Low Sexual Desire in Women

Understanding Female Low Libido, Its Causes, Diagnosis, Treatment and the Unani Approach

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Low sexual desire in women is much more common than many people realize, yet it remains one of the least openly discussed areas of women's health. In my clinical practice, one of the first things I explain to patients is that **sexual desire is not a fixed quantity**. It can naturally increase or decrease according to age, health, hormonal changes, stress, sleep, pregnancy, breastfeeding, menopause, relationship circumstances and many other factors.

Therefore, having less interest in sexual activity for a few days or during a difficult period of life does not automatically mean that a woman has a disease.

The problem deserves medical attention when the reduction in sexual interest becomes persistent, is different from what the woman considers normal for herself, and causes personal distress, worry or difficulty in her relationship.

Modern medical terminology may describe persistent problems involving sexual interest and arousal as **Female Sexual Interest/Arousal Disorder (FSIAD)**. The term **Hypoactive Sexual Desire Disorder (HSDD)** also continues to be widely used in clinical practice and in relation to certain treatments. Current diagnostic guidance emphasizes that reduced desire becomes a disorder particularly when symptoms continue for approximately six months or longer and cause significant personal distress.

What Is Low Sexual Desire in Women?

Low sexual desire, commonly called **low libido**, means having less interest in sexual activity than the woman previously experienced or would personally like to have.

A woman may notice:

- Very little interest in sexual activity.
- Fewer sexual thoughts or fantasies.
- Little interest in initiating intimacy.

- Reduced response when a partner initiates intimacy.
- Less excitement or pleasure during sexual activity.
- Reduced physical or emotional arousal.
- Avoidance of intimacy because of discomfort, anxiety or lack of interest.
- Distress or concern about the change in sexual desire.

It is important to understand that there is **no single "normal" number of times a woman should want sex**. Desire varies greatly between individuals and during different stages of life. A lower level of sexual interest does not require treatment merely because it differs from that of a partner. Medical treatment becomes relevant when the woman herself is troubled by the change or when an underlying health condition needs attention.

Female Sexual Desire Is More Complex Than Hormones Alone

Patients often ask me, "Doctor, is my low desire because my hormones are low?"

Sometimes hormones are involved, but the answer is not always so simple.

Female sexual response is influenced by a combination of the **brain, hormones, physical health, emotions, previous experiences, relationship quality, stress level, sleep, body image and environment**. That is why simply prescribing a so-called sexual tonic without understanding the patient usually does not address the real problem.

Modern medicine increasingly uses a **biopsychosocial approach**, meaning that biological, psychological and relationship factors are considered together. This is also one of the areas where the individualized and holistic philosophy traditionally emphasized in Unani medicine can be clinically valuable when used responsibly.

Common Causes of Low Sexual Desire in Women

There is rarely one cause that applies to every patient. In some women, several factors are present at the same time.

1. Stress and Mental Exhaustion

Continuous work pressure, financial worries, household responsibilities, caring for children or elderly family members and inadequate rest can leave very little mental energy for intimacy.

A woman may be physically healthy but mentally exhausted.

Chronic stress can also affect sleep, mood, concentration and communication between partners, all of which can indirectly reduce sexual interest.

2. Anxiety and Depression

Depression can reduce motivation, enjoyment and interest in activities that previously felt pleasurable, including intimacy. Anxiety can interfere with relaxation and make it difficult to become emotionally or physically aroused.

Some medicines used for depression and anxiety, particularly certain **selective serotonin reuptake inhibitors (SSRIs)**, can also reduce sexual desire or make orgasm more difficult. A patient should not stop an antidepressant herself; the prescribing doctor should review whether the medicine or dose needs adjustment.

3. Relationship Difficulties

Sexual desire cannot always be separated from emotional intimacy.

Unresolved arguments, lack of trust, poor communication, emotional distance, different expectations regarding sex, insufficient privacy or unsatisfying previous sexual experiences can reduce desire even when hormones and physical health are normal.

For some patients, improving communication and emotional closeness produces more benefit than simply adding another medicine.

4. Vaginal Dryness or Pain During Intercourse

A woman who repeatedly experiences pain naturally may begin avoiding sexual activity.

Vaginal dryness may occur during menopause, breastfeeding or because of certain medications. Infections, pelvic disorders, vulval conditions and other gynecological problems can also cause painful intercourse.

