Penile Hypersensitivity (Zakawat-e-Hiss)

Causes, Symptoms, Diagnosis, Premature Ejaculation and the Integrative Unani Approach

Important Terminology Clarification

Before discussing the condition, an important medical distinction should be made.

In modern immunology, **"hypersensitivity"** refers to abnormal immune reactions such as allergies and is traditionally classified into Types I, II, III and IV. These reactions involve mechanisms such as IgE antibodies, other antibodies, immune complexes and T lymphocytes.

However, in classical and contemporary Unani literature related to **male sexual disorders**, the term **Zakawat-e-Hiss** is used in a different context. It generally refers to **excessive sensitivity or excitability of the genital organs**, particularly the penis, and has historically been discussed as one possible contributor to **Sur'at-e-Inzal—premature or early ejaculation**. Unani literature specifically describes Zakawat-e-Hiss as hypersensitivity of the genital organs in which relatively minor sexual stimulation may provoke ejaculation.

Therefore, immune hypersensitivity and sexual/genital hypersensitivity are **not the same medical condition**.

For a disease section dealing with sexual disorders and infertility, the scientifically appropriate subject is:

Genital or Penile Hypersensitivity (Zakawat-e-Hiss), Especially in Relation to Premature Ejaculation

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Introduction

Some men report that their penis—particularly the glans or shaft—feels excessively sensitive during sexual stimulation. Even relatively mild stimulation may produce rapid arousal, an urgent feeling that ejaculation is approaching, and difficulty delaying climax.

In traditional Unani sexual medicine, this pattern has long been discussed under the concept of **Zakawat-e-Hiss**, meaning excessive sensitivity or excitability of the sexual organs.

Modern sexual medicine also recognizes **penile hypersensitivity as one possible biological hypothesis in premature ejaculation**, although contemporary evidence shows that it is not present in every patient and should not be regarded as the sole explanation for early ejaculation.

The 2026 European Association of Urology guideline states that the exact cause of premature ejaculation remains incompletely understood. Proposed mechanisms include

psychological factors such as anxiety, altered serotonin-related signalling and **penile hypersensitivity**, among several interacting biological and psychological factors.

This is an important point:

Penile hypersensitivity can contribute to premature ejaculation in some men, but premature ejaculation is a complex disorder and cannot automatically be explained by excessive penile sensitivity alone.

An appropriate clinical approach therefore combines careful sexual history, evaluation for underlying disease, psychological assessment when needed and individualized treatment.

Unani medicine can contribute to this approach through its traditional emphasis on **Mizaj, lifestyle, diet, psychological state, sexual habits and individualized treatment**, while modern diagnostic principles help ensure that important medical causes are not overlooked.

What Is Penile Hypersensitivity?

Penile hypersensitivity refers broadly to a situation in which sexual stimulation of the penis produces an unusually intense sensory or arousal response.

A patient may describe:

- Very strong sensations from minimal stimulation
- Rapid escalation of sexual excitement
- Difficulty slowing arousal once stimulation begins
- An urgent feeling that ejaculation is approaching
- Ejaculation with relatively little stimulation
- Difficulty developing satisfactory ejaculatory control

However, **penile hypersensitivity is not currently established in major international guidelines as a separate disease with one universally accepted diagnostic test**.

Instead, it is mainly studied as a possible factor contributing to premature ejaculation.

Research examining penile sensory thresholds has produced mixed results.

Some studies have found greater penile sensitivity in men with premature ejaculation, while others have reported normal or even reduced sensitivity. A major review concluded that the evidence did not unequivocally establish penile hypersensitivity as the universal cause of PE.

This explains why modern clinicians do not diagnose premature ejaculation simply by asking whether the penis “feels sensitive.”

Newer Research on Penile Hypersensitivity

More recent research has added important information.

A study of 420 men reported an association between lower vibratory sensory thresholds—meaning greater sensitivity—and shorter ejaculation latency.

Another study involving 290 men with primary premature ejaculation found neurophysiological evidence of penile hypersensitivity in **141 participants, or approximately 48.6%**. Importantly, hypersensitivity did not necessarily involve the entire penis. Some men showed abnormal sensitivity mainly in the glans, some in the shaft, and others in both areas.

