Nocturnal Emission (Nightfall / Wet Dreams): A Complete Modern and Unani Understanding

Normal Ehtelam, Excessive Nightfall (Kasrat-e-Ihtilam), Semen-Loss Anxiety, Dhat Syndrome, Causes, Evaluation, Treatment and Responsible Unani Care

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Introduction

One of the common questions young men ask me in sexual-health practice is:

“Doctor, I am having nightfall. Am I becoming weak?”

Some patients are worried because it happened once in a month. Others say it happens several times. Some believe semen is being “wasted.” Some have been told that every drop of semen represents a large amount of blood, strength or nutrition. Others become frightened that nightfall will lead to erectile dysfunction, infertility, premature ejaculation, memory loss, back pain or permanent sexual weakness.

The first thing I tell such a patient is very important:

An occasional nocturnal emission is normally a physiological event—not a disease.

The most up-to-date systematic review available, published in *Sexual Medicine Reviews* in 2026, describes nocturnal emissions—commonly called wet dreams or nightfall—as **involuntary ejaculations occurring during sleep and a normal part of male sexual development**. Across the literature reviewed, the first episode generally occurred between approximately 12.6 and 15.6 years of age, and reported prevalence was high—around 70–90%, particularly among adolescents. Importantly, the review found that reliable data about how often nocturnal emissions “should” occur are scarce and inconsistent.

The detailed source prepared for this article similarly recognizes the distinction between a normal *Ehtelam* and what Unani medicine traditionally calls **Israt-e-Ehtelam or Kasrat-e-Ehtelam**, meaning excessive nocturnal emission.

That distinction is useful, but modern evidence requires an important clarification: **there is no scientifically validated number—such as twice per month, once per week or three times per week—that by itself proves disease.**

The frequency matters much less than the complete clinical picture.

If the event is painless, occurs during sleep, causes no significant health problem and is not accompanied by urinary, genital or psychological symptoms, reassurance is often all that is required.

If there is pain, blood, burning urination, fever, genital discharge, significant pelvic symptoms, persistent sexual dysfunction or severe anxiety about semen loss, then the patient deserves proper evaluation.

At **Saira Health Care**, my approach is therefore to distinguish:

normal physiology from disease,
traditional terminology from modern pathology,
and genuine symptoms from fear created by misinformation.

What Is Nocturnal Emission?

A nocturnal emission is an **involuntary ejaculation during sleep**.

It is also commonly called:

Nightfall
Wet dream
Night discharge
Ehtelam / Ihtilam in Unani terminology
Swapnadosh in common Ayurvedic/South Asian usage

It may occur with an erotic dream, but an erotic dream is **not necessary**.

The 2026 systematic scoping review specifically found that nocturnal emissions may occur **with or without erotic dream content**.

A man may wake after ejaculation.

Another may notice only dried seminal fluid on clothing or bedding.

Another may remember sexual dream imagery.

All of these can occur without representing disease.

The International Society for Sexual Medicine likewise describes wet dreams as normal, especially among adolescents and young adults, and notes that they can also occur in adult men.

Nightfall Is Not the Same as Spermatorrhoea, Premature Ejaculation or Semen Leakage

Patients often use several terms interchangeably.

They should be separated clinically.

A **nocturnal emission** occurs during sleep.

Premature ejaculation means ejaculation during partnered sexual activity earlier than desired, accompanied by poor control and distress.

Spermatorrhoea is a traditional term that has historically been used for involuntary seminal discharge outside normal sexual activity, although terminology varies.

Retrograde ejaculation means semen travels backwards into the bladder rather than normally exiting through the urethra.

Urethral discharge due to an infection is not nightfall at all.

And a clear drop appearing during sexual arousal may simply be pre-ejaculatory fluid.

The treatment depends completely on which of these is actually occurring.

How Is Semen Produced?

A common misconception is that semen simply accumulates inside the body until the body "must throw it out."

Human reproductive physiology is more complex.

Sperm are continuously produced within the seminiferous tubules of the testes.

They mature and are stored primarily within the epididymal system before ejaculation.

During ejaculation, sperm combine with secretions from the **seminal vesicles, prostate and other accessory glands** to form semen.

The seminal vesicles and prostate therefore contribute fluid; they should not be imagined as large storage tanks filled with sperm.

Unused sperm can also be broken down and reabsorbed by the body.

This matters because the modern scientific evidence **does not support the old "overflow tank" theory** that wet dreams occur simply because semen has accumulated beyond storage capacity.

Is Nightfall a Natural "Release Valve"?

This is one of the most important updates from recent research.

For many years, wet dreams were described as a compensatory mechanism in men who were not masturbating or having intercourse.

The comprehensive 2026 systematic review found that the evidence **did not support this historical compensatory-release theory**. Nocturnal emissions do occur physiologically, but they cannot reliably be explained simply as the body getting rid of "excess semen" because a man has not ejaculated for several days.

Therefore I would not tell a patient:

"You must masturbate so the nightfall stops."

Nor would I tell him:

"You must avoid ejaculation so that your semen becomes strong."

Neither represents a universal medical prescription.

Why Do Nocturnal Emissions Occur?

The exact mechanism is still incompletely understood.

