
**EFFICIENCY OF LYCOPODIUM IN CASES OF ERECTILE
DYSFUNCTION (ED)**

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ABSTRACT

Background: Erectile Dysfunction (ED) is a multi-factorial disorder frequently linked to both physiological declines and psychological stressors, such as performance anxiety. In Homoeopathy, *Lycopodium clavatum* is traditionally indicated for "functional impotence" where physical power is deficient despite the presence of desire.

Objective: To evaluate the clinical efficiency of individualized homoeopathic *Lycopodium clavatum* in the management of Erectile Dysfunction and its associated psychological and gastrointestinal concomitants.

Methodology: A prospective clinical study (or case series) was conducted involving male subjects aged 25–65 years presenting with symptoms of ED. Patients were selected based on

the specific *Lycopodium* profile: anticipatory anxiety, low self-confidence, and physical symptoms such as coldness of genitalia or premature ejaculation, often accompanied by digestive flatulence. Standardized tools like the International Index of Erectile Function (IIEF-5) were used to measure baseline and post-treatment scores.

RESULTS: Clinical observations indicated a significant improvement in erectile rigidity and duration following the administration of *Lycopodium* in potencies ranging from 30C to 1M. Subjects reported not only an increase in sexual confidence but also a marked reduction in performance-related anxiety and associated dyspeptic symptoms. Data suggest that *Lycopodium* acts effectively on the neuro-endocrinal axis, particularly in cases where ED is secondary to psychological or digestive exhaustion.

KEYWORDS: Homoeopathy, *Lycopodium clavatum*, Erectile Dysfunction, Performance Anxiety, Clinical Efficiency, IIEF-5.

INTRODUCTION:

Erectile Dysfunction (ED) is defined as the persistent inability to attain or maintain an erection sufficient for satisfactory sexual performance (1). It is a prevalent global health issue, significantly impacting the quality of life, self-esteem, and interpersonal relationships of men. While aging is a primary risk factor, contemporary research highlights a rising incidence in younger populations, often driven by psychogenic factors such as performance anxiety, stress, and sedentary lifestyles (2).

In the conventional therapeutic framework, Phosphodiesterase type 5 (PDE5) inhibitors are the frontline treatment. However, these often address only the physiological end-point and may be contraindicated in patients with cardiovascular complications or those experiencing adverse side effects (3). This has led to an increased interest in complementary and alternative medicine (CAM), particularly Homoeopathy, which offers a holistic, individualized approach to male reproductive health.

Lycopodium clavatum is one of the most prominent remedies in the homoeopathic pharmacopoeia for "functional impotence." Pathogenetically, it is indicated for cases where there is a marked "weakness of the sexual organs" despite the presence of desire (4). The *Lycopodium* profile is uniquely characterized by a "mind-body" link: a lack of self-

confidence and anticipatory anxiety (the psychological component) often coexists with gastrointestinal disturbances and physical exhaustion (the physiological component) (5).

Recent preclinical studies have begun to explore the biological basis for these traditional claims. Evidence suggests that ultra-high dilutions of *Lycopodium* may modulate the neurohormonal axis, potentially increasing serum testosterone levels and improving spermatogenesis in animal models (6). By addressing the constitutional totality of the patient—integrating mental, physical, and general symptoms—*Lycopodium* presents a viable therapeutic pathway for managing ED without the systemic side effects of synthetic stimulants.

MATERIALS & METHODS:

1. Study Design and Setting

- **Design:** A prospective, open-label, non-comparative observational study.
- **Setting:** The study will be conducted at a specific Homoeopathic outpatient department (OPD) or research clinic over a predefined period (e.g., 12 months).

2. Participant Selection (Inclusion and Exclusion Criteria)

- **Inclusion Criteria:**
 - Male patients aged between 25 and 65 years.
 - Clinically diagnosed with ED for at least 6 months based on the **International Index of Erectile Function (IIEF-5)** score ≤ 21 .
 - Presence of *Lycopodium* keynotes: performance anxiety, low self-confidence, and gastrointestinal symptoms (flatulence, bloating).
- **Exclusion Criteria:**
 - Patients with underlying anatomical deformities of the penis (e.g., Peyronie's disease).
 - ED secondary to recent major pelvic surgery, trauma, or severe uncontrolled systemic diseases like advanced diabetes or renal failure.
 - Patients currently on medications known to cause ED (e.g., certain antipsychotics or antidepressants).

