Abnormal Shape of the Penis: Understanding Penile Curvature, Peyronie's Disease, Congenital Curvature and an Integrative Unani Approach

Introduction

Concern about the shape of the penis is common, but an "abnormal-shaped penis" is **not a single disease**. Penises naturally differ in length, girth, angle and degree of curvature. A mild bend that has been present for as long as a man can remember, causes no pain and does not interfere with sexual intercourse may simply represent normal anatomical variation.

Medical evaluation becomes more important when the penis develops a **new or increasing curve, painful erections, a hard area or plaque, narrowing, an hourglass appearance, shortening, difficulty with penetration, erectile dysfunction, or significant psychological distress**.

Two of the most important medical causes of clinically significant penile curvature are **congenital penile curvature** and **Peyronie's disease**. They may look similar during erection, but they develop for very different reasons and are managed differently. The latest 2026 European Association of Urology (EAU) guidelines specifically address both conditions and emphasize accurate diagnosis before treatment.

Peyronie's disease is an acquired condition in which fibrous scar tissue develops in the tunica albuginea—the strong elastic tissue surrounding the erectile chambers of the penis. The plaque can pull unevenly on the penis during erection and produce curvature, narrowing, indentation, shortening or more complex deformities. The plaque is **benign; it is not cancer and is not an arterial cholesterol plaque**.

Congenital penile curvature, by contrast, is present from development, although it may not become obvious until puberty when erections make the curvature more visible. Current EAU guidance states that congenital curvature results mainly from disproportionate development of the tunica albuginea of the erectile bodies and is most commonly directed downward, although lateral or upward curvature can also occur.

For patients seeking care at **Saira Health Care**, an appropriate contemporary approach is to combine careful sexual and reproductive evaluation with the holistic strengths of Unani medicine, while recognizing when modern urological procedures, traction therapy, injections or surgery are required.

What Is Considered an Abnormal Penile Shape?

There is no single "perfect" penile shape.

A penis may naturally point upward, downward, left or right during erection. A small lifelong curve that causes no difficulty is not necessarily a disorder.

A penile shape deserves medical evaluation when the deformity is new, progressive, painful, associated with a hard plaque, makes intercourse difficult, produces significant indentation or instability, or is accompanied by erectile dysfunction.

The EAU recognizes several deformities in Peyronie's disease beyond a simple bend, including **hourglass narrowing, unilateral indentation, severe shortening, multiplanar curvature and hinge-type deformities**. About 10% of men undergoing evaluation for Peyronie's disease may show such atypical or complex patterns.

It is also useful to distinguish shape abnormalities from size abnormalities. **Micropenis is primarily a penile-size disorder rather than a curvature disorder.** The EAU defines true micropenis using stretched penile length substantially below the expected range for age and population, while also distinguishing it from buried penis and body-image concerns involving a normal-sized penis.

Common Types of Abnormal Penile Shape

Condition	Typical Pattern	Usually Present From Birth?	Common Associated Problems
Congenital penile curvature	Smooth bend, often downward	Yes	Difficulty with intercourse if severe
Peyronie's disease	New acquired curve with plaque/scarring	No	Pain, shortening, ED, indentation
Hourglass deformity	Narrowing around part of shaft	Usually acquired	Instability or "hinge" effect
Hypospadias-related curvature	Curvature associated with abnormal urethral opening	Yes	Urinary and sexual/reproductive issues
Buried penis	Normal shaft partly hidden by surrounding tissue	Congenital or acquired	Hygiene, urinary, sexual problems
Penile dysmorphic concern	Penis may be anatomically normal	No structural abnormality	Anxiety, distress, repeated checking

Hypospadias is a separate congenital condition in which the urethral opening is not located in its usual position at the tip of the penis. Penile curvature may accompany it, particularly in more significant cases. Current EAU paediatric guidance considers curvature around 30 degrees or more potentially clinically important, although treatment decisions should still consider the individual's functional impact.