This is another important conclusion of the 2026 review. Despite how common nocturnal emissions are, high-quality physiological studies remain surprisingly limited.

Several systems are likely involved.

Sexual maturation activates reproductive and neuroendocrine pathways during puberty.

Sleep involves normal changes in autonomic nervous-system activity.

Men regularly experience spontaneous erections during sleep, although the exact relationship between nocturnal erections, sleep stages and nocturnal ejaculation remains incompletely established.

The ejaculatory reflex itself depends on coordinated nervous-system pathways involving sympathetic, parasympathetic and somatic components.

But it is scientifically too simplistic to claim that every wet dream occurs because the bladder is full, the testes are "overloaded," bedding creates friction or one particular neurotransmitter changes during REM sleep.

Are Wet Dreams Always Associated With REM Sleep?

Nocturnal erections frequently occur during sleep and have historically been strongly associated with REM sleep.

However, current evidence does **not** justify saying that every nocturnal emission is simply an REM phenomenon.

The latest systematic review found the relationship among nocturnal emissions, sleep-related erections and sleep orgasms to remain insufficiently understood.

This is a useful example of why textbook-quality medical writing should distinguish between plausible mechanisms and established evidence.

At What Age Does Nightfall Usually Begin?

The first nocturnal emission commonly occurs during puberty or adolescence.

The 2026 systematic review found that the first episode typically appeared between approximately **12.6 and 15.6 years**, most often around ages 13–14, with some cross-cultural variation.

For many boys, this may be one of their earliest experiences of ejaculation.

It should therefore be explained calmly.

A young boy who wakes to find semen on his clothing should not be frightened into believing that he has developed sexual weakness.

Good sexual-health education at this stage can prevent years of unnecessary anxiety.

Can Adults Still Have Nightfall?

Yes.

Nocturnal emissions become less prominent for many men as they grow older, but adults can still experience them.

Their occurrence in adulthood does **not**, by itself, mean that the prostate is diseased, sperm are weak, testosterone is abnormal or sexual function is deteriorating.

The clinical context determines whether investigation is needed.

How Often Is Nightfall Normal?

There is **no universally accepted normal number**.

This requires emphasis because patients are repeatedly given arbitrary rules.

Some are told:

“Once a month is normal.”

Others:

“Twice a month.”

Others:

“Once a week.”

Modern evidence does not support such precise cut-offs.

The 2026 systematic review concluded that data on frequency are **scarce and inconsistent**.

Therefore, frequency should not be interpreted in isolation.

One man may occasionally experience several emissions relatively close together and then none for a long period.

Another may experience them rarely.

Both patterns can potentially occur in otherwise healthy individuals.

The Traditional Unani Definition of Kasrat-e-Ihtilam

Classical and standardized Unani literature uses a more specific traditional framework.

CCRUM's *Standard Unani Treatment Guidelines for Common Diseases* describes **Kasrat-i Ihtilam** as excessive nocturnal emission and traditionally defines the condition as abrupt seminal discharge during sleep more than twice monthly, with or without erotic dreams. The guideline discusses traditional causes such as excessive seminal production, altered consistency and weakness of retaining function.

This is valuable for understanding the Unani clinical tradition.

However, I would not use “more than twice per month” as a modern biomedical disease threshold.

A patient should not be diagnosed as sick simply because he experienced three wet dreams in one month.

The Unani definition should remain identified as a **traditional clinical classification**, while modern evaluation should consider symptoms, distress and possible pathology.

Normal Ehtelam Versus Kasrat-e-Ihtilam

A practical integrative distinction is:

Feature	Physiological nocturnal emission	Possible troublesome/excessive presentation
Occurs during sleep	Yes	Yes
Erotic dream required	No	No
Pain	Usually absent	Pain requires evaluation
Burning urination	Absent	May suggest urinary/urethral disease
Blood in semen	Absent	Requires clinical assessment
Fever or pelvic pain	Absent	May indicate infection/inflammation
Major daytime dysfunction	Usually absent	Persistent distress deserves assessment
Sexual-function problem	Not caused automatically	ED/PE should be assessed separately
Anxiety about semen loss	May be minimal	Can become severe/Dhat-related
Treatment	Usually reassurance	Treat identified condition; supportive Unani care where suitable

The central point is:

the diagnosis should not be made from frequency alone.

Does Nightfall Make the Body Weak?

Normal nocturnal emission does **not** cause the body to lose its fundamental strength.

A man does not lose a dangerous quantity of blood, protein, vitamins or “life force” simply because ejaculation occurred during sleep.

The body continues producing sperm throughout adult reproductive life.

Semen contains sperm and secretions from accessory glands, but one ejaculation does not drain the body of a medically significant amount of nutritional reserve.

Some men do feel temporarily tired after ejaculation or after disturbed sleep.

That experience is real.

But persistent severe weakness should not automatically be attributed to semen loss.

If a man has continuing fatigue, the clinician should consider sleep deprivation, anxiety, anaemia, thyroid disease, depression, poor nutrition, diabetes or other causes rather than assuming semen depletion.

Does One Drop of Semen Equal Many Drops of Blood?

No.

This is a widespread cultural belief, but it is not modern human physiology.

Sperm are produced from specialized germ cells in the testes through spermatogenesis.

Semen is formed from sperm plus glandular secretions.

