Peyronie's Disease and Its Treatment in Unani Medicine: Causes, Penile Curvature, Diagnosis, Modern Management and the Integrative Approach at Saira Health Care

Introduction

Peyronie's disease is an acquired disorder of the penis in which abnormal fibrous scar tissue, called a **plaque**, develops within the **tunica albuginea**—the strong elastic covering surrounding the erectile chambers of the penis. Because this scarred area does not stretch normally during an erection, the penis can bend or curve toward the affected side.

For some men, the condition causes only a mild change in shape. For others, it may produce considerable curvature, painful erections, penile shortening, narrowing, an hourglass deformity, erectile dysfunction, difficulty with penetration, relationship difficulties and substantial psychological distress.

Peyronie's disease should not be considered merely a cosmetic problem. In significant cases, it can affect **sexual function, self-confidence, intimate relationships and, indirectly, the ability to achieve pregnancy when intercourse becomes difficult**.

The European Association of Urology significantly revised its Peyronie's disease evidence review in its **2026 Sexual and Reproductive Health Guidelines**, incorporating newer evidence on prevalence, oral and conservative treatment, penile traction, injections and surgery.

The **Unani system of medicine** offers an important holistic perspective by considering the individual's Mizaj or temperament, lifestyle, diet, metabolic health, general vitality, psychological well-being and associated sexual problems. Its greatest contemporary value lies in providing individualized supportive management while modern diagnostic methods are used to determine the actual stage and structural severity of Peyronie's disease.

At **Saira Health Care**, this integrative philosophy is particularly relevant because Dr. Nizamuddin Qasmi's clinical work focuses on sexual disorders and infertility, where penile curvature may coexist with erectile dysfunction, anxiety, diabetes, reproductive concerns or other male sexual-health conditions.

What Exactly Is Peyronie's Disease?

Peyronie's disease is a **fibrotic disorder**.

The penis contains two main erectile chambers called the **corpora cavernosa**. These chambers are surrounded by a tough but elastic layer known as the tunica albuginea.

During a normal erection, the erectile chambers fill with blood and the tunica stretches relatively evenly.

In Peyronie's disease, an area of the tunica becomes abnormally scarred.

Scar tissue is less elastic than healthy tissue. Therefore, when the rest of the penis expands during erection, the affected region does not expand normally.

The result may be:

- bending or curvature;
- indentation;
- narrowing;
- hourglass deformity;
- loss of penile length;
- instability or a “hinge” effect;
- painful erection;
- erectile dysfunction.

The National Institute of Diabetes and Digestive and Kidney Diseases describes Peyronie’s plaque as benign scar tissue—not cancer, not a tumour and not the type of plaque that forms inside arteries.

A Mildly Curved Penis Is Not Always Peyronie’s Disease

This distinction is very important.

Many men naturally have some degree of penile curvature.

A penis that has always curved slightly to one side and causes no pain or difficulty with sexual intercourse may simply represent normal anatomical variation or **congenital penile curvature**.

Peyronie’s disease is more likely when a man previously had a relatively straight erection and then develops a **new curve, new plaque, shortening, indentation or pain**.

Congenital penile curvature and Peyronie’s disease are therefore two different conditions.

Current EAU guidance states that congenital curvature results from disproportionate development of the tunica albuginea and does not involve the acquired scar plaque characteristic of Peyronie’s disease.

How Common Is Peyronie’s Disease?

Estimates vary substantially because many men do not discuss the condition with a healthcare professional.

The 2026 EAU guideline reports prevalence estimates ranging from approximately **0.1% to 20.3%**, depending on the population and method used to identify cases. The condition appears more common among men with erectile dysfunction and diabetes. Peyronie's disease most commonly presents around **50–60 years of age**, although younger men can also be affected.

NIDDK notes that diagnosed cases represent only part of the true burden because many men with symptoms never receive a formal diagnosis.

The wide variation in prevalence should therefore not be interpreted as uncertainty about whether the disease exists; it reflects differences in study populations, diagnostic definitions and under-reporting.

Why Does Peyronie's Disease Develop?

The exact cause is not fully understood.

The most widely accepted explanation involves **abnormal healing following injury or repeated micro-injury to the penis**.

During sexual activity, sport or accidental trauma, the penis can occasionally bend or experience small injuries.

Most men heal normally.

In a susceptible individual, however, the healing response may become excessive. Collagen and other components of scar tissue accumulate within the tunica albuginea and form a fibrous plaque.

Importantly, many patients cannot remember a specific injury.

Repeated microscopic injuries may occur without obvious bruising or severe pain.

NIDDK identifies acute or repeated penile injury and possible autoimmune mechanisms among the principal suspected causes.

Who Is More Likely to Develop Peyronie's Disease?

Several factors appear to increase risk.

NIDDK identifies higher risk among men with repeated penile micro-injury, certain connective-tissue or autoimmune disorders, a family history of Peyronie's disease, older age, diabetes accompanied by erectile dysfunction and a history of prostate-cancer surgery.

One of the most recognized associations is **Dupuytren's contracture**, a fibrotic condition affecting the hand.

Current EAU guidance specifically recommends looking for Dupuytren's contracture and Ledderhose disease when assessing men with Peyronie's disease.

