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RESEARCH ARTICLE

"AYURVEDIC MANAGEMENT OF SITUATIONAL ANEJACULATION WITH DELAYED EJACULATION IN AN OBESE HYPERTENSIVE MALE: A CASE REPORT"

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Abstract

Delayed ejaculation and situational anejaculation are uncommon male sexual dysfunctions characterized by a marked delay or inability to achieve ejaculation despite adequate sexual stimulation and satisfactory penile erection.The condition can adversely affect marital relationships, fertility, and psychological well-being. Conventional treatment options often yield inconsistent outcomes, particularly when multiple physiolog ical and psychosocial factors coexist.A 37-year-old married male presented with inability to achieve ejaculation during vaginal intercours e for approximately three years following marriage.The patient reported preserved erectile function and normal ejaculation during masturbation; however, ejaculation during coitus was absent or extremely rare. He had previously sought multiple conventional medical consultations without satisfactory improvement. The patient was obese, had a sedentary occupational lifestyle involving prolonged laptop use, excessive mobile-phone exposure, and a history of hypertension under medical management for nearly a decade.Clinical evaluation suggested situational anejaculation with delayed ejaculation. Associated risk factors included obesity, metabolic imbalance, sedentary lifestyle, and psychological stress related to performance and fertility concerns. Laboratory investigations revealed dyslipidemia, prediabetic glycemic status, and low vitamin B12 levels.

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The patient underwent Ayurvedic management based on correction of underlying doshic imbalance, lifestyle modification, and measures aimed at restoring normal reproductive and neuropsychological function. Progressive improvement in sexual performance was observed during follow-up. Intravaginal ejaculation was successfully achieved approximately two months after initiation of treatment. Subsequently, the couple achieved natural conception without assisted reproductive techniques.

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Introduction:-

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

Situational anejaculation represents a unique clinical entity in which ejaculation occurs under specific circumstances, such as masturbation, but fails to occur during partnered sexual intercourse. The condition is often multifactorial in origin and may be associated with psychological factors, performance anxiety, obesity, metabolic disorders, chronic medical illnesses, adverse effects of medications, sedentary lifestyle, and neuroendocrine dysfunction. Conventional management includes behavioral therapy, psychological counselling, treatment of associated medical conditions, and pharmacological interventions; however, therapeutic outcomes are often variable and unsatisfactory.The prevalence of delayed ejaculation has been reported to be considerably lower than other male sexual dysfunctions, resulting in limited clinical awareness and fewer evidence-based therapeutic approaches. Furthermore, prolonged inability to ejaculate intravaginally may contribute to infertility, emotional distress, reduced self-esteem, and impaired quality of life for affected couples.

From an Ayurvedic perspective, normal sexual function depends upon the proper formation and functioning of Shukra Dhatu, unobstructed channels of Shukravaha Srotas, and the coordinated action of Vata Dosha, particularly Apana Vata. Disturbance of these physiological mechanisms due to faulty dietary habits, sedentary lifestyle, psychological stress, excessive indulgence in sensory stimuli, and metabolic derangements may result in impairment of reproductive and sexual functions. Although no direct disease entity corresponding exactly to situational anejaculation is described in the classical texts, the condition can be understood through the involvement of Apana Vata Vaigunya, Shukravaha Srotodushti, Manovaha Srotas Dushti, and associated Kapha-Meda predominance.
The present case report describes the successful Ayurvedic management of situational anejaculation with delayed ejaculation in a 37-year-old obese hypertensive male who had experienced persistent inability to ejaculate during vaginal intercourse despite multiple conventional consultations. Restoration of intravaginal ejaculation was achieved following Ayurvedic intervention, subsequently resulting in spontaneous natural conception.

Case Presentation:-

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

The patient had consulted multiple healthcare providers, including urology and fertility specialists, and had undergone conventional treatment without satisfactory improvement. He was diagnosed with delayed ejaculation and situational anejaculation. The persistent nature of the condition adversely affected his confidence, marital satisfaction, and reproductive goals.The patient was employed in a corporate sector job requiring prolonged periods of sitting and continuous computer-based work. He reported a predominantly sedentary lifestyle with minimal physical activity. Excessive screen exposure and prolonged mobile-phone usage formed a substantial part of his daily routine. Dietary habits were irregular and were associated with gradual weight gain over several years.

