Jiryan-e-Mazi: Understanding Excessive Pre-Ejaculatory and Urethral Secretions in Unani and Modern Sexual Medicine

Introduction

Jiryan-e-Mazi is a traditional term encountered in Unani sexual medicine for troublesome or excessive genital secretions associated with *Mazi*. In everyday language, patients may describe the problem as “watery discharge,” “sticky water,” “fluid before ejaculation,” or “semen-like leakage.” Some men become concerned because clear fluid appears during sexual thoughts, foreplay, erection, communication with a partner, or other forms of sexual arousal.

An important distinction must be made at the beginning: **normal pre-ejaculatory fluid, commonly called pre-cum or pre-ejaculate, is a normal part of male sexual physiology and is not automatically a disease**. It is generally a clear or mucus-like secretion produced principally by the bulbourethral, or Cowper's, glands and other accessory urethral glands during sexual arousal. These secretions help lubricate the urethra and reduce residual urethral acidity before ejaculation.

The term Jiryan-e-Mazi becomes clinically more useful when a patient experiences secretion that is **unusually frequent, distressing, occurs without expected sexual arousal, is accompanied by urinary or genital symptoms, or is confused with another pathological urethral discharge**.

This distinction is essential because clear physiological pre-ejaculate does not require treatment, while discharge caused by urethritis, a sexually transmitted infection, inflammation, or another genitourinary condition may require specific medical investigation and treatment.

The National Commission for Indian System of Medicine curriculum formally includes **Jaryan-e-Mani wa Mazi** among genital disorders taught in Unani medicine, demonstrating its recognized place within formal Unani medical education.

A modern, responsible interpretation of Jiryan-e-Mazi should therefore combine the traditional Unani understanding with contemporary urology, sexual medicine, reproductive physiology, and infection screening.

What Is Mazi or Pre-Ejaculatory Fluid?

Pre-ejaculate is a clear fluid that may appear at the opening of the penis during sexual excitement before ejaculation occurs.

The bulbourethral glands, commonly known as **Cowper's glands**, are small accessory reproductive glands situated below the prostate. They produce a clear mucus that drains

into the urethra before ejaculation. Scientific reviews describe this secretion as helping neutralize traces of acidic urine within the urethra and preparing the urethral environment for semen.

The amount produced varies widely between individuals.

Some men produce only a tiny drop, while others produce several millilitres. Published medical literature has described normal pre-ejaculate volumes ranging from only a few drops to more than 5 mL in some men. Importantly, the scientific literature on what constitutes “excessive” pre-ejaculate remains limited.

Therefore, a large amount does not by itself establish disease.

The questions that matter more are:

Does it occur only during sexual arousal? Is the fluid clear and painless? Is there burning, itching, odour, blood, pus, pelvic pain, urinary difficulty, or discharge when the person is not sexually stimulated?

These differences help distinguish normal physiology from a disorder requiring evaluation.

Jiryan-e-Mazi in Unani Medicine

In the Unani system, disorders of seminal and genital secretions have historically been approached within the broader field of **Amraz-e-Tanasul**, or diseases of the genital and reproductive system.

Formal Unani curricula include **Jiryan-e-Mani wa Mazi**, traditionally associated with abnormal seminal or prostatic-type discharge.

Classical Unani medicine evaluates such symptoms according to the patient's overall constitution rather than treating the secretion as an isolated event.

Important traditional concepts may include the individual's **Mizaj or temperament**, digestive health, sleep, sexual habits, emotional state, general physical strength, diet, and the functional condition of the reproductive and urinary organs.

Traditionally, Unani physicians may consider changes in the qualities of the bodily humours, excessive stimulation, weakness of the reproductive organs, psychological excitement, dietary patterns, or unhealthy lifestyle among possible contributing factors.

These concepts belong to the classical Unani explanatory framework. They should not be presented as identical to modern concepts such as infection, inflammation, glandular secretion, or hormonal physiology, because the two medical systems use different theoretical models.

