration. Therapeutic response was assessed using clinical parameters including sexual desire, erection, penile rigidity, performance anxiety, ejaculation and orgasm, along with the International Index of Erectile Function (IIEF), at baseline and subsequent assessment points. Progressive improvement was observed across the assessed parameters. Sexual desire improved by 11.72% on Day 56 and 19.53% on Day 72; erection improved by 47.62%, 76.19% and 142.86% on Days 9, 56 and 72, respectively; rigidity improved by 88.89%, 155.56% and 222.22%; performance anxiety improved by 21.43% and 28.57% on Days 56 and 72; and ejaculation improved by 26.32%, 73.68% and 94.74%, respectively. The maximum improvement was observed in orgasm, with 85.71%, 242.86% and 328.57% improvement on Days 9, 56 and 72, respectively. Overall, the findings suggest that the combined intervention produced progressive improvement in multiple physical and psychological dimensions of sexual function, possibly through *Vata* regulation, *Apana Vayu* modulation, *Śukra Dhatu* nourishment, *Vajīkaraṇa* and improvement of psychosexual function. However, considering the small sample size, single-arm design, convenience sampling and absence of a control group, these findings should be regarded as preliminary and require confirmation through larger, controlled clinical studies.

**INTRODUCTION**

Sexual life is an integral part of human existence and plays an important role in maintaining physical, psychological, emotional and social well-being. A healthy sexual relationship promotes intimacy, affection, mutual trust and marital satisfaction, thereby strengthening the emotional bond between partners.

Sexual harmony also contributes to reproductive health, mental stability, self-esteem and overall quality of life. Conversely, disturbances in sexual function can result in frustration, anxiety, emotional distress, reduced confidence and disharmony in married life. Erectile Dysfunction (ED) is defined as the persistent inability to attain or maintain a penile erection sufficient for

satisfactory sexual performance. It is one of the common male sexual disorders and may result from psychogenic, Neurogenic, Endocrinological, Vasculogenic and Arteriogenic factors.<sup>[1]</sup> The basic mechanisms include failure to initiate erection, inadequate arterial blood supply to the corpora cavernosa and inability to retain sufficient blood due to venous leakage or vascular dysfunction. The increasing prevalence of ED and its impact on psychological, emotional and social well-being make it an important clinical and public health concern. ED not only affects physical sexual function but also has a significant effect on mental health and interpersonal relationships. Patients may experience anxiety, stress, depression, loss of self-esteem and marital conflicts. Although contemporary management includes PDE-5 inhibitors such as sildenafil and tadalafil, testosterone therapy, intraurethral or intracavernosal therapies, vacuum devices and surgical implants<sup>[2]</sup>, these approaches may have limitations, adverse effects, higher cost and inconvenience. Therefore, there is a need for safer, economical and holistic therapeutic approaches.

In Ayurveda, ED can be understood under the broad concept of *Klaibya*, described in relation to disorders of *Shukravaha Srotas*. It is characterized by inability to achieve or sustain proper penile erection due to various etiological factors. Normal sexual performance depends upon the proper functioning of *Shukra Dhatu*, balanced *Doshas*, healthy mental status and unobstructed functioning of *Shukravaha Srotas*. Disturbance in these factors may result in impairment of sexual function. The pathogenesis of *Klaibya* is predominantly associated with *Vata Dosha* vitiation, particularly involving *Vyana Vayu* and *Apana Vayu*. *Vyana Vayu*<sup>[3]</sup> is concerned with circulation and motor activities, whereas *Apana Vayu* governs reproductive and ejaculatory functions. Their vitiation may result in defective erection, decreased sexual vigor and impaired ejaculation. Hence, correction of *Vata* imbalance along with nourishment of *Shukra Dhatu* is considered important in the management of *Klaibya*. Among Ayurvedic therapies, *Basti Karma* is considered an important treatment for *Vata* disorders. *Madhutailika Basti* is a significant formulation indicated in *Vata* disorders and is regarded as a *Vrishya Basti* because of its rejuvenating and aphrodisiac properties. Its *Vatahara*, *Balya*, *Brimhana* and *Vrishya* properties may help in correcting *Vata*, improving circulation, nourishing tissues and enhancing sexual function.

