Watery Semen (Riqqat-e-Mani / Commonly Called Hydrospermia): Causes, Fertility Impact, Diagnosis, Modern Treatment and the Unani Approach

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Introduction: What I Tell My Patients About Watery Semen

One of the common concerns men discuss with me at Saira Health Care is:

"Doctor, my semen has become very thin and watery. Does this mean my sperm are weak? Will I become infertile?"

My first advice is not to become frightened simply by looking at the semen.

Semen naturally varies in appearance, quantity and consistency. A single episode of thin or watery-looking semen does **not automatically mean low sperm count, infertility, low testosterone or sexual weakness**.

The terms **"watery semen"** and **"hydrospermia"** are widely used by patients and on the internet, but "hydrospermia" is not a well-defined modern diagnostic category in the same way as oligozoospermia, azoospermia, asthenozoospermia or hypospermia. Modern reproductive medicine evaluates semen through measurable parameters such as **volume, sperm concentration, total sperm number, motility, morphology, vitality and other laboratory findings** rather than diagnosing fertility merely from whether semen looks thick or watery. Current European Association of Urology guidance follows the WHO sixth-edition laboratory framework for precisely this reason.

In the **Unani system of medicine**, thin or excessively watery semen is traditionally discussed under the concept of **Riqqat-e-Mani**. Unani medicine looks at the patient more broadly, considering reproductive strength, general health, Mizaj, diet, lifestyle, sleep, psychological condition and associated sexual complaints.

In my clinical practice, I find the most useful approach is not to choose between traditional and modern medicine. Instead, we should **properly investigate semen and male reproductive health first, identify the underlying problem, and then use an individualized treatment plan in which appropriate Unani therapy, diet and lifestyle measures can play an important supportive role**.

What Is Semen?

Many patients use the words **semen** and **sperm** as though they mean exactly the same thing.

They do not.

Sperm are the male reproductive cells produced in the testes. Semen is the complete fluid released during ejaculation. It contains sperm together with secretions from several parts of the male reproductive system, particularly the seminal vesicles, prostate and other accessory glands.

Cleveland Clinic describes normal semen as generally **whitish-gray**, but its appearance can vary. Semen contains sperm along with fluid, proteins, vitamins and minerals that support sperm and help transport them through the reproductive tract.

This explains something very important:

A large portion of semen is fluid, not sperm.

Therefore, looking at the thickness of semen with the naked eye cannot tell us accurately how many sperm are present.

Semen Normally Becomes More Watery After Ejaculation

One of the most common misunderstandings I encounter is that semen must remain thick after ejaculation in order to be considered healthy.

That is incorrect.

Freshly ejaculated semen normally undergoes **coagulation followed by liquefaction**.

Immediately after ejaculation, semen may appear relatively thick, sticky or gel-like. It then gradually becomes more fluid. This liquefaction is necessary because sperm need to become mobile within the seminal fluid.

Cleveland Clinic notes that liquefaction normally occurs within roughly **15 to 30 minutes**, while laboratory references recognize that complete liquefaction may sometimes take longer. StatPearls notes that the process can take up to approximately 60 minutes.

Therefore, when a patient tells me:

“Doctor, my semen became watery after some time,”

that may simply represent **normal semen physiology**.

The more important concern is when freshly ejaculated semen repeatedly appears unusually thin, semen volume is persistently low, fertility tests are abnormal, or other symptoms are present.

Watery Semen Is a Description, Not a Fertility Diagnosis

I strongly advise patients against judging fertility from semen appearance alone.

A thick sample does not guarantee excellent fertility.

A thinner sample does not prove infertility.

According to the current EAU male-infertility guideline, semen analysis itself cannot perfectly divide men into “fertile” and “infertile” categories. Even laboratory reference values must be interpreted together with the man's complete reproductive history and the fertility of his partner.

That is why a laboratory examination is far more meaningful than repeatedly checking whether semen looks white, thick, sticky or watery.

What Does a Proper Semen Analysis Measure?

The WHO sixth-edition reference framework used by the current EAU guideline provides lower fifth-percentile reference values from men whose partners conceived naturally within 12 months. These values are **reference points, not absolute fertile-versus-infertile cut-offs**.

Semen Parameter	**WHO 6th Edition Lower Reference Value**
Semen volume	**1.4 mL**
Sperm concentration	**16 million/mL**
Total sperm number	**39 million/ejaculate**
Total motility	**42%**
Progressive motility	**30%**
Vitality	**54%**
Normal morphology	**4%**

These values immediately demonstrate why appearance alone is inadequate.

