Enhancing Your Sex Life in the Modern World

A Comprehensive Guide to Sexual Well-Being, Intimacy, Communication, Lifestyle, Relationship Health and the Integrative Unani Approach

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Introduction

When patients ask me:

“Doctor, how can we improve our sex life naturally?”

they often expect that I will immediately suggest a medicine, tonic, food or herb.

But in clinical sexual medicine, a satisfying sex life is rarely created by one medicine.

Sexual well-being depends on the interaction of the **body, brain, emotions, relationship, general health, lifestyle, expectations and communication between partners**.

A man may have normal hormones but struggle because of performance anxiety.

A woman may love her partner deeply but have reduced desire because intercourse has become painful.

A couple may be physically healthy but emotionally disconnected.

Another patient may genuinely have diabetes, erectile dysfunction, hormonal deficiency, premature ejaculation, vaginal dryness or depression requiring proper treatment.

Therefore, when I discuss improving sexual well-being, I prefer a **whole-person and whole-relationship approach**.

This is also consistent with the World Health Organization's contemporary understanding of sexual health. WHO describes sexual health as physical, emotional, mental and social well-

being related to sexuality, emphasizing positive and respectful relationships as well as pleasurable and safe experiences free from coercion and violence.

In this article, I will explain how modern sexual medicine and responsible principles of **Unani medicine** can be integrated to support healthier, safer and more satisfying intimate relationships.

Sexual Well-Being Is Not Simply "Sexual Performance"

One of the biggest misconceptions I see is that good sexual health means:

- a man must have an extremely hard erection every time;
- intercourse must continue for a particular number of minutes;
- a woman must reach orgasm every time;
- both partners must always want sex simultaneously;
- or sexual activity must occur a particular number of times each week.

Human sexuality does not work according to such rigid rules.

WHO emphasizes that sexual health includes **relationships, pleasure, safety, communication and overall well-being**, not merely absence of sexual dysfunction.

I therefore prefer to assess:

Is the couple comfortable?

Do both partners feel respected?

Is sexual activity pleasurable rather than frightening or obligatory?

Can they communicate their wishes?

Are any medical problems interfering?

Are both reasonably satisfied with their intimate relationship?

These questions usually tell us much more than simply asking how many times intercourse occurs.

There Is No Single "Normal" Sex Drive

Sexual desire, or libido, differs greatly between people.

It can also change in the same person throughout life.

Sex drive may be influenced by:

- age;
- physical health;
- hormones;
- stress;
- sleep;
- depression or anxiety;
- relationship quality;
- medications;
- pregnancy;
- breastfeeding;
- menopause;
- chronic disease;
- body image;
- erectile or ejaculatory problems.

The International Society for Sexual Medicine explains that there is no rigidly defined "normal" level of libido. What is normal depends largely on the individual and relationship, and sudden or troubling changes deserve medical evaluation.

This means a healthy sex life should not be built around comparison.

Do not compare your relationship with:

friends, social media, pornography, films or exaggerated advertisements.

Mismatched Desire Is Common

One partner may want intimacy much more frequently than the other.

This is called **sexual desire discrepancy** or mismatched libido.

It does not automatically mean either partner has a disease.

ISSM describes mismatched libido as common and recommends understanding possible physical, psychological and relationship contributors before blaming either partner.

The higher-desire partner is not automatically "oversexual."

The lower-desire partner is not automatically “weak.”

The goal should be to understand the difference and develop an intimate pattern that respects both partners.

Communication Is One of the Strongest Sexual-Health Interventions

Patients sometimes underestimate the importance of conversation.

But research strongly supports it.

A large meta-analysis involving **93 studies, 209 effect sizes and 38,499 people in relationships** found that better sexual communication was positively associated with both relationship satisfaction and sexual satisfaction.

Interestingly, the **quality of communication** had a stronger association with satisfaction than simply how frequently couples talked about sex.

Another meta-analysis found that sexual communication was positively associated with several dimensions of sexual function, including desire, arousal, lubrication, orgasm, erectile function and overall sexual function.

This is why I often tell couples:

“Better sex frequently begins with a better conversation.”

How to Talk About Sex Without Creating Conflict

Many couples discuss sex only after something has gone wrong.

One partner has refused intimacy.

The other feels rejected.

Both are emotional.