*Kamini Vidravana Rasa* is an important herbo-mineral formulation used in sexual disorders. It possesses *Vrishya*, *Vajikarana* and *Rasayana* properties<sup>[8]</sup> and is described as beneficial for improving sexual stamina, vigor, erectile strength and physical strength. It may also support the quality of *Shukra Dhatu* and psychological confidence during sexual activity. Considering the increasing burden of ED and the limitations of conventional therapies, the combined use of *Madhutailika Basti* and *Kamini Vidravana Rasa* may provide complementary benefits by correcting *Vata*

imbalance, supporting *Shukravaha Srotas*, nourishing reproductive tissues and improving sexual function. Therefore, the present study was undertaken to evaluate the combined therapeutic efficacy of *Madhutailika Basti* and *Kamini Vidravana Rasa* in the management of *Klaibya vis-à-vis* Erectile Dysfunction.

## MATERIALS AND METHODS

The present open-label, single-arm clinical study was conducted to evaluate the combined efficacy of *Madhutailika Basti* and *Kamini Vidravana Rasa* in the management of *Klaibya vis-à-vis* Erectile Dysfunction (ED). Subjects were selected from the OPD and IPD of Government Ayurveda Medical College and Hospital, Mysuru, Government Hi-Tech Panchakarma Hospital, Mysuru, and proposed special camps. The drugs used included *Nimbamrita Eranda Taila*, *Madhutailika Basti* and *Kamini Vidravana Rasa*.

*Madhutailika Basti* was prepared using *Madhu*, *Saindhava Lavana*, *Tila Taila*, *Shatapushpa Kalka* and *Ksheera*. The ingredients were mixed sequentially to obtain a homogeneous emulsion. The final *Basti* was prepared fresh and administered in lukewarm condition.

## Intervention Protocol

- Day 1: *Mrudu Kosta Shodhana* with *Nimbamritadi Eranda Taila*.<sup>[5]</sup>
- Day 2: *Vishrama Kala*.
- Day 3–10: *Madhutailika Basti*<sup>[6]</sup>, 614 ml/day.
- Day 11–62<sup>nd</sup>: *Kamini Vidravana Rasa*<sup>[7]</sup>: 125 mg once daily at bedtime with *Ksheera*, for 62 days, excluding *Basti* and *Sadyovirechana* periods.

## Diagnostic and Assessment Criteria<sup>[8]</sup>

The International Index of Erectile Function (IIEF) questionnaire was used for diagnosis and assessment. The 15-item IIEF evaluates erectile function, orgasmic function, sexual desire, intercourse satisfaction and overall satisfaction. For ED assessment, questions 1–5 and 15 were considered. A higher score indicates lesser severity of ED.

## IIEF interpretation<sup>[9]</sup>

- 26–30 – No ED
- 22–25 – Mild ED
- 17–21 – Mild to moderate ED
- 11–16 – Moderate ED
- 6–10 – Severe ED

Overall improvement was graded as 100%, 75%, 50%, 25% and no improvement according to the post-treatment IIEF score. Assessment was carried out at 0th, 9th, 56th and 72nd days.

Additional subjective parameters assessed were sexual desire, penile erection, penile rigidity, performance anxiety, ejaculation and orgasm, each graded according to predefined criteria.

**INCLUSION CRITERIA**

- Subjects with signs and symptoms of Klaihya vis-à-vis Erectile dysfunction was included.
- Age group 21 to 59 years was included.
- Both fresh cases and treated cases was included.
- The definition of fresh cases includes freshly diagnosed and untreated cases of ED.
- The definition of treated cases includes already diagnosed and treated cases of ED who had voluntarily discontinued the treatment with a wash-out period of 7 days.

**EXCLUSION CRITERIA**

- Subjects with systemic and structural deformities such as Cryptorchidism, Varicocele grade 3, and Peyronie's disease, was excluded.
- Post-traumatic ED was excluded.
- Subjects suffering from sexually transmitted disease (STD), Human immunodeficiency virus (HIV), Hepatitis C virus (HCV), and Tuberculosis (TB) was excluded.
- Subjects with uncontrolled Diabetes mellitus i.e. FBS >200mg/dL and PPBS >250 mg/dL was excluded.
- Subjects with Stage 2 Hypertension (>160/100) was excluded.
- Chronic Alcoholism was excluded.
- Major psychiatric illness associated with ED was excluded.
- ED more than 10 years was excluded.
- Subjects who are unfit for Basti was excluded.
- Subjects with other systemic disorders that interfere with the intervention was excluded.

