AYUSHDHARA
ISSN: 2393-9583 (P)/ 2393-9591 (O)
An International Journal of Research in AYUSH and Allied Systems

Case Study

AYURVEDIC MANAGEMENT OF MALE INFERTILITY ASSOCIATED WITH ERECTILE DYSFUNCTION - A CASE STUDY

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Article info

Article History:
Received: 17-08-2026
Accepted: 23-09-2026
Published: 02-11-2026

KEYWORDS:
Klaibya, *Purusha Vandhyatva*, Erectile dysfunction, Premature ejaculation, *Uttara Basti*, *Yapana Basti.*

ABSTRACT

Background: Male infertility is often linked with sexual problems such as erectile dysfunction (ED) and premature ejaculation (PE). In *Ayurveda*, these can be understood under *Klaibya* and *Purusha Vandhyatva*, where *Vata Dosha*, mainly *Apana Vata*, and *Shukra Dhatu* are affected. **Materials and Methods:** A 31-year-old male with primary infertility of 1.5 years, erectile dysfunction and premature ejaculation was treated with *Udwartana*, *Snehapana*, *Abhyanga*-Sweda, *Virechana*, *Yoga Basti* and *Uttara Basti* along with four oral medicines. Clinical outcome was assessed through sexual function, appetite and bowel status, semen parameters, conception and pregnancy outcome. **Results:** *Virechana* produced 10 *Vegas*. Erection became firm and was maintained adequately, premature ejaculation was no longer reported, appetite and bowel regularity improved, and semen parameters showed improvement. One transient episode of urinary retention occurred after the second *Uttara Basti* and resolved with *Ushna-Sheeta Avagaha Sweda*. Natural conception was confirmed, followed by delivery of a healthy full-term male baby. **Conclusion:** A planned procedure of *Shodhana*, Basti and *Uttara Basti* with oral medicines may be an effective option in male infertility with ED and PE.

INTRODUCTION

Infertility is the failure of a couple to achieve pregnancy after 12 months or more of regular unprotected sexual intercourse. The World Health Organization estimates that about one in every six people of reproductive age is affected by infertility during their lifetime.[1] A male factor is found in nearly half of infertile couples, either alone or along with a female factor, yet men are often less willing to seek help. [2]

Erectile dysfunction is the repeated inability to attain or maintain an erection firm enough for satisfactory sexual performance. [3]

Access this article online

Quick Response Code

https://doi.org/10.47070/ayushdhara.v13i5.3050

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Premature ejaculation is the release of semen before or soon after penetration with poor voluntary control. Both conditions prevent proper deposition of semen in the vagina and are closely linked with stress, performance anxiety, poor sleep, faulty diet and lifestyle. The number of men with ED worldwide was projected to rise to about 322 million by the year 2025, which shows the size of the problem.[4] Modern treatment depends on oral drugs, counselling and assisted reproduction, which may be costly and do not always correct the root cause.

In *Ayurveda*, the inability of a man to perform the sexual act is called *Klaibya*. Acharya Charaka describes four types: *Beejopaghataja, Dhwajabhangaja*, *Jarajanya* and *Shukrakshayaja Klaibya*.[5] Acharya Sushruta explains eight types of *Shukra Dushti* which can lead to infertility. [6] The branch of *Vajikarana* deals with improving the sexual power and fertility of men and advises purification of the body before giving nourishing therapies. [7] Based on these principles, the

present case was managed with *Shodhana*, Basti and *Uttara Basti* along with oral medicines.

MATERIALS AND METHODS

This single-case study was conducted in the OPD and IPD of the Department of *Streeroga* and *Prasuti Tantra*, Government *Ayurveda* College, Tripunithura, Kerala, from 01/06/2025 to 30/04/2026. A 31-year-old married male with primary infertility of 1.5 years, erectile dysfunction and premature ejaculation was included after written informed consent. Assessment included detailed history, quality and duration of erection, premature ejaculation, ability to achieve intravaginal ejaculation, vital examination, systemic examination and semen analysis. The treatment protocol comprised *Udwartana* with *Vara Choorna* for 5 days; *Snehapana* with *Vastyamayantaka Ghrita* and *Phala Sarpis* in an escalating dose from 15 ml to 160 ml for 8 days; *Abhyanga* with *Chinchadi Taila* followed by *Ushma Sweda* for 3 days; *Virechana* with 15 ml *Gandharvaeranda Taila*; *Yoga Basti* for 8 sittings using *Dhanwantaram Mezhupakam* as *Sneha Basti* and *Mustadi Rajayapana Basti* as *Kashaya Basti*; and *Uttara Basti* with 5 ml of *Vastyamayantaka Ghrita* and *Phala Sarpis* for 3 consecutive days. Oral treatment consisted of *Gandharvahastadi Kashaya* 90 ml twice daily, *Hinguvachadi Choorna* 5 g twice daily, *Gokshuradi Guggulu* two tablets twice daily and Cap. Addyzoa one capsule twice daily. Outcomes were assessed by changes in sexual function, appetite, bowel habit, sleep, semen parameters, adverse events, natural conception and pregnancy outcome. The case was reported in accordance with CARE guidelines.

