

Sexual Fitness Check-Up: A Comprehensive Assessment of Sexual Health, Reproductive Fitness and Overall Well-Being

Introduction

Sexual health is an important part of overall health, yet many people seek medical advice only after a sexual problem has become severe. Concerns such as reduced sexual desire, erectile difficulty, premature ejaculation, painful intercourse, abnormal genital discharge, fertility problems, hormonal symptoms or anxiety about sexual performance may remain hidden for months or even years because of embarrassment or social stigma.

A **sexual fitness check-up** is a structured assessment intended to identify such concerns at an earlier stage and to evaluate sexual well-being as part of general physical, psychological and reproductive health.

The term “sexual fitness check-up” should, however, be understood correctly. It is **not a single standardized laboratory package recognized internationally**, and it is not a test that gives a simple “fit” or “unfit” result. Rather, it is a practical name for a **comprehensive sexual-health assessment**, individualized according to a person's age, symptoms, medical history, sexual practices, fertility goals and risk factors.

This broad approach is consistent with the World Health Organization's understanding of sexual health. WHO describes sexual health as involving **physical, emotional, mental and social well-being in relation to sexuality**, rather than merely the absence of disease or sexual dysfunction.

The source material supplied for this article similarly describes sexual-fitness assessment as extending beyond physical examination to psychological, emotional and reproductive factors, with laboratory testing and lifestyle counselling selected according to individual need.

Within the **Unani system of medicine**, this broader philosophy is particularly relevant. Unani medicine traditionally considers the person's **Mizaj or temperament, diet, sleep, digestion, physical strength, psychological state, lifestyle and reproductive function** rather than viewing sexual symptoms in isolation.

A carefully designed sexual fitness check-up can therefore combine the holistic strengths of Unani medicine with appropriate contemporary investigations to create an individualized picture of a person's sexual and reproductive health.

Why Sexual Health Deserves Regular Attention

Sexual health is often discussed only in relation to intercourse, but medically it is much broader.



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It can involve sexual desire, erections, ejaculation, orgasm, genital comfort, reproductive function, sexually transmitted infections, psychological well-being, relationship health, fertility, contraception and the effects of general medical conditions on sexual function.

WHO specifically recognizes sexual dysfunction, sexually transmitted infections, reproductive-tract infections, infertility, unintended pregnancy, relationships and sexual well-being as important dimensions of sexual and reproductive health.

A sexual-health assessment can therefore provide an opportunity not merely to identify a sexual disorder but also to discover previously unrecognized problems such as diabetes, hypertension, hormonal abnormalities, depression, sexually transmitted infections or reproductive disorders.

This is particularly important because sexual symptoms sometimes appear **before a more obvious general medical problem is recognized**.

Sexual Fitness Does Not Mean Sexual Performance Alone

Many men interpret “sexual fitness” as the ability to maintain a very hard erection for a long period or to delay ejaculation for an unusually long time.

That is not a medically useful definition.

A sexually healthy man may have:

normal sexual desire, satisfactory erections, comfortable ejaculation and orgasm, freedom from significant genital pain or infection, healthy reproductive function according to his goals, confidence and emotional well-being, and a sexual relationship based on safety, respect and consent.

Similarly, an individual may have excellent physical fitness while experiencing anxiety-related erectile dysfunction, infertility or another sexual-health problem.

Sexual fitness therefore involves the **whole person**, not merely sexual performance.

Who May Benefit From a Sexual Fitness Check-Up?

A sexual-health consultation is particularly useful when there has been a change in sexual function or when a person wishes to assess reproductive health proactively.

Men commonly seek evaluation for erectile difficulties, reduced libido, premature or delayed ejaculation, absent orgasm, penile curvature, genital hypersensitivity, recurrent nightfall concerns, semen abnormalities, infertility, testicular problems or suspected hormonal imbalance.



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Others may feel completely healthy but wish to obtain advice before marriage, pregnancy planning or a new sexual relationship.

There is no requirement that a person must already have a disease before discussing sexual health with a healthcare professional.

What Does a Comprehensive Sexual Fitness Check-Up Include?