Treating the pain or dryness can therefore be an important part of restoring healthy sexual interest.

5. Menopause and Perimenopause

During perimenopause and menopause, estrogen levels change. Some women develop vaginal dryness, thinning of vaginal tissues, reduced genital sensitivity, hot flushes, disturbed sleep and discomfort during intercourse.

These changes may indirectly reduce sexual desire.

However, menopause does **not** mean that a woman must lose interest in sexual activity. Many women continue to have healthy and satisfying intimate relationships after menopause. Treatment should be based on the symptoms experienced by the individual woman rather than age alone.

6. Pregnancy, Childbirth and Breastfeeding

Hormonal changes after childbirth and during breastfeeding may temporarily decrease sexual desire. Vaginal dryness, sleep deprivation, physical recovery from childbirth, fear of pain, body-image concerns and the demands of caring for a baby can all contribute.

This is often temporary and should be approached with patience, communication and appropriate medical advice.

7. Medical Conditions

A number of health problems can affect sexual functioning, including:

- Diabetes
- Thyroid disorders
- High blood pressure
- Cardiovascular disease
- Neurological disorders
- Chronic pain
- Kidney or liver disease
- Gynecological conditions
- Hyperprolactinemia
- Cancer and some cancer treatments
- Long-term fatigue or debilitating illness

The medical condition itself, its emotional impact and the medicines being used to treat it may all affect sexual desire.

8. Medicines

Medicines that may affect sexual functioning include some antidepressants, antihypertensive medicines, antiseizure medicines and other drugs.

Whenever low libido begins after starting or changing a medicine, this information should be shared with the treating physician.

Do **not** suddenly discontinue a prescribed medicine merely because sexual desire has changed.

9. Poor Sleep and Fatigue

Sleep is frequently underestimated in sexual health.

When the body is continuously tired, sexual interest may naturally become a low priority. Improving sleep duration and quality can sometimes make a meaningful difference in energy, mood and relationship satisfaction.

10. Body Image and Self-Confidence

Weight changes, scars, skin conditions, childbirth, surgery, aging or negative comments from a partner may affect how a woman feels about her body.

Feeling uncomfortable with one's appearance can make relaxation and intimacy difficult even when there is no hormonal problem.

11. Previous Negative or Traumatic Experiences

Previous unwanted sexual experiences, abuse or trauma can affect sexual desire and intimacy many years later.

These cases require particular sensitivity. Counselling or trauma-informed psychological care may form an important part of treatment.

How Do We Diagnose Female Low Sexual Desire?

There is no single blood test that can tell us whether a woman has healthy sexual desire.

In my opinion, the most important part of diagnosis is **listening properly to the patient**.

A detailed consultation may include questions about:

- When the problem started.
- Whether desire was normal previously.
- Whether the problem occurs in every situation or only with a particular circumstance.
- Menstrual history.
- Pregnancy and childbirth history.
- Menopause symptoms.
- Vaginal dryness or pain.
- Sleep and energy levels.
- Emotional stress.
- Anxiety or depressive symptoms.
- Current medicines.
- Diabetes, thyroid disease and other medical conditions.
- Relationship and communication issues.
- Previous sexual experiences.
- Whether the woman experiences distress because of the problem.

Where appropriate, physical or gynecological examination may be advised. Laboratory tests may sometimes be needed to investigate conditions such as thyroid disease, diabetes or selected hormonal abnormalities, depending on the patient's symptoms and medical history.

A responsible physician should not order a large hormonal panel for every woman without clinical reason.

Low Sexual Desire According to the Unani System of Medicine

The Unani system looks at health through an individualized understanding of **Mizaj (temperament)**, **Akhlat (humours)**, organ function, lifestyle, diet, mental state and the body's natural capacity to maintain balance.

Classical Unani medicine describes four principal humours:

Dam — Blood
Balgham — Phlegm
Safra — Yellow bile
Sauda — Black bile

The Central Council for Research in Unani Medicine describes Mizaj and the four-humour concept as fundamental elements of classical Unani theory.

It would therefore be inaccurate to describe the Unani concept of female low libido as an imbalance of only "Khilwat, Ar-Ruh and Dam." **Ruh is one of the broader natural factors in Unani philosophy rather than one of the four humours.**

Similarly, it is an oversimplification to say that every case of low sexual desire results from excessive coldness and moisture that directly lowers estrogen. Modern endocrinology does not support such a universal mechanism.