**Diagnostic Criteria & Assessment****1. Diagnostic Criteria**

- Clinical features of ED + IIEF questionnaire were used for diagnosis and assessment.
- IIEF-15 is a validated questionnaire assessing male sexual function.
- It covers:
  1. Erectile function
  2. Orgasmic function
  3. Sexual desire
  4. Intercourse satisfaction

**5. Overall satisfaction**

- For ED, 6 questions (1–5 and 15) were used.

**2. IIEF Scoring**

| Domain                   | Questions | Maximum Score |
|--------------------------|-----------|---------------|
| Erectile function        | 1–5, 15   | 30            |
| Orgasmic function        | 9–10      | 10            |
| Sexual desire            | 11–12     | 10            |
| Intercourse satisfaction | 6–8       | 15            |
| Overall satisfaction     | 13–14     | 10            |

Higher score = lesser severity of ED; lower score = greater severity.

**3. Interpretation of IIEF<sup>[4]</sup>**

| IIEF Score | Interpretation   |
|------------|------------------|
| 26–30      | No ED            |
| 22–25      | Mild ED          |
| 17–21      | Mild–moderate ED |
| 11–16      | Moderate ED      |
| 6–10       | Severe ED        |

**4. Overall Improvement**

| Score | Improvement    |
|-------|----------------|
| >26   | 100%           |
| 22–25 | 75%            |
| 17–21 | 50%            |
| 11–16 | 25%            |
| <10   | No improvement |

**5. Assessment Criteria**

Assessment was done on 0th, 9th, 56th and 72nd days. The following six parameters were graded:

- Sexual desire (S)
- Penile erection (Er)
- Penile rigidity (R)
- Performance anxiety (P)
- Ejaculation (Ej)
- Orgasm (O)

Each parameter was graded according to severity, with higher grades generally indicating better sexual function and lower grades indicating greater dysfunction.

**INTERVENTION****Table 24: Showing the Intervention protocol.**

|                                                                               |                                                                                                                                                                                                                                                                                                                    |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>Mrudu Kosta Shodhana</i> was given after confirming <i>Nirama lakshana</i> | <b><i>Nimbamritadi eranda taila</i></b> <ul style="list-style-type: none"> <li>• <i>Matra</i> - based on <i>Kosta</i> of <i>rogi</i>.</li> <li>• <i>Anupana</i> - <i>ushna jala</i>.</li> <li>• Duration - day 1.</li> </ul>                                                                                       |
| <i>Vishrama kala</i> for one day i.e.(day 2 <sup>nd</sup> )                   |                                                                                                                                                                                                                                                                                                                    |
| <i>Basti (Madhutailika basti)</i>                                             | <b>Ingredients</b> <ol style="list-style-type: none"> <li>1. <i>Madhu</i> –2 <i>prasrita</i> (192 ml)</li> <li>2. <i>Taila</i> –2 <i>prasrita</i> (192 ml)</li> <li>3. <i>Saindava</i> – ½ <i>pala</i> (24 gms)</li> <li>4. <i>Shatapushpa</i> – ½ <i>aksa</i>.(6gm)</li> <li>5. <i>Ksheera</i> – 200ml</li> </ol> |

|                      |                                                                                                                                                                                                                                                                                                                      |
|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                      | <ul style="list-style-type: none"> <li>• <i>Matra</i> -614 ml</li> <li>• Duration -8 days.(Day 3<sup>rd</sup> to day10<sup>th</sup>)</li> </ul>                                                                                                                                                                      |
| <i>Shamanoushadi</i> | <p><b><i>Kamini vidravana rasa</i></b></p> <ul style="list-style-type: none"> <li>• <i>Matra</i> - 125 mg OD at bed time.</li> <li>• <i>Anupana</i> - ksheera.</li> <li>• <i>Kala</i> - After food (during bedtime)</li> <li>• Duration - 62 days(excluding <i>Basti karma</i> and <i>sadyovirechana</i>)</li> </ul> |

### Assessment schedule

- Pre assessment – 0<sup>th</sup> day before the intervention
- Pre mid assessment – 9<sup>th</sup> day after the completion of madhutaika basti
- Mid assessment – 56<sup>th</sup> day during shamanoushadi
- Post assessment – 72<sup>nd</sup> day during follow up

The main statistical method used in your study was the Wilcoxon Matched-Pairs Test.

