

Delayed Ejaculation: Causes, Diagnosis, Treatment and an Integrative Unani Perspective

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Understanding Delayed Ejaculation

Many men come to me worried because they are able to obtain an erection and continue sexual activity, but ejaculation takes a very long time or sometimes does not occur at all. Some patients can ejaculate during masturbation but find it extremely difficult during intercourse. Others describe needing unusually prolonged or intense stimulation before reaching orgasm.

This condition is known as **Delayed Ejaculation (DE)**.

Delayed ejaculation is a recognized male sexual dysfunction in which a man has persistent or recurrent difficulty reaching ejaculation, or requires an unusually prolonged period of stimulation before ejaculation occurs, despite adequate sexual stimulation and a desire to ejaculate. The American Urological Association and Sexual Medicine Society of North America describe both lifelong and acquired forms of delayed ejaculation and emphasize that the problem should be bothersome to the patient or couple rather than being diagnosed simply from a stopwatch measurement.

An occasional episode of slow ejaculation is not necessarily a disease. Sexual response naturally varies depending on fatigue, stress, relationship circumstances, medications, age and many other factors. Delayed ejaculation becomes clinically important when the problem is persistent, causes personal or relationship distress, interferes with satisfactory sexual activity, or makes conception difficult.

From my perspective, this distinction is very important. A man should not compare himself with unrealistic sexual expectations or assume that he has a disorder simply because intercourse lasts longer than expected. The goal of treatment is not to achieve a particular number of minutes. The goal is to restore comfortable, satisfying sexual



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function while identifying and treating any underlying medical, psychological or reproductive problem.

What Happens During Normal Ejaculation?

Male sexual response is a coordinated interaction between the **brain, spinal cord, peripheral nerves, hormones, genital organs, muscles, emotions and sexual stimulation.**

Orgasm and ejaculation usually occur together, but medically they are not exactly the same phenomenon. Orgasm refers primarily to the subjective sensation of sexual climax, whereas ejaculation refers to the expulsion of semen through the urethra.

This distinction becomes important because some men may experience orgasm without semen being expelled, while others may have difficulty achieving orgasm itself. Recent international sexual-medicine recommendations emphasize that anorgasmia, anejaculation and delayed ejaculation should be distinguished carefully, particularly when infertility is also present.

Delayed Ejaculation Is Not the Same as Anejaculation

Patients frequently use these terms interchangeably, but clinically they may represent different problems.

In **delayed ejaculation**, ejaculation is possible but requires unusually prolonged stimulation or happens inconsistently.

In **anejaculation**, semen is not expelled at all.

In **anorgasmia**, the individual is unable to reach orgasm.

In **retrograde ejaculation**, semen travels backward into the urinary bladder rather than coming out through the penis.

These conditions can overlap, and therefore correct diagnosis is essential before starting treatment.

A patient who says, “Doctor, semen does not come out,” should not automatically be diagnosed with delayed ejaculation. We need to understand whether he experiences orgasm, whether semen is produced, whether ejaculation occurs during masturbation, whether semen enters the bladder, and whether there are neurological, hormonal or anatomical causes.



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Is There a Fixed Time Limit for Delayed Ejaculation?

There is no single universally applicable number of minutes that defines healthy ejaculation.

The AUA/SMSNA guideline describes delayed ejaculation mainly as a **consistent and bothersome inability to ejaculate or an excessive delay despite adequate stimulation and the desire to ejaculate**. The guideline notes that men who require roughly 25–30 minutes or longer and experience distress may fit the clinical picture, but time alone is not sufficient for diagnosis.

The European guideline discussion similarly emphasizes persistent symptoms, frequency of occurrence and personal distress rather than treating every episode of prolonged intercourse as disease.

Therefore, the question I consider most important is not simply, “How many minutes do you take?” It is, **“Is this change persistent, distressing and interfering with your sexual relationship or fertility?”**

Types of Delayed Ejaculation

Delayed ejaculation can appear in several patterns.

Lifelong Delayed Ejaculation

The difficulty has been present from the beginning of the man's sexual life.

Some men with lifelong delayed ejaculation report that ejaculation during intercourse has always been extremely difficult, although they may be able to ejaculate through masturbation.

Acquired Delayed Ejaculation

In acquired delayed ejaculation, a man previously ejaculated without difficulty but later develops a significant delay or inability to ejaculate.

When this happens, I pay particular attention to newly started medicines, diabetes, neurological problems, hormonal abnormalities, pelvic surgery, psychological stress, erectile dysfunction, alcohol use and changes in the relationship.