In clinical Unani practice, a more appropriate approach is to assess the woman's overall **Mizaj, strength, sleep, diet, digestion, emotional condition, reproductive health and associated symptoms** and then plan treatment accordingly.

The Unani Approach to Female Low Sexual Desire

One of the strengths I find valuable in Unani clinical practice is that the patient is assessed as a whole rather than viewing libido as an isolated organ problem.

The Ministry of AYUSH describes Unani treatment as incorporating lifestyle measures, dietary management, medicines and selected regimental therapies, with significant importance given to the six essential factors of life, including food and drink, physical activity and rest, sleep and wakefulness and mental well-being.

For a woman with low desire, an individualized plan may therefore focus on several areas.

Correction of Lifestyle

Regular sleep, appropriate physical activity, reduction of excessive fatigue and improved daily routine may be advised.

Dietary Management — Ilaj bil Ghiza

Diet is selected according to the patient's general health, nutritional status, digestive condition, associated diseases and temperament.

There is no single "libido diet" suitable for everyone.

Management of Stress and Emotional Factors

A patient whose primary problem is chronic stress or relationship conflict may require counselling and emotional support alongside physical treatment.

Correction of Associated Disorders

Constipation, chronic weakness, anemia, diabetes, thyroid disease, vaginal dryness, painful intercourse, sleep disturbance and other contributing conditions should not be ignored.

Individualized Unani Medicines

Certain traditional botanical and compound preparations may be considered after proper evaluation.

Medicines traditionally associated with vitality or reproductive health should **not** be prescribed merely because a patient says her libido is low. The suitability of any preparation depends upon the woman's age, reproductive status, medical history, other medications and individual constitution.

What About Ashwagandha, Musli and Shilajit?

Patients frequently ask me about herbs promoted online as "female libido boosters."

Some herbal medicines deserve scientific investigation, but natural does not automatically mean safe or effective for every person.

For example, small randomized studies of standardized **Ashwagandha (Withania somnifera)** extracts have reported improvements in several measures of female sexual function compared with placebo. However, these studies involved relatively small numbers of women and specific standardized preparations, so their findings should not be interpreted as proof that every Ashwagandha product will treat every form of low libido.

A systematic review has also found encouraging signals for certain herbal approaches to female sexual dysfunction, while the overall research field remains heterogeneous and requires stronger evidence.

For this reason, I do not advise patients to start Ashwagandha, Musli, Shilajit or combination "sexual power" products on their own. Product quality, correct identification of ingredients, dose, interactions, pregnancy status and underlying disease all matter.

The correct treatment should address the **cause of low desire**, not simply stimulate the patient temporarily.

Modern Treatment Options for Female Low Sexual Desire

Treatment is individualized. Many women benefit most from a combination of approaches rather than one medicine.

Lifestyle Improvement

Regular physical activity, adequate sleep, reducing excessive alcohol consumption, stopping smoking and improving stress management can contribute to better general and sexual health.

Communication and Couples Counselling

If relationship factors are contributing to low desire, counselling may help couples communicate about intimacy, expectations, emotional needs and sexual concerns without blame.

Psychological and Sex Therapy

Cognitive behavioural therapy, mindfulness-based approaches, sex therapy or other psychological treatments may benefit appropriately selected patients, particularly when anxiety, negative thoughts, stress or previous experiences are contributing factors. A multidisciplinary approach is recommended for many cases of sexual interest/arousal disorder.

Treatment of Vaginal Dryness and Pain

Lubricants and vaginal moisturizers may be useful for some women.

When genitourinary syndrome of menopause is present, appropriate local hormonal or other medical treatment may be considered after medical evaluation. Reducing pain can itself help restore comfort and interest in intimacy.

Review of Existing Medicines

If an antidepressant or another medicine appears to be contributing, the treating physician may consider an alternative drug or adjustment where medically appropriate.

Patients should never alter prescription medicines without professional supervision.

Hormonal Treatment

Hormonal treatment is **not required for every woman with low desire**.

In appropriately selected postmenopausal women, transdermal testosterone has evidence of benefit for sexual desire, but treatment requires appropriate assessment, monitoring and consideration of adverse effects and uncertainty regarding long-term safety.

Hormone therapy should therefore never be taken simply on the basis of an online advertisement or a single laboratory value.

Prescription Treatments for HSDD

Certain prescription medicines are available internationally for selected women with HSDD.

