

1 **"Ayurvedic Management of Situational An ejaculation with Delayed Ejaculation**
2 **in an Obese Hypertensive Male: A Case Report."**

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4 **ABSTRACT**

5 Delayed ejaculation and situational anejaculation are uncommon male sexual
6 dysfunctions characterized by a marked delay or inability to achieve ejaculation
7 despite adequate sexual stimulation and satisfactory penile erection. The condition
8 can adversely affect marital relationships, fertility, and psychological well-being.
9 Conventional treatment options often yield inconsistent outcomes, particularly when
10 multiple physiological and psychosocial factors co exist. A 37-year-old married male
11 presented with inability to achieve ejaculation during vaginal intercourse for
12 approximately three years following marriage. The patient reported preserved erectile
13 function and normal ejaculation during masturbation; however, ejaculation during
14 coitus was absent or extremely rare. He had previously sought multiple conventional
15 medical consultations without satisfactory improvement. The patient was obese, had a
16 sedentary occupational lifestyle involving prolonged laptop use, excessive mobile-
17 phone exposure, and a history of hypertension under medical management for nearly
18 a decade. Clinical evaluation suggested situational anejaculation with delayed
19 ejaculation. Associated risk factors included obesity, metabolic imbalance, sedentary
20 lifestyle, and psychological stress related to performance and fertility concerns.
21 Laboratory investigations revealed dyslipidemia, prediabetic glycemic status, and
22 low vitamin B12 levels. The patient underwent Ayurvedic management based on
23 correction of underlying doshic imbalance, lifestyle modification, and measures
24 aimed at restoring normal reproductive and neuropsychological function.
25 Progressive improvement in sexual performance was observed during follow-up.
26 Intravaginal ejaculation was successfully achieved approximately two months after
27 initiation of treatment. Subsequently, the couple achieved natural conception without
28 assisted reproductive techniques.

29 **Keywords:**

30 Delayed ejaculation, situational anejaculation, male infertility, Shukravaha srotas,
31 Apana Vata, obesity, hypertension, Ayurveda, case report.

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33 **INTRODUCTION**

34 Male sexual dysfunction encompasses a wide spectrum of disorders affecting libido,
35 erection, ejaculation, and orgasm. Among these conditions, delayed ejaculation (DE)
36 and anejaculation are relatively uncommon yet clinically significant disorders that can
37 adversely affect reproductive health, marital relationships, and psychological well-
38 being. Delayed ejaculation is characterized by a marked delay, infrequency, or
39 absence of ejaculation despite adequate sexual stimulation and the desire to ejaculate.
40 Anejaculation refers to the complete inability to achieve ejaculation despite attaining
41 and maintaining penile erection.

42 Situational anejaculation represents a unique clinical entity in which ejaculation
43 occurs under specific circumstances, such as masturbation, but fails to occur during

44 partnered sexual intercourse. The condition is often multifactorial in origin and may
45 be associated with psychological factors, performance anxiety, obesity, metabolic
46 disorders, chronic medical illnesses, adverse effects of medications, sedentary
47 lifestyle, and neuroendocrine dysfunction. Conventional management includes
48 behavioral therapy, psychological counselling, treatment of associated medical
49 conditions, and pharmacological interventions; however, therapeutic outcomes are
50 often variable and unsatisfactory.

51 The prevalence of delayed ejaculation has been reported to be considerably lower than
52 other male sexual dysfunctions, resulting in limited clinical awareness and fewer
53 evidence-based therapeutic approaches. Furthermore, prolonged inability to ejaculate
54 intravaginally may contribute to infertility, emotional distress, reduced self-esteem,
55 and impaired quality of life for affected couples.

