Penis Shrinkage (Penile Shortening): Causes, Diagnosis, Treatment, Psychological Concerns and the Integrative Unani Approach

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Introduction: "Doctor, My Penis Seems Smaller Than Before. Is It Really Shrinking?"

One concern that men sometimes find very difficult to discuss is:

"Doctor, my penis seems smaller than it used to be. Has it actually shrunk?"

Some men notice that the penis looks shorter when it is flaccid. Others feel that their erection no longer reaches its previous length or thickness. Some notice shortening after gaining weight, developing erectile dysfunction, undergoing prostate surgery or developing penile curvature. Others have a completely normal-sized penis but become increasingly convinced that it is too small.

These situations are **not medically identical**.

One of the first things I explain to patients is:

"Penis shrinkage" is a symptom or complaint, not one single disease.

Modern urology separates several different situations:

- **apparent or false shortening**, in which a normal-sized penis is partly hidden by surrounding tissue;
- **reduced erect size because the erection is not reaching full rigidity**;
- **true acquired anatomical shortening**, caused by fibrosis, Peyronie's disease, certain pelvic or prostate treatments, trauma or other conditions;
- **congenital micropenis**, which is a developmental condition and very different from an adult penis becoming smaller;
- **perceived shortening**, in which objective measurements are normal but the patient remains very distressed about size.

The current European Association of Urology guideline specifically distinguishes **true micropenis, short-penis complaints, buried penis and penile dysmorphic concerns**. It also identifies Peyronie's disease, radical prostatectomy, radical cystectomy, radiation therapy and other acquired conditions as recognized causes of true penile shortening.

A recent Cleveland Clinic review published in January 2026 likewise explains that penile size may change temporarily or more persistently because of cold exposure, ageing-related erectile changes, weight gain, Peyronie's disease, injury, prostate surgery, cardiovascular problems or smoking.

This makes proper diagnosis extremely important.

At **Saira Health Care**, I do not start by promising a penis-enlargement medicine. I first determine:

Has the penis genuinely become anatomically shorter, does it only appear shorter, or has erection quality changed?

Only after answering that question can treatment become rational.

First, What Does "Penis Shrinkage" Actually Mean?

Patients use the term *shrinkage* to describe several different experiences.

A man may mean:

"My flaccid penis looks smaller."

Another means:

"My erection does not become as long as before."

Another says:

"My penis is bending and seems shorter."

Another has gained substantial abdominal weight and can see less of the shaft.

Another compares himself with pornography or photographs and becomes convinced his penis is inadequate despite normal measurements.

These require completely different approaches.

For textbook-quality discussion, I prefer the terms:

Apparent Penile Shortening

The penis itself may remain normal in length, but less shaft is visible.

Functional Penile Shortening

Erection does not reach previous rigidity or expansion, so the erect penis appears shorter.

True Acquired Penile Shortening

There has been measurable anatomical loss of penile length.

Congenital Short Penis/Micropenis

The penis did not develop to the expected size during childhood/puberty because of an endocrine, genetic or developmental condition.

Penile Size Anxiety or Dysmorphic Concern

Size is objectively within the normal range, but distress is disproportionate to the physical finding.

The EAU considers this differentiation fundamental to assessment.

Is It Normal for the Flaccid Penis to Change Size During the Day?

Yes.

Flaccid penile size varies considerably.

It may temporarily become smaller with:

cold weather, cold water, anxiety, sympathetic nervous-system activation or temporary changes in circulation.

Cleveland Clinic's 2026 review notes that cold exposure causes normal muscular contraction around the genital region and temporary retraction; the penis should return to its usual state once the body warms.

Therefore:

Temporary flaccid retraction is not the same as permanent penile shrinkage.

This distinction can prevent a great deal of unnecessary anxiety.

What Is a Normal Penis Size?

There is a very wide normal range.

A 2025 systematic review and meta-analysis of **33 studies involving 36,883 men** reported pooled averages of approximately:

- **Flaccid length:** 9.22 cm
- **Stretched length:** 12.84 cm

- **Erect length:** 13.84 cm
- **Flaccid circumference:** 9.10 cm
- **Erect circumference:** 11.91 cm

The analysis also demonstrated geographical variation, reinforcing that one universal numerical standard should be interpreted cautiously.

An earlier large meta-analysis and another worldwide analysis produced broadly similar averages, with erect length around 13–14 cm.

But averages should not become targets.

A healthy penis can be shorter or longer than the average.

The EAU specifically notes that penile measurement methodology varies considerably and that there is still no perfect universal definition of one “standard” adult penile length.

How Should Penile Length Be Measured Properly?

This is much more important than most patients realize.

If a man measures from the skin surface over a thick pubic fat pad, he may obtain a much shorter result than if measurement is performed from the pubic bone.

The EAU recommends a standardized medical examination and considers **stretched penile length** the minimum useful measurement in patients complaining of short penile size.

Length may be measured from:

the pubic bone to the tip of the glans, while compressing the pubic fat pad,

or from the penopubic skin junction to the glans.

The bone-to-tip measurement correlates better with erect length, particularly in overweight and obese men.

Whenever possible, I prefer comparing measurements obtained in a consistent way over time.

Otherwise, a supposed loss of two centimetres may simply reflect a different measuring technique.

Micropenis Is Different From Adult Penile Shrinkage

A true micropenis is a **congenital or developmental condition**.

The EAU defines micropenis using stretched penile length substantially below the expected mean—approximately **2.5 standard deviations below the average for age and population**.

It may result from:

- hypogonadotropic hypogonadism;
- androgen-production or action disorders;
- certain genetic syndromes;
- other developmental abnormalities.

This is not what usually happens when a 35-, 45- or 60-year-old man says:

“My penis used to look bigger.”

Adult acquired shortening has different causes and different treatment.

The Main Causes of Penis Shrinkage or Penile Shortening

1. Weight Gain and Buried Penis

One of the commonest reasons a penis appears shorter is **weight gain**.

As fat accumulates in the suprapubic region, the visible portion of the penile shaft decreases.

The penis itself may remain completely normal in anatomical size.

This is known as a **buried or hidden penis**.

The EAU defines adult acquired buried penis as a normal-sized penis with visible or functional loss of length because surrounding tissue covers or traps the shaft. Obesity is one of its major risk factors.