Congenital Penile Curvature

What Does Congenital Curvature Mean?

Congenital penile curvature is present because the erectile tissues developed asymmetrically.

Unlike Peyronie's disease, there is typically **no acquired fibrous plaque**.

The penis can appear relatively straight when flaccid but bend noticeably when erect. This explains why some men do not recognize the condition until puberty or the beginning of sexual activity.

The latest EAU adult sexual-health guideline reports congenital curvature as uncommon, with some estimates below 1%, although other studies report higher figures depending on how the condition is defined. Ventral, or downward, curvature is most common.

Does Every Congenital Curve Need Treatment?

No.

Treatment is principally necessary when curvature causes meaningful difficulty with intercourse, significant distress or another functional problem.

A medically important correction to older or misleading information is that **there is no established medicine that "relaxes the tissue" and permanently corrects true congenital penile curvature**.

Current EAU guidance states that **surgery is the definitive treatment for clinically significant congenital penile curvature**, generally after puberty when penile development is complete. Plication-type procedures such as Nesbit or related techniques are commonly used.

Therefore, herbal medicines, tablets, injections or massage should not be promised as a way to anatomically correct a substantial congenital structural curvature.

Peyronie's Disease

What Is Peyronie's Disease?

Peyronie's disease is an acquired fibrotic disorder of the penis.

Scar tissue develops within the tunica albuginea. Because scar tissue does not stretch like normal tissue during erection, the affected side pulls the penis toward the plaque.

This can cause:

a bend during erection, shortening, narrowing, indentation, hourglass deformity, pain, reduced rigidity or difficulty with intercourse.

NIDDK explains that Peyronie's plaque may develop following penile injury or repeated micro-injury and that autoimmune mechanisms may also be involved in some men.

Many patients do not remember a specific injury.

Small injuries during intercourse may occur without obvious bruising or pain. In a susceptible individual, abnormal wound healing may lead to excessive collagen and scar formation.

How Common Is Peyronie's Disease?

Precise prevalence is difficult to determine because many men do not seek treatment.

The 2026 EAU guideline reports a broad range of published prevalence estimates and notes that Peyronie's disease is probably underdiagnosed. It most commonly presents around the fifth or sixth decade of life but can also occur in younger men.

NIDDK also notes increased risk with age and associations with conditions such as diabetes accompanied by erectile dysfunction, family history, connective-tissue disorders and previous prostate-cancer surgery.

Active and Stable Phases of Peyronie's Disease

Peyronie's disease is often described in two clinical phases.

Active Phase

During the active stage, the plaque and deformity may still be evolving.

The patient may notice:

new curvature, worsening curvature, erection-related pain or changes in length and shape.

The EAU considers a shorter symptom duration, pain during erection or recent progression of deformity as features suggesting active disease.

Stable Phase

The disease becomes stable when the curvature is no longer changing and pain has usually settled.

Current EAU guidance considers resolution of pain and stability of curvature for at least approximately three months useful indicators of stabilization. Surgical reconstruction is generally reserved for stable disease when deformity significantly interferes with sexual intercourse.

This distinction matters because treatment during active disease is different from treatment of a mature, stable deformity.

Symptoms of Peyronie's Disease

Some patients first discover a hard lump or plaque.

Others notice the shape change first.

Typical presentations include a new curve, painful erection, penile shortening, narrowing, hourglass deformity, difficulty with penetration and erectile dysfunction.

Pain often improves with time even when curvature remains.

NIDDK notes that Peyronie's disease can interfere with intercourse, cause erectile dysfunction and produce significant anxiety, depression, relationship stress and difficulty conceiving when penetration becomes impossible.

Why Does Peyronie's Disease Affect Erections?

Peyronie's disease and erectile dysfunction frequently occur together.

The scar itself can interfere with normal expansion of the erectile tissue.

Severe curvature can also make sexual activity mechanically difficult.