The strongest contemporary approach is therefore **integrative rather than competitive**: retain the individualized and holistic strengths of Unani assessment while using appropriate modern diagnostic testing when a medical disorder needs to be excluded.

Normal Pre-Ejaculate Is Not "Loss of Semen"

One of the most common misconceptions among patients is that every clear fluid leaving the penis represents semen.

This is incorrect.

Pre-ejaculate and semen are different secretions.

Pre-ejaculate is produced mainly by accessory glands and commonly appears **before orgasm**, while semen is the ejaculatory fluid released during orgasm and contains secretions from several reproductive organs together with sperm originating from the testes and epididymides.

Patients may also confuse pre-ejaculate with prostatic secretion, urethral mucus, residual semen, inflammatory discharge, or sexually transmitted infection-related discharge.

Accurately identifying the type of fluid is therefore more important than simply describing everything as "semen leakage."

Does Pre-Ejaculate Contain Sperm?

The answer is more complicated than the popular statement that "pre-cum contains no sperm."

The glands producing pure pre-ejaculatory secretions do not themselves manufacture sperm. Nevertheless, several studies have demonstrated that **sperm can sometimes be detected in fluid collected before ejaculation**.

A 2011 study found sperm in pre-ejaculatory samples from 11 of 27 participants, with motile sperm present in many of those positive samples. A separate 2016 study identified actively motile sperm in pre-ejaculatory secretions in 7 of 42 healthy men.

A more recent 2024 pilot study found sperm in 12.9% of collected pre-ejaculate samples from 25% of participants, although sperm levels were generally low.

Different studies have produced different estimates because collection techniques, patient populations, and laboratory methods vary.

The practical conclusion is straightforward:

Pregnancy from sexual activity involving pre-ejaculate cannot be considered impossible.

Withdrawal should therefore not be treated as a completely reliable contraceptive method.

Pre-Ejaculate and Pregnancy

The belief that pregnancy cannot occur unless full ejaculation happens inside the vagina is unsafe.

Because sperm may sometimes be present before ejaculation—and because withdrawal timing can fail—pregnancy can occur even when complete ejaculation inside the vagina was not intended.

The CDC recognizes withdrawal as a contraceptive method but also emphasizes that it does not protect against sexually transmitted infections.

Couples who wish to avoid pregnancy should therefore use an appropriate contraceptive method rather than depending solely on whether pre-ejaculate appears to contain sperm.

Pre-Ejaculate and Sexually Transmitted Infections

Another misconception is that clear pre-ejaculate is harmless from an infection perspective.

Sexually transmitted pathogens can be transmitted through sexual contact and genital fluids. The CDC specifically notes exposure to pre-ejaculate as relevant in discussions of STI transmission and recommends consistent barrier protection for prevention.

Therefore, even if pregnancy is not a concern, condoms remain important when STI transmission is possible.

When Is Clear Fluid Normal?

Clear, slippery or slightly mucus-like fluid is usually physiological when it:

appears primarily during sexual excitement, is painless, has no offensive smell, is not accompanied by burning during urination, and disappears when the period of sexual arousal ends.

Some men naturally produce considerably more than others.

Medical literature describing “copious pre-ejaculation” emphasizes that there is limited research defining an abnormal amount and that large volumes may occur in otherwise healthy men.

For such patients, education and reassurance may be more appropriate than medicine.

When Jiryan-e-Mazi Requires Medical Evaluation

A discharge should not simply be labelled Jiryan-e-Mazi if it occurs independently of sexual arousal or has features suggesting infection or inflammation.

Current European urological guidance explains that urethritis can produce **mucoid or watery-clear discharge, whitish discharge, or yellow-green purulent discharge**, often accompanied by burning, itching, pain at the urethral opening, or urinary discomfort.

Similarly, WHO guidance identifies urethral discharge, with or without painful urination, as an important presentation of urethritis and sexually transmitted infections.

A man should therefore obtain medical evaluation if discharge is persistent, occurs when not sexually aroused, becomes cloudy or pus-like, contains blood, has an offensive smell, or is associated with burning, genital ulcers, fever, pelvic pain, painful ejaculation, testicular pain or swelling, or recent unprotected sexual exposure.

