Dhat Rog (Dhat Syndrome)

Causes, Symptoms, Diagnosis, Modern Understanding and an Integrative Unani Approach

Introduction

Dhat Rog—also called **Dhat syndrome, semen-loss anxiety, Dhatu Rog, or semen-loss syndrome**—is a sexual and psychosomatic health concern most commonly described in South Asia. Affected men may become deeply worried that semen is being lost through urine, nocturnal emissions, masturbation, sexual intercourse, or genital discharge and may associate this perceived loss with weakness, tiredness, backache, poor concentration, anxiety, erectile difficulty, premature ejaculation, or a decline in general health.

For patients, these symptoms and concerns can be very real and distressing. However, modern medical understanding has substantially changed the way Dhat syndrome is interpreted.

Current evidence does **not** support the idea that normal ejaculation, masturbation, or occasional nocturnal emission causes progressive physical depletion simply because semen has left the body. Instead, Dhat syndrome is increasingly understood as a **culturally influenced syndrome of distress in which beliefs about semen loss interact with anxiety, depression, bodily symptoms, sexual concerns, misinformation, and sometimes genuine genitourinary or sexual disorders**.

At the same time, dismissing a patient's complaint as “only psychological” is equally inappropriate. A man reporting whitish discharge, urinary problems, sexual dysfunction, fatigue, or repeated involuntary ejaculation may have a genuine medical condition that requires evaluation.

The most responsible approach is therefore an **integrated one**:

listen carefully → rule out genuine disease → correct sexual-health misconceptions → evaluate psychological distress → address sexual dysfunction → improve lifestyle → use appropriate medical or traditional treatment under professional supervision.

This approach is particularly compatible with the holistic philosophy of **Unani medicine**, provided traditional assessment is integrated responsibly with modern diagnostic information.

What Is Dhat Rog?

The word **Dhat** is derived historically from the Sanskrit concept of *Dhatu*, referring to constituents or tissues of the body. Traditional South Asian beliefs gave reproductive fluid,

particularly semen, exceptional importance as a substance linked with vitality, strength, masculinity, and general health.

The term **Dhat syndrome** was introduced into modern psychiatric literature by Professor N. N. Wig in the twentieth century to describe men who developed anxiety and multiple physical complaints that they attributed to semen loss. Later studies described complaints including weakness, fatigue, sleep problems, anxiety, depressed mood, sexual dysfunction, and excessive preoccupation with semen being lost through urine, masturbation, nocturnal emission, or other routes.

It is therefore important to distinguish between two things:

Semen loss as a normal physiological event and **distress or illness beliefs associated with semen loss**.

Dhat syndrome primarily concerns the second.

Is Dhat Rog Only an Indian Condition?

Dhat syndrome has been reported most often in India and neighbouring South Asian countries, including Pakistan, Bangladesh, Nepal, and Sri Lanka.

However, semen-loss anxiety is not uniquely Indian.

Historical research has identified very similar fears in European, American, Chinese, Russian, and other medical traditions. A 2024 historical review demonstrated that European medicine also developed conditions resembling “spermatorrhea anxiety” and exaggerated fears about loss of semen centuries ago.

For this reason, modern researchers increasingly consider Dhat syndrome not simply a strange or isolated “Eastern disease,” but an example of how **culture influences the way people understand and express physical and psychological distress**.

The DSM-5 placed Dhat syndrome within its discussion of **cultural concepts of distress**, reflecting this more nuanced understanding.

Historical Beliefs About Semen

For centuries, many societies considered semen to be closely connected with vitality.

This was not limited to one religion or medical tradition.

Ancient Greek, European, Indian, Persian, and other traditions developed theories about the importance of reproductive fluid. Historical beliefs sometimes suggested that excessive semen loss could result in:

- Weakness
- Loss of strength
- Poor concentration
- Reduced masculinity
- Nervous exhaustion
- Reduced longevity
- Sexual dysfunction

Modern physiology does not support the idea that the normal body becomes progressively depleted every time ejaculation occurs.

