Erectile Dysfunction (ED): Causes, Diagnosis, Treatment and the Role of Unani Medicine

Introduction

Erectile dysfunction, commonly abbreviated as **ED**, is one of the most frequently encountered male sexual health problems. It means a persistent or recurrent difficulty in achieving an erection, maintaining an erection, or obtaining an erection firm enough for satisfactory sexual activity.

An occasional episode of erection difficulty can happen to almost any adult man because of tiredness, emotional stress, lack of sleep, alcohol consumption, relationship tension or temporary illness. Erectile dysfunction is considered a medical problem when the difficulty becomes persistent, recurrent or distressing.

ED becomes more common with increasing age, but it should **not be regarded as an inevitable or normal consequence of ageing**. In many men, it is related to an identifiable physical, hormonal, psychological, medication-related or lifestyle factor that can be evaluated and managed.

Erectile function is also closely connected with general health. Diabetes, high blood pressure, obesity, abnormal cholesterol, cardiovascular disease, smoking and physical inactivity are among the important conditions associated with ED. For this reason, erectile dysfunction should sometimes be regarded not simply as a sexual problem but as a possible signal that a man's overall metabolic or cardiovascular health requires attention.

What Is an Erection?

To understand erectile dysfunction, it is useful to understand how a normal erection occurs.

An erection is the result of coordination between the:

- Brain
- Emotions and sexual stimulation
- Nerves
- Hormones
- Blood vessels
- Smooth muscles of the penis

During sexual stimulation, signals from the brain and nerves encourage blood vessels supplying the erectile tissues to relax and allow more blood to enter. As these tissues fill with blood, pressure increases and the penis becomes firm.

The veins that normally carry blood away are temporarily compressed, which helps maintain the erection.

Any condition that interferes with the brain, nerves, hormones, arteries, erectile tissues or psychological response can therefore affect erection quality.

This explains why erectile dysfunction may have several causes at the same time rather than a single isolated cause.

Symptoms of Erectile Dysfunction

A person with ED may experience one or more of the following:

- Difficulty getting an erection
- An erection that is not sufficiently firm
- An erection that disappears before or during intercourse
- Being able to obtain an erection on some occasions but not others
- Difficulty maintaining erection despite sexual desire
- Reduction in spontaneous or morning erections in some cases
- Anxiety about sexual performance
- Avoidance of sexual intimacy because of fear of erection failure

The National Institute of Diabetes and Digestive and Kidney Diseases describes the major patterns as obtaining an erection only sometimes, obtaining one that does not last sufficiently, or being unable to obtain an erection.

ED is different from **premature ejaculation**, low sexual desire and infertility, although these conditions can occur together.

How Is Erectile Dysfunction Classified?

Modern sexual-medicine guidelines broadly classify ED according to its main cause as:

1. Organic Erectile Dysfunction

Organic ED results primarily from a physical or physiological problem.

Important forms include:

- Vascular ED
- Neurogenic ED
- Hormonal or endocrine ED
- Medication-induced ED
- Anatomical or structural ED

2. Psychogenic Erectile Dysfunction

Psychogenic ED is primarily related to psychological or emotional factors such as:

- Performance anxiety
- Stress
- Depression
- Relationship difficulties
- Fear of failure
- Previous negative sexual experiences

3. Mixed Erectile Dysfunction

A large proportion of patients have **mixed ED**, meaning both physical and psychological factors contribute.

For example, diabetes may initially reduce erectile function. After experiencing erection failure several times, the individual may develop performance anxiety, which further worsens the problem.

The European Association of Urology notes that ED is traditionally classified as organic, psychogenic or mixed, although many real-world cases involve more than one mechanism.

Major Causes of Erectile Dysfunction

1. Diabetes Mellitus

Diabetes is one of the most important medical causes of ED.

Long-standing or poorly controlled diabetes may damage:

- Small blood vessels
- Peripheral nerves
- Endothelial function
- Hormonal balance

Men with diabetes can therefore develop erectile problems earlier than men without diabetes.