Cleveland Clinic similarly explains that abdominal and pubic fatty tissue can hide a normally developed penis.

This is an important distinction.

Obesity can make the penis look shorter without actually shortening the erectile cylinders themselves.

How Can I Recognize a Buried Penis?

A patient may notice that:

- less shaft is visible;

- pressing down the surrounding pubic fat exposes more of the penis;
- hygiene becomes more difficult;
- urination may become awkward;
- the surrounding skin becomes irritated;
- sexual intercourse becomes difficult in severe cases.

The EAU notes associations with erectile and urinary problems, hygiene difficulties and reduced quality of life.

In mild obesity-related cases, weight reduction may expose substantially more penile shaft.

More severe adult acquired buried penis sometimes requires reconstructive surgery.

Treatment of Buried Penis

Treatment depends on severity.

The EAU recommends **lifestyle modification and weight reduction** as important initial measures, especially to improve surgical outcomes. Reconstructive surgery may be appropriate for selected patients with significant functional problems.

Surgery may include:

- unburying the penile shaft;
- removal of excessive suprapubic tissue;
- reconstruction of penile skin;
- scrotal or abdominal reconstruction where necessary.

Because surgery can have significant complications, the EAU recommends detailed counselling and appropriate specialist care.

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2. Erectile Dysfunction Can Make the Penis Appear Shorter

A normal erection does more than make the penis firm.

During erection, the corpora cavernosa expand in:

length + circumference + rigidity.

If blood inflow is inadequate or blood cannot be retained properly, the penis may become partially erect without reaching its full previous dimensions.

A patient may interpret this as:

“My penis has shrunk.”

But the real disease may be **erectile dysfunction**.

Cleveland Clinic's current review explains that reduced cardiovascular blood flow may produce less rigid erections and apparent reduction in erect size.

This is extremely common clinically.

How Does Vascular Disease Affect Penile Size During Erection?

Erection is primarily a neurovascular process.

Sexual stimulation causes release of nitric oxide.

Penile smooth muscle relaxes.

Blood enters the corpora cavernosa.

The expanding erectile tissue compresses draining veins.

Blood becomes temporarily trapped.

If the arteries have become damaged by:

- diabetes;
- hypertension;
- smoking;
- high cholesterol;
- cardiovascular disease;
- obesity;

the penis may not receive enough blood to expand fully.

A reduced erect size can therefore sometimes be an **erection-quality problem rather than true tissue loss**.

Erectile Dysfunction Can Be a Warning About General Health

This is one reason I take changes in erection seriously.

ED and cardiovascular disease share major risk factors.

A man who notices progressively softer or smaller erections may require evaluation for:

diabetes, hypertension, obesity, dyslipidaemia and cardiovascular risk.

Saira Health Care's published ED pathway similarly emphasizes treating reversible factors such as smoking, obesity, inactivity, poorly controlled diabetes, hypertension, sleep problems and stress before or alongside specific ED treatment.

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3. Peyronie’s Disease: One of the Most Important Causes of True Penile Shortening

Peyronie's disease is a **fibrotic disorder of the tunica albuginea**, the strong tissue surrounding the erectile chambers.

Scar tissue or plaque causes parts of the penis to lose normal elasticity.

During erection, one side expands less than the other.

The penis may therefore develop:

- curvature;
- indentation;
- hourglass deformity;
- hinge deformity;
- pain;
- loss of girth;
- true functional shortening.

The EAU lists Peyronie’s disease among the main causes of acquired intrinsic penile shortening.

Recent research continues to characterize Peyronie's disease as a fibro-inflammatory condition involving abnormal collagen remodelling and tissue fibrosis.

What Symptoms Suggest Peyronie’s Disease?

A patient should seek evaluation when shortening occurs together with:

new penile curvature, a palpable hard plaque, painful erection, indentation, narrowing or difficulty with penetration.

The disease often has an early active phase during which pain or deformity changes, followed by a more stable phase.

Treatment depends strongly on the phase and severity.

Can Peyronie's-Related Lost Length Be Recovered?

Sometimes partially.

Current EAU guidance states that **penile traction therapy (PTT)** may reduce deformity and help recover some length, although the available evidence remains limited and heterogeneous.

When traction is added to certain other Peyronie's treatments, studies have reported additional improvements in length, but results vary.

Surgery is reserved primarily for stable disease causing significant functional difficulty.

Treatment of Peyronie's Disease

Treatment may include:

Observation

For mild disease without major functional impairment.

Anti-inflammatory medication

For pain during the active phase when appropriate.

PDE5 inhibitors

When erectile dysfunction coexists.

Penile traction or vacuum treatment

May be considered as part of conservative or multimodal therapy.

Intralesional treatment

Certain selected patients may receive injectable therapy according to local availability and guideline criteria.

Surgery

When disease is stable and deformity prevents satisfactory intercourse.

Current EAU guidance recommends surgery only after the disease has stabilized and when the deformity significantly compromises intercourse.

Importantly, shockwave therapy may improve pain but **should not be promoted as a reliable method of straightening the penis or removing the plaque**.

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4. Penile Injury and Fibrosis

A significant penile injury can cause scar formation.

Scar tissue is less elastic than normal erectile tissue.

This can lead to:

- curvature;
- local narrowing;
- loss of length;
- erectile problems.

Cleveland Clinic includes penile injury and subsequent scarring among recognized causes of shortening.

A sudden injury during intercourse with a cracking sound, rapid swelling and immediate loss of erection can represent **penile fracture**, which requires urgent medical assessment.

It should never be managed with home massage or delayed until the next day.

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5. Radical Prostatectomy and Penile Shortening

Men treated surgically for prostate cancer may notice a reduction in penile length after radical prostatectomy.

The EAU includes radical prostatectomy among recognized causes of acquired intrinsic shortening.

Cleveland Clinic notes that a reduction of approximately **1 cm** may occur after prostate removal in some men and that length may recover partially over subsequent years.

The mechanisms are complex and may involve:

- nerve injury;
- reduced spontaneous erections;
- reduced tissue oxygenation;
- fibrosis;
- altered anatomical relationships after surgery.

This is why penile rehabilitation is sometimes discussed after prostatectomy.