Then the discussion begins:

“You never want me.”

“All you think about is sex.”

“You don't find me attractive anymore.”

“You are never satisfied.”

These statements produce defensiveness rather than intimacy.

A more productive approach is:

“I miss feeling close to you. Can we talk about what intimacy has been like for both of us lately?”

Or:

“I've noticed that I've been less interested in sex recently. I don't think it's because I don't love you. I would like us to understand what has changed.”

Using “I feel” rather than “you always” can significantly change the tone.

ISSM similarly recommends compassionate, non-judgmental communication when partners have different levels of sexual desire.

Talk About Desire, Not Just Frequency

Couples often argue about:

“How many times?”

A better conversation includes:

- What helps you become interested in intimacy?
- What makes sexual desire disappear?
- What types of affection make you feel close?
- Do you feel rushed?
- Is anything painful?
- Are you worried about erection or ejaculation?
- Are you exhausted?
- Is there resentment outside the bedroom?
- Is there enough privacy?
- What makes you feel desired?
- What makes you feel pressured?

Once the cause is understood, the apparent “low libido” may become easier to address.

Understand Spontaneous and Responsive Desire

Sexual desire does not always appear before sexual activity.

Some people experience **spontaneous desire**:

“I suddenly feel interested in sex.”

Others frequently experience **responsive desire**:

they initially feel neutral, but sexual interest develops after affectionate touch, emotional connection or pleasurable stimulation begins.

ISSM recognizes responsive desire as an important and normal pattern, especially in longer-term relationships.

Understanding this can remove unnecessary pressure.

However, responsive desire must never be used to justify coercion. A person can freely choose to begin intimacy while feeling neutral, but they should always remain free to stop.

Consent Makes Sexual Intimacy Safer, Not Less Romantic

Some people mistakenly think that consent is only a legal concept.

It is also a relationship concept.

Good intimacy requires both partners to feel:

- safe;
- respected;
- able to express preferences;
- able to decline an activity;
- able to change their mind.

WHO specifically places freedom from coercion and violence at the heart of sexual health.

Consent does not mean that couples must conduct a formal negotiation before every affectionate moment.

It means neither partner assumes:

“Because we are married, everything is automatically permitted.”

Respect for boundaries creates trust, and trust often makes intimacy easier.

Emotional Intimacy Is Part of Sexual Intimacy

For some people, emotional closeness greatly influences sexual desire.

Feeling:

- heard;
- appreciated;
- emotionally safe;
- wanted;
- supported

can improve the environment in which desire develops.

On the other hand, chronic resentment can become one of the strongest “brakes” on sexual interest.

A couple may try new techniques, supplements and medicines without improvement because the unresolved problem is actually emotional.

This does not mean every sexual problem is psychological.

It means the relationship context should not be ignored.

Stop Making Every Intimate Moment a Performance Test

Modern sexual culture sometimes places enormous pressure on performance.

Men worry:

“Is my erection hard enough?”

“Am I lasting long enough?”

Women worry:

“Why didn't I orgasm?”

“Why am I not lubricated immediately?”

Couples can become observers of their own performance instead of participants in intimacy.

This self-monitoring can interfere with arousal.

Sexual well-being generally improves when couples shift attention from:

performance → sensation, connection and pleasure.

Sexual Frequency Is Not the Same as Sexual Quality

More intercourse does not automatically mean a better relationship.

One study of young couples found that both sexual frequency and communication were associated with sexual satisfaction, but only sexual communication significantly predicted relationship satisfaction in that sample.

This is clinically important.

A couple having frequent sex but poor communication may still be unhappy.

Another couple having less frequent but mutually satisfying intimacy may be doing very well.

Expand the Meaning of Intimacy

Some couples define intimacy so narrowly that every affectionate interaction becomes a decision about intercourse.

That can create pressure.

Intimacy can also include:

- affectionate conversation;
- holding hands;
- hugging;
- kissing;
- cuddling;
- mutually welcomed massage;
- spending uninterrupted time together.

The purpose is not to replace sexual activity.

It is to protect connection from becoming dependent on one specific sexual outcome.

Physical Health Strongly Influences Sexual Health

The genitals do not function separately from the rest of the body.