Generalized Delayed Ejaculation

The difficulty occurs in most situations, regardless of partner or type of sexual activity.

Situational Delayed Ejaculation

The problem appears only in specific circumstances.



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For example, a man may ejaculate normally during masturbation but not during intercourse. Another patient may experience delayed ejaculation only with one partner, only when using a condom, or only when trying to conceive.

This difference can provide important information about the underlying cause.

Common Symptoms

A man with delayed ejaculation may report that ejaculation takes excessively long, requires unusually intense stimulation, happens only occasionally, occurs during masturbation but not intercourse, or fails to occur despite a satisfactory erection.

Because sexual activity may continue for a prolonged time, both partners may eventually experience physical fatigue, genital discomfort, frustration or loss of arousal. Some men eventually lose their erection before reaching orgasm—not necessarily because they initially had erectile dysfunction, but because prolonged sexual activity becomes exhausting. Cleveland Clinic notes that delayed ejaculation may be associated with fatigue, discomfort, anxiety, stress and feelings of inadequacy in either partner.

The emotional consequences can sometimes become more troublesome than the original physical problem.

Why Does Delayed Ejaculation Happen?

Delayed ejaculation usually cannot be explained by one mechanism alone. Sexual response depends upon the brain, hormones, nerves, genital sensation, psychological state, relationship circumstances, medicines and level of stimulation.

Modern sexual-medicine guidelines therefore recommend looking at the **whole patient**, not just the penis.

Psychological and Psychosexual Factors

Psychological factors can have a major influence on ejaculation.

Performance anxiety is particularly important. A man may become so focused on whether ejaculation will occur that he stops experiencing sexual activity naturally.

I often explain this to patients with a simple example: when your mind is continuously asking, “Will it happen now? Why has it not happened? What will my partner think?”, the brain moves away from sexual pleasure and towards monitoring and anxiety.



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Relationship tension can also interfere with arousal. Unresolved conflict, emotional distance, resentment, fear of disappointing the partner, lack of communication and difficulty expressing sexual preferences may all contribute.

Other possible factors include fear of pregnancy, anxiety about sexually transmitted infections, shame related to sexuality, previous negative sexual experiences and certain learned sexual patterns. Clinical literature recognizes performance anxiety, relationship factors, psychosexual inhibition and highly specific masturbation habits among possible contributors to delayed ejaculation.

This does **not** mean that delayed ejaculation is “all in the mind.” Psychological and biological factors frequently coexist.

Masturbation Pattern and Delayed Ejaculation

This is a sensitive subject, but it is important to discuss without judgement.

Some men become accustomed to a very specific masturbation technique—for example, unusually strong pressure, a particular speed, a specific position or a type of stimulation that is difficult to reproduce during partnered sexual activity.

If ejaculation occurs easily during masturbation but repeatedly fails during intercourse, the difference in stimulation should be explored.

The purpose of discussing masturbation is not to create guilt. The purpose is to understand how the nervous system has become accustomed to reaching orgasm and whether sexual stimulation patterns can be adjusted.

Recent international recommendations acknowledge idiosyncratic masturbation patterns and unmet needs for specific stimulation among possible contributors to delayed ejaculation.

Medicines Can Cause Delayed Ejaculation

Medication history is one of the first things that should be reviewed in acquired delayed ejaculation.

Several medicines can interfere with orgasm or ejaculation, particularly some antidepressants and other medicines that alter neurotransmitters involved in sexual response.

Antidepressants—especially serotonergic medications—are well known to affect sexual function. Certain blood-pressure medicines, alpha-blockers and other medications may also contribute in some patients.

The AUA/SMSNA guideline specifically recommends considering replacement, dose adjustment or staged discontinuation of medications that contribute to delayed ejaculation when medically appropriate.

However, **patients should never suddenly stop antidepressants, blood-pressure medicine or any prescribed medication on their own.** Any adjustment should be discussed with the prescribing doctor because abrupt withdrawal or uncontrolled underlying disease may cause significant harm.

Diabetes and Nerve Damage

Diabetes can damage peripheral nerves over time. These nerves are involved in genital sensation and the neurological pathways required for ejaculation.

For this reason, long-standing or poorly controlled diabetes may contribute to delayed ejaculation, erectile dysfunction or other ejaculatory disorders.

Neurological disease is another important category. Spinal cord injury, multiple sclerosis, stroke, pelvic nerve injury and complications of surgery may interfere with the normal ejaculatory reflex.