A 2024 study involving the same general field of neurophysiological assessment also reported that local anaesthetic treatment behaved differently in hypersensitive and non-hypersensitive penile areas, suggesting that sensory mechanisms may be particularly relevant in a subgroup of patients.

Nevertheless, these findings do **not** mean that approximately half of all men with PE universally have hypersensitivity. The studies used specific populations and specialized neurophysiological methods.

The practical conclusion is:

Penile sensory mechanisms appear important in some patients, but PE remains a multifactorial disorder.

What Is Premature Ejaculation?

Premature ejaculation, also called early ejaculation in ICD-11 terminology, is characterized by ejaculation occurring very quickly during relevant sexual stimulation, with limited perceived ability to delay ejaculation and clinically significant distress.

Current European guidance emphasizes three main features:

- Short ejaculation latency
- Reduced ability to control ejaculation
- Personal or relationship distress caused by the condition

The number of minutes alone is therefore not enough to diagnose PE.

A man who ejaculates relatively quickly but is satisfied, has reasonable control and experiences no distress does not necessarily have a sexual disorder.

Types of Premature Ejaculation

Modern sexual medicine commonly discusses several patterns.

Lifelong Premature Ejaculation

Symptoms have generally been present from the man's earliest sexual experiences.

Biological factors, including central neurotransmission and possibly peripheral sensitivity, may play an important role.

Acquired Premature Ejaculation

The man previously had satisfactory ejaculatory control but later develops the problem.

Potential contributors include:

- Erectile dysfunction
- Performance anxiety
- Relationship difficulties
- Prostatitis or other genitourinary inflammation
- Hyperthyroidism
- Poor sleep
- Psychological distress

Current EAU guidance specifically recognizes these possible contributors to acquired PE.

Variable Premature Ejaculation

Some men occasionally climax quickly but have normal control on other occasions.

This may represent normal variation rather than disease.

Subjective Premature Ejaculation

The patient believes that ejaculation is abnormally rapid even though actual latency may fall within an ordinary range.

Cultural expectations, anxiety or unrealistic beliefs about intercourse duration may contribute.

How Does Ejaculation Normally Occur?

Ejaculation is controlled by a complex interaction between:

- Sensory nerves in the genital region

- Spinal pathways
- Brain centres
- Autonomic nervous system
- Pelvic muscles
- Neurotransmitters
- Psychological arousal

Sexual stimulation produces sensory signals that travel from the penis through peripheral nerves toward the spinal cord and brain.

When sexual excitation reaches a certain threshold, ejaculation occurs through coordinated emission and expulsion processes.

In a patient with increased peripheral sensitivity, relatively modest stimulation may generate stronger sensory input.

But the nervous system is only one component.

Mental arousal, anxiety, previous sexual experiences, erectile confidence and relationship circumstances can influence the same reflex.

This is why PE cannot be reduced to a simple statement such as:

“The nerves are too sensitive.”

Zakawat-e-Hiss in Unani Medicine

The Unani system of medicine has discussed premature ejaculation under **Sur‘at-e-Inzal**.

Traditional and contemporary Unani literature describes several possible causes, including:

- **Zakawat-e-Hiss** – excessive sensitivity of the genital organs
- **Zof-e-Quwwat-e-Masika** – reduced retentive capacity
- Excessive excitability or propulsion
- Certain changes traditionally described in semen
- Weakness of reproductive or related functional systems
- Inflammatory conditions of the genital tract
- Psychological and sexual factors

According to the traditional description of Zakawat-e-Hiss, even relatively minor stimulation or sometimes strong sexual excitement may precipitate ejaculation.

This historical observation has an interesting parallel with the modern investigation of sensory afferent pathways in premature ejaculation.

However, the two systems use different scientific frameworks.

Traditional Unani Theory and Modern Neurophysiology Are Not Identical

Unani medicine traditionally explains health through concepts such as:

- Mizaj or temperament
- Akhlat or humours
- Quwwat or functional faculties
- Balance between heat, coldness, moisture and dryness
- Function of individual organs

Modern medicine explains ejaculation using:

- Sensory receptors
- Peripheral nerves
- Spinal reflex pathways
- Central neurotransmitters
- Neuroendocrine mechanisms
- Psychological processes

It would therefore be scientifically incorrect to claim that traditional humoral imbalance has been proven to be identical to modern nerve hypersensitivity.