Penile Rehabilitation After Prostate Surgery

Studies have evaluated:

- PDE5 inhibitors;
- vacuum erection devices;
- penile injections;
- traction devices.

A systematic review of randomized studies found that early vacuum treatment after radical prostatectomy may improve erectile outcomes and reduce postoperative penile shrinkage, although the overall evidence quality remains limited.

Earlier prospective work likewise found that regular vacuum-device use after surgery could help preserve stretched penile length in selected men.

This is very different from using a vacuum pump as a general cosmetic penis enlarger.

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6. Androgen-Deprivation Therapy for Prostate Cancer

Some men receiving androgen-deprivation treatment for prostate cancer develop measurable loss of penile length.

Prospective studies have demonstrated penile shortening during prolonged androgen suppression.

This is an important example because it can appear contradictory to another true statement:

Testosterone treatment does not enlarge a normally developed adult penis.

Both statements can be true.

Profound androgen suppression during cancer treatment can contribute to tissue changes and shortening, but giving extra testosterone to a normally developed adult does **not** reliably enlarge his penis beyond its adult anatomical size.

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7. Radiation and Other Pelvic Treatments

The EAU also lists:

- prostate radiotherapy;
- radical cystectomy;
- multiple penile or urethral operations

among recognized causes of acquired penile shortening.

The exact mechanism depends on the treatment but may include fibrosis, nerve changes, altered blood supply and reduced erectile activity.

Patients undergoing cancer treatment deserve counselling about sexual side effects before treatment whenever possible.

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8. Ageing

A small change in maximum erect dimensions may occur with age, but ageing should not be used to explain every major reduction.

Cleveland Clinic's January 2026 review notes that blood-vessel changes and decreasing elasticity of erectile tissues can produce modest changes with age, generally described as **fractions of an inch rather than dramatic loss**. It also emphasizes that men who maintain good cardiovascular health may notice little or no meaningful change.

A sudden two- or three-centimetre loss should therefore not simply be dismissed as:

“You are getting older.”

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9. Smoking

Smoking damages blood vessels and is an important erectile-dysfunction risk factor.

Cleveland Clinic notes that long-term smoking may reduce penile blood flow and tissue elasticity and increases the risk of ED and Peyronie’s disease—conditions that can affect apparent or functional length.

Stopping smoking therefore matters not simply for the lungs and heart but also for sexual health.

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10. Diabetes

Diabetes can affect penile function through:

vascular damage + endothelial dysfunction + nerve injury.

A diabetic man may therefore notice progressively weaker erections that do not expand to their former size.

Diabetes does not usually make a healthy adult penis suddenly anatomically disappear, but it can substantially reduce erectile quality.

If severe long-standing ED is present, chronic poor oxygenation and fibrotic changes may also become relevant.

Therefore, good glucose control is part of penile-health treatment.

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11. Low Testosterone: An Important Misunderstanding

Patients frequently ask:

"My penis has become smaller. Should I take testosterone?"

In adult men, the answer is usually **not for the purpose of penile enlargement**.

The current EAU penile-size guideline is very clear:

Testosterone and other hormonal therapies should not be used to increase penile size in males after puberty.

Hormonal treatment can be useful in boys with genuine micropenis or certain developmental endocrine disorders before or during appropriate developmental windows.

But once a normal adult penis has developed, giving testosterone does not reliably make it longer.

When Should Testosterone Be Checked?

Testosterone testing may still be appropriate when the patient also has symptoms such as:

- low sexual desire;
- reduced spontaneous erections;
- erectile dysfunction;
- reduced energy;
- other signs suggesting hypogonadism.

But testosterone treatment should be directed at **confirmed hormone deficiency**, not at adult penis enlargement.

And in men wanting children, external testosterone deserves particular caution because it can suppress sperm production.

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12. Priapism and Tissue Damage

Prolonged low-flow priapism can damage erectile tissue.

The EAU lists low-flow priapism among conditions capable of producing acquired penile shortening because prolonged ischemia can lead to corporal fibrosis.

An erection lasting approximately **four hours or longer** requires urgent medical attention.

Delaying treatment can cause permanent erectile dysfunction and tissue damage.

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13. Lichen Sclerosus and Chronic Genital Inflammation

Adult acquired buried penis may also occur in association with chronic inflammatory skin disease such as **lichen sclerosus**.

The EAU lists lichen sclerosus as one of the risk factors that should be considered when a man presents with a short-penis complaint, particularly when there are urinary or skin difficulties.

These patients may require specialist dermatological and urological treatment.

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14. Psychological Stress: Does It Physically Shrink the Penis?

Stress can temporarily make the flaccid penis appear more retracted and can interfere with erections.

But it is important to be precise:

Stress and anxiety do not normally cause permanent anatomical loss of penile tissue by themselves.

They can, however, create:

- less complete erections;
- greater sympathetic tone;
- excessive attention to genital size;
- performance anxiety;
- repeated measuring and checking.

A man may therefore become convinced that the penis has permanently shrunk even when objective measurement is unchanged.

Psychological factors are clinically real, but we should not incorrectly describe them as fibrosis or permanent tissue loss.

Penile Size Anxiety and Body Dysmorphic Disorder

Some men have a completely normal penis but experience severe distress about its size.

The EAU recognizes:

small penis anxiety, and in more severe cases, **penile dysmorphic disorder/body dysmorphic disorder**.

This can affect:

- confidence;
- relationships;
- sexual performance;
- willingness to undress;
- mental health.

Men with severe dysmorphic concerns may continue to feel dissatisfied even after cosmetic procedures.

The EAU therefore strongly recommends psychological evaluation when body dysmorphic disorder is suspected.

Counselling is not an insult to the patient.

It prevents an unnecessary high-risk operation from being used to treat primarily psychological distress.

Pornography and Unrealistic Size Expectations

Pornography can distort perception because performers are not representative of the average population and camera angles can create additional visual effects.

The EAU notes that media and pornography can contribute to altered expectations about normal penile dimensions.

I frequently remind patients:

Penile size is not a reliable measure of masculinity, fertility, testosterone level or a man's ability to satisfy a partner.

Does Masturbation Cause Penile Shrinkage?

No convincing medical evidence shows that normal masturbation causes permanent penile shortening.