A patient may produce a relatively thin-looking sample with satisfactory sperm parameters. Another man may produce apparently thick semen but have low sperm concentration, low motility or another abnormality.

My approach is always:

Test the semen when testing is indicated; do not diagnose the sperm by looking at it.

What Can Make Semen Appear Watery?

There is not one single cause.

Sometimes no disease is present at all. In other cases, a change in appearance occurs alongside an identifiable reproductive or medical condition.

Frequent Ejaculation

This is one of the simplest explanations.

If ejaculation occurs repeatedly over a short period, the volume and composition of subsequent ejaculates can differ.

For standardized fertility testing, patients are generally instructed to avoid ejaculation for a defined period before collecting the sample; Cleveland Clinic describes approximately **two to seven days of abstinence** for fertility semen analysis. Semen parameters also naturally vary from day to day.

Therefore, if a man ejaculates several times within a short period and the later semen looks thinner, this does not automatically indicate disease.

Does Masturbation Permanently Cause Watery Semen?

This is an important myth to correct.

Normal masturbation is **not established as a cause of permanent male infertility or permanent deterioration of semen**.

Very frequent ejaculation can temporarily change the characteristics of a subsequent ejaculate, which is different from saying that masturbation has permanently damaged the reproductive system.

I encourage patients not to develop unnecessary fear or guilt around normal sexual physiology.

If semen remains abnormal despite an appropriate period of abstinence, or fertility is a concern, the correct step is semen analysis.

Incomplete Semen Collection

This is an often-overlooked cause of an apparently abnormal report.

Different fractions of the ejaculate do not have exactly the same composition. If part of the sample misses the collection container, the measured volume and sperm characteristics may be misleading.

StatPearls specifically notes that incomplete collection can cause an apparently low semen volume.

When I review semen-analysis reports, I therefore ask patients whether the **complete sample was collected**.

Repeating a test correctly can occasionally prevent unnecessary treatment.

Low Semen Volume Is Different From Watery Semen

Some men say “watery semen” when their actual problem is that **very little semen comes out**.

These are not the same issue.

Persistently reduced semen volume is commonly referred to as **hypospermia**.

The current WHO sixth-edition lower fifth-percentile reference for semen volume is approximately **1.4 mL**.

Low semen volume can result from incomplete collection or short abstinence, but persistent marked reduction deserves assessment for other causes.

Retrograde Ejaculation

Normally semen travels outward through the urethra.

In **retrograde ejaculation**, some or most semen instead passes backward into the urinary bladder.

The patient may notice very little semen despite experiencing orgasm.

Causes can include certain operations, diabetes-related nerve problems, neurological disorders and some medications.

When significantly low semen volume raises suspicion of retrograde ejaculation, examination of urine collected after ejaculation can help identify sperm in the bladder.

This is a good example of why simply prescribing a semen-thickening medicine without diagnosis may miss the real problem.

Ejaculatory Duct Obstruction

The ejaculatory ducts carry seminal fluid toward the urethra.

Obstruction can result in low semen volume and may be associated with absent or severely reduced sperm.

StatPearls notes that very low volume associated with azoospermia or severe oligozoospermia may raise suspicion of **ejaculatory duct obstruction** or congenital absence of the vas deferens/seminal-vesicle abnormalities.

In selected patients, imaging such as transrectal ultrasound may therefore be appropriate.

Surgery is not treatment for “watery semen” itself; it is considered only when a genuine anatomical obstruction has been diagnosed and correction is clinically appropriate.

Hormonal Problems

Hormones regulate sperm production and male reproductive function.

Testosterone deficiency or disorders affecting the pituitary and testes may be associated with reduced sperm production and sometimes low semen volume.

When semen analysis is significantly abnormal, hormonal evaluation may include **FSH, LH, testosterone and other tests according to the clinical picture**.

Current EAU guidance considers hormonal evaluation part of the focused diagnostic work-up in infertile men, alongside medical history, examination and semen analysis.

Not every patient with watery semen needs a full hormone panel.

The tests should be chosen according to symptoms and semen-analysis findings.

Infection and Inflammation

Inflammation or infection of the male reproductive tract can alter semen characteristics.

A patient may also experience burning during urination, painful ejaculation, pelvic discomfort, genital discharge or other symptoms.