A better integrative approach is to recognize that both systems describe the **clinical phenomenon of excessive sexual responsiveness**, while understanding it through different conceptual models.

Possible Symptoms of Zakawat-e-Hiss / Penile Hypersensitivity

A patient may report:

- Excessive sensitivity of the glans

- Very intense sensation with minimal stimulation
- Rapid sexual arousal
- Feeling close to ejaculation almost immediately
- Difficulty slowing down once stimulation begins
- Poor perceived control over ejaculation
- Premature ejaculation during intercourse
- Anxiety about sexual performance
- Avoidance of intercourse because of embarrassment
- Reduced sexual confidence

Some men may also develop erectile difficulties because they become anxious about ejaculating early.

Others may rush intercourse because they fear losing their erection.

Both conditions should therefore be assessed carefully.

Is Every Sensitive Penis Abnormal?

No.

Penile sensitivity varies naturally between individuals.

A highly sensitive penis does not automatically indicate a disease.

The important questions are:

- Does the sensitivity repeatedly cause unwanted early ejaculation?
- Does the patient feel unable to control ejaculation?
- Does the condition cause significant distress?
- Is the relationship being affected?
- Is another medical or sexual disorder contributing?

The condition should be treated clinically only when it causes a meaningful problem.

Causes and Risk Factors

Penile hypersensitivity itself does not have one proven universal cause.

Premature ejaculation can develop through a combination of factors.

Neurological and Sensory Factors

Some men appear to process genital stimulation more intensely or rapidly.

Studies using vibration testing and somatosensory evoked potentials provide evidence of sensory differences in selected patients.

Serotonin-Related Mechanisms

Central serotonin pathways influence ejaculation.

Altered serotonin signalling has long been investigated as an important biological mechanism in lifelong PE, which helps explain why certain serotonin-enhancing medications can delay ejaculation.

Psychological Factors

Common contributors include:

- Performance anxiety
- Fear of disappointing a partner
- Excessive monitoring of ejaculation
- Depression
- Relationship conflict
- Previous negative sexual experiences
- Stress

The EAU guideline specifically recognizes anxiety and psychological problems in PE.

Erectile Dysfunction

Men who worry about losing their erection may rush intercourse and develop rapid ejaculation.

Current guidelines recommend treating erectile dysfunction and other sexual dysfunctions when they coexist with PE.

Prostatitis and Genitourinary Inflammation

Inflammatory conditions may contribute to acquired premature ejaculation in some patients.

A patient with:

- Pelvic pain

- Pain during ejaculation
- Urinary burning
- Urinary frequency
- Genital discharge

requires proper evaluation rather than simply being labelled “hypersensitive.”

Thyroid Disease

Hyperthyroidism has been associated with acquired premature ejaculation.

Diabetes and Metabolic Health

Diabetes, metabolic syndrome and general poor health have also been associated with sexual dysfunction, including PE in some studies.

Poor Sleep

Modern guidance recognizes poor sleep quality as one possible associated factor in acquired PE.

What About Masturbation?

Traditional Unani literature has sometimes associated certain sexual habits with Zakawat-e-Hiss.

However, contemporary medicine does not support the simple claim that ordinary masturbation permanently damages penile nerves or inevitably causes premature ejaculation.

What can matter is **how sexual habits influence arousal patterns**.

For example, a person who repeatedly conditions himself to climax very rapidly may develop behavioural patterns that are difficult to control later.

At the same time, guilt or anxiety surrounding masturbation may worsen sexual performance.

Treatment should therefore avoid creating fear or shame.

Does Pornography Cause Penile Hypersensitivity?

There is no established medical rule stating that viewing pornography causes anatomical penile hypersensitivity.

However, very intense sexual stimulation, unrealistic expectations, compulsive behaviour or anxiety associated with pornography may influence sexual arousal and behavioural patterns in some individuals.

A clinician should explore the patient's actual behaviour rather than assuming one cause.

Diagnosis

According to the 2026 EAU guideline, the diagnosis of premature ejaculation should be based mainly on **medical and sexual history**.

Assessment should include:

- Approximate ejaculation latency
- Perceived control
- Distress
- Relationship difficulties
- Onset of symptoms
- Whether the condition is lifelong or acquired

Physical examination is recommended to identify relevant anatomical or medical problems.

