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CASE REPORT

Successful Management of Erectile Dysfunction, Premature Ejaculation, and Oligozoospermia Using Individualized Homoeopathic Treatment: A Case Report

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ABSTRACT

Background

Male infertility contributes to nearly 40–50% of infertile couples worldwide, with oligozoospermia being one of the most common abnormalities detected on semen analysis. Erectile dysfunction (ED) and premature ejaculation (PE) frequently coexist with infertility, causing considerable psychological distress and deterioration in quality of life. Individualized homoeopathic treatment aims to address both constitutional susceptibility and functional sexual disorders while improving overall reproductive health.

Case Presentation

A 34-year-old married male presented to Dr Batra's® Positive Health Clinics with complaints of weak erections, premature ejaculation, generalized weakness after ejaculation, and low sperm count while planning conception. Initially, he sought treatment because he was anxious about marriage owing to poor erectile strength and rapid seminal emission during masturbation. After improvement in sexual function, he married; however, conception did not occur despite regular marital relations. Semen analysis demonstrated oligozoospermia with a sperm concentration of 12.5 million/mL. Hormonal evaluation showed normal thyroid function and normal serum testosterone levels. Constitutional assessment revealed a shy, pessimistic, emotionally sensitive individual with fear of darkness, desire for company, financial stress, and anxiety regarding sexual performance. Natrum muriaticum was selected as the constitutional remedy, Phosphoric acid for sexual weakness, Lycopodium clavatum as an intercurrent constitutional support, together with Argentum nitricum and Yohimbinum during the course of treatment.

Outcome

Within eleven months, erectile function improved markedly, premature ejaculation resolved, post-ejaculatory weakness diminished, and confidence in sexual performance increased. Repeat semen analysis demonstrated improvement of sperm concentration from 12.5 million/mL to 42.3 million/mL, with satisfactory motility and morphology. The patient reported restoration of normal marital life and significant improvement in quality of life.

Conclusion

This case demonstrates successful improvement in erectile dysfunction, premature ejaculation, and oligozoospermia following individualized homoeopathic treatment supported by objective semen analysis.

Keywords: *Erectile dysfunction, Premature ejaculation, Oligozoospermia, Male infertility, Homoeopathy, Natrum muriaticum*

INTRODUCTION

Male infertility affects approximately one in seven couples attempting conception and contributes to nearly half of all infertility cases. Oligozoospermia, defined by the World Health Organization (WHO) as a sperm concentration below the lower reference limit, is among the most frequently encountered abnormalities during infertility evaluation.

Erectile dysfunction and premature ejaculation often coexist with infertility, producing significant psychological distress, reduced self-esteem, and marital anxiety. Performance anxiety may further aggravate sexual dysfunction, resulting in a vicious cycle affecting both reproductive and emotional well-being.

Although phosphodiesterase inhibitors and assisted reproductive techniques remain the standard treatment options, individualized homoeopathic treatment seeks to address constitutional predisposition, emotional disturbances, and associated functional disorders.

This report describes successful management of erectile dysfunction, premature ejaculation, and oligozoospermia with individualized homoeopathic treatment documented by serial semen analyses.

CASE PRESENTATION

A 34-year-old married male working as a sales executive presented with complaints of weak erections, premature ejaculation, generalized weakness after ejaculation, and poor confidence regarding sexual performance.

Initially, the patient sought treatment before marriage because he was worried that his inability to maintain erection and rapid ejaculation would affect his future marital life.

Following improvement in sexual performance, he got married during the treatment period. However, despite regular marital relations, conception had not occurred after five months of marriage, prompting further fertility evaluation.

Chief Complaints

- Weak penile erection
- Premature ejaculation during masturbation
- Increased penile sensitivity
- Weakness and fatigue after ejaculation

- Low sperm count
- Occasional seminal discharge after urination

History of Present Illness

The patient reported:

- Poor erection for several years
- Rapid seminal emission during masturbation
- Strong sexual desire but inadequate erection
- General weakness following ejaculation
- Reduced physical stamina after sexual activity
- Occasional seminal discharge after micturition
- Sensation of weakness around both knees following ejaculation

The patient denied any premarital sexual contact.