White blood cells can be measured in semen when clinically relevant. The WHO/EAU framework considers more than approximately one million peroxidase-positive leukocytes per millilitre an important threshold for further assessment of genital-tract inflammation, although the presence of inflammatory cells does not by itself identify the exact organism or prove that antibiotics are required.

Cleveland Clinic similarly notes that elevated white cells can suggest infection or inflammation.

I do not recommend taking antibiotics simply because semen looks watery.

An infection should be diagnosed appropriately first.

Low Sperm Concentration

A watery appearance may sometimes coexist with **low sperm concentration**, but appearance cannot reliably diagnose it.

Oligozoospermia means reduced sperm concentration on laboratory testing.

The current WHO sixth-edition lower fifth-percentile reference is approximately **16 million sperm per mL**.

If a man is worried about fertility, semen analysis is therefore much more useful than asking whether the semen appears “strong” or “weak.”

Watery Semen Does Not Automatically Mean Poor Motility

Another common misconception is that thin semen means the sperm cannot swim properly.

Motility is a microscopic property of sperm.

It cannot be reliably judged by the eye.

The WHO sixth-edition lower reference values are approximately 42% for total motility and 30% for progressive motility.

A man may have apparently normal semen consistency and poor motility, or relatively thin semen with satisfactory motility.

Again, laboratory testing settles the question.

Watery Semen Does Not Automatically Mean Abnormal Morphology

Morphology means the microscopic shape of sperm.

It has nothing to do with whether the semen fluid itself looks thick.

The WHO lower fifth-percentile reference for normal forms using strict criteria is approximately **4%**.

Patients often become alarmed when they see “4% normal morphology,” believing that 96% abnormal sperm must mean complete infertility. That is not the correct interpretation. These values are population reference percentiles and must be interpreted together with sperm count, motility, reproductive history and the female partner's fertility.

Lifestyle and Semen Quality

Lifestyle matters, but we should avoid oversimplification.

Smoking, excessive alcohol, obesity, poor metabolic health, some environmental exposures and certain drugs may negatively affect male fertility.

The EAU recognizes factors including smoking-related oxidative stress, obesity, metabolic disease, environmental exposure and gonadotoxic substances as relevant to male reproductive health.

However, I do not tell patients that one unhealthy meal, one stressful week or one episode of masturbation has permanently "turned their semen into water."

Male reproductive health is more complex.

Does Drinking Too Much Water Cause Watery Semen?

Normal hydration does not simply dilute semen in the way water dilutes a drink in a glass.

Semen is produced through regulated secretions from the reproductive glands.

Hydration status may influence overall body physiology, but persistent watery semen should not be diagnosed as "too much water in the body."

Likewise, patients should not deliberately dehydrate themselves in an attempt to make semen look thicker.

The goal is healthy reproductive function—not artificially thicker-looking fluid.

Are Fatigue, Low Libido and Premature Ejaculation Symptoms of Watery Semen?

Not necessarily.

This is another important correction.

A man can have watery-looking semen and completely normal libido.

Another may have premature ejaculation but normal semen analysis.

Fatigue can arise from poor sleep, anaemia, stress, diabetes, thyroid disorders and numerous other causes.

These complaints can **coexist** with semen concerns, but they should not automatically be considered symptoms caused by watery semen.

Each problem needs its own evaluation.

When Should Watery Semen Be Investigated?

If semen occasionally looks thinner but there are no other symptoms and fertility is not currently a concern, reassurance may be all that is required.

I recommend a more detailed evaluation when the change is persistent, semen volume appears repeatedly very low, pregnancy has not occurred despite regular unprotected intercourse, there is blood or pain with ejaculation, there are urinary or genital symptoms, erectile or hormonal symptoms are present, or there is a history of testicular disease, varicocele, genital surgery, chemotherapy, significant infection or reproductive-tract abnormality.

The EAU recommends evaluating couples who have not conceived after approximately **12 months of regular unprotected intercourse**, with both partners assessed because fertility is a couple's issue.

Earlier assessment may be appropriate when there are known reproductive risk factors or when the female partner's age or reproductive circumstances make waiting inappropriate.

How I Evaluate Watery Semen at Saira Health Care

When a patient comes to me saying, “My semen is watery,” I do not immediately start treatment.

I first try to answer several questions.

Is the semen actually abnormal, or is the patient seeing normal liquefaction?

Is the volume reduced?

Is there true infertility?