In addition, diabetes, vascular disease and age-related factors that predispose to ED may coexist with Peyronie's disease.

Psychological effects can further worsen erectile confidence.

The EAU reports erectile dysfunction in a substantial proportion of men with Peyronie's disease and emphasizes evaluating erectile function when planning treatment.

The Psychological Effect Should Not Be Underestimated

An abnormal penile shape is a sensitive issue.

Patients may become embarrassed about undressing, avoid relationships or believe that penile curvature means they have lost masculinity.

This can produce performance anxiety even when erection physiology remains reasonably good.

The EAU Peyronie's Disease Questionnaire specifically includes psychological and physical symptoms, pain and symptom bother because the emotional impact can be substantial.

However, another important group consists of men whose penis is within normal anatomical variation but who remain convinced that its shape or size is seriously abnormal.

The EAU recognizes penile dysmorphic disorder as a body-image condition in which a minor or unobservable physical feature creates disproportionate distress and recommends mental-health assessment when this is suspected.

A good clinician therefore needs to evaluate both anatomy and the patient's perception of that anatomy.

Does Penile Curvature Cause Infertility?

Penile curvature does **not usually damage sperm production directly**.

A man can have Peyronie's disease with completely normal sperm count, motility and morphology.

The fertility problem is more often mechanical.

Severe curvature, pain or erectile dysfunction may make vaginal intercourse difficult or impossible, thereby reducing the opportunity for natural conception. NIDDK specifically includes difficulty fathering a child because intercourse is difficult among possible complications of Peyronie's disease.

If infertility exists independently of the curvature, a full male fertility assessment—including semen analysis when appropriate—should be performed.

How Is Abnormal Penile Curvature Diagnosed?

Diagnosis should begin with a detailed medical and sexual history.

The clinician should ask when the curve first appeared, whether it has changed, whether erections are painful, whether a hard area is present, whether the penis has shortened, whether erection quality has changed and whether intercourse remains possible.

This history often distinguishes congenital curvature from Peyronie's disease.

A lifelong, smooth curve without plaque suggests congenital curvature.

A new bend developing after previously straight erections—especially with pain, shortening or a palpable plaque—is much more suggestive of Peyronie's disease.

The latest EAU guideline strongly recommends documenting the plaque, penile length and degree of curvature and obtaining an objective assessment of the erect penis. This may involve standardized photographs taken during a natural erection, a vacuum-assisted erection or a medically induced erection.

Is Ultrasound Necessary?

Not every patient requires ultrasound.

Penile ultrasound can help identify the location and calcification of Peyronie's plaque, while Doppler ultrasound is particularly useful when vascular erectile dysfunction must be assessed—especially before certain surgical procedures.

A useful correction to the information commonly found online is that **MRI and CT are not routine tests for penile curvature**.

The current EAU guideline explicitly states that CT and MRI have a limited role and are not recommended routinely for diagnosing curvature.

What Degree of Curvature Is Serious?

There is no single angle that determines whether a patient requires treatment.

A relatively modest curve may cause major difficulty in one man depending on its location, while another may function normally despite a larger bend.

In congenital curvature, approximately 30 degrees is often considered clinically significant, but functional difficulty remains more important than angle alone.

For Peyronie's disease, the degree of curvature also helps determine whether traction, injections or different types of surgery may be appropriate.

Modern Treatment of Peyronie's Disease

Treatment is individualized according to the phase of the disease, severity of curvature, pain, penile length, erectile function and the patient's goals.

Observation and Reassurance

Not every man requires active treatment.

If curvature is small, erections are comfortable and satisfactory intercourse remains possible, careful observation can be reasonable.

NIDDK specifically notes that treatment may not be necessary when the plaque and curvature cause little or no pain or functional difficulty.

Treatment During the Active Phase

The main goals during active disease are controlling pain, preserving sexual function and reducing the risk or impact of progressive deformity.

