Sexual Performance: Understanding Desire, Arousal, Erection, Ejaculation, Orgasm and Sexual Confidence

A comprehensive guide to causes, symptoms, evaluation, prevention and treatment, including an integrative Unani perspective

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What Is Sexual Performance?

When patients come to me worried about their "sexual performance," the first thing I explain is that **sexual performance is not a disease by itself**. It is a broad term describing how comfortably and satisfactorily a person is able to participate in sexual activity.

Healthy sexual function may involve sexual desire, emotional interest, arousal, erection in men, lubrication in women, ejaculation, orgasm, comfort during intercourse, sexual confidence, communication with a partner and overall satisfaction.

The World Health Organization takes an equally broad view of sexual health. It emphasizes that sexual health involves **physical, emotional, mental and social well-being**, rather than simply the absence of sexual dysfunction or disease. It also includes safe, respectful and pleasurable sexual experiences.

This distinction is extremely important. A person does not need to perform according to a fixed standard, duration, erection strength, frequency of intercourse or number of orgasms to be considered sexually healthy.

Sex should not become an examination that a person feels they must "pass."

The more a person begins thinking:

"Will I perform properly?"
"Will my erection remain?"

“Will I satisfy my partner?”
“Will I ejaculate too quickly?”

the greater the possibility that anxiety itself begins interfering with normal sexual response.

Modern sexual-medicine research recognizes **sexual performance anxiety** as an important contributor to sexual difficulties, including psychogenic erectile dysfunction and premature ejaculation.

What Does Good Sexual Performance Actually Mean?

Good sexual performance should not be defined only by penetration, erection duration or orgasm.

In clinical practice, I consider healthy sexual functioning to mean that a person can participate in mutually desired sexual activity with reasonable comfort, confidence and satisfaction.

It generally includes several interconnected areas:

- **Sexual desire:** interest or motivation for sexual activity.
- **Arousal:** physical and psychological response to sexual stimulation.
- **Erectile function:** in men, obtaining and maintaining sufficient penile rigidity for desired sexual activity.
- **Lubrication:** particularly relevant to female sexual comfort and arousal.
- **Ejaculatory control:** an ejaculation pattern that does not repeatedly cause distress.
- **Orgasm:** the ability to experience sexual climax when desired; however, orgasm is not compulsory for every satisfactory sexual encounter.
- **Absence of significant pain:** intercourse should not routinely be painful.
- **Emotional connection and communication:** feeling comfortable, respected and secure with one's partner.
- **Sexual confidence:** not constantly worrying about failure or comparison.
- **Overall satisfaction:** whether sexual experiences feel positive for the individual and couple.

Sexual function can therefore be affected by the **body, brain, hormones, cardiovascular system, nervous system, medications, psychological health, relationship factors and lifestyle** at the same time.

Why Sexual Performance Is Important

Sexual health is part of overall health.

A satisfying intimate relationship may improve emotional closeness, communication, confidence and relationship satisfaction. Conversely, persistent sexual problems may create frustration, embarrassment, avoidance of intimacy, misunderstanding between partners and emotional distress.

For some patients, the problem becomes a cycle:

one unsuccessful sexual experience → worry about the next encounter → increased anxiety → reduced arousal or erection → another difficult experience → greater anxiety.

This is why I advise patients not to judge their entire sexual health on the basis of one or two experiences.

Occasional difficulty with desire, erection, ejaculation or orgasm can occur even in healthy individuals because of fatigue, stress, inadequate sleep, relationship tension, alcohol, illness or simple variation in sexual response.

The problem requires greater attention when it becomes **recurrent, persistent or distressing**.

Sexual Performance Changes Are Not Always a Sexual Disease

Patients commonly assume that poor performance automatically means “sexual weakness.”

That conclusion may be incorrect.

Sometimes the actual problem may be:

- uncontrolled diabetes,
- hypertension,
- obesity,
- vascular disease,
- hormonal disturbance,
- thyroid disease,
- medication side effects,
- depression,
- anxiety,

- chronic stress,
- sleep problems,
- relationship difficulties,
- smoking,
- excessive alcohol,
- pelvic surgery,
- neurological disease,
- Peyronie's disease,
- low testosterone,
- premature ejaculation,
- erectile dysfunction,
- or simply unrealistic expectations about sex.