Good blood-sugar management is an important part of treatment.

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2. Cardiovascular and Blood-Vessel Disease

A healthy erection depends on adequate arterial blood flow.

Conditions affecting blood vessels may therefore interfere with erection, including:

- Atherosclerosis
- High blood pressure
- Coronary artery disease
- Peripheral vascular disease
- High cholesterol
- Metabolic syndrome

Current European sexual-medicine guidance considers ED an important cardiovascular risk marker. In some men—particularly younger men with otherwise unexplained vascular ED—it can precede the diagnosis of cardiovascular disease.

This is one of the most important reasons why persistent ED should not simply be treated with a sexual-performance medicine without evaluating general health.

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3. Obesity and Metabolic Syndrome

Excess body weight is associated with:

- Insulin resistance
- Diabetes
- Hypertension
- Abnormal cholesterol
- Inflammation
- Reduced physical fitness
- Hormonal abnormalities

All of these can affect erectile function.

Weight reduction and increased physical activity can improve sexual function in some men, particularly when ED is associated with obesity or cardiovascular risk factors.

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4. Hormonal Problems

Hormones influence sexual desire and sexual function.

Important hormonal disorders that may contribute to ED include:

- Testosterone deficiency
- Thyroid disorders
- Pituitary disorders
- Elevated prolactin in selected cases

However, testosterone treatment should **not** automatically be given to every patient with ED.

Testosterone is primarily relevant when symptoms and laboratory investigations demonstrate testosterone deficiency or another appropriately diagnosed hormonal disorder.

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5. Neurological Causes

An erection requires healthy nerve pathways between the brain, spinal cord and genital region.

ED can therefore occur with:

- Spinal-cord injury
- Multiple sclerosis
- Parkinson's disease
- Stroke
- Peripheral neuropathy
- Diabetes-related nerve damage
- Pelvic surgery

The treatment approach may differ depending on the underlying neurological disorder.

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6. Psychological and Emotional Causes

Mental health and sexual health are closely connected.

Psychological factors that may cause or worsen ED include:

- Anxiety
- Depression
- Performance anxiety
- Chronic stress
- Low self-confidence
- Relationship conflict
- Fear of pregnancy
- Previous sexual trauma
- Unrealistic expectations regarding sexual performance

Stress or anxiety can activate the body's stress response, making erection more difficult even when there is no major structural problem.

Counselling, psychological support or sex therapy may therefore be an important component of treatment for selected patients.

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7. Medicines That May Contribute to ED

Certain medications can affect erectile function.

Examples may include some:

- Antidepressants
- Blood-pressure medicines
- Diuretics
- Hormonal treatments
- Sedatives
- Opioid pain medicines
- Other medicines affecting the nervous or cardiovascular system

A patient should **never stop a prescribed medicine on his own** because he suspects that it is causing ED.

The prescribing doctor can determine whether the medication is contributing and whether an alternative medicine or dose adjustment is appropriate.

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8. Smoking, Alcohol and Recreational Drugs

Smoking damages blood vessels and is an important risk factor for vascular disease.

Excessive alcohol can interfere with:

- Sexual arousal
- Nerve function
- Hormonal balance
- Erectile response

Recreational drugs may also affect erection, libido and neurological function.

Stopping smoking, limiting alcohol and avoiding recreational drugs can benefit both erectile function and general health.

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9. Pelvic Surgery, Radiotherapy and Injury

Some men develop ED after:

- Prostate surgery
- Bladder surgery
- Major pelvic procedures
- Pelvic radiotherapy
- Spinal injury
- Significant pelvic trauma

The mechanism may involve vascular or nerve damage.

Such patients often require a more specialized treatment plan.

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10. Peyronie's Disease and Structural Conditions

Conditions that alter penile anatomy, particularly Peyronie's disease, may interfere with erection or make intercourse difficult.

A man who notices:

- New penile curvature
- A palpable hard area
- Pain during erection
- Progressive deformity

should receive an appropriate medical examination.