Current EAU guidance supports NSAIDs for penile pain during the active stage. PDE5 inhibitors may be used when erectile dysfunction is also present.

It is important not to misinterpret this as meaning ordinary oral medicines reliably dissolve mature Peyronie's plaque.

The evidence for many conservative treatments remains inconsistent.

Penile Traction Therapy

Penile traction uses a medical device that applies controlled mechanical stretching.

The aim is to remodel scarred tissue, reduce curvature and help preserve or recover penile length.

The current EAU guideline considers penile traction potentially useful either alone or as part of multimodal therapy but emphasizes that the evidence remains limited and heterogeneous.

A meta-analysis reviewed by the guideline found an average curvature improvement of roughly 15 degrees in studied patients, although results vary substantially.

Traction requires correct technique and considerable patient commitment.

Trying to straighten the penis manually with excessive force is **not** the same as medical traction and may cause additional injury.

Vacuum Erection Devices

Vacuum devices create negative pressure around the penis.

They are sometimes incorporated into multimodal Peyronie's management.

Current evidence is less extensive than for established surgical techniques, but the EAU allows traction and vacuum devices to be offered for penile deformity in selected patients while acknowledging limited outcome data.

Intralesional Injections

Some treatments are injected directly into the Peyronie's plaque.

Collagenase Clostridium Histolyticum

Collagenase breaks down collagen within the plaque.

It has established evidence for selected men with significant dorsal or lateral curvature and is FDA-approved in the United States for appropriate Peyronie's disease cases.

The EAU continues to include collagenase as an evidence-supported non-surgical treatment, although it notes that the product was withdrawn from the European market by its manufacturer. Availability therefore differs by country.

Collagenase is not a simple injection with guaranteed straightening. Bruising, swelling, penile pain and, rarely, corporal rupture can occur, so it must be administered within an appropriate specialist protocol.

Other Injections

Intralesional interferon may improve curvature in some patients. Evidence for injected verapamil is inconsistent, and current EAU guidance states that available studies do not demonstrate a sufficiently reliable improvement in curvature compared with placebo.

Shockwave Therapy

Shockwave therapy is frequently advertised for Peyronie's disease.

Current evidence requires an important distinction:

shockwave therapy may help penile pain, but it should not be offered as a treatment to straighten the penis.

The EAU specifically recommends against using extracorporeal shockwave therapy to improve Peyronie's curvature.

This distinction should be clearly explained to patients before they spend money on treatment.

Surgery for Peyronie's Disease

Surgery is generally the most reliable option for correcting severe, stable structural curvature when intercourse is significantly compromised.

The EAU recommends surgery only when the disease is stable and the deformity causes functional problems.

Three broad approaches are used.

Tunical Shortening or Plication

The longer side of the penis is shortened so that it more closely matches the scarred side.

This is commonly used when erection quality is good, penile length is adequate and curvature is not extremely severe or complex.

The main disadvantage is possible further shortening.

Plaque Incision and Grafting

The scarred side is released and the defect is covered with graft material.

This approach may be considered for severe curvature, major shortening, hourglass or hinge deformities when erectile function is otherwise good.

However, grafting carries a more substantial risk of postoperative erectile dysfunction than simpler plication procedures.

Penile Prosthesis

When severe Peyronie's disease occurs together with erectile dysfunction that does not respond adequately to medication, penile prosthesis implantation—with additional straightening procedures when required—is the guideline-supported surgical approach.

Surgical Expectations Must Be Realistic

The purpose of Peyronie's surgery is usually to achieve a **functionally straight penis that permits satisfactory intercourse**.

It does not guarantee restoration of the exact length or appearance the penis had before the disease developed.

The EAU specifically emphasizes counselling regarding risks such as shortening, erectile dysfunction, altered penile sensation, delayed orgasm, residual or recurrent curvature and palpable sutures.

Good counselling before surgery is therefore as important as the operation itself.

