Dhat Syndrome (Dhat Rog / Dhatu Rog): Causes, Symptoms, Semen-Loss Anxiety, Diagnosis and Integrative Treatment

A Clinical and Unani Perspective on Nightfall, Semen Loss, Weakness, Sexual Anxiety and Reproductive Health

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Introduction

When a patient comes to me and says, **"Doctor, I am losing Dhat, my body is becoming weak, I have nightfall, my semen is coming out in urine, and I am worried that my sexual strength or fertility is being damaged,"** I do not dismiss his concern.

The distress is real, even when the explanation a patient has been given about semen loss may not be medically correct.

This distinction is extremely important.

Dhat syndrome, commonly called **Dhat Rog or Dhatu Rog**, describes a pattern in which a person becomes significantly worried or distressed about the perceived loss of semen. The person may associate semen loss with weakness, tiredness, reduced concentration, anxiety, loss of confidence, erectile difficulty, premature ejaculation, infertility or deterioration of general health.

Dhat syndrome has historically been recognized particularly in South Asian societies, although concerns about the supposedly debilitating effects of semen loss have appeared in different cultures. Modern reviews continue to describe it as a culturally influenced condition involving semen-loss anxiety, somatic complaints and frequently associated sexual or psychological problems.

I want patients to understand one point from the beginning:

A normal ejaculation, masturbation or occasional nocturnal emission does not mean that your body has permanently lost its strength, masculinity or fertility.

At the same time, a discharge, persistent fatigue, sexual dysfunction or urinary symptom should not automatically be labelled as “just anxiety.” Some patients genuinely have an infection, erectile dysfunction, premature ejaculation, prostatitis, hormonal disease, diabetes, a fertility problem or another condition that deserves separate investigation.

The purpose of good treatment is therefore neither to frighten the patient nor to tell him that “everything is in his mind.” It is to determine **what is normal, what is causing distress and whether another medical condition is present**.

What Is Dhat Syndrome?

Dhat syndrome is primarily characterized by **distress associated with the belief that semen is being lost and that this loss is damaging the body**.

A patient may report semen or a semen-like substance:

- during sleep as nightfall or a wet dream,
- after masturbation,
- during or after urination,
- while passing stool,
- following sexual thoughts or arousal,
- or after intercourse.

The important clinical feature is not simply that ejaculation or discharge occurs. The important feature is the **meaning attached to it**.

For example, a man may have one normal nocturnal emission but begin to believe that:

“Every drop of semen contains my body's energy. If it keeps coming out, I will become permanently weak, impotent or infertile.”

This fear can lead to repeated body checking, examining the urine, checking underwear, avoiding exercise, reducing food, repeatedly searching the internet, seeking multiple medicines and constantly monitoring erection or ejaculation.

Over time, the fear itself can become more disabling than the original bodily event.

The patient's supplied clinical material appropriately emphasizes that Dhat syndrome should not be diagnosed simply because somebody has a wet dream or penile discharge. The physical symptom and the patient's interpretation of that symptom both need to be understood.

Dhat Syndrome in Modern Medical Classification

Historically, WHO's ICD-10 listed Dhat syndrome under **F48.8, Other Specified Neurotic Disorders**, describing it in relation to undue concern regarding the debilitating effects of semen passage.

The way culture-related syndromes are classified has evolved. Recent literature discussing ICD-11 places Dhat-related presentations within the broader framework of **cultural syndromes**, reflecting the recognition that the patient's cultural beliefs and interpretation of bodily sensations may be central to the illness experience.

This does **not** mean that a person is imagining the symptoms.

A man can genuinely experience fatigue, anxiety, insomnia, poor concentration, erection difficulties or low mood. The clinical task is to determine why these symptoms are occurring rather than assuming that ejaculated semen itself has drained the body's strength.

How Common Are Weakness and Psychological Symptoms?

One of the largest Indian multicentre studies assessed **780 male patients across 15 centres**.

Among this treatment-seeking group:

- bodily weakness was reported by **78.2%**,
- tiredness or low energy by **75.9%**,
- feeling down, depressed or hopeless by **67.9%**,
- and reduced interest or pleasure by **63.7%**.

These figures are important but need to be interpreted correctly. They describe men who had already sought treatment for Dhat syndrome; they do not mean that the same percentages apply to every man in India or every person who experiences nightfall.

