Male Sexual Dysfunctions: Understanding Erectile Dysfunction, Premature Ejaculation, Low Libido, Hormonal Problems and the Integrative Unani Treatment Approach

By Dr. Nizamuddin Qasmi

Founder & Chief Physician, Saira Health Care
Focused Practice in Sexual Disorders & Infertility
BUMS, Hamdard University, Delhi
MD, CGO, Certificate in Infertility – MGBIMS, Delhi
Certificate in Urology – London, UK
Masters in Male Infertility – MasterHealthPro (HealthPro)
Integrated Sexual and Reproductive Health – ISRH, UNFPA

Introduction: Male Sexual Health Is Much More Than Sexual "Power"

When a patient comes to me and says,

"Doctor, I have become sexually weak,"

my first question is usually:

"What exactly has changed?"

Does he have difficulty obtaining an erection? Does the erection disappear too early? Does he ejaculate earlier than he wishes? Has sexual desire decreased? Is orgasm difficult? Is he concerned about testosterone? Or is the actual problem related to sperm count and fertility rather than sexual performance?

These are very different medical conditions.

The research material prepared for this article appropriately highlights several commonly overlapping areas—**erectile dysfunction, premature ejaculation, male infertility and low testosterone**—and proposes an integrative approach involving traditional formulations such as Enjoy Life Gold, Dr. Qasmi's Nuskha Khas and Nuskha No. 113.

However, an important distinction is necessary from the beginning:

Erectile dysfunction, premature ejaculation, low sexual desire, testosterone deficiency and male infertility are not different names for one disease.

They may occur together, but each has its own causes, investigations and treatments.

This is also how contemporary sexual medicine approaches these conditions. The current **2026 European Association of Urology Sexual and Reproductive Health Guideline** separately addresses male hypogonadism, erectile dysfunction, disorders of ejaculation and male infertility. The 2026 edition incorporated 116 updated studies and made important revisions particularly in hypogonadism and ejaculation disorders.

At the same time, the **Unani system of medicine** provides something that remains extremely valuable: it encourages me to look beyond a single sexual symptom and consider the whole patient—his **Mizaj, diet, sleep, physical strength, psychological state, metabolic health, chronic illnesses, sexual habits and reproductive goals**.

My approach at Saira Health Care is therefore not to create competition between modern medicine and Unani medicine. I prefer to understand what modern diagnostics can tell us about the disease while using the holistic and individualized principles of Unani medicine where they are appropriate.

Sexual Health Is Part of General Health

Sexual health is not merely the ability to have intercourse.

The World Health Organization describes sexual health as involving **physical, emotional, mental and social well-being related to sexuality**, rather than simply the absence of sexual disease or dysfunction. WHO also emphasizes that sexual health remains relevant throughout life.

I consider this particularly important because many men judge their entire masculinity on only two questions:

“How hard is my erection?”
and
“How long can I continue intercourse?”

That is not a healthy or scientifically useful way to understand male sexuality.

Healthy male sexual function involves desire, arousal, erection, ejaculation, orgasm, satisfaction, psychological comfort and, when relevant, reproductive ability.

The Major Male Sexual Problems

The most common problems I evaluate can be summarized as follows:

Problem	Main Patient Complaint	Important Possible Causes
Erectile Dysfunction (ED)	Difficulty becoming or staying sufficiently erect	Diabetes, vascular disease, hypertension, obesity, neurological disease, hormones, medicines, anxiety
Premature Ejaculation (PE)	Ejaculation earlier than desired with reduced control and distress	Lifelong neurobiological factors, ED, anxiety, prostatitis, thyroid disease, relationship factors

Problem	Main Patient Complaint	Important Possible Causes
Low Libido	Reduced interest or desire for sex	Testosterone deficiency, prolactin, depression, stress, medication, relationship problems
Delayed Ejaculation	Very long time to ejaculate	Medication, neuropathy, diabetes, psychological factors
Anejaculation	Inability to ejaculate	Neurological disorders, spinal injury, surgery, medication
Hypogonadism	Symptoms accompanied by consistently low testosterone	Testicular, pituitary, obesity-related or other hormonal causes
Male Infertility	Difficulty achieving pregnancy	Abnormal sperm production, obstruction, varicocele, hormones, genetics and many other causes

The importance of this table is simple:

The correct treatment depends on identifying which condition is actually present.

Erectile Dysfunction

What Is Erectile Dysfunction?

Erectile dysfunction means persistent difficulty achieving or maintaining an erection sufficiently firm for satisfactory sexual activity.

An occasional unsuccessful erection does not automatically mean that a man has ED.

Tiredness, stress, excessive alcohol, illness, lack of privacy or relationship tension can temporarily affect erection.

Persistent or recurrent difficulty deserves medical assessment.

Current EAU guidance recommends a comprehensive medical and sexual history, focused physical examination and appropriate metabolic and hormonal evaluation because ED may have vascular, neurological, hormonal, psychological or mixed causes.

How Does an Erection Actually Happen?

I often explain erection in very simple language.

An erection is mainly a **blood-flow and nerve event**.

Sexual stimulation activates nerve pathways.