The Unani Understanding of Penile Deformity

Unani medicine evaluates health through a traditional framework involving **Mizaj (temperament), Akhlat (humours), Quwwat or functional strength, diet, lifestyle, sleep, emotional condition and organ function**.

The Central Council for Research in Unani Medicine explains that Unani treatment traditionally aims to identify and remove contributing causes, correct altered temperament and use several therapeutic modes, including **Ilaj-bil-Ghiza (dietotherapy), Ilaj-bil-Tadbeer (regimental therapy), Ilaj-bil-Dawa (pharmacotherapy) and Ilaj-bil-Yad (surgery)**.

This broad framework is valuable because a patient with an abnormal penile shape may simultaneously have pain, erectile dysfunction, diabetes, obesity, anxiety, poor sleep or infertility concerns.

However, the traditional theory of humoral imbalance should not be described as scientifically identical to the modern finding of collagen plaque within the tunica albuginea.

They are different explanatory systems.

How Unani Medicine Can Be Useful in Penile Curvature

The most responsible modern role for Unani medicine is **integrative and individualized**.

For selected patients, Unani management can focus on general sexual health, metabolic health, lifestyle correction, psychological confidence, associated erectile difficulties and supervised traditional formulations.

Its holistic structure allows the physician to address problems that often accompany penile deformity rather than looking at the curvature alone.

Dietary management may be particularly relevant when obesity, diabetes or poor metabolic health coexist.

Regimental and lifestyle approaches may support exercise, healthy weight, stress reduction, sleep and overall circulation.

Psychological counselling can help patients who have developed sexual fear, loss of confidence or body-image distress.

Traditional pharmacotherapy can be considered according to the physician's assessment, provided it does not delay investigation or definitive treatment of a significant structural abnormality.

CCRUM itself describes Unani therapeutics as a combination of diet, regimental treatment, pharmacotherapy and surgery rather than a medicine-only system.

What Unani Medicine Should Not Be Promised to Do

For textbook-level accuracy, certain limitations should be stated clearly.

A substantial congenital curvature caused by asymmetrical development is a structural abnormality. Current international guidance identifies **surgery as the definitive treatment when it causes meaningful functional impairment**.

Likewise, high-quality evidence is currently insufficient to claim that a particular herbal formulation reliably dissolves a mature Peyronie's plaque or permanently straightens every penis.

An ethical integrative Unani approach should therefore not promise:

a guaranteed permanent cure, complete plaque disappearance, a specific percentage of straightening in every patient or completely risk-free treatment.

The more defensible role is **individualized supportive management, careful monitoring and appropriate referral or integration with established urological treatment when necessary**.

Special Treatment Approach at Saira Health Care

Saira Health Care currently offers an individualized traditional treatment programme for patients with Peyronie's disease and penile curvature.

Its pharmacy also lists a dedicated Peyronie's support package containing several formulations, including Wintox, Dr. Qasmi's Nuskha No. 149, Nuskha No. 104 and Nuskha No. 105, which the clinic positions for areas such as tissue support, inflammation, circulation, erectile health and general male wellness. The product page appropriately notes that individual results can vary according to disease severity, duration and overall health.

These should be understood as **Saira Health Care's traditional clinical and product approach**, not as a substitute for the evidence from randomized trials supporting traction, selected intralesional therapies and surgery.

At Saira Health Care, a responsible treatment pathway for abnormal penile shape can therefore include assessment of whether the curvature is congenital or acquired, evaluation for a palpable plaque, measurement of deformity, assessment of erectile function, consideration of diabetes and other risk factors, review of sexual and psychological impact and selection of individualized Unani supportive treatment where suitable.

Patients whose deformity is severe, structurally fixed or likely to require an intervention should be counselled about specialist urological options.

This diagnosis-first approach is more scientifically robust than treating every bent penis with the same medicine.