The study demonstrates something clinically important: **Dhat syndrome frequently affects much more than sexual activity.**

Patients may complain of poor concentration, disturbed sleep, anxiety, loss of confidence, avoidance of relationships and reduced productivity at work or study.

Dhat Syndrome, Depression and Sexual Dysfunction

Dhat syndrome can exist alone, but associated conditions are common.

In another report from the same nationwide 780-patient programme, approximately **51.3% had an accompanying sexual dysfunction**, while depressive disorders were identified in approximately **20.5%**. About one-third had none of the comorbid disorders assessed.

This has an important message for patients.

If a man says:

“I have Dhat,”

I still need to ask:

Is he experiencing erectile dysfunction?

Does he ejaculate earlier than desired?

Is his sexual desire reduced?

Does he have depression?

Is severe anxiety present?

Is there relationship stress?

Does he have urinary burning or discharge?

Is infertility actually present?

The word **“Dhat” cannot replace a proper diagnosis**.

Understanding Semen: What Is Actually Being Lost?

A great deal of fear surrounding Dhat Rog comes from misunderstanding semen.

Semen is the fluid released through the penis during ejaculation.

It contains sperm cells along with secretions produced by different parts of the male reproductive system, including the seminal vesicles and prostate.

The human body continuously maintains and regulates reproductive processes. Ejaculation is not equivalent to losing a fixed, irreplaceable reserve of life energy.

A traditional belief sometimes repeated to young men is that extraordinary amounts of blood, marrow or food must be converted into a single drop of semen and therefore each ejaculation produces major physical depletion.

That is **not an established description of modern human physiology**.

Understanding normal reproductive anatomy and semen formation is consequently an important part of Dhat treatment. Indian clinical guidelines also emphasize sex education

and clarification of misconceptions concerning semen formation, masturbation and nocturnal emissions.

Nightfall: Is It a Disease?

Nocturnal Emission or Wet Dream

Nightfall—medically called a **nocturnal emission**—means involuntary ejaculation occurring during sleep.

It can begin during puberty and may also occur in adult men.

By itself, it is a **normal physiological event**, not proof of weakness, infertility or disease.

An important 2026 systematic scoping review examined **157 sources** concerning nocturnal emissions. It confirmed that wet dreams are a normal aspect of male sexual development while also highlighting major gaps and inconsistencies in research regarding their frequency.

This means that patients should be cautious when somebody says:

“Two nightfalls per month are normal, but three are a disease,”

or

“Nightfall occurring once every week means sexual weakness.”

Science does not support one universal numerical cut-off that divides every healthy person from every unhealthy person.

What matters more is whether episodes are associated with other symptoms or significant distress.

Does Nightfall Reduce Fertility?

Normal nocturnal emissions do not mean that a man's sperm-producing ability is being permanently depleted.

Sperm are continuously produced after sexual maturation.

When fertility genuinely needs assessment, it is evaluated using appropriate clinical history and laboratory investigation—not by counting wet dreams.

WHO's current laboratory manual provides standardized procedures for examining semen, including characteristics relevant to fertility evaluation. It also emphasizes that semen analysis provides useful clinical information but is not, by itself, a guarantee that an individual is fertile or infertile.

Therefore:

Nightfall ≠ infertility.

Masturbation history ≠ infertility.

A thin-looking semen sample ≠ infertility.

A laboratory semen analysis interpreted in the appropriate clinical setting is much more informative.

Does Masturbation Permanently Weaken the Body?

This is another question patients ask me almost every day.

Normal masturbation does **not** automatically cause:

- permanent physical weakness,
- permanent erectile dysfunction,
- permanent infertility,
- permanent testosterone deficiency,
- permanent loss of sperm production,
- or shrinking of the male reproductive organs.

The interval between ejaculations can change some characteristics of an individual semen sample, which is one reason laboratories provide abstinence instructions before semen analysis. But that is different from saying that masturbation permanently destroys fertility.

The more relevant clinical questions are whether masturbation has become compulsive, whether it is causing injury, whether pornography is creating unrealistic sexual expectations, whether guilt is causing significant distress, or whether sexual behaviour is interfering with work, study, relationships or daily life.

Why Does a Patient Feel Weak After Semen Loss If Semen Is Not Draining His Strength?