It is not manufactured by converting dozens of drops of blood into every drop of semen.

Believing otherwise can produce severe fear around normal ejaculation.

This belief is particularly relevant when evaluating **Dhat syndrome or semen-loss anxiety**.

Does Nightfall Reduce Testosterone?

Normal nocturnal emissions do not produce a clinically significant long-term loss of testosterone.

Testosterone is a hormone continuously regulated through the hypothalamic-pituitary-testicular system.

It is not stored in semen in a way that causes hormonal depletion when ejaculation occurs.

If a patient has genuine symptoms of testosterone deficiency—such as persistently low libido together with other compatible findings—then hormonal evaluation should be based on medical indications rather than the frequency of wet dreams.

Does Nightfall Reduce Sperm Count?

Occasional nocturnal ejaculation does not cause male infertility.

The testes continue producing sperm.

A recent ejaculation can temporarily influence the characteristics of the next semen sample, which is why laboratories provide specific abstinence instructions before semen analysis.

But this is a **testing issue**, not infertility caused by nightfall.

A man should not preserve semen for weeks because he fears that ejaculation will permanently reduce sperm production.

Does Nightfall Cause Infertility?

No evidence shows that normal nocturnal emissions cause infertility.

Male infertility may result from conditions such as severe sperm-production abnormalities, obstruction, hormonal disease, genetic abnormalities, varicocele and other established causes.

Nocturnal emission itself is not recognized as one of those causes.

In fact, the latest systematic review notes that nocturnal emissions can occur even in certain men with psychogenic anejaculation and may occasionally provide sperm that can be used in assisted reproduction.

This directly contradicts the belief that every nocturnal emission represents reproductive damage.

Does Nightfall Cause Erectile Dysfunction?

No.

Normal wet dreams do not cause erectile dysfunction.

However, a man who believes semen loss is making him weak may become extremely anxious about his sexual ability.

He may then monitor his erections excessively.

That anxiety can contribute to performance-related ED.

So the pathway may sometimes be:

normal nocturnal emission → catastrophic belief about semen loss → anxiety → performance anxiety → erectile difficulty.

The biological event did not damage the penis.

The fear surrounding the event contributed to sexual dysfunction.

This distinction is essential.

Does Nightfall Cause Premature Ejaculation?

Normal nightfall does not automatically cause premature ejaculation.

Premature ejaculation is a separate sexual disorder.

However, anxiety about sexual weakness can increase sexual self-monitoring and sometimes worsen ejaculation-control concerns.

If PE is genuinely present, it should be evaluated and treated according to PE criteria rather than blamed on wet dreams.

Does Nightfall Cause Back Pain?

There is no good evidence that ordinary nocturnal emissions directly damage the spine or cause chronic lower-back pain.

Back pain is extremely common and has many musculoskeletal causes.

A patient who repeatedly interprets every ache as “semen-loss weakness” can become trapped in a cycle of health anxiety.

Persistent back pain deserves assessment on its own merits.

Does Nightfall Cause Memory Loss?

No evidence shows that normal nocturnal emissions cause memory loss.

Concentration difficulty can certainly occur in a patient who is sleeping poorly or obsessively worried about semen loss.

Anxiety and depression themselves can impair concentration.

This is different from semen loss biologically damaging the brain.

Does Nightfall Cause Hair Loss or Weight Loss?

There is no established physiological pathway by which normal nocturnal emissions cause hair loss, muscle wasting or clinically important weight loss.

A man experiencing these problems should be evaluated for the actual cause rather than assuming that nightfall is responsible.

Does Nightfall Mean the Kidneys Are Weak?

No.

Kidneys regulate fluid balance, electrolytes, blood pressure and waste removal.

They do not store semen.

Classical Unani literature may discuss *Taqwiyat-i Gurda*—strengthening the kidney—within traditional management of *Kasrat-i Ihtilam*.

This is part of the traditional physiological framework.

It should not be interpreted to mean that modern kidney disease is the usual cause of wet dreams.

When Should Nightfall Be Medically Evaluated?

Most uncomplicated nocturnal emissions require no investigation.

However, I advise assessment when nightfall is accompanied by other symptoms.

Important warning signs include **pain during or after ejaculation, blood in the semen, burning urination, urethral discharge, fever, persistent pelvic or testicular pain, significant urinary symptoms, repeated painful ejaculation or another new genitourinary problem**.

The current EAU guideline on ejaculatory disorders recognizes that painful ejaculation may be associated with conditions such as prostatitis, urethritis, sexually transmitted infections and other genitourinary disorders. Blood in semen—haemospermia—also has its own differential diagnosis and deserves assessment according to age, persistence and associated symptoms.

In these circumstances, the problem is not “nightfall weakness.”

The underlying condition needs to be identified.

Blood in Semen Is Not Normal Nightfall

If a man wakes after ejaculation and notices obvious blood in semen, this is called **haemospermia or hematospermia**.

In younger men a single episode is often benign, but repeated or persistent hematospermia warrants evaluation, particularly in older men or when accompanied by urinary symptoms.

EAU guidance lists inflammatory conditions, infections, obstruction, vascular abnormalities, trauma and other less common causes.

A patient should not attempt to treat blood in semen with a general nightfall tonic.