Nitric oxide is released within penile tissue.

This increases cyclic GMP, which relaxes smooth muscle in the erectile chambers.

Blood enters the penis and becomes temporarily trapped, producing firmness.

For this system to work properly, a man needs:

healthy arteries, functioning nerves, healthy erectile tissue, appropriate hormones and adequate psychological arousal.

Therefore, anything affecting these systems can cause ED.

Diabetes and Erectile Dysfunction

Diabetes is one of the most important causes I look for.

Long-term high blood glucose can damage both nerves and blood vessels.

A diabetic patient may therefore develop weaker erections because the penile arteries cannot dilate normally, because the nerves are damaged, or because both problems are occurring together.

If diabetes remains uncontrolled, simply taking a sexual-performance medicine does not address the complete problem.

This is why treatment of ED should also involve treatment of diabetes and other cardiovascular risk factors.

Hypertension and Erectile Dysfunction

High blood pressure can damage the endothelial lining of arteries and contribute to vascular ED.

The uploaded research material correctly emphasizes hypertension as an important comorbidity, but one point requires clarification: **PDE5 inhibitors such as sildenafil are not automatically contraindicated simply because a patient has hypertension or takes antihypertensive medicine**.

Current EAU guidance reports that combining PDE5 inhibitors with ordinary antihypertensive medicines usually produces only a small additional reduction in blood pressure. The major absolute contraindication is the use of **organic nitrates or nitric-oxide donors**, because the combination can produce an unpredictable and dangerous fall in blood pressure.

This distinction is extremely important for safe patient counselling.

Erectile Dysfunction and Heart Disease

ED may sometimes be an early indicator of wider vascular disease.

The current EAU guideline incorporates the Princeton Consensus IV framework for cardiovascular risk assessment because ED and cardiovascular disease share many risk factors, including diabetes, smoking, hypertension, high cholesterol and obesity.

This is why I tell patients:

“Sometimes the penis gives us an early warning about the condition of the blood vessels.”

A patient should not treat repeated ED for years while completely ignoring cardiovascular health.

Psychological Erectile Dysfunction

A man may be physically capable of achieving an erection but become unable to maintain it because of fear.

A typical pattern is:

one unsuccessful sexual experience → fear of another failure → constant checking of erection → increased anxiety → weaker erection → even more fear.

This is called performance anxiety.

Current EAU guidance recommends cognitive and behavioural therapy when psychological factors contribute, often in combination with appropriate medical treatment.

This is one area where the whole-person philosophy of Unani medicine is particularly valuable.

The mind should not be treated as though it is separate from the sexual organs.

Modern Treatment of Erectile Dysfunction

Lifestyle and Risk-Factor Correction

The 2026 EAU guideline strongly recommends initiating lifestyle and risk-factor modification before or at the same time as ED treatment.

Depending on the individual patient, this can include:

- better diabetes control;

- weight reduction;
- regular exercise;
- smoking cessation;
- control of blood pressure and cholesterol;
- improved sleep;
- reduction of excessive alcohol;
- treatment of psychological stress.

I consider these steps part of sexual medicine—not simply general advice.

PDE5 Inhibitors: Sildenafil, Tadalafil and Related Medicines

Modern evidence is very strong for PDE5 inhibitors.

The current EAU guideline gives a **strong recommendation to use PDE5 inhibitors as first-line treatment for ED**.

These include medicines such as sildenafil and tadalafil.

They improve the natural erection pathway but generally require sexual stimulation.

They do not automatically produce libido.

They also do not permanently correct diabetes, obesity, vascular disease, anxiety or every other underlying cause of ED.

Therefore, I regard them as useful medicines—but not as a substitute for diagnosis.

Why ED Tablets Sometimes Appear to Stop Working

Some patients tell me:

“Doctor, tadalafil used to work, but now the effect is less.”

Before increasing the dose, I consider several possibilities.

The underlying diabetes or vascular disease may have progressed.

The medicine may have been used incorrectly.

Timing may be wrong.

A high-fat meal may delay absorption of certain PDE5 inhibitors.

Sexual stimulation may be inadequate.

Testosterone deficiency may coexist.

Psychological stress may have increased.

Current EAU guidance specifically recommends checking correct prescription, timing, dose and sexual stimulation before deciding that a patient is truly a non-responder.

Other Treatments for Erectile Dysfunction

When tablets are ineffective or unsuitable, modern options include:

vacuum erection devices, intraurethral or topical alprostadil, penile injections and penile prosthesis surgery.

The EAU strongly supports intracavernosal injection as an alternative first-line or second-line treatment and recommends penile prosthesis when other treatments fail or according to informed patient preference.

Therefore, severe ED should not be considered hopeless simply because one tablet has not worked.

Premature Ejaculation

PE Is Not Simply "Finishing Quickly"

Premature ejaculation should not be diagnosed by looking only at a stopwatch.

Modern definitions consider:

ejaculation time + ability to control ejaculation + distress + effect on the relationship.

A man who occasionally ejaculates earlier than expected does not necessarily have a disorder.

The EAU distinguishes lifelong PE, acquired PE, variable PE and subjective PE.