Sexual function may be affected by:

- diabetes;
- obesity;
- high blood pressure;
- high cholesterol;

- cardiovascular disease;
- neurological disease;
- thyroid disorders;
- hormonal abnormalities;
- chronic kidney disease;
- depression;
- chronic pain;
- pelvic-floor problems.

A “sexual-strength medicine” cannot compensate indefinitely for severe untreated disease.

Therefore, one of the best ways to improve sexual health is often to improve **general health**.

Exercise: One of the Most Evidence-Based Lifestyle Strategies

Exercise supports:

- circulation;
- cardiovascular health;
- metabolic health;
- body confidence;
- sleep;
- mood;
- energy;
- stress management.

A 2024 meta-analysis of randomized trials found that physical activity significantly improved erectile function in men with ED, with aerobic exercise showing the clearest benefit in that analysis.

Another meta-analysis of 11 randomized trials found that aerobic exercise improved erectile-function scores, with larger improvements among men who began with more severe dysfunction.

For women, the evidence has also strengthened. A **2026 systematic review and meta-analysis of 23 studies** found exercise interventions were associated with improvements in

sexual function, including desire, arousal, lubrication, orgasm, satisfaction and pain, although the certainty of evidence was limited by substantial differences between studies.

So when medically appropriate, regular exercise is one of the most useful general recommendations I can make.

You Do Not Need Extreme Exercise

Sexual health does not require becoming an athlete.

For many adults, suitable activity may include:

- brisk walking;
- cycling;
- swimming;
- moderate resistance exercise;
- yoga;
- other enjoyable movement.

The appropriate programme depends on age, cardiovascular health and existing illness.

A sedentary patient with cardiovascular symptoms should seek medical advice before suddenly beginning intense exercise.

Weight and Metabolic Health

Obesity can influence sexual function through:

- vascular disease;
- diabetes;
- inflammation;
- reduced physical fitness;
- changes in testosterone regulation;
- body-image distress.

Weight reduction, when medically appropriate, can improve several risk factors simultaneously.

However, weight should not become another source of sexual shame.

The objective is better metabolic health—not achieving an artificial beauty standard.

Sleep Is a Sexual-Health Factor

Many patients ask for libido medicines while sleeping only four or five hours each night.

Chronic sleep deprivation contributes to:

- fatigue;
- irritability;
- reduced concentration;
- stress;
- poorer metabolic health;
- lower interest in intimacy.

ISSM specifically includes sleep quality among lifestyle factors capable of influencing libido and sexual health.

Sometimes improving sleep does more for sexual desire than adding another supplement.

Stress Management

Sexual arousal usually develops more easily when the nervous system is not constantly preparing for danger.

Severe work stress, financial worries, family tension and performance anxiety can reduce:

- desire;
- arousal;
- erection quality;
- orgasmic response.

Helpful strategies may include:

- physical activity;
- relaxation;
- mindfulness;
- adequate recreation;
- counselling;

- improving workload balance where possible.

Mindfulness-based interventions have shown benefit for some sexual concerns, although the evidence varies according to the condition. A systematic review found evidence particularly for female desire/arousal problems, while noting that the evidence remains limited for several other sexual disorders.

A 2025 review in menopausal women similarly reported improvements in sexual distress and some aspects of desire and arousal, although results were heterogeneous.

Eat for General Health, Not for a Mythical "Power Food"

The internet is full of claims that one food will transform sexual performance.

Sexual physiology is much more complex.

A healthy dietary pattern supporting:

- cardiovascular health;
- normal body weight;
- diabetes prevention or control;
- adequate protein;
- micronutrient sufficiency

is much more meaningful than searching for a single aphrodisiac.

ISSM similarly recommends a balanced, nutrient-dense diet as part of an overall lifestyle approach to sexual health.

Dates, Figs, Honey and Almonds: Useful Foods but Not Guaranteed Aphrodisiacs

Traditional dietary systems frequently recommend foods such as:

dates, figs, almonds, nuts, milk, honey and saffron.

Many are nutritious.

Nuts can provide healthy fats, protein and micronutrients.

Fruit contributes vitamins and other nutrients.

But I avoid telling patients:

"Eat this and your sexual weakness will definitely disappear."

Food should be part of general health.

It should not be advertised as a guaranteed ED, infertility or low-libido cure.

This is particularly important in patients with diabetes or obesity, for whom large amounts of honey, dates or sweet traditional preparations can be metabolically unsuitable.