Erectile Dysfunction and Heart Health

One of the most important developments in modern understanding of ED is the recognition of its relationship with cardiovascular health.

The arteries supplying the penis are relatively small. Vascular dysfunction may therefore become clinically noticeable as erection difficulty before a patient develops obvious symptoms elsewhere.

Current European guidelines state that ED is associated with an increased risk of cardiovascular disease, coronary heart disease, stroke and cardiovascular mortality. Modern cardiovascular-risk assessment may therefore be appropriate in men with predominantly vascular ED.

The Princeton IV Consensus similarly emphasizes the relationship between erectile dysfunction and cardiovascular health and recommends appropriate cardiovascular risk evaluation in relevant patients.

This does **not** mean that every man with ED has heart disease.

It means that persistent or unexplained ED—especially when accompanied by diabetes, hypertension, high cholesterol, obesity, smoking or a family history of cardiovascular disease—provides an opportunity to evaluate cardiovascular risk.

Diagnosis of Erectile Dysfunction

Successful treatment begins with determining **why the problem is occurring**.

Treatment should therefore not consist simply of prescribing an erection-enhancing medicine without taking an appropriate history.

Modern diagnostic evaluation commonly includes:

Detailed Medical History

The doctor may ask about:

- Diabetes
- High blood pressure
- Heart disease
- Kidney disease
- Previous surgery
- Neurological problems
- Medications
- Smoking and alcohol
- Sleep
- Exercise
- Previous treatment

Sexual History

Questions may include:

- When the problem started
- Whether it began suddenly or gradually
- Ability to obtain an erection
- Ability to maintain an erection
- Presence of morning erections
- Sexual desire
- Ejaculation
- Orgasm
- Relationship factors
- Whether ED occurs every time or only under certain circumstances

These questions are medically relevant and should be discussed without embarrassment.

Psychological Assessment

Stress, anxiety, depression and relationship concerns should also be explored where appropriate.

A person can have genuine ED even when psychological factors contribute to it. Psychological ED should never be dismissed as something that is “only in the mind.”

Physical Examination

Depending on the individual, examination may assess:

- Blood pressure
- Body weight and waist circumference
- Cardiovascular status
- Genital anatomy
- Secondary sexual characteristics
- Peripheral circulation
- Neurological signs
- Signs of hormonal disorders

Laboratory Investigations

Depending on age, symptoms and medical history, tests may include:

- Fasting glucose or HbA1c
- Lipid profile
- Morning serum testosterone
- Thyroid testing where indicated
- Prolactin or other hormones in selected cases

European guidelines recommend glucose, lipid and total-testosterone assessment to identify reversible or modifiable risk factors, while the American Urological Association similarly recommends appropriate medical, sexual and psychosocial evaluation.

Specialized Tests

Most patients do not require complicated testing.

Selected individuals may require:

- Penile Doppler ultrasound
- Nocturnal erection testing
- Intracavernosal injection testing
- Additional endocrine investigations
- Cardiovascular evaluation

Penile ultrasound can help assess blood flow when vascular ED is suspected or when specialized treatment planning is required.

Treatment of Erectile Dysfunction

The best treatment depends on the cause.

There is no single treatment that is ideal for every patient.

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1. Treat the Underlying Medical Condition

If ED is associated with:

- Diabetes
- Hypertension
- High cholesterol
- Obesity
- Hormonal abnormalities
- Depression
- Medication side effects

these factors should be addressed as part of treatment.

Improving underlying health can sometimes significantly improve erectile function.

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2. Lifestyle Modification

Lifestyle treatment is not merely an optional addition.

Modern guidelines recommend modifying cardiovascular and lifestyle risk factors before or alongside ED-specific treatment.

Important measures include:

Regular Physical Activity

Aerobic exercise can improve:

- Cardiovascular fitness
- Blood circulation
- Weight control
- Insulin sensitivity
- Emotional health

Walking, cycling, swimming and similar activities may be helpful according to a person's health status.