The exact assessment should be individualized. A useful framework is:

Area	What May Be Assessed	Why It Matters
Medical health	Diabetes, blood pressure, obesity, medicines, surgery, chronic disease	Many medical conditions affect sexual function
Sexual history	Desire, erections, ejaculation, orgasm, pain and satisfaction	Identifies the specific sexual-function problem
Genital/reproductive examination	Penis, testes, epididymis, varicocele and other findings when indicated	Detects anatomical or reproductive abnormalities
Psychological health	Anxiety, depression, performance pressure, stress	Mental health can strongly influence sexual function
Relationship factors	Communication, intimacy and sexual expectations	Sexual problems may involve both partners
Hormonal assessment	Testosterone and other hormones when clinically appropriate	Identifies endocrine causes
Fertility assessment	Semen analysis and additional fertility tests when indicated	Evaluates male reproductive potential
STI risk assessment	Appropriate testing according to history and exposure	Many infections may have few or no symptoms
Cardiometabolic health	Blood glucose, lipids, blood pressure and weight in appropriate patients	Sexual dysfunction can be linked with vascular and metabolic disease
Unani assessment	Mizaj, lifestyle, diet, sleep, digestion and general constitution	Supports individualized traditional management



The source material supplied for this article also emphasizes physical examination, psychological assessment, appropriate laboratory testing and lifestyle counselling as central components of a comprehensive sexual-fitness evaluation.

Step One: Detailed Medical and Sexual History

The most important investigation is often not a blood test—it is a careful conversation.

Current EAU guidance for erectile dysfunction states that the **first step in evaluation should be a detailed medical and sexual history**. The clinician should ask about erection rigidity and duration as well as sexual desire, arousal, ejaculation and orgasm.

Similar principles apply to a broader sexual fitness check-up.

The doctor may ask when symptoms began, whether they are constant or occasional, whether they occur during masturbation and partnered activity, whether morning erections are present, whether sexual desire has changed, and whether ejaculation or orgasm is normal.

Medication history is also important.

Antidepressants, antihypertensives, prostate medicines, opioids, hormones and several other drugs can influence sexual function.

Previous surgery, diabetes, thyroid disease, neurological illness, pelvic trauma or genitourinary infection can also be relevant.

The purpose of these questions is not to judge the patient. It is to identify the most likely cause of the problem.

Privacy and Confidentiality Are Essential

Sexual-health consultations involve highly personal information.

A patient should be able to discuss concerns about erections, masturbation, ejaculation, infertility, sexual orientation, past sexual experiences or relationship problems without fear of ridicule.

The WHO framework considers dignity, privacy, safety and freedom from discrimination important elements of sexual health.

Saira Health Care's published clinic philosophy similarly emphasizes a welcoming and non-judgmental environment for individuals dealing with sexual-health and infertility concerns.

This therapeutic environment is especially important in societies where sexual topics remain surrounded by stigma.



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Physical Examination

A physical examination is not necessarily required in exactly the same way for every patient, but it can be extremely useful when a physical condition is suspected.

In men with erectile dysfunction, current EAU guidance recommends a focused assessment of the **genitourinary, endocrine, vascular and neurological systems**. Examination can occasionally reveal previously unsuspected Peyronie's disease, genital lesions, prostate abnormalities or physical signs suggesting hormonal deficiency.

Depending on the patient's concern, examination may include the penis, testes, epididymides, vas deferens and assessment for varicocele or other abnormalities.

Blood pressure, body-mass index or waist circumference can also provide useful information because cardiovascular and metabolic health are closely connected with sexual function.

Erectile Function Assessment

Erectile dysfunction is one of the most important sexual-health conditions because it can sometimes reflect underlying cardiovascular or metabolic disease.

A good sexual fitness assessment should ask about:

the ability to achieve an erection, the ability to maintain it, morning erections, erection rigidity, sexual stimulation, performance anxiety and whether ED is occasional or persistent.

Validated tools such as the **International Index of Erectile Function (IIEF)** or its shorter Sexual Health Inventory for Men version may support assessment.

Current EAU guidelines recommend validated questionnaires because they help evaluate sexual desire, erection quality, orgasmic function, intercourse satisfaction and overall satisfaction.

Why Erectile Dysfunction Can Be a General Health Warning

A man may think erection difficulty is limited to the penis.

In reality, erection depends heavily on blood-vessel health.