What are the sperm concentration, total number, motility and morphology?

Are there symptoms suggesting infection?

Is erectile function normal?

Is libido normal?

Is there a hormonal concern?

Has the patient undergone previous surgery?

Is there diabetes?

Is a varicocele present?

Is the entire semen sample being collected correctly?

This is the difference between **treating a symptom and treating a patient**.

Saira Health Care itself publicly emphasizes investigation before treatment and lists semen analysis, hormonal evaluation, scrotal ultrasound, TRUS and other reproductive investigations among tests used according to clinical need.

Semen Analysis Is the Most Important First Test When Fertility Is a Concern

A proper semen analysis evaluates much more than consistency.

The current EAU guideline recommends focused evaluation with medical and reproductive history, physical examination, semen analysis using WHO standards and hormonal evaluation, with imaging or genetic investigations added according to the findings.

If the semen analysis is abnormal, it generally should not be treated as a final diagnosis from a single sample.

The EAU notes that if abnormalities are found on at least **two semen analyses**, further andrological investigation is indicated.

This is important because semen naturally fluctuates.

One abnormal report should be taken seriously but should not automatically create panic.

How to Prepare for Semen Analysis

Correct sample collection matters.

Patients are generally asked to avoid ejaculation for a standardized period before testing, often approximately two to seven days depending on laboratory instructions.

The complete ejaculate should be collected in the correct sterile container, and any loss of the sample should be reported.

When collecting at home, laboratories generally require prompt transport and appropriate temperature handling.

Poor collection technique can make a normal man appear abnormal.

Modern Treatment of Watery Semen

There is no single modern medicine called a “watery semen cure.”

Treatment depends entirely on the underlying finding.

If semen appearance is thin but the semen analysis is satisfactory and fertility is normal, no disease-specific treatment may be needed.

If frequent ejaculation is responsible for a temporary change, normalizing the interval may be enough.

If infection is diagnosed, the infection should be treated appropriately.

If testosterone or another hormone is abnormal, its cause needs investigation.

If diabetes is contributing to ejaculatory dysfunction, diabetes management becomes part of treatment.

If retrograde ejaculation is present, its cause determines management.

If an anatomical obstruction is confirmed, specialist urological treatment may be considered.

If sperm parameters are abnormal without an obvious cause, a comprehensive male-infertility evaluation is required.

The correct question is therefore not:

“Which medicine will make my semen thicker?”

It is:

“Why does my semen appear abnormal, and is there actually a reproductive problem that needs treatment?”

Thickness Is Not the Main Treatment Goal

I want patients to remember this point particularly clearly.

Making semen visually thicker is not the same as improving fertility.

Our treatment goals should be clinically meaningful.

When fertility is the concern, we are interested in total sperm output, concentration, motility, morphology, vitality, underlying testicular function and the reproductive circumstances of both partners.

The EAU specifically cautions that individual semen parameters are not independently diagnostic of fertility or infertility.

A successful treatment plan should therefore aim to improve the **underlying reproductive disorder**, not simply the appearance of the ejaculate.

Understanding Riqqat-e-Mani in Unani Medicine

In Unani clinical terminology, unusually thin semen is traditionally discussed as **Riqqat-e-Mani**.

Classical Unani medicine approaches reproductive complaints through an individualized understanding of the patient's **Mizaj**, general physical strength, digestive status, nutrition, sexual habits, sleep, psychological condition and reproductive system.

This holistic philosophy remains valuable.

However, I make an important distinction when explaining it to patients:

The traditional Unani concept of humour and temperament is **not scientifically identical to modern semen biochemistry or sperm analysis**.

Today we have the benefit of both systems.

We can understand the patient constitutionally through Unani medicine while also measuring sperm concentration, motility, hormones and reproductive anatomy using contemporary investigations.

That is the approach I prefer.

The Main Unani Treatment Modalities

The Central Council for Research in Unani Medicine, under India's Ministry of AYUSH, formally recognizes four broad modes of treatment in the Unani system: **Ilaj-bil-Tadbir (regimental therapy), Ilaj-bil-Ghiza (dietotherapy), Ilaj-bil-Dawa (pharmacotherapy) and Ilaj-bil-Yad (surgery)**.

This is important because Unani treatment is much broader than simply prescribing an herbal powder.

For a patient with Riqqat-e-Mani, I may need to consider diet, lifestyle, general physical condition, reproductive investigations, psychological stress and physician-selected medicine together.