The guideline also specifically recommends **against routine laboratory or physiological testing in every patient**. Investigations should be directed by findings from the history or examination.

Questions a Doctor May Ask

A professional assessment may include questions such as:

- When did the problem begin?
- Has it existed since your first sexual experiences?
- How quickly does ejaculation usually occur?
- Can you delay ejaculation when you want to?
- Does the same problem occur during masturbation?
- Does the penis feel unusually sensitive?
- Is sensitivity mainly in the glans or shaft?

- Are erections normal?
- Is there pain or burning?
- Are urinary symptoms present?
- Is there relationship stress?
- Are you anxious before intercourse?
- What medicines are you taking?
- Do you have diabetes or thyroid disease?

These questions often provide more clinically useful information than unnecessary testing.

Premature Ejaculation Diagnostic Tool

The **Premature Ejaculation Diagnostic Tool (PEDT)** is a five-question questionnaire that evaluates areas including control, frequency, minimal stimulation, distress and relationship difficulty.

Current EAU guidance notes that a score above 11 supports a diagnosis of PE, while lower scores have different interpretations.

Such questionnaires can support evaluation but should not replace clinical judgement.

Testing Penile Sensitivity

Research centres may measure genital sensitivity using methods such as:

- Biothesiometry
- Vibration threshold testing
- Thermal sensory testing
- Somatosensory evoked potentials

However, these are **not routine tests required for every patient with PE**.

Even published studies have produced conflicting results regarding whether men with PE are universally hypersensitive.

Therefore, a normal sensitivity test would not automatically rule out PE, and an abnormal result does not independently determine treatment.

Conditions That Can Be Confused With Penile Hypersensitivity

A man who reports excessive penile sensation should be evaluated for other disorders when symptoms suggest them.

These may include:

Balanitis

Inflammation of the glans may cause irritation, burning and sensitivity.

Dermatitis or Allergy

Soaps, lubricants, condoms, antiseptics and other substances can cause local skin irritation.

This is a genuine dermatological or allergic hypersensitivity problem and should not be confused with Zakawat-e-Hiss.

Phimosis or Foreskin Problems

An irritated or tight foreskin may increase discomfort.

Prostatitis

May cause pelvic pain, urinary symptoms and painful ejaculation.

Urethritis or Sexually Transmitted Infection

Penile discharge or burning should receive appropriate investigation.

Erectile Dysfunction

Performance anxiety associated with ED may mimic or worsen PE.

Pelvic-Floor Dysfunction

Excessive pelvic tension may contribute to sexual discomfort or poor ejaculatory control in some men.

Modern Treatment of Premature Ejaculation and Penile Hypersensitivity

Treatment depends on the individual patient.

The objective is not simply to numb the penis.

Treatment should improve:

- Ejaculatory control
- Sexual confidence
- Satisfaction

- Relationship well-being
- Associated medical problems

Treat the Underlying Condition First

The 2026 EAU guideline strongly recommends treating associated conditions such as:

- Erectile dysfunction
- Other sexual dysfunctions
- Genitourinary infections such as prostatitis

before or alongside direct PE treatment.

This principle is extremely important.

A patient with acquired PE caused by erectile anxiety may not obtain the best long-term result by merely reducing penile sensitivity.

Topical Desensitizing Treatment

Topical anaesthetic medicines such as **lidocaine and prilocaine** reduce transmission of sensory signals from the penis.

Their effectiveness provides indirect support for the role of peripheral sensory input in PE.

Current EAU guidance recommends lidocaine/prilocaine spray as one of the first-line treatment options for lifelong premature ejaculation.

The AUA/SMSNA guideline similarly identifies topical penile anaesthetics among established first-line pharmacological options.

Potential disadvantages include:

- Excessive penile numbness
- Reduced sexual pleasure
- Transfer to the partner causing numbness
- Skin irritation

The penis may need to be washed before intercourse or a condom may be used according to product instructions.

Self-mixing strong anaesthetic creams is not recommended.

Dapoxetine and Other Serotonergic Medicines

Dapoxetine is an on-demand SSRI developed specifically for premature ejaculation and is recommended as a first-line option in current European guidance where available.