These associations support the idea that some men may have an individual predisposition toward abnormal fibrous healing.

Diabetes and Peyronie's Disease

Diabetes is particularly important because it can contribute simultaneously to **erectile dysfunction and Peyronie's disease**.

Chronically elevated blood glucose can impair blood vessels, nerves and tissue healing.

NIDDK reports that men with diabetes-associated erectile dysfunction have a substantially higher likelihood of Peyronie's disease than the general population.

This means a patient presenting with penile curvature should not be assessed only for the shape of his penis.

Blood glucose, vascular health and erectile function may also require attention.

From an integrative perspective, this is an important area where Unani diet and lifestyle management can complement conventional medical care.

Symptoms of Peyronie's Disease

Symptoms vary from person to person.

A patient may first notice a small hard area under the skin.

Another may first notice pain.

Another may suddenly realize that his erection has started bending.

Common features include:

- a hard plaque or lump;
- new penile curvature;
- erection-related pain;
- shortening of the penis;
- narrowing or indentation;
- hourglass-shaped deformity;
- difficulty with sexual penetration;

- reduced erection quality;
- anxiety or embarrassment about appearance.

NIDDK confirms that Peyronie's disease may cause lumps, erection-related pain, curvature, narrowing, shortening and ED.

Different Shapes of Peyronie's Disease

Peyronie's disease does not always create a simple C-shaped curve.

It may produce:

Dorsal Curvature

The penis curves upward.

Ventral Curvature

The penis curves downward.

Lateral Curvature

The penis bends to the left or right.

Multiplanar Curvature

The penis bends in more than one direction.

Hourglass Deformity

Part of the shaft becomes circumferentially narrower, creating an hourglass appearance.

Indentation

One side of the shaft becomes narrowed or indented.

Hinge Deformity

A narrowed area becomes unstable during erection and may bend under pressure during penetration.

The 2026 EAU guideline notes that around 10% of surgical patients may present with complex or atypical features such as hourglass deformity, ossified plaque, severe shortening, unilateral indentation or multiplanar curvature.

The Two Clinical Phases of Peyronie's Disease

Understanding the **stage of disease** is essential because treatment differs.

1. Active or Acute Phase

During the active phase:

- the plaque is developing;
- curvature may still be changing;
- the penis may become progressively shorter or more deformed;
- erections may be painful.

NIDDK describes an active phase that may last up to approximately 18 months.

Current EAU guidance considers recent change in penile deformity, shorter symptom duration and erection-related pain as features suggesting active disease.

Treatment during this stage generally focuses on pain control, preservation of erectile function and, where appropriate, conservative strategies intended to limit functional deterioration.

2. Stable or Chronic Phase

Eventually, the disease may stabilize.

The curvature stops changing and pain usually diminishes.

Current EAU guidance considers resolution of pain and curvature stability for at least approximately three months useful evidence that the disease has stabilized.

This is particularly important when considering surgery.

Does the Pain Eventually Go Away?

Often, yes.

Pain is more common during active inflammation and frequently decreases as the disease becomes stable.

However, improvement in pain does **not necessarily mean that the plaque or curvature has disappeared**.

A man may become completely pain-free but continue to have significant bending or shortening.

This is why the patient should not assume that pain relief means that Peyronie's disease has been cured.

Peyronie's Disease and Erectile Dysfunction

Peyronie's disease and ED frequently occur together.

Current EAU guidance reports erectile dysfunction in approximately **30% to 70.6%** of men evaluated for Peyronie's disease.

Several mechanisms may contribute.

The scarred tunica can impair normal expansion.

Severe curvature can make penetration mechanically difficult.

Diabetes or vascular disease may coexist.

Pain may interfere with arousal.

Psychological anxiety can further worsen erection quality.

A man may also begin fearing intercourse because he worries about pain, bending or losing his erection.

Treatment therefore needs to assess both **shape and erection quality**.

Psychological Impact of Peyronie's Disease

The psychological effect is sometimes greater than the physical deformity.

Men may experience:

- embarrassment;
- reduced self-esteem;
- fear of rejection;
- depression;
- sexual-performance anxiety;
- avoidance of intimacy;
- relationship stress.

NIDDK specifically recognizes depression, anxiety, relationship stress and concern about penile appearance or sexual ability among potential complications.

The EAU Peyronie's Disease Questionnaire also evaluates psychological and physical symptoms, penile pain and the degree to which the disease bothers the patient.

A complete treatment plan should therefore address emotional well-being rather than focusing only on the number of degrees of curvature.

Does Peyronie's Disease Cause Infertility?

Peyronie's disease usually does **not directly damage sperm production**.

A man may have completely normal sperm count, motility and morphology while having significant penile curvature.

However, fertility can be affected indirectly.

If severe bending, pain or erectile dysfunction makes vaginal intercourse difficult or impossible, the opportunity for natural conception decreases.

NIDDK lists difficulty fathering a child because intercourse becomes difficult among potential complications of Peyronie's disease.

Therefore, when a couple is also experiencing infertility, semen analysis and a complete male-fertility assessment should be considered separately.

Diagnosis of Peyronie's Disease

Diagnosis usually begins with **medical history and physical examination**.