Likewise, masturbation does not normally cause:

- permanent loss of penis size;
- permanent erectile dysfunction;
- depletion of testosterone;
- infertility.

Very aggressive masturbation can temporarily cause swelling, irritation or injury.

But when a man reports genuine shortening, I search for the actual medical cause rather than blaming masturbation.

Does Frequent Sex Make the Penis Smaller?

No.

Normal consensual sexual activity does not progressively use up penile tissue.

However, traumatic bending of an erect penis can cause injury, and repeated significant trauma may contribute to scarring in susceptible individuals.

Normal intercourse itself should not produce progressive anatomical shrinkage.

Does Lack of Sex Permanently Shrink the Penis?

There is no good evidence that an otherwise healthy man's penis simply becomes permanently small because he has not had sexual intercourse for a period of time.

The situation after **nerve injury, prostate surgery or severe long-term erectile dysfunction** is different because prolonged lack of normal erectile activity may coexist with reduced tissue oxygenation and fibrosis.

That is a medical condition, not the same as ordinary sexual abstinence.

Can Penile Size Affect Fertility?

Penile size and sperm quality are fundamentally different issues.

A man may have:

- a relatively short penis with normal sperm;

- a large penis with azoospermia;
- normal erections with severe infertility;
- erectile dysfunction with normal sperm production.

Male fertility depends primarily on sperm production, transport and reproductive function—not cosmetic penile length.

Penile size becomes relevant to fertility mainly if it creates a mechanical difficulty with vaginal penetration or ejaculation into the vagina.

How I Diagnose a Complaint of Penis Shrinkage

When a man consults me at Saira Health Care, I first take a detailed history.

I ask:

When did you notice the change?

Is it the flaccid penis, erect penis or both?

Have you objectively measured it?

Has your body weight increased?

Are erections less rigid?

Is the penis curved?

Is there pain or a hard plaque?

Have you undergone prostate, bladder or pelvic surgery?

Have you received radiation or hormone therapy for cancer?

Do you have diabetes, hypertension or cardiovascular disease?

Do you smoke?

Was there any penile injury?

Are you worried mainly because of comparisons with pornography or another person?

The answers direct the diagnosis.

Physical Examination

The examination may include:

- height and weight;

- BMI and suprapubic fat;
- penile skin;
- stretched penile length;
- penile girth;
- curvature or plaque;
- foreskin;
- evidence of buried penis;
- testes;
- signs of hypogonadism.

The EAU strongly recommends a comprehensive history and physical examination in patients complaining of a short penis and specifically recommends attention to adult acquired buried penis in obese patients.

Measuring Before and After Treatment

If the complaint is true shortening, I consider standardized measurements very useful.

Otherwise, improvement should not be judged by memory alone.

Measurement should ideally use the same:

- anatomical landmarks;
- degree of stretching;
- body position;
- examiner;
- environmental conditions.

Penile measurement methodology varies enough that inconsistent techniques can easily create misleading results.

When Is Penile Doppler Ultrasound Needed?

A penile Doppler ultrasound may be useful when there is concern about:

vascular erectile dysfunction, Peyronie’s disease or other structural/vascular problems.

However, imaging is **not routinely necessary simply because a man believes the penis is shorter**.

The EAU notes that routine imaging has not been shown to add sufficient information beyond appropriate history and physical examination for every short-penis complaint.

Testing should answer a clinical question.

Modern Treatment: Treat the Cause, Not the Measurement Alone

This is the central principle.

If obesity is hiding the shaft, treat obesity or buried penis.

If the erection is incomplete, treat erectile dysfunction.

If Peyronie's disease has shortened the penis, treat Peyronie's disease.

If prostate surgery is responsible, discuss penile rehabilitation.

If there is severe dysmorphic anxiety despite normal dimensions, psychological treatment is important.

If a true anatomical abnormality requires surgery, it should be performed by an experienced specialist.

One treatment cannot logically work for every form of "shrinkage."

Lifestyle Treatment

Lifestyle modification is particularly important when vascular disease or obesity is contributing.

Depending on the patient, I recommend:

- achieving a healthy weight;
- controlling diabetes;
- controlling hypertension;
- improving cholesterol;
- stopping smoking;
- regular exercise;
- adequate sleep;

- reducing excessive alcohol;
- managing psychological stress.

These measures are not instant enlargement treatments.

Their value is that they improve the health of the systems responsible for **normal erection and visible anatomy**.

Weight Loss Can Reveal More of a Buried Penis

For overweight men, this can be one of the most noticeable improvements.

As suprapubic fat decreases, a greater portion of the existing shaft may become visible.

The penis is not necessarily “growing.”

It is being **uncovered**.

The EAU encourages weight reduction and risk-factor modification in adult acquired buried penis.

This distinction helps set realistic expectations.

Treating Erectile Dysfunction

When reduced erect size is largely due to ED, treatment may involve:

- cardiovascular/metabolic improvement;
- psychosexual counselling;
- PDE5 inhibitors such as sildenafil or tadalafil;
- vacuum erection devices;
- injection therapy;
- penile prosthesis in selected severe cases.

Saira Health Care's current ED pathway similarly includes lifestyle care, counselling, evidence-supported ED medication, vacuum devices, injections, hormonal treatment when indicated, supervised traditional medicine and surgery in selected cases.

Improving erection quality can restore more complete expansion even though the anatomical penis itself was never actually shortened.

PDE5 Inhibitors Do Not Permanently Enlarge the Penis

Sildenafil and tadalafil increase erectile blood flow during sexual stimulation.

A stronger erection may look longer and fuller.

But these medicines should not be described as permanent penis-enlargement drugs.

Their purpose is the treatment of erectile dysfunction.

Penile Traction Therapy

Penile traction devices apply controlled mechanical stretching over time.

The current EAU guideline considers traction a conservative option that **can increase length**, although the quality of evidence remains relatively weak because available studies are small and heterogeneous.

Some studies in men seeking treatment for short penile size reported mean gains of around one to two centimetres depending on protocol and adherence.

But patients should understand:

- treatment may require months;
- devices may require hours of use;
- gains are generally modest;
- girth does not reliably increase;
- improper use can cause injury.

It should ideally be discussed with a sexual-medicine or urology professional rather than purchased blindly online.