The male reproductive system continuously produces sperm after puberty. Semen also contains secretions from the seminal vesicles, prostate, and other glands.

Normal ejaculation is a physiological reproductive process.

The Unani Perspective: Jiryan-e-Mani

An important technical clarification is necessary when discussing Dhat Rog and Unani medicine.

Classical Unani texts do not necessarily describe the modern psychiatric entity **"Dhat syndrome"** under that exact name.

However, Unani literature contains extensive descriptions of **Jiryan-e-Mani**, referring broadly to abnormal or involuntary seminal discharge. Unani reviews have drawn parallels between symptoms traditionally described under Jiryan-e-Mani and complaints frequently reported by patients with Dhat syndrome.

Classical Unani physicians considered reproductive health within the context of the entire individual, including:

- Mizaj or temperament
- General physical strength
- Diet
- Digestion
- Sleep
- Mental state

- Sexual habits
- Reproductive function
- Associated disease
- Lifestyle

This holistic framework can be useful clinically because a patient presenting with “Dhat” may actually have a combination of physical, sexual, psychological, and lifestyle concerns.

However, **Jiryan-e-Mani and modern Dhat syndrome should not automatically be treated as identical diagnoses**.

A careful practitioner should determine what the patient is actually experiencing.

What Do Patients With Dhat Rog Commonly Report?

The presentation varies substantially.

Some men primarily complain of visible discharge. Others are mainly worried about weakness. Some present with sexual dysfunction, while others develop significant anxiety or depression.

Common complaints reported in the medical literature include:

- General weakness
- Fatigue
- Reduced energy
- Backache
- Poor concentration
- Anxiety
- Nervousness
- Palpitations
- Sleep disturbance
- Depressed mood
- Loss of confidence
- Guilt related to masturbation
- Fear of infertility

- Fear of becoming sexually weak
- Erectile difficulties
- Premature ejaculation
- Reduced sexual satisfaction
- Excessive monitoring of urine or genital secretions

Older clinical studies found weakness and fatigue among the most frequently reported symptoms. Anxiety, depressive disorders, and sexual dysfunction are also commonly associated with the syndrome.

The Central Feature: Fear of Semen Loss

A defining feature of classical Dhat syndrome is not simply ejaculation.

It is the person's belief that semen loss is **dangerous, excessive, or responsible for deterioration in health**.

For example, a patient may say:

“Whenever I pass urine, I see something white. My semen is leaving my body, and that is why I have become weak.”

Another may believe:

“I masturbated frequently when I was younger, so I have permanently damaged my body.”

Another might say:

“Because I have nightfall twice this month, my sexual power will disappear.”

The person's physical symptoms may be genuine.

The interpretation that normal semen loss is necessarily destroying the body, however, may be inaccurate.

Effective treatment therefore requires addressing **both the symptom and the belief surrounding the symptom**.

Does Masturbation Cause Dhat Rog?

Masturbation can become associated with Dhat syndrome when an individual believes that masturbation has permanently depleted his semen, masculinity, strength, fertility, or sexual ability.

Current medical evidence does not support the claim that ordinary masturbation by itself permanently reduces:

- Masculinity
- Testosterone
- Fertility
- Physical strength
- Memory
- Normal erectile capacity

Excessive compulsive sexual behaviour can, of course, become problematic if it interferes with daily life, causes injury, disrupts sleep, or generates severe guilt.

But this is different from claiming that every ejaculation physically weakens the body.

What About Nightfall or Nocturnal Emissions?

Nocturnal emission, commonly called a wet dream or nightfall, is an involuntary ejaculation during sleep.

It is especially common during adolescence and young adulthood, although it may occur at other ages.

Occasional nocturnal emissions are usually a normal physiological phenomenon.

They are not evidence that a man is “losing his life force.”

