



ISSN NO. 2320-5407

ISSN(O): 2320-5407 | ISSN(P): 3107-4928

International Journal of Advanced Research

Publisher's Name: Jana Publication and Research LLP

www.journalijar.com

REVIEWER'S REPORT

Manuscript No.: IJAR-57839

Title: Ayurvedic Management of Situational Anejaculation with Delayed Ejaculation in an Obese Hypertensive Male: A Case Report.

Recommendation:

Accept after major revision

Rating	Excel.	Good	Fair	Poor
Originality		✓		
Techn. Quality			✓	
Clarity			✓	
Significance		✓		

Reviewer's ID: JPR-198

Detailed Reviewer's Report

This manuscript presents a case report describing the Ayurvedic management of situational anejaculation and delayed ejaculation in a 37-year-old obese hypertensive male with associated infertility. The topic is clinically interesting because delayed ejaculation and situational anejaculation are relatively uncommon male sexual dysfunctions with limited treatment success in some patients. The reported restoration of intravaginal ejaculation and subsequent natural conception makes the case noteworthy. However, the manuscript has several methodological limitations inherent to case reports and requires clearer reporting before publication.

Major Comments

1. As a single case report, it is not possible to conclude that the observed improvement resulted solely from the Ayurvedic intervention. Lifestyle modifications, reduction of anxiety, spontaneous recovery, relationship factors, or other unmeasured influences may have contributed to the outcome.
2. The manuscript mentions low testosterone levels and mildly reduced T3 and T4 levels, but the actual laboratory values are not provided in Table 1. Since hormonal abnormalities can directly affect sexual function and libido, complete endocrine data should be presented.
3. The study relies primarily on patient-reported improvement. Validated instruments such as the Male Sexual Health Questionnaire (MSHQ), International Index of Erectile Function (IIEF), or other sexual function scales were not used. Objective assessment would strengthen the report.

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4. The patient received several internal medications, Snehana, Vasti therapy, lifestyle modifications, weight reduction advice, and counseling. Therefore, it is impossible to identify which component contributed most to the outcome.
5. Since obesity, dyslipidemia, and prediabetes are emphasized as important contributing factors, post-treatment weight, HbA1c, lipid profile, testosterone, and vitamin B12 values should be included.
6. Situational anejaculation is often strongly associated with psychological and relationship-related factors. Formal psychological assessment was not reported despite repeated references to performance anxiety and stress.

Minor Comments

1. The manuscript contains a duplicated heading ("DISCUSSION" appears twice).
2. Several statements regarding excessive mobile phone use and prolonged screen exposure contributing to ejaculatory dysfunction are speculative and require stronger supporting evidence.
3. Drug formulations such as Vanari Vati, Krishna Chaturmukh Ras, and Lamentese Gold are mentioned without adequate explanation of their rationale or composition.
4. More details regarding Vasti and Snehana procedures should be provided for reproducibility.
5. The discussion could include more comparison with existing literature on delayed ejaculation and male infertility.
6. The conclusion should be more cautious and avoid implying treatment efficacy from a single case.
7. Some grammatical and formatting issues require correction throughout the manuscript.