Smoking Is Harmful to Sexual Health

Smoking damages the vascular endothelium and contributes to atherosclerosis.

Because erection depends heavily on vascular function, smoking is an important modifiable risk factor for erectile dysfunction.

Stopping tobacco therefore benefits:

- cardiovascular health;
- respiratory health;
- fertility;
- and sexual health.

This is a much more meaningful long-term intervention than repeatedly changing sexual tonics while continuing to smoke.

Excessive Alcohol Can Reduce Sexual Performance

Some people use alcohol because they believe it reduces inhibition.

Small amounts may make some individuals feel temporarily more relaxed, but excessive intake can impair:

- erection;
- arousal;
- orgasm;
- judgement;
- consent;
- sleep;
- hormonal and liver health.

Alcohol should therefore never be considered a sexual-performance treatment.

Review Your Medicines

Sexual side effects can occur with certain medicines.

Examples may include some:

- antidepressants;
- blood-pressure medicines;
- antipsychotic medicines;
- opioid pain medicines;
- hormonal treatments.

Never stop prescription medication independently.

If sexual function changed after beginning a medicine, discuss it with the prescribing clinician. Sometimes alternatives, dose changes or additional treatment are available.

Address Erectile Dysfunction Properly

A man who repeatedly experiences difficulty obtaining or maintaining an erection should not spend years buying supplements without assessment.

ED can be associated with:

- vascular disease;
- diabetes;
- hypertension;
- neurological disease;
- medication effects;
- hormonal disorders;
- psychological factors.

Persistent ED may sometimes provide an early clue about wider cardiovascular health.

A proper evaluation is therefore more important than simply increasing sexual stimulation.

Premature Ejaculation Also Deserves Proper Treatment

Men who ejaculate earlier than they want may develop:

- embarrassment;
- avoidance;
- performance anxiety;
- relationship tension.

Premature ejaculation is not a measure of masculinity.

Treatment can include education, behavioural or psychosexual strategies and evidence-based medication where appropriate.

The treatment should be individualized rather than based on “sexual strength” advertising.

Women Should Not Ignore Pain or Dryness

A woman who experiences recurrent pain during intercourse should not be told:

“Just tolerate it.”

Possible causes include:

- inadequate lubrication;
- menopause-related changes;
- pelvic-floor dysfunction;
- vulvovaginal disease;
- endometriosis;
- infection;
- previous trauma or childbirth injury.

Likewise, vaginal dryness can have physical causes and does not automatically mean lack of attraction.

Treating these problems can significantly improve intimacy.

Pelvic-Floor Health Matters, But Kegels Are Not for Everyone

Pelvic-floor muscles contribute to sexual and urinary function.

Strengthening may help selected people.

But pelvic-floor problems can involve either:

weakness or **excessive tightness**.

Someone with painful penetration or chronic pelvic-floor tension may require relaxation and physiotherapy rather than repeated strengthening exercises.

Individual assessment is therefore better than prescribing Kegels universally.

Keep Curiosity in Long-Term Relationships

Sexual relationships naturally evolve.

The early phase of a relationship often contains:

- novelty;
- anticipation;
- frequent spontaneous desire.

Long-term intimacy may require more intentional attention.

Couples can explore what makes them feel connected without turning novelty into pressure.

This may include:

- changing routines;
- protecting private time;
- discussing fantasies and preferences;
- introducing consensual variety;
- creating periods without phones or interruptions.

The principle should always remain:

mutual interest, mutual consent and mutual comfort.

Novelty Does Not Have to Mean Extreme Sexual Activity

The modern internet often suggests that keeping a sex life “exciting” requires increasingly unusual practices.

That is not true.

Novelty might simply mean:

- having uninterrupted time together;
- initiating affection differently;
- changing the environment;

- discussing previously unspoken preferences;
- creating more emotional anticipation.

A healthy sexual relationship does not need to imitate pornography.

Pornography: Avoid Both Panic and Blind Acceptance

Pornography has become much easier to access in the digital era.

Its influence on sexual health is complex.

Research does **not** justify telling every user that pornography inevitably causes sexual dysfunction.

At the same time, problematic use can be associated with sexual dissatisfaction or dysfunction in some people. ISSM emphasizes that problematic pornography use—particularly when people feel unable to control it or when it interferes with partnered intimacy—deserves attention.