Diabetes, hypertension, obesity, smoking, high cholesterol and cardiovascular disease can damage the same vascular pathways required for an erection.

The EAU notes that men presenting with ED have a higher prevalence of cardiovascular disease and that ED can sometimes precede clinically apparent cardiovascular disease.



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For this reason, a sexual fitness check-up may occasionally identify cardiovascular risk that might otherwise have remained unnoticed.

Blood Pressure and Cardiometabolic Screening

When erectile problems or other metabolic risk factors are present, evaluation may include blood pressure, weight or waist circumference, fasting blood glucose or HbA1c and lipid profile.

Current EAU ED guidance specifically recommends glucose or HbA1c and lipid testing if these have not recently been assessed in appropriate patients.

This does not mean every healthy young person requires a large panel of blood tests.

Screening should be tailored to age, symptoms and individual risk.

Hormonal Assessment

Hormone testing can be valuable when symptoms suggest a hormonal disorder.

For men with symptoms such as significantly reduced libido, loss of morning erections, persistent fatigue or certain fertility abnormalities, early-morning testosterone may be considered.

However, testosterone deficiency should never be diagnosed from symptoms alone.

The Endocrine Society recommends diagnosing hypogonadism only when appropriate symptoms are accompanied by **consistently and unequivocally low testosterone**, confirmed with repeat morning fasting testing.

Depending on the clinical situation, other hormone tests may include LH, FSH, prolactin or thyroid assessment.

There is therefore no justification for giving every person undergoing a “sexual fitness check” an identical hormone panel.

Fertility Assessment

Sexual health and fertility overlap, but they are not the same thing.

A man may have excellent erections and completely normal sexual performance while having significantly abnormal sperm production.

Conversely, another man may have erectile dysfunction but entirely normal semen parameters.



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When fertility is relevant, evaluation should be performed separately and properly.

Current EAU male-infertility guidance recommends that the male evaluation include a medical and reproductive history, physical examination, semen analysis and hormonal evaluation, with genetic testing or imaging added when clinically indicated.

Importantly, the EAU also emphasizes that **semen analysis alone cannot perfectly distinguish a fertile man from an infertile man.**

The entire reproductive picture of the couple must be considered.

What Is Checked in a Semen Analysis?

When semen analysis is indicated, it may provide information about semen volume, sperm concentration, total sperm number, sperm motility and morphology.

Additional tests are selected according to the results and clinical history.

It is not medically appropriate to order advanced sperm testing merely because a man wants a general sexual check-up.

Advanced testing is most useful when a specific fertility question exists.

This selective approach prevents unnecessary cost and anxiety.

STI Assessment

Sexually transmitted infections can sometimes produce obvious symptoms such as discharge, burning, ulcers or pain.

But many STIs produce **no noticeable symptoms at all.**

The CDC's 2026 testing guidance emphasizes that STI testing should be individualized according to age, sexual practices, sexual history, symptoms and risk factors.

Therefore, there is no single STI panel that every adult must undergo at the same frequency.

For example, CDC recommendations differ according to pregnancy status, anatomy, age, HIV status, number and type of partners and sites of sexual exposure.

A sexual fitness consultation should therefore include a confidential risk assessment first.

HIV Testing

HIV testing is an important component of preventive sexual health.



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CDC guidance recommends that everyone between approximately **13 and 64 years of age** receive HIV testing at least once, with repeat testing according to individual risk.

Individuals with ongoing exposure risk may require more frequent assessment.

Testing should always be combined with appropriate counselling and privacy.

Sexual Health Before Marriage

Some individuals request a sexual fitness check-up before marriage because they are worried about sexual performance, fertility or a hidden medical condition.

A useful premarital sexual-health consultation may focus on sexual education, realistic expectations, general medical health and any known symptoms.

It should **not** be presented as a test that guarantees future sexual performance or fertility.

For example, a normal semen analysis today cannot guarantee future pregnancy.

Likewise, a normal erection during one assessment does not guarantee that performance anxiety will never occur.

The purpose is education, risk assessment and early detection—not certification of masculinity.

Psychological Assessment

Psychological and sexual health are closely linked.

Anxiety, depression, chronic stress, body-image concerns, relationship conflict and sexual-performance pressure can all influence sexual desire, erection, ejaculation and orgasm.