Weight Management

Weight reduction in overweight or obese patients may benefit metabolic and erectile health.

Stop Smoking

Smoking cessation is important for vascular health.

Limit Excessive Alcohol

Excessive alcohol intake can worsen sexual function.

Healthy Diet

A diet supportive of cardiovascular and metabolic health may also support erectile health.

Adequate Sleep

Poor sleep and sleep disorders may influence hormones, energy, mood and sexual health.

Stress Management

Managing chronic stress can be particularly important when anxiety is contributing to ED.

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3. Psychological Counselling and Sex Therapy

Counselling may be useful when ED is related to:

- Performance anxiety
- Relationship difficulty
- Depression
- Sexual fears
- Stress
- Previous negative experiences

In many cases, combining psychological support with medical treatment produces a more complete approach than either strategy alone.

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4. Oral Medicines

Phosphodiesterase type-5 inhibitors, commonly called **PDE5 inhibitors**, are recommended as first-line pharmacological treatment by major modern urological guidelines for many men with ED.

Medicines in this class include agents such as sildenafil and tadalafil.

They work primarily by enhancing the normal blood-flow response associated with sexual stimulation.

They do not create sexual desire automatically and should be used only after assessment of suitability.

Important Nitrate Warning

PDE5 inhibitors must **not be combined with nitrate medicines or nitric-oxide donors**, because the combination can cause a dangerous fall in blood pressure.

The EAU considers concomitant nitrate use an absolute contraindication to PDE5 inhibitors.

Patients with significant heart disease should discuss the safety of sexual activity and ED treatment with their treating physician.

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5. Vacuum Erection Devices

A vacuum erection device creates negative pressure around the penis, encouraging blood to enter the erectile tissues.

A constriction ring may then help maintain the erection.

Vacuum devices provide a non-drug option and are recognized in evidence-based ED management.

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6. Injectable or Intra-Urethral Treatment

Some patients who do not respond adequately to oral medicines may be offered medications delivered directly into erectile tissue or through the urethra.

These treatments should be prescribed and taught by appropriately trained healthcare professionals.

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7. Testosterone Treatment

Testosterone treatment is appropriate primarily for men with confirmed testosterone deficiency and relevant clinical indications.

Testosterone should not be used indiscriminately as a general “sexual power” medicine.

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8. Penile Prosthesis

For severe ED that does not respond to less invasive therapies, penile prosthesis surgery may be considered.

It is generally reserved for appropriately selected patients after counselling about benefits, risks and alternatives.

Erectile Dysfunction in the Unani System of Medicine

Understanding the Unani Tradition

Unani medicine is a historic Greco-Arab medical tradition whose theoretical foundation was influenced by Hippocratic and Galenic medicine, subsequently developed by physicians of the Arab-Persian world and later established strongly in South Asia.

The Central Council for Research in Unani Medicine, Ministry of Ayush, describes its development from Greek medicine through scholars such as Hippocrates and Galen and later physicians including Al-Razi and Ibn Sina.

Unani medicine traditionally views health as a state of balance involving temperament, bodily functions, lifestyle and the interaction of various physiological principles.

The Four Humours in Classical Unani Medicine

Classical Unani theory describes four principal humours:

- **Dam** — blood
- **Balgham** — phlegm
- **Safra** — yellow bile
- **Sawda** — black bile

It also employs the concept of **Mizaj**, or temperament, in terms of qualities such as:

- Hot
- Cold
- Moist
- Dry

The Central Council for Research in Unani Medicine identifies these four humours and temperament as fundamental elements of traditional Unani theory.

These concepts represent the traditional theoretical framework of Unani medicine and should not be confused with modern anatomical concepts such as arterial insufficiency, diabetic neuropathy or testosterone deficiency.

A responsible contemporary approach should distinguish between traditional Unani explanations and scientifically established biomedical mechanisms while using appropriate diagnostic testing where necessary.