Problems arise when a patient becomes so frightened by normal nocturnal emissions that each episode triggers:

- Anxiety
- Guilt
- Repeated checking
- Poor sleep
- Fear of sexual weakness
- Avoidance behaviour

However, unusually frequent emissions accompanied by pain, urinary symptoms, severe psychological distress, or another sexual complaint may justify professional assessment.

Is White Material in Urine Always Semen?

No.

This is an extremely important point.

Patients frequently identify any cloudy or whitish substance as semen, but urine appearance can change for many reasons.

Possibilities include:

- Concentrated urine
- Crystals or urinary sediment
- Mucus
- Prostatic secretions
- Urethral discharge
- Infection
- Sexually transmitted infection
- Semen remaining after recent ejaculation
- Other urinary conditions

Therefore, a patient who repeatedly notices unusual discharge should not automatically be diagnosed with Dhat syndrome.

A clinician may need to determine whether an actual urinary or genital disorder is present.

Medical Conditions That Must Not Be Missed

Dhat syndrome should never become a label used to dismiss genuine physical disease.

Depending on symptoms and history, a clinician may need to consider:

Urethritis

Inflammation or infection of the urethra can produce discharge, burning, or urinary discomfort.

Sexually Transmitted Infections

Certain infections can produce penile discharge and require laboratory diagnosis and appropriate treatment.

Prostatitis

Inflammation involving the prostate may cause pelvic discomfort, urinary symptoms, painful ejaculation, or other complaints.

Urinary Tract Infection

Burning urination, urgency, fever, or abnormal urine may indicate infection.

Diabetes

Fatigue and weakness may sometimes be related to uncontrolled blood glucose rather than semen loss.

Anaemia

Persistent weakness can have haematological causes.

Thyroid Disease

Thyroid dysfunction may contribute to fatigue, mood change, and sexual problems.

Testosterone or Other Hormonal Problems

Hormonal investigation may be appropriate in selected patients with symptoms such as significantly reduced libido, infertility, or other endocrine features.

Erectile Dysfunction

Persistent erection difficulty should receive an appropriate sexual and medical evaluation.

Premature Ejaculation

Premature ejaculation commonly coexists with semen-loss anxiety and requires its own assessment.

Depression and Anxiety

These are among the most important associated conditions in Dhat syndrome.

Dhat Rog and Mental Health

Modern research consistently demonstrates a strong connection between Dhat syndrome and psychological distress.

Associated conditions can include:

- Anxiety disorders
- Depressive symptoms
- Somatic symptom presentations

- Health anxiety
- Sexual performance anxiety
- Low self-esteem
- Relationship distress

A 2022 review emphasized that depression and anxiety can coexist with Dhat syndrome and that clinicians should approach patients with cultural sensitivity rather than ridicule their beliefs.

This is clinically important.

When a patient says, “semen loss is making me weak,” simply responding, “nothing is wrong with you,” may fail completely.

The patient may feel misunderstood and move from doctor to doctor seeking validation.

A better approach is:

acknowledge the suffering → investigate appropriately → explain physiology respectfully → correct misconceptions gradually → treat associated anxiety, depression, or sexual dysfunction.

Why Patients Often Delay Appropriate Treatment

Research from North India has shown that people with Dhat syndrome may visit multiple healthcare providers before reaching specialized psychosexual or mental-health care.

Patients have consulted physicians, traditional practitioners, Unani and Ayurvedic doctors, pharmacists, surgeons, faith healers, and others, sometimes for years.

The reason is understandable.

Dhat syndrome sits at the intersection of:

- Sexual health
- Traditional health beliefs
- Mental health
- Urology
- Reproductive medicine
- Social stigma

An integrated sexual-health clinic is therefore particularly well positioned to manage these patients.

Who Is More Likely to Develop Dhat Syndrome?

Historically, studies frequently reported Dhat syndrome among younger South Asian men.