When delayed ejaculation appears together with numbness, altered genital sensation, bladder symptoms, leg weakness or other neurological symptoms, further evaluation becomes especially important.

Hormonal Factors

Hormonal abnormalities may contribute to sexual dysfunction in selected patients.

Low testosterone can be associated with reduced libido, reduced sexual arousal and symptoms consistent with delayed ejaculation. The AUA/SMSNA guideline supports clinically appropriate testosterone evaluation, particularly morning testosterone testing when deficiency is suspected.

Thyroid abnormalities may also affect sexual function, and hypothyroidism is recognized among possible physical contributors.

Hormonal testing should therefore be guided by symptoms rather than ordering a large panel for every patient.

An important point for men who wish to father a child is that **exogenous testosterone therapy may suppress sperm production.** Recent international recommendations advise against routine exogenous testosterone replacement in men actively seeking



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fertility; fertility-preserving alternatives may be considered by specialists when medically appropriate.

Aging and Delayed Ejaculation

Sexual function naturally changes with age.

Some men notice that they require more direct or prolonged stimulation as they become older. Penile sensitivity may change, testosterone may decline, chronic diseases become more common, and medications that affect sexual function are more frequently used.

Therefore, delayed ejaculation in older men is often multifactorial rather than being caused by a single disease.

Age alone, however, does not mean that satisfactory sexual function is impossible.

Alcohol and Recreational Drugs

Excessive alcohol consumption can interfere with normal sexual response.

A man may initially feel less inhibited after alcohol, but larger quantities can reduce sexual sensation, interfere with erections and make ejaculation difficult.

Recreational drugs may also alter neurological and psychological responses involved in sexual activity.

Therefore, alcohol and substance-use history should be discussed honestly during evaluation.

Delayed Ejaculation and Erectile Dysfunction

Delayed ejaculation and erectile dysfunction may occur together.

Sometimes a man has delayed ejaculation first and later begins losing his erection because intercourse continues for too long.

In other cases, erectile dysfunction occurs first. The patient then concentrates so heavily on maintaining the erection that orgasm becomes difficult.

The AUA/SMSNA guideline advises clinicians to determine which problem began first and to look for common contributing factors such as medications, endocrine disorders, sensory changes and psychological factors.

This is why simply prescribing an erectile-dysfunction medicine to every patient with delayed ejaculation is not an adequate approach.

Delayed Ejaculation and Male Infertility

Delayed ejaculation becomes especially important when a couple is trying to conceive.

Pregnancy requires sperm to reach the female reproductive tract. If the man cannot ejaculate during vaginal intercourse, natural conception may become difficult even when his sperm count and sperm quality are normal.

This is an important point: **sexual dysfunction and infertility are related but they are not the same disease.**

A man can have excellent semen parameters but still face infertility because ejaculation cannot occur intravaginally.

Recent International Consultation for Sexual Medicine recommendations state that severe delayed ejaculation or persistent anejaculation may interfere with natural conception. In selected cases, psychosexual treatment, vibrator-assisted ejaculation or reproductive techniques using collected or retrieved sperm may be considered.

At Saira Health Care, when a patient presents with both delayed ejaculation and infertility, I believe that evaluating both problems together is essential. Treating only the semen report while ignoring the ejaculation problem can leave the real obstacle unresolved.

How I Evaluate a Patient With Delayed Ejaculation

When a patient comes to me with this concern, I prefer to begin with a detailed and confidential conversation.

There is no reason for embarrassment. Sexual dysfunction is a medical problem and deserves the same professional attention as diabetes, thyroid disease or any other health concern.

I usually want to understand when the problem started, whether it has existed since the beginning of sexual life, whether ejaculation occurs during masturbation, whether orgasm occurs, whether the problem happens with every partner or only under particular circumstances, whether erections are normal, whether libido has changed, and whether the couple is trying for pregnancy.

Medication history is extremely important.



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The patient's medical history may reveal diabetes, thyroid disease, neurological illness, pelvic surgery, spinal problems, hormonal symptoms or other contributing conditions.

Relationship and psychological factors should also be assessed in a respectful manner.

This approach closely follows contemporary sexual-medicine guidelines, which emphasize medical, sexual and relationship history together with a focused physical examination.

Tests That May Be Needed

Not every man needs every investigation.

Testing is selected according to the history and examination.