56 From an Ayurvedic perspective, normal sexual function depends upon the proper
57 formation and functioning of Shukra Dhatu, unobstructed channels of Shukravaha
58 Srotas, and the coordinated action of Vata Dosha, particularly Apana Vata.
59 Disturbance of these physiological mechanisms due to faulty dietary habits, sedentary
60 lifestyle, psychological stress, excessive indulgence in sensory stimuli, and metabolic
61 derangements may result in impairment of reproductive and sexual functions.
62 Although no direct disease entity corresponding exactly to situational anejaculation is
63 described in the classical texts, the condition can be understood through the
64 involvement of Apana Vata Vaigunya, Shukravaha Srotodushti, Manovaha Srotas
65 Dushti, and associated Kapha-Meda predominance.

66 The present case report describes the successful Ayurvedic management of situational
67 anejaculation with delayed ejaculation in a 37-year-old obese hypertensive male who
68 had experienced persistent inability to ejaculate during vaginal intercourse despite
69 multiple conventional consultations. Restoration of intravaginal ejaculation was
70 achieved following Ayurvedic intervention, subsequently resulting in spontaneous
71 natural conception.

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76 **CASE PRESENTATION**

77 A 37-year-old married male presented to the Ayurvedic outpatient department with
78 complaints of inability to ejaculate during vaginal intercourse despite maintaining
79 satisfactory penile erection. The problem had been present since marriage and had
80 persisted for approximately three years. The patient reported that ejaculation during
81 sexual intercourse was either absent or occurred only rarely, resulting in significant
82 marital distress and difficulty in achieving conception. However, ejaculation could be
83 achieved consistently during masturbation.

84 The patient had consulted multiple healthcare providers, including urology and
85 fertility specialists, and had undergone conventional treatment without satisfactory
86 improvement. He was diagnosed with delayed ejaculation and situational

87 anejaculation. The persistent nature of the condition adversely affected his confidence,
88 marital satisfaction, and reproductive goals.

89 The patient was employed in a corporate sector job requiring prolonged periods of
90 sitting and continuous computer-based work. He reported a predominantly sedentary
91 lifestyle with minimal physical activity. Excessive screen exposure and prolonged
92 mobile-phone usage formed a substantial part of his daily routine. Dietary habits were
93 irregular and were associated with gradual weight gain over several years.

94 Past medical history revealed hypertension of approximately ten years' duration, for
95 which he was receiving regular antihypertensive medication. There was no history of
96 diabetes mellitus, smoking, alcohol dependence, neurological disorders, major
97 psychiatric illness, pelvic trauma, spinal injury, or genitourinary surgery that could
98 directly explain the ejaculatory dysfunction. Circumcision had been performed
99 previously for a local penile condition, but the ejaculatory symptoms had been present
100 before and persisted thereafter.

101 The patient and his spouse had been attempting conception since marriage without
102 success. Evaluation of the female partner did not reveal any major abnormality that
103 could account for infertility. The inability to achieve regular intravaginal ejaculation
104 was considered a significant contributing factor to the couple's reproductive
105 difficulties.

106 Considering the chronicity of symptoms, associated metabolic risk factors, previous
107 unsuccessful treatment attempts, and the impact on fertility and quality of life, the
108 patient sought Ayurvedic management.

109 **CLINICAL FINDINGS AND DIAGNOSTIC ASSESSMENT**

110 At presentation, the patient was a 37-year-old obese male with a history of
111 hypertension under regular medical management for approximately ten years.
112 Physical examination revealed a body weight of approximately 116–118 kg and a
113 height of 174–180 cm, corresponding to obesity. General examination was otherwise
114 unremarkable. The patient reported normal erectile function with the ability to attain
115 and maintain penile erection adequate for sexual intercourse. However, ejaculation
116 during vaginal intercourse was consistently absent or extremely infrequent despite
117 adequate sexual stimulation.

118 The patient had been married for approximately three years and had been attempting
119 conception without success. The inability to achieve regular intravaginal ejaculation
120 was considered a major contributing factor to infertility. The patient reported
121 significant emotional distress and reduced confidence associated with the condition.
122 Ejaculation during masturbation was preserved, suggesting a situational rather than
123 generalized ejaculatory dysfunction.