Erectile Dysfunction in Unani Terminology

Sexual weakness has historically been discussed in Unani literature under concepts such as **Zoaf-e-Bah**, while more recent Unani literature also uses terminology such as **Zoaf-e-Istadgi** in discussions of erectile dysfunction.

Unani writings emphasize that sexual function is not dependent on the reproductive organs alone. General physical strength, psychological condition, nervous function, circulation, nutrition and the health of other organs may influence sexual performance.

A recent Unani clinical publication described two broad traditional categories:

Zoaf-e-Bah Asli or Haqeeqi

This broadly refers to sexual dysfunction arising predominantly from dysfunction affecting the sexual organs or related local mechanisms.

Zoaf-e-Bah Shirki or Ghair-Haqeeqi

This refers broadly to secondary sexual weakness associated with disease elsewhere in the body or psychological factors.

These traditional categories should be understood as historical clinical concepts rather than direct equivalents of modern urological classification.

How Unani Medicine May Be Useful in the Management of ED

One potentially useful feature of traditional Unani practice is its emphasis on treating the patient as a whole rather than focusing exclusively on a single symptom.

An individualized Unani consultation may consider:

- Diet
- Digestion
- Sleep
- Physical activity
- Psychological stress
- General strength
- Body temperament
- Existing illnesses
- Sexual history
- Reproductive concerns

Several of these factors also overlap with modern recommendations concerning lifestyle, metabolic health and psychological well-being.

Therefore, Unani medicine may have a useful role as part of a **carefully supervised, individualized and integrative approach**, particularly when traditional treatment is combined with appropriate contemporary investigation of diabetes, cardiovascular risk, hormones and other medical causes.

However, an important principle is that traditional treatment should **not delay diagnosis of an underlying cardiovascular, endocrine, neurological or structural disease**.

Regimental and Lifestyle Principles in Unani Care

Unani practice traditionally places considerable importance on **Ilaj-bil-Ghiza**—management through diet—and broader lifestyle or regimental measures.

In practical contemporary terms, an ED management programme may therefore place importance on:

- Appropriate nutrition
- Adequate sleep
- Regular exercise
- Weight management
- Stress reduction
- Avoiding tobacco
- Avoiding excessive alcohol
- Improving metabolic health
- Individualized dietary guidance
- Correction of contributing illnesses

These measures are especially relevant because contemporary medical guidelines also recognize lifestyle modification and cardiovascular-risk reduction as important parts of ED management.

Herbal Medicines and Erectile Dysfunction: What Does Research Actually Show?

Traditional medicine contains many plants and compound formulations historically used to support sexual health.

However, it is important to distinguish between:

1. Traditional use
2. Laboratory evidence
3. Small clinical studies
4. High-quality randomized clinical evidence

These are not the same level of proof.

A 2025 systematic review and meta-analysis of randomized controlled trials included 14 trials involving 1,227 men with ED and reported positive signals for several herbal interventions. The evidence was stronger for certain agents, including saffron and ginseng, while evidence for some other commonly promoted herbs remained insufficient. The authors emphasized the need for additional high-quality research.

A 2026 critical review of phytotherapies and complementary approaches similarly characterized the evidence base as broad but fragmented, with variation in formulations and study methods limiting firm conclusions.

Therefore, herbal treatment should be discussed in terms of the evidence available for the **specific formulation**, rather than assuming that every herbal aphrodisiac has proven efficacy for ED.

Evidence Specifically Relating to Unani Formulations

Research into Unani treatment for erectile dysfunction is developing.

A randomized open-label clinical study published in 2025 compared a polyherbal Unani oral and topical regimen with another herbal treatment in 36 patients. Both groups showed improvement in erectile-function measures, but the trial was small, short in duration and did not include a placebo arm.

Another 2025 Unani study involving 40 participants investigated traditional formulations for Zoaf-e-Istadgi. Such studies are useful for generating research questions and provide preliminary clinical evidence, but their relatively small sample sizes mean that larger, independently replicated trials are still required before definitive conclusions can be drawn.