A 2026 ISSM review also emphasizes that effects can differ according to context and between individuals rather than following one universal pattern.

I therefore ask patients:

Is pornography replacing intimacy?

Has it created unrealistic expectations?

Do you feel unable to control your use?

Is it creating secrecy or conflict?

These questions are more clinically useful than simply counting viewing frequency.

Technology Should Support Intimacy, Not Replace It

Phones, messaging apps and digital communication can help couples remain emotionally connected.

But technology can also interfere with intimacy when:

- phones remain present throughout private time;
- one partner secretly records or shares intimate material;
- pornography creates conflict;
- digital communication replaces face-to-face conversation.

Privacy and consent are especially important when intimate images or messages are involved.

Never assume that digital sexual material will remain private merely because it was sent within a trusted relationship.

Manage Expectations Created by Pornography and Social Media

Pornography is entertainment, not medical education.

It may present:

- selected bodies;
- edited scenes;
- unrealistic duration;
- exaggerated reactions;
- scripted performance.

Comparing real intimacy with entertainment can create unnecessary performance anxiety.

Real sexuality includes:

- laughter;
- pauses;
- variation in arousal;
- occasional erection loss;
- changing desire;
- communication.

That does not represent failure.

It represents human physiology.

The Unani Perspective on Sexual Well-Being

As a physician trained in Unani medicine, I find its **whole-person philosophy** particularly relevant to sexual health.

Unani medicine developed from the Greco-Arabic medical tradition and later became deeply established in South Asia.

Classically, health is understood through several interconnected concepts, including:

Mizaj – temperament
Akhlat – the four classical humours
Dam – blood
Balgham – phlegm
Safra – yellow bile
Sauda – black bile

It is important to clarify that **Mizaj is temperament; it is not the collective name for the humours**.

These are traditional theoretical concepts and should not be equated directly with measurable biomedical variables such as testosterone, glucose or nitric oxide.

CCRUM's official literature documents the standardized terminology and theoretical foundations of the Unani medical system.

Asbab-e-Sitta Zarooriya: The Six Essential Factors

One of the most clinically useful Unani concepts for modern sexual wellness is **Asbab-e-Sitta Zarooriya**, the six essential factors traditionally associated with maintenance of health.

They concern areas such as:

- air and environment;
- food and drink;
- physical movement and rest;
- psychological activity and repose;
- sleep and wakefulness;
- retention and elimination.

These traditional categories are highly compatible with an important modern message:

sexual function cannot be separated from overall lifestyle.

A patient who sleeps poorly, eats badly, never exercises and remains chronically stressed cannot expect one sexual medicine to solve every problem.

Ilaj bil Ghiza – Dietotherapy

Unani medicine traditionally places significant importance on diet.

For sexual health, I consider diet useful primarily because it contributes to:

- cardiovascular health;
- metabolic health;
- energy;
- adequate nutrition;
- reproductive health.

The exact dietary plan should be individualized.

A diabetic patient and an underweight patient should not receive identical recommendations.

Traditional dietary advice should therefore be adapted to contemporary metabolic realities.

Ilaj bit Tadbir – Regimenal Therapy

Regimenal approaches can support:

- appropriate physical activity;
- rest;
- sleep;
- stress reduction;
- healthy routine.

These principles are particularly valuable because modern evidence also supports exercise, psychological health and sleep as contributors to sexual wellbeing.

This is one area where Unani lifestyle philosophy and contemporary sexual medicine can complement each other particularly well.

Psychological Balance in Unani Sexual Medicine

A very useful point in official CCRUM sexual-health guidance is recognition of **Umūr Wahmiyya**, or psychological factors, among contributors to traditional sexual debility.

CCRUM's guideline for **Zuf-i-Bah (sexual debility)** includes psychological factors alongside physical considerations.

This supports an important principle:

A responsible Unani approach should not treat every sexual problem as physical weakness requiring a tonic.

Performance anxiety, relationship distress and psychological stress may require counselling and education.

Herbal Remedies: Tradition Versus Evidence

Herbal medicines deserve scientific study.

But I strongly differentiate between:

traditional use

and

clinically established effectiveness.

A herb may have been used for hundreds of years.

That historical use is meaningful.