An important recent update is that in the United States the FDA-approved indication for **flibanserin** was expanded in December 2025 to women **younger than 65 years with acquired, generalized HSDD**, regardless of menopausal status, provided the low desire is not explained by another medical or psychiatric condition, relationship problems or medication/substance effects. The medicine carries important warnings, including risks of hypotension and fainting in certain circumstances.

Availability and regulatory approval differ between countries, including India. These medicines are not general "female sex pills" and are not intended merely to enhance sexual performance. Prescription treatment should be selected only after proper medical assessment.

Why One Medicine Cannot Treat Every Woman

This is one of the most important messages I want patients to understand.

Consider five women who all say, "My sexual desire has decreased."

One may have severe thyroid dysfunction.

Another may have vaginal pain after menopause.

A third may be experiencing depression.

A fourth may be exhausted because she sleeps only four hours every night.

A fifth may have no medical disease but may be experiencing serious relationship conflict.

Giving all five women the same sexual tonic would not represent good medical practice.

The diagnosis must come before treatment.

My Clinical Approach at Saira Health Care

At **Saira Health Care**, our approach to sexual disorders and infertility is based on privacy, careful history-taking and individualized assessment.

When a woman consults me for reduced sexual desire, my priority is not simply to prescribe something to "increase libido." I first try to understand **why the desire has changed**.

I assess possible physical, hormonal, psychological, lifestyle and relationship factors. Where an Unani intervention is suitable, treatment may incorporate principles of Mizaj, appropriate diet, lifestyle correction and individualized medicines while also taking modern clinical findings into consideration.

If investigation or consultation from another specialty is required—such as gynecology, endocrinology, psychiatry or psychological counselling—the patient should be appropriately guided.

This integrated way of thinking is especially important in sexual medicine because the reproductive organs, hormones, emotions, nervous system, relationship and overall health do not function independently of one another.

The Role and Contribution of Saira Health Care

Sexual health problems are still surrounded by embarrassment, misinformation and unscientific advertising.

At Saira Health Care, our continuing effort in the field of **sexual disorders and infertility** is to encourage patients to discuss these concerns confidentially and to seek qualified medical evaluation instead of depending on anonymous supplements, misleading "guaranteed cure" advertisements or unverified online advice.

Our clinical focus includes sexual health concerns and infertility, with emphasis on:

- Individualized evaluation.
- Respectful and confidential consultation.
- Identification of underlying causes.
- Integration of appropriate Unani principles with clinical assessment.
- Lifestyle and dietary guidance.
- Patient education.
- Responsible use of medicines.
- Referral or investigation when another medical condition is suspected.
- Follow-up to assess response rather than making unrealistic guarantees.

Sexual medicine requires patience and trust. A patient should feel comfortable enough to explain what she is experiencing without fear of embarrassment or judgment.

Can Unani Medicine Successfully Treat Female Low Sexual Desire?

Unani medicine may provide a **useful individualized and holistic framework**, particularly through attention to lifestyle, nutrition, sleep, psychological well-being, associated illness and carefully selected traditional medicines.

However, I would not describe female low desire as having a universal **75%, 80% or 85% cure rate**.

No responsible physician can guarantee such a percentage for every woman because the causes differ greatly. Scientific literature on specific herbal interventions is developing, but robust clinical evidence for many traditional Unani formulations in female HSDD remains limited.

Treatment success depends upon factors such as:

- Correct diagnosis.
- Cause and duration of the problem.
- Age and hormonal status.
- Associated diseases.
- Mental and emotional health.
- Relationship circumstances.
- Medication use.
- Adherence to treatment.
- Lifestyle.
- Quality and suitability of the medicines being used.

A patient with medication-induced sexual dysfunction requires a different plan from a patient whose symptoms are mainly due to menopause or chronic stress.

The aim should therefore be **appropriate improvement for the individual patient**, not a predetermined marketing percentage.

Common Myths About Female Low Libido

"Every woman with low desire has low estrogen."

No. Hormonal changes are only one possible cause.

"Low sexual desire always means there is a relationship problem."

No. Medical, hormonal, psychological, medication-related and lifestyle factors can all contribute.

"A woman should always feel spontaneous sexual desire."

Not necessarily. For many women, desire may develop after emotional or physical intimacy has begun rather than appearing spontaneously beforehand. ACOG specifically notes that this pattern can be normal.