The source material used for this article emphasizes psychological assessment as part of a sexual fitness check-up and also discusses counselling and psychotherapy as important treatment options when psychological factors contribute.

A clinician may therefore explore:

whether the patient constantly worries about sexual performance, whether sexual difficulties occur only with a partner, whether depression or anxiety is present and whether unrealistic expectations about intercourse duration or penile size are contributing.

Mental-health evaluation should not be interpreted as suggesting that symptoms are “imaginary.”

Psychological sexual problems are genuine health problems and deserve proper care.



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Relationship Factors

Sexual satisfaction does not occur independently of the relationship environment.

Poor communication, fear of pregnancy, unresolved conflict, lack of privacy, differences in sexual expectations or anxiety about satisfying one's partner can affect sexual function.

For selected patients, couple counselling can be valuable.

A sexual fitness check-up therefore need not treat the individual as an isolated biological system.

Lifestyle Assessment

Lifestyle influences sexual and reproductive health considerably.

The clinician may assess physical activity, body weight, smoking, alcohol use, recreational drugs, sleep, working hours, diet and psychological stress.

For example, obesity and diabetes can affect testosterone and erections.

Smoking damages vascular health.

Heavy alcohol use can impair sexual performance.

Poor sleep can influence energy, hormone regulation and sexual interest.

Lifestyle counselling is therefore not merely “general advice”; in some patients it is a significant part of treatment.

The user's source material also identifies diet, sleep, physical activity and stress management as important components of the Unani sexual-health approach.

Is a “Full Body Sexual Test Package” Necessary?

Usually not.

Commercial health packages sometimes offer long lists of tests to healthy adults without considering symptoms or risk.

A professional sexual fitness check-up should take the opposite approach.

History comes first. Testing follows the clinical question.

For example, penile Doppler ultrasound is valuable in selected erectile-dysfunction patients but should not be ordered routinely in every young healthy man.



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Hormonal testing is important when symptoms suggest endocrine disease but unnecessary as a universal screening panel.

Semen analysis is appropriate when fertility is relevant but not necessary merely because a patient wants reassurance about sexual stamina.

MRI and sophisticated imaging also have no routine role in an ordinary sexual-health check-up.

The earlier source material mentions modern imaging as an advancement in sexual-health evaluation, but in contemporary clinical practice, advanced anatomical imaging should be reserved for specific structural or diagnostic indications rather than treated as a standard component of every check-up.

Role of Telemedicine

Sexual-health care is particularly well suited to confidential teleconsultation for initial history-taking, counselling, follow-up and review of laboratory reports.

The source material specifically notes that telemedicine can improve access for individuals who live far from specialized sexual-health services.

However, online consultation has limitations.

Penile curvature, testicular abnormalities, genital lesions or other physical findings may require in-person examination.

The best approach is therefore to use telemedicine where appropriate while arranging face-to-face evaluation when the clinical situation requires it.

The Unani Concept of Sexual Fitness

Classical Unani medicine does not define sexual fitness through a single blood value or laboratory test.

It approaches health through an individual's **Mizaj**, functional strength, organ health, bodily balance, diet, sleep, physical activity and psychological state.

The Central Council for Research in Unani Medicine (CCRUM), Ministry of AYUSH, describes four broad treatment modes within Unani medicine:

Ilaj-bil-Tadbeer (regimental therapy), Ilaj-bil-Ghiza (dietotherapy), Ilaj-bil-Dawa (pharmacotherapy) and Ilaj-bil-Yad (surgery).

This broad model can be particularly useful in sexual medicine because sexual function is affected by many systems simultaneously.



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Mizaj Assessment

Mizaj—often translated as temperament—is a fundamental concept in Unani medicine.

Traditional Unani assessment considers differences between individuals rather than assuming that everyone has exactly the same constitution or treatment requirements.

CCRUM continues to conduct research into temperament and its relationships with physiological and biochemical parameters, illustrating the continuing importance of Mizaj within the Unani framework.

In a sexual fitness consultation, Mizaj assessment can complement rather than replace contemporary medical diagnosis.

A patient's hormonal abnormality should still be confirmed by laboratory testing.

Diabetes requires appropriate metabolic investigation.