Lifelong and Acquired PE Are Different

Lifelong PE is usually present from the earliest sexual experiences.

Acquired PE begins after a period of previously satisfactory ejaculation.

This distinction matters because acquired PE may occur in association with:

erectile dysfunction, prostatitis or other genitourinary conditions, anxiety, hyperthyroidism and relationship problems.

The current EAU guideline recommends **treating the underlying cause first in acquired PE**.

Penile Hypersensitivity

Increased penile sensitivity may contribute to PE in some men.

But it is not the universal cause.

This is why I do not believe every PE patient should simply be given a numbing treatment.

One patient may have sensory hypersensitivity.

Another may have severe anxiety.

Another may have ED.

Another may have prostatitis.

A good treatment programme needs to identify the dominant mechanism.

Modern Treatment of Premature Ejaculation

Current EAU recommendations include **dapoxetine or lidocaine/prilocaine spray as first-line treatments for lifelong PE**, while daily SSRIs or clomipramine can be used as alternatives. Psychological and behavioural treatment can be added, particularly in acquired PE.

Topical anaesthetic treatments require correct use because excessive transfer to the partner can cause numbness.

Importantly for couples trying for pregnancy, EAU guidance advises against lidocaine/prilocaine-containing products because of potential adverse effects on fresh sperm cells.

This again demonstrates why fertility goals must be discussed during sexual treatment.

Low Sexual Desire

Low libido is different from ED.

A man may have the physical ability to achieve an excellent erection but no desire for sex.

Possible causes include:

testosterone deficiency, high prolactin, thyroid abnormalities, depression, anxiety, chronic illness, medication effects and relationship problems.

A patient should not automatically conclude:

“My libido is low, therefore my testosterone must be low.”

Testing is required when symptoms suggest a hormonal problem.

Testosterone Deficiency and Hypogonadism

The current 2026 EAU guideline states that male hypogonadism should be diagnosed from **compatible symptoms together with biochemical evidence of consistently low testosterone**.

It recommends measuring testosterone between approximately 7 AM and 10 AM while fasting and repeating a low result before starting therapy. The guideline uses approximately **12 nmol/L** as a clinically useful threshold in symptomatic men.

This is far more reliable than diagnosing “low testosterone” from fatigue or sexual weakness alone.

Testosterone Treatment Is Not for Every Man

In men with genuine hypogonadism, testosterone therapy can improve sexual desire and some milder forms of ED.

But current EAU guidance strongly recommends:

do not give testosterone to men with normal testosterone simply to improve sexual performance.

This is particularly important because testosterone is widely promoted as a general male vitality treatment.

It is a hormone treatment—not a routine sexual tonic.

Testosterone and Male Fertility: A Very Important Warning

This is something I emphasize strongly in my infertility practice.

External testosterone can suppress LH and FSH production by the pituitary gland.

That lowers testosterone concentration inside the testes and can significantly suppress sperm production.

The EAU therefore states clearly that testosterone treatment is **contraindicated in men actively wishing to father children**.

A man may feel better sexually while his fertility becomes worse.

This is why sexual medicine and male infertility must sometimes be managed together.

Male Infertility Is Not the Same as Male Sexual Dysfunction

The uploaded source groups infertility together with ED, PE and hypogonadism because these conditions often overlap clinically.

Medically, however, infertility is a **separate reproductive diagnosis**.

A man can have perfect erection and ejaculation but severe oligozoospermia.

Another may have azoospermia despite normal libido and sexual performance.

Another may have severe ED but completely satisfactory sperm production.

Therefore:

erection quality does not tell us sperm count; intercourse duration does not tell us sperm motility; semen thickness does not prove fertility.

A man concerned about fertility needs proper male reproductive evaluation, including semen analysis when indicated.

The Role of Diabetes, Obesity and Metabolic Disease

Sexual dysfunction often reflects general metabolic health.

Diabetes affects blood vessels and nerves.

Obesity can contribute to vascular disease and functional low testosterone.

Hypertension affects endothelial health.

Poor sleep can worsen metabolic and psychological function.

Smoking damages arteries.

Therefore, treating the patient only with an aphrodisiac while ignoring these conditions is rarely a satisfactory long-term strategy.

Current EAU recommendations reinforce the same principle by placing lifestyle and reversible risk-factor management at the beginning of ED treatment.

Thyroid Disease and Sexual Function

Thyroid disorders can also influence male sexual function.

Hyperthyroidism has been associated particularly with acquired premature ejaculation, while hypothyroidism may contribute to fatigue, altered libido, hormonal changes and other sexual symptoms.

The correct approach is to diagnose and treat the thyroid disease appropriately rather than assume that every sexual complaint requires a sexual stimulant.

This is another area where the physician must treat the **underlying disease**, not merely the symptom.

The Unani Understanding of Male Sexual Dysfunction

In the Unani system, male sexual weakness has traditionally been discussed under concepts such as **Zu‘f-i-Bah**, broadly referring to sexual debility.

The Central Council for Research in Unani Medicine's Standard Unani Treatment Guidelines describes Zu‘f-i-Bah as reduced sexual desire and reduced capability to perform sexual activity. Traditional causes include general or vital-organ weakness, penile flaccidity and psychological factors.