Daily SSRIs such as certain antidepressants may also delay ejaculation and are used off-label in appropriate patients.

They can cause adverse effects such as:

- Nausea
- Drowsiness
- Reduced libido
- Erectile difficulties
- Delayed orgasm

They should be prescribed and monitored appropriately.

Psychological and Behavioural Treatment

Psychosexual intervention is particularly useful when anxiety, relationship issues or learned behavioural patterns contribute.

Options may include:

- Psychoeducation
- Cognitive-behavioural techniques
- Mindfulness
- Couple therapy
- Behavioural exercises
- Improved communication

Current EAU guidance reports that combining psychological approaches with medication can produce better outcomes in appropriate patients than pharmacological treatment alone.

The Stop–Start Technique

A patient learns to recognize rising arousal before reaching the point at which ejaculation becomes unavoidable.

Stimulation is temporarily reduced or stopped.

Once arousal decreases, stimulation can resume.

Over time, some men develop greater awareness and control.

The objective is not to suppress sexual pleasure but to understand the body's arousal pattern.

Pelvic-Floor Awareness

Pelvic-floor muscles participate in ejaculation.

Some patients may benefit from learning better pelvic-floor control.

However, this does not mean constantly contracting the pelvic muscles.

Some men carry excessive pelvic tension and may need to learn relaxation as well as strengthening.

A qualified pelvic-floor professional can be useful when dysfunction is suspected.

Why Surgery to Reduce Sensation Requires Extreme Caution

Some procedures attempt to reduce penile sensation permanently.

Current EAU guidance advises **against dorsal neurectomy**, stating that more safety evidence is required.

Procedures intended to permanently destroy or reduce penile nerves can produce complications such as:

- Persistent numbness
- Pain
- Altered sensation
- Sexual dissatisfaction
- Potential erectile or neurological complications

A reversible, evidence-based treatment should generally be preferred before invasive options are considered.

The Unani Treatment Approach to Zakawat-e-Hiss

Unani medicine traditionally approaches Sur'at-e-Inzal according to the underlying cause rather than assuming that every patient has one identical form of premature ejaculation.

In Zakawat-e-Hiss, traditional sources describe treatment principles intended to:

- Reduce excessive genital excitability
- Remove aggravating factors
- Correct the patient's underlying Mizaj where considered abnormal
- Support the functional strength of the reproductive system
- Improve diet and lifestyle
- Address psychological and sexual factors
- Use individualized oral or local treatment where appropriate

Traditional Unani texts and reviews have historically described **Musakkinat** and **Mukhaddirat**, broadly referring to calming or sensation-reducing approaches, when excessive sensitivity is considered the principal problem.

This has an interesting conceptual similarity with the modern use of topical desensitizing treatment, although the medicines, mechanisms and evidence standards are different.

Ilaj-bil-Ghiza: Dietotherapy

Diet is an important component of traditional Unani management.

A contemporary responsible approach should focus on overall metabolic and sexual health rather than claiming that a single food can cure hypersensitivity.

A balanced diet should generally include:

- Vegetables
- Fruits
- Whole grains
- Adequate protein
- Nuts and seeds
- Healthy fats
- Sufficient hydration

Patients with diabetes, obesity or metabolic syndrome may require specific dietary management because these conditions can affect overall sexual health.

Ilaj-bil-Tadbeer: Regimental and Lifestyle Management

Lifestyle is highly relevant to both Unani and modern sexual medicine.

Management may include:

- Regular physical activity
- Proper sleep
- Stress reduction
- Moderation of sexual habits
- Avoidance of tobacco
- Limiting excessive alcohol
- Improving relationship communication
- Managing performance anxiety

These principles can form a useful bridge between traditional and contemporary approaches.

Ilaj-bil-Dawa: Individualized Unani Pharmacotherapy

Unani physicians may use traditional compound or single-drug formulations according to the patient's Mizaj and clinical presentation.

However, the important principle is **individualization**.

A patient with:

- Predominant hypersensitivity
- Erectile dysfunction
- Genitourinary inflammation
- Anxiety
- Poor general health

should not automatically receive the same treatment.

Herbal and traditional medicines can also produce adverse effects or interact with modern medicines.

Therefore, qualified supervision is essential.

What Does Clinical Research Say About Unani Treatment for Premature Ejaculation?