Associated Complaints

- Hair fall (approximately 50 strands/day)
- Generalized body heat
- Reduced sleep
- Occasional work-related stress

Past History

- No major systemic illness
- No surgery
- No hospitalization
- No sexually transmitted infections

Family History

Father: Diabetes mellitus, Hypertension, Chronic kidney disease

Mother: Healthy

Brother: Healthy

Personal History

Appetite: Normal

Thirst: Reduced

Urine: Normal

Bowel habits: Regular

Thermals: Hot patient

Perspiration: Minimal

Sleep: Unrefreshing

Dreams: Frightful dreams with shouting during sleep

Mental Generals

Detailed constitutional assessment revealed:

- Shy personality
- Desire for company
- Introverted with strangers
- Pessimistic outlook
- Emotionally sensitive
- Helpful nature
- Fear of darkness
- Financial stress
- Anxiety regarding loans
- Feels sad when loved ones become ill
- Easily disappointed after financial betrayal by friends
- Suppresses anger
- Responsible and hardworking

The patient had accumulated substantial financial liabilities and reported persistent stress regarding repayment of loans.

Physical Generals

- Desire for fish
- Aversion to sweets
- Hot patient
- Thirstlessness
- Weakness after sexual activity
- Unrefreshing sleep
- Sleeps 5–6 hours
- Frightful dreams

Clinical Examination

General physical examination was unremarkable. Secondary sexual characteristics were normally developed. No genital abnormalities were detected on examination.

Investigations

Baseline Hormonal Evaluation:

- Serum Testosterone: 544.5 ng/dL (within normal range)
- TSH: 1.283 mIU/L
- Total T3: 1.37 ng/mL

- Total T4: 7.1 µg/dL

These findings excluded endocrine causes of erectile dysfunction.

Baseline Semen Analysis (earlier):
Sperm concentration: 12.5 million/mL, consistent with oligozoospermia.

- Motility — Active progressive: 45%, Sluggish: 30%, Non-motile: 25%
- Morphology — Normal forms: 95%

These investigations objectively documented significant improvement in sperm concentration during treatment.

DIAGNOSIS

Primary Diagnosis

- Erectile Dysfunction
- Premature Ejaculation
- Oligozoospermia

Differential Diagnosis

- Psychogenic erectile dysfunction
- Performance anxiety
- Idiopathic oligozoospermia
- Hypogonadism (excluded by hormonal profile)
- Azoospermia

CASE ANALYSIS

This patient presented with combined erectile dysfunction, premature ejaculation, generalized post-ejaculatory weakness, and oligozoospermia. Despite normal hormonal evaluation, significant psychological stress regarding sexual performance, marriage, and financial responsibilities contributed to the overall clinical picture.

The constitutional portrait was characterized by shyness, desire for company, pessimism, fear of darkness, emotional sensitivity, suppression of emotions, and financial anxiety. Physical generals included hot thermal reaction, desire for fish, aversion to sweets, decreased thirst, weakness after seminal emission, and frightful dreams.

These characteristic mental and physical features strongly indicated Natrum muriaticum as the constitutional remedy. Phosphoric acid was prescribed to address sexual exhaustion and weakness after ejaculation, Lycopodium clavatum as an intercurrent constitutional support for premature ejaculation with performance

anxiety, Argentum nitricum for anticipatory anxiety related to sexual performance, and Yohimbinum as an organ-supportive medicine during treatment.

Objective follow-up through serial semen analyses demonstrated improvement from oligozoospermia (12.5 million/mL) to normal sperm concentration (42.3 million/mL), accompanied by marked improvement in erectile function, resolution of premature ejaculation, restoration of marital confidence, and significant enhancement of quality of life.

TOTALITY OF SYMPTOMS

Mental Generals

- Shy and timid
- Desire for company
- Pessimistic outlook
- Fear of darkness
- Emotionally sensitive
- Sad when loved ones suffer
- Financial anxiety due to loans
- Helpful nature
- Suppresses anger
- Frightful dreams
- Wants support from others
- Hardworking and sincere

Physical Generals

- Hot patient
- Desire for fish
- Desire for non-vegetarian food
- Aversion to sweets
- Thirstlessness
- Weakness after seminal emission
- Unrefreshing sleep
- Sleeps on abdomen
- Whole body heat
- General weakness after sexual activity

Particular Symptoms

- Weak erection

- Premature ejaculation
- Strong sexual desire with poor erection
- Quick seminal emission
- Seminal discharge after urination
- General weakness after ejaculation
- Knee weakness after seminal emission
- Oligozoospermia
- Hair fall
- Generalized body heat

EVALUATION OF CHARACTERISTIC SYMPTOMS

The constitutional prescription was based on the following characteristic symptoms.