Erectile dysfunction in particular can sometimes be an early clue to underlying cardiovascular or metabolic disease. Current European sexual-medicine guidance recognizes ED as being associated with cardiovascular disease and recommends attention to cardiovascular risk factors in appropriate patients.

For this reason, repeatedly taking a “power capsule” without determining the cause can delay proper diagnosis.

Common Signs of Sexual Performance Problems

A patient may describe sexual performance difficulty in many different ways.

In men

Common complaints include:

- reduced interest in sex,
- difficulty becoming aroused,
- difficulty obtaining an erection,
- erection becoming weak during intercourse,
- inability to maintain an erection long enough for desired sexual activity,
- ejaculating much earlier than desired,

- difficulty ejaculating,
- delayed ejaculation,
- reduced orgasmic sensation,
- anxiety immediately before intercourse,
- erection being normal during masturbation or sleep but difficult with a partner,
- fear about penis size despite normal anatomy,
- concern about sexual stamina,
- tiredness or loss of confidence after previous unsuccessful encounters.

The National Institute of Diabetes and Digestive and Kidney Diseases describes ED as difficulty obtaining or maintaining an erection sufficiently firm for sexual activity and notes that ED can sometimes indicate another health condition.

In women

Sexual-function problems can include:

- reduced sexual desire,
- difficulty becoming aroused,
- inadequate lubrication,
- difficulty reaching orgasm,
- discomfort or pain during intercourse,
- pelvic-floor problems,
- fear or involuntary tightening associated with penetration,
- hormonal changes,
- relationship-related distress,
- anxiety about sexual activity.

Because women's sexual difficulties may be associated with hormonal, gynaecological, pelvic-floor, psychological or medication-related factors, persistent symptoms deserve appropriate professional assessment.

Erectile Dysfunction and Sexual Performance

One of the most frequent reasons men consult me regarding sexual performance is erectile dysfunction.

Erectile dysfunction (ED) means a persistent difficulty obtaining or maintaining an erection that is adequate for satisfactory sexual activity.

An occasional erection problem is not automatically ED.

However, recurrent difficulty should not simply be ignored.

According to NIDDK, common medical and lifestyle contributors include diabetes, cardiovascular disease, hypertension, obesity, hormonal abnormalities, neurological conditions, chronic kidney disease, certain medicines, smoking, excessive alcohol, physical inactivity, depression, stress and anxiety.

Why Can Erectile Dysfunction Be an Important Health Signal?

The arteries supplying the penis are relatively small. Diseases affecting blood vessels may therefore become noticeable through erectile difficulties before a person develops obvious cardiovascular symptoms.

The 2025 European Association of Urology guideline notes that ED is associated with increased cardiovascular risk and may act as a warning sign in some men, especially where vascular causes are suspected.

Therefore, when a patient tells me:

“Doctor, my erection has suddenly become weak,”

my job is not merely to give an erection medicine.

Depending upon the individual, we may need to assess blood pressure, blood sugar, weight, cardiovascular risk, hormones, medicines, lifestyle and psychological health.

Treating sexual health responsibly sometimes helps identify conditions that are much more important than the sexual symptom itself.

Sexual Performance Anxiety

Performance anxiety deserves special attention because it is common and frequently misunderstood.

Imagine that a man has one episode of erection loss because he was tired or stressed.

At his next sexual encounter, instead of focusing on affection and stimulation, his mind begins monitoring his penis:

“Is the erection strong enough?”

Then:

“What if it goes down?”

Then:

“My partner will think something is wrong with me.”

The body's attention shifts from sexual arousal toward anxiety.

Adrenaline increases. Relaxation decreases. Sexual response becomes harder.

A similar cycle may occur with premature ejaculation, orgasm difficulties and low desire.

A recent European Society for Sexual Medicine position paper recognizes sexual performance anxiety as a distinct and clinically important form of anxiety associated with sexual dysfunction.

Psychosexual counselling, appropriate cognitive-behavioural techniques and treatment of associated sexual dysfunction can therefore be an important part of management. Recent evidence also suggests that structured cognitive-behavioural and psychoeducational approaches can improve sexual confidence and reduce performance anxiety in some men.

Sexual Performance and Testosterone

Many men assume that every sexual difficulty means their testosterone is low.

That is not true.

Testosterone influences sexual desire and several aspects of male reproductive function, but erection depends on much more than testosterone. Good vascular circulation, intact nerves, sexual stimulation, psychological comfort and healthy penile tissue are also required.