There is emerging but still limited clinical research.

A 2023 clinical study evaluated the Unani pharmacopoeial formulation **Majoon-e-Piyaz** in patients with premature ejaculation. Of 105 enrolled patients, 80 completed treatment. Six were reported to have complete remission, 47 partial remission and 27 poor remission; the investigators reported no detected liver or kidney toxicity during the study period.

The study is relevant because it demonstrates that traditional Unani formulations are being subjected to clinical investigation.

However, it should not be interpreted as definitive proof of effectiveness.

The study design and absence of strong placebo-controlled comparative evidence mean that larger randomized controlled trials remain necessary.

Therefore, the evidence-aware conclusion is:

Unani treatment shows potential and has a long traditional clinical history in Sur'at-e-Inzal, but high-quality modern evidence for individual formulations remains more limited than for established treatments such as certain SSRIs, dapoxetine and topical anaesthetics.

Why Unani Medicine Can Still Be Valuable

The usefulness of Unani medicine is not limited to one herb or formulation.

Its greatest potential in sexual disorders lies in its **whole-patient approach**.

Sexual problems frequently involve several layers:

- Physical
- Neurological
- Psychological
- Relationship-related
- Lifestyle-related
- Reproductive

An individualized Unani consultation can incorporate:

- Mizaj assessment
- Sexual history
- Sleep
- Diet
- Digestion
- Psychological condition
- General physical health
- Existing medical disorders

When this traditional framework is responsibly combined with appropriate modern investigations, it can provide a comprehensive patient-centred model.

What Responsible Integrative Treatment Should Look Like

A scientifically responsible approach can be summarized as:

Detailed sexual history

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Determine whether true PE is present

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Differentiate lifelong from acquired PE

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Evaluate erection quality and relationship factors

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Check for infection, prostatitis or medical disease when indicated

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Identify possible genital hypersensitivity

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Assess Mizaj and lifestyle in the Unani framework

↓

Correct reversible factors

↓

Select individualized treatment

↓

Monitor control, satisfaction and adverse effects

This approach respects both traditional medicine and contemporary sexual-medicine evidence.

Penile Hypersensitivity and Fertility

Penile hypersensitivity itself does **not normally damage sperm**.

It does not directly cause:

- Low sperm concentration
- Poor sperm motility
- Abnormal morphology
- Azoospermia

Premature ejaculation and infertility are different diagnoses.

However, severe PE may occasionally make conception more difficult if ejaculation regularly occurs before vaginal penetration.

When a couple is experiencing infertility, semen analysis and fertility assessment should therefore be performed according to appropriate indications rather than assuming that penile sensitivity is responsible.

Premature Ejaculation and Male Infertility Treatment Require Different Assessments

A man may have premature ejaculation and completely normal fertility.

Another man may have normal ejaculation but severe oligozoospermia.

A third patient may have both conditions.

This is particularly relevant in specialist sexual and infertility practice.

The clinician should determine exactly which condition is present and avoid treating all male reproductive complaints as one disease.

Dr. Nizamuddin Qasmi and the Saira Health Care Approach

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

According to Saira Health Care's current published professional profile, Dr. Qasmi's listed qualifications include:

- **BUMS – Bachelor of Unani Medicine and Surgery**
- **MD**
- **CGO**
- **Certificate in Infertility**
- **Certificate in Urology – London, UK**

His publicly available profile describes clinical work in the field of male and female sexual disorders and infertility, including premature ejaculation, erectile dysfunction, azoospermia, oligospermia, abnormalities of sperm motility and morphology, varicocele, epididymal cyst and hormonal or reproductive problems.

Saira Health Care describes its model as patient-centred care combining traditional knowledge, modern research, lifestyle management and individualized treatment planning.

This type of integrated approach can be particularly useful for a condition such as Zakawat-e-Hiss, because early ejaculation may involve:

- Genital sensitivity
- Nervous-system regulation
- Sexual habits
- Anxiety
- Erectile function
- Relationship factors
- General medical health

The objective should therefore not simply be to reduce sensation.

The larger goal is to improve **ejaculatory control, sexual satisfaction, confidence and overall sexual health**.

Note regarding “Masters in Male Infertility”

You specifically asked to include **"Masters in Male Infertility."** I could not independently verify a publicly listed degree with that exact title from Dr. Qasmi's current official Saira Health Care profile or other reliable public profiles.