The clinician should ask:

- when the change first appeared;
- whether curvature is worsening;
- whether erection is painful;
- whether a hard plaque can be felt;
- whether the penis has shortened;
- whether intercourse remains possible;
- whether erectile dysfunction is present;
- whether there has been trauma or previous pelvic surgery;
- whether diabetes or connective-tissue disease is present.

Current EAU recommendations strongly support taking a detailed medical and sexual history and documenting plaque, penile length, curvature and associated erectile dysfunction.

Measuring the Curvature

A patient's description such as "slightly bent" or "very bent" can be subjective.

Objective documentation is therefore useful.

The EAU recommends assessing the penis during erection through one of several methods, including:

- photographs of a natural erection taken by the patient;
- a vacuum-assisted erection test;
- a medically induced erection using an intracavernosal medication.

Current guidance considers pharmacologically induced erection particularly useful for objective assessment.

Penile length should also be documented because shortening itself can be an important symptom and can influence surgical planning.

Is Ultrasound Necessary?

Not for every patient.

Peyronie's disease is often diagnosed from history and physical examination.

Ultrasound can nevertheless provide useful additional information about the location of the plaque, calcification and penile vascular function.

A **Doppler ultrasound** is particularly useful when significant erectile dysfunction is present or when vascular function needs evaluation before an intervention.

EAU guidance notes that ultrasound can help identify plaque characteristics but that precise plaque-size measurement can be operator-dependent. Doppler ultrasound may be used to assess penile haemodynamics, particularly before surgery.

Is MRI Required?

Usually not.

This corrects a common misunderstanding.

MRI can visualize penile soft tissue, but it is **not routinely necessary for Peyronie's disease**.

The 2026 EAU guideline states that both CT and MRI have a limited routine role and are not generally recommended for standard curvature assessment.

NIDDK similarly states that imaging is usually unnecessary for diagnosis, although it may occasionally provide additional information.

Peyronie's Disease vs Congenital Curvature

The distinction is clinically important.

Feature	Peyronie's Disease	Congenital Curvature
Onset	Develops later	Present from development
Scar plaque	Usually present	Absent
Pain	Can occur, especially early	Usually absent
Progression	May change over months	Usually stable
Shortening/indentation	May occur	Less typical
Main definitive treatment	Depends on phase/severity	Surgery if functionally significant

Current EAU guidance states that surgery is the definitive treatment for clinically important congenital penile curvature and is generally deferred until after puberty.

An oil, herbal medicine or injection should therefore not be promised to permanently remodel a significant congenital anatomical curvature.

Goals of Treatment

The goal is **not necessarily to create a mathematically perfect straight penis**.

Treatment aims to:

- control pain;
- preserve or improve erection quality;
- prevent unnecessary functional deterioration;
- reduce clinically significant curvature when possible;
- improve ability to have intercourse;
- preserve penile length where feasible;
- improve confidence and quality of life.

For surgery, the EAU specifically emphasizes achieving a **functionally straight penis** suitable for satisfactory sexual activity.

Does Every Patient Need Treatment?

No.

A patient may not require active treatment when curvature is mild, there is little or no pain, erection quality is good and intercourse remains satisfactory.

NIDDK notes that men with small plaques, minimal curvature and no significant sexual difficulty may not require treatment.

Reassurance and monitoring may be enough.

Treatment intensity should therefore reflect the patient's functional problem, not merely the fact that a plaque exists.

Modern Conservative Treatment

The latest EAU guidance emphasizes that conservative treatment is primarily aimed at men in the **earlier stage** or those who do not want or cannot undergo surgery.

Treatment options include pain medicines, management of associated ED, traction therapy, selected intralesional treatments and other carefully chosen approaches.

Pain Management

Non-steroidal anti-inflammatory drugs may be used when active Peyronie’s disease causes significant penile pain.

The 2026 EAU guideline strongly recommends NSAIDs for pain during the active stage.

These medicines help pain.

They should not be represented as medicines that dissolve the plaque.

PDE5 Inhibitors and Erectile Dysfunction

Medicines such as tadalafil or sildenafil may be used when Peyronie’s disease coexists with erectile dysfunction.

Recent observational evidence has also explored daily PDE5 inhibitors during active disease. A retrospective study cited in the 2026 EAU guideline found lower short-term curvature

progression among men taking daily tadalafil compared with untreated controls, although this type of study does not prove that tadalafil is a universal anti-fibrotic cure.

Current EAU guidance gives a weak recommendation for PDE5 inhibitors specifically to treat **concomitant ED**.

Oral Medicines: An Important Correction

A common error is to describe **collagenase as an oral medicine**.

It is not.

Collagenase Clostridium histolyticum is an **intralesional injection delivered directly into Peyronie's plaque**.

NIDDK also states that there is currently no established oral medicine that reliably corrects Peyronie's curvature.

Patients should therefore be cautious of tablets advertised as guaranteed plaque-dissolving drugs unless good clinical evidence supports the claim.

Collagenase Clostridium Histolyticum

Collagenase is an enzyme that breaks down collagen—the main structural component of Peyronie's plaque.

It has the strongest evidence among plaque-directed injectable treatments.

The major IMPRESS trials reported an average curvature improvement of approximately **34% with collagenase compared with 18.2% in placebo-treated men**.