Painful Nightfall Needs a Different Evaluation

Pain associated with nocturnal ejaculation is also not simply excessive Ehtelam.

Painful ejaculation can arise from prostate inflammation, urethral disorders, pelvic-floor problems and other causes.

Current sexual-medicine guidance recommends treatment directed toward the identified underlying cause.

The key clinical principle is:

Treat the diagnosis—not merely the symptom label.

What About Urinary Discharge?

Not every whitish material seen during urination is semen.

Mucus, urinary sediment, genital secretions, infection or residual semen after a recent ejaculation can appear in urine.

ISSM notes that residual semen may occasionally leak during urination after a recent ejaculation and is usually not concerning. Retrograde ejaculation is a different condition in which semen enters the bladder during ejaculation.

Repeated unexplained discharge should therefore be medically identified rather than automatically labelled “Dhat.”

Dhat Syndrome: When Fear of Semen Loss Becomes the Main Illness

In India and other parts of South Asia, a particularly important condition is **Dhat syndrome**, or semen-loss anxiety.

The supplied source appropriately highlights that many patients presenting for nightfall treatment are distressed less by the ejaculation itself than by what they believe that ejaculation means.

Dhat syndrome is characterized by significant anxiety and physical or psychological complaints attributed to perceived semen loss.

Patients may blame semen loss for:

weakness,

tiredness,

poor concentration,

dizziness,

body pain,

low confidence,

depression,

erectile dysfunction,

premature ejaculation,

or reduced libido.

Modern reviews recognize Dhat as a culturally influenced syndrome particularly reported in the Indian subcontinent, frequently associated with anxiety, depressive symptoms and sexual concerns.

The distress is real.

But the explanation that physiological semen loss has physically drained the body is usually not.

Dhat Syndrome Should Be Treated With Respect, Not Ridicule

A patient who believes that semen loss has destroyed his health should not be mocked.

Simply saying:

“Nothing is wrong with you—go home”

may fail.

His anxiety, fatigue and sexual symptoms may be very genuine.

A better approach is culturally sensitive explanation.

I first acknowledge his symptoms.

Then I explain how semen is actually produced.

I clarify that normal nocturnal emission does not cause irreversible weakness.

I assess whether anxiety, depression, ED or PE is also present.

If necessary, psychological or psychiatric care is added.

Modern sexual-medicine consensus specifically recommends a culturally sensitive approach to Dhat-related concerns.

Psychological Distress Can Become More Harmful Than the Nightfall Itself

This is something I see repeatedly.

A patient has one normal wet dream.

He searches the internet.

He reads that his “vital fluid” has been lost.

He begins checking his body.

He feels tired after sleeping badly.

He attributes the tiredness to semen loss.

He becomes more anxious.

His sleep worsens.

His sexual confidence decreases.

Then he develops erection anxiety.

The original biological event was harmless.

The cycle of misinformation has become the real clinical problem.

This is why **education is itself treatment**.

Is There a Scientific “Excessive Nightfall Disorder”?

Modern sexual medicine does not currently recognize a standard disease defined simply by exceeding a particular number of nocturnal emissions per month.

The 2026 systematic review specifically found frequency data inadequate and inconsistent.

Therefore, I avoid diagnosing disease solely by counting episodes.

Instead, I ask:

Has there been a marked change from the patient's usual pattern?

Is sleep being repeatedly disturbed?

Is ejaculation painful?

Are there urinary symptoms?

Is there blood?

Is there significant anxiety?

Is another sexual problem present?

Is the patient taking a medicine or substance temporally associated with a new symptom?

The answers matter more than an arbitrary number.

Can Pornography Cause Nightfall?

There is no strong evidence that viewing pornography is a universal medical cause of nocturnal emissions.

Sexual thoughts, dreams and arousal may influence some individuals, and a man may personally notice more sexually themed dreams after consuming highly erotic material.

If pornography is compulsive, interfering with sleep or causing distress, reducing it can certainly be healthy.

But I would not tell every man with wet dreams:

“Pornography damaged your reproductive nerves.”

That claim is not established.

Does Avoiding Sexual Thoughts Stop Nightfall?

No person can completely control dream content.

Trying aggressively not to think about sexuality may sometimes make the subject even more psychologically prominent.

Normal adolescent sexual development should not be treated as a moral failure.

A healthier approach is to maintain good sleep habits and reduce distress around the event rather than trying to achieve complete suppression of normal sexual physiology.

Does Sleeping on the Stomach Cause Nightfall?

There is no high-quality evidence that one sleeping position is a proven cause or cure for nocturnal emission.

Some men may personally notice genital friction or arousal in particular positions.

If changing position makes the patient more comfortable, there is no problem doing so.

But side-sleeping should not be marketed as a medical treatment for nightfall.

Does a Full Bladder Cause Nightfall?

A full bladder can influence pelvic sensations during sleep, but it is not an established universal cause of nocturnal ejaculation.

Emptying the bladder before sleep is a reasonable comfort and sleep-hygiene habit.

It should not be presented as a guaranteed prevention technique.

Does Constipation Cause Nightfall?

Constipation can create abdominal and pelvic discomfort.

Treating constipation is useful for general health.

But current evidence does not establish constipation as a standard cause of nocturnal emission.