This is an excellent question.

Symptoms can be completely genuine without the patient's explanation for them being correct.

Consider this cycle:

A man experiences a wet dream.

He has been told since adolescence that semen loss causes severe weakness.

He wakes frightened.

He begins checking his body and urine.

He thinks about sexual weakness throughout the day.

He sleeps poorly the following night.

Because of anxiety and inadequate sleep, he becomes tired.

He then concludes:

“I am tired because semen was lost.”

The tiredness reinforces his fear.

The fear increases checking and stress.

Another normal bodily event then produces even greater anxiety.

This is how **semen-loss anxiety can become self-reinforcing**. The patient's source material describes this cycle clearly and emphasizes reducing excessive checking and repeated reassurance-seeking when health anxiety is contributing to the problem.

Sexual Performance Anxiety and Dhat Rog

Some patients become so worried about semen loss that they begin monitoring every sexual response.

During intimacy they may think:

“Will I get an erection?”

“Will my erection remain hard?”

“Will I ejaculate too early?”

“Have I become sexually weak?”

“Will my wife discover there is something wrong with me?”

This excessive monitoring interferes with natural arousal.

Anxiety may then contribute to erectile difficulty or premature ejaculation.

The patient interprets the sexual problem as additional proof of damage caused by semen loss.

This becomes another vicious cycle.

Such patients often need **sexual education, confidence rebuilding, anxiety treatment and management of any genuine sexual dysfunction simultaneously**.

Is Every White Discharge "Dhat" or Semen?

No.

This is one of the most important distinctions I explain in consultation.

Whitish material can have different causes.

Cloudy urine does not allow a person to diagnose semen simply by looking at it.

The supplied clinical material appropriately distinguishes several possibilities.

Common possibilities include:

What you notice	Possible explanation	What to do
Ejaculation during sleep without other symptoms	Normal nocturnal emission	Usually reassurance/education
Penile discharge with burning or irritation	Urethritis or infection	Medical examination and appropriate testing
Little or no semen at orgasm followed by cloudy urine	Retrograde ejaculation may be considered	Clinical assessment
Pelvic/genital discomfort with urinary problems	Prostatitis/chronic pelvic condition or another cause	Medical assessment
Persistent cloudy urine	Multiple urinary causes	Investigate rather than guessing
Visible blood in urine or semen	Several possible causes	Medical evaluation required

A patient should therefore avoid diagnosing every cloudy urine episode as "semen leakage."

Urethritis and Sexually Transmitted Infection

A particularly important mistake is calling an infectious discharge "Dhat."

Urethritis means inflammation of the urethra, the tube carrying urine through the penis.

Symptoms may include:

- burning during urination,
- urethral irritation,
- penile discharge,
- genital discomfort.

Sexually transmitted infections such as gonorrhoea and chlamydia are important causes, and *Mycoplasma genitalium* can also be involved.

When infection is suspected, appropriate STI testing may be necessary. A routine urine culture does not automatically exclude all sexually transmitted infections.

Repeatedly taking antibiotics or unidentified herbal powders without determining the cause can delay proper treatment.

Prostatitis and Chronic Pelvic Pain

Another patient may report:

“Doctor, some fluid comes out and I have discomfort between my testicles and anus.”

That deserves a different assessment.

Prostatitis and chronic pelvic pain syndromes can involve:

- pelvic discomfort,
- genital discomfort,
- painful ejaculation,
- urinary frequency,
- urgency,
- burning,
- difficulty urinating.

Some forms are bacterial, while chronic pelvic pain may occur without demonstrated bacterial infection.

Therefore, the word “prostate” should not automatically lead to antibiotics, just as the word “Dhat” should not automatically lead to a sexual tonic.

Retrograde Ejaculation

Retrograde ejaculation is entirely different from ordinary nightfall or Dhat syndrome.

Normally, semen exits through the penis during orgasm.

In retrograde ejaculation, some or most semen instead enters the bladder.

A patient may notice:

- very little or no outward semen during orgasm,
- followed by cloudy urine.

Certain operations, diseases or medicines can contribute.

Retrograde ejaculation is usually not physically harmful, but it may affect fertility and therefore deserves appropriate evaluation when conception is desired.