I consider one aspect particularly important:

Classical Unani physicians recognized that psychological factors could contribute to sexual dysfunction.

That remains highly relevant today.

Classical Unani Principles of Treatment

CCRUM lists several traditional treatment principles for Zu‘f-i-Bah, including:

Afza'ish-i-Mani — support of semen production;

Taqwiyat-i-Qazib — strengthening or toning penile function;

Taqwiyat-i-A'za' Ra'isa — supporting the major or vital organs;

Izala-i-Awariz Nafsani — treating psychological factors.

This is much broader than simply giving an aphrodisiac.

It reflects a genuine whole-person treatment philosophy.

Mizaj: Why One Treatment Does Not Suit Everyone

Mizaj, or temperament, is central to the Unani approach.

Two men may both complain of weak erections but have completely different clinical backgrounds.

One may have diabetes and obesity.

Another may be physically healthy but chronically anxious.

One may have true testosterone deficiency.

Another may have normal testosterone.

One may be trying for pregnancy.

Another may have completed his family.

Their treatment should not be identical.

This individualized philosophy remains one of the most valuable aspects of traditional Unani medicine.

Ilaj-bil-Ghiza: Dietotherapy

Diet can support sexual health primarily through its effect on general metabolic and cardiovascular health.

I prefer a balanced diet appropriate to the individual's condition rather than promoting one magical “sex food.”

A man with obesity and diabetes needs a diet that improves metabolic health.

A lean patient with nutritional deficiency needs a different plan.

A patient with kidney disease may need specific restrictions.

This individualized dietotherapy can be integrated very naturally with modern nutritional medicine.

Ilaj-bil-Tadbir: Regimental and Lifestyle Therapy

Regular physical activity, better sleep, weight management, smoking cessation and psychological stress reduction can improve general health and, in selected patients, sexual function.

The Unani system traditionally places substantial importance on regimen and lifestyle.

This aligns closely with current evidence-based recommendations for ED.

The difference is that traditional Unani theory and modern vascular physiology explain these benefits through different conceptual models.

I believe we should respect both frameworks without falsely claiming they are scientifically identical.

Ilaj-bil-Dawa: Traditional Pharmacotherapy

Unani pharmacotherapy can be useful when the formulation is selected according to the patient's condition rather than used as a universal “sexual power” medicine.

Some patients may need a general restorative tonic.

Another may need PE-focused treatment.

Another may have fertility concerns.

Another requires cardiovascular or endocrine treatment before any sexual-health medicine is considered.

The correct principle is:

Diagnosis first, individualized medicine second.

Unani and Ayurvedic Medicine Should Be Identified Correctly

The source material combines concepts from **Unani and Ayurveda**, including both Ilaj-bil-Dawa and Vajikarana.

This requires an important academic distinction.

Vajikarana is an Ayurvedic concept, not a classical Unani concept.

Similarly, not every product offered within an integrative Saira Health Care programme is necessarily a classical Unani medicine.

For example, the current Saira Health Care Pharmacy page classifies **Enjoy Life Gold Capsule as an Ayurvedic proprietary medicine**.

When products or ideas from both traditions are combined, the most accurate description is **integrative traditional medicine**, rather than describing all components as classical Unani treatment.

Accuracy strengthens traditional medicine.

Integrative Formulations Used in the Saira Health Care Framework

The source material identifies three principal formulations for discussion:

Enjoy Life Gold Capsule, Dr. Qasmi's Nuskha Khas and Dr. Qasmi's Nuskha No. 113.

These products belong to a different evidence category from guideline-approved medicines such as sildenafil, tadalafil or dapoxetine.

They should therefore be understood as **traditional/proprietary supportive formulations used within an individualized programme**, rather than automatically assumed to be direct pharmacological replacements for established modern therapy.

Enjoy Life Gold Capsule

The current Saira Health Care Pharmacy page describes **Enjoy Life Gold** as an **Ayurvedic proprietary medicine intended for vigour, vitality and stamina**.

Its listed ingredients include:

Kesar, Makardhwaj, Swarn Bhasma, Ashwagandha, Kuchla, Khareti, Kaunch, Chota Gokhru, Shalmali, Jaiphal and Shilajit.

This is therefore not simply an herbal capsule.

It contains botanical as well as traditional herbo-mineral ingredients, and it includes **Kuchla/Nux vomica**, which requires special attention to manufacturing and dosing.

In my preferred clinical framing, such a formulation may be considered for **general vitality and traditional male-wellness support in appropriately selected patients**, but it should not be described as a universal cure for ED, PE, testosterone deficiency or infertility.

What Does the Research Say About Some Enjoy Life Gold Ingredients?

Some individual ingredients have attracted modern research.

For example, a systematic review and meta-analysis of small clinical studies found a positive signal for **saffron in sexual dysfunction**, but only five studies with 173 participants were included, and further studies were recommended.

Another systematic review focusing on saffron and male sexual health reported improvement in erectile-function questionnaire scores but conflicting results regarding semen parameters and important limitations in the underlying trials.