A suspected STI requires proper microbiological testing.

The Unani assessment then adds an individualized constitutional perspective.

Ilaj-bil-Ghiza: Dietotherapy

Dietotherapy is one of the central treatment modes in Unani medicine.

CCRUM describes food and medicine as closely interconnected within Unani philosophy and notes the traditional concepts of medicinal food and food medicines.

For contemporary sexual health, dietary advice should be based on both the person's Unani assessment and modern medical needs.

A man with obesity and diabetes requires a very different diet from a lean young patient experiencing anxiety-related premature ejaculation.

Likewise, a person with kidney disease should not be encouraged to consume large amounts of protein or supplements simply because they are advertised as sexual tonics.

The appropriate diet is individualized.

Ilaj-bil-Tadbeer: Regimental Therapy and Lifestyle

Regimental therapy is an important part of the Unani system.

CCRUM describes physical exercise, massage and several traditional regimens within Ilaj-bil-Tadbeer.



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In modern sexual-health practice, the most broadly useful regimental principles include regular physical activity, maintaining appropriate body weight, improving sleep, controlling stress and correcting unhealthy lifestyle habits.

The important point is that sexual treatment should not consist exclusively of medicine.

Ilaj-bil-Dawa: Individualized Unani Pharmacotherapy

Traditional Unani medicines may be selected according to the patient's diagnosis, Mizaj, general health and associated symptoms.

This is where qualified professional supervision becomes particularly important.

A man with premature ejaculation should not automatically receive the same formulation as a man with erectile dysfunction.

A patient with infertility requires reproductive evaluation.

A man with low testosterone needs hormonal confirmation.

A patient with a sexually transmitted infection requires appropriate antimicrobial treatment.

The most credible contemporary use of Unani pharmacotherapy is therefore **diagnosis-led and individualized**.

Sexual Debility in Classical Unani Medicine

CCRUM's standard treatment guideline recognizes **Zu'f-i-Bah**, or sexual debility, as a traditional condition involving reduced sexual desire or capacity.

The guideline describes several potential traditional contributors, including general weakness and psychological factors, and includes strengthening and addressing psychological causes among treatment principles.

The concept is useful historically but should not be used as a single label for every modern sexual disorder.

Erectile dysfunction, premature ejaculation, low testosterone, infertility and psychological sexual dysfunction are now recognized as distinct clinical conditions requiring different evaluations.

How Unani Medicine Can Add Value to a Sexual Fitness Check-Up

The greatest potential value of Unani medicine is not that it replaces laboratory testing.



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Its strength lies in helping clinicians look beyond a single complaint.

A man may arrive saying:

“My erection is weak.”

A purely symptom-based approach might simply prescribe an erection medicine.

A comprehensive approach asks whether he has diabetes, hypertension, smoking exposure, poor sleep, testosterone deficiency, anxiety, relationship difficulty or vascular disease.

A Unani assessment can additionally consider Mizaj, diet, digestion, physical constitution and traditional concepts of functional balance.

This creates a more complete assessment.

Evidence and Responsible Integration

Unani medicine should not be portrayed as scientifically identical to contemporary endocrinology, urology or reproductive medicine.

The traditional humoral framework and modern molecular physiology are different systems of explanation.

Likewise, the effectiveness of an individual Unani medicine should be assessed according to the evidence available for that formulation and clinical condition.

The most responsible integrative model is:

use traditional Unani principles for individualized lifestyle and therapeutic planning while using modern diagnostic investigations when they provide clinically important information.

This approach avoids two extremes: rejecting traditional medicine entirely or claiming that traditional diagnosis can replace every modern test.

Special Sexual Fitness Assessment at Saira Health Care

Saira Health Care describes itself as a registered Unani clinic with a particular focus on **sexual disorders and infertility** and states that its approach combines traditional Unani principles with modern diagnostic insights, nutrition and lifestyle modification.

According to its published service information, consultation includes detailed history-taking, **Mizaj assessment and individualized prescription planning** rather than immediately applying one standard treatment to every patient.



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For a sexual fitness check-up, this type of individualized assessment can reasonably focus on sexual function, reproductive goals, lifestyle, medical history, psychological factors and investigations that are actually indicated.