Mental Characteristics

- Desire for company
- Shyness
- Timidity
- Pessimistic thinking
- Fear of darkness
- Financial worries
- Emotional sensitivity
- Helpful disposition
- Frightful dreams

Physical Characteristics

- Hot patient
- Desire for fish
- Aversion to sweets
- Thirstlessness
- Weakness after seminal emission

Particular Symptoms

- Erectile dysfunction
- Premature ejaculation
- Weak erections despite normal sexual desire
- Oligozoospermia
- Seminal discharge after urination

REPERTORIAL ANALYSIS

Kent's Repertory was used to construct the constitutional totality.

Selected Rubrics

Mind:

- Mind; Company; desire for
- Mind; Timidity
- Mind; Pessimistic
- Mind; Fear; darkness
- Mind; Benevolence

Male Genitalia:

- Sexual desire increased
- Emission too quick
- Erections weak
- Sexual weakness after emissions

Generalities:

- Weakness after sexual excess
- Heat; flushes
- Desire for fish
- Aversion to sweets

The repertorial analysis showed highest correspondence with Natrum muriaticum, followed by Phosphoric acid, Lycopodium clavatum, Argentum nitricum, and Phosphorus.

Remedies	nat-m.	phos.	nux-v.	lyc.	calc.	sep.	sulph.	puls.	ars.	caust.	arg-n.	nit-ac.	ph-ac.	carc.	kali-s.	kali-c.	graph.	nat-c.	sil.
Serial Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Symptoms Covered	10	9	9	8	8	8	8	7	7	7	7	7	7	7	7	6	6	6	6
Intensity	15	20	13	19	15	14	14	14	12	12	11	10	10	9	9	13	12	11	10
Result	10/15	9/20	9/13	8/19	8/15	8/14	8/14	7/14	7/12	7/12	7/11	7/10	7/10	7/9	7/9	6/13	6/12	6/11	6/10
Clipboard 3																			
MIND - PESSIMIST	2		2		1	1		1	1	1	1	2							
MIND - COMPANY - desire for	1	4	2	3	2	2	1	2	3	1	3	1	1	1	1	3		2	1
MIND - TIMIDITY	2	3	2	3	3	3	3	4	2	2	1	1	2	1	2	3	2	3	4
MIND - FEAR - dark; of	1	2	1	2	2	1	1	2	1	2	1			1	1	1	1	1	1
GENERALS - FOOD and DRINKS - sweets - aversion	1	2	1	2	1		2	1	2	2	2	1	1	1	1	2	3		1
GENERALS - FOOD and DRINKS - fish - desire	2	1		1		1				1		1	1	1	1				
MALE GENITALIA/SEX - EJACULATION - quick, too	2	2	1	3	2	2	2						2				3	2	
GENERALS - WEAKNESS - sexual - excesses, after	2	2	1	2			1		2				2			1	1		
GENERALS - HEAT - flushes of	1	3	2	3	3	3	3	3	1	3	2	3	1	1	2	3	2	1	2
MIND - BENEVOLENCE	1	1	1		1	1	1	1			1	1		3	1			2	1

Figure 1. Repertorization chart showing comparative remedy scores.

REMEDY DIFFERENTIATION

Natrum muriaticum (Constitutional Remedy)

Natrum muriaticum was selected because it corresponded closely to the patient's constitutional picture. Important indications included:

- Shyness
- Desire for company
- Emotional sensitivity
- Pessimistic outlook
- Fear of darkness
- Desire for fish
- Aversion to sweets
- Hot constitution
- Premature seminal emission
- Sexual weakness

Phosphoric Acid (Acute Remedy)

Phosphoric acid was prescribed because of:

- Sexual exhaustion
- General weakness after ejaculation
- Mental fatigue
- Reduced physical stamina
- Debility associated with seminal loss

Lycopodium clavatum (Intercurrent Remedy)

Lycopodium was prescribed because of:

- Weak erections
- Premature ejaculation
- Performance anxiety
- Desire for company
- Sexual weakness with preserved libido

Argentum nitricum

Argentum nitricum was indicated during the early phase of treatment because of:

- Nervous anticipation

- Performance anxiety
- Fear of failure
- Anxiety before sexual performance

Yohimbinum

Yohimbinum mother tincture was prescribed as supportive organ-specific therapy to improve erectile response during the early phase of treatment.