If a patient has constipation, we treat the constipation because it deserves treatment—not because clearing the bowel is proven to cure wet dreams.

Do Kegel Exercises Cure Nightfall?

Pelvic-floor exercises have established applications in selected urinary and sexual-health conditions.

However, they are **not an established treatment for ordinary nocturnal emissions**.

The supplied material recommends Kegel exercises as a way to strengthen ejaculatory control.

That may be relevant to some pelvic-floor rehabilitation contexts, but evidence does not justify prescribing a standard Kegel programme to every young man experiencing wet dreams.

In fact, some men already have an overactive or excessively tense pelvic floor, in which indiscriminate strengthening may be unhelpful.

Exercise should match the diagnosis.

Yoga and Nightfall

Yoga, breathing exercises and relaxation may improve general wellbeing, stress and sleep.

Those are legitimate benefits.

But individual yoga postures have not been established as specific treatments that reliably suppress nocturnal ejaculation.

If a patient enjoys yoga, it can be part of a healthy routine.

It should not be advertised as a guaranteed way of “retaining semen.”

Sleep Hygiene

Although sleep hygiene does not cure a disease that is not present, healthy sleep habits are beneficial—particularly when anxiety around nightfall is causing insomnia.

I may advise:

maintaining a regular sleep schedule,

avoiding excessive late-night stimulation when it interferes with sleep,

limiting late-evening caffeine,

reducing alcohol,

and using a comfortable sleep environment.

These measures support sleep and mental wellbeing.

The goal is not to eliminate every dream.

Diet and Nightfall

Another area surrounded by myths is food.

Patients are often told that spicy food creates sexual heat and causes nightfall.

Or that one “cooling” food stops semen production.

Modern medicine has no validated **nightfall diet**.

A healthy diet should support general metabolic, digestive and reproductive health.

Extreme food restrictions are unnecessary.

The Unani tradition does use dietary modification according to *Mizaj* and the presumed cause of *Kasrat-i Ihtilam*, and CCRUM's standard guideline includes dietary control within traditional treatment principles.

I consider this useful when applied **individualistically**, not as a universal prohibition against nutritious foods.

Unani Understanding of Ehtelam

Unani medicine has a particularly developed terminology for nocturnal seminal discharge.

A normal physiological occurrence is described as **Ehtelam or Ihtilam**.

The supplied clinical material explains that traditional Unani thought distinguishes this from excessive or abnormal elimination—**Israt-e-Ehtelam / Kasrat-e-Ehtelam**—within a broader framework involving *Istifragh* and the body's retentive faculty.

This distinction can be valuable clinically.

The modern physician says:

“Occasional wet dreams are physiological.”

The Unani physician can similarly say:

“Not every Ehtelam represents disease; only an abnormal or troublesome pattern requires treatment.”

That common ground is important.

Quwwat-e-Masika: The Traditional Retentive Concept

In classical Unani theory, excessive involuntary discharge may be associated with weakness of **Quwwat-e-Masika**, or the faculty of retention.

Traditional treatment therefore includes measures intended to improve retention or alter the consistency of *Mani*.

CCRUM's standard guideline uses principles including *Taghliz-i Mani*—traditionally described as increasing the consistency of semen—and other cause-specific approaches.

These concepts belong to the classical Unani model.

They should not be translated into modern claims that “thin semen leaks from weak seminal vesicles,” because current anatomy and ejaculation physiology do not support such a simple mechanism.

Mizaj and Nightfall

A Unani consultation may also consider **Mizaj**, or individual temperament.

The patient's general constitution, food habits, sleep pattern, psychological state and associated sexual symptoms can be reviewed.

I consider this individualized approach useful.

But Mizaj assessment should not replace investigation when there is pain, blood, urinary infection, depression or another modern medical condition.

The role of traditional assessment is to **add context—not conceal pathology**.

Asbab-e-Sitta Daruriyya and Nightfall Management

The Unani **Six Essential Factors** provide a sensible supportive framework:

appropriate food and drink,

movement and rest,

mental activity and repose,

sleep and wakefulness,

environment,

and physiological elimination.

For a patient distressed by frequent wet dreams, these principles can help us ask practical questions:

Is he sleeping adequately?

Is anxiety dominating his life?

Is he physically active?

Is tobacco or alcohol affecting sleep?

Is his diet appropriate?

Is he experiencing constipation or another health problem?

This whole-person assessment is one of Unani medicine's useful contributions.

Ilaj-bil-Ghiza: Dietotherapy

Unani medicine gives significant importance to **Ilaj-bil-Ghiza**, or dietotherapy.

For a patient with poor nutrition, excessive stimulants, digestive problems or unhealthy dietary habits, correcting the diet can improve overall wellbeing.

However, dietotherapy should not be described as a method of preventing all physiological nocturnal ejaculation.

Nutrition supports the person.

It does not need to “shut down” a normal reproductive event.

Ilaj-bil-Dawa: When Unani Medicine May Be Considered

CCRUM's standardized guideline describes traditional pharmacotherapy for *Kasrat-i Ihtilam*.

In selected adults with persistent troublesome symptoms after appropriate assessment, a qualified Unani physician may consider an individualized traditional formulation.

But several safeguards are important.

First, determine whether treatment is actually needed.