Dr. Nizamuddin Qasmi and His 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 official Saira Health Care professional profile currently lists:

BUMS, MD, CGO, Certificate in Infertility and Certificate in Urology – London, UK. It also describes his clinical work in areas including azoospermia, oligospermia, abnormal sperm parameters, varicocele, epididymal cysts, hormonal concerns and other sexual and reproductive disorders.

The clinic's biography also describes prior clinical experience at institutions including Hakeem Abdul Hameed Centenary Hospital, Majeedia Unani Hospital, Dr. Hedgewar Arogya Sansthan, Pt. Madan Mohan Malviya Hospital, Life Rays Hospital and District Hospital Barabanki.

According to additional credential information supplied by **Saira Health Care for publication**, Dr. Qasmi has also completed **Masters in Male Infertility through MasterHealthPro (HealthPro).**

MasterHealthPro publicly lists a six-month **Male Infertility Masters** programme and related training in male infertility, sexual dysfunction, semen analysis, diagnostic algorithms and clinical reproductive medicine.

For formal publication, the qualification should ideally be written exactly as it appears on Dr. Qasmi's issued certificate.

Why a Male Infertility Qualification Is Relevant to Sexual Fitness

Sexual function and fertility are related but distinct.

A man can have excellent erections but severe oligozoospermia.

Another may have infertility related to varicocele.

Another may have erectile dysfunction but normal semen parameters.

A specialist evaluating both sexual function and fertility is therefore better positioned to determine whether a patient's concern involves:



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sexual performance, reproductive function, hormonal health, urological disease or more than one of these simultaneously.

MasterHealthPro's male-infertility training publicly emphasizes semen analysis, the hypothalamic-pituitary-gonadal axis, diagnostic work-up and evidence-based management of male infertility and sexual dysfunction.

Contribution of Saira Health Care to Sexual Health and Infertility Awareness

One of the greatest barriers to sexual healthcare is stigma.

Men and women may hesitate to tell anyone about erectile dysfunction, premature ejaculation, vaginal or penile discomfort, infertility or reduced sexual desire.

They may instead purchase unregulated medicines or rely on misinformation.

Saira Health Care states that its clinical philosophy is to provide a safe and compassionate setting where sexual-health and infertility concerns can be discussed without judgment and where treatment is personalized rather than disease-only.

Its educational content also emphasizes detailed history, individual assessment, lifestyle guidance, appropriate treatment planning and follow-up in sexual-health patients.

Public education is therefore an important contribution alongside clinical treatment.

Preventive Value of Sexual Fitness Assessment

A sexual check-up can be particularly useful because it may detect problems at an earlier stage.

For example, a man seeking help for erection difficulty might discover previously undiagnosed diabetes or hypertension.

A couple concerned about conception may discover a semen abnormality requiring treatment.

A person requesting general sexual advice may identify an asymptomatic STI risk.

A patient worried about "sexual weakness" may actually be experiencing anxiety or depression.

Another may simply learn that his sexual function is within a normal range and require reassurance rather than medication.

This preventive role is one reason sexual health deserves a place within general healthcare rather than being discussed only when serious dysfunction has developed.



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How Often Should a Sexual Fitness Check-Up Be Done?

There is no universally recommended annual “sexual fitness test” for every healthy adult.

The frequency should depend on the individual's circumstances.

Someone with an ongoing sexual disorder, infertility treatment, metabolic disease or hormone therapy may require regular follow-up.

A person with changing sexual partners may require STI screening according to risk.

A healthy monogamous adult with no symptoms may need only routine preventive healthcare and sexual-health discussion when relevant.

The CDC similarly states that STI testing frequency should be determined by factors such as age, sexual history, practices, symptoms and risk.

Therefore, individualized scheduling is more professional than telling every person to undergo the same panel every year.

What a Sexual Fitness Check-Up Cannot Guarantee

A sexual assessment can identify risk factors and current abnormalities, but it cannot guarantee future sexual performance, marriage satisfaction or pregnancy.

Likewise, there is no legitimate test that can certify that a man will “always perform perfectly.”

Sexual function varies according to:

health, age, stress, relationship context, medicines and life circumstances.

A professional clinic should therefore provide education and realistic expectations rather than issuing exaggerated promises.

Common Myths About Sexual Fitness Check-Ups

“A normal testosterone test means I am completely sexually fit.”