124 Previous evaluation by urology specialists documented a diagnosis of delayed
125 ejaculation and anejaculation. Local genital examination was reported to be within
126 normal limits, with no significant anatomical abnormality identified. There was no
127 history suggestive of neurological disease, spinal trauma, endocrine pathology,
128 substance abuse, or major psychiatric illness.

129 Laboratory investigations revealed evidence of metabolic dysfunction. Glycated
 130 hemoglobin (HbA1c) was found to be 6.1%, indicating a prediabetic state. Lipid
 131 profile demonstrated elevated low-density lipoprotein (LDL) cholesterol and non-
 132 high-density lipoprotein (non-HDL) cholesterol, along with reduced HDL cholesterol
 133 levels. Vitamin B12 levels were below the normal reference range. Thyroid hormone
 134 assessment showed mildly reduced triiodothyronine (T3) and thyroxine (T4) levels
 135 and low testosterone levels . These findings suggested an underlying metabolic
 136 imbalance that could potentially contribute to sexual and reproductive dysfunction
 137 and low testosterone levels leads to low libido.

138 Table 1. Baseline Clinical and Laboratory Findings

Parameter	Findings
Age	37 years
Sex	Male
Marital status	Married
Duration of complaint	Approximately 3 years
Weight	116–118 kg
Hypertension	Present (approximately 10 years)
Erectile function	Preserved
Ejaculation during masturbation	Present
Ejaculation during intercourse	Absent/rare
HbA1c	6.1%
HDL cholesterol	38 mg/dL
LDL cholesterol	124.3 mg/dL
Non-HDL cholesterol	147 mg/dL
Vitamin B12	186 pg/mL
Urological diagnosis	Delayed ejaculation / Situational anejaculation

139 Based on the clinical history, specialist evaluation, and laboratory findings, a
 140 diagnosis of situational anejaculation with delayed ejaculation associated with obesity,
 141 hypertension, and metabolic dysfunction was established. The absence of significant
 142 structural abnormalities and the preservation of ejaculation during masturbation
 143 supported the diagnosis of a predominantly functional ejaculatory disorder.

144 AYURVEDIC ASSESSMENT

145 The present case did not correspond directly to any single disease entity described in
 146 the Ayurvedic classics; however, the clinical presentation could be understood
 147 through the pathological involvement of Shukravaha Srotas, Manovaha Srotas, and
 148 derangement of Apana Vata. The preservation of erectile function with failure of
 149 ejaculation during vaginal intercourse indicated impairment in the normal
 150 physiological process governing the expulsion of Shukra rather than a defect in penile
 151 erection itself.

152 Detailed assessment of the patient's history revealed several etiological factors
153 capable of producing Dosha imbalance and Srotodushti. A sedentary lifestyle,
154 prolonged sitting associated with occupational demands, excessive screen exposure,
155 obesity, and long-standing metabolic disturbances suggested Kapha-Meda
156 predominance. Simultaneously, chronic mental stress, performance-related anxiety,
157 reproductive concerns, and excessive sensory stimulation were considered
158 contributory factors leading to Vata aggravation and disturbance of Manovaha Srotas.

159 From an Ayurvedic perspective, the proper ejaculation of Shukra depends upon the
160 normal functioning of Apana Vata. Apana Vata governs reproductive activity,
161 ejaculation, and the downward movement of physiological processes. Disturbance of
162 Apana Vata due to prolonged exposure to causative factors may impair the
163 coordinated mechanism responsible for timely ejaculation despite preservation of
164 sexual desire and erectile capacity.

165 The patient's obesity and dyslipidemia further indicated Meda Dushti, which may
166 contribute to obstruction of physiological pathways and interfere with normal
167 reproductive function. Long-standing metabolic imbalance, reduced physical activity,
168 and altered lifestyle habits may have adversely influenced the nourishment and
169 optimal functioning of Shukra Dhatu. Additionally, psychological stress and repeated
170 unsuccessful attempts at conception could have contributed to Manovaha Srotodushti,
171 perpetuating the dysfunction.