A man can have normal testosterone and still experience ED.

Likewise, prescribing testosterone without confirming deficiency is inappropriate.

When symptoms and clinical history suggest testosterone deficiency, properly timed hormonal testing may be considered. Other investigations can be added depending upon the patient's symptoms and medical history.

Diabetes and Sexual Performance

Diabetes deserves particular attention.

Persistently elevated blood glucose can damage both **blood vessels and nerves**, two systems essential for normal erectile function.

Diabetes may therefore contribute to:

- erectile dysfunction,
- reduced penile sensation,
- ejaculation abnormalities,
- reduced libido in some patients,
- fatigue,
- cardiovascular disease,
- hormonal disturbances.

Diabetes is specifically recognized among the important medical causes of ED.

Improving glucose control is consequently part of sexual-health management—not a separate issue.

Blood Pressure, Cholesterol and Heart Health

Erection is fundamentally a vascular event.

When a man becomes sexually stimulated, blood flow to penile tissue must increase efficiently.

Conditions damaging blood vessels can therefore interfere with erectile function, including:

- hypertension,
- high cholesterol,
- atherosclerosis,
- diabetes,
- obesity,
- smoking,
- metabolic syndrome,
- cardiovascular disease.

That is why improving cardiovascular health may also improve sexual health.

Current guidelines recommend lifestyle changes and modification of reversible cardiovascular risk factors as part of ED management.

Obesity and Physical Inactivity

Excess body weight can contribute to sexual problems through several mechanisms.

It can increase the risk of:

- diabetes,
- high blood pressure,
- vascular disease,
- sleep apnoea,
- reduced physical fitness,
- metabolic disturbances,
- poor body confidence.

Regular physical activity improves vascular health, cardiovascular fitness, metabolic health and psychological well-being.

NIDDK recommends measures including physical activity, healthy weight management, smoking cessation, healthy eating and reduction of excessive alcohol as important components of ED prevention and treatment.

Smoking and Sexual Performance

Smoking is particularly harmful to erectile health because tobacco damages blood vessels.

Some patients look for sexual supplements while continuing heavy smoking.

That is treating the branch while ignoring the root.

Stopping smoking is one of the most valuable long-term steps a smoker with vascular ED can take for both sexual and cardiovascular health.

Alcohol and Recreational Drugs

Small amounts of alcohol may make some individuals feel relaxed, but excessive alcohol can interfere with arousal, erection, coordination and orgasm.

Chronic heavy alcohol use can also affect the liver, nervous system, hormones and relationships.

Recreational drugs may similarly impair sexual functioning.

NIDDK lists excessive alcohol and recreational drug use among lifestyle factors that may contribute to ED.

Medicines Can Affect Sexual Performance

Sometimes sexual problems begin after a new medicine has been started.

Certain medications used for conditions such as depression, hypertension, pain, cancer and other diseases may affect desire, erection, ejaculation or orgasm.

However, **never stop a prescribed medicine yourself because you suspect it is causing sexual problems**.

Instead, discuss the problem with the prescribing doctor. Sometimes an alternative medication, timing adjustment or different treatment strategy can be considered.

NIDDK specifically advises reviewing medications when assessing erectile dysfunction rather than stopping essential therapy independently.

Relationship Factors and Sexual Function

Human sexuality does not occur only in the reproductive organs.

Relationship dynamics matter.

Sexual difficulties may become worse where there is:

- inadequate communication,
- relationship conflict,
- fear of rejection,
- lack of emotional intimacy,
- resentment,
- unrealistic expectations,
- previous painful intercourse,
- pressure to perform,
- lack of privacy,

- fear of pregnancy,
- concern about sexually transmitted infections.

Sometimes medical treatment works best when combined with appropriate couple counselling or psychosexual support.

Pornography, Comparison and Unrealistic Expectations

A growing problem in sexual-health practice is comparing normal real-life sexual activity with staged or edited sexual content.

Patients may start believing that:

- erections must remain completely rigid continuously,
- intercourse must last for an unusually long period,
- men must always be ready for sex,
- orgasm must occur every time,
- a particular penis size is essential,
- both partners must climax simultaneously.

These are not reasonable standards for human sexual function.

Sexual response naturally varies from one encounter to another.

Reducing comparison and performance pressure is often an important part of restoring sexual confidence.

Sexual Performance and Fertility Are Not the Same Thing

Another important misunderstanding concerns fertility.