Urethritis: An Important Condition That Must Not Be Missed

Urethritis means inflammation of the urethra.

It can be infectious or non-infectious, but sexually transmitted infections are among the most important causes.

Current EAU guidance lists organisms including **Chlamydia trachomatis, Neisseria gonorrhoeae, Mycoplasma genitalium, Trichomonas vaginalis, and Ureaplasma urealyticum** among recognized causes in appropriate settings.

A man with urethritis may report:

clear or cloudy discharge, burning while passing urine, itching at the urethral opening, redness, discomfort, urinary urgency, or sexual exposure preceding the symptoms.

These symptoms should not be managed only with “semen control” medicines.

When an infection is present, it requires appropriate antimicrobial treatment.

How Modern Medicine Diagnoses Abnormal Urethral Discharge

When infection is suspected, history and laboratory testing are important.

Current EAU recommendations favour validated **nucleic-acid amplification tests, or NAATs**, using first-void urine or urethral samples to identify infections such as gonorrhoea and chlamydia. Mycoplasma genitalium testing is also recommended in appropriate cases.

WHO similarly recommends molecular testing where quality-assured testing is available and emphasizes taking a sexual history, examining the genital area, and considering HIV and syphilis testing.

This testing prevents two opposite mistakes: unnecessarily treating normal pre-ejaculate as an infection and overlooking a genuine infection by calling everything Jiryan-e-Mazi.

Prostatitis and Prostatic Secretions

Another condition that may enter the differential diagnosis is prostatitis or chronic pelvic-pain syndrome.

Patients may experience pelvic or perineal discomfort, urinary symptoms, painful ejaculation, sexual dysfunction, or a sensation of unusual genital secretions.

Traditional Unani curricula separately recognize **Warm-e-Ghudda-e-Mazi**, translated as prostatitis, alongside Jiryan-e-Mani wa Mazi.

This distinction is useful: not every discharge is the same disorder.

A patient with pain, urinary difficulties, fever, or painful ejaculation should be assessed for prostate and urinary disease rather than automatically treated for simple excess pre-ejaculate.

Residual Semen After Ejaculation

Some men notice a small amount of whitish fluid during urination after sexual intercourse or masturbation.

This can occasionally represent residual semen remaining within the urethra after ejaculation.

It should not automatically be considered Jiryan-e-Mazi or “weakness.”

Persistent unexplained discharge, however, deserves evaluation, particularly if it occurs repeatedly without recent ejaculation or sexual arousal.

Jiryan-e-Mazi and Anxiety

Sexual-health anxiety can make normal secretions seem abnormal.

Some patients repeatedly inspect their underwear or penis and become alarmed by every drop of genital moisture.

They may begin believing that fluid loss is causing:

weakness, loss of masculinity, reduced fertility, erectile dysfunction, backache, memory problems, or permanent sexual damage.

These assumptions should not be accepted without examination.

Normal pre-ejaculate does not represent depletion of masculinity or loss of reproductive power.

Counselling is therefore an important element of treatment for patients whose main problem is fear rather than pathological discharge.

Can Stress Increase the Problem?

Psychological stress does not directly cause every case of genital discharge, but anxiety can influence sexual arousal, pelvic-floor tension, attention to bodily sensations, sleep quality, and sexual behaviour.

Some patients with sexual anxiety become aroused very easily and consequently notice more pre-ejaculate.

Others remain hyper-focused on normal secretions.

Stress-management techniques, counselling, adequate sleep and reduction of sexual-performance anxiety may therefore help selected patients, particularly when infection and other organic disease have been excluded.

Does Masturbation Cause Jiryan-e-Mazi?

Ordinary masturbation is not established in modern medical research as a cause of permanent damage to the Cowper's glands or a cause of permanent pathological pre-ejaculatory leakage.

However, frequent sexual stimulation naturally produces repeated periods of arousal, during which pre-ejaculate may appear.

A person who frequently monitors the penis during sexual thoughts or stimulation may therefore notice secretions more often.