172 Based on the clinical findings, the Ayurvedic assessment was formulated as follows:

173 Dosh:

174 Predominant Vata-Kapha Dushti with significant involvement of Apana Vata.

175 Dushya:

176 Meda, Majja, and Shukra.

177 Srotas Involved:

178 Shukravaha Srotas and Manovaha Srotas.

179 Agni:

180 Manda Agni with features suggestive of metabolic impairment.

181 Srotodushti:

182 Sanga (functional obstruction) and impaired physiological activity of Shukravaha
183 Srotas.

184 Samprapti:

185 Long-standing exposure to sedentary habits, obesity-promoting dietary and lifestyle
186 factors, chronic stress, and metabolic dysfunction resulted in Kapha-Meda
187 accumulation and derangement of Apana Vata. This led to impaired physiological
188 regulation of ejaculation despite preserved erectile function, ultimately manifesting as
189 situational anejaculation with delayed ejaculation and secondary infertility.

190 The therapeutic objective was therefore directed toward correction of Dosha
191 imbalance, normalization of Apana Vata, improvement of Shukra function, reduction
192 of metabolic derangements, and restoration of normal reproductive physiology.

193 **TIMELINE OF EVENTS**

194 Table 2. Chronological Timeline of Clinical Events

Timeline	Clinical Event
Approximately 3 years before presentation	Marriage
Following marriage	Difficulty achieving ejaculation during vaginal intercourse noticed
Subsequent months	Repeated unsuccessful attempts at conception
Throughout the symptomatic period	Ejaculation possible during masturbation but absent or extremely rare during intercourse
Following persistent symptoms	Consulted multiple healthcare professionals including urology specialists
Specialist evaluation	Diagnosed with delayed ejaculation and situational anejaculation
Prior to Ayurvedic treatment	No satisfactory improvement despite previous treatment approaches
Initial Ayurvedic consultation	Comprehensive assessment and initiation of treatment
Approximately 2 months after treatment initiation	Successful achievement of intravaginal ejaculation reported
Follow-up period	Improvement maintained with satisfactory sexual performance
Subsequent months	Natural conception achieved without assisted reproductive techniques

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197 **THERAPEUTIC INTERVENTION**

198 Based on the Ayurvedic assessment, treatment was planned with the objectives of
199 normalizing Apana Vata, improving Shukra Dhatu function, correcting Kapha-Meda
200 predominance, reducing metabolic disturbances, and restoring normal ejaculatory
201 physiology. The patient was advised dietary regulation, regular physical activity,
202 weight reduction measures, limitation of prolonged screen exposure, and maintenance
203 of a healthy sleep routine throughout the treatment period.

204 Internal medications were prescribed for a duration of two months. In addition,
205 Snehana and Vasti therapies were administered at approximately 15-day intervals
206 during the treatment period.

207 **Table 3. Treatment Protocol**

Intervention	Dose and Schedule	Duration
Oil Purno	Local application over glans penis	2 months
Genvit Forte Capsule	1 capsule at least 1 hour before bedtime	2 months
Vanari Vati	1 tablet twice daily after food	2 months
Krishna Chaturmukh Ras	1 tablet twice daily after food	2 months
Lamentese Gold*	1 tablet twice daily after food	2 months
Snehana Therapy	Administered at approximately 15-day intervals	During treatment period
Vasti Therapy	Administered at approximately 15-day intervals	During treatment period

208 The treatment protocol was aimed at improving reproductive function, enhancing
209 Shukra Dhatu, supporting neuropsychological balance, correcting Apana Vata
210 dysfunction, and promoting normal ejaculation. Clinical progress was assessed during
211 regular follow-up visits. No adverse events or treatment-related complications were
212 reported during the course of management.