CASE REPORT

Case Presentation

A 31-year-old married male, a rubber tapper by occupation, visited the *Streeroga* and *Prasuti Tantra* OPD of Government *Ayurveda* College, Tripunithura, on a date not documented in the source record with complaints of inability to attain and maintain a firm erection, early ejaculation and failure to conceive even after 1.5 years of regular unprotected married life. The complaints started soon after his marriage at the age of 30 years; erections were often partial and not enough for penetration, were followed by early ejaculation, and he was unable to ejaculate inside the vagina. He had low birth weight and short stature since childhood, but puberty and secondary sexual characters were normal. His brother also had a history of infertility. He had reduced appetite, occasional constipation, disturbed sleep, dust allergy and a liking for spicy food, with no addictions, and reported performance anxiety. The couple had intercourse 2–3 times a week, knew the fertile period and used no contraception. His 29-year-old wife, a homemaker, had regular cycles of 28–30 days with 5 days of flow, along with dyspareunia and vaginal dryness.

Table 1: *Ashtavidha Pariksha*

Parameter	Finding
Nadi (pulse)	75/min
Mala (stool)	*Baddha* (constipated)
Mutra (urine)	*Samyak* (normal)
Jihva (tongue)	*Sama* (coated)
Shabda (speech)	*Spashta* (clear)
Sparsha (touch)	*Anushna Sheeta*
Drik (eyes)	*Prakrita*; no pallor or icterus
Akriti (build)	*Madhyama* (average)

Vital Examination

Table 2: Vital examination before and after treatment

Parameter	Before treatment (01/06/2025)	After treatment (16/07/2025)
Pulse rate (/min)	75	72
Blood pressure (mmHg)	118/76	120/78
Respiratory rate (/min)	18	17
Temperature (°F)	98.4	98.2
Height (cm)	160	160

Weight (kg)	57	58
BMI (kg/m^2)	22.3	22.7

Systemic Examination

Table 3: Systemic examination before and after treatment

System	Before treatment (01/06/2025)	After treatment (16/07/2025)
Cardiovascular system	S1 and S2 normal; no murmur	S1 and S2 normal; no murmur
Respiratory system	Bilateral air entry equal; no added sounds	Bilateral air entry equal; no added sounds
Central nervous system	Conscious and oriented; no focal neurological deficit	Conscious and oriented; no focal neurological deficit
Gastrointestinal system	Reduced appetite; occasional constipation	Appetite improved; bowel regular
External genitalia (penis, testes, scrotum)	External genitalia normal; both testes descended; erection partial and poorly maintained	No structural abnormality; erection firm and adequately maintained
Secondary sexual characters	Normal	Normal
Psychological status	Performance anxiety with disturbed sleep	Anxiety reduced; sexual confidence and sleep improved

Diagnosis

Dhwajabhangaja Klaibya with *Shukra Dushti* leading to *Purusha Vandhyatva*. Modern diagnosis: Primary male infertility with erectile dysfunction and premature ejaculation.