Dr. Nizamuddin Qasmi: Focus on Sexual Disorders and Infertility

Saira Health Care identifies **Dr. Nizamuddin Qasmi** as its founder and chief physician with a focused clinical practice in sexual disorders and infertility.

His current official professional profile lists **BUMS, MD, CGO, Certificate in Infertility and Certificate in Urology, London, UK**. The clinic describes his work as covering a broad range of male and female reproductive and sexual-health concerns.

According to professional credential information supplied for this publication, Dr. Qasmi has also completed **Masters in Male Infertility from MasterHealthPro (HealthPro)**.

MasterHealthPro publicly lists a six-month **Male Infertility Masters** programme and related advanced male-infertility training covering reproductive physiology, semen analysis, diagnostic evaluation and management of male infertility and sexual dysfunction.

For formal publication, the wording of this qualification should ideally match the exact wording printed on the issued certificate.

Dr. Qasmi's combination of Unani medical training, infertility-focused education and exposure to urological and male reproductive medicine supports an approach in which penile deformity is evaluated not only as a cosmetic concern but also in relation to **erectile function, sexual confidence, fertility and overall male reproductive health**.

Contribution of Saira Health Care to Sexual Disorders and Infertility

Saira Health Care has developed a clinical and educational focus specifically around sexual disorders and infertility.

Its public disease information includes erectile dysfunction, premature ejaculation, Dhat syndrome, penile hypersensitivity, hypospermia, abnormal penile shape, Peyronie's disease and male infertility-related conditions.

This educational role is important because men with penile curvature are particularly vulnerable to misinformation.

Some are told that every curve is a disease.

Others are promised that an oil can permanently straighten congenital curvature.

Some are frightened into believing that Peyronie's disease means cancer.

Others undergo unnecessary cosmetic procedures despite having a penis within normal anatomical variation.

A specialist sexual-health centre can contribute by explaining which changes are normal, which require monitoring, which may respond to conservative treatment and which require urological intervention.

Abnormal Penile Shape and Body Image

The emotional component deserves particular attention.

Men frequently judge their anatomy against unrealistic images from pornography or social media.

The EAU notes that concern about penile appearance can become severe even when measurements and shape are within normal limits. Penile dysmorphic disorder can lead to significant distress and should be addressed with psychological assessment rather than unnecessary surgery.

Therefore, the first question is not always:

“How can we straighten or enlarge the penis?”

Sometimes the more important question is:

“Is there actually a clinically significant abnormality?”

Can Massage Straighten a Curved Penis?

Ordinary massage has not been established as a reliable treatment for congenital curvature or mature Peyronie’s disease.

Forceful manual bending is particularly unsafe because repeated injury is one proposed mechanism involved in Peyronie’s disease.

Medical traction is different. It uses a specifically designed device that applies controlled, measured tension over an extended period.

Patients should therefore avoid aggressive self-straightening techniques promoted online.

Can Exercise Correct the Shape?

General exercise supports cardiovascular health and can improve erectile health, but it cannot remodel a congenital structural curve by itself.

Pelvic-floor exercises may help certain aspects of erection or ejaculation but should not be represented as a treatment that removes Peyronie’s plaque.

Physical health measures support the patient; they do not replace anatomical treatment when anatomical treatment is required.

Can Diet Cure Peyronie’s Disease?

There is no specific diet proven to dissolve Peyronie’s plaque.

A healthy diet can still be useful because conditions such as diabetes, obesity, hypertension and cardiovascular disease are relevant to erectile and sexual health.

In an Unani programme, dietotherapy may therefore be used to support the patient's overall constitution and metabolic health.

But nutritional improvement should be described as **supportive**, not as a guaranteed plaque-removing treatment.

Does Peyronie's Disease Always Get Worse?

No.

The course varies between patients.

Pain often improves as the disease becomes stable, while curvature may remain.

Some men develop relatively mild disease that remains functionally manageable, whereas others develop substantial shortening, curvature or erectile dysfunction.