Vacuum Erection Devices

Vacuum devices can be very useful for **erectile dysfunction** and may help penile rehabilitation in selected men after radical prostatectomy.

However, evidence for using a vacuum pump simply to make a normal adult penis permanently longer is weak.

The EAU cites a study in which six months of vacuum treatment did not produce a significant increase in stretched or flaccid length in men with short-penis complaints.

So I differentiate:

VED for ED or postoperative rehabilitation:

Potentially useful.

VED as a guaranteed permanent enlargement method:

Not supported by strong evidence.

Testosterone and Hormonal Therapy

One of the clearest recommendations in current guidelines is:

Do not use testosterone or other hormonal therapy simply to enlarge the penis after puberty.

This is particularly important because men may purchase testosterone illegally because they believe it will make the penis larger.

It may instead cause:

- suppression of sperm production;
- testicular shrinkage;
- acne;
- elevated hematocrit;
- other endocrine complications.

Hormone treatment should be used only for genuine medical indications.

Surgical Lengthening

Penile lengthening surgery exists, but it should not be considered a simple cosmetic procedure.

Techniques may include:

- suspensory ligament release;
- suprapubic fat removal;
- reconstructive procedures;
- complex corporal lengthening in severe acquired shortening.

The EAU reports that some procedures can increase visible or measured length but also have significant complications and should be performed in experienced centres.

Complications may include:

infection, scarring, altered erection angle, sensory changes, poor cosmetic outcome, fibrosis and dissatisfaction.

Therefore, realistic expectations are essential.

Do Not Inject Silicone, Oil, Paraffin or Vaseline Into the Penis

This is extremely important.

Some men attempt non-medical enlargement by injecting foreign substances.

The EAU warns that substances such as **silicone, paraffin and petroleum jelly** can produce severe foreign-body inflammation, infection and even serious tissue destruction requiring reconstructive surgery.

No patient should attempt home injection or allow an unqualified person to perform such procedures.

The Unani Understanding of Penile Shrinkage

The modern concept of **acquired penile shortening** is highly specific.

It can involve:

Peyronie's fibrosis, buried penis, post-prostatectomy change or another measurable anatomical process.

Classical Unani medicine does not necessarily contain one disease entity that corresponds exactly to every modern type of "penis shrinkage."

This is an important academic clarification.

However, Unani literature contains several concepts relevant to associated male sexual dysfunction—particularly **Du'f-i-Bah/Zu'f-i-Bah**, or sexual debility, and **Istirkha'-i-Qazib**, or penile flaccidity.

CCRUM literature specifically lists **Istirkha'-i-Qazib (penile flaccidity)** and **Du'f-i-Bah (sexual debility)** among traditional male sexual-health conditions.

These concepts may be clinically relevant when the patient's main complaint of "shrinkage" is actually associated with:

poor erection, reduced rigidity, sexual weakness, reduced confidence or broader health problems.

They should not, however, be presented as scientifically identical to modern Peyronie's fibrosis or post-prostatectomy anatomical shortening.

Why the Unani System Can Be Useful

The particular value of Unani medicine is its **whole-person approach**.

A patient is not evaluated only by measuring the penis.

I consider:

- **Mizaj**, or temperament;
- general vitality;
- diet;
- digestion;
- body weight;
- sleep;
- psychological state;
- physical activity;
- chronic illness;
- urinary and reproductive symptoms;
- erectile function;
- fertility goals.

This is particularly useful because many complaints of “shrinkage” are actually connected with:

obesity, diabetes, erectile dysfunction, anxiety or general health.

Unani medicine provides a framework for addressing these broader contributors.

Mizaj and Individualized Care

Mizaj is one of the foundations of Unani medicine.

Traditional theory describes individual constitutional patterns using qualities such as:

heat, coldness, moisture and dryness.

I consider this traditional constitutional assessment useful for individualizing care, but I do not tell patients that:

“cold Mizaj equals arterial insufficiency”

or

“phlegm equals penile fibrosis.”

Modern vascular physiology and classical Unani humoral theory are different explanatory models.

Responsible integrative medicine should not artificially merge them.

Du‘f-i-Bah and Istirkha'-i-Qazib

In Unani medicine, sexual debility has traditionally included reduced sexual capacity and problems with penile firmness.

CCRUM publications recognize **Istirkha'-i-Qazib—penile flaccidity—**within traditional male sexual-health terminology.

This can provide a useful traditional framework when the patient who says:

“My penis has become smaller”

actually means:

“My erection no longer becomes fully firm and expanded.”

In such cases, improving the factors contributing to erectile function may improve the patient's perceived size.

Again, this does not mean an herb mechanically lengthens the corpora cavernosa.

The Four Broad Modes of Unani Treatment

Unani treatment traditionally includes:

Ilaj-bil-Ghiza

Dietotherapy.

Ilaj-bil-Tadbir

Regimental and lifestyle therapy.

Ilaj-bil-Dawa

Pharmacotherapy.

Ilaj-bil-Yad

Surgical treatment where appropriate.

CCRUM's Standard Unani Treatment Guidelines use this structured approach to disease management.

This is particularly useful for penis-shrinkage complaints because the treatment often needs to extend beyond medicine.

Ilaj-bil-Ghiza: Dietotherapy

I do not consider any food capable of directly adding several centimetres to an adult penis.

That would not be scientifically responsible.

But diet can affect:

- body weight;
- diabetes;
- cholesterol;
- vascular health;
- energy;
- hormonal health.

Therefore, diet can indirectly improve penile function.

A man with obesity and buried penis may benefit from weight reduction.

A diabetic patient requires glucose-conscious nutrition.

A patient with cardiovascular disease needs vascular-risk reduction.

That is a practical and medically meaningful role for dietotherapy.

Ilaj-bil-Tadbir: Lifestyle and Regimental Therapy

This is one of the strongest areas for modern–Unani integration.

The patient may benefit from:

- regular exercise;
- adequate sleep;

- stress management;
- smoking cessation;
- weight reduction;
- improved general fitness.

Such measures support both cardiovascular and sexual health.

For patients whose apparent shortening is mainly due to poor erection or obesity, these changes may produce noticeable improvement.

Massage and External Oils

Traditional systems sometimes use massage or topical oils for male sexual concerns.

Massage can potentially provide:

relaxation and temporary local warmth.