213 **OUTCOME AND FOLLOW-UP**

214 The patient was followed regularly throughout the treatment period to assess changes
215 in sexual function, ejaculatory ability, and reproductive outcome. At baseline,
216 ejaculation during vaginal intercourse was absent or occurred only rarely despite
217 satisfactory erection and preserved ejaculation during masturbation. The condition
218 had persisted for approximately three years and had contributed significantly to
219 infertility and psychological distress.

220 Progressive improvement in sexual function was observed during follow-up.
221 Approximately two months after initiation of Ayurvedic treatment, the patient
222 reported successful achievement of ejaculation during vaginal intercourse. The
223 improvement was consistent and represented a clinically significant change from the
224 pre-treatment status. Restoration of intravaginal ejaculation improved marital
225 satisfaction and reduced anxiety related to sexual performance and fertility.

226 The improvement was sustained during subsequent follow-up visits, with no
227 recurrence of the primary complaint reported. Following restoration of normal
228 ejaculatory function, the couple achieved spontaneous natural conception without the
229 use of assisted reproductive techniques.

230 **Table 4-Clinical Outcome Assessment**

Parameter	Before Treatment	After Treatment
Erectile function	Preserved	Preserved
Ejaculation during masturbation	Present	Present
Ejaculation during vaginal intercourse	Absent/rare	Successfully achieved
Marital satisfaction	Reduced	Improved
Fertility outcome	No conception	Natural conception achieved

231 The overall therapeutic outcome was considered satisfactory by the patient. The
232 restoration of intravaginal ejaculation and subsequent conception represented the most
233 clinically significant endpoints observed during the follow-up period.

234 DISCUSSION

235 DISCUSSION

236 Delayed ejaculation and situational anejaculation are among the least frequently
237 encountered male sexual dysfunctions and remain comparatively underreported in
238 clinical practice. Unlike erectile dysfunction, where considerable research and
239 therapeutic options are available, delayed ejaculation often presents diagnostic and
240 therapeutic challenges due to its multifactorial etiology. The disorder may arise from
241 psychological, neurological, endocrine, metabolic, pharmacological, or lifestyle-
242 related factors and frequently requires a multidisciplinary approach for successful
243 management.

244 The present case involved a 37-year-old obese hypertensive male who presented with
245 preserved erectile function but an inability to achieve ejaculation during vaginal
246 intercourse. The patient could ejaculate during masturbation, indicating a diagnosis of
247 situational anejaculation rather than a generalized ejaculatory disorder. Despite
248 multiple consultations with urology and fertility specialists, satisfactory improvement
249 was not achieved, highlighting the chronic and complex nature of the condition.

250 Several contributory factors were identified in this patient. Obesity and sedentary
251 lifestyle are recognized risk factors for male sexual dysfunction and are associated
252 with hormonal imbalance, endothelial dysfunction, chronic low-grade inflammation,
253 and impaired reproductive health. The patient also demonstrated metabolic
254 abnormalities, including dyslipidemia, prediabetic glycemic status, and reduced
255 vitamin B12 levels, which may adversely influence sexual function through vascular,
256 neuroendocrine, and psychological mechanisms. Furthermore, prolonged occupational
257 screen exposure, excessive mobile-phone use, and chronic stress related to infertility
258 may have contributed to the persistence of symptoms.

259 From an Ayurvedic perspective, the pathology can be understood as a disturbance of
260 Apana Vata associated with Kapha-Meda predominance and dysfunction of
261 Shukravaha Srotas. Apana Vata is responsible for reproductive activities, including
262 ejaculation, and its derangement may impair the coordinated physiological

263 mechanisms required for normal seminal emission. Simultaneously, Meda Dushti
264 arising from obesity, reduced physical activity, and metabolic imbalance may
265 contribute to functional obstruction and impaired nourishment of Shukra Dhatu,
266 ultimately affecting reproductive function.