Do not stop a prescribed medicine independently because you suspect it is affecting ejaculation. Discuss it with the prescribing clinician.

Persistent Weakness Should Not Automatically Be Blamed on Semen

I frequently meet patients who have spent months or years treating “semen weakness” but have never been evaluated for other causes of fatigue.

Tiredness can be associated with:

- insufficient sleep,
- chronic stress,
- depression,
- anxiety,
- anaemia,
- diabetes,
- thyroid disease,
- nutritional problems,
- chronic infection,
- certain medicines,
- sleep disorders,
- and many other conditions.

A proper consultation asks when the weakness started, whether it is constant, what makes it worse and whether there are other symptoms such as weight change, excessive thirst, breathlessness, snoring, fever or disturbed sleep.

The investigation should follow the patient's history rather than ordering an unnecessary “sexual weakness package” for everyone.

How Dhat Syndrome Is Diagnosed

There is no single blood test, urine test or scan that says:

“Positive for Dhat syndrome.”

Diagnosis is primarily based on a careful clinical history.

I want to understand several areas.

1. What exactly is happening?

Is there nightfall?

Is there visible discharge?

Does the fluid come during urination?

Is ejaculation occurring normally?

2. What does the patient believe it means?

Does he believe semen is draining his blood?

Does he believe he will become infertile?

Does he fear impotence or permanent weakness?

3. Are physical symptoms present?

Burning?

Pain?

Fever?

Blood?

Difficulty urinating?

Testicular swelling?

4. Is sexual dysfunction present?

Erectile dysfunction?

Premature ejaculation?

Delayed ejaculation?

Low desire?

Pain?

5. Is psychological distress present?

Anxiety?

Depression?

Guilt?

Repeated body checking?

Poor sleep?

Fear about marriage?

6. Is fertility genuinely a concern?

Has the couple been trying to conceive?

Is semen analysis indicated?

Indian psychiatric clinical guidance recommends evaluating associated sexual dysfunction, psychiatric conditions, possible urinary infection and sexually transmitted infection according to the patient's presentation.

Tests: What May Actually Be Needed?

Not every Dhat patient needs every possible test.

Investigations should be selected according to symptoms.

Depending on the case, they may include urine testing, infection/STI testing, blood sugar, thyroid or other laboratory investigations, genital or urological assessment, or semen analysis where a legitimate fertility question exists.

WHO's semen manual emphasizes standardized laboratory methodology because visual appearance alone cannot determine sperm concentration, motility or morphology.

I therefore tell patients:

Do not judge fertility by semen colour, thickness, quantity seen with the naked eye or what happens after one wet dream.

Evidence-Based Treatment of Dhat Syndrome

Treatment should address the patient's actual problem rather than simply trying to “replace lost semen.”

Sexual Education and Correcting Myths

For many patients this is one of the most important interventions.

Indian Psychiatric Society clinical guidance places strong emphasis on:

- explaining sexual anatomy and physiology,
- explaining semen formation,
- correcting misconceptions regarding masturbation,
- explaining normal nocturnal emissions,
- identifying associated sexual problems,
- and addressing psychiatric conditions where appropriate.

Good education is not simply saying:

“Nothing is wrong.”

The patient deserves to understand **why** normal ejaculation does not produce the feared consequences.

Cognitive Behavioural Therapy

Cognitive behavioural therapy, or CBT, can be useful when incorrect interpretations and anxiety maintain symptoms.

A small NIMHANS feasibility study developed a structured CBT programme for Dhat syndrome. The programme included sex education, cognitive restructuring, relaxation and other techniques adapted to associated sexual concerns. The study involved only five patients, so it cannot establish a universal success rate, but it demonstrated that a structured psychological approach is feasible.

The principle is valuable.

Instead of repeatedly telling yourself:

“One more nightfall will destroy my health,”

the patient learns to examine the belief, understand normal physiology and change behaviours—such as constant checking—that reinforce the anxiety.

Treat Depression and Anxiety When They Are Present

Not everybody with Dhat syndrome has psychiatric illness.

But where significant depression or anxiety is identified, it deserves proper treatment.

Management may include counselling, psychotherapy and, when clinically appropriate, medication.

Importantly, medicine should not be prescribed simply because someone experiences a normal nocturnal emission. Psychiatric treatment should target a diagnosed or clinically meaningful condition.