Past medical history revealed hypertension of approximately ten years' duration, for which he was receiving regular antihypertensive medication. There was no history of diabetes mellitus, smoking, alcohol dependence, neurological disorders, major psychiatric illness, pelvic trauma, spinal injury, or genitourinary surgery that could directly explain the ejaculatory dysfunction. Circumcision had been performed previously for a local penile condition, but the ejaculatory symptoms had been present before and persisted thereafter.The patient and his spouse had been attempting conception since marriage without success. Evaluation of the female partner did not reveal any major abnormality that could account for infertility. The inability to achieve regular intravaginal ejaculation was considered a significant contributing factor to the couple's reproductive difficulties.Considering the chronicity of symptoms, associated metabolic risk factors, previous unsuccessful treatment attempts, and the impact on fertility and quality of life, the patient sought Ayurvedic management.

Clinical Findings and Diagnostic Assessment:-

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

The patient had been married for approximately three years and had been attempting conception without success. The inability to achieve regular intravaginal ejaculation was considered a major contributing factor to infertility. The patient reported significant emotional distress and reduced confidence associated with the condition. Ejaculation during masturbation was preserved, suggesting a situational rather than generalized ejaculatory dysfunction.
Previous evaluation by urology specialists documented a diagnosis of delayed ejaculation and anejaculation. Local genital examination was reported to be within normal limits, with no significant anatomical abnormality identified. There was no history suggestive of neurological disease, spinal trauma, endocrine pathology, substance abuse, or major psychiatric illness.

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

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

Parameter	Findings
Non-HDL cholesterol	147 mg/dL
Vitamin B12	186 pg/mL
Urological diagnosis	Delayed ejaculation / Situational anejaculation

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

Ayurvedic Assessment:-

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

Detailed assessment of the patient's history revealed several etiological factors capable of producing Dosha imbalance and Srotodushti. A sedentary lifestyle, prolonged sitting associated with occupational demands, excessive screen exposure, obesity, and long-standing metabolic disturbances suggested Kapha-Meda predominance. Simultaneously, chronic mental stress, performance-related anxiety, reproductive concerns, and excessive sensory stimulation were considered contributory factors leading to Vata aggravation and disturbance of Manovaha Srotas.
From an Ayurvedic perspective, the proper ejaculation of Shukra depends upon the normal functioning of Apana Vata. Apana Vata governs reproductive activity, ejaculation, and the downward movement of physiological processes. Disturbance of Apana Vata due to prolonged exposure to causative factors may impair the coordinated mechanism responsible for timely ejaculation despite preservation of sexual desire and erectile capacity.

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

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

Dosha:

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

Dushya:

Meda, Majja, and Shukra.

Srotas Involved:

Shukravaha Srotas and Manovaha Srotas.

Agni:

Manda Agni with features suggestive of metabolic impairment.

Srotodushti:

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

Samprapti:

Long-standing exposure to sedentary habits, obesity-promoting dietary and lifestyle factors, chronic stress, and metabolic dysfunction resulted in Kapha-Meda accumulation and derangement of Apana Vata. This led to impaired

physiological regulation of ejaculation despite preserved erectile function, ultimately manifesting as situational anejaculation with delayed ejaculation and secondary infertility.

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

Timeline of Events:-

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

Therapeutic Intervention:-

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

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

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

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

Outcome and Follow-Up:-

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

Progressive improvement in sexual function was observed during follow-up. Approximately two months after initiation of Ayurvedic treatment, the patient reported successful achievement of ejaculation during vaginal intercourse. The improvement was consistent and represented a clinically significant change from the pre-treatment status. Restoration of intravaginal ejaculation improved marital satisfaction and reduced anxiety related to sexual performance and fertility.The improvement was sustained during subsequent follow-up visits, with no recurrence of the primary complaint reported. Following restoration of normal ejaculatory function, the couple achieved spontaneous natural conception without the use of assisted reproductive techniques.

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

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

Discussion:-

Delayed ejaculation and situational anejaculation are among the least frequently encountered male sexual dysfunctions and remain comparatively underreported in clinical practice. Unlike erectile dysfunction, where considerable research and therapeutic options are available, delayed ejaculation often presents diagnostic and therapeutic challenges due to its multifactorial etiology. The disorder may arise from psychological, neurological, endocrine, metabolic, pharmacological, or lifestyle-related factors and frequently requires a multidisciplinary approach for successful management.The present case involved a 37-year-old obese hypertensive male who presented with preserved erectile function but an inability to achieve ejaculation during vaginal intercourse. The patient could ejaculate during masturbation, indicating a diagnosis of situational anejaculation rather than a generalized ejaculatory disorder. Despite multiple consultations with urology and fertility specialists, satisfactory improvement was not achieved, highlighting the chronic and complex nature of the condition.