Sexual performance and fertility are two different aspects of reproductive health.

A man may have excellent erection and ejaculation but have abnormal sperm concentration, motility or morphology.

Another man may have reduced erectile function but normal sperm production.

Similarly, male infertility is not evidence of reduced masculinity.

When a couple is having difficulty conceiving, fertility evaluation should therefore not be replaced by sexual-performance medicines alone.

At Saira Health Care, when sexual dysfunction and infertility occur together, I believe both issues should be evaluated separately and then understood as part of the same patient's overall reproductive health.

How I Evaluate a Patient With Sexual Performance Problems

A professional sexual-health consultation should be confidential, respectful and non-judgmental.

A proper consultation usually begins with detailed history.

I may need to understand:

The sexual problem

When did it begin?

Was the onset sudden or gradual?

Does it happen every time or occasionally?

Does the patient have normal morning erections?

Is masturbation-associated erection normal?

Is sexual desire normal?

Is ejaculation too early, delayed or absent?

Is orgasm normal?

Is there pain or penile curvature?

General medical health

We may discuss:

- diabetes,
- blood pressure,
- cholesterol,
- cardiovascular disease,
- thyroid problems,
- kidney or liver disease,
- neurological illness,
- surgery,

- prostate conditions,
- obesity,
- sleep problems.

Medication history

Patients should disclose:

- prescription medicines,
- over-the-counter medicines,
- herbal preparations,
- bodybuilding products,
- hormones,
- supplements,
- recreational drugs.

Psychological and relationship factors

We may discuss:

- stress,
- anxiety,
- depression,
- relationship conflict,
- sexual fear,
- previous unsuccessful experiences,
- sexual expectations.

NIDDK similarly recommends a medical, sexual and mental-health history, physical examination and selected laboratory or other testing when assessing erectile dysfunction.

What Tests May Be Required?

Not every patient requires every test.

Testing should be selected according to symptoms, age and medical history.

Depending on the clinical situation, evaluation may include:

- blood pressure,
- blood glucose or HbA1c,
- lipid profile,
- morning testosterone,
- thyroid testing,
- prolactin or other hormones when indicated,
- kidney or liver tests,
- genital examination,
- assessment for Peyronie's disease,
- cardiovascular risk evaluation,
- penile Doppler ultrasound in selected cases,
- fertility testing where infertility is a concern.

Specialized erection testing is not necessary for every patient.

The objective should always be to **find the cause**, not simply accumulate investigations.

Sexual Performance According to the Unani System of Medicine

Unani medicine provides a traditional holistic framework for understanding health.

One factual clarification is important here: Unani medicine did **not originate in ancient India**. The Central Council for Research in Unani Medicine explains that its foundations originated in ancient Greece and were subsequently developed extensively by Arab and Persian physicians before the system became firmly established and further enriched in India.

Similarly, classical Unani theory describes **four Akhlat or humours**, rather than three:

Dam – blood
Balgham – phlegm
Safra – yellow bile
Sauda – black bile

Traditional Unani theory associates health with an appropriate equilibrium of these humours and the individual's **Mizaj**, or temperament.

The modern scientific interpretation of disease is of course based on anatomy, physiology, pathology, biochemistry and evidence-based clinical research. In responsible integrative

practice, classical Unani concepts should therefore complement—not replace—appropriate contemporary diagnosis.

The Unani Holistic View of Sexual Health

One aspect of Unani medicine that remains particularly relevant is its emphasis on the whole individual rather than only one symptom.

Classically, health is influenced by the **Asbab-e-Sitta Zarooriya**, or six essential factors of life, which include:

1. air and environment,
2. food and drink,
3. physical activity and rest,
4. psychological activity and rest,
5. sleep and wakefulness,
6. retention and elimination.

The Ministry of Ayush describes these factors as important elements in Unani approaches to preserving health.

This framework can be very useful when dealing with sexual-health problems because sexual function is indeed affected by nutrition, physical fitness, sleep, emotional state and general health.

How Unani Medicine May Be Used in Sexual-Health Care

The Unani system traditionally uses several approaches:

Ilaj bil Ghiza – treatment through diet
Ilaj bit Tadbir – regimenal therapy
Ilaj bid Dawa – pharmacotherapy
Ilaj bil Yad – surgical/manual approaches in the broader classical classification.