Current EAU guidance recommends intralesional collagenase for appropriate men requesting non-surgical treatment with dorsal or lateral curvature greater than 30 degrees.

Availability differs geographically. The product was withdrawn commercially from the European market by its manufacturer, although evidence-based recommendations remain in the EAU guideline.

In the United States, collagenase remains the FDA-approved injectable treatment for appropriate Peyronie's disease patients.

Risks of Collagenase Treatment

Collagenase is not risk-free.

Common reactions include bruising, pain and swelling.

Rare but serious corporal rupture can occur.

EAU evidence reports localized adverse events such as penile haematoma, pain and swelling, with serious treatment-related events occurring much less frequently.

Patients therefore require specialist treatment and proper post-injection instructions.

Verapamil Injections

Intralesional verapamil has historically been used for Peyronie's disease.

However, the latest evidence is less convincing than many older websites suggest.

The 2026 EAU guideline states that results for injected calcium-channel blockers such as verapamil and nicardipine are contradictory and do **not demonstrate a reliable meaningful improvement in curvature compared with placebo**.

Therefore, verapamil should not be described as an established equivalent to collagenase.

Interferon

Intralesional interferon alpha-2b showed improvements in curvature and plaque characteristics in some clinical trials.

However, the EAU notes limited evidence and reports that interferon alpha-2b was withdrawn from European and US markets in 2021, so it is no longer routinely recommended.

Hyaluronic Acid

The 2026 EAU update includes newer evidence relating to **intralesional hyaluronic acid**.

Small studies have suggested improvements in pain and perhaps curvature in active disease, but strong placebo-controlled evidence remains limited.

Current EAU guidance gives only a weak recommendation for its use in selected active-phase patients.

Platelet-Rich Plasma (PRP)

PRP is increasingly marketed for sexual-health conditions.

Current evidence in Peyronie's disease remains preliminary.

The latest EAU guideline notes that several small studies have reported apparent improvements, but placebo-controlled data remain insufficient. Patients should therefore be clearly informed that PRP remains investigational rather than an established plaque treatment.

Penile Traction Therapy

Penile traction therapy is one of the more important non-surgical approaches.

A specially designed medical device applies controlled stretching force over time.

The proposed effect involves gradual tissue remodelling.

The 2026 EAU review found that a meta-analysis of controlled studies was associated with an average curvature improvement of about **15 degrees**, although evidence is limited by variation between devices, study design and treatment duration.

Traction may also help preserve or recover some penile length.

Current EAU guidance allows penile traction devices as part of conservative or multimodal treatment, while emphasizing that evidence remains limited.

Medical Traction Is Not the Same as Forceful Manual Bending

Patients should never try to straighten a curved penis by aggressive hand manipulation.

Excessive bending may create further tissue injury.

Medical traction devices apply **controlled and sustained force**, generally according to a prescribed protocol.

Forcefully "breaking" a plaque at home is unsafe.

Vacuum Erection Devices

Vacuum erection devices increase penile blood filling through negative pressure.

They have been investigated both for erectile function and mechanical rehabilitation.

Evidence specifically for straightening Peyronie's disease remains limited.

The EAU allows vacuum devices as part of multimodal management while acknowledging the limited quality of available outcome data.

Shockwave Therapy

Shockwave therapy is frequently advertised as a treatment for penile curvature.

The current evidence requires a very important distinction.

It may reduce pain, but it does not reliably straighten the penis.

Five randomized trials reviewed by the EAU showed improvement in pain but not meaningful benefit in curvature or plaque size.

The 2026 EAU guideline therefore strongly recommends **not using extracorporeal shockwave therapy to improve penile curvature**.

When Is Surgery Considered?

Surgery is generally considered when:

- the disease has stabilized;
- curvature significantly interferes with intercourse;
- conservative treatment has been inadequate or unacceptable;
- the patient understands potential benefits and risks.

The EAU recommends surgery only when Peyronie's disease is stable and the deformity compromises sexual intercourse.

Usually, stability means no significant change for several months and sufficient time from the initial onset of disease.

Plication Surgery

Plication straightens the penis by shortening the longer, convex side.

It can be appropriate when the patient has:

good erectile function, adequate penile length, less severe curvature and no major hourglass or hinge deformity.

Common techniques include Nesbit, Yachia and several plication variants.

EAU data indicate complete straightening in more than 85% of patients in published series, although penile shortening is a common trade-off.

Plaque Incision and Grafting

For more severe curvature, major shortening or complex deformity, a lengthening procedure may be considered.

The surgeon releases the short, scarred side and places graft material over the resulting defect.

This can provide better correction in selected difficult deformities.

However, it carries a greater risk of postoperative erectile dysfunction than simple plication.

Proper selection and counselling are therefore essential.

Penile Prosthesis

When severe Peyronie's disease occurs together with erectile dysfunction that does not respond adequately to medication, a **penile prosthesis** may be considered.

The prosthesis restores mechanical rigidity.

Additional modelling, plication or grafting may be performed if significant curvature remains.

EAU guidance identifies penile prosthesis implantation, with additional straightening where necessary, as the preferred surgical strategy for Peyronie's disease accompanied by medication-resistant ED.