Second, identify whether there is an infection, urinary problem, psychiatric condition or sexual disorder requiring different care.

Third, use standardized preparations rather than unknown powders.

And fourth, avoid creating fear by telling the patient that he must take medication because ordinary semen loss is destroying his strength.

Traditional “Semen-Thickening” Medicines Need Careful Interpretation

Unani pharmacology includes medicines traditionally categorized as **Mughalliz-e-Mani**, meaning agents intended to increase semen consistency.

They belong to the historical treatment framework for conditions such as *Kasrat-i Ihtilam* or certain ejaculation complaints.

However, visual semen thickness is not a reliable measure of sperm count, fertility or sexual strength.

A man can have apparently thick semen and poor semen parameters.

Another can have relatively fluid semen and normal fertility.

Therefore, any traditional use should remain linked to its traditional indication rather than being marketed as scientifically proven sperm enhancement.

A Warning About Mineral and Kushta Preparations

The supplied document mentions traditional preparations including *Kushta-i Qal'i*.

Mineral preparations require particularly rigorous quality control.

I do not recommend self-medication with raw or unverified mineral products.

CCRUM's drug-standardization programme specifically evaluates Unani medicines for identity and quality as well as heavy metals, microbes, aflatoxins and pesticide residues.

Traditional origin does not guarantee safety.

Modern Medicine Usually Does Not Prescribe Drugs for Normal Nightfall

A healthy adolescent or adult experiencing ordinary wet dreams generally does **not** need medication.

This is important because the supplied material mentions antidepressants such as fluoxetine as possible pharmacological treatment.

SSRIs should **not** be routinely prescribed simply to suppress normal nocturnal emissions.

These are prescription psychiatric medicines with their own side effects, including potential effects on sexual desire, orgasm and ejaculation.

An antidepressant may be appropriate when a patient has an actual depressive or anxiety disorder, but then we are treating the diagnosed mental-health condition—not treating normal nightfall itself.

Homeopathy Is Not an Evidence-Based Treatment for Nightfall

The supplied source also mentions a homeopathic tonic.

There is no high-quality evidence establishing homeopathic treatment as an effective therapy for physiological nocturnal emissions.

For a medically credible website article, I would therefore not recommend it as standard treatment.

Cognitive Behavioural Therapy and Semen-Loss Anxiety

CBT can be very useful when the main problem is catastrophic interpretation of semen loss.

Treatment may involve:

understanding normal reproductive physiology,

challenging beliefs such as “semen loss is destroying my body,”

reducing compulsive symptom checking,

addressing anxiety,

and treating associated depression or sexual performance concerns.

Systematic reviews of Dhat syndrome emphasize that education, clinical engagement and attention to associated anxiety or depressive symptoms are important components of management.

The aim is not to argue disrespectfully with the patient's cultural beliefs.

It is to replace fear with medically accurate understanding.

When Psychiatric or Psychological Referral Is Important

Referral becomes particularly valuable when semen-loss concerns dominate the patient's life.

Warning signs include severe anxiety, persistent depression, inability to work or study, repeated reassurance-seeking, obsessive monitoring of genital secretions, severe sexual performance anxiety, withdrawal from relationships, or hopelessness.

The supplied source correctly recognizes that the psychological burden associated with semen-loss beliefs may be substantial and can include serious depression.

Such patients deserve genuine mental-health care.

They should not simply be sold another sexual tonic.

Nocturnal Emission and Sexual Performance Anxiety

One nightfall episode can sometimes trigger a second problem: fear of sexual weakness.

The man begins asking himself:

“Will my erection become weak?”

“Will I ejaculate early?”

“Have I lost my sperm?”

That anxiety can interfere with sexual function.

In such cases, I may need to treat **performance anxiety**, not the nocturnal emission.

This is one of the reasons Saira Health Care's combined focus on sexual disorders and infertility is relevant.

A symptom involving semen should not automatically be treated as a semen-production disorder.

Nocturnal Emission and Fertility Counselling

A man trying to conceive may become particularly worried after nightfall because he believes he has “lost” the sperm needed for intercourse.

This fear is unnecessary.

Spermatogenesis is continuous.

One nocturnal ejaculation does not empty the reproductive system for weeks.

The couple should continue normal fertility attempts according to the fertile window.

If a semen analysis is scheduled, the patient should simply follow the laboratory's abstinence instructions and inform the laboratory if an unplanned ejaculation occurred.

Does Abstinence Make Semen Stronger?

Long abstinence is not automatically better.

For fertility, professional guidelines generally do not advise couples to avoid intercourse for long periods simply to preserve sperm.

Similarly, modern evidence does not support the idea that sexual abstinence is the reason the body “must” produce wet dreams.

The body is more adaptable than that.

My Clinical Approach at Saira Health Care

When a patient comes to me complaining of nightfall, I do not immediately prescribe medicine.

I first ask:

How old are you?

When did the problem begin?

How often does it occur?

Has the pattern recently changed?

Is there pain?

Is there burning during urination?

Is there blood in the semen?

Do you have daytime genital discharge?

Do you have pelvic or testicular pain?

Are there erection or ejaculation problems?

Are you worried that semen loss has damaged your health?

Are you sleeping properly?

Is anxiety interfering with study, work or relationships?