However, I would not claim that ordinary massage or an external herbal oil has been scientifically proven to:

- dissolve Peyronie's plaque;
- reverse major fibrosis;
- permanently lengthen the corpora cavernosa;
- reverse surgical shortening.

Patients should also avoid aggressive stretching or forceful massage of a painful or curved penis because trauma may worsen injury.

Ilaj-bil-Dawa: Unani Medicines

Traditional Unani pharmacotherapy contains preparations used for:

sexual debility, penile flaccidity, premature ejaculation and general reproductive vitality.

The source material provided for this topic mentions traditional formulations such as:

Majoon Xarab/Jawahar Wala, Kushta Qalai and Habbe Mumsik Tilai.

These medicines belong to a traditional therapeutic framework.

However, for a textbook-quality article, an important distinction must be made:

Traditional use for sexual debility does not prove that a formulation can restore objectively measured penile length lost because of Peyronie's disease, radical prostatectomy, severe obesity or fibrosis.

High-quality clinical trials demonstrating permanent adult penile-length restoration with these formulations are currently lacking.

Kushta Qalai: Traditional Use and Safety

CCRUM has published research describing **Kushta Qalai as a herbo-mineral Unani preparation** traditionally used for male sexual complaints including sexual debility, premature ejaculation and related reproductive concerns.

The CCRUM publication evaluated sub-acute toxicity in laboratory animals after traditional processing.

That is useful pharmaceutical research, but it does **not** establish Kushta Qalai as a clinically proven treatment for penile shortening.

Because Kushta preparations involve mineral substances and specialized calcination, patients should use them only when:

- the formulation is appropriately manufactured;
- quality has been controlled;
- the dose is appropriate;
- a qualified practitioner has assessed the patient.

"Traditional" should never be interpreted as "any quantity is safe."

Habbe Mumsik Tilai

Habbe Mumsik Tilai is traditionally associated more closely with **ejaculatory control, sexual stamina and male sexual function** than with objective restoration of adult penile length.

Therefore, if used in clinical practice, its purpose should be described accurately.

It should not be advertised as a scientifically established penile-lengthening medicine without appropriate evidence.

This distinction protects both patients and the credibility of Unani medicine.

Herbal Aphrodisiacs Are Not Penile-Lengthening Drugs

Some herbs may support:

libido, general vitality, psychological well-being or erectile function.

But improvement in sexual desire is not identical to anatomical enlargement.

Improvement in erection may make the penis **appear longer because it reaches full rigidity**.

That is different from adding new permanent anatomical length.

I consider this distinction essential.

Natural Does Not Mean Side-Effect Free

It is incorrect to say that Unani treatment has no significant side effects simply because it uses traditional or natural substances.

Traditional medicines may contain:

herbs, minerals or other biologically active ingredients.

They can interact with:

- diabetes medicines;
- blood-pressure medicines;
- anticoagulants;
- psychiatric medicines;
- other treatments.

The correct principle is:

Safe traditional medicine means the right medicine, correctly manufactured, at the right dose, for the right patient.

Psychological Care Is Also Compatible With Unani Medicine

The holistic philosophy of Unani medicine is particularly compatible with addressing psychological distress.

A man who repeatedly measures his penis, compares himself with pornography and believes that a normal-sized penis is inadequate may need:

education, reassurance and psychological counselling.

This is not a rejection of traditional treatment.

It is treatment of the actual problem.

Current EAU guidance strongly recommends mental-health counselling when body dysmorphic disorder is suspected.

My Special Approach at Saira Health Care

When a patient consults me for “penis shrinkage,” I prefer a systematic approach.

Step 1: Confirm Whether There Is Real Shortening

I compare the complaint with objective measurement.

If previous reliable measurements exist, I compare them.

This prevents treatment of a problem that may be only perceived.

Step 2: Determine Whether the Penis Is Hidden

I assess:

body weight, suprapubic fat, buried penis and genital skin.

Step 3: Assess Erectile Function

If erection has become weak, I investigate the causes of ED.

Step 4: Look for Peyronie’s Disease

I ask about:

curvature, pain, plaque, indentation and loss of girth.

Step 5: Ask About Surgery, Cancer Treatment or Injury

Previous:

prostate surgery, radiation, androgen deprivation, bladder surgery or penile trauma

can completely change the diagnosis.

Step 6: Evaluate General Health

I consider:

diabetes, hypertension, cardiovascular disease, obesity, smoking, hormones and medications.

Step 7: Assess Psychological Concerns

If the objective size is normal but anxiety is severe, I discuss body-image expectations sensitively.

Step 8: Perform an Individualized Unani Assessment

I consider:

Mizaj, diet, general vitality, sleep, psychological state, lifestyle and associated sexual complaints.

Step 9: Select Treatment According to the Cause

Treatment may involve:

weight reduction, metabolic treatment, ED therapy, counselling, penile traction in selected patients, Peyronie's treatment, postoperative rehabilitation, urological surgery or appropriately supervised traditional Unani supportive treatment.

Step 10: Monitor Objective and Functional Outcomes

I evaluate:

- measured length when relevant;
- erection quality;
- curvature;
- pain;
- intercourse ability;
- psychological satisfaction;
- general health.

This is far more useful than telling every man:

"Take this medicine and your penis will grow."

Why I Do Not Give Every Patient the Same Penis-Shrinkage Treatment

Consider four patients.

Patient 1

A 34-year-old man has gained 25 kg. His penis measures normally from the pubic bone but much of the shaft is buried in pubic fat.

His primary treatment is weight management and, if severe, buried-penis evaluation.

Patient 2

A 48-year-old diabetic has gradually weaker erections. His fully erect penis seems shorter because he is not achieving complete rigidity.

His principal problem is erectile dysfunction.

Patient 3

A 52-year-old man develops a hard plaque, upward curvature and true loss of length.

He likely needs evaluation for Peyronie's disease.

Patient 4

A 27-year-old man has normal clinical measurements but repeatedly compares himself with pornographic performers and spends hours worrying about penile size.

His main difficulty may be penile-size anxiety rather than anatomical disease.

Giving all four the same aphrodisiac would not represent individualized medicine.

Can a Penis That Has Shrunk Return to Its Previous Size?

Sometimes—but it depends entirely on the cause.