Surgery Does Not Guarantee Restoration of the Original Penis

Surgery aims for functional improvement.

Patients should be counselled about potential:

- penile shortening;
- altered sensation;
- erectile dysfunction;
- recurrent or residual curvature;
- palpable sutures;
- delayed orgasm.

The EAU specifically emphasizes realistic preoperative counselling and describes a **functionally straight penis** as the central objective rather than anatomical perfection.

The Unani Concept of Peyronie's Disease

Classical Unani medicine developed long before microscopic pathology, collagen biochemistry and modern imaging.

For this reason, it would be scientifically inaccurate to claim that classical Unani scholars described Peyronie's disease in exactly the same biological terms used today.

Modern medicine defines Peyronie's disease specifically as an **acquired fibrotic disorder of the tunica albuginea**.

Unani medicine traditionally understands disease through concepts including:

Mizaj or temperament, Akhlat or humours, Quwwat or functional strength, local tissue state, inflammation, lifestyle, diet and the overall balance of the body.

These are traditional explanatory concepts rather than direct equivalents of modern collagen pathology.

The value of contemporary Unani treatment is strongest when this traditional holistic framework is combined with accurate modern diagnosis.

The Four Main Treatment Modes in Unani Medicine

The Central Council for Research in Unani Medicine, under the Ministry of AYUSH, formally describes four broad therapeutic modes:

Ilaj-bil-Tadbeer — Regimental therapy
Ilaj-bil-Ghiza — Dietotherapy
Ilaj-bil-Dawa — Pharmacotherapy
Ilaj-bil-Yad — Surgery.

This is especially relevant to Peyronie's disease.

Unani medicine should not be reduced to the idea that every condition is treated only with herbs.

Its traditional system itself recognizes lifestyle, diet, pharmacological treatment and surgery according to the nature and severity of disease.

Ilaj-bil-Ghiza: Diet and Metabolic Health

There is **no special food proven to dissolve a Peyronie's plaque**.

Nevertheless, nutritional management can be important for associated health conditions.

A patient with obesity, diabetes, hypertension or metabolic syndrome may have worse erectile function and impaired general vascular health.

A balanced diet can support:

- healthy body weight;
- diabetes management;
- cardiovascular health;
- overall reproductive wellness.

In Unani practice, diet can additionally be individualized according to the patient's Mizaj and general constitution.

This is an area where traditional dietotherapy and modern preventive medicine can complement one another.

Ilaj-bil-Tadbeer: Lifestyle and Regimental Care

Lifestyle management can include appropriate physical activity, sleep improvement, reduction of psychological stress, smoking cessation and better metabolic control.

These measures cannot mechanically remove a mature plaque.

However, they can support:

better cardiovascular health, erection quality, body weight, diabetes control, confidence and general sexual well-being.

Such whole-person management becomes especially useful in patients who have Peyronie’s disease together with erectile dysfunction.

Psychological Support Within an Integrative Approach

Peyronie’s disease can create severe emotional distress.

A patient may repeatedly inspect his penis or believe he has permanently lost masculinity.

Some stop attempting intercourse.

Others become so anxious that erection quality deteriorates even when the structural deformity itself is not severe enough to prevent intercourse.

Counselling, reassurance and realistic sexual education should therefore be considered part of treatment.

Traditional Unani medicine's emphasis on the individual's emotional and constitutional condition can add value when combined with contemporary psychosexual care.

Ilaj-bil-Dawa: Unani Pharmacotherapy

Unani pharmacotherapy uses medicines derived traditionally from botanical, animal and mineral sources and selects treatment according to the disease, stage, patient constitution, age and other clinical factors. CCRUM specifically describes medicine selection and dosing as dependent on the nature and severity of disease and characteristics of the individual patient.

For Peyronie's disease, the most credible contemporary approach is to use Unani medicines as **individualized supportive therapy**, particularly for:

general health, associated erectile difficulty, discomfort, metabolic factors and sexual well-being.

At present, however, high-quality randomized controlled studies have **not established that a specific Unani herbal formulation reliably dissolves mature Peyronie's plaque or permanently straightens every affected penis**.

This distinction is essential for textbook-level medical accuracy.

Dr. Qasmi's Nuskha No. 104 – Vitaflow Max

Saira Health Care Pharmacy lists **Dr. Qasmi's Nuskha No. 104, Vitaflow Max**, as an externally used Unani oil.

Its product page positions the formulation for male sexual wellness, circulation, erection-related concerns and penile curvature. The listed ingredients include Kharateen Mussaffa, Roghan Shersaf and Roghan Kunjad.

Within an individualized Peyronie's management programme, Saira Health Care may use Nuskha No. 104 as **local supportive traditional therapy**, particularly when associated sexual-function or circulation concerns are present.

However, the available product information should not be interpreted as randomized clinical evidence that this oil independently breaks down or permanently removes tunical scar plaque.

This is an important difference between **traditional clinical use and guideline-level proof of plaque regression**.

Dr. Qasmi's Nuskha No. 108

Dr. Qasmi's Nuskha No. 108 is a traditional Majoon formulation.

The current Saira Health Care Pharmacy page describes it mainly as a formulation for general weakness, stamina, nervous support, digestive health and several other traditional indications. Listed ingredients include pine nut, Salab Misri, ginger, black pepper, long pepper, amla, honey and other traditional components.