One independent profile lists a **Master Diploma in Alternative Medicine**, while the Saira Health Care website publicly confirms MD, CGO, Certificate in Infertility, BUMS and Certificate in Urology, London, UK.

For a textbook-style medical page, I recommend adding **"Masters in Male Infertility" only after confirming the exact awarded degree title and institution**. Medical credentials should be reproduced exactly rather than approximated.

Contribution of Saira Health Care to Sexual-Health Awareness

Male sexual disorders are frequently surrounded by embarrassment and misinformation.

Patients may hesitate to discuss:

- Premature ejaculation
- Erectile dysfunction
- Nightfall
- Spermatorrhea
- Low sperm count
- Penile sensitivity
- Infertility

This often leads to self-medication or unrealistic treatment claims.

Saira Health Care states that it aims to provide a non-judgmental environment for patients with sexual and reproductive-health problems and emphasizes individualized assessment rather than treating every patient in the same way.

Educational articles and videos also have an important role.

A patient who properly understands the difference between:

sensitivity, arousal, ejaculation, erection and fertility

is less likely to rely on myths.

Common Myths About Penile Hypersensitivity

Myth 1: Every Man With Premature Ejaculation Has Hypersensitive Penile Nerves

Fact: Research is inconsistent. Penile hypersensitivity appears relevant in some men but is not present in every case.

Myth 2: Premature Ejaculation Is Always Psychological

Fact: Biological and psychological factors can interact.

Myth 3: Premature Ejaculation Is Always Caused by Masturbation

Fact: PE is multifactorial. Ordinary masturbation is not established as a universal cause.

Myth 4: Numbing the Penis Is the Only Treatment

Fact: Treatment may also include serotonergic medicines, psychosexual therapy, management of ED and underlying medical conditions.

Myth 5: A More Numb Penis Always Means Better Sexual Performance

Fact: Excessive numbness may reduce sexual pleasure and sometimes interfere with erection or partner sensation.

Myth 6: Penile Hypersensitivity Causes Infertility

Fact: Penile sensitivity does not directly determine sperm count, motility or morphology.

Myth 7: Surgery to Cut Penile Nerves Is a Permanent Cure

Fact: Major current guidance advises against dorsal neurectomy because adequate safety evidence is lacking.

Practical Advice for Patients

Men concerned about excessive sensitivity can consider the following principles:

1. Do not diagnose yourself only from intercourse duration.
2. Identify whether the problem is lifelong or recently acquired.

3. Discuss erectile difficulties openly.
4. Seek evaluation for pain, urinary symptoms or genital inflammation.
5. Avoid unregulated numbing creams.
6. Reduce excessive performance pressure.
7. Learn arousal awareness and pacing.
8. Improve sleep and stress management.
9. Discuss medicines with a qualified practitioner.
10. Seek specialist sexual-health advice when the condition causes persistent distress.

When Should You Consult a Doctor?

Professional consultation is recommended when:

- Ejaculation consistently occurs earlier than desired
- You have little perceived control
- The problem causes significant distress
- Your relationship is being affected
- Erectile dysfunction is also present
- Symptoms developed suddenly
- Penile pain or burning is present
- Urinary symptoms occur
- Genital discharge is present
- Sexual anxiety is severe
- Previous self-treatment has failed

When Is Urgent Evaluation Necessary?

Penile hypersensitivity itself is not usually an emergency.

Urgent care may be necessary for:

- Sudden severe testicular or penile pain
- Significant genital swelling

- Serious allergic reaction after applying a medicine
- Severe genital infection
- Inability to urinate
- Priapism—a prolonged painful erection lasting approximately four hours or more

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Frequently Asked Questions

Is Zakawat-e-Hiss the same as allergy?

No.

In Unani sexual medicine, Zakawat-e-Hiss refers to excessive genital sensitivity or excitability.

Modern immunological hypersensitivity—including allergic Type I–IV reactions—is a different subject.

Can penile hypersensitivity cause premature ejaculation?

It may contribute in some patients.

Research supports an association in certain men, but evidence does not show that hypersensitivity is the universal cause of PE.

Can hypersensitivity be cured permanently?

The answer depends on the underlying cause.