Therefore, I consider saffron scientifically interesting—but this does **not** establish that every multi-ingredient product containing saffron has been clinically proven to treat ED.

Evidence for one ingredient cannot automatically be transferred to an entire finished formulation.

Shilajit and Testosterone

A randomized double-blind placebo-controlled study of purified Shilajit in healthy men aged 45–55 reported increases in total testosterone, free testosterone and DHEAS after 90 days.

This is interesting preliminary clinical evidence.

However, it does not establish Shilajit as a replacement for testosterone therapy in a patient with confirmed organic hypogonadism.

The study involved healthy volunteers and one standardized preparation.

I therefore prefer to describe Shilajit as a traditional ingredient with **some preliminary human data**, rather than as a proven treatment for every testosterone problem.

Ashwagandha

Ashwagandha is widely used as a traditional adaptogenic and reproductive-health herb.

A recent systematic review found growing clinical and preclinical interest in its effects on reproductive hormones, sperm quality and sexual function. However, the available studies vary considerably in preparation, population and methodology.

It should therefore not be claimed that Ashwagandha has been proven to repair diabetic nerve damage, normalize every hormonal disorder or replace established ED treatment.

The evidence is more limited than such claims suggest.

Dr. Qasmi's Nuskha Khas

The current Saira Health Care Pharmacy page describes **Dr. Qasmi's Nuskha Khas** as a dietary supplement intended to support energy, vigour, vitality, physical strength and sexual wellness.

Its listed ingredients include:

Shudh Shilajeet, Makardwaj, Loh Bhasm, Jaiphal, Safed Musli, Kaunch seeds, Akarkara, Kali Musli, Shatavari, Shudh Vang Bhasm and Kumkum.

The product page itself emphasizes following the recommended dose and avoiding excessive dosing because adverse effects may occur.

I consider this a particularly important point.

Traditional medicine should not be promoted by pretending that side effects are impossible.

Responsible traditional medicine requires proper formulation, correct dose and appropriate patient selection.

Can Nuskha Khas Replace Tadalafil?

There is currently insufficient high-quality independent clinical evidence to state that Nuskha Khas is a direct replacement for tadalafil in every man with ED.

Saira Health Care's own recent educational material makes the same useful distinction: tadalafil has established randomized-trial evidence and guideline support, whereas Nuskha Khas is presented as a traditional dietary supplement for vitality and sexual wellness.

This is the position I consider scientifically responsible.

A patient's treatment should be based on **why he has ED**, not on choosing sides between “chemical” and “natural” medicine.

Dr. Qasmi's Nuskha No. 113 – Revitalize X

The current pharmacy page for **Dr. Qasmi's Nuskha No. 113 (Revitalize X)** describes it as a formulation intended to support energy, stamina, vigour and vitality and also positions it for erectile-function concerns.

Unlike older descriptions that speculated about its role without a published composition, the current page provides an ingredient list including Marwarid, Zafran, Ambar, Myristica fragrans, Palaemon curcinus, Argyreia speciosa, silicate excipients, Crocus sativus and a stannous calcined ingredient. It also specifically states that it should be prescribed by a doctor and that self-medication is not recommended.

I consider this current published composition more appropriate to cite than speculative descriptions of what the formulation “probably” contains or does.

Evidence for Finished Formulations vs Evidence for Ingredients

This difference is extremely important.

Suppose saffron has a small clinical trial suggesting improvement in ED.

That is evidence about **saffron under the conditions of that trial**.

It is not automatically proof that a product containing saffron plus ten additional substances has the same effect.

Likewise, a testosterone study of standardized Shilajit does not prove that every Shilajit-containing product treats hypogonadism.

Clinical evidence should be specific whenever possible.

In the public sources reviewed for this article, I did not identify a large independent randomized controlled trial establishing **Enjoy Life Gold, Nuskha Khas or Nuskha No. 113 as universally effective replacements for guideline-supported ED or PE therapy**.

That does not prevent their physician-guided traditional use.

It simply tells us what level of claim is scientifically justified.

Herbo-Mineral Medicines Require Particular Safety Attention

Some of the formulations discussed above contain **Bhasma, Makardhwaj or other traditional mineral preparations**.

This requires careful quality control.

NCCIH notes that some Ayurvedic preparations may contain lead, mercury or arsenic at potentially harmful concentrations. The U.S. FDA has also recently warned about heavy-metal poisoning associated with certain unapproved Ayurvedic products.

This does **not** mean that every professionally manufactured traditional medicine is contaminated or unsafe.

It means that quality, preparation, dose and manufacturing standards matter.

For this reason, I do not recommend unsupervised long-term use of unknown herbo-mineral products obtained from unreliable sources.

Kuchla / Nux Vomica Requires Special Care

Enjoy Life Gold's current product page lists **Kuchla**, corresponding to Strychnos nux-vomica.

Nux vomica contains the toxic alkaloids **strychnine and brucine**. Medical literature recognizes potentially severe neurotoxicity when inappropriate doses are consumed.

Traditional detoxification or processing methods can reduce strychnine content, and this has also been investigated within Unani and Ayurvedic pharmaceutical research.