In modern sexual-health practice, the most useful integrative principles often involve:

- improving diet,
- correcting sleep,
- promoting regular exercise,
- reducing excessive stress,

- improving metabolic health,
- treating digestive or general health problems where relevant,
- addressing psychological factors,
- and using carefully selected traditional medicines only where appropriate.

The important word is **individualized**.

I do not believe every patient with weak erection, early ejaculation or low desire should receive the same medicine.

Can Herbal Medicines Improve Sexual Performance?

This requires a balanced answer.

Some herbal preparations have shown promising results in clinical research, but herbal medicine should not be described as universally effective or as a guaranteed cure.

Ashwagandha

Ashwagandha (*Withania somnifera*) has been investigated in randomized controlled studies of male sexual health.

A 2022 placebo-controlled trial involving men with reduced sexual desire reported improvements in several measures of perceived sexual function with standardized ashwagandha extract.

More recent randomized studies published in 2025 and 2026 have also reported improvements in some domains of sexual desire, satisfaction or sexual-function scores in healthy adult men taking standardized extracts.

However, these studies do **not** prove that ashwagandha can cure every case of ED, infertility or testosterone deficiency. Many were relatively small, of limited duration and involved selected populations.

Therefore, such medicines should be viewed as possible therapeutic tools—not miracle remedies.

Saffron

Saffron (*Crocus sativus*) has also been studied for sexual dysfunction.

A meta-analysis reported potential benefit in several sexual-function outcomes, but the evidence base was relatively small. Another review specifically examining ED noted promising results while emphasizing methodological limitations and the need for better trials.

A more recent systematic review of herbal supplements for ED likewise found potentially beneficial effects from some herbs, including saffron, while emphasizing that evidence quality and quantity vary considerably between products.

This is why responsible Unani practice should combine traditional knowledge with modern evidence rather than make exaggerated claims.

“Natural” Does Not Automatically Mean Safe

This is one of the most important messages in this article.

Do not assume that because a capsule or powder is advertised as herbal or natural it is automatically safe.

The Ministry of Ayush's pharmacovigilance programme specifically warns against the misconception that **natural always means safe** and emphasizes monitoring adverse reactions associated with traditional medicines.

There is another serious problem in the sexual-enhancement market.

Regulatory authorities have repeatedly identified products sold as “natural male enhancement” supplements that secretly contained prescription drugs such as sildenafil or tadalafil.

The FDA's current sexual-enhancement safety database contains multiple such alerts from 2025 and 2026.

Undeclared drugs are dangerous because a person may unknowingly combine them with incompatible medicines.

For example, PDE5 inhibitors such as sildenafil or tadalafil can cause dangerous blood-pressure lowering when combined with **nitrates** used for certain heart conditions. The EAU guideline identifies concurrent nitrate use as an absolute contraindication to PDE5 inhibitors.

For this reason, I strongly advise patients against purchasing unknown sexual-enhancement capsules from unverified online sellers simply because they promise an immediate effect.

Modern Medical Treatment of Erectile Dysfunction

Treatment depends on the underlying cause.

Lifestyle and risk-factor modification

This may include:

- weight reduction where appropriate,

- regular exercise,
- smoking cessation,
- better diabetic control,
- improved blood-pressure and cholesterol management,
- reducing excess alcohol,
- healthier sleep,
- managing stress.

These measures are not merely “general health advice.” They can directly improve some mechanisms involved in erectile function.

Psychological treatment

Where anxiety, stress, relationship problems or fear of sexual failure are important, counselling or psychosexual therapy may be valuable.

Sometimes psychological treatment is combined with medical treatment rather than used instead of it.

Oral ED medicines

PDE5 inhibitors are established first-line medical treatment for many men with ED. European guidelines recommend them as first-line treatment when clinically appropriate.

These medicines should still be used responsibly because they are not suitable for everyone.

Other options

Depending upon the case, treatments can include:

- vacuum erection devices,
- locally administered medicines,
- penile injections,
- hormone replacement where a genuine hormonal deficiency is diagnosed,
- and penile prosthesis surgery for selected severe cases when other treatments are unsuitable or unsuccessful.

NIDDK describes this stepped approach, including lifestyle measures, counselling, medicines, devices and surgery when necessary.

What About Premature Ejaculation?

Premature ejaculation is another common condition that patients describe as “poor performance.”

It should not be confused with erectile dysfunction.