But it is not automatically equivalent to a large, randomized, placebo-controlled clinical trial.

Responsible integrative medicine should explain both.

Saffron

Saffron (*Crocus sativus*) has a long history in traditional medicine and food.

Clinical studies have investigated its potential effects on sexual function.

A meta-analysis involving five studies and 173 participants found a positive overall effect on sexual dysfunction, while also noting heterogeneity and the need for additional research.

A broader **2026 systematic review and meta-analysis of herbal supplements for male ED** found that saffron showed beneficial effects in several sexual-function domains among the included trials, although studies differed considerably and follow-up was generally short.

This is promising.

It is not proof that saffron universally cures sexual dysfunction.

Ashwagandha

Ashwagandha (*Withania somnifera*) is particularly well known within Ayurvedic and broader South Asian traditional practice and is sometimes used in integrative care.

A randomized placebo-controlled study of **80 women** found that an eight-week standardized root extract intervention improved several sexual-function measures compared with placebo.

That is encouraging evidence, but it remains a relatively small study.

It is therefore more accurate to say:

"Ashwagandha has preliminary clinical evidence in selected populations"

than:

"Ashwagandha is proven to increase sexual power in everybody."

Also, Ayurvedic use should not automatically be presented as uniquely Unani.

Ginseng

Ginseng is most closely associated with East Asian traditional medicine rather than classical Unani medicine.

A Cochrane systematic review found that ginseng may improve some self-reported sexual outcomes in men with erectile dysfunction, but the overall certainty of evidence was low and improvement on standardized erectile-function scores was relatively modest.

A newer 2026 meta-analysis of herbal supplements also reported benefits in some domains, but product and study differences remain important.

I therefore would not describe ginseng as a guaranteed natural alternative to established ED treatment.

Ginkgo Biloba

Ginkgo is another supplement commonly advertised for sexual performance.

A systematic review of five randomized trials involving 475 participants concluded that evidence was **limited**, with some possible benefit in postmenopausal women but no consistent effect in antidepressant-associated sexual dysfunction.

This is a good example of why "natural" does not automatically mean "proven."

Safed Musli

Safed Musli (*Chlorophytum borivilianum*) is heavily marketed for male vitality.

However, much of the frequently cited evidence remains **animal or preclinical research** rather than robust human clinical evidence.

For example, one commonly cited PubMed study investigating aphrodisiac effects was performed in male rats, not human patients.

Therefore, it should not be presented on a medical website as a proven human treatment for ED or infertility.

Herbal Does Not Mean Risk-Free

Herbs and supplements can:

- interact with prescription medicines;
- affect blood pressure or blood sugar;
- alter bleeding tendency;
- affect the liver or kidneys;
- differ considerably in quality between manufacturers.

Pregnant or breastfeeding patients and people with chronic illness require particular caution.

So although Unani medicines can form part of individualized care, they should be selected under qualified supervision.

My Approach at Saira Health Care

At **Saira Health Care**, when a patient says:

“Doctor, I want to improve my sex life,”

I do not immediately begin with medicine.

I first ask:

What exactly needs improvement?

Is the issue:

- low desire?
- erection difficulty?
- premature ejaculation?

- delayed ejaculation?
- painful intercourse?
- vaginal dryness?
- inability to reach orgasm?
- anxiety?
- relationship conflict?
- infertility?
- mismatched sex drives?
- poor physical health?
- or simply unrealistic expectations?

These are different problems.

They should not receive the same medicine.

The Specialized Approach of Dr. Nizamuddin Qasmi

My clinical focus includes **sexual disorders and infertility**, supported by my professional training:

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Certificate in Urology – London, UK
Masters in Male Infertility – MasterHealthPro (HealthPro)
Integrated Sexual and Reproductive Health – ISRH, UNFPA

My approach is therefore to understand sexual health through the interaction of:

general medical health + sexual function + reproductive health + psychological state + relationship factors + responsible Unani care.

The Saira Health Care Model of Sexual Wellness

For an appropriate patient, an individualized sexual-wellness programme may involve several stages.

1. Detailed Sexual and Medical History

We identify the patient's actual concern rather than using vague terms such as “sexual weakness.”

2. Identify Underlying Disease

Where appropriate, we consider:

- diabetes;
- cardiovascular risks;
- hormonal problems;
- medications;
- pelvic disease;
- psychological problems.