In a patient with Peyronie's disease, its more defensible role is as **general vitality and supportive Unani care when clinically appropriate**, rather than as a proven plaque-dissolving treatment.

Peyronie's disease is a structural fibrotic condition; therefore, improving general strength should not be confused with objectively correcting penile curvature.

Spermogenic Powder and Peyronie's Disease

Saira Health Care Pharmacy describes **Spermogenic Powder** primarily in relation to male reproductive health, sexual vitality and semen-related concerns. The published formula includes herbs such as Asgand Nagori, Kaunch, Musli Safed and other traditional ingredients.

Spermogenic may therefore be relevant when a patient with Peyronie's disease also has **fertility or semen-quality concerns**.

However, it should not be described as an established treatment for Peyronie's plaque itself.

There is no high-quality evidence from the finished Spermogenic formulation demonstrating that it dissolves tunical fibrosis or straightens Peyronie's curvature.

This distinction is particularly important at Saira Health Care because sexual function and fertility are related but separate areas of clinical care.

Saira Health Care's Dedicated Peyronie's Support Programme

Saira Health Care Pharmacy currently lists a dedicated **Peyronie's Disease Care Package**, which is positioned as traditional supportive management for problems including curvature, painful erection, fibrosis, erection quality and male reproductive wellness. The published information specifically includes Nuskha No. 104 among the supportive components and describes the package as intended to support circulation, tissue wellness and sexual function.

For professional medical communication, such benefits should be described as **the clinic/pharmacy's traditional supportive treatment approach**.

They should not be presented as equivalent to randomized-trial evidence for collagenase, traction or surgery.

The same product page itself notes that results vary according to disease severity, duration, lifestyle and health status.

Can Unani Medicines Dissolve Peyronie's Plaque?

This question needs a careful answer.

From a traditional perspective, Unani treatment may aim to improve the local tissue environment, inflammation, circulation, associated sexual weakness and general constitutional health.

From a modern evidence-based perspective, however, there is currently **insufficient high-quality clinical evidence to promise that an oral or topical Unani formulation reliably dissolves an established collagen plaque**.

That does not mean traditional care has no role.

It means its benefits should be described accurately.

A more appropriate statement is:

Unani medicine may provide individualized supportive care as part of an integrative management plan, while objectively significant structural curvature is monitored and modern evidence-based interventions are used when necessary.

This positioning strengthens rather than weakens the credibility of Unani medicine.

"Natural" Does Not Mean "Completely Free From Side Effects"

Natural and herbal medicines contain active substances.

Their safety depends on:

- ingredients;
- dose;
- route of application;
- manufacturing quality;
- other medicines being used;
- liver and kidney health;

- allergies and individual sensitivity.

External oils can occasionally cause irritation or allergic reactions.

Herbal oral medicines can interact with prescription medicines.

Therefore, no responsible medical article should promise that a natural product is completely incapable of causing adverse effects.

Traditional medicines should be prescribed according to the individual patient.

Integrating Unani and Modern Medicine

Peyronie's disease is a particularly suitable example of why healthcare does not need to be framed as **"Unani versus modern medicine."**

Modern urology provides excellent methods for:

- diagnosing structural disease;
- measuring curvature;
- assessing erectile blood flow;
- administering plaque injections;
- prescribing traction;
- performing reconstructive surgery.

Unani medicine can contribute through:

- individualized constitutional evaluation;
- diet and lifestyle management;
- attention to metabolic health;
- traditional supportive pharmacotherapy;
- sexual-health counselling;
- overall vitality and reproductive-health assessment.

A responsible integrative programme uses the strengths of each.

Special Treatment Approach at Saira Health Care

For a patient presenting with suspected Peyronie's disease, a professional individualized pathway can include:

1. Confirm that the problem is truly Peyronie's disease.
A congenital curve should not be mistaken for an acquired scar disorder.

2. Determine whether disease is active or stable.
Recent pain or progression suggests active disease, while stable curvature over time supports chronic disease.

3. Assess the deformity objectively.
Direction and degree of curvature, indentation, hourglass deformity and penile length should be documented.

4. Evaluate erectile function.
A man with good erections requires different management from a man with severe medication-resistant ED.

5. Look for associated conditions.
Diabetes, obesity, cardiovascular factors, Dupuytren's disease and psychological distress may matter.

6. Consider fertility separately when relevant.
Semen analysis should be performed when a reproductive indication exists rather than assuming that penile curvature means poor sperm.

7. Individualize Unani supportive treatment.
Mizaj, general health, diet, psychological condition and associated sexual symptoms can be considered.

8. Refer or integrate urological intervention when necessary.
Severe stable curvature, major functional limitation or complex deformity may require traction, injectable therapy or reconstructive surgery.

This diagnosis-first approach is much more reliable than giving every patient with a curved penis the same medicine.

Dr. Nizamuddin Qasmi: Focused Practice in 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 professional profile lists the following qualifications:

BUMS, MD, CGO, Certificate in Infertility and Certificate in Urology – London, UK.