267 The role of Manovaha Srotas involvement should also be considered. Repeated failure
268 to achieve ejaculation during intercourse, prolonged infertility, and anxiety regarding
269 conception can establish a self-perpetuating cycle of psychological stress and
270 performance-related apprehension. Such factors may further aggravate Vata and
271 interfere with normal sexual response patterns. The preservation of ejaculation during
272 masturbation despite failure during vaginal intercourse supports the presence of a
273 significant psychophysiological component in the disease process. This observation
274 suggests that the dysfunction was not purely anatomical or neurological but involved
275 functional disturbances affecting the normal ejaculatory response during partnered
276 sexual activity.

277 The Ayurvedic management adopted in this case was directed toward correction of
278 the underlying pathophysiological factors rather than merely addressing the symptom
279 of anejaculation. The treatment protocol incorporated internal medication, lifestyle
280 modification, Snehana, and periodic Basti therapy. From an Ayurvedic standpoint,
281 Basti is regarded as the most effective therapeutic modality for Vata disorders.
282 Considering the central role of Apana Vata in ejaculation and reproductive function,
283 periodic Basti administration may have contributed to restoration of normal
284 ejaculatory physiology through regulation of Vata and improvement of neuromuscular
285 coordination involved in seminal emission. Concurrent Snehana may have further
286 supported Vata shamana and physiological balance.

287 The gradual restoration of intravaginal ejaculation observed approximately two
288 months after initiation of treatment suggests that correction of underlying doshic
289 imbalance, improvement in metabolic status, and normalization of Apana Vata may
290 have collectively contributed to the observed outcome. In addition, counseling
291 regarding lifestyle modification and reduction of sedentary habits may have played a
292 supportive role in improving overall physical and psychological well-being.

293 The most clinically significant outcome in the present case was the achievement of
294 spontaneous natural conception following restoration of intravaginal ejaculation.
295 Although conception is influenced by multiple male and female factors, the inability
296 to ejaculate during intercourse had represented the primary barrier to fertility in this
297 couple for nearly three years. The occurrence of natural conception after successful
298 restoration of ejaculatory function therefore provides a meaningful functional
299 endpoint and strengthens the clinical significance of the therapeutic response.

300 This case suggests that a holistic Ayurvedic approach may offer potential benefits in
301 selected patients with situational anejaculation and delayed ejaculation, particularly
302 when associated with obesity, metabolic dysfunction, lifestyle-related factors, and
303 inadequate response to previous treatment. However, the findings are based on a
304 single case observation and should be interpreted cautiously. Further clinical studies
305 are required to evaluate the role of Ayurvedic interventions in the management of
306 ejaculatory disorders and associated infertility.

307 **CONCLUSION**

308 Situational anejaculation with delayed ejaculation is an uncommon male sexual
309 dysfunction that can adversely affect fertility, marital relationships, and psychological
310 well-being. The present case demonstrates the successful Ayurvedic management of a
311 37-year-old obese hypertensive male with persistent inability to achieve ejaculation
312 during vaginal intercourse despite preserved erectile function and previous
313 unsuccessful conventional treatment.

314 A multimodal Ayurvedic approach incorporating internal medication, Snehana, Basti,
315 lifestyle modification, and dietary regulation was associated with restoration of
316 intravaginal ejaculation within approximately two months of treatment. The
317 improvement was sustained during follow-up and was subsequently followed by
318 spontaneous natural conception without assisted reproductive techniques.

319 This case highlights the potential role of Ayurvedic interventions in addressing
320 functional ejaculatory disorders through correction of underlying doshic imbalance,
321 particularly Apana Vata dysfunction, along with associated metabolic and lifestyle-
322 related factors. Further clinical studies are warranted to explore the effectiveness of
323 Ayurvedic management in delayed ejaculation and situational anejaculation.

324 **Patient Consent**

325 Written informed consent was obtained from the patient for publication of this case
326 report and accompanying clinical information. Efforts have been made to maintain
327 patient anonymity and confidentiality.

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