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# A Retrospective Analytical Study on Erectile Dysfunction with Homeopathic Treatment—A Case Series Evaluation Using the International Index of Erectile Function (IIEF) Scale

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## ABSTRACT

Erectile Dysfunction (ED) is quite common in India, affecting a significant portion of the male population, with studies suggesting rates around 30-40% in various groups, increasing significantly with age and linked heavily to lifestyle diseases like diabetes, stress, and obesity, though stigma often prevents people from seeking help.

Erectile dysfunction (ED) is affecting men's ability to achieve or maintain an erection sufficient for satisfactory sexual performance. The condition has multifactorial oetiology encompassing psychological, physiological, and relational factors.

ED profoundly impacts quality of life, often leading to psychological stress, anxiety, and relationship difficulties. Whilst conventional treatments exist, they may not address underlying causes and can present unwanted side effects.

**The Homeopathic Approach**

Individualized Treatment--

Homeopathy treats individuals based on their unique physical, emotional, and mental constitution rather than applying standardized protocols.

Constitutional approach--

Some diseases have a hereditary component and can be passed down through families. Physical and mental character together produce the constitution of a person. Constitutionally indicated medicine should be prescribed.

Lifestyle modification

Certain behaviours can increase the risk of developing certain illnesses. Exercise, change in food habit and change in lifestyle can help in treating disease.

**Root Cause Focus**

Treatment aims to restore balance to body and mind, addressing underlying causes rather than merely suppressing symptoms.

**Study Methodology**

Patient Selection--

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- 10 male patients aged 30–60 years Diagnosed with erectile dysfunction
- Seeking homeopathic treatment
- Assessed using the IIEF scale across five domains

**IIEF Scale Domains**

- Erectile function (EF)
- Orgasmic function (OF)
- Sexual desire (SD)
- Intercourse satisfaction (IS)
- Overall satisfaction (OS)

**Assessment Protocol**

| Patient/Age | Primary Complaint | Remedy prescribed | Baseline score | 12-week score | Outcome |
|---|---|---|---|---|---|
| **Mr. A. 30** | Inability to attain or sustain erection over 6 months, accompanied by feelings of anxiety, stress and lack of confidence, acidity and flatulency aggravates in the evening, desire for sweet and milk. ) | Lycopodium clavatum 30<br>1 dose weekly | 14<br>(Moderate ED) | 26<br>(Normal) | Moderate<br>→ Normal |
| **Mr. B. 52** | Chief complaint: Loss of libido and impotence for one year, linked to marital difficulties, wants to be alone, over thinking, great desire for salty food, great thirst for water | Natrum muriaticum 200<br>1 dose every 2 weeks | 12<br>(Severe ED)<br>1 dose<br>every 2 weeks | 24 (Mild ED) | Severe → Mild |
| **Mr. C. 45** | Presenting complaints: Inability to erections during coitus, diabetes under medication and controlled, performance anxiety, desire for sweet, flatulency with loud eructation, sour belching. | Argentum nitricum 30<br>1 dose daily 3days | 10 (Severe ED) | 23 (Mild ED) | Severe → Mild |
| **Mr. D. 35** | Erectile dysfunction after the death of his sister from CA lung, tongue clean, thirstless, feeling distant emotionally | Ignatia amara 30<br>1 dose every 3 days | 15<br>(Moderate ED) | 26<br>(Normal) | Moderate<br>→ Normal |
| **Mr. E. 44** | Inconsistent erections disturbed by indulging in excess alcohol, great desire for spicy food, sleep late in | Nux vomica 200<br>1 dose weekly | 13<br>(Moderate ED) | 23 (Mild ED) | Moderate → Mild |