Depending upon the patient's presentation, evaluation may include blood glucose or HbA1c, hormone testing such as morning testosterone, thyroid testing where indicated, general metabolic evaluation and other investigations when neurological or systemic disease is suspected. The AUA/SMSNA guideline notes that additional testing can be used when clinically indicated and mentions testosterone and metabolic studies among potentially relevant investigations.

When fertility is a concern, semen analysis may also be appropriate.

A patient who does not ejaculate externally may require further assessment to distinguish delayed ejaculation from retrograde ejaculation, obstruction or other ejaculatory disorders.

Treatment of Delayed Ejaculation

There is no single medicine or treatment that is suitable for every patient.

Treatment should be directed towards the underlying cause.

This is particularly important because delayed ejaculation remains less well studied than several other male sexual disorders. Current professional guidelines emphasize individualized treatment and shared decision-making.

Correcting Medication-Related Causes

If symptoms started after a new medication was introduced, the treating physician may consider adjusting the dose, changing the medicine or gradually discontinuing it when clinically safe.

Again, patients should never make these changes without medical supervision.



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Psychosexual Counselling

Psychosexual therapy can be very useful when anxiety, relationship difficulties, specific stimulation patterns or psychological inhibition contribute to the problem.

The AUA/SMSNA guideline recommends considering referral to a mental-health professional with expertise in sexual health for both lifelong and acquired delayed ejaculation.

Counselling is not an indication that the problem is imaginary.

The brain is one of the most important organs involved in sexual response.

Improving Sexual Arousal

Sometimes the problem is that the level or type of stimulation during intercourse is insufficient compared with what the individual requires.

Changing stimulation patterns, improving communication between partners and using positions or practices that increase arousal may help selected patients. This approach is specifically supported as a low-risk option in the AUA/SMSNA guideline.

The purpose should always be mutually comfortable and consensual sexual activity.

Treating Associated Erectile Dysfunction

When erectile dysfunction is present, it should be evaluated and managed appropriately.

Improving erection quality can sometimes reduce performance anxiety and make sexual stimulation more effective.

Treating Underlying Medical Problems

Diabetes, thyroid disease, neurological disease, hormonal abnormalities and other contributing illnesses should be appropriately managed.

Successful treatment of delayed ejaculation sometimes depends more on controlling the underlying condition than on treating ejaculation directly.

Is There a Specific Medicine for Delayed Ejaculation?

At present, there is **no universally established, specifically approved drug treatment for delayed ejaculation**.

AUA/SMSNA guidance states that evidence is insufficient to determine the risk-benefit balance of oral drug therapy for delayed ejaculation.



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Several medicines—including agents affecting dopamine, serotonin or other neurotransmitters—have been tried off-label, but the evidence is limited. Cleveland Clinic similarly notes that no U.S. FDA-approved medication specifically treats delayed ejaculation and describes several off-label drugs that have been investigated with variable results.

For this reason, I strongly discourage patients from buying so-called “ejaculation medicines,” testosterone products or herbal sexual stimulants without evaluation.

The correct treatment for one patient may be completely inappropriate for another.

Delayed Ejaculation and the Unani System of Medicine

As a physician trained in Unani medicine and working with sexual and reproductive health, I consider one of the strengths of the Unani approach to be its attention to the **whole individual rather than an isolated symptom.**

The Unani system traditionally evaluates health in relation to constitution and temperament (**Mizaj**), diet, physical activity, sleep, psychological state and other lifestyle factors.

The Ministry of AYUSH describes the major therapeutic approaches of Unani medicine as **Ilaj-bil-Ghiza (dietotherapy), Ilaj-bil-Tadbir (regimental therapy), Ilaj-bil-Dawa (pharmacotherapy), and where applicable Ilaj-bil-Yad (surgery).**

The Ministry also describes the Unani tradition as placing importance on the relationship between mental and physical health and on the six essential lifestyle factors, including food, sleep, physical activity and mental well-being.

These principles can be valuable when they are used responsibly alongside modern diagnostic assessment.

How I Use an Integrative Unani Approach

For a patient with delayed ejaculation, I do not believe that one herbal formulation should be prescribed to every man simply because the symptom is the same.

First, the cause must be investigated.

If diabetes is damaging the nerves, the treatment plan must address diabetes.

If an antidepressant is responsible, medication review is important.

If performance anxiety is predominant, counselling and behavioural modification may be more valuable than repeatedly changing medicines.

If testosterone deficiency is suspected, it should be properly evaluated.