Some men have excellent erection but ejaculate earlier than they or their partner desire. Other men develop rapid ejaculation because they are anxious about losing their erection.

The treatment depends on the pattern, severity, associated ED, psychological factors and relationship context.

Options can include:

- education and counselling,
- behavioural or psychosexual approaches,
- selected topical therapies,
- selected oral medicines,
- treatment of accompanying erectile dysfunction,
- treatment of anxiety when clinically appropriate.

Patients should avoid assuming that increasing erection strength alone will automatically cure premature ejaculation.

Low Sexual Desire

Low desire deserves separate assessment.

Possible contributors include:

- emotional stress,
- relationship difficulties,
- depression,
- chronic illness,
- sleep deprivation,
- certain medicines,
- hormonal disorders,
- low testosterone in some men,
- menopause-related factors in women,

- pain during intercourse,
- sexual dissatisfaction,
- persistent performance anxiety.

Therefore, an aphrodisiac is not necessarily the correct treatment for every patient with low libido.

Sometimes the most effective treatment is correcting the underlying cause.

A Practical Sexual-Health Improvement Plan

For many patients, I recommend starting with the foundations of health.

Improve sleep

Chronic sleep deprivation affects energy, mood, metabolic health and sexual interest.

Aim for consistent, restorative sleep rather than depending on stimulants.

Exercise regularly

Regular aerobic exercise supports cardiovascular and metabolic health. Physical activity is recommended as part of ED risk-factor management.

Maintain a healthy weight

Weight reduction in patients with overweight or obesity can improve metabolic and cardiovascular risk factors.

Stop smoking

Smoking damages blood vessels and is an important modifiable ED risk factor.

Control diabetes and hypertension

Sexual medicines cannot compensate indefinitely for poorly controlled systemic disease.

Eat a balanced diet

A balanced diet emphasizing vegetables, fruits, legumes, whole foods, adequate protein and healthy fats generally supports cardiovascular and metabolic health.

There is no single magical food that permanently cures ED.

Reduce alcohol

Especially avoid depending on alcohol before sexual activity.

Manage stress

Exercise, adequate sleep, relaxation practices, counselling and improved communication can all help.

Remove performance targets

Do not continuously measure erection hardness, intercourse duration or orgasm.

Focus on intimacy, stimulation and mutual satisfaction.

Communicate with your partner

Silence often makes sexual problems more frightening than they need to be.

My Approach at Saira Health Care

At **Saira Health Care**, my approach to sexual disorders and infertility is based on one fundamental principle:

treat the patient, not merely the symptom.

When a patient approaches us for sexual-performance problems, the aim is not simply to provide an instant sexual stimulant.

We try to understand the complete clinical picture:

- What exactly is the sexual difficulty?
- Is it erectile dysfunction?
- Premature ejaculation?
- Low libido?
- Anxiety?
- Hormonal abnormality?
- Diabetes?
- Cardiovascular risk?
- Relationship stress?
- Infertility?
- Medication-related sexual dysfunction?
- Or a combination of several factors?

Only after understanding the likely causes can treatment be rationally planned.

Where appropriate, my clinical approach may integrate principles of Unani medicine, individualized diet and lifestyle guidance, carefully selected traditional medicines, modern investigations and referral for contemporary medical or surgical treatment when necessary.

I consider this integrated approach especially important because **traditional medicine should never become a reason to overlook diabetes, cardiovascular disease, hormonal disease, serious urological conditions or mental-health problems.**

The goal is safer, individualized and medically responsible care.

Contribution of Saira Health Care in Sexual Disorders and Infertility

Sexual and reproductive-health problems remain difficult for many patients to discuss openly, particularly in communities where embarrassment and misinformation are common.

At Saira Health Care, the focus is therefore not only treatment but also:

- improving public awareness,
- reducing myths around sexual weakness,
- educating couples about fertility,
- encouraging appropriate investigation,
- addressing sexual-performance anxiety,
- discouraging unsafe self-medication,
- promoting confidentiality,
- and explaining when specialist medical evaluation is necessary.

I believe a patient who properly understands his or her condition is far less vulnerable to misleading advertisements promising “100% permanent cure,” instant testosterone increases or guaranteed sexual performance.

Good sexual medicine requires **education as much as medication**.

When Should You Consult a Doctor?