Contributing factors may include:

- Limited reliable sexual education
- Strong cultural beliefs concerning semen
- Guilt about masturbation
- Fear of sexual failure
- Misinformation from peers
- Misleading advertisements
- Anxiety-prone personality
- Relationship stress
- Depression
- Poor access to qualified sexual-health services

However, Dhat syndrome should not be stereotyped as a condition limited to poorly educated or rural patients.

Men from many social and educational backgrounds may experience semen-loss anxiety.

Diagnosis of Dhat Rog

There is no single blood test, ultrasound, urine test, or semen test that “proves” Dhat syndrome.

Diagnosis depends primarily on **history and clinical assessment**.

A comprehensive evaluation should explore:

- Exactly what the patient believes is being lost
- How often the discharge occurs
- Whether ejaculation is voluntary or involuntary
- Whether urinary symptoms exist

- Sexual activity
- Masturbation beliefs
- Nocturnal emissions
- Erectile function
- Ejaculatory control
- Fertility concerns
- Sleep
- Diet
- Stress
- Anxiety
- Depression
- Current medications
- Previous treatment
- General medical conditions

The clinician should also identify the level of distress and functional impairment.

Role of Physical Examination

Physical examination should be determined by the patient's symptoms.

It may include assessment of:

- General health
- Blood pressure
- Signs of anaemia
- Thyroid findings where relevant
- External genitalia
- Testicular findings
- Epididymis
- Varicocele
- Evidence of discharge or infection

Not every patient requires extensive investigations.

Testing should be based on genuine clinical indications rather than fear alone.

What Tests May Be Required?

Depending on the presentation, possible investigations may include:

- Urinalysis
- Blood glucose
- Complete blood count
- Thyroid tests
- STI testing
- Hormonal evaluation
- Semen analysis when infertility is a concern
- Other tests according to symptoms

Importantly, unnecessary repeated testing can sometimes reinforce health anxiety.

Once important physical disease has been reasonably excluded, the clinical focus should move toward education and treatment rather than endlessly repeating investigations.

Pulse Diagnosis and Unani Assessment

Traditional Unani practice may include **Nabz or pulse assessment**, Mizaj evaluation, dietary history, sleep, digestion, physical strength, and other aspects of constitution.

These methods belong to the traditional Unani diagnostic framework.

They may contribute to individualized Unani assessment, but they should **not replace modern investigations when infection, diabetes, hormonal disease, infertility, urinary disease, or another medical condition is suspected**.

An integrative model uses each diagnostic approach within its appropriate role.

Treatment of Dhat Rog: A Modern Integrated Approach

The most effective management is usually multidimensional.

Treatment can involve:

1. Sexual Education

This is one of the most important components.

Patients should understand:

- How semen is produced
- What ejaculation means
- That nocturnal emissions can be normal
- That masturbation does not automatically cause permanent weakness
- That semen does not need to be "saved" indefinitely to maintain life
- That sexual health cannot be judged solely by semen volume

Historical and modern reviews have repeatedly emphasized the importance of correcting sexual misconceptions.

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2. Counselling

Counselling should be non-judgmental.

The goal is not to insult or dismiss the patient's traditional beliefs.

A culturally sensitive clinician first understands:

What does semen mean to this patient?

For some men it represents masculinity.

For others it represents fertility.

For another patient it may symbolize physical power.

Unless these beliefs are understood, simply providing biological facts may not reduce anxiety.

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3. Cognitive Behavioural Therapy

CBT can help patients identify and modify thoughts such as:

"One nocturnal emission has permanently weakened me."

or:

"If I masturbated in the past, I can never have a healthy married life."

A clinical CBT programme developed for Dhat syndrome included sex education, cognitive restructuring, relaxation exercises, and additional sexual-behavioural techniques where sexual dysfunction was present. The initial feasibility study reported improvement in sexual knowledge, anxiety, depressive symptoms, and somatic complaints, although the study was small and the overall evidence base remains limited.

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4. Treatment of Depression and Anxiety

When clinically significant anxiety or depression is present, it should be treated properly.