Statistical methods used

- Descriptive statistics: Mean, Median, and Interquartile Range (IQR)
- Percentage change: To assess the degree of improvement
- Wilcoxon Matched-Pairs Test: To compare the scores between different treatment time points:
  - Before treatment vs Day 9
  - Before treatment vs Day 56
  - Before treatment vs Day 72
  - Day 9 vs Day 56
  - Day 9 vs Day 72
  - Day 56 vs Day 72
- Z-value and P-value were calculated to determine statistical significance.
- $P < 0.05$  was considered statistically significant.

### One-line for presentation

“The data were analyzed using descriptive statistics and the Wilcoxon matched-pairs test. Mean, median, IQR, percentage change, Z-value, and P-value were calculated, with  $P < 0.05$  considered statistically significant.”

- **IEC approval number – GAMC/IEC-PG(05)2024**

### RESULT

Yes. I checked the document again. The individual treatment parameters specifically mentioned in the document are Sexual Desire, Erection, Rigidity, Performance Anxiety, Ejaculation, and Orgasm. The document does not separately list “stiffness”; *rigidity* is the corresponding parameter.

#### 1. Sexual Desire

Sexual desire showed a gradual response. There was no improvement by Day 9 (0%). Improvement increased to 11.72% by Day 56 and 19.53% by Day 72, with the Day 72 change being highly significant ( $p=0.0009$ ).

#### 2. Erection

Erection showed an early and progressive response. Improvement was 47.62% on Day 9, 76.19% on Day 56, and reached 142.86% by Day 72. The Day 72 result was highly significant ( $Z=4.7030$ ,  $p=0.0001$ ), indicating marked improvement in erection quality.

#### 3. Rigidity

Rigidity demonstrated one of the highest improvements. It increased by 88.89% on Day 9, 155.56% on Day 56, and 222.22% on Day 72. The improvement was highly significant at all follow-up periods, indicating marked enhancement of penile rigidity.

#### 4. Performance Anxiety

Performance anxiety responded more slowly. There was 0% improvement by Day 9, followed by 21.43% improvement by Day 56 and 28.57% by Day 72. The Day 72 change was statistically significant ( $p=0.0289$ ).

#### 5. Ejaculation

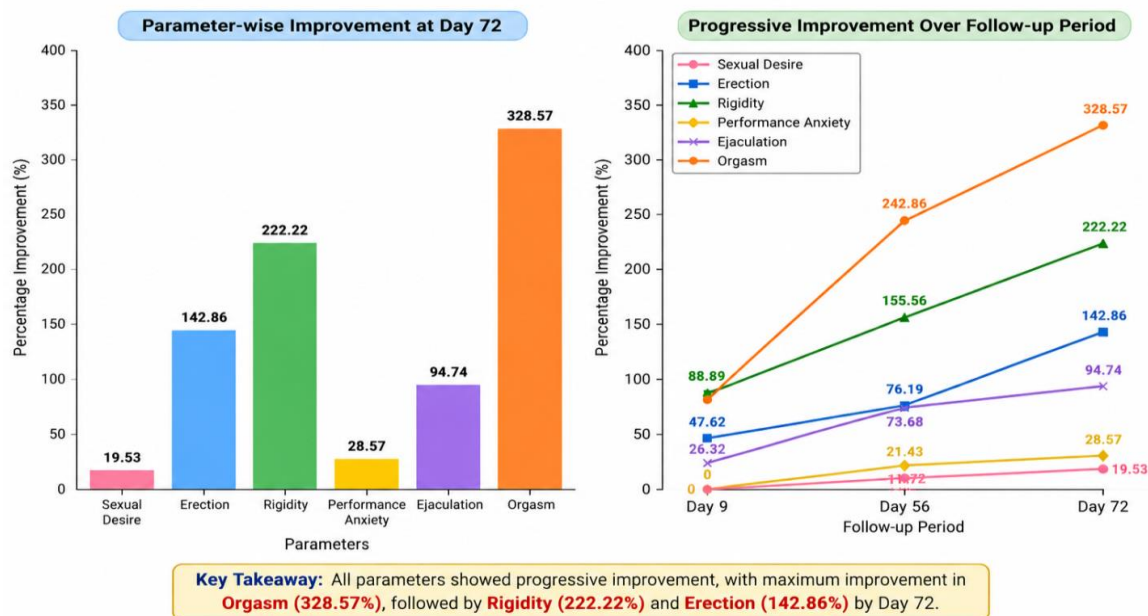
Ejaculation improved progressively by 26.32% on Day 9, 73.68% on Day 56, and 94.74% on Day 72, with highly significant improvement at later follow-ups ( $p=0.0001$ ).