But “processing reduces toxicity” should not be translated into:

“Any dose is safe.”

Products containing such ingredients require standardized manufacture, correct dosing and professional supervision.

Safety in Diabetic Patients

The source material suggests that the formulations are suitable for high-risk populations such as people with diabetes.

I would phrase this more carefully.

A diabetic patient may be taking metformin, insulin, sulfonylureas, blood-pressure medicines, statins and other drugs.

Some herbs can alter glucose or blood pressure.

Therefore, **no multi-ingredient traditional sexual-health formula should be assumed automatically safe for every diabetic patient without reviewing the patient's medicines, kidney function, liver health and metabolic control**.

Most importantly, traditional sexual treatment should not replace proper diabetes care.

Safety in Hypertension

The same principle applies to high blood pressure.

It is inaccurate to assume that all conventional ED medicines are dangerous for hypertensive men.

Current EAU evidence shows that PDE5 inhibitors usually have only small additive blood-pressure effects with antihypertensive medicines; nitrates remain the major absolute contraindication.

Likewise, it would be inappropriate to promise that a traditional formula is automatically safe simply because its ingredients are “natural.”

Blood pressure should be monitored and all medicines reviewed.

Safety in Thyroid Disease

Patients with thyroid disorders should not assume that adaptogenic herbs can replace thyroid evaluation or prescribed treatment.

Thyroid disease can influence sexual desire, energy, ejaculation and reproductive hormones.

If the thyroid disorder is responsible for the sexual problem, treating the thyroid condition correctly is fundamental.

Traditional supportive medicine may be considered individually, but it should not be promoted as a substitute for necessary endocrine care.

Why I Prefer an Integrative Approach

Some people describe modern sexual medicine as purely symptom-based and Unani medicine as purely root-cause treatment.

I do not think that contrast is accurate.

Current modern guidelines themselves strongly recommend:

- identifying underlying causes;
- treating diabetes and cardiovascular risk;
- changing unhealthy lifestyle factors;
- checking hormones where appropriate;
- treating psychological factors;
- discussing patient expectations;
- selecting individualized treatment.

These are not symptom-only principles.

Unani medicine adds a different and potentially complementary dimension through individualized Mizaj assessment, dietotherapy, regimental therapy and traditional pharmacotherapy.

The best clinical model is therefore not:

Modern versus Unani.

It is:

Accurate diagnosis + appropriate modern treatment + responsible individualized Unani support where suitable.

My Step-by-Step Treatment Philosophy at Saira Health Care

When a patient comes to Saira Health Care with a sexual-health complaint, the process I prefer can be summarized in several stages.

Step 1: Identify the Exact Disorder

Is the problem erection?

Ejaculation?

Desire?

Orgasm?

Hormones?

Fertility?

Many patients have been taking medicines for the wrong problem simply because everything was labelled “sexual weakness.”

Step 2: Search for the Cause

I consider diabetes, hypertension, obesity, cardiovascular health, thyroid disease, neurological conditions, medicines, smoking, sleep and psychological stress.

Saira Health Care's current published ED pathway similarly emphasizes smoking, obesity, physical inactivity, uncontrolled diabetes, hypertension, sleep problems and stress as reversible factors that should be corrected.

Step 3: Use Appropriate Investigations

Depending on the patient, this may include glucose testing, lipids, testosterone or other hormones.

For fertility concerns, semen analysis and appropriate reproductive investigations may be required.

Advanced tests should be ordered only when they answer a clinical question.

Step 4: Assess Mizaj and General Health

The Unani evaluation adds consideration of constitution, diet, digestion, sleep, physical strength and psychological status.

This can help personalize diet and supportive traditional treatment.

Step 5: Discuss Reproductive Goals

This step is sometimes forgotten.

If the patient wants children, treatment must protect fertility.

External testosterone is a particularly important example because it can improve sexual symptoms while suppressing sperm production.

Step 6: Select Treatment According to the Diagnosis

Depending on the patient, treatment may include:

lifestyle management, counselling, PDE5 inhibitors, PE-specific treatment, hormone therapy when genuinely indicated, fertility treatment, vacuum or injection therapy, traditional physician-selected formulations or surgery in selected severe disease.

Saira Health Care's published clinical pathway itself includes counselling, lifestyle care, guideline-supported ED medicines, vacuum devices, injections, hormonal treatment where indicated, supervised traditional/Unani treatment and surgery in appropriate cases.

Step 7: Follow the Patient

Treatment should be reviewed for:

erection quality, ejaculatory control, libido, side effects, psychological confidence, relationship satisfaction and control of associated disease.

Sexual medicine should not become an endless prescription without reassessment.

Why Follow-Up Is Important

A patient may initially respond well and later deteriorate because his diabetes worsens.

Another may develop medication adverse effects.

Another may regain erection but continue experiencing severe performance anxiety.

Another may begin planning a pregnancy, which changes the treatment strategy.

Current EAU guidance also emphasizes follow-up because no single ED treatment is ideal for every patient or every clinical situation.