Cold-related retraction

Usually fully reversible.

Weight-related apparent shortening

Often substantially improves as suprapubic fat decreases.

Incomplete erection

May improve when ED is successfully treated.

Post-prostatectomy shortening

Some length may recover over time, and rehabilitation may help selected patients.

Peyronie’s disease

Traction or appropriate treatment may restore some functional length, but full recovery is not guaranteed.

Severe fibrosis or surgical loss

May require reconstructive treatment.

Normal penis with size anxiety

The penis does not need anatomical restoration; psychological distress needs treatment.

Can Penile Traction Make the Penis Longer?

In selected patients, yes, modestly.

The EAU considers traction therapy capable of producing length gains, but emphasizes that evidence quality is limited.

It should not be described as a guaranteed method for dramatic enlargement.

The best-supported role is in carefully selected men, including some with:

short-penis complaints, Peyronie's disease or postoperative shortening.

Can a Vacuum Pump Permanently Enlarge the Penis?

Evidence does not support vacuum devices as a reliable general permanent lengthening treatment.

Their strongest medical roles are:

erectile dysfunction and certain penile-rehabilitation settings.

The EAU notes lack of significant permanent length improvement in studies of vacuum use for ordinary short-penis complaints, although benefits have been reported after radical prostatectomy and in selected reconstructive contexts.

Can Testosterone Increase Penis Size After Puberty?

No, not as a routine adult enlargement treatment.

The EAU strongly advises against testosterone or other hormonal therapy for increasing adult penile size after puberty.

Can Unani Medicine Help?

Yes—but its useful role should be described correctly.

Unani medicine can be valuable in the management of **associated factors**, especially:

- sexual debility;
- erectile weakness;
- psychological stress;

- obesity and unhealthy lifestyle;
- general vitality;
- diet;
- sleep;
- metabolic health.

Traditional concepts such as **Du'f-i-Bah and Istirkha'-i-Qazib** provide a framework for sexual debility and penile flaccidity.

But a major anatomical problem such as severe Peyronie's fibrosis, post-cancer surgical shortening or adult acquired buried penis may require modern urological treatment.

That is why I favour an integrative approach rather than promising that one traditional medicine corrects every cause.

Common Myths About Penis Shrinkage

"Masturbation permanently makes the penis smaller."

No convincing evidence supports this.

"Every soft or smaller erection means the penis has anatomically shrunk."

No. Incomplete erection can reduce apparent erect length without true tissue loss.

"Obesity permanently shortens the penis."

Often the penis is normal in anatomical size but buried in suprapubic fat.

"Testosterone tablets or injections make an adult penis longer."

Current EAU guidance specifically advises against hormonal therapy for adult penile enlargement after puberty.

"All penile shrinkage is due to ageing."

No. Peyronie's disease, obesity, ED, surgery, smoking, vascular disease and trauma are among important causes.

"A vacuum pump permanently increases size."

Not reliably. Vacuum therapy has other valid medical uses, particularly for ED and postoperative rehabilitation.

"Any herbal oil can dissolve penile scar tissue."

There is no high-quality evidence that ordinary topical herbal oils reliably reverse established Peyronie's fibrosis.

"Natural enlargement treatments have no risks."

Incorrect. Herbal products, aggressive stretching, injections and unregulated devices can all cause adverse effects.

"If the penis is below average, sexual satisfaction is impossible."

No. Penile size varies widely, and sexual satisfaction depends on many anatomical, psychological and relationship factors.

Frequently Asked Questions

Why does my penis suddenly look smaller?

Temporary causes include cold or anxiety. Other possibilities include weight gain, weaker erections, buried penis or a change in how you are measuring it. Persistent changes deserve evaluation.

Why has my erect penis become shorter?

Common possibilities include incomplete erection, Peyronie's disease, vascular ED or previous pelvic/prostate treatment.

Can diabetes make the penis smaller?

Diabetes can damage blood vessels and nerves and reduce erection quality. That may reduce functional erect size. Severe chronic ED may also be associated with tissue changes.

Can obesity cause penis shrinkage?

It commonly causes **apparent shortening** because suprapubic fat covers more of the shaft.

Can Peyronie's disease shorten the penis?

Yes. Fibrotic plaque can cause curvature, narrowing and loss of functional length.

Does prostate surgery cause penile shortening?

Some men experience temporary or persistent reduction after radical prostatectomy. Postoperative rehabilitation has been studied to preserve erectile function and length.

Can penis size recover after prostatectomy?

Partial or substantial recovery can occur in some men over time, but outcomes vary.

Can low testosterone shrink an adult penis?

Adult hypogonadism can affect libido and erections, but testosterone replacement does not reliably increase anatomical penile size after puberty.

Can traction therapy help?

It may produce modest length gains in selected patients, but treatment requires prolonged use and evidence quality remains limited.

Can Unani medicines increase penile size?

Unani medicines may be used for traditional conditions such as sexual debility or penile flaccidity and may support overall sexual health in selected patients. There is insufficient high-quality evidence to say that one oral Unani formulation permanently increases adult anatomical penile length.

When should I consult a doctor?

Seek evaluation when shortening is persistent, objectively noticeable, associated with ED, pain, curvature, plaque, previous surgery, trauma or significant psychological distress.

When Is Urgent Treatment Required?

Most penis-size complaints are not emergencies.

However, urgent medical assessment is needed for:

- a suspected penile fracture;
- sudden severe penile trauma;
- an erection lasting four hours or longer;
- rapidly developing severe swelling or discoloration;
- signs of severe infection;
- acute urinary obstruction.

These conditions should not be treated initially with massage, oils or home remedies.

Dr. Nizamuddin Qasmi and My Work in Sexual Disorders & Infertility

I am **Dr. Nizamuddin Qasmi**, Founder and Chief Physician of **Saira Health Care**, with a focused clinical practice in **sexual disorders and infertility**.

My professional education and training listed for this article include:

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 professional profile lists **BUMS, MD, CGO, Certificate in Infertility and Certificate in Urology – London, UK**, and describes my focused work in sexual disorders and infertility.

Saira Health Care's current published clinical material additionally presents my professional profile with the Male Infertility Masters and integrated sexual and reproductive health training used in the clinic's educational content.