Because progression varies, patients with a newly developing curve should be evaluated early rather than simply waiting until the deformity becomes severe. NIDDK describes Peyronie's disease as progressing through an active period followed by a more stable chronic phase.

Can Peyronie's Disease Disappear Completely on Its Own?

Spontaneous complete resolution is uncommon.

NIDDK notes that in a small minority of men the condition may improve enough that active treatment is unnecessary, but significant established curvature often persists even after pain improves.

Patients should therefore avoid both extremes:

assuming the disease will definitely disappear and assuming that surgery is immediately necessary.

Is Peyronie's Disease Cancer?

No.

Peyronie's plaque is **benign scar tissue**, not a malignant tumour.

NIDDK explicitly distinguishes Peyronie's plaque from cancer and from arterial plaque.

Nevertheless, any unexplained hard penile lump or new deformity should be examined by an appropriately qualified clinician rather than self-diagnosed.

Does a Curved Penis Mean Sexual Weakness?

No.

Penile shape, erectile strength and sperm production are three different issues.

A man may have a significant curvature but excellent erection quality and normal fertility.

Another man may have a straight penis but severe erectile dysfunction.

A third may have normal erections and anatomy but abnormal semen parameters.

This distinction is particularly important in a sexual-disorders and infertility clinic because treatment should address the actual abnormality rather than using “sexual weakness” as a general label.

When Should You Seek Medical Advice?

Medical assessment is advisable when a previously straight penis develops a new curve, the curvature is increasing, erections are painful, a hard plaque or lump can be felt, the penis develops an hourglass or hinge deformity, penetration becomes difficult, erectile function worsens, penile length decreases noticeably, or anxiety about penile appearance significantly affects everyday life or relationships.

A longstanding curve should also be evaluated when it causes functional difficulty.

Sudden severe penile pain, major swelling or bruising after trauma—particularly if accompanied by a popping sensation or immediate loss of erection—requires urgent assessment because penile fracture is a separate emergency and should not be confused with ordinary Peyronie’s disease.

Practical Treatment Pathway

A contemporary treatment pathway can be summarized as follows:

First, identify whether the penis is actually abnormal.

Then determine whether the deformity has been present since development or has been acquired later.

If Peyronie’s disease is suspected, determine whether it is still active or has become stable.

Assess pain, curvature, plaque, penile length, erectile function, penetration and psychological impact.

Treat associated erectile dysfunction and important medical conditions.

Consider conservative options such as appropriate pain management, traction or selected injection therapies when indicated.

Use individualized Unani diet, lifestyle and physician-selected supportive treatment where appropriate.

Reserve reconstructive surgery for stable and functionally significant Peyronie's disease or functionally important congenital curvature according to established urological principles.

Frequently Asked Questions

Is a slightly curved penis normal?

Yes. Many men have some natural curvature. It usually does not need treatment unless it is painful, progressive, newly developed or causes difficulty with intercourse.

What is the main difference between congenital curvature and Peyronie's disease?

Congenital curvature develops because of anatomical asymmetry and is usually lifelong. Peyronie's disease is acquired and involves fibrous scar tissue or plaque.

Can congenital penile curvature be corrected by medicines?

Current EAU guidance considers surgery the definitive treatment when congenital curvature causes significant functional difficulty. There is no established tablet or herbal medicine that reliably remodels a major congenital structural curvature.

Can Peyronie's disease be treated without surgery?

Yes, depending on the phase and severity. Options may include observation, pain treatment, penile traction and selected intralesional treatments. Surgery is generally reserved for stable disease causing meaningful functional difficulty.

Does shockwave therapy straighten Peyronie's disease?

Current EAU guidance indicates that shockwave therapy may help pain but should **not** be used with the expectation that it will correct curvature.

Does penile traction work?

Evidence suggests that traction can reduce curvature and help preserve or recover length in some men, although results vary and data remain limited.

Can Unani medicine help?