Are you trying to conceive?

These questions usually tell me much more than simply asking:

“How many times per month?”

Dr. Nizamuddin Qasmi's Specialized Integrative Approach

As **Founder & Chief Physician of Saira Health Care**, with a focused practice in sexual disorders and infertility, I consider treatment to have three possible levels.

First, **education and reassurance** when the event is physiological.

Second, **diagnosis and treatment of an actual associated condition** when pain, infection, urinary disease, sexual dysfunction or another pathology is present.

Third, **individualized Unani supportive care** when a genuine troublesome pattern is compatible with *Kasrat-e-Ihtilam* and traditional treatment is clinically appropriate.

This prevents two opposite mistakes:

telling every patient that nothing matters,

and telling every patient that normal nightfall is a serious disease requiring long-term medication.

What “Special Treatment” Means at Saira Health Care

Specialized treatment does not mean giving every nightfall patient the same medicine.

A 16-year-old experiencing an occasional wet dream needs education.

A 25-year-old with severe semen-loss anxiety may need counselling.

A man with blood in semen needs urological evaluation.

A patient with painful ejaculation may need investigation for inflammation or another cause.

A man with genuine premature ejaculation needs PE treatment.

A man with infertility needs semen evaluation if clinically indicated.

And a patient with persistent troublesome *Kasrat-e-Ihtilam* may be considered for individualized Unani supportive treatment after other important causes have been excluded.

The treatment follows the diagnosis.

Contribution of Saira Health Care in Sexual Disorders and Infertility

Nightfall appears to be a simple topic, but it sits at the intersection of **sexual education, male reproductive health, cultural beliefs, anxiety and infertility counselling**.

Many patients reach clinics after months of fear.

Some have taken multiple sexual medicines despite being physically healthy.

Some have developed ED because they believe their semen has been depleted.

Some delay marriage because of fear.

Some believe infertility will occur.

At **Saira Health Care**, our role is therefore not simply to suppress nocturnal ejaculation.

We aim to provide:

accurate sexual-health education,

confidential counselling,

assessment of genuine urological symptoms,

evaluation of associated ED or PE,

fertility guidance where relevant,

support for semen-loss anxiety and Dhat-related distress,

and responsible individualized Unani care where appropriate.

This is a much more complete approach than treating every wet dream as “semen weakness.”

Important Scientific Clarifications About Nightfall

Nightfall is normally physiological

The latest 2026 systematic review describes nocturnal emissions as a common physiological phenomenon of male sexual development.

There is no validated "normal number per month"

Frequency data are sparse and inconsistent. A number alone should not diagnose disease.

Nightfall is not proven to be an "overflow release"

Modern evidence does not support the historical theory that nocturnal emissions simply compensate for lack of masturbation or intercourse.

It does not deplete the body of blood or vitality

Persistent weakness deserves assessment for its actual cause rather than automatic attribution to semen loss.

It does not cause infertility

Sperm production continues; ordinary wet dreams do not damage spermatogenesis.

It does not automatically cause ED or PE

These are separate sexual conditions, although anxiety about nightfall may contribute to performance concerns.

Kegel exercises are not a proven universal nightfall treatment

Pelvic-floor treatment should match a diagnosed pelvic-floor or ejaculation problem.

SSRIs should not be routinely used merely to suppress normal wet dreams

Psychiatric medications should be used for appropriate diagnosed indications.

Traditional Unani Kasrat-i Ihtilam remains a useful traditional concept

But its classical frequency threshold should not be confused with a validated modern disease cut-off.

Frequently Asked Questions

Is nightfall normal?

Yes. Occasional involuntary ejaculation during sleep is a normal physiological phenomenon, particularly around adolescence and young adulthood, and it can also occur in adult men.

How many times per month is normal?

Modern medicine does not define one universally normal number. Frequency varies substantially between individuals, and recent systematic evidence describes the available frequency data as limited and inconsistent.

Is nightfall once a week dangerous?

Frequency alone cannot determine disease. If there is no pain, blood, urinary problem, severe sleep disturbance or significant distress, the number by itself does not prove pathology.

Is nightfall two or three times in one month abnormal?

Not automatically. Traditional Unani classifications use different thresholds, but modern evidence does not support diagnosing disease solely from this frequency.

Does nightfall reduce sperm count?

It does not cause permanent sperm depletion. Sperm production continues.

Does nightfall cause infertility?

No evidence shows that normal nocturnal emissions cause male infertility.

Does nightfall cause erectile dysfunction?

No. However, fear and performance anxiety related to semen-loss beliefs may contribute to erection difficulties in some men.

Can nightfall cause premature ejaculation?

Not directly. Premature ejaculation is a separate sexual disorder and should be assessed independently.

Does semen loss cause weakness?

Normal ejaculation does not cause dangerous depletion of blood, protein or bodily strength. Persistent weakness should be evaluated for other causes.

Does nightfall cause back pain?

There is no good evidence that normal nocturnal emission causes chronic spinal or muscular back pain.

Does nightfall lower testosterone?

Normal nocturnal emission does not cause clinically significant chronic testosterone loss.

Does masturbation stop nightfall?

There is no medical requirement to masturbate to prevent wet dreams, and current evidence does not support the idea that nocturnal emissions are simply compensatory discharge caused by lack of sexual outlet.