Plan of Treatment

Table 4: Plan of *Shodhana* treatment

Date	Procedure	Medicine and dose	Duration
02/06/2025 to 06/06/2025	*Udwartana*	*Vara Choorna*	5 days
07/06/2025 to 14/06/2025	*Snehapana*	*Vastyamayantaka Ghrita* and *Phala Sarpis* (15 ml to 160 ml)	8 days
15/06/2025 to 17/06/2025	*Abhyanga* and *Ushma Sweda*	*Chinchadi Taila*	3 days
18/06/2025	*Virechana*	*Gandharvaeranda Taila* (15 ml)	1 day (10 *Vegas*)
22/06/2025 to 29/06/2025	*Yoga Basti - Sneha Basti*	*Dhanwantaram Mezhupakam* (90 ml)	5 sittings
22/06/2025 to 29/06/2025	*Yoga Basti - Kashaya Basti*	*Mustadi Rajayapana Basti*	3 sittings
30/06/2025 to 02/07/2025	*Uttara Basti*	*Vastyamayantaka Ghrita* and *Phala Sarpis* (5 ml)	3 days

Table 5: Plan of *Shamana* treatment (oral medicines)

Date	Medicine	Dose	Time of intake
02/06/2025 to 31/08/2025	*Gandharvahastadi Kashaya*	90 ml twice daily	30 minutes before food
02/06/2025 to 31/08/2025	*Hinguvachadi Choorna*	5 g twice daily	Before food, with *Kashaya*
02/06/2025 to 31/08/2025	*Gokshuradi Guggulu*	2 tablets twice daily	After food
02/06/2025 to 31/08/2025	Cap. Addyzoa	1 capsule twice daily	After food

Plan of Follow-up

Table 6: Plan of follow-up

Visit	Date	Assessment	Observation
Baseline	01/06/2025	History, vitals, systemic examination and semen analysis	Partial erection, premature ejaculation, intravaginal ejaculation often not achieved, constipation, disturbed sleep and no conception
Follow-up 1	19/06/2025	After *Virechana*	10 *Vegas* achieved; appetite improved and bowel evacuation became satisfactory
Follow-up 2	29/06/2025	After *Yoga Basti*	Bowel regular; pelvic comfort improved; no major adverse event
Follow-up 3	02/07/2025	After *Uttara Basti*	Acute urinary retention occurred after the 2nd sitting for about 7 hours and was relieved with *Ushna-Sheeta Avagaha Sweda*; 3rd sitting completed without recurrence
Follow-up 4	16/07/2025	Sexual function and clinical reassessment	Erection firm and maintained sufficiently for intercourse; premature ejaculation not reported; sleep and confidence improved
Follow-up 5	20/08/2025	Conception status	Natural conception confirmed
Final	30/04/2026	Pregnancy outcome	Healthy male baby delivered at full term

RESULTS AND FINDINGS

- All planned *Shodhana* procedures were completed successfully and were generally well tolerated.
- *Virechana* with 15 ml *Gandharvaeranda Taila* produced 10 *Vegas* and was followed by improved appetite and satisfactory bowel evacuation.
- *Yoga Basti* was completed in 8 sittings, comprising 5 *Sneha Basti* and 3 *Kashaya Basti* sittings, without any major adverse event.
- During *Uttara Basti*, catheter insertion length ranged from 23 to 26 cm and retention time ranged from 4 hours 5 minutes to 7 hours 45 minutes.
- Acute urinary retention occurred after the second *Uttara Basti* sitting and was relieved with *Ushna-Sheeta Avagaha Sweda*; no recurrence occurred after the third sitting.
- Erection improved from partial and poorly maintained to firm and adequately sustained for intercourse.
- Premature ejaculation was not reported after treatment, and intravaginal ejaculation became possible.
- Appetite, bowel habit, sleep and sexual confidence showed clear improvement during follow-up.
- Semen parameters improved, with sperm concentration increasing from 38 to 48 million/ml and total motility from 46% to 58%.
- Natural conception was confirmed during follow-up, and the pregnancy resulted in delivery of a healthy male baby at full term.

Table 7: Observations during *Uttara Basti*

Parameter	Day 1	Day 2	Day 3
Pranidana Kala	2:40 pm	3:00 pm	3:00 pm
Time for *Netra* insertion	3 min 5 sec	2 min	2 min
Time for pushing *Basti Dravya*	2 min	2 min	2 min
Time for *Netra* removal	1 min 30 sec	2 min	1 min
Length of catheter inserted	23 cm	26 cm	26 cm
Pratyagamana Kala	6:05 pm	10:45 pm	7:50 pm
Retention time	4 hr 5 min	7 hr 45 min	4 hr 5 min