The Saira Health Care profile describes his clinical work as including erectile dysfunction, premature ejaculation, male infertility, azoospermia, oligospermia, sperm motility and

morphology problems, varicocele, epididymal cysts, hormonal concerns and other reproductive-health disorders.

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

MasterHealthPro publicly lists a six-month **Male Infertility Masters** programme and related advanced education in male infertility and sexual dysfunction. Its male-infertility curriculum includes reproductive physiology, the hypothalamic-pituitary-gonadal axis, semen analysis, diagnostic investigation, reversible causes of infertility and clinical treatment planning.

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

Why Training in Sexual Disorders and Infertility Is Relevant to Peyronie's Disease

Peyronie's disease often involves more than curvature.

The patient may simultaneously have:

erectile dysfunction, diabetes, reduced sexual confidence, performance anxiety, difficulty with intercourse or infertility concerns.

A clinician focused on both sexual disorders and male reproductive health can distinguish these overlapping problems.

For example, a man may require treatment for erection quality while another patient needs fertility investigation.

A third may have normal sperm production but intercourse is mechanically difficult because of severe curvature.

This distinction is important because treating "male weakness" as one single disease can lead to inappropriate therapy.

Contribution of Saira Health Care to Sexual Disorders and Infertility

One important contribution of specialized sexual-health centres is **patient education**.

Many patients with penile curvature initially turn to the internet and encounter claims such as:

"Every curved penis is abnormal."

"Massage will straighten it."

“Plaque can always be dissolved naturally.”

“Surgery is the only treatment.”

“Peyronie’s disease means cancer.”

None of these statements is universally correct.

Saira Health Care's published clinical philosophy emphasizes individualized evaluation, correction of reversible factors, counselling, lifestyle management, evidence-supported treatments where appropriate and supervised traditional Unani medicines.

This integrative educational approach can help patients understand when reassurance is enough, when conservative management is reasonable and when specialist structural treatment is necessary.

Important Myths About Peyronie’s Disease

“Every Bent Penis Has Peyronie’s Disease”

Incorrect.

Some curvature is normal, and congenital curvature is a different condition.

“Peyronie’s Plaque Is Cancer”

No.

It is benign fibrous scar tissue.

“A Large Plaque Always Means a Large Curve”

Not necessarily.

EAU guidance notes that plaque size does not correlate reliably with degree of curvature.

“MRI Is Needed for Every Patient”

No.

History, examination and objective curvature assessment are usually more important. MRI is not routinely recommended.

“Shockwave Therapy Straightens the Penis”

Current evidence does not support this claim. It may improve pain but not reliably improve curvature.

“Collagenase Is a Tablet”

No.

It is injected directly into the plaque.

“If Pain Disappears, the Disease Is Cured”

No.

Pain often improves when disease stabilizes, while curvature may persist.

“Herbal Means No Side Effects”

No.

Natural medicines also require appropriate dose, quality and professional supervision.

Can Massage Cure Peyronie’s Disease?

Ordinary massage has not been established as a reliable method of correcting Peyronie’s curvature.

Forceful bending may actually risk additional injury.

Medical traction is different because it involves a carefully designed device applying measured force.

If a physician recommends external Unani oil, its purpose should be clearly explained and application should remain gentle.

An oil should not be represented as equivalent to mechanical traction or reconstructive surgery.

Can Exercise Help?

General exercise cannot directly remove a Peyronie’s plaque.

However, exercise can improve:

cardiovascular health, diabetes control, weight management, vascular function and psychological well-being.

These improvements may support erection quality.

Exercise is therefore useful for the **patient**, even though it is not a mechanical cure for the **scar plaque**.

Can Diet Straighten the Penis?

No specific diet has been clinically demonstrated to straighten Peyronie’s disease.

Diet nevertheless plays an important supportive role when a patient has:

diabetes, obesity, high cholesterol or cardiovascular risk factors.

Unani Ilaj-bil-Ghiza can therefore be integrated appropriately without claiming that food alone will dissolve fibrosis.

Does Peyronie's Disease Always Become Worse?

No.

The clinical course varies.

Some men develop a relatively mild stable deformity.

Others experience progressive curvature and shortening during the active phase.

Pain frequently decreases with time.

The purpose of follow-up is to determine which path the individual patient is taking rather than assuming that all cases behave identically.

Can Peyronie's Disease Go Away Completely Without Treatment?

Complete spontaneous disappearance is uncommon.

A small number of men may improve sufficiently that no intervention is needed, but significant curvature frequently persists even after pain settles.

NIDDK notes that only a small proportion experience enough spontaneous improvement to make treatment unnecessary.

When Should a Man Seek Medical Advice?

Professional evaluation is particularly important when:

- a previously straight erection develops a new curve;
- curvature is progressively worsening;
- erections are painful;
- a hard plaque is present;
- penile length is decreasing;
- the penis develops indentation or hourglass deformity;

- intercourse becomes difficult;
- erection quality declines;
- the condition causes significant anxiety.

Sudden severe penile pain, swelling, bruising or a “popping” injury during intercourse requires urgent assessment because **penile fracture is a different medical emergency**.

Frequently Asked Questions

Is Peyronie’s disease contagious?

No. It is not a sexually transmitted infection and cannot be passed to a partner.

Does Peyronie’s disease directly reduce sperm count?