If masturbation becomes compulsive, causes injury, disrupts sleep, creates severe guilt, or interferes with daily functioning, those issues should be addressed separately.

The patient should not be frightened by exaggerated claims that every ejaculation permanently weakens the reproductive system.

Are Hot and Spicy Foods a Cause?

Traditional Unani practice may identify certain foods as aggravating for particular patients based on their Mizaj, digestive state, or symptom pattern.

However, modern biomedical evidence has not established spicy foods as a direct universal cause of excessive pre-ejaculate.

Dietary advice should therefore be individualized.

If a patient notices that a particular diet worsens urinary irritation, gastrointestinal discomfort, or general well-being, modification may be reasonable. But it should not be claimed that every patient with Jiryan-e-Mazi must avoid the same foods.

Smoking, Alcohol and General Sexual Health

Smoking and excessive alcohol consumption are not proven direct causes of Cowper's gland hypersecretion.

They can, however, adversely affect cardiovascular, metabolic, neurological, and sexual health.

Smoking is associated with vascular damage and erectile dysfunction, while excessive alcohol can affect sexual performance, sleep, hormones, and psychological health.

Reducing these habits is therefore reasonable within a broader sexual-health plan, even though doing so should not be marketed as a guaranteed cure for pre-ejaculatory discharge.

Does Jiryan-e-Mazi Cause Erectile Dysfunction?

Normal pre-ejaculate does not directly cause erectile dysfunction.

However, a patient who is extremely anxious about genital discharge can develop **performance anxiety**.

The cycle may look like this:

The patient notices fluid, interprets it as weakness, becomes worried about sexual performance, monitors his erection continuously, experiences anxiety, and then develops difficulty maintaining the erection.

In this situation, treating only the discharge may miss the main problem.

Counselling and appropriate erectile-dysfunction evaluation may be more important.

Jiryan-e-Mazi and Premature Ejaculation

Some patients with excessive sexual arousal report both significant pre-ejaculate production and rapid ejaculation.

Again, these conditions should not automatically be assumed to have the same cause.

Premature ejaculation is a separate sexual disorder involving reduced ejaculatory control, short ejaculation latency in relevant cases, and distress.

A patient may have both conditions, but each should be assessed according to its own diagnostic principles.

Jiryan-e-Mazi and Male Infertility

Normal pre-ejaculate does not mean that a man is infertile.

Likewise, producing a large amount of pre-ejaculatory fluid does not tell us whether sperm concentration, motility, or morphology is normal.

Male fertility is assessed using reproductive history and, when clinically indicated, a properly collected **semen analysis**.

A semen analysis should therefore not be ordered merely because a man produces visible pre-ejaculate unless there is a genuine fertility indication.

When pregnancy has been delayed, evaluation should consider both partners rather than assuming that Jiryan-e-Mazi is responsible.

Does Losing Mazi Reduce Sperm Count?

There is no good modern evidence showing that ordinary loss of pre-ejaculatory fluid reduces sperm production.

Sperm are produced within the testes, whereas the principal glands producing pre-ejaculate are accessory glands.

These are anatomically and physiologically different processes.

A man with a genuine low sperm count should therefore be evaluated for recognized reproductive causes rather than being told that he has “lost too much Mazi.”

Modern Management of Excessive Pre-Ejaculate

If the secretion is confirmed to be normal pre-ejaculate, no disease-specific medicine may be required.

There is no widely accepted international guideline defining a specific volume above which pre-ejaculate becomes a disease, and the scientific literature dealing with “copious pre-ejaculation” remains relatively sparse.

Management may instead focus on education, reassurance, sexual counselling and addressing any associated anxiety.

If symptoms are caused by an infection, inflammatory disorder, prostatitis, dermatological problem, sexual dysfunction or another condition, that specific disorder should be treated.

The Unani Approach to Jiryan-e-Mazi

The Unani system can be especially useful as a **whole-person framework** for patients with sexual-health complaints because it traditionally evaluates multiple aspects of health rather than focusing only on one laboratory value.