Therefore, there is currently no scientifically established universal percentage success rate for Unani treatment of erectile dysfunction.

Statements such as “70–80%” or “85% success” should not be presented as a general treatment guarantee unless they can be supported by a clearly identified, high-quality study of the exact treatment being offered.

Clinical outcomes vary substantially according to:

- Cause of ED
- Age
- Diabetes
- Cardiovascular health
- Hormone status
- Neurological health
- Psychological factors
- Duration of ED
- Severity
- Treatment adherence

What About Ashwagandha, Shilajit and Other Traditional Ingredients?

Botanicals such as Ashwagandha and Shilajit are widely promoted for male vitality, but evidence must be interpreted carefully.

For example, an older placebo-controlled trial specifically studying Ashwagandha in men with psychogenic erectile dysfunction did **not** find a significant advantage over placebo.

More recent randomized studies have reported improvements in sexual-health measures among **healthy men** receiving standardized Ashwagandha extracts. However, improvement in healthy volunteers is not equivalent to proven treatment of clinically diagnosed ED.

Similarly, the presence of traditional use or laboratory activity does not by itself prove that a herb cures erectile dysfunction.

The correct approach is therefore to choose medicines according to an individual's condition, known safety profile and professional assessment rather than self-medication based on advertising.

“Natural” Does Not Automatically Mean Risk-Free

Herbal and traditional medicines can have pharmacological effects.

They may:

- Cause adverse effects
- Interact with prescription drugs
- Be unsuitable for certain medical conditions
- Affect blood pressure or blood sugar
- Vary in quality depending on manufacturing standards

The Ministry of Ayush pharmacovigilance programme specifically addresses the misconception that natural medicines are always safe and emphasizes monitoring for adverse drug reactions.

Patients should therefore tell their healthcare professional about **all** herbal, Unani, Ayurvedic, nutritional and conventional medicines they are taking.

An Integrated and Responsible Approach to ED

The most rational approach to erectile dysfunction combines the strengths of careful diagnosis with individualized treatment.

A comprehensive strategy may include:

Step 1: Identify the cause

Evaluate:

- Diabetes
- Cardiovascular risk
- Blood pressure
- Cholesterol
- Hormonal health
- Psychological factors
- Medication effects
- Lifestyle

Step 2: Correct reversible factors

Address:

- Smoking
- Obesity
- Poor physical activity
- Excessive alcohol
- Poorly controlled diabetes
- Hypertension
- Sleep problems
- Stress

Step 3: Select appropriate treatment

Depending on the individual, this may include:

- Counselling
- Lifestyle management
- Guideline-supported ED medication
- Vacuum devices
- Injectable therapy
- Hormonal treatment when indicated
- Traditional or Unani medicines under supervision
- Surgery in selected severe cases

Step 4: Monitor progress

Treatment should be reviewed for:

- Improvement in erection quality
- Ability to maintain erection
- Side effects
- Sexual satisfaction
- Psychological confidence
- Control of underlying medical conditions

Dr. Nizamuddin Qasmi and the Saira Health Care Approach to Erectile Dysfunction

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

According to the professional profile published by Saira Health Care, his listed qualifications include:

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

The clinic's official biography also describes previous clinical experience at institutions including Hakeem Abdul Hameed Centenary Hospital, Majeedia Unani Hospital, Dr. Hedgewar Arogya Sansthan, Pt. Madan Mohan Malviya Hospital, Life Rays Hospital and District Hospital Barabanki.

Saira Health Care describes Dr. Qasmi's principal area of practice as **sexual disorders and infertility**, including erectile dysfunction, premature ejaculation and a range of male and female reproductive-health problems.

His clinical approach, as described by the clinic, combines traditional Unani assessment with individualized treatment planning, lifestyle guidance and modern diagnostic information where relevant.

Special Importance of Diagnosis in Dr. Qasmi's Treatment Approach

An important principle in responsible ED management is that **not every patient should receive the same medicine**.