Role of Saira Health Care in Sexual Disorders and Infertility

Saira Health Care describes itself as a registered Unani centre with a focused clinical interest in **sexual disorders and infertility** and an approach combining traditional Unani concepts with individualized treatment, lifestyle advice and contemporary diagnostic understanding.

I believe one of the most important contributions a sexual-health clinic can make is not simply distributing medicines.

It is correcting misinformation.

Men are often frightened by statements such as:

“Every erection problem means impotence.”

“Every early ejaculation means permanent weakness.”

“Low testosterone is responsible for all sexual problems.”

“Thick semen guarantees fertility.”

“Natural medicines have no side effects.”

“Viagra is dangerous for every heart or blood-pressure patient.”

None of these statements is medically accurate.

Education itself is part of treatment.

About Me: Dr. Nizamuddin Qasmi

I am **Dr. Nizamuddin Qasmi**, Founder and Chief Physician of **Saira Health Care**, and my focused clinical work is in **sexual disorders and infertility**.

My professional profile for this article includes:

BUMS – Hamdard University, Delhi
MD
CGO
Certificate in Infertility – MGBIMS, Delhi
Certificate in Urology – London, UK
Masters in Male Infertility – MasterHealthPro (HealthPro)
Integrated Sexual and Reproductive Health – ISRH, UNFPA

Saira Health Care's public physician profile lists **BUMS, MD, CGO, Certificate in Infertility and Certificate in Urology – London, UK**, and describes my principal clinical work in sexual disorders and infertility.

MasterHealthPro publicly lists a **six-month Male Infertility Masters programme**, while its related andrology and sexual-medicine curriculum includes semen analysis, male

reproductive endocrinology, male-infertility evaluation, hypogonadism, azoospermia, erectile and ejaculatory dysfunction and other areas of male reproductive medicine.

This combination of sexual-health and infertility training is particularly useful because the same man may simultaneously have ED, hormonal concerns and fertility goals.

Why Male Infertility Training Matters in Sexual Medicine

Consider a patient with low testosterone and ED who also wants a baby.

Giving external testosterone without considering fertility may improve sexual symptoms but suppress sperm.

Another patient may have completely satisfactory sexual performance but azoospermia.

A third may have premature ejaculation and normal fertility.

A fourth may have anejaculation following neurological disease.

These are different clinical problems.

The reproductive-health component cannot simply be added as an afterthought.

Common Myths I Want Patients to Stop Believing

“ED means I am no longer a man.”

No.

ED is a medical condition involving vascular, neurological, hormonal and psychological factors.

“If sildenafil works, I do not need any investigation.”

Not necessarily.

Persistent ED can be associated with diabetes, vascular disease and other important health problems.

“If sildenafil or tadalafil does not work, no treatment is available.”

Incorrect.

Vacuum therapy, injection treatment, psychological therapy and penile prosthesis are among additional options.

“Premature ejaculation is always caused by hypersensitivity.”

No.

Hypersensitivity can contribute in some men, but acquired PE can also occur with ED, anxiety, prostatitis and other disorders.

“Low libido always means low testosterone.”

No.

Depression, stress, relationship difficulties, medication, thyroid disease and other factors may contribute.

“Taking testosterone increases sperm.”

The opposite can occur. External testosterone can suppress spermatogenesis.

“Herbal and traditional medicines cannot cause adverse effects.”

Incorrect.

Safety depends on the ingredients, dose, manufacturing quality, other medicines and the patient's health.

“Bhasma-containing medicine is automatically safe because the metal has been processed.”

That claim is too broad.

Traditional processing may alter chemical form and reduce some toxicity, but quality control remains essential, and regulatory agencies have documented heavy-metal poisoning associated with some Ayurvedic products.

Frequently Asked Questions

Can Unani medicine help erectile dysfunction?

Unani medicine can provide useful individualized support through lifestyle correction, diet, psychological assessment, general-health management and physician-selected traditional pharmacotherapy.

However, severe vascular, neurological or hormonal ED may also require established modern treatments.

Is a traditional medicine better than tadalafil?

There is no universal answer.

Tadalafil has strong randomized-trial evidence for ED and is guideline-supported. Traditional formulations belong to a different evidence category.

The correct treatment depends on the patient's diagnosis.

Can Enjoy Life Gold be used for ED?

The pharmacy markets Enjoy Life Gold primarily for vigour, vitality and stamina and lists several traditional botanical and herbo-mineral ingredients. It may be considered as traditional supportive therapy in appropriately selected patients, but it should not be promoted as a proven replacement for guideline-based ED treatment.

What is Nuskha Khas used for?

Its current pharmacy page positions it for energy, vitality, physical strength and sexual wellness. Because it contains several herbal and traditional mineral ingredients, professional dosing and supervision are advisable.

What is Nuskha No. 113?

The current Saira Health Care Pharmacy page describes Nuskha No. 113, Revitalize X, as a physician-prescribed traditional formulation supporting energy, stamina, vigour and male sexual health.

Can these formulations be taken together?

That decision should be made by the treating physician after reviewing the patient's diagnosis, medicines, diabetes, blood pressure, thyroid status, liver and kidney health and other relevant factors.

Are they safe for diabetic or hypertensive patients?

No formulation should be declared universally safe for every high-risk patient.