Depending on severity, treatment may involve:

- Counselling
- Psychotherapy
- CBT
- Stress management
- Psychiatric medication when medically indicated

Medication should address a diagnosed condition and should not be prescribed merely because a patient uses the word “Dhat.”

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5. Treat Associated Sexual Dysfunction

Many patients with Dhat syndrome also report:

- Premature ejaculation
- Erectile dysfunction
- Reduced confidence
- Sexual performance anxiety

These should be assessed separately.

A man whose main problem is premature ejaculation requires appropriate premature-ejaculation management.

A patient with persistent erectile dysfunction may require cardiovascular, metabolic, hormonal, psychological, and sexual evaluation.

Treating all sexual complaints as “semen weakness” can lead to poor outcomes.

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6. Lifestyle Management

Lifestyle measures can improve physical and mental well-being.

Patients should be encouraged to:

- Exercise regularly
- Maintain a healthy weight
- Eat balanced meals
- Get adequate sleep
- Avoid tobacco
- Limit excessive alcohol
- Manage chronic medical conditions
- Reduce excessive health-related internet searching
- Develop healthy stress-management techniques

For many patients, restoring sleep and fitness can substantially reduce the feeling of "weakness" that they previously attributed entirely to semen loss.

Unani Medicine and Dhat Rog

Unani medicine has particular potential in Dhat-related presentations because its traditional framework emphasizes individualized, holistic care.

Rather than examining only one symptom, Unani assessment commonly considers:

- Mizaj
- General physical state
- Digestive function
- Sleep
- Diet
- Lifestyle
- Psychological condition
- Sexual history
- Reproductive health

This can create a therapeutic environment in which patients feel their concerns are being taken seriously.

That cultural and therapeutic trust is important.

How Unani Treatment May Help

A responsible contemporary Unani approach can be valuable in several ways.

Patient-Centred Counselling

A qualified Unani physician familiar with traditional beliefs can explain reproductive physiology in culturally understandable language.

Lifestyle Regulation

Unani medicine places substantial emphasis on daily regimen, sleep, nutrition, exercise, emotional balance, and other lifestyle factors.

Individualized Treatment

Instead of giving every patient the same “semen medicine,” treatment can be selected according to the individual's constitution, symptoms, general health, and identified disorder.

Psychological Reassurance

Sexual-health counselling can reduce fear surrounding masturbation, nocturnal emissions, and sexual performance.

Management of Associated Sexual Complaints

When premature ejaculation, erectile dysfunction, low libido, infertility, or another condition coexists, it can be assessed separately.

Traditional Pharmacotherapy

Selected Unani medicines may be considered under qualified supervision when appropriate to the patient's condition.

However, scientific honesty is essential: **high-quality controlled clinical evidence for specific Unani formulations in modern Dhat syndrome remains limited**. The 2021 systematic review of Dhat syndrome found that the overall research base—including treatment research—is sparse and often of unsatisfactory methodological quality.

Therefore, Unani medicine should be presented as an individualized integrative therapeutic approach—not as a universally proven cure.

Traditional Herbs Commonly Discussed in Male Wellness

Traditional systems may employ botanical ingredients such as:

- Asgand or Ashwagandha
- Safed Musli
- Kaunch Beej
- Salab Misri
- Other tonic or reproductive-health herbs

Their selection should depend on individual medical requirements.

Natural does not automatically mean:

- Side-effect free
- Appropriate for everyone
- Compatible with every prescription medicine
- Proven to cure Dhat syndrome

Products should be sourced responsibly and used under qualified supervision.

What Unani Treatment Should Not Do

A responsible Unani practitioner should not reinforce fear by telling every patient that normal ejaculation is permanently damaging his body.

Similarly, practitioners should not promise:

- Permanent cure in every patient
- Guaranteed sexual power
- Guaranteed fertility
- Restoration of every “lost drop” of semen
- Universal success from one formulation

Such claims can strengthen the very illness beliefs responsible for Dhat-related anxiety.