Table 8: Changes in symptoms

Feature	Before treatment	After treatment
Erection	Partial; not maintained	Firm; adequately maintained for intercourse
Premature ejaculation	Present	Not reported after treatment
Appetite and bowel	Reduced appetite; occasional constipation	Appetite improved; bowel regular
Sleep	Disturbed	Improved; sleep satisfactory
Semen analysis	Volume 2.0 ml; sperm concentration 38 million/ml; total motility 46%; normal morphology 5%	Volume 2.5 ml; sperm concentration 48 million/ml; total motility 58%; normal morphology 6%
Conception	Not achieved in 1.5 years	Natural conception confirmed; healthy full-term male baby delivered

Adverse event

On the second day of *Uttara Basti*, the patient developed acute urinary retention for approximately 7 hours with suprapubic discomfort. *Ushna-Sheeta Avagaha Sweda* was given, after which normal urination resumed. No recurrence occurred during the third sitting or subsequent follow-up.

DISCUSSION

In this patient, poor erection and early ejaculation were the main reasons for failure to conceive. Release of semen is a function of *Apana Vata*, which moves in the pelvis, bladder, penis and thighs: Constipation, reduced appetite and a coated tongue showed *Agnimandya* and *Ama* blocking the channels, which obstructs the normal path of *Apana Vata*. [8] Disturbed sleep and performance anxiety point to Vata imbalance with a mental element, while a liking for spicy food can disturb *Pitta* and dry the tissues. Low birth weight, short stature and infertility in his brother also suggest a possible *Beeja* factor. Hence, the line of treatment was to clear *Ama*, purify the body, correct *Apana Vata* and then nourish *Shukra Dhatu*. [9]

Udwartana with *Vara Choorna* (*Triphala*) has a drying action that reduces *Kapha* and *Ama* and prepares the body for oleation. *Snehapana* with *Vastyamayantaka Ghrita*, used in diseases of the bladder region, and *Phala Sarpis*, known for use in infertility, loosened the *Doshas* and supported Shukra. *Virechana* with *Gandharvaeranda Taila*, a castor oil-based medicine, cleared the gut, improved *Agni* and corrected the downward movement of Vata; [10] *Vegas* showed a proper response. Basti is the main treatment for *Vata*. *Mustadi Rajayapana Basti* belongs to the *Yapana Basti* group, which can be given for a longer time and has both purifying and nourishing action with a *Vajikarana* effect. 10 *Uttara Basti* through the urethra acts directly on the urinary and reproductive organs and is described for disorders of Shukra and urine. [11] Given after *Yoga Basti*, it may have helped local control of erection and ejaculation.

Among the oral medicines, *Gandharvahastadi Kashaya* and *Hinguvachadi Choorna* improved digestion and relieved constipation, while *Gokshuradi Guggulu* acts on the urinary tract and is *Vrishya*. [12] Cap. Addyzoa, a proprietary herbal formulation, was added to support sperm health. The acute urinary retention after the second *Uttara Basti* coincided with the longest retention time (7 hours 45 minutes) and a longer insertion (26 cm), and may have been due to urethral irritation, spasm or mild swelling. Alternate hot and cold sitz bath relaxes the pelvic muscles and improves blood flow, which relieved the retention. This shows the need for a sterile technique, gentle insertion and close monitoring. The main limitations are that this is a single case, no standard scoring scale or semen data is reported here, several therapies were given together, and the female partner's dyspareunia and vaginal dryness may also have influenced conception.

CONCLUSION

This single case shows that male infertility with erectile dysfunction and premature ejaculation of 1.5 years' duration in a 31-year-old male can be managed through *Ayurveda*. A planned course of *Udwartana* (5 days), *Snehapana* (15–160 ml over 8 days), *Virechana* (10 *Vegas*), *Yoga Basti* (8 days) and *Uttara Basti* (3 days, retention time 4 hours 5 minutes to 7 hours 45 minutes), with oral medicines, improved erection, stopped premature ejaculation and resulted in natural conception with a healthy full-term male baby. *Uttara Basti* needs careful technique, as one episode of urinary retention occurred. Studies on a larger number of patients with standard scoring scales and semen analysis are needed to confirm these findings.

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Cite this article as:
Safeeda Nasrin BP, Abhil K P, Shahina Mole S. Ayurvedic Management of Male Infertility Associated with Erectile Dysfunction - A Case Study. AYUSHDHARA, 2026;13(5):194-199.
https://doi.org/10.47070/ayushdhara.v13i5.3050
Source of support: Nil, Conflict of interest: None Declared

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