Ilaj-bil-Ghiza: Diet and Reproductive Health

There is no single food that can guarantee thick semen or pregnancy.

A balanced diet nevertheless plays an important role in overall reproductive health.

Adequate protein, vegetables, fruits, whole grains, nuts, seeds and appropriate healthy fats can support general health. Patients with obesity or diabetes need individualized nutritional management rather than simply being told to consume large quantities of milk, sweets, nuts or traditional tonics.

This is particularly important because some traditional formulations themselves may contain sugar, honey or calorie-dense ingredients.

The diet must suit the patient.

Ilaj-bil-Tadbir: Lifestyle and General Strength

In my practice, I consider sleep, physical activity, smoking, alcohol, psychological stress and body weight as part of reproductive-health management.

Regular exercise supports metabolic and cardiovascular health.

Stopping tobacco reduces harmful exposure.

Adequate sleep supports hormonal and psychological well-being.

Stress management can help patients whose sexual concerns are creating anxiety.

These measures should not be advertised as a guaranteed cure for watery semen, but they provide a stronger foundation for male reproductive health.

Ilaj-bil-Dawa: Individualized Unani Medicines

Unani pharmacotherapy is most useful when selected according to the actual clinical presentation.

This means I do not believe every patient who says “my semen is thin” should automatically receive the same medicine.

One patient may have low sperm count.

Another may have normal sperm count but low volume.

Another may have premature ejaculation.

Another may have infection.

Another may have normal fertility but excessive anxiety about semen appearance.

The medicine must follow the diagnosis.

Dr. Qasmi’s Nuskha No. 129 – Vitasem Max

At Saira Health Care, **Dr. Qasmi’s Nuskha No. 129 – Vitasem Max** is one formulation used within selected male reproductive-health programmes.

The current Saira Health Care Pharmacy page describes it as a Unani Majoon intended for male debility, low energy and support of semen quality. Importantly, the actual currently published ingredient list includes substances such as Asl-us-Soos, Tukhm Sudab, Tukhm Kahu, Gulnar, Gul Surkh and traditional processed mineral ingredients including Kushta Qalai and Warq Nuqra. The pharmacy also specifically warns against self-medication and excessive dosage.

View Dr. Qasmi's Nuskha No. 129 – Vitasem Max

I mention the current published composition because product information should be accurate. Nuskha No. 129 should not be described as containing Ashwagandha, Kaunch and Safed Musli if those ingredients are not listed on its present product page.

In my approach, this formulation is not selected simply to make semen "look thicker." Its use should be related to the patient's overall clinical and reproductive assessment.

The product page's claims regarding sperm or semen support represent **Saira Health Care Pharmacy's traditional product positioning**. They should not be interpreted as proof from large independent randomized controlled trials that the formulation corrects every cause of abnormal semen.

Spermogenic Powder

Spermogenic Powder is another traditional formulation used in Saira Health Care's male reproductive-health programmes.

The pharmacy's current ingredient information includes Asgand Nagori, Kaunch Beej, Musli Safed, Satawar and other traditional ingredients, and the product is marketed for concerns including reduced sperm count, motility, low semen volume and watery semen.

View Spermogenic Powder

I consider products like Spermogenic in the context of the patient's full reproductive picture rather than using them as substitutes for semen analysis.

The current product page makes broad claims about fertility and sexual-health benefits, but patients should understand that a commercial product description is **not the same level of evidence as an independently reproduced randomized clinical trial of the finished formulation**.

This distinction allows us to use traditional medicine responsibly without making promises that science cannot yet support.

Dr. Qasmi's Nuskha No. 116

Dr. Qasmi's Nuskha No. 116 is another formulation that may be considered in selected patients, particularly when complaints such as reduced stamina, sexual weakness or premature ejaculation coexist.

Its current pharmacy description lists ingredients including Banslochan, Salab Misri, Tudari Surkh, Taj Qalmi, Singhara Khushk, Maghz Pumbadana and Mastagi Roomi. The page primarily positions the product for vitality, stamina and premature-ejaculation-related support rather than specifically establishing it as a treatment for watery semen.

This is an important clinical distinction.

If a patient has watery semen but no premature ejaculation or low stamina, the mere presence of thin semen does not automatically create an indication for Nuskha No. 116.

Treatment should remain individualized.

Are Herbal Medicines Completely Free From Side Effects?

No.