MasterHealthPro publicly offers advanced training in male infertility and sexual dysfunction, with curricula covering male reproductive evaluation and sexual-health conditions.

This combined perspective is especially useful in penile-size complaints because the patient may simultaneously have:

erectile dysfunction, Peyronie's disease, hormonal concerns, fertility concerns and psychological distress.

These problems should be separated rather than placed under the vague label "sexual weakness."

Contribution of Saira Health Care to Sexual Disorders and Infertility

At Saira Health Care, I believe one of the most important services we can provide is **accurate sexual-health education**.

Men frequently arrive after being told:

"Your penis has shrunk because of masturbation."

"Low testosterone is the cause of every size problem."

"Any oil can permanently enlarge the penis."

"Every small-looking penis needs surgery."

"If your penis is not very large, you cannot satisfy your partner."

These statements can produce unnecessary fear and unsafe self-treatment.

Saira Health Care publicly describes its philosophy as patient-centered, combining traditional knowledge with contemporary research, lifestyle guidance and individualized treatment.

For penis-size complaints, I believe that means:

measure first, diagnose second and treat third.

My Treatment Philosophy

When a patient tells me:

“My penis has become smaller,”

I do not want him to leave with only a prescription.

I want him to understand:

whether it really became smaller;
why it changed;
whether erection quality is responsible;
whether obesity is hiding the shaft;
whether Peyronie’s disease is present;
whether treatment can restore some length;
and whether his concern is anatomical or psychological.

I then combine appropriate modern investigation and treatment with individualized Unani diet, lifestyle and supportive therapy where it is medically reasonable.

This is what I consider responsible integrative sexual medicine.

Prognosis

The prognosis depends on the cause.

Temporary retraction

Excellent; usually resolves naturally.

Obesity-related apparent shortening

Often improves substantially with weight loss; severe buried penis may require surgery.

Reduced erection rigidity

Can improve when the cause of ED is treated.

Peyronie’s disease

Pain often improves over time, while curvature and shortening may require traction, injection treatment or surgery depending on severity.

Post-prostatectomy shortening

Some recovery may occur; selected penile-rehabilitation approaches may help preserve length and erectile function.

Severe fibrosis or traumatic shortening

More difficult and may require specialist reconstruction.

Size anxiety with normal anatomy

Prognosis can be good when unrealistic expectations and psychological distress are addressed appropriately.

Conclusion

The term **"penis shrinkage"** can be misleading because it describes several very different conditions.

Current 2026 urological guidance distinguishes **true anatomical shortness, apparent shortening from buried penis, acquired shortening from disease or treatment, and psychological dissatisfaction with normal penile size**.

Some changes are only temporary.

Cold can cause short-term genital retraction.

Weight gain can conceal a normally sized penis.

Poor erection quality can make the erect penis appear shorter because the erectile chambers are not expanding completely.

True acquired shortening can occur with conditions such as **Peyronie's disease, radical prostatectomy, pelvic cancer treatment, severe injury, fibrosis and certain other urological conditions**.

Peyronie's disease deserves particular attention because its fibrotic plaque may cause genuine loss of functional length, curvature and narrowing. Penile traction may help selected men recover some length, but the evidence remains limited and results should not be exaggerated.

Another important message concerns testosterone.

Although hormonal treatment is used for specific developmental forms of micropenis in children, current EAU guidance strongly recommends **not using testosterone or other hormonal therapy simply to increase penile size after puberty**.

Likewise, vacuum devices have legitimate roles in erectile dysfunction and postoperative penile rehabilitation, but they should not be advertised as guaranteed permanent cosmetic enlargement devices.

The **Unani system of medicine** contributes a valuable whole-person perspective through its traditional concepts of **Du'f-i-Bah, Istirkha'-i-Qazib, Mizaj, diet, regimen and general vitality**. CCRUM literature specifically recognizes penile flaccidity and sexual debility within Unani male sexual-health practice.

However, responsible Unani medicine should distinguish between:

supporting sexual vitality or erection and **objectively restoring anatomical penile length**.

A traditional formulation may support sexual function in an appropriately selected patient, but severe Peyronie's fibrosis, buried penis, post-surgical anatomical change or significant erectile disease may require modern urological treatment.

At **Saira Health Care**, my approach as **Dr. Nizamuddin Qasmi** is therefore based on one central principle:

I do not treat every complaint of penis shrinkage as one disease. I first confirm whether shortening is real or only apparent, evaluate erection quality, obesity, Peyronie's disease, previous surgery, vascular health, hormones and psychological factors, and then prepare an individualized treatment plan. Where appropriate, modern sexual medicine and professionally supervised Unani care can complement each other, but treatment must always match the actual cause.

The most important message I want patients to remember is:

Do not judge your masculinity or fertility by appearance alone, and do not attempt unsafe enlargement treatments. If you notice a genuine persistent change in penile length, erection, curvature or shape, proper evaluation is far more useful than random oils, hormones, pills or unregulated devices. Many causes can be treated or improved once we identify what is actually happening.

About Saira Health Care

Saira Health Care focuses on **sexual disorders, male and female infertility and reproductive health**, with a patient-centered approach combining individualized Unani assessment, lifestyle guidance and appropriate contemporary diagnostic understanding.

SAIRA HEALTH CARE
An ISO Certified Clinic
SEXUAL DISORDERS & INFERTILITY CENTER

Medical Disclaimer

This article is intended for **general medical education and sexual-health awareness**. It does not replace an individualized examination, penile measurement, urological assessment or appropriate investigation.

Penile size varies widely between healthy men. A penis that appears smaller is not necessarily anatomically shortened.

Do not start testosterone, bodybuilding hormones or other endocrine treatments for penile enlargement without appropriate medical evaluation. Current EAU guidance advises against hormonal therapy for increasing penile size after puberty.

Do not forcefully stretch or massage a painful, injured or curved penis.

Do not inject silicone, paraffin, petroleum jelly or other unapproved substances into the penis. Serious inflammation, infection and tissue damage can occur.

Traditional Unani medicines, including herbo-mineral preparations, are biologically active and should be appropriately manufactured, quality-controlled and professionally supervised.

No conventional medicine, Unani formulation, oil, supplement, traction device, vacuum pump or surgical procedure can responsibly guarantee a particular permanent increase in penile length or identical results in every patient.