3. Address Lifestyle

We review:

- physical activity;
- sleep;
- diet;
- smoking;
- alcohol;
- stress;
- weight and metabolic health.

4. Evaluate Relationship Factors

We discuss:

- communication;
- desire discrepancy;
- performance expectations;
- intimacy;
- boundaries.

5. Use Evidence-Based Sexual Treatment

Where indicated, treatment may involve:

- established ED treatment;
- management of premature ejaculation;
- treatment of vaginal dryness or pain;
- pelvic-floor therapy;
- psychological or sex therapy;
- fertility assessment.

6. Integrate Unani Principles

Where appropriate, I may incorporate:

- **Ilaj bil Ghiza** – dietotherapy;
- **Ilaj bit Tadbir** – regimenal/lifestyle therapy;
- attention to **Asbab-e-Sitta Zarooriya**;
- individualized traditional pharmacotherapy under supervision.

This is very different from automatically prescribing the same aphrodisiac to every patient.

Saira Health Care's Contribution to Sexual Disorders and Infertility

One of the greatest problems in sexual healthcare is not simply disease.

It is **misinformation**.

People may believe:

“A man must always be ready for sex.”

“Every woman should want sex at the same frequency as her husband.”

“Erection weakness always means low testosterone.”

“A stronger herbal medicine will solve every sexual problem.”

“Frequent sex proves that a marriage is successful.”

These beliefs can themselves create anxiety and relationship problems.

At Saira Health Care, an important part of our work is therefore **education**.

Sexual medicine should reduce shame and misunderstanding rather than exploit them.

A Practical Plan to Improve Sexual Well-Being

If I had to summarize a healthy strategy for most couples, I would suggest the following approach:

Improve your general health.
Exercise, sleep well, control diabetes and cardiovascular risk and stop smoking.

Talk openly.
Discuss desire, comfort, boundaries and expectations without blame.

Reduce performance pressure.
Sex should not become a test of erection, duration or orgasm.

Protect private time.
Do not allow work and phones to occupy every quiet moment.

Address pain and dysfunction.
Do not normalize recurrent ED, premature ejaculation, sexual pain or severe dryness.

Manage stress.
Use physical activity, relaxation, counselling or mindfulness where appropriate.

Avoid unrealistic comparisons.
Pornography, movies and social media are poor standards for real-life sexual performance.

Explore consensual variety.
Long-term intimacy benefits from curiosity, but novelty should never become pressure.

Use traditional medicine responsibly.
A holistic Unani approach can support general health, but herbs should not substitute for diagnosis.

Frequently Asked Questions

How often should a healthy couple have sex?

There is no medically correct number.

Desire and preferred frequency differ considerably between people and relationships. ISSM advises focusing on what is mutually satisfactory rather than comparing with a universal standard.

Can exercise improve my sex life?

Yes, it can support sexual function through cardiovascular health, mood, metabolism and general fitness.

Randomized-trial meta-analyses show benefit for erectile function in men, while a 2026 systematic review found improvements in multiple female sexual-function domains following exercise interventions.

Can stress reduce sexual desire?

Yes.

Chronic stress and anxiety can interfere with desire and arousal.

Stress management, counselling and selected mindfulness-based interventions can help some patients.

Can better communication really improve sex?

Research strongly supports an association.

A meta-analysis of 38,499 people found better sexual communication was associated with higher sexual and relationship satisfaction, with communication quality particularly important.

What if my partner wants sex much more frequently than I do?

Mismatched libido is common.

Neither person should automatically be labelled abnormal. Discuss possible medical, psychological, lifestyle and relationship contributors and work toward a mutually respectful solution.

Can pornography damage my sex life?

Ordinary use has not been proven to cause sexual dysfunction universally.

However, problematic or compulsive use can be associated with dissatisfaction and sexual difficulties in some individuals.

The important question is whether it is interfering with your functioning or relationship.

Does sex need to be spontaneous to be good?

No.

Long-term couples may intentionally create time for intimacy.

Planning private time does not make intimacy artificial as long as sexual activity itself remains voluntary.

Can saffron improve sexual performance?

Some clinical research suggests potential benefit, including meta-analytic evidence, but studies remain relatively small and heterogeneous.

Saffron should therefore be considered a potentially interesting complementary option rather than a guaranteed treatment.