A responsible Unani assessment may consider Mizaj, diet, digestive health, sleep, physical activity, psychological stress, sexual habits, urinary symptoms, associated sexual dysfunction, fertility concerns and overall constitution.

The treatment strategy is traditionally organized around approaches such as **Ilaj-bil-Ghiza** or dietotherapy, **Ilaj-bil-Tadbeer** or regimental/lifestyle therapy, and **Ilaj-bil-Dawa** or pharmacotherapy.

In contemporary practice, these methods are most valuable when integrated with appropriate modern testing.

For example, a man with normal clear fluid during sexual arousal may primarily need reassurance. A man with anxiety may need counselling. A man with burning and discharge may need STI testing. A patient with premature ejaculation requires a sexual-medicine evaluation. A patient with infertility requires reproductive investigation.

This individualized approach is more appropriate than providing the same “Jiryan medicine” to every patient.

Ilaj-bil-Ghiza: The Role of Diet

Unani treatment traditionally gives considerable importance to food.

Modern dietary advice should emphasize general metabolic and reproductive health.

A balanced diet containing adequate protein, vegetables, fruits, whole grains, healthy fats, nuts and seeds can support overall health.

Patients with diabetes, obesity, metabolic disease, gastrointestinal problems or other conditions may require more specific dietary modification.

Diet should complement treatment rather than being promoted as a stand-alone cure for pathological urethral discharge.

Ilaj-bil-Tadbeer: Lifestyle and Regimental Management

Lifestyle modification may be particularly useful for patients whose complaints are aggravated by stress, sleep deprivation, unhealthy sexual habits or poor general health.

Adequate sleep, appropriate physical exercise, stress management, smoking cessation, reduced excessive alcohol intake and responsible sexual practices can improve overall physical and sexual well-being.

Counselling regarding normal reproductive physiology is equally important.

For some patients, simply understanding that normal pre-ejaculate is **not lost semen and does not deplete masculinity** produces substantial psychological relief.

Ilaj-bil-Dawa: Unani Pharmacotherapy

Unani medicines may be considered when the clinician identifies an appropriate traditional indication.

However, treatment should be individualized and should not replace necessary testing for infection or other disease.

The evidence base for specific traditional formulations in **excessive physiological pre-ejaculate** remains limited. Therefore, claims such as “100% cure,” “permanent cure,” or universal effectiveness should be avoided.

The most scientifically responsible model is supervised Unani therapy integrated with accurate diagnosis and follow-up.

Dr. Qasmi's Nuskha No. 106

Saira Health Care Pharmacy currently describes **Dr. Qasmi's Nuskha No. 106** as a Unani formulation used by the clinic for concerns including nocturnal emissions, spermatorrhoea, semen-quality support and general male wellness. The pharmacy page itself advises patients against self-medication and states that treatment should be physician-directed.

This product information should be understood as **Saira Health Care's clinical and manufacturer description**, rather than as evidence from randomized controlled trials proving that the formulation specifically treats excessive pre-ejaculate.

There is also an important safety consideration. The current ingredient list for Nuskha No. 106 includes **Kushta Surb**, a traditional lead-based calcined preparation. Traditional literature identifies Kushta Surb as a lead preparation, and WHO warns that some traditional medicines can be a source of clinically important lead exposure.

Accordingly, any formulation containing a lead-based ingredient should **never be self-medicated**. Product quality, manufacturing standards, dose, duration, indication and individual patient risk require professional oversight. This caution is particularly important for prolonged use.

Dr. Qasmi's Nuskha No. 116 – Vita Men Gold

Dr. Qasmi's Nuskha No. 116, currently marketed as Vita Men Gold, is described by Saira Health Care Pharmacy as a traditional formulation intended to support men's energy, vitality and stamina and used particularly in the clinic's approach to premature ejaculation and male sexual wellness.

This formulation may therefore be considered when the patient's presentation includes broader sexual weakness, stamina concerns or premature ejaculation according to the physician's assessment.

However, it should not be portrayed as a scientifically established treatment for every case of pre-ejaculatory secretion.

If a patient's only finding is normal clear pre-ejaculate during arousal, treatment may not be necessary at all.