Should I completely avoid masturbation because I have nightfall?

Not as a universal medical rule. The important issue is whether any sexual behaviour is compulsive, distressing or interfering with daily life.

Can pornography cause nightfall?

Erotic stimulation may influence dream content for some individuals, but pornography has not been established as a universal cause of nocturnal emissions.

Should I stop eating spicy foods?

There is no proven nightfall diet. Dietary recommendations can be individualized, including according to Unani principles, but extreme restrictions are usually unnecessary.

Should I sleep on my side?

You may sleep in whatever comfortable position you prefer. No sleeping position has been proven to prevent nocturnal emissions.

Do Kegel exercises cure nightfall?

Not as a standard treatment. Pelvic-floor exercises are useful for selected conditions, but they have not been established as a universal treatment for wet dreams.

Can Unani medicine help excessive nightfall?

Unani medicine has a formal traditional concept of **Kasrat-i Ihtilam** and treatment principles addressing diet, *Mizaj*, *Quwwat-e-Masika* and selected pharmacotherapy. In contemporary practice, these approaches can be considered supportively after determining whether treatment is actually necessary and excluding important medical or psychological causes.

When should I see a doctor?

Seek evaluation if ejaculation is painful, there is blood in the semen, burning urination, fever, genital discharge, significant pelvic/testicular pain, recurrent urinary symptoms, persistent sexual dysfunction, fertility concerns or severe anxiety about semen loss.

What is Dhat syndrome?

Dhat syndrome involves significant psychological distress associated with perceived semen loss and is particularly described in South Asian populations. Anxiety, depression, fatigue and sexual problems may accompany it.

Can Dhat syndrome be treated?

Yes. Helpful care may include culturally sensitive explanation of sexual physiology, psychoeducation, treatment of anxiety or depression where present, counselling and sex therapy when needed.

My Final Message to Patients Worried About Nightfall

When a young man comes to me frightened about nightfall, I first want to remove one unnecessary burden from his mind:

You should not consider yourself sexually weak simply because your body ejaculated during sleep.

Nocturnal emission is common.

It does not automatically mean your sperm are weak.

It does not automatically mean your testosterone is falling.

It does not automatically mean you have erectile dysfunction.

It does not automatically mean you will become infertile.

And you do not need to live in fear that every ejaculation is draining your body of blood or vitality.

At the same time, I do not dismiss every complaint.

If there is pain, blood, burning urination, genital discharge or another urological symptom, we investigate it.

If premature ejaculation or erectile dysfunction is present, we treat that separately.

If semen-loss fear has created Dhat-related anxiety, we address the psychological distress respectfully.

And where a genuine troublesome presentation fits the traditional Unani concept of **Kasrat-e-Ihtilam**, I can consider individualized Unani supportive care—through *Mizaj* assessment, lifestyle, diet and appropriate supervised pharmacotherapy—while remaining clear about the difference between traditional theory and established modern physiology.

That balanced approach is particularly important because current science has changed some of the old explanations for wet dreams. The newest comprehensive review found no reliable scientific support for the idea that nocturnal emissions simply serve as a compensatory “release valve” in sexually abstinent men, and it found no robust frequency threshold that separates healthy men from diseased men.

For me, that does not weaken Unani medicine.

It improves how we practice it.

Traditional medicine is most valuable when we preserve its useful principles—**individualized care, moderation, diet, sleep, psychological wellbeing and attention to the whole person—while correcting claims that modern evidence has shown to be inaccurate.**

At **Saira Health Care**, my objective is therefore not merely to "stop nightfall."

My objective is to understand **whether anything actually needs treatment**.

Sometimes the best treatment is reassurance.

Sometimes counselling.

Sometimes treatment of a urinary or sexual-health disorder.

Sometimes individualized Unani supportive care.

And sometimes the most important intervention is simply helping a young man understand:

"Your body is functioning normally. You do not need to be afraid of it."

About Dr. Nizamuddin Qasmi

Dr. Nizamuddin Qasmi
Founder & Chief Physician, Saira Health Care
Focused Practice in Sexual Disorders & Infertility

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

Dr. Nizamuddin Qasmi's clinical work at **Saira Health Care** has a focused emphasis on sexual disorders and infertility, including male sexual concerns, erectile and ejaculatory disorders, fertility counselling, semen-related anxiety and individualized integration of Unani supportive care with appropriate modern assessment.

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Medical Disclaimer

This article is intended for **general medical education and public awareness** and does not constitute an individualized diagnosis or prescription.

Normal nocturnal emissions generally do not require treatment. Medicines should not be used simply because an arbitrary monthly frequency has been exceeded.

Patients experiencing blood in semen, painful ejaculation, burning urination, genital discharge, fever, persistent pelvic or testicular pain, significant urinary symptoms, infertility concerns or persistent sexual dysfunction should seek appropriate professional evaluation.

Unani medicines, herbal products, mineral preparations and sexual tonics should not be self-prescribed. Standardized quality, correct diagnosis, appropriate dosing and potential adverse effects must be considered.

Severe anxiety, depression, obsessive semen-loss concerns or thoughts of self-harm require appropriate mental-health assessment in addition to sexual-health counselling.