Not necessarily.

Sexual function involves vascular, neurological, psychological and relationship factors as well as hormones.

“A normal semen analysis proves I am completely fertile.”



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No.

Current EAU guidance states that semen analysis by itself cannot perfectly separate fertile from infertile men.

“Every man should have penile Doppler and hormone testing.”

No.

Tests should be selected according to clinical need.

“If I have morning erections, I cannot have any sexual problem.”

Morning erections provide useful information but do not exclude every sexual disorder.

“Sexual problems are always caused by weakness.”

No.

Diabetes, cardiovascular disease, hormones, medicines, neurological disorders, anxiety and relationship factors can all contribute.

“Unani treatment means only herbal medicines.”

No.

CCRUM officially describes Unani treatment as including dietotherapy, regimental therapy, pharmacotherapy and surgery.

“Natural medicines have no side effects.”

Incorrect.

Traditional and herbal medicines contain biologically active substances and should be selected appropriately.

When Should You Seek Professional Advice Without Delay?

A sexual-health evaluation should not be postponed when there is persistent erectile dysfunction, severe genital or testicular pain, blood in urine or semen, genital ulcers, unexplained penile discharge, significant testicular swelling, a new penile deformity, infertility, major hormonal symptoms or severe psychological distress.

Sudden severe testicular pain requires urgent medical evaluation because conditions such as testicular torsion are time-sensitive emergencies.

An erection lasting around four hours or longer also requires urgent medical assessment because of the risk of priapism-related tissue damage.



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A sexual fitness check-up is preventive; it should never delay emergency treatment when urgent symptoms are present.

Sexual Fitness and Fertility Planning

Couples planning pregnancy may benefit from discussing reproductive health before conception.

However, fertility testing should not become unnecessarily aggressive.

The EAU recommends that infertile men receive a focused medical and reproductive history, physical examination, semen analysis and hormonal assessment, with additional genetic or imaging tests guided by findings.

Women likewise require appropriate reproductive evaluation when conception is delayed.

Fertility is a couple's issue, not exclusively a female or male problem.

Sexual Fitness Throughout Life

Sexual health is not relevant only to young adults.

WHO emphasizes that sexual well-being matters throughout the lifespan, including older age.

Ageing can bring changes in erection quality, lubrication, sexual desire, hormone levels and frequency of sexual activity.

Older adults may also develop cardiovascular disease, diabetes and medication-related sexual effects.

A sexual-health discussion therefore remains appropriate at any adult age.

Future of Sexual Health Assessment

The future of sexual medicine will increasingly combine in-person examination with digital healthcare, validated questionnaires, laboratory diagnostics and selective imaging.

Telemedicine can improve access for patients who feel embarrassed visiting a clinic or live far from specialist care.

At the same time, technology should not replace good clinical judgement.

More tests do not automatically mean better healthcare.



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The best future model is likely to remain one in which **careful history and individualized assessment determine which technology is actually useful.**

The source material appropriately recognizes telemedicine, improved diagnostic testing and evolving technology as opportunities to expand access to sexual-health care while also noting continuing challenges such as stigma and unequal access.

Frequently Asked Questions

What is a sexual fitness check-up?

It is a comprehensive evaluation of sexual and, when relevant, reproductive health. It may include medical and sexual history, physical assessment, psychological evaluation and selected laboratory tests according to individual needs.

Is it a single standard test?

No.

There is no universal international “sexual fitness panel.” Testing should be individualized.

Can I undergo a check-up even if I have no symptoms?

Yes. A preventive consultation can be useful for sexual education, STI risk assessment, reproductive planning and discussion of general sexual health.

Will I need a physical examination?

Not always. It depends on your symptoms and reason for consultation. Some concerns can initially be assessed through history and teleconsultation, whereas genital or testicular problems may require in-person examination.

Do all men need testosterone testing?

No.

Hormone testing is most useful when symptoms or clinical findings suggest a hormonal disorder.

Is semen analysis part of every sexual fitness check-up?

No. It is particularly useful when fertility or specific semen-related concerns exist.

Can sexual health problems be psychological?

Yes. Anxiety, depression, stress, relationship factors and performance pressure can significantly influence sexual function. This does not make the symptoms less real.