"Menopause means a woman cannot have a satisfying sexual life."

Incorrect. Many women maintain satisfying sexual relationships after menopause.

"Any herbal sex booster is safe because it is natural."

Incorrect. Herbal preparations can have side effects, interactions, incorrect ingredients or inappropriate doses.

"Low desire means infertility."

No. Sexual desire and fertility are different biological issues, although some medical or hormonal conditions may affect both.

When Should a Woman Consult a Doctor?

Please seek professional evaluation when:

- Reduced desire is persistent and troubling you.
- There is pain during intercourse.
- Vaginal dryness is persistent or severe.
- There is abnormal bleeding or discharge.
- Menstrual periods have become unusually irregular.
- Symptoms began suddenly.
- There is severe fatigue or unexplained weight change.
- Depression or anxiety is present.
- The problem started after beginning a new medicine.
- Menopausal symptoms are significantly affecting quality of life.
- There are concerns about fertility in addition to sexual desire.
- The problem is causing significant relationship distress.

You do not need to wait until the problem becomes severe before discussing it.

A Message to Women Experiencing Low Sexual Desire

As a physician working in sexual health, I want women to understand that discussing sexual desire is a legitimate part of healthcare.

You should not feel embarrassed to tell your doctor that your interest in intimacy has changed.

At the same time, you should not be made to believe that you need treatment simply because your level of desire is different from someone else's.

The question I consider most important is:

Has your sexual desire changed in a way that is troubling you, and is there a medical, emotional or relationship factor that we can identify and improve?

When we understand the cause properly, treatment becomes more rational.

For some patients, improving sleep, nutrition and stress is important. For others, treating pain, vaginal dryness, thyroid disease or another medical condition may be the key. Some may benefit from counselling. Selected patients may require hormonal or other prescription treatment. Where appropriate, an individualized Unani approach may be incorporated as part of comprehensive care.

Good sexual medicine is not about giving every patient the same aphrodisiac. It is about understanding the woman as a whole.

Frequently Asked Questions

Is low sexual desire common in women?

Yes. Changes in desire occur frequently across a woman's lifetime. However, a medical disorder is generally considered when persistent symptoms cause significant distress rather than simply because sexual interest is lower than another person's.

Can stress reduce female libido?

Yes. Chronic stress, anxiety, fatigue and poor sleep can all interfere with sexual interest and arousal.

Does diabetes affect sexual desire?

It can. Diabetes may affect blood vessels, nerves, energy, mood and genital sensation and can contribute to sexual dysfunction in some women.

Can antidepressants reduce sexual desire?

Yes. Certain antidepressants, particularly SSRIs, are well recognized as possible contributors to sexual dysfunction. Do not stop them abruptly; discuss the problem with the prescribing doctor.

Can menopause cause low libido?

Menopause can contribute through hormonal changes, vaginal dryness, pain, sleep disturbance and other symptoms, but it does not inevitably cause low sexual desire.

Can low sexual desire be treated?

In many cases, the contributing factors can be identified and improved. Treatment depends completely on the cause and may involve lifestyle changes, counselling, management of medical conditions, treatment of vaginal symptoms, review of medicines, selected prescription treatment and, where clinically appropriate, individualized traditional or Unani care.

Does every woman need hormone tests?

No. Testing is selected according to symptoms, age, menstrual history and medical findings.

Are Unani medicines useful for low sexual desire?

They can form part of an individualized treatment plan, particularly when used together with assessment of diet, lifestyle, sleep, emotional health and associated medical problems. However, medicines should be selected by a qualified practitioner rather than self-prescribed, and claims of guaranteed cure should be avoided.

Consult Dr. Nizamuddin Qasmi

Women experiencing persistent low sexual desire, painful intercourse, vaginal dryness or other sexual-health concerns may consult:

Dr. Nizamuddin Qasmi
Founder & Chief Physician, Saira Health Care
Focused Practice in Sexual Disorders & Infertility

Qualifications:
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

Patients may book an online or in-person consultation through **Saira Health Care** or call **+91-9452580944** for appointment assistance.

Medical note: This article is intended for patient education and general awareness. Diagnosis and treatment should be individualized after consultation with a qualified healthcare professional. Patients who are pregnant, breastfeeding, taking prescription medicines or living with chronic medical conditions should not begin hormonal, herbal or other sexual-health treatments without professional advice.