Many patients can achieve meaningful improvement in ejaculatory control, but no responsible clinician should guarantee a permanent cure for everyone.

Does circumcision cure hypersensitivity or PE?

Current AUA/SMSNA guidance advises that ejaculation latency is not considered to be determined by circumcision status.

Circumcision should therefore not be performed solely as a guaranteed PE treatment.

Are numbing creams safe?

Approved topical anaesthetics can be appropriate for selected patients but may cause excessive numbness or transfer to the partner.

They should be used according to medical or product guidance.

Is penile sensitivity testing necessary?

Usually not.

Current European guidance specifically recommends against routine physiological testing for PE unless the history or examination provides a particular reason.

Can Unani medicine help?

Unani medicine offers an individualized framework involving Mizaj assessment, diet, lifestyle, sexual habits, psychological factors and traditional pharmacotherapy.

It may have a useful supportive role, particularly when integrated with appropriate contemporary diagnosis.

However, evidence for individual formulations varies, and Unani treatment should not delay necessary evaluation of infection, erectile dysfunction, thyroid disease, diabetes or other medical problems.

Prognosis

Premature ejaculation is treatable in many patients.

Meaningful improvement may involve:

- Longer ejaculation latency
- Better perceived control
- Reduced anxiety
- Greater sexual confidence
- Better relationship satisfaction

Treatment response varies according to whether PE is:

- Lifelong
- Acquired
- Associated with ED

- Predominantly anxiety-related
- Associated with genital hypersensitivity
- Related to another medical condition

Individualized diagnosis therefore produces better treatment planning than simply prescribing the same “timing medicine” to everyone.

Conclusion

Zakawat-e-Hiss is best understood in sexual medicine as excessive genital or penile sensitivity—not as the Type I–IV immune hypersensitivity discussed in allergy and immunology.

Within traditional Unani medicine, Zakawat-e-Hiss has historically been recognized as one possible contributor to **Sur‘at-e-Inzal or premature ejaculation**, particularly when relatively mild sexual stimulation produces rapid ejaculation.

Modern sexual medicine provides a partially parallel but more complex picture.

Research confirms that some patients with premature ejaculation demonstrate measurable differences in penile sensory processing. Recent neurophysiological studies suggest that hypersensitivity may involve the glans, penile shaft or both in selected patients.

However, other studies have failed to demonstrate universal hypersensitivity, and the 2026 EAU guideline continues to describe the cause of PE as incompletely understood, involving a complex interaction of biological and psychological factors.

For this reason, the best clinical approach is:

Understand the patient—not just the sensitivity.

Diagnosis should evaluate ejaculation latency, control, distress, erection quality, psychological state, relationship factors and relevant medical conditions.

Treatment may include:

- Education and counselling
- Behavioural and psychosexual therapy
- Management of underlying disease
- Topical desensitizing treatment
- Guideline-supported pharmacotherapy
- Lifestyle management

- Individualized traditional or Unani treatment under qualified supervision

Unani medicine can make a valuable contribution because it traditionally examines sexual disorders through a broader framework involving **Mizaj, lifestyle, diet, psychological state and individualized treatment**.

The contemporary evidence-aware model, however, should combine this holistic traditional perspective with modern diagnostic principles rather than treating both systems as scientifically identical.

At **Saira Health Care**, Dr. Nizamuddin Qasmi's publicly documented qualifications include **BUMS, MD, CGO, Certificate in Infertility and Certificate in Urology, London, UK**, with a focused clinical practice involving sexual disorders and infertility.

The most important message for patients is therefore:

Premature ejaculation is not a failure of masculinity. Penile hypersensitivity is only one possible contributor. Proper diagnosis and individualized treatment can help many men achieve better control, confidence and sexual well-being.

Medical Disclaimer

This article is intended for **medical education and general health awareness** and should not replace individual consultation, physical examination or treatment by an appropriately qualified healthcare professional.

Premature ejaculation and genital hypersensitivity can arise from different biological, psychological and medical factors. Patients with persistent symptoms should receive individualized assessment.

Traditional, herbal and Unani medicines should be used under appropriate professional supervision. “Natural” does not mean automatically risk-free, and no treatment should be advertised as guaranteeing permanent cure or a specific duration of sexual intercourse for every patient.