PRESCRIPTION

Constitutional Remedy — Natrum muriaticum 200C

Selected according to the constitutional totality.

Acute Remedy — Phosphoric Acid

For sexual weakness and post-ejaculatory exhaustion.

Intercurrent Remedy — Lycopodium clavatum

To address persistent erectile weakness and constitutional susceptibility.

Organ Support

- Yohimbinum Q
- Wiesbaden Aqua

MIASMATIC ANALYSIS

The predominant miasmatic background was Psoro-sycotic.

Psoric Features

- Functional erectile dysfunction
- Emotional sensitivity
- Fear
- Weakness
- General debility

Sycotic Features

- Premature ejaculation
- Functional reproductive disorder
- Chronic seminal weakness

FOLLOW-UP

Table 1. Clinical Follow-up

Date	Clinical Progress
October 2025	Baseline: Weak erection, premature ejaculation, generalized body heat, weakness after ejaculation, seminal discharge after urination.
November 2025	Erectile function slightly improved. Ejaculatory latency increased from a few seconds to several minutes. Burning urination resolved.
January 2026	Erectile strength improved further. General weakness reduced. Hair fall also decreased.
February 2026	Erectile dysfunction continued improving. Hair fall controlled. General health stable.
March 2026	General weakness markedly improved. Injury-related complaints resolved. Sexual confidence increased.
May 2026	Erectile function maintained. Hair fall temporarily increased after shifting residence. No premature ejaculation.
June 2026	Erection became stronger. Work-related stress present but sexual function remained stable.
July 2026	Married life satisfactory. Premature ejaculation completely resolved. Repeat semen analysis demonstrated sperm concentration of 42.3 million/mL, compared with 12.5 million/mL at baseline. Wife had not yet conceived; advice regarding fertile period, hydration, yoga, and continued treatment was provided.

OBJECTIVE CLINICAL OUTCOME

Baseline Semen Analysis:

- Sperm concentration: 12.5 million/mL
- Diagnosis: Oligozoospermia

Follow-up Semen Analysis:

- Sperm concentration: 42.3 million/mL
- Progressive motility: 55%
- Normal morphology: 96%
- Viability: 80%

The repeat semen analysis demonstrated normalization of sperm concentration together with satisfactory motility and morphology.

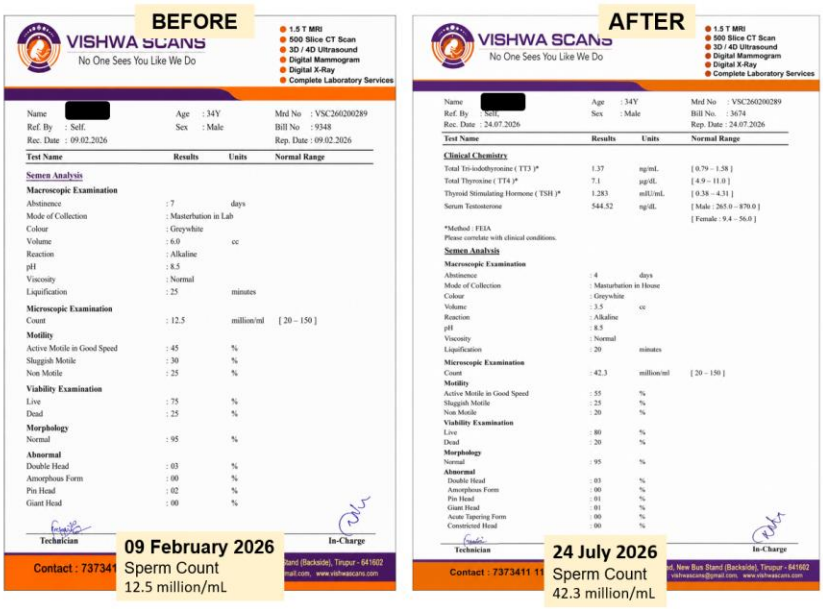

Figure 2. Baseline and follow-up hormonal and semen analysis reports, showing improvement in sperm concentration from 12.5 million/mL to 42.3 million/mL.