Good Unani care should **reduce fear**, not increase it.

The Best Model: Integrative Sexual Medicine

Dhat syndrome is particularly suited to an integrated approach because the condition lies between cultural belief, sexual medicine, psychology, general medicine, and traditional medicine.

An ideal clinical pathway may look like this:

Detailed history

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Exclude genuine urinary/genital disease

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Assess sexual function

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Evaluate anxiety/depression

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Explain normal reproductive physiology

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Correct misconceptions respectfully

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Improve sleep, diet and lifestyle

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Treat diagnosed conditions

↓

Use individualized Unani support where appropriate

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Follow-up and reassessment

This approach respects traditional medicine without ignoring modern scientific evidence.

Dr. Nizamuddin Qasmi and the Treatment Approach at Saira Health Care

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

According to Saira Health Care's official professional profile, his publicly listed qualifications include:

- **BUMS – Bachelor of Unani Medicine and Surgery**
- **MD**
- **CGO**
- **Certificate in Infertility**
- **Certificate in Urology – London, UK**

His clinical profile describes a particular focus on sexual disorders and reproductive conditions including erectile dysfunction, premature ejaculation, azoospermia, oligospermia, abnormalities of sperm motility and morphology, varicocele, epididymal cyst, hormonal disorders, and other infertility-related conditions.

At Saira Health Care, the described clinical philosophy combines **traditional Unani assessment, individualized treatment planning, lifestyle guidance, patient counselling, and appropriate modern diagnostic information**.

For patients presenting with Dhat Rog, this type of multidisciplinary perspective is particularly relevant because the complaint may include overlapping:

- Psychological distress
- Sexual dysfunction
- Urinary concerns
- Reproductive anxiety
- Misconceptions about semen
- Lifestyle factors

The objective should not simply be to prescribe a medicine for “semen loss,” but to understand **why the patient is distressed and whether any genuine physical or sexual disorder is present**.

Important credential note before website publication

You asked to include **“Masters in Male Infertility.”** I could independently verify Dr. Qasmi's BUMS, MD, CGO, Certificate in Infertility and Certificate in Urology (London, UK) from Saira Health Care's published profile, but I did **not** find a reliable public source confirming a credential specifically titled **“Masters in Male Infertility.”** Because medical qualifications should be represented precisely, that credential should be added only after confirming the exact certificate/degree title and awarding institution.

Contribution of Saira Health Care to Sexual Disorders and Infertility Awareness

Sexual-health conditions frequently remain hidden because patients feel embarrassed to speak openly.

Dhat syndrome illustrates this problem particularly well.

A patient may spend months or years:

- Secretly examining his urine
- Worrying about masturbation
- Avoiding relationships
- Taking unregulated sexual products
- Believing himself permanently weak
- Becoming anxious or depressed

Saira Health Care's published model emphasizes a patient-centred environment where sexual and infertility concerns can be discussed without judgment. The clinic describes its approach as combining traditional Unani principles with contemporary diagnostic understanding and individualized treatment planning.

Its educational role can be particularly valuable in conditions like Dhat syndrome because accurate sexual education itself is part of treatment.

Dhat Rog and Infertility: Are They the Same?

No.

Dhat syndrome does not automatically mean infertility.

A man may experience severe semen-loss anxiety while having completely normal:

- Sperm concentration
- Sperm motility
- Sperm morphology
- Testicular function
- Fertility

Conversely, a man with genuine male infertility may have no Dhat-related fears whatsoever.

If a couple has difficulty achieving pregnancy, infertility should be evaluated according to standard male and female reproductive assessment rather than assuming that the cause is "semen leakage."

Is Semen in Urine a Sign of Infertility?

Not necessarily.

Small residual amounts after recent ejaculation may sometimes appear during urination.

Actual persistent abnormal discharge requires clinical assessment.

Infertility cannot be diagnosed simply by looking at urine.