Treat Associated Erectile Dysfunction or Premature Ejaculation

Some men with Dhat syndrome also have genuine sexual dysfunction.

Research involving 780 patients found sexual dysfunction in approximately half of the studied group.

Treatment therefore needs to separate:

fear about semen loss

from

actual erectile or ejaculatory dysfunction.

Sometimes sexual dysfunction improves when anxiety and myths are addressed.

Sometimes it requires its own treatment.

Both possibilities should be considered.

What Does Recent Research Tell Us?

Research on Dhat syndrome remains considerably weaker than research on many other medical and psychiatric conditions.

A systematic review covering six decades identified 89 articles but concluded that much of the literature was cross-sectional and of limited quality, with relatively little high-quality research concerning treatment and long-term outcomes.

This is important because it means we should avoid exaggerated statements such as:

“This method permanently cures Dhat syndrome in 7 days.”

The evidence does not justify such promises.

A follow-up study involving 64 patients reported that at six months 21.9% were categorized as recovered, 32.8% as improved and 45.3% as unchanged. Treatment dropout was also common. Those figures belong to one particular clinical service and should not be interpreted as universal cure rates.

A small experimental pilot involving 32 men also explored whether demonstrating that suppressing ejaculation produced no physical-fitness advantage could change beliefs about semen loss. The study was small and should not be used to recommend routinely suppressing ejaculation with medication, but it reinforces the importance of **beliefs, education and counselling** in Dhat syndrome.

Recent publications continue to describe Dhat syndrome as a clinically relevant culturally influenced presentation, while emphasizing the need for better-quality research.

The Unani Understanding of Health and Dhat-Related Complaints

As a physician trained in the Unani system and working particularly with sexual and reproductive-health complaints, I believe Unani medicine has an important role when it is practised responsibly and integrated with appropriate medical assessment.

Unani medicine traditionally evaluates the patient as a whole.

Rather than concentrating only on one symptom, it considers constitution or **Mizaj**, lifestyle, diet, activity, rest, sleep, psychological state and other factors influencing health.

One important Unani framework is **Asbab-e-Sitta Zarooriya—the Six Essential Factors for Health**.

Official AYUSH information describes these as:

1. **Hawa** – environmental air
2. **Makool wa Mashroob** – food and drink
3. **Harkat wa Sukoon Badani** – physical movement and rest
4. **Harkat wa Sukoon Nafsani** – psychological activity and repose
5. **Naum wa Yaqza** – sleep and wakefulness
6. **Ihtebas wa Istifragh** – retention and evacuation.

These concepts can provide a useful framework for managing patients whose fear about Dhat has disrupted their entire routine.

How Unani Medicine Can Contribute Responsibly

The greatest value of Unani management should not be reduced to giving a strong “semen tonic.”

In my clinical approach, its potential contribution is broader.

Diet and General Health

If a patient is eating irregularly because he feels weak, we should restore a balanced diet rather than repeatedly telling him to consume excessive quantities of supposedly “hot” or strengthening foods.

Nutrition should support general metabolic, digestive and reproductive health.

Sleep

Many Dhat patients sleep badly because they are afraid another wet dream will occur.

Poor sleep then produces genuine tiredness.

Restoring healthy sleep can therefore be clinically more meaningful than trying to prevent every nocturnal emission.

Physical Activity

Some patients stop exercise because they believe semen loss has made their bodies fragile.

Unless another medical condition limits exercise, appropriate physical activity can help general fitness, sleep, mood and confidence.

Mental and Emotional Balance

The Unani concept of balancing psychic movement and repose fits naturally with modern recognition that persistent worry, stress and anxiety affect health.

Relaxation, counselling and restoration of normal daily activities can therefore be integrated into care.

Individualized Pharmacotherapy

Traditional Unani pharmacotherapy may be considered by a qualified practitioner where appropriate to the patient's overall presentation.

However, **traditional use should not be confused with proof from randomized clinical trials**.

The available evidence does not establish a particular Unani formulation as a universally proven cure for Dhat syndrome. The patient's own source material appropriately makes this distinction.

I consider that distinction important for ethical Unani practice.

Why I Do Not Recommend the Same "Dhat Medicine" to Every Patient

Two patients may both tell me:

"Doctor, mujhe Dhat ki problem hai."