If infertility is also present, semen analysis and reproductive planning may be needed.

Within an individualized Unani framework, attention may then be given to appropriate diet, general metabolic health, physical activity, sleep, stress management, digestive health and carefully selected Unani medication when clinically appropriate.

This is where traditional individualized care can complement a modern diagnostic approach.

What Does Research Say About Herbal and Traditional Medicine?

This subject needs scientific honesty.

Traditional systems including Unani have a long history of using medicinal plants in male reproductive and sexual health. Modern research has investigated a number of herbal interventions for sexual function and male fertility. Some studies suggest potential biological effects, including antioxidant activity and possible effects on semen parameters.

However, the evidence **specific to delayed ejaculation is limited**, and high-quality clinical trials of Unani treatments for delayed ejaculation are lacking.

A 2024 umbrella review of complementary and alternative interventions for male infertility found that the overall evidence remained limited and that many published reviews were of low or critically low methodological quality.

A broader review of botanicals and male reproductive health likewise concluded that promising findings exist for some herbal medicines but that weaknesses in study design, product standardization and reporting prevent confident recommendations for specific botanicals.

Therefore, at Saira Health Care, the responsible approach should not be to claim that a particular Unani medicine is a scientifically proven cure for delayed ejaculation.

Instead, Unani care can be incorporated **as an individualized supportive component of comprehensive treatment**, while modern medical causes are properly investigated and evidence-based interventions are used where appropriate.

The Saira Health Care Approach to Delayed Ejaculation

At **Saira Health Care**, sexual problems are approached with confidentiality, dignity and attention to both physical and psychological health.



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My approach to delayed ejaculation is based on understanding **why the patient is having the problem**, rather than simply trying to force ejaculation with medication.

A comprehensive assessment may consider the patient's sexual history, erection quality, orgasmic function, ejaculation pattern, medicines, hormone-related symptoms, diabetes and metabolic health, neurological history, psychological stress, relationship circumstances, fertility plans, lifestyle and relevant Unani constitutional considerations.

Where appropriate, treatment may integrate medical evaluation, sexual counselling, couple communication, lifestyle modification, fertility assessment, evidence-based management of associated diseases and individualized Unani care.

No responsible physician should promise that every patient will respond to the same therapy. Delayed ejaculation is a heterogeneous condition, and the best outcomes usually come from identifying the correct contributing factors.

When Delayed Ejaculation Is Affecting Pregnancy

This deserves special attention because many couples seek help only after months or years of unsuccessful attempts to conceive.

If semen cannot be deposited during intercourse because ejaculation rarely or never occurs, pregnancy may not happen even if the female partner is ovulating normally and the man's sperm production is satisfactory.

Therefore, I assess both **sexual function and reproductive function**.

When necessary, options may include psychosexual therapy, modification of stimulation, vibrator-assisted ejaculation, semen collection or assisted reproductive techniques. In difficult cases, sperm can sometimes be obtained through specialized reproductive procedures. International recommendations recognize these approaches for severe ejaculatory dysfunction associated with infertility.

The appropriate method depends on the couple's circumstances and should be decided after proper evaluation.

Common Mistakes Patients Should Avoid

Patients with delayed ejaculation often lose valuable time because they try random remedies before finding the actual cause.

Important mistakes include:

- Assuming that delayed ejaculation always means weakness or low testosterone.



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- Taking testosterone without testing, especially while trying to father a child.
- Abruptly stopping antidepressants or other prescribed medicines.
- Taking unregulated sexual-performance supplements.
- Blaming the partner.
- Assuming masturbation alone caused permanent damage.
- Ignoring diabetes, thyroid or neurological symptoms.
- Focusing only on semen quantity without assessing orgasm and ejaculation.
- Continuing stressful intercourse repeatedly only for the purpose of pregnancy.
- Expecting a single tablet to solve every type of delayed ejaculation.

A proper diagnosis can prevent months of unnecessary treatment.

Can Delayed Ejaculation Be Cured?

The outlook depends largely on the cause.

Medication-related delayed ejaculation may improve when the responsible medicine can safely be changed.

Psychological or relationship-related difficulties may improve substantially with appropriate psychosexual counselling.

Metabolic or hormonal contributors may improve when the underlying condition is treated.

Neurological injury can be more difficult to treat because damaged ejaculatory pathways may not fully recover.

For this reason, I prefer to use the word **treatment** rather than promise a guaranteed cure.

The objective is to identify modifiable causes, improve sexual satisfaction, reduce distress and, when necessary, help the couple achieve their reproductive goals.