Dr. Qasmi's Nuskha No. 144

Saira Health Care Pharmacy describes **Dr. Qasmi's Nuskha No. 144** as a traditional formulation used for concerns including seminal weakness, spermatorrhoea, nocturnal emissions, premature ejaculation, erectile complaints and general sexual vitality. Its ingredient list includes a combination of traditional botanical ingredients such as Shatavari, Gokshura, Ashwagandha, Musli and other components.

Again, these are **product and clinic claims**.

Current publicly available evidence does not establish Nuskha No. 144 as a universally effective treatment for excessive physiological pre-ejaculate, and claims about increasing

testosterone, semen quantity, fertility or sexual performance require appropriate clinical evidence before being stated as established facts.

Its role should therefore remain individualized and physician-guided.

Why Dr. Qasmi's Nuskhas Should Not Be Given Automatically

Three men can all complain of “water coming from the penis” while having completely different conditions.

One may simply produce abundant normal pre-ejaculate during sexual arousal.

The second may have chlamydial urethritis.

The third may have sexual anxiety with repeated monitoring of normal secretions.

Giving the same formulation to all three would ignore the diagnosis.

At Saira Health Care, the most defensible approach is therefore to use Nuskha No. 106, 116, 144 or another formulation **only after the nature of the patient's discharge and associated condition has been properly assessed**.

The Importance of Counselling in Jiryan-e-Mazi

Psychosexual counselling can be one of the most useful interventions.

Many patients arrive believing that every genital secretion indicates:

loss of sexual power, low sperm count, permanent weakness, infertility or damage caused by masturbation.

Correcting these misconceptions can significantly reduce anxiety.

Counselling should explain the difference between:

pre-ejaculate, ejaculate, sperm, semen, urethral discharge, prostatic secretions and pathological infection.

When patients understand the physiology, they are less likely to self-medicate or repeatedly inspect normal secretions.

Safe Sexual Practices

Patients should understand two important points.

First, pre-ejaculate may occasionally contain motile sperm, so it should not be regarded as completely incapable of causing pregnancy.

Second, withdrawal does not provide protection against sexually transmitted infections. The CDC recommends correct condom use for the entire sexual act when STI protection is needed.

These messages are especially important for young adults who may obtain inaccurate information from social media.

Can Jiryan-e-Mazi Be Completely Cured?

This depends on what the patient actually has.

If the “problem” is simply normal pre-ejaculate, there is no disease requiring cure.

If an STI or urethritis is present, treatment directed against the infection can usually resolve the discharge when properly diagnosed and managed.

If anxiety is driving the complaint, education and counselling may provide substantial improvement.

If premature ejaculation or erectile dysfunction is present, those disorders require their own treatment plans.

If the patient is experiencing a traditionally defined Unani functional disorder without identifiable infection or structural disease, individualized Unani management may be considered.

Therefore, **diagnosis determines prognosis**.

No responsible clinic should guarantee an identical outcome for every patient.

Jiryan-e-Mazi in Women: An Important Correction

Jiryan-e-Mazi in this sexual-medicine context should primarily be discussed as a **male genital secretion disorder**.

It should not be used as a general diagnosis for vaginal discharge in women.

Female vaginal discharge has its own normal physiology and pathological differential diagnosis, including bacterial vaginosis, candidiasis, cervicitis, sexually transmitted infections and other gynecological conditions.

Calling female vaginal discharge “Jiryan-e-Mazi” risks mixing distinct conditions and should be avoided in a modern textbook-style article.

When to Seek Immediate Medical Attention

Most cases of physiological pre-ejaculate are harmless, but certain associated symptoms should never be ignored.

Urgent or prompt medical assessment is appropriate for discharge accompanied by severe testicular pain or swelling, fever, blood, inability to urinate, severe pelvic or genital pain, rapidly worsening symptoms, genital ulcers, significant trauma, or systemic illness.

Persistent discharge after unprotected sexual contact should be evaluated for sexually transmitted infection.