Yet their conditions may be entirely different.

Patient A

He experiences an occasional normal wet dream but believes he is becoming weak and constantly checks his urine.

His treatment may focus heavily on education, reassurance, lifestyle correction and anxiety management.

Patient B

He has burning urination and purulent penile discharge.

He needs infection assessment and appropriate treatment.

Patient C

He experiences normal ejaculation but cannot maintain an erection with his partner.

He needs an erectile-dysfunction assessment.

Patient D

He and his wife have been trying to conceive without success.

He may need proper fertility assessment, including appropriately performed semen analysis.

Calling all four cases simply **"Dhat Rog" and prescribing the same medicine would be poor clinical practice**.

Specialized Approach of Dr. Nizamuddin Qasmi at Saira Health Care

At **Saira Health Care**, my approach to Dhat syndrome and semen-loss anxiety is based on understanding the individual patient rather than treating the word "Dhat."

My clinical focus includes sexual disorders and infertility, and my professional training includes BUMS from Hamdard University, Delhi; MD; CGO; Certificate in Infertility from MGBIMS, Delhi; Certificate in Urology – London, UK; Masters in Male Infertility through MasterHealthPro (HealthPro); and Integrated Sexual and Reproductive Health training (ISRH, UNFPA), as listed in the clinic material supplied for this article.

For a patient presenting with Dhat-related concerns, I consider a structured approach:

First, understand what the patient actually means by "Dhat."
Is it nightfall, urinary discharge, premature ejaculation, masturbation anxiety, erectile dysfunction or infertility?

Second, exclude important physical disease when symptoms indicate it.

Third, explain normal semen physiology and correct misconceptions without ridiculing the patient's beliefs.

Fourth, evaluate associated sexual problems and psychological distress.

Fifth, consider individualized Unani lifestyle and therapeutic support where suitable.

Sixth, arrange appropriate laboratory investigation, contemporary medical management or referral when another condition requires it.

The goal is not merely to suppress a discharge. It is to restore the patient's understanding, confidence, health and normal daily life.

This patient-centred distinction—avoiding the same medicine for every person who uses the term Dhat—is also emphasized in the clinical material prepared for Saira Health Care.

What Should Recovery Look Like?

I advise patients not to define recovery as:

"I must never have another wet dream for the rest of my life."

That is not a medically realistic goal.

A better definition of improvement may include:

- sleeping without fear,
- returning to normal work and exercise,
- reducing urine and underwear checking,
- understanding that normal ejaculation does not destroy health,
- improved sexual confidence,
- improvement in genuine ED or premature ejaculation where present,
- improvement in anxiety or depression,
- and being able to discuss sexual health without panic.

The source material similarly recommends measuring progress through improvements in normal life rather than counting every stain or nocturnal emission.

Dhat-Like Concerns in Women

Although Dhat syndrome is most commonly discussed in men, similar culturally shaped concerns have been reported in women who attribute tiredness, weakness or distress to vaginal discharge.

A 2025 scoping review examined the published literature on so-called female Dhat syndrome and concluded that the evidence remains limited and heterogeneous.

It is especially important not to assume that every vaginal discharge is psychological.

Clear or white vaginal discharge may be physiological, while discharge associated with abnormal odour, itching, pain, bleeding or marked change in appearance may require gynaecological evaluation.

When You Should Seek Prompt Medical Attention

Although most semen-loss concerns are not emergencies, some symptoms should **not** be managed simply as Dhat Rog.

Seek prompt medical evaluation for:

- persistent penile discharge with burning or pain,
- visible blood in urine,
- fever with severe urinary symptoms,
- inability to pass urine,
- painful ejaculation that persists,
- significant testicular swelling,
- a new testicular lump,
- or persistent unexplained urinary symptoms.

Sudden severe testicular pain is an emergency, because testicular torsion can interrupt blood supply to the testicle and requires urgent assessment.

Severe psychological distress also deserves urgent attention. If anxiety or depression becomes so severe that a person develops thoughts of self-harm, emergency mental-health support should be sought immediately.

A 2024 Indian report illustrates that, although uncommon, severe psychiatric distress can accompany Dhat syndrome, reinforcing the importance of taking the patient's mental state seriously.

Frequently Asked Questions About Dhat Rog

Is Dhat Rog the same as nightfall?