#### 6. Orgasm

Orgasm showed the maximum improvement among all parameters: 85.71% on Day 9, 242.86% on Day 56, and 328.57% by Day 72. The Day 72 improvement was highly significant ( $Z=4.6598$ ,  $p=0.0001$ ).

- **Overall:** The combined intervention produced progressive improvement across all sexual-function parameters, with the greatest responses seen in orgasm, rigidity, and erection. Overall improvement reached 139.42% by Day 72.
- Parameter-wise improvement by Day 72
- Percentage change from before treatment to Day 72, based on the study document.
- Progression from Before → Day 9 → Day 56 → Day 72
- Progressive improvement in sexual-function parameters
- Percentage improvement from baseline at each follow-up period. These all parameters are showed in below graphical representation.

### Effect of Treatment on Individual Parameters (Percentage Improvement from Baseline)



## DISCUSSION

### 1. Nimbamritadi Eranda Taila

*Nimbamritadi Eranda Taila* is a classical polyherbal medicated oil, mainly indicated in *Vata-Kaphaja* disorders, neuromuscular conditions and *Dhatu-kshaya*. It contains *Nimba*, *Guduchi*, *Vasa*, *Patola*, *Kantakari*, *Vidanga*, *Devadaru*, *Haridra*, *Shunti*, *Maricha*, *Guggulu* and *Eranda Taila*.

#### Action

- *Vatahara & Brimhana* → regulates *Apana Vata* and supports *Shukra Dhatu*.
- *Rasayana & Dhatu-poshana* → improves tissue nourishment and reproductive vitality.
- *Srotoshodhana* → helps maintain proper circulation.
- Antioxidant & anti-inflammatory action → protects vascular endothelium.
- Improved microcirculation → supports penile blood flow, erection and rigidity.

### 2. Kamini Vidravana Rasa

*Kamini Vidravana Rasa* is a *Vajikarana* herbo-mineral formulation indicated in *Klaibya*, *Shukrakshaya*, *Alpavega* and premature ejaculation. It acts predominantly on *Shukravaha*, *Majjavaha* and *Manovaha Srotas*.

#### Action

- *Vajikarana & Vrishya* → enhances sexual vigor and libido.
- *Agnivardhana / Deepana-Pachana* → improves metabolic efficiency.
- *Shukravardhana* → promotes reproductive tissue nourishment.

- *Majja-uttejana* → supports nervous stimulation and sexual response.
- *Viryastambhana* → helps improve ejaculatory control.
- *Manasa-prasadana* → reduces anxiety and improves sexual confidence.
- *Rasayana* → supports stamina and tissue rejuvenation.

#### Combined Drug Action

The two interventions act synergistically: *Madhutailika Basti* primarily supports *Vata* regulation, pelvic circulation and *Dhatu* nourishment, while *Kamini Vidravana Rasa* provides *Vajikarana*, nervous stimulation, *Shukravardhana* and psychological support. Thus, the combined therapy addresses vascular, neurological, psychological and reproductive components of *Klaibya*, explaining the improvement in erection, rigidity, ejaculation and orgasm observed in the study.

## CONCLUSION

Certainly. Based strictly on the Result, Discussion, Drug Review/Action and Conclusion sections of your document, here is an integrated, thesis-ready conclusion that includes the parameter-wise results, statistical significance, Ayurvedic rationale, probable mechanism of action, overall effect, safety, and study limitations.

The present open-label, single-arm clinical study evaluated the combined efficacy of *Madhutailika Basti* with *Kamini Vidravana Rasa* in the management of *Klaibya* vis-à-vis Erectile Dysfunction. A total of 37 subjects were registered, of whom 30 completed the study. The intervention was assessed using clinical parameters comprising sexual desire, erection, rigidity,

performance anxiety, ejaculation and orgasm, supported by the IIEF as a multidimensional assessment tool.