Usually no. It primarily affects penile structure. Fertility may be affected indirectly if intercourse becomes difficult.

Is Peyronie’s disease caused only by rough sexual activity?

No. Trauma or micro-injury is one proposed mechanism, but genetic, connective-tissue and autoimmune susceptibility may also contribute.

Can Peyronie’s disease occur in young men?

Yes. It is more common in middle-aged and older men but can occur below age 40.

Does every patient need surgery?

No. Treatment depends on disease phase, curvature, erectile function and functional difficulty.

Can traction help?

It may reduce curvature and preserve or improve length in some patients, but results vary and treatment requires consistent use.

Can Unani medicine be useful?

Unani medicine can be particularly useful as an individualized supportive system addressing lifestyle, Mizaj, diet, general health, psychological factors and associated sexual-health concerns. However, severe structural deformity may still require established urological treatment.

Can Dr. Qasmi’s Nuskhas replace surgery in every patient?

No. No traditional medicine should be promised as a universal replacement for reconstructive treatment when severe stable deformity prevents intercourse.

Prognosis

The prognosis depends on:

disease duration, severity of curvature, type of deformity, erectile function, plaque characteristics, psychological impact and treatment goals.

A patient with mild stable curvature and satisfactory intercourse may require only observation.

A motivated patient with appropriate disease characteristics may obtain improvement through traction or selected intralesional treatment.

Severe stable structural deformity can often be corrected surgically.

Patients with significant ED may require combined erectile and curvature treatment.

The most important principle is **individualization**.

Conclusion

Peyronie's disease is an **acquired fibrotic disorder of the penis**, not simply a cosmetic bend and not a measure of masculinity.

Scar tissue develops in the tunica albuginea and can result in curvature, shortening, indentation, hourglass deformity, pain, erectile dysfunction and difficulty with intercourse. NIDDK identifies penile injury and autoimmune mechanisms among possible causes, while age, connective-tissue disorders, family history, diabetes-associated ED and previous prostate surgery may increase risk.

The **2026 EAU Sexual and Reproductive Health Guidelines** include significant updates to Peyronie's disease diagnosis and treatment. Current evaluation emphasizes medical and sexual history, examination, objective curvature documentation and assessment of erectile function. CT and MRI are not routinely necessary; penile Doppler ultrasound is particularly useful when vascular erectile function needs assessment.

Modern conservative treatment can include NSAIDs for pain, PDE5 inhibitors when ED coexists, penile traction, selected intralesional treatments and carefully chosen multimodal strategies. Collagenase remains the best-established plaque-directed injectable option in appropriate settings, while evidence for verapamil is inconsistent. Shockwave therapy can reduce pain but should not be promoted as a way to straighten curvature. PRP remains investigational.

For severe stable disease that compromises intercourse, surgery remains the most definitive structural treatment. Plication, tunical lengthening/grafting and penile prosthesis implantation are selected according to penile length, deformity and erectile function.

The **Unani system of medicine** adds an important holistic dimension. CCRUM recognizes Ilaj-bil-Ghiza, Ilaj-bil-Tadbeer, Ilaj-bil-Dawa and Ilaj-bil-Yad as major treatment modes. This framework can support individualized management of diet, lifestyle, general health, associated erectile symptoms, emotional distress and traditional pharmacotherapy.

At **Saira Health Care**, traditional formulations such as Dr. Qasmi's Nuskha No. 104 and other individualized medicines may be incorporated into physician-guided supportive programmes. Nuskha No. 108 may provide general vitality support, while Spermogenic is more appropriately related to male reproductive and semen-health concerns when these coexist. These formulations should not be represented as independently proven substitutes for traction, collagenase or surgery in every patient.

Saira Health Care identifies **Dr. Nizamuddin Qasmi** as its founder and chief physician with a focused practice in **sexual disorders and infertility**. His official profile lists **BUMS, MD, CGO, Certificate in Infertility and Certificate in Urology – London, UK**. According to professional credential information supplied by Saira Health Care for publication, he has additionally completed **Masters in Male Infertility through MasterHealthPro (HealthPro)**; MasterHealthPro publicly lists a six-month Male Infertility Masters programme covering advanced male reproductive and sexual-health education.

The most appropriate approach to Peyronie's disease is therefore not to choose blindly between traditional and modern medicine.

It is to:

diagnose the condition correctly, determine whether disease is active or stable, measure the actual deformity, evaluate erectile and reproductive health, correct modifiable health factors, use individualized Unani supportive care where appropriate and integrate established urological treatment when structural correction is required.

This balanced strategy protects sexual function while respecting the strengths of both contemporary urology and professionally practiced Unani medicine.

Medical Disclaimer

This article is intended for **general medical education and sexual-health awareness** and should not replace an individualized examination, diagnosis or treatment plan.

Peyronie's disease is a structural fibrotic condition. Do not attempt to forcefully straighten the penis or use unregulated injections, traction devices, oils or plaque-removing products without professional guidance.

Traditional, herbal and Unani medicines may contain biologically active ingredients and cannot responsibly be described as universally free from adverse effects.

No conventional medicine, Unani formulation, injection, device or surgical procedure can guarantee complete straightening, restoration of a particular penile length or identical results for every patient.