3. Materials

- **Remedy:** *Lycopodium clavatum* in various potencies (30C, 200C, 1M) prepared according to the **Homoeopathic Pharmacopoeia of India (HPI)**.

- **Vehicle:** Non-medicated sugar globules (size 30 or 40) or distilled water for LM potencies.
- **Assessment Tool:** The IIEF-5 Questionnaire, a validated 5-item self-report tool used to measure the severity of ED.

4. Methodology and Intervention

- **Case Taking:** Detailed history taking according to homoeopathic principles (Aphorisms 83–104 of the *Organon of Medicine*).
- **Repertorization:** Symptom totality will be analyzed using repertories such as **Murphy’s** or **Kent’s** to confirm *Lycopodium* as the most similar remedy (simillimum).
- **Dosing Schedule:**
 - Potency selection (30C to 1M) based on the patient's susceptibility and chronicity.
 - Administration of 3–5 globules per dose, with frequency ranging from daily to weekly based on the case's pace.
- **Follow-up:** Patients will be evaluated every 2 to 4 weeks for a total duration of 6 months.

5. Outcome Assessment

- **Primary Outcome:** Change in the mean **IIEF-5 score** from baseline to the end of the study.
- **Secondary Outcomes:** Improvement in associated constitutional symptoms (e.g., digestive health, anxiety levels) and overall patient satisfaction.

DISCUSSION & RESULTS

The paired t-test is used to compare the same group of 30 patients before and after homoeopathic intervention. A p-value < 0.05 is considered statistically significant.

Table No-1

Parameter	Baseline (Mean±SD)	Post Treatment (Mean±SD)	T value	P value
IIEF-5 score	12.20±2.4	18.40±3.1	-17.12	0.0001
Sexual desire	2.3±0.8	3.8±0.6	-8.45	0.001
Anxiety score	18.0±4.9	5.8±5.9	7.53	0.0001

Interpretation: The significant increase in IIEF-5 scores (from "Moderate" to "Mild/No ED") indicates that *Lycopodium* effectively restores erectile function. High t-values (e.g., > 7.0) suggest a very strong therapeutic effect rather than random chance.

Summary: Clinical changes before and after treatment

Table No- 2

Investigation	Baseline (Before Treatment)	Post-Treatment (Success Profile)	Clinical Significance
Serum Total Testosterone	Low-Normal (e.g., 250–350 ng/dL)	Significant Increase (e.g., 450–600 ng/dL)	Indicates modulation of the HPG (Hypothalamic-Pituitary-Gonadal) axis.
Serum Prolactin	Elevated (due to high stress/anxiety)	Normalised (< 18 ng/mL)	High prolactin suppresses desire; <i>Lycopodium</i> reduces the "anxiety" trigger.
IIEF-5 Score (Clinical Scale)	8 – 11 (Moderate ED)	22 – 25 (No ED)	Validates the patient's subjective restoration of potency.
Nocturnal Penile Tumescence (NPT)	Absent or Weak	Frequent/Strong	Confirms the shift from psychogenic inhibition to physiological readiness.
Lipid Profile (LDL/HDL Ratio)	High LDL / Low HDL	Improved Ratio (Lower LDL)	<i>Lycopodium</i> 's action on liver metabolism improves vascular elasticity.
Fasting Blood Sugar (FBS)	Borderline/High (110–125 mg/dL)	Optimised (< 100 mg/dL)	Reduces the risk of diabetic neuropathy affecting the cavernous nerves

CONCLUSION

Lycopodium clavatum demonstrates high clinical efficiency as a therapeutic agent for ED when prescribed based on totality of symptoms. It offers a non-invasive, holistic alternative for restoring male reproductive health by addressing the underlying "mind-body" link.

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