Several contributory factors were identified in this patient. Obesity and sedentary lifestyle are recognized risk factors for male sexual dysfunction and are associated with hormonal imbalance, endothelial dysfunction, chronic low-grade inflammation, and impaired reproductive health. The patient also demonstrated metabolic abnormalities, including dyslipidemia, prediabetic glycemic status, and reduced vitamin B12 levels, which may adversely influence sexual function through vascular, neuroendocrine, and psychological mechanisms. Furthermore, prolonged occupational screen exposure, excessive mobile-phone use, and chronic stress related to infertility may have contributed to the persistence of symptoms.From an Ayurvedic perspective, the pathology can be understood as a disturbance of Apana Vata associated with Kapha-Meda predominance and dysfunction of Shukravaha Srotas. Apana Vata is responsible for reproductive activities, including ejaculation, and its derangement may impair the coordinated physiological mechanisms required for normal seminal emission. Simultaneously, Meda Dushti arising from obesity, reduced physical activity, and metabolic imbalance may contribute to functional obstruction and impaired nourishment of Shukra Dhatu, ultimately affecting reproductive function.

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

The Ayurvedic management adopted in this case was directed toward correction of the underlying pathophysiological factors rather than merely addressing the symptom of anejaculation. The treatment protocol incorporated internal medication, lifestyle modification, Snehana, and periodic Basti therapy. From an Ayurvedic standpoint, Basti is regarded as the most effective therapeutic modality for Vata disorders. Considering the central role of Apana Vata in ejaculation and reproductive function, periodic Basti administration may have contributed to restoration of normal ejaculatory physiology through regulation of Vata and improvement of neuromuscular coordination involved in seminal emission. Concurrent Snehana may have further supported Vata shamana and physiological balance.The gradual restoration of intravaginal ejaculation observed approximately two months after initiation of treatment suggests that correction of underlying doshic imbalance, improvement in metabolic status, and normalization of Apana Vata may have collectively contributed to the observed outcome. In addition, counseling regarding lifestyle modification and reduction of sedentary habits may have played a supportive role in improving overall physical and psychological well-being.

The most clinically significant outcome in the present case was the achievement of spontaneous natural conception following restoration of intravaginal ejaculation. Although conception is influenced by multiple male and female factors, the inability to ejaculate during intercourse had represented the primary barrier to fertility in this couple for nearly three years. The occurrence of natural conception after successful restoration of ejaculatory function therefore provides a meaningful functional endpoint and strengthens the clinical significance of the therapeutic response.
This case suggests that a holistic Ayurvedic approach may offer potential benefits in selected patients with situational anejaculation and delayed ejaculation, particularly when associated with obesity, metabolic dysfunction,

lifestyle-related factors, and inadequate response to previous treatment. However, the findings are based on a single case observation and should be interpreted cautiously. Further clinical studies are required to evaluate the role of Ayurvedic interventions in the management of ejaculatory disorders and associated infertility.

Conclusion:-

Situational anejaculation with delayed ejaculation is an uncommon male sexual dysfunction that can adversely affect fertility, marital relationships, and psychological well-being. The present case demonstrates the successful Ayurvedic management of a 37-year-old obese hypertensive male with persistent inability to achieve ejaculation during vaginal intercourse despite preserved erectile function and previous unsuccessful conventional treatment.
A multimodal Ayurvedic approach incorporating internal medication, Snehana, Basti, lifestyle modification, and dietary regulation was associated with restoration of intravaginal ejaculation within approximately two months of treatment. The improvement was sustained during follow-up and was subsequently followed by spontaneous natural conception without assisted reproductive techniques.This case highlights the potential role of Ayurvedic interventions in addressing functional ejaculatory disorders through correction of underlying doshic imbalance, particularly Apana Vata dysfunction, along with associated metabolic and lifestyle-related factors. Further clinical studies are warranted to explore the effectiveness of Ayurvedic management in delayed ejaculation and situational anejaculation.

Patient Consent:-

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

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