CLINICAL OUTCOME

Following individualized homoeopathic treatment:

- Erectile strength improved markedly
- Premature ejaculation resolved
- Post-ejaculatory weakness disappeared
- Seminal discharge after urination almost completely resolved
- Sexual confidence improved substantially
- Married life became satisfactory
- Sperm concentration improved from 12.5 million/mL to 42.3 million/mL
- Hair fall reduced during follow-up
- Overall quality of life improved considerably

DISCUSSION

Erectile dysfunction and oligozoospermia frequently coexist because both conditions are influenced by complex interactions among psychological, neuroendocrine, and reproductive factors. Anxiety regarding sexual performance further worsens erectile function, creating a cycle of reduced confidence and impaired fertility.

In this patient, endocrine evaluation demonstrated normal testosterone and thyroid function, suggesting that the predominant abnormalities were functional rather than hormonal. Semen analysis confirmed oligozoospermia with a sperm concentration of 12.5 million/mL. Constitutional assessment revealed a shy,

emotionally sensitive individual with fear of darkness, pessimistic thinking, financial stress, and anticipatory anxiety regarding sexual performance.

Individualized treatment centered on Natrum muriaticum, supported by Phosphoric acid, Lycopodium clavatum, Argentum nitricum, and Yohimbinum, according to the evolving symptom picture. During treatment, erectile strength progressively improved, premature ejaculation resolved, and confidence increased sufficiently for the patient to marry and maintain satisfactory marital relations.

A notable feature of this case was the objective improvement documented by repeat semen analysis, showing an increase in sperm concentration from 12.5 million/mL (oligozoospermia) to 42.3 million/mL, with satisfactory motility and morphology. Although spontaneous variation in semen parameters and lifestyle factors may contribute to improvement, the temporal association with individualized treatment and sustained clinical benefit makes this observation clinically noteworthy.

As a single case report, definitive conclusions regarding efficacy cannot be drawn. Nevertheless, this case illustrates the potential role of individualized homoeopathic treatment as part of an integrative approach in managing functional male sexual disorders associated with mild male factor infertility.

HEALTH-RELATED QUALITY OF LIFE (HRQL)

Before treatment, the patient experienced significant anxiety regarding his future marriage because of poor erectile strength and rapid ejaculation. These concerns affected his confidence, emotional well-being, and interpersonal relationships. Following treatment, sexual performance improved sufficiently to allow marriage, restoration of satisfactory marital intimacy, and increased confidence. Improvement in semen parameters further reduced his infertility-related stress and enhanced overall quality of life.

PATIENT PERSPECTIVE

> *"Before treatment, I was worried that my erection was weak and that I ejaculated too quickly. I was afraid this would affect my marriage. After treatment, my erection became much stronger, premature ejaculation stopped, and I got married with confidence. Later, when my sperm count also improved, I felt extremely happy and hopeful about starting a family."*

LEARNING POINTS

- Erectile dysfunction and premature ejaculation frequently coexist with male infertility and should be evaluated together.
- Semen analysis provides an objective measure for documenting treatment response in oligozoospermia.
- Psychological factors such as performance anxiety and financial stress may significantly influence sexual function.

- Individualized homoeopathic treatment may improve both sexual function and overall quality of life in selected patients.
- Long-term follow-up with repeat semen analysis is valuable for monitoring reproductive outcomes.

CONCLUSION

This case demonstrates the successful long-term management of erectile dysfunction, premature ejaculation, and oligozoospermia using individualized homoeopathic treatment. The patient experienced marked improvement in erectile strength, complete resolution of premature ejaculation, reduction in post-ejaculatory weakness, and restoration of marital confidence. Importantly, serial semen analysis documented an increase in sperm concentration from 12.5 million/mL to 42.3 million/mL, together with satisfactory motility and morphology. While spontaneous changes in semen quality and other factors cannot be excluded in a single case, the sustained clinical improvement and objective laboratory findings suggest that individualized homoeopathic treatment may have a complementary role in the multidisciplinary management of selected patients with functional male sexual disorders and mild male factor infertility. Larger controlled studies are required to further evaluate these observations.

DECLARATIONS

Consent: Written informed consent was obtained from the patient for publication of this case report and accompanying investigation reports.

Conflict of Interest: None declared.

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