Does ginseng cure erectile dysfunction?

No evidence supports calling it a cure.

A Cochrane review found possible benefit on some outcomes but low-certainty evidence and relatively modest effects on standardized erectile-function scores.

Does Ashwagandha improve libido?

A small randomized trial in women found improvements in several sexual-function measures with standardized Ashwagandha extract.

That does not establish universal effectiveness or justify unsupervised treatment.

Is Safed Musli a proven treatment for sexual weakness?

High-quality human clinical evidence remains insufficient.

Some commonly cited positive research is based on laboratory or animal studies rather than human clinical trials.

Can Unani medicine improve sexual health?

Unani medicine can make a meaningful contribution through a holistic approach that addresses:

- diet;

- physical movement;
- sleep;
- psychological balance;
- daily routine;
- and individualized traditional therapy.

CCRUM's own sexual-debility framework also recognizes psychological factors as potential contributors to sexual problems.

However, Unani therapy should complement proper diagnosis rather than replace appropriate medical treatment.

When should I consult a doctor instead of relying on lifestyle changes?

Professional assessment is advisable for:

- persistent erectile dysfunction;
- significant premature ejaculation causing distress;
- persistent unwanted low libido;
- sexual pain;
- recurrent vaginal dryness;
- difficulty with penetration;
- abnormal genital discharge;
- major hormonal symptoms;
- infertility;
- severe anxiety or depression;
- significant relationship-related sexual distress.

Sudden severe genital pain, significant injury, or an erection lasting around four hours or longer requires urgent medical evaluation.

A Message From Dr. Nizamuddin Qasmi

If you ask me:

“What is the strongest medicine for improving my sex life?”

my answer may surprise you.

The strongest intervention is not always a medicine.

Sometimes it is:

better communication.

Sometimes it is:

controlling diabetes.

Sometimes:

regular exercise and better sleep.

Sometimes:

treating erectile dysfunction correctly.

Sometimes:

helping a woman overcome painful intercourse.

Sometimes:

reducing performance anxiety.

Sometimes:

resolving resentment between partners.

And in appropriately selected patients, carefully planned Unani treatment may support general vitality, lifestyle balance and sexual wellbeing.

I believe the Unani system has particular value because it reminds us to look at the whole person.

Mizaj, diet, physical movement, sleep, psychological state and daily habits all matter.

But good modern practice also means acknowledging evidence.

No herb should be presented as a miracle aphrodisiac.

No tonic should replace cardiovascular assessment in a man with persistent ED.

No medicine should replace communication when the real problem is relationship distress.

No supplement should replace treatment of vaginal pain.

And no sexual-health advice should ignore consent.

At **Saira Health Care**, my aim is therefore not simply to increase sexual activity.

My objective is to help patients and couples achieve a sexual life that is:

healthier, safer, more confident, mutually respectful and more satisfying.

That is a much more meaningful definition of sexual vitality.

About the Author

Dr. Nizamuddin Qasmi

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Focused Practice in Sexual Disorders & Infertility

BUMS – Hamdard University, Delhi
MD
CGO
Certificate in Infertility – MGBIMS, Delhi
Certificate in Urology – London, UK
Masters in Male Infertility – MasterHealthPro (HealthPro)
Integrated Sexual and Reproductive Health – ISRH, UNFPA

At **Saira Health Care**, the clinical focus includes confidential and individualized assessment of sexual-health concerns, erectile and ejaculatory disorders, female sexual difficulties, relationship-related sexual problems and infertility, using an integrative approach that combines responsible Unani principles with appropriate contemporary medical assessment.

Medical Disclaimer

This article is intended for **public health education and general information**. “Enhancing your sex life” is a sexual-wellness topic rather than a single medical diagnosis.

Persistent sexual symptoms may result from vascular, neurological, hormonal, psychological, pelvic-floor, medication-related or relationship factors and should be assessed individually.

Unani medicines, herbal supplements and nutraceuticals should be used under appropriately qualified supervision. Current evidence for individual herbal products varies substantially, and preliminary studies should not be interpreted as proof of universal efficacy.

Patients who are pregnant or breastfeeding, who have cardiovascular, kidney, liver, endocrine or bleeding disorders, or who take prescription medicines should seek professional advice before using herbal supplements.