A younger man with performance anxiety does not necessarily require the same treatment as:

- A 60-year-old patient with diabetes
- A patient with testosterone deficiency
- A man with cardiovascular disease
- A patient with pelvic nerve injury
- A man with Peyronie's disease
- A patient whose ED began after taking a particular medication

Saira Health Care states that its consultation process includes detailed history-taking, assessment of Mizaj and personalized treatment planning rather than beginning therapy solely on the basis of a symptom label.

This individualized approach is particularly relevant in ED because contemporary urological guidelines likewise emphasize identifying underlying causes and tailoring treatment to the patient's health status, expectations and preferences.

Contribution of Saira Health Care to Sexual-Health and Infertility Awareness

Sexual disorders remain associated with considerable embarrassment and misinformation in many communities.

Many men delay seeking professional help and instead purchase unverified sexual-enhancement products.

Saira Health Care has developed a clinical and educational focus around:

- Erectile dysfunction
- Premature ejaculation
- Low sexual desire
- Male infertility
- Azoospermia
- Oligospermia
- Reduced sperm motility
- Varicocele
- Epididymal cysts
- Female reproductive-health concerns

Its official information describes a patient-centered approach in which sensitive sexual and fertility concerns can be discussed confidentially and without judgment.

The clinic also uses health-education articles and its digital video platform to increase awareness regarding sexual disorders, infertility, diagnostic investigations and Unani medicine. Its official profile reports extensive educational video activity focused on sexual and reproductive health.

This educational role is important because patients who understand the possible medical causes of sexual dysfunction are more likely to seek appropriate evaluation rather than relying on myths, embarrassment or unsafe self-medication.

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

When Should a Man Consult a Doctor for ED?

Medical consultation is advisable when:

- Erectile difficulty persists
- ED occurs repeatedly
- The problem causes distress
- Morning erections become consistently absent
- Sexual desire also decreases
- Diabetes or hypertension is present
- There is known heart disease
- There is significant penile curvature
- ED appears suddenly without explanation
- A new medicine appears to have triggered the problem
- There are symptoms suggesting low testosterone
- Fertility is also a concern
- Treatment obtained elsewhere has not worked

A man should not feel embarrassed about discussing ED.

It is a recognized medical condition and may provide valuable information about overall health.

When Is Urgent Medical Attention Necessary?

An erection lasting more than approximately **four hours**—known as priapism—is a medical emergency requiring urgent treatment.

This can occasionally occur as an adverse effect of certain ED treatments.

Sudden major visual or hearing changes after taking ED medication also require prompt medical attention.

Can Erectile Dysfunction Be Prevented?

Not all ED can be prevented, but risk may be reduced by maintaining good overall health.

Important measures include:

- Control blood sugar
- Maintain healthy blood pressure
- Control cholesterol
- Exercise regularly
- Maintain healthy body weight
- Stop smoking
- Limit alcohol
- Avoid recreational drugs
- Sleep adequately
- Manage stress
- Seek treatment for depression or anxiety
- Review medicines with a doctor when necessary
- Attend routine health examinations

Measures that protect the heart and blood vessels often also protect erectile health.

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Frequently Asked Questions About Erectile Dysfunction

Is ED the same as infertility?

No.

ED relates to achieving or maintaining an erection.

Infertility means difficulty achieving pregnancy after an appropriate period of regular unprotected intercourse.

A man may have ED with normal sperm production, or abnormal sperm parameters with completely normal erections.

However, severe ED can indirectly interfere with conception if intercourse cannot be completed.

Does ED always mean low testosterone?

No.

Many men with ED have normal testosterone levels.

Vascular disease, diabetes, psychological factors, medication effects and neurological problems are common alternative causes.

Does age automatically cause ED?

No.

ED becomes more common with age, but persistent ED is not considered an unavoidable part of ageing.

Can stress cause ED?

Yes.

Stress and performance anxiety can cause ED or make existing physical ED worse.

Can diabetes cause ED?

Yes.

Diabetes can affect both blood vessels and nerves involved in erection.

Can ED be a warning sign of heart disease?