The patient's existing medicines and medical condition must be reviewed individually.

Can I stop sildenafil, tadalafil or another prescription medicine when starting Unani treatment?

Do not stop or change prescribed medication without discussing it with the clinician responsible for your treatment.

Can Unani medicine treat psychological sexual problems?

The Unani framework recognizes psychological factors within sexual debility, and counselling, stress management and individualized care can be valuable. Significant anxiety or depression may additionally require formal mental-health treatment.

Prognosis

Many male sexual problems can be significantly improved once the correct diagnosis is made.

A man with performance anxiety may recover very well through education and counselling.

A man with mild vascular ED may respond to lifestyle improvement and PDE5 treatment.

A patient with genuine hypogonadism may improve with properly selected hormonal treatment.

A patient with acquired PE may improve substantially once associated ED, anxiety or genitourinary disease is treated.

More advanced neurological or vascular disease may require longer-term treatment.

The prognosis therefore depends primarily on **the actual diagnosis and underlying cause**, not simply the label “sexual weakness.”

Conclusion

When a patient comes to me with a male sexual-health problem, I do not want him to leave believing that he simply needs a stronger sexual stimulant.

I want him to understand **what is actually happening in his body**.

Erectile dysfunction is primarily a neurovascular disorder that may reflect diabetes, cardiovascular disease, hypertension, neurological illness, hormonal disease or psychological stress.

Premature ejaculation is a separate condition involving ejaculation timing, control and distress and may be lifelong or acquired.

Low libido must be distinguished from erection difficulty.

Testosterone deficiency requires both symptoms and properly confirmed low hormone levels.

And male infertility should never be diagnosed from erection strength, ejaculation duration or semen appearance.

The current **EAU 2026 Sexual and Reproductive Health Guidelines** support this individualized approach. They recommend risk-factor modification for ED, PDE5 inhibitors as first-line treatment, appropriate psychological care, established PE therapies and careful diagnosis of testosterone deficiency.

The **Unani system of medicine** adds a valuable whole-person dimension. CCRUM's traditional description of Zu‘f-i-Bah includes reduced sexual desire and sexual capacity together with physical and psychological contributors, and its treatment principles include strengthening general and sexual function while addressing psychological factors.

At **Saira Health Care**, the integrative treatment framework described in the material supplied for this article includes traditional and proprietary formulations such as **Enjoy Life Gold, Dr. Qasmi's Nuskha Khas and Nuskha No. 113**, together with broader lifestyle and supportive measures.

I consider it essential, however, that these products are presented accurately.

Enjoy Life Gold is currently classified by the pharmacy as an Ayurvedic proprietary medicine; Nuskha Khas contains several traditional herbal and mineral ingredients; and Nuskha No. 113 has a current published ingredient list and physician-use precautions. Their traditional use should be distinguished from the level of randomized clinical evidence available for established ED or PE medicines.

The same caution applies to safety.

Products containing Bhasma, Makardhwaj or Nux vomica require reliable manufacturing, appropriate dosing and professional supervision. “Natural” or “traditional” does not mean that quality control or drug interactions can be ignored.

As **Dr. Nizamuddin Qasmi**, my treatment philosophy at Saira Health Care is therefore based on one central principle:

I do not treat every sexual problem with the same medicine. I identify whether the patient's difficulty is vascular, neurological, hormonal, psychological, ejaculatory, reproductive or mixed; correct reversible health factors; assess Mizaj and overall health; protect fertility when relevant; and then select an individualized treatment plan that may integrate evidence-based modern therapy with responsibly supervised traditional Unani or Ayurvedic support.

That is how I believe sexual medicine should be practiced—with accurate diagnosis, respect for traditional knowledge, respect for modern scientific evidence and, above all, respect for the individual patient.

About Saira Health Care

Saira Health Care describes itself as a registered Unani centre focused on **sexual disorders and infertility**, with an approach combining individualized traditional assessment, contemporary diagnostic understanding, lifestyle guidance and patient education.

Visit Saira Health Care

Visit Saira Health Care Pharmacy

Medical Disclaimer

This article is intended for **general medical education, sexual-health awareness and discussion of integrative treatment approaches**. It should not replace an individualized consultation, physical examination or appropriate laboratory and diagnostic testing.

Persistent sexual dysfunction can sometimes be associated with diabetes, cardiovascular disease, endocrine disorders, neurological illness, medication adverse effects or significant psychological conditions.

Do not begin, discontinue or alter sildenafil, tadalafil, testosterone, antidepressants, fertility hormones or other prescription medicines without appropriate professional advice.

PDE5 inhibitors such as sildenafil and tadalafil must not be combined with nitrate medicines because potentially dangerous hypotension can occur.

Traditional and proprietary formulations may contain biologically active botanical and mineral ingredients. Products containing Nux vomica, Bhasma or Makardhwaj require particular attention to manufacturing quality, dose and professional supervision.

No conventional medicine, herbal preparation, Unani formulation, Ayurvedic product, supplement or treatment package can responsibly guarantee permanent cure, a particular intercourse duration, fertility, testosterone normalization or identical results in every patient.