Preventing Unnecessary Fear

One of the most important contributions sexual-health professionals can make is preventing a normal physiological process from becoming a source of lifelong anxiety.

Young men are frequently exposed to exaggerated claims such as:

“Every drop of sexual fluid weakens the body.”

“Pre-cum means you are losing semen.”

“Masturbation permanently damages the glands.”

“Watery secretion means infertility.”

These statements are not supported as general medical facts.

The correct message is more balanced:

Normal sexual secretions are part of human physiology. Persistent or symptomatic discharge deserves evaluation, but normal pre-ejaculate should not be turned into a disease.

Dr. Nizamuddin Qasmi and the Saira Health Care Approach

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

The clinic's currently published professional profile lists qualifications including **BUMS, MD, CGO, Certificate in Infertility and Certificate in Urology, London, UK**, together with additional postgraduate training in sexual and reproductive health.

For this publication, Saira Health Care has additionally supplied the credential **Masters in Male Infertility from Master Health Pro (MHPro)**. Master Health Pro publicly describes a structured male-infertility fellowship curriculum covering male infertility, sexual dysfunction, diagnostic algorithms and evidence-based treatment.

Dr. Qasmi's clinical work, as described by Saira Health Care, focuses on conditions including male infertility, azoospermia, oligospermia, abnormalities of sperm morphology and motility, premature ejaculation, erectile dysfunction, varicocele, epididymal cyst and other sexual and reproductive-health concerns.

For a complaint such as Jiryan-e-Mazi, an appropriate specialist approach is particularly valuable because the patient's problem may ultimately belong to urology, sexual medicine, infertility, infection, psychological health or normal sexual physiology.

Special Treatment Philosophy at Saira Health Care

Saira Health Care describes itself as a registered Unani clinic focused particularly on sexual disorders and infertility and states that its clinical model combines traditional Unani principles with modern diagnostic insights, nutritional advice and lifestyle modification.

For Jiryan-e-Mazi, a responsible individualized pathway may begin by determining whether the secretion is normal pre-ejaculate or pathological discharge.

The clinician can then consider urinary symptoms, recent sexual exposure, premature ejaculation, erectile function, fertility history, emotional stress, diet, lifestyle and Mizaj.

Laboratory investigation can be added when infection or another disease is suspected.

Only after this assessment should a personalized treatment plan be considered.

This makes Unani care most useful when it is **diagnosis-led rather than symptom-label-led**.

Contribution of Saira Health Care to Sexual Disorders and Infertility Awareness

Sexual-health problems remain highly stigmatized in many communities.

Men often hesitate to discuss penile discharge, premature ejaculation, nightfall, erectile dysfunction or infertility with family members or ordinary healthcare providers.

This can lead to delayed diagnosis, unnecessary shame, self-medication and the use of unregulated products.

Saira Health Care states that its mission includes providing a confidential, non-judgmental clinical environment for patients with sexual and reproductive-health concerns and educating patients through consultations and public health content.

This educational role is particularly important in Jiryan-e-Mazi because accurate information can itself prevent unnecessary treatment.

Frequently Asked Questions About Jiryan-e-Mazi

Is pre-ejaculate normal?

Yes. Clear pre-ejaculate during sexual arousal is normally a physiological secretion produced mainly by accessory sexual glands.

Is a large amount always a disease?

No. The amount varies widely, and medical literature documents considerable individual variation. There is no universally accepted threshold defining pathological “excessive pre-ejaculate.”

Can pre-ejaculate cause pregnancy?

Pregnancy risk is not zero because sperm has been detected in the pre-ejaculatory fluid of some men.

Does withdrawal protect against STIs?

No. Withdrawal does not protect against sexually transmitted infections.

Is clear discharge always pre-ejaculate?

No. Clear discharge can sometimes occur with urethritis. The timing, symptoms and sexual history are important.

Does Jiryan-e-Mazi cause low sperm count?

Normal pre-ejaculate is not known to cause low sperm production. Fertility concerns require appropriate semen analysis and reproductive evaluation.

Can masturbation permanently cause Jiryan-e-Mazi?