When Should You Consult a Doctor?

You should consider professional evaluation when delayed ejaculation happens repeatedly and causes distress, when ejaculation has suddenly become much slower than before, when you cannot ejaculate during intercourse, when the problem begins after a new medication, when there is associated erectile dysfunction or loss of libido,



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when diabetes or neurological disease is present, or when delayed ejaculation is preventing pregnancy.

A sudden unexplained change in sexual function deserves medical attention rather than self-treatment.

A Message to Patients From Dr. Nizamuddin Qasmi

If you are experiencing delayed ejaculation, please understand one important point: **this problem does not define your masculinity, fertility or worth as a partner.**

Many men remain silent because they feel embarrassed. Unfortunately, silence can increase anxiety and sometimes create misunderstanding between partners.

Sexual health is a part of general health.

When I assess a patient with delayed ejaculation, I am not interested in judging his sexual life. I am interested in understanding the medical, hormonal, neurological, psychological, relationship and reproductive factors that may be involved.

Sometimes the solution is relatively straightforward, such as reviewing a medication. Sometimes counselling and modification of sexual habits are important. Sometimes an underlying disease needs treatment. And in some patients, an individualized integrative approach that includes appropriately selected Unani care may support overall sexual and reproductive health.

The important thing is to treat the **patient as a whole person rather than treating only one symptom.**

About Dr. Nizamuddin Qasmi

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At **Saira Health Care**, the clinical focus includes male and female sexual health, male and female infertility, ejaculatory disorders, erectile dysfunction, reproductive counselling and related sexual-health concerns.

Frequently Asked Questions About Delayed Ejaculation

Is delayed ejaculation the opposite of premature ejaculation?

In simple terms, premature ejaculation occurs sooner than desired, whereas delayed ejaculation involves significant difficulty reaching ejaculation or taking substantially longer than desired. They are different disorders and should not be treated with the same medicines.

Can a man have a normal erection but delayed ejaculation?

Yes. Erection and ejaculation involve related but different physiological mechanisms. A man can maintain a good erection but still find ejaculation difficult.

Can delayed ejaculation cause infertility?

It can interfere with natural conception when the man repeatedly cannot ejaculate semen inside the vagina. This is different from poor sperm quality.

Can antidepressants cause delayed ejaculation?

Yes. Certain antidepressants can affect orgasm and ejaculation. Medication should not be stopped without consulting the prescribing physician.

Can diabetes cause delayed ejaculation?

Diabetes can cause nerve damage and sexual dysfunction, which may contribute to delayed ejaculation in some men.

Does low testosterone always cause delayed ejaculation?

No. Low testosterone may contribute in some men, but delayed ejaculation has many possible causes. Hormone testing should be based on clinical evaluation.

Is there an approved tablet specifically for delayed ejaculation?

There is currently no established specifically approved medication for delayed ejaculation, and evidence for oral drug therapy remains limited.

Can counselling help?

Yes, particularly when performance anxiety, relationship factors, sexual inhibition or mismatched stimulation patterns contribute. Sexual-medicine guidelines recommend considering specialist psychosexual or mental-health support.



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Can Unani medicine be used?

Unani medicine can be incorporated into an individualized, integrative treatment plan by a qualified practitioner, particularly with attention to diet, lifestyle, general health and carefully selected medicines. However, scientific evidence specifically proving Unani medicines as a cure for delayed ejaculation remains limited, so underlying medical causes should always be investigated.

Conclusion

Delayed ejaculation is a complex but important male sexual-health condition. It may result from medications, diabetes, nerve disorders, hormonal problems, psychological stress, relationship factors, sexual habits, aging or a combination of several influences.

Modern guidelines emphasize a detailed sexual, medical and relationship history; targeted examination and testing; review of medicines; treatment of associated medical conditions; and psychosexual intervention when appropriate. There is currently no single universally effective drug for delayed ejaculation.

The Unani system offers a broader tradition of individualized care involving diet, lifestyle, regimental approaches and pharmacotherapy. At the same time, scientific evidence specifically for Unani treatment of delayed ejaculation is still insufficient to support claims of a guaranteed cure. Responsible integrative practice means combining the strengths of traditional individualized care with modern investigation, sexual counselling and evidence-based medical management.

At **Saira Health Care**, the objective should always be to understand the patient's complete sexual and reproductive health, identify treatable causes and develop an individualized management plan that is medically appropriate, respectful and realistic.

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