Can Unani medicine be useful?



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Yes, particularly as an individualized holistic approach involving Mizaj assessment, diet, lifestyle, sleep, general health and supervised pharmacotherapy. Modern diagnostic tests should still be used when clinically necessary.

Can a sexual fitness check-up guarantee fertility?

No. It can assess current risk factors and reproductive parameters but cannot guarantee future conception.

A Practical Saira Health Care Sexual Fitness Assessment Model

A professional sexual fitness consultation at Saira Health Care can reasonably follow a simple sequence:

Understand the patient's concern → take detailed medical, sexual and reproductive history → perform Mizaj assessment → identify lifestyle and psychological factors → conduct physical examination when needed → select only relevant modern investigations → establish the diagnosis → create an individualized Unani and/or contemporary treatment plan → provide counselling and lifestyle guidance → review progress through follow-up.

This approach reflects Saira Health Care's stated emphasis on detailed history, individualized assessment, Unani principles, lifestyle guidance and follow-up.

Conclusion

A sexual fitness check-up should be understood as a comprehensive sexual-health assessment—not as a test of masculinity, sexual power or guaranteed fertility.

Sexual health involves physical, emotional, psychological, reproductive and relationship well-being. WHO specifically recognizes this broader concept and emphasizes that sexual health is more than the absence of disease.

The evaluation should begin with a detailed medical and sexual history. Depending on the patient's age, symptoms and goals, it may then include a focused physical examination, cardiovascular or metabolic screening, hormonal investigations, semen analysis, STI testing, fertility assessment or psychological evaluation.

No single panel is appropriate for everyone.

Current EAU guidance illustrates this individualized principle clearly: sexual problems such as erectile dysfunction should be assessed through comprehensive history and examination, while infertility evaluation requires reproductive history, physical examination, semen analysis and hormonal testing, with advanced investigations reserved for selected patients.



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The **Unani system of medicine** adds an important whole-person perspective through its traditional focus on Mizaj, diet, sleep, physical activity, psychological well-being and individualized treatment. CCRUM recognizes dietotherapy, regimental therapy, pharmacotherapy and surgery as established therapeutic modes within Unani medicine.

The material supplied for this article likewise emphasizes that sexual fitness in the Unani framework should involve physical, psychological and emotional assessment together with individualized treatment and lifestyle management rather than focusing only on a single symptom.

At **Saira Health Care**, this approach is particularly relevant because the clinic focuses on sexual disorders and infertility. Its official profile identifies **Dr. Nizamuddin Qasmi** as a specialist working in these areas and publicly lists his qualifications as **BUMS, MD, CGO, Certificate in Infertility and Certificate in Urology – London, UK**.

According to professional credential information provided by Saira Health Care for publication, Dr. Qasmi has additionally completed **Masters in Male Infertility through MasterHealthPro (HealthPro)**. MasterHealthPro publicly confirms the existence of its six-month Male Infertility Masters programme and related advanced training in male infertility, sexual dysfunction and andrology.

Saira Health Care's contribution in this field is therefore not limited to prescribing medicines. Its stated model emphasizes a confidential environment, detailed history-taking, Mizaj assessment, personalized treatment planning, lifestyle guidance and education regarding sexual and reproductive disorders.

The most important message for the general public is simple:

Do not wait for embarrassment, misinformation or self-medication to turn a manageable sexual-health concern into a larger problem. Sexual well-being is part of general health. A professional, confidential and individualized sexual fitness assessment can help identify genuine problems early, provide reassurance when findings are normal and guide appropriate treatment when a condition is discovered.

Medical Disclaimer

This article is intended for **general medical education and sexual-health awareness**. A sexual fitness check-up is not a standardized certification of sexual performance, fertility or future reproductive ability.

Tests and examinations should be selected according to the individual's age, symptoms, sexual history, medical condition and fertility goals.

Traditional, Unani, herbal and nutritional treatments should be used under qualified professional supervision. They should not delay appropriate diagnosis or treatment of



sexually transmitted infection, cardiovascular disease, diabetes, significant hormonal disorders, structural genital disease or infertility.

No medicine, supplement, diagnostic package or healthcare system can responsibly guarantee sexual performance, fertility or pregnancy for every individual.



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