No.

Nightfall is an involuntary ejaculation during sleep.

Dhat syndrome refers to significant distress or feared consequences attributed to semen loss. Someone can have a normal wet dream without having Dhat syndrome.

Is nightfall harmful?

In most circumstances, occasional nocturnal emission is a normal physiological event.

Modern research does not support the idea that every nocturnal emission removes permanent physical strength.

Does semen loss cause infertility?

Normal ejaculation does not itself prove infertility.

When fertility needs assessment, an appropriately performed semen analysis and evaluation of the couple are more useful than simply counting ejaculations or judging semen appearance.

Does masturbation cause permanent weakness?

Normal masturbation does not automatically cause permanent physical weakness, erectile dysfunction or infertility.

If masturbation is compulsive, causes injury, interferes with normal activities or produces severe guilt and anxiety, those issues deserve attention.

Is every white material in urine semen?

No.

Cloudy urine can have several causes, and penile discharge may have infectious or noninfectious causes.

Persistent symptoms should be examined rather than diagnosed by colour alone.

Can Dhat syndrome cause erectile dysfunction?

Anxiety about semen loss and sexual performance can contribute to erection difficulties, but ED may also have independent physical causes.

A proper evaluation is therefore required.

Can Dhat syndrome cause premature ejaculation?

Premature ejaculation is commonly reported alongside Dhat syndrome, but the relationship varies between patients.

Both conditions should be assessed rather than assuming that one always causes the other.

Can Unani medicine help Dhat Rog?

Unani medicine can be useful as part of an **individualized and responsible integrative approach**, particularly through attention to diet, sleep, physical activity, psychological balance, general health and carefully selected therapy.

However, current evidence does not justify claiming that one Unani medicine is a scientifically proven permanent cure for every case of Dhat syndrome.

Where infection, endocrine illness, significant psychiatric disease, infertility or another medical condition is present, that condition requires its appropriate treatment.

Do I need a semen test simply because I masturbated or had nightfall?

Usually not.

A semen analysis should answer a clinical question, such as evaluation of fertility or another appropriate reproductive indication. Fear following a wet dream or masturbation is not itself evidence of infertility.

Can counselling really help a physical feeling of weakness?

Yes, when anxiety and incorrect beliefs are maintaining the symptoms.

Counselling does not imply that the patient's symptoms are fake.

It helps explain normal physiology, change harmful interpretations and reduce behaviours that perpetuate anxiety.

Structured CBT has shown feasibility in Dhat syndrome, although larger and better-quality clinical trials are still needed.

A Message From Dr. Nizamuddin Qasmi

If you are frightened because you have nightfall, masturbated in the past, noticed something whitish in your urine or feel that semen loss has made you weak, I want you to understand that **fear should not decide your diagnosis**.

Your concern deserves a proper explanation.

Do not feel ashamed of asking questions about semen, erection, ejaculation or fertility.

At the same time, do not accept frightening claims that every ejaculation destroys your masculinity or that you must continuously consume expensive tonics to replace semen.

My approach is to first understand **what is actually happening in your body**, then identify whether there is a medical, sexual, reproductive or psychological problem requiring treatment.

Sometimes reassurance and sexual education are central.

Sometimes the patient has erectile dysfunction or premature ejaculation.

Sometimes infection must be investigated.

Sometimes anxiety or depression needs treatment.

Sometimes fertility evaluation is appropriate.

And in selected patients, responsible Unani care can be integrated with these measures to support sleep, nutrition, physical health, psychological balance and overall well-being.

Good treatment does not begin with fear. It begins with diagnosis, understanding and an individualized plan.

About Dr. Nizamuddin Qasmi

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For consultation information, patients can use the Saira Health Care website and appointment service described in the clinic's supplied material.

Medical Disclaimer

This article is intended for **patient education and general health information**. It does not replace an individual consultation, physical examination, laboratory investigation, diagnosis or treatment.

Dhat syndrome can coexist with urinary disease, sexually transmitted infection, erectile dysfunction, premature ejaculation, depression, anxiety or infertility. Herbal and Unani medicines should therefore be selected by an appropriately qualified practitioner after considering the patient's medical history, other medicines and individual condition.

No traditional, herbal or modern treatment should be presented as a guaranteed permanent cure for every patient.