When fertility is genuinely a concern, a properly collected **semen analysis** and clinical evaluation are far more informative.

Dhat Syndrome and Premature Ejaculation

Premature ejaculation is frequently reported in patients with Dhat syndrome.

A man may believe:

"Because my semen is weak, it comes out too quickly."

Modern sexual medicine evaluates premature ejaculation separately through factors such as:

- Ejaculatory control
- Duration of the problem
- Distress
- Relationship impact
- Erectile function
- Psychological factors

Treatment may include counselling, behavioural approaches, medication in selected patients, and management of associated erectile dysfunction or anxiety.

Merely taking a "semen-strengthening" product without assessing premature ejaculation may not address the real condition.

Dhat Syndrome and Erectile Dysfunction

Performance anxiety can produce a vicious cycle.

A man worries that semen loss has made him weak.

He enters sexual activity already frightened.

He continuously checks whether his erection is strong.

Anxiety rises.

The erection becomes less stable.

He then interprets this as proof that his semen loss permanently damaged him.

The belief becomes stronger.

Breaking this cycle requires education and appropriate erectile-dysfunction assessment rather than fear-based treatment.

Common Myths About Dhat Rog

Myth 1: Every Drop of Semen Lost Permanently Weakens the Body

Fact: Normal ejaculation is a physiological process. The body continually produces reproductive secretions after puberty.

Myth 2: Occasional Nightfall Is a Disease

Fact: Nocturnal emissions can be normal, especially in younger men.

Myth 3: Masturbation Permanently Destroys Sexual Power

Fact: Normal masturbation does not inherently cause permanent erectile dysfunction, infertility, or physical weakness.

Myth 4: Any White Material in Urine Is Semen

Fact: Urine can appear cloudy for many reasons. Persistent discharge should be medically assessed.

Myth 5: Dhat Syndrome Is Imaginary

Fact: The patient's distress, fatigue, anxiety, and sexual concerns are real. What may be inaccurate is the belief that normal semen loss is necessarily the cause of every symptom.

Myth 6: Dhat Rog Is Only a Psychological Disease

Fact: Psychological factors are often important, but genuine urinary, sexual, endocrine, reproductive, or general medical conditions must first be considered when symptoms suggest them.

Myth 7: One Herbal Medicine Can Cure Every Patient

Fact: Patients may have very different underlying problems. Treatment should be individualized.

When Should You Consult a Doctor?

Seek professional evaluation when there is:

- Persistent unusual penile discharge
- Pain or burning while urinating
- Blood in urine or semen
- Severe genital pain
- Fever with urinary symptoms
- Testicular swelling
- Persistent erectile dysfunction
- Significant premature ejaculation causing distress
- Infertility
- Severe fatigue without explanation
- Persistent anxiety or depression
- Repeated fear about semen despite reassurance
- Significant interference with work or relationships

When Is Urgent Medical Care Required?

Dhat syndrome itself is generally not an emergency.

However, urgent assessment may be required for:

- Sudden severe testicular pain
- Significant testicular swelling
- Inability to urinate
- Severe infection symptoms
- Acute psychiatric crisis
- Thoughts of self-harm or suicide

Depressive symptoms associated with semen-loss anxiety should never be underestimated.

Frequently Asked Questions

Can Dhat Rog be treated?

Yes. Many patients improve when misconceptions are corrected, genuine medical problems are treated, psychological distress is addressed, and sexual confidence improves.

Is Dhat Rog a semen deficiency?

Not necessarily.

Modern Dhat syndrome primarily describes distress surrounding the **perception or fear of semen loss**, rather than a scientifically established state of whole-body semen depletion.

Is nightfall harmful?

Occasional nocturnal emission is generally normal.

Professional advice is reasonable if it becomes extremely frequent, painful, distressing, or associated with other symptoms.

Does masturbation cause infertility?

Ordinary masturbation does not cause infertility simply because ejaculation occurs.

Can Dhat Rog cause weakness?