The study demonstrated progressive improvement in all assessed parameters, with statistically significant or highly significant changes, particularly during the later follow-up period. Sexual desire showed gradual improvement from 0% on Day 9 to 11.72% on Day 56 and 19.53% on Day 72, indicating that libido required a longer duration for noticeable improvement. Erection improved progressively by 47.62%, 76.19% and 142.86% on Days 9, 56 and 72 respectively. Rigidity demonstrated a marked response of 88.89%, 155.56% and 222.22%, representing one of the highest improvements among the parameters.

Performance anxiety showed a comparatively delayed response, with improvement of 0%, 21.43% and 28.57% at Days 9, 56 and 72 respectively. This suggests that psychological factors require a longer period for stabilization. Ejaculation improved by 26.32%, 73.68% and 94.74%, while orgasm demonstrated the maximum improvement of 85.71%, 242.86% and 328.57% at the respective follow-ups.

Overall improvement increased progressively from 41.42% on Day 9 to 96.91% on Day 56 and 139.42% on Day 72. Physical sexual-function parameters—particularly orgasm, rigidity, erection and ejaculation—showed earlier and greater improvement compared with psychological parameters such as sexual desire and performance anxiety.

From the *Ayurvedic* perspective, the findings can be understood in relation to *Vata Dushti*, particularly *Apana* and *Vyana Vata*, *Shukra Kshaya*, *Dhatukshaya* and *Srotovaigunya*. *Vyana Vata* is associated with circulation and neuromuscular functions, while *Apana Vata* governs reproductive and ejaculatory functions. Thus, correction of these factors provides a rational basis for improvement in erection, rigidity and ejaculation.

*Madhutailika Basti*, being a *Yapana Basti*, provides simultaneous *Shodhana*, *Brimhana*, *Rasayana* and *Vata-regulating* actions. Through regulation of *Apana Vata*, nourishment of *Shukra Dhatu*, *Dhatu-poshana* and support of pelvic circulation and neuromuscular coordination, it may contribute to restoration of erectile and ejaculatory functions. *Nimbamritadi Eranda Taila* further contributes *Vata-shamana*, antioxidant, endothelial-supportive, neuroprotective and pelvic-circulation-enhancing actions.

*Kamini Vidravana Rasa*, a potent *Vajikarana* formulation, acts predominantly on *Shukravaha*, *Majjavaha* and *Manovaha Srotas* through *Vajikarana*, *Viryastambhana*, *Deepana-Pachana*, *Manasa-sthirikarana* and *Rasayana karma*. Its ingredients support sexual vigor, neural responsiveness, genital

circulation, ejaculatory control, psychological relaxation and reproductive vitality.

The improvement in erection and rigidity may be related to enhanced pelvic circulation, vascular responsiveness, neuromuscular coordination and smooth-muscle relaxation. The improvement in ejaculation may be related to regulation of *Apana Vata* and improved neuromuscular coordination, while improvement in orgasm and sexual desire may reflect better sexual responsiveness, psychosexual confidence and *Shukra Dhatu* nourishment. Reduction in performance anxiety may be associated with the calming and mood-supportive actions described for *Jatiphala* and *Kesara*, together with increased confidence resulting from improved sexual performance.

Thus, the therapeutic response suggests that *Klaibya* should not be viewed merely as a localized genital disorder, but as a multifactorial condition involving *Vata*, *Shukra Dhatu*, vascular, neurological, metabolic and psychological components. The combined intervention addresses these components through complementary *Ayurvedic* mechanisms, thereby providing a multidimensional therapeutic approach.

However, the findings should be interpreted in view of the open-label, single-arm design, convenient sampling and relatively small sample size of 30 completed subjects. The study itself notes that the statistically estimated ideal sample size was approximately 288 subjects, while practical, financial and feasibility constraints limited recruitment. Therefore, the present findings provide preliminary clinical evidence and warrant confirmation through larger, controlled clinical studies.

Hence, the combined administration of *Madhutailika Basti* and *Kamini Vidravana Rasa* demonstrated progressive and statistically significant improvement in sexual desire, erection, rigidity, performance anxiety, ejaculation and orgasm, with the maximum response observed in orgasm and marked responses in rigidity and erection. The combined therapy appears to act through *Vata* regulation, *Shukra Dhatu* nourishment, *Vajikarana*, *Rasayana*, neurovascular support and psychological stabilization, thereby addressing the multifactorial dimensions of *Klaibya* and improving overall sexual function and psychosexual well-being.

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