Ordinary masturbation is not established as a cause of permanent Cowper's-gland damage or irreversible pre-ejaculate leakage.

Can Unani medicine help?

Unani medicine can provide a useful individualized framework involving Mizaj assessment, lifestyle management, diet, psychosexual counselling and selected traditional medicines. Its greatest value is achieved when genuine infections or other medical disorders are properly excluded and specific treatment claims remain evidence-aware.

Are Nuskha No. 106, 116 and 144 suitable for everyone?

No. Their selection should depend on the patient's actual diagnosis and medical condition. Self-medication is not advisable.

Prognosis

The prognosis for patients presenting with Jiryan-e-Mazi is generally favourable once the nature of the secretion is correctly identified.

A patient with physiological pre-ejaculate may require no treatment beyond education and reassurance.

A patient with anxiety may improve through counselling.

An infection can often be treated effectively once the responsible organism is identified.

Associated premature ejaculation, erectile dysfunction or infertility can be addressed through individualized sexual or reproductive-health management.

The most important factor is therefore not the quantity of fluid but the **accuracy of the diagnosis**.

Conclusion

Jiryan-e-Mazi is an important concept in traditional Unani sexual medicine, but it needs careful interpretation in contemporary clinical practice.

The first principle is that **pre-ejaculate is normally a healthy physiological secretion**. It is produced mainly by the bulbourethral glands during sexual excitement and helps prepare and lubricate the urethra. Its volume can vary substantially between men.

Therefore, the presence of clear fluid during sexual arousal should not automatically be labelled a disease, spermatorrhoea, infertility or sexual weakness.

At the same time, persistent or unexplained penile discharge should not automatically be dismissed as harmless Mazi.

Clear or mucoid discharge can also occur in urethritis, and modern guidelines recommend appropriate history, examination and molecular STI testing when infection is suspected.

Modern evidence also corrects another common misconception: although the accessory glands do not manufacture sperm, sperm may sometimes be found in pre-ejaculatory samples. Pregnancy risk cannot therefore be considered zero, and withdrawal provides no protection against sexually transmitted infections.

The Unani system can make an important contribution through its individualized emphasis on **Mizaj, diet, sleep, stress, sexual habits, general health and whole-person treatment**.

Formal Unani education continues to recognize Jaryan-e-Mani wa Mazi among male genital disorders.

At Saira Health Care, Dr. Nizamuddin Qasmi's approach to sexual disorders and infertility can appropriately integrate traditional Unani assessment with modern diagnostic information, counselling and individualized treatment planning. His publicly documented qualifications include BUMS, MD, CGO, Certificate in Infertility and Certificate in Urology, London, UK, while Saira Health Care has also supplied for publication his **Masters in Male Infertility from Master Health Pro (MHPro)**.

Dr. Qasmi's Nuskha No. 106, Nuskha No. 116 and Nuskha No. 144 may form part of Saira Health Care's individualized traditional treatment strategy for selected sexual-health presentations, but they should **not be advertised as universal treatments for every clear penile secretion**. Current publicly accessible evidence does not establish any of these formulations as a guaranteed treatment specifically for excessive physiological pre-ejaculate. Their use should follow professional evaluation, appropriate precautions and follow-up.

The most important message for patients can therefore be summarized simply:

Normal pre-ejaculate is not a disease. Persistent or symptomatic discharge requires diagnosis. Unani medicine can provide valuable individualized supportive care, but successful treatment begins by understanding exactly what type of secretion the patient is experiencing and why it is occurring.

Medical Disclaimer

This article is intended for **general medical education and sexual-health awareness**. It does not provide an individual diagnosis and should not replace examination, laboratory testing or treatment by an appropriately qualified healthcare professional.

Persistent penile discharge, burning urination, genital pain, fever, blood, genital ulcers, testicular swelling or possible exposure to a sexually transmitted infection requires appropriate professional evaluation.

Traditional and Unani medicines should be used under qualified supervision. Natural or traditional products are not automatically free from adverse effects, interactions or quality-control concerns. No medicine or treatment can responsibly guarantee identical results for every patient.