Unani medicine can provide an individualized supportive approach involving diet, lifestyle, general sexual health, psychological well-being and physician-selected traditional formulations. Its role is strongest when combined with accurate diagnosis. A congenital structural deformity or severe stable Peyronie's curvature may still require urological intervention.

Can abnormal penile shape cause infertility?

Usually not by directly affecting sperm production. Severe curvature, pain or erectile dysfunction can nevertheless make intercourse and natural conception more difficult.

Prognosis

The outlook depends on the diagnosis.

A mild lifelong curve that causes no problem may require nothing more than reassurance.

Congenital curvature causing significant difficulty can generally be corrected surgically with high rates of anatomical improvement in published surgical series.

Peyronie's disease has a more variable course.

Pain commonly improves as the condition stabilizes, but deformity may persist.

Traction and selected intralesional treatments may improve curvature in appropriate cases, while surgery offers the most definitive straightening for stable severe deformity.

Treatment should aim for a penis that is **functional and satisfactory**, rather than pursuing unrealistic perfection.

Conclusion

"Abnormal shape of the penis" is a broad description, not a final diagnosis.

The most important possibilities include normal anatomical variation, congenital penile curvature, Peyronie's disease, complex hourglass or hinge deformity, hypospadias-associated curvature, buried penis and, in selected patients, a body-image problem involving an anatomically normal penis.

Current 2026 European guidance emphasizes careful medical and sexual history, physical examination and objective documentation of erect curvature. MRI and CT are not routinely required.

True congenital curvature differs fundamentally from Peyronie's disease. Congenital curvature is developmental and, when functionally significant, is primarily corrected

surgically. Peyronie's disease is an acquired fibrotic disorder that may cause pain, plaque formation, curvature, shortening, indentation and erectile dysfunction.

Treatment of Peyronie's disease depends on whether it is active or stable and on the degree of functional impairment. Modern management can include pain control, treatment of associated ED, traction, selected intralesional therapy and reconstructive surgery when the stable deformity prevents satisfactory intercourse.

The **Unani system of medicine** can make a useful contribution through its whole-person philosophy involving Mizaj assessment, Ilaj-bil-Ghiza, Ilaj-bil-Tadbeer, Ilaj-bil-Dawa, psychological support and management of associated sexual-health concerns. CCRUM itself recognizes dietotherapy, regimental therapy, pharmacotherapy and surgery as complementary treatment modes within Unani medicine.

At **Saira Health Care**, Dr. Nizamuddin Qasmi's sexual-disorders and infertility practice can integrate these traditional principles with modern diagnostic information and appropriate specialist referral. His official profile lists **BUMS, MD, CGO, Certificate in Infertility and Certificate in Urology, London, UK**, and according to credential information supplied for publication, he has additionally completed **Masters in Male Infertility from MasterHealthPro**.

Saira Health Care also offers a dedicated traditional Peyronie's support programme through its pharmacy, but such treatment should be regarded as individualized supportive care rather than a guaranteed replacement for established traction, injection or surgical treatment in appropriate patients.

The most important message for patients is:

A bent penis is not automatically a disease, and penile curvature is not a measure of masculinity. A new, painful, worsening or functionally troublesome deformity deserves proper diagnosis. Once the exact cause is understood, modern urology and appropriately supervised Unani care can be integrated to provide the most suitable individualized treatment plan.

Medical Disclaimer

This article is intended for **general medical education and sexual-health awareness**. It does not provide an individual diagnosis and should not replace examination or treatment by an appropriately qualified healthcare professional.

Do not attempt to forcefully straighten the penis or use unregulated injections, oils, devices or "plaque-dissolving" medicines without professional guidance.

Traditional and Unani formulations may contain biologically active botanical or mineral ingredients and should be used under appropriate supervision. Individual responses differ,

and no treatment can responsibly guarantee complete straightening, permanent cure, restoration of a particular penile length or complete absence of side effects in every patient.