People with Dhat syndrome frequently experience genuine weakness or fatigue, but this may be related to anxiety, poor sleep, depression, diet, lifestyle, or another medical condition rather than direct depletion from normal ejaculation.

Can Unani medicine help?

Unani medicine can provide a culturally familiar, holistic framework involving individualized assessment, lifestyle modification, counselling, and appropriately selected traditional treatment.

However, significant medical or psychological conditions should also be diagnosed and treated according to appropriate contemporary standards. Evidence for specific Unani medicines in Dhat syndrome remains limited, so guaranteed-cure claims should be avoided.

Is counselling really necessary?

For many patients, yes.

Correcting deeply held fears about semen loss can be as important as treating physical symptoms.

Should every patient undergo semen analysis?

No.

Semen analysis is especially relevant when infertility or a specific reproductive problem is suspected.

It should not be ordered repeatedly merely to reassure semen-loss anxiety without a clinical reason.

Prognosis

The outlook can be favourable when patients receive appropriate education and integrated care.

Older literature and contemporary reviews suggest that improvement may occur through:

- Effective sexual education
- Therapeutic engagement
- Correction of misconceptions

- Social support
- Treatment of anxiety or depression
- Management of associated sexual dysfunction

The greatest obstacle may be delayed care caused by stigma, shame, and repeated unstructured treatment.

Conclusion

Dhat Rog is far more complex than the phrase **"loss of semen."**

Historically, the condition developed within cultures that gave semen exceptional importance as a source of strength and vitality. Similar fears, however, have appeared across many cultures and historical periods. Modern research increasingly understands Dhat syndrome as a **culturally influenced pattern of distress in which semen-loss beliefs interact with anxiety, depression, bodily symptoms, sexual dysfunction, and health-related fear**.

Normal ejaculation, masturbation, and occasional nocturnal emission should not automatically be treated as diseases or as causes of irreversible physical depletion.

At the same time, clinicians must not dismiss patients.

A person complaining of semen loss may actually have:

- Urinary infection
- Urethral discharge
- Sexual dysfunction
- Infertility
- Hormonal disease
- Anxiety
- Depression
- Or a combination of several problems

The best approach is therefore neither blind acceptance of every traditional semen-loss belief nor dismissal of traditional medicine.

It is **evidence-informed integration**.

Unani medicine provides a valuable holistic framework through its attention to **Mizaj, diet, digestion, sleep, lifestyle, psychological state, sexual health, and individualized treatment**.

Its traditional concept of **Jiryan-e-Mani** also provides a culturally understandable clinical language for certain seminal-discharge complaints.

In contemporary practice, however, Unani assessment should be combined with appropriate modern medical investigation when urinary disease, infection, hormonal disorder, sexual dysfunction, or infertility is suspected.

Under **Dr. Nizamuddin Qasmi**, Saira Health Care describes its clinical focus as the individualized management of sexual disorders and infertility using traditional Unani principles alongside contemporary diagnostic understanding and patient-centred counselling. His officially published qualifications include **BUMS, MD, CGO, Certificate in Infertility, and Certificate in Urology, London, UK**.

Ultimately, successful management of Dhat Rog should aim to restore more than physical comfort.

It should help the patient regain:

accurate sexual knowledge, physical well-being, psychological confidence, healthy sexual function, and freedom from unnecessary fear about normal reproductive physiology.

Medical Disclaimer

This article is intended for **general health education and awareness**. It does not provide an individual diagnosis and is not a substitute for consultation, physical examination, laboratory investigation, psychological assessment, or treatment by an appropriately qualified healthcare professional.

Dhat-related symptoms may overlap with urinary disease, sexually transmitted infections, sexual dysfunction, infertility, endocrine disorders, anxiety, depression, and other medical conditions.

Traditional and Unani medicines should be used under appropriate professional supervision. “Natural” does not automatically mean free from adverse effects or interactions, and no medicine or treatment should be represented as providing a guaranteed cure for every patient.