In some men, yes.

ED is recognized as an important cardiovascular risk marker, particularly when vascular causes are suspected.

Can lifestyle changes improve ED?

Yes, particularly when obesity, inactivity, smoking, diabetes or cardiovascular risk factors are contributing.

Lifestyle modification is recommended alongside specific ED treatment.

Is every herbal medicine safe for ED?

No.

Traditional medicines can have side effects and interactions. Products should be selected responsibly and used under professional guidance.

Can Unani medicine help erectile dysfunction?

Unani medicine offers an individualized traditional approach that addresses diet, lifestyle, psychological well-being, general health and traditional concepts of temperament alongside herbal formulations.

Small clinical studies of Unani and other herbal treatments have produced encouraging signals, but evidence for particular formulations varies and larger high-quality trials are still needed. It is therefore most appropriate to view Unani treatment as an individualized medical approach that should be used responsibly, with appropriate investigation of underlying diseases rather than as a guaranteed cure.

Conclusion

Erectile dysfunction is a common but often misunderstood condition.

It is **not simply a problem of sexual performance**. An erection depends on healthy blood vessels, nerves, hormones, psychological well-being and general physical health.

ED may result from:

- Diabetes
- Cardiovascular disease
- Hypertension
- Obesity
- Hormonal disorders
- Neurological disease
- Medication effects
- Smoking
- Psychological stress
- Relationship factors
- Or a combination of several causes

The most successful management begins with a careful diagnosis.

Modern medical guidelines support lifestyle modification, treatment of underlying disease, counselling when appropriate and evidence-based treatments such as PDE5 inhibitors, vacuum devices, injectable medicines or surgery according to the patient's circumstances.

The Unani system of medicine contributes a long-established tradition of individualized care based on temperament, diet, lifestyle, general health and herbal therapeutics. Contemporary research into Unani and other phytotherapeutic approaches to ED is growing, and early studies provide reasons for further investigation. At the same time, responsible practice requires acknowledging that evidence differs between formulations and that traditional medicine should not delay evaluation of diabetes, cardiovascular disease, hormonal disorders or other important causes.

At Saira Health Care, the clinical focus under Dr. Nizamuddin Qasmi is on individualized assessment of sexual disorders and infertility, with the clinic presenting its model as a combination of Unani principles, patient-specific treatment, lifestyle guidance and appropriate diagnostic understanding. According to Saira Health Care's official profile, Dr. Qasmi's listed training includes BUMS, MD, CGO and a Certificate in Infertility, together with clinical experience in multiple healthcare institutions before establishing his focused practice in sexual and reproductive health.

The most important message for patients is simple:

Erectile dysfunction is common, it should not be a source of shame, and in many cases meaningful improvement is possible once the underlying cause is correctly identified and an individualized treatment plan is followed.

Consultation and Further Information

Patients seeking evaluation for erectile dysfunction, sexual-health concerns or infertility can obtain information about Saira Health Care and its consultation services through the clinic's official website. Saira Health Care Official Website

Appointments with Dr. Nizamuddin Qasmi can be requested through the clinic's appointment facility. Book an Appointment

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Medical and Scientific Disclaimer

This article is intended for **public education and health awareness**. It is not intended to diagnose an individual patient or replace consultation with a qualified healthcare professional.

Erectile dysfunction can occasionally be an early indication of diabetes, cardiovascular disease, endocrine disorders or other medical conditions. Persistent ED should therefore receive appropriate medical evaluation.

Unani concepts described in this article represent the traditional theoretical framework of the Unani system of medicine. They should not be interpreted as substitutes for established biomedical mechanisms or diagnostic tests.

Evidence for individual herbal and Unani formulations varies considerably. No medicine—traditional, herbal or conventional—should be advertised as guaranteeing a cure or a fixed success rate for every patient.

Patients using nitrate medicines, cardiovascular medicines, diabetes medicines or other prescription drugs should always inform their healthcare provider before taking ED medicines, herbal products or supplements.