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| | | | | | |
|---|---|---|---|---|---|
| | the night, quarrelsome, angry, irritable., constipation with sensation as if not finished | | | | |
| **Mr. F. 42** | Erectile dysfunction in relation to depression and stress at work, Presence of sexual desire but a weak erection, Rapid or premature ejaculation, Exhaustion and weakness after intercourse, Involuntary seminal emissions. | Sepia officinalis 30<br>1 dose daily | 9 (Severe ED) | 21 (Mild ED) | Severe → Mild |
| **Mr. G. 46** | Decline in erectile function with increasing age and in absence of medical conditions, great desire but can't perform satisfactorily, less erection | Selenium 30<br>1 dose weekly | 18 (Mild ED) | 24 (Mild ED) | Mild → Mild (improved) |
| **Mr. H. 54** | Lack of confidence and loss of erection, no medical history of impotence, desire for sweet, acidity, flatulence | Argentum nitricum 30<br>1 dose weekly | 16 (Moderate ED) | 28 (Normal | Moderate → Normal |
| **Mr. I. 60** | Decreased libido, inability to attain a full erection, along with emotional stress due to family matters, depressed, sad thinking that can't satisfy partner. | Aurum metallicum 30<br>1 dose every 3 days | 11 (Severe ED) | 25 (Normal) | 25 (Normal) |
| **Mr. J. 32** | Lean, thin, slender person easily catches cold. With erection problem. Weak, delicate in nature, chilly. | Phosphorus 30<br>1 dose weekly | 14 (Moderate ED) | 27 (Normal) | Moderate → Normal |

Follow-up assessments conducted at base line or starting of treatment and 12 weeks of treatment to monitor progress. Treatment protocols based on individual response and symptom evolution.

**Statistical evaluation**

Wilcoxon Signed-Rank Test performed

| **Patient** | **Baseline IIEF** | **12-week IIEF** | **Difference** | **Difference** |
|---|---|---|---|---|
| A | 14 | 26 | +12 | 5.5 |
| B | 12 | 24 | +12 | 5.5 |
| C | 10 | 23 | +13 | 8.5 |
| D | 15 | 26 | +11 | 2.5 |

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| | | | | |
|---|---|---|---|---|
| E | 13 | 23 | +10 | 2.5 |
| F | 9 | 21 | +12 | 5.5 |
| G | 18 | 24 | +6 | 1 |
| H | 16 | 28 | +12 | 5.5 |
| I | 11 | 25 | +14 | 10 |
| J | 14 | 27 | +13 | 8.5 |

R = 55

N = 10

Mean= $n(n+1)/4 = 27.5$

Sd = $\sqrt{n(n+1)(2n+1)/24} = 9.8107$

Z = $|R\text{-Mean}|/Sd = 2.803$ P ($Z \leq 2.80$) = 0.99744

So, p= 1- P ($Z \leq 2.80$) = 0.00256

Now, p-value is less than 0.05, proves that result is significant.

Formal Results Statement: "A Wilcoxon Signed-Rank Test was conducted to evaluate changes in IIEF scores before and after 12 weeks of individualized homoeopathic treatment. All participants demonstrated improvement in post-treatment scores. The analysis revealed a statistically significant increase in IIEF scores indicates a robust improvement following treatment.

**Discussion and Clinical Implications**

Treatment Efficacy--

## RESULTS

suggest individualized homoeopathic medicine can be a viable option for the treatment of ED. The IIEF scale provided objective measurement, demonstrating significant improvements in erectile function across all cases.

Holistic Benefits

The individualized approach addresses not only physical aspects but also underlying emotional and psychological factors contributing to ED.

Safety Profile

High patient satisfaction with no reported side effects supports the safety profile of homoeopathic interventions. This represents a significant advantage over conventional pharmacological approaches.

**Limitations and Future Research Directions**

Study Limitations---

Small sample size (n=10) limits generalizability of findings

Absence of control group prevents comparison with placebo or standard treatment Reliance on self-reported data may introduce response bias

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Single-centre study design

**Future Directions**

Randomized controlled trials with larger sample sizes Comparison studies with conventional ED treatments and Long-term follow-up to assess sustainability of improvements Multi-centre collaborative research is required.

## CONCLUSION

This study is preliminary a observational case series. Individualized homoeopathic treatment, as assessed by the IIEF scale, appears to be an useful intervention for erectile dysfunction. Further rigorous clinical trials are wanted to validate these findings.

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