Consider professional evaluation when:

- erection difficulty occurs repeatedly,
- erectile function suddenly deteriorates,
- sexual desire remains significantly reduced,

- premature ejaculation causes persistent distress,
- ejaculation becomes painful or absent,
- there is penile curvature or pain,
- intercourse becomes painful,
- sexual dysfunction develops after starting medication,
- symptoms occur along with diabetes or cardiovascular disease,
- you suspect low testosterone,
- sexual difficulties are causing severe anxiety or relationship problems,
- you and your partner are having difficulty conceiving,
- or you feel dependent on sexual-enhancement medicines.

When Is Urgent Medical Attention Needed?

Seek urgent medical care if you experience:

- an erection lasting approximately **four hours or longer**,
- severe penile injury,
- sudden severe testicular pain,
- chest pain during sexual activity,
- fainting or severe breathlessness,
- sudden neurological symptoms,
- or severe adverse effects after taking an erection or sexual-enhancement product.

NIDDK specifically advises urgent evaluation for prolonged erections and certain serious adverse effects related to ED treatments.

Frequently Asked Questions

Is occasional erection loss normal?

Yes. Fatigue, stress, distraction, inadequate stimulation, alcohol and anxiety can occasionally affect erection even in healthy men.

Persistent or recurrent difficulty deserves evaluation.

Is ED a normal part of ageing?

No. Risk increases with age because diseases affecting blood vessels, nerves and hormones become more common, but ED should not simply be dismissed as inevitable ageing. NIDDK specifically notes that ED is not a routine part of ageing.

Does masturbation permanently weaken sexual performance?

Normal masturbation does not automatically cause permanent ED, infertility or permanent physical weakness. Problems are more likely when sexual behaviour becomes compulsive, causes psychological distress, produces unrealistic expectations or interferes with relationships and daily functioning.

Does semen loss make the body permanently weak?

Normal ejaculation is a physiological process. Persistent fatigue or weakness should not automatically be attributed to semen loss; other physical and psychological causes may require assessment.

Can Unani medicine help sexual performance?

Potentially, in selected patients, particularly as part of an individualized programme addressing lifestyle, sleep, diet, stress and overall health. Some traditional herbal agents have promising clinical evidence, but results vary and should not be interpreted as universal cures.

Can herbal medicine permanently cure ED?

There is no herbal medicine scientifically proven to permanently cure every form of ED. Treatment depends on the cause.

Is Viagra or sildenafil safe?

It is an established ED medicine for suitable patients, but it should be used responsibly. It is particularly important to avoid PDE5 inhibitors with nitrate medication because the combination may dangerously reduce blood pressure.

Does strong sexual performance mean sperm quality is good?

No. Erectile function and semen quality are different physiological issues.

Should I check testosterone for every sexual problem?

Not necessarily. Hormonal testing should be guided by symptoms, medical history and clinical assessment.

A Message From Dr. Nizamuddin Qasmi

In my experience, many people suffer unnecessarily because they believe that every small change in sexual response means that they have permanently lost their sexual strength.

That is rarely a useful way to look at the problem.

Sexual performance is influenced by your circulation, hormones, nervous system, metabolic health, mental state, relationship, sleep and lifestyle. Sometimes the cause is primarily physical. Sometimes it is primarily psychological. Very often, it is a combination.

The important thing is **not to be ashamed and not to self-diagnose**.

Do not compare your sexual life with exaggerated advertisements, pornography or other people's claims.

Do not repeatedly take unknown “power medicines” without understanding what they contain.

And do not allow embarrassment to prevent you from investigating diabetes, hypertension, hormonal abnormalities or cardiovascular risk.

A scientific diagnosis combined with compassionate counselling, healthy lifestyle changes and carefully selected treatment—whether modern, Unani or appropriately integrated—is a much more sensible path.

Sexual health is an important part of human well-being, but it should be approached with **dignity, evidence, privacy and realistic expectations**.

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Dr. Nizamuddin Qasmi's clinical focus includes sexual-health concerns, male reproductive disorders, sexual dysfunction and infertility, with an emphasis on individualized assessment and integrative approaches to patient care.

Medical Disclaimer

This article is intended for **general health education and public awareness**. Sexual-performance problems can have many different causes, and information on a website cannot replace an individual medical consultation, physical examination or appropriate laboratory investigation.

Unani and herbal medicines should be used under the supervision of an appropriately qualified practitioner, particularly in people taking prescription medicines or living with diabetes, hypertension, heart disease, kidney disease, liver disease or other chronic medical conditions.