As a physician, I prefer not to tell patients that any medicine is "100% free from side effects."

Traditional and herbal preparations contain biologically active substances. Some Unani preparations may also contain processed mineral ingredients.

Safety depends on formulation, dose, duration, manufacturing quality, liver and kidney function, other medicines and the patient's individual health.

Even Saira Health Care Pharmacy's Nuskha No. 129 page advises against self-medication and warns that overdose may cause adverse effects.

Natural treatment should mean **responsibly selected treatment**, not careless treatment.

The Saira Health Care Approach to Watery Semen

At Saira Health Care, I try to follow a simple principle:

Do not treat the colour or thickness of semen before understanding the patient.

For a fertility patient, the evaluation may include semen analysis, relevant hormonal testing, examination for varicocele or testicular abnormalities and ultrasound or other investigations where indicated.

Our official Saira Health Care website emphasizes the importance of proper investigation and diagnosis before treatment and publicly lists semen analysis, hormonal evaluation, scrotal ultrasound, TRUS and related reproductive investigations.

If the laboratory findings are normal, I explain that treatment aimed merely at making semen thicker may not be necessary.

If the report shows a genuine abnormality, we then treat the abnormality.

Why Male Fertility Requires More Than One Number

One of the reasons I have focused my practice on sexual disorders and infertility is that male fertility is often oversimplified.

Patients may bring a report and ask:

“Is 16 million normal?”

“Is 40% motility enough?”

“Why is morphology only 4%?”

These numbers have to be interpreted together.

The EAU states clearly that semen-analysis values are surrogate markers and that none of the individual parameters alone establishes infertility.

The partner's reproductive health also matters.

Fertility treatment should therefore focus on the **couple**, not only the semen report.

Watery Semen and Pregnancy

Can a man with watery semen make his partner pregnant?

Yes, certainly, if adequate functional sperm are present and there are no important fertility problems in either partner.

Can a man with thick semen be infertile?

Yes.

This is why I ask patients to stop using appearance as a fertility test.

The semen-analysis report and the couple's clinical history provide far more meaningful information.

Watery Semen and Premature Ejaculation

These are separate problems.

Premature ejaculation refers to ejaculation occurring earlier than desired with reduced control and associated distress.

Watery semen refers to the appearance or physical consistency of ejaculate.

One does not automatically cause the other.

If both exist, both should be assessed.

This is also why Nuskha No. 116 may be relevant to a patient whose main associated complaint is early ejaculation, whereas another patient with abnormal sperm parameters may require a different reproductive-health strategy.

Watery Semen and Erectile Dysfunction

A man's semen can be watery while erection quality remains excellent.

Another patient can have very normal-looking semen but severe erectile dysfunction.

Erection depends mainly on the nervous system, blood circulation, erectile tissue, hormones and psychological arousal.

Semen production and erection are related aspects of male sexual health but are not identical processes.

Watery Semen and Low Testosterone

Low testosterone can affect libido, erections and aspects of reproductive physiology.

It may also be associated with reduced semen volume or impaired sperm production in certain patients.

But watery appearance by itself does **not diagnose testosterone deficiency**.

Testosterone should be measured when symptoms or clinical findings justify testing, and genuine hypogonadism requires proper hormonal assessment.

Men planning fertility should also be cautious with testosterone treatment because externally administered testosterone can suppress sperm production.

Watery Semen and Varicocele

Varicocele is an abnormal enlargement of veins around the testicle and is an important potentially treatable condition in selected infertile men.

It can affect semen parameters, especially sperm production and quality.

It cannot be diagnosed by looking at watery semen.

Physical examination and, where clinically appropriate, scrotal Doppler ultrasound are more useful.

Again, appearance gives us a clue that the patient is concerned—it does not give us the diagnosis.

Watery Semen and Azoospermia

Azoospermia means **no sperm are detected in the ejaculate after appropriate laboratory examination**.

A man cannot diagnose azoospermia from semen appearance.

Semen in azoospermia may still appear white or otherwise ordinary because most of the fluid comes from accessory reproductive glands rather than the testes.

This is another powerful example showing why thick-looking semen does not guarantee sperm are present.

When More Advanced Investigation Is Needed

Advanced investigations are not required in every patient.

Depending on findings, further assessment may include hormonal testing, scrotal ultrasound, post-ejaculatory urine examination, transrectal ultrasound, genetic investigations or more specialized reproductive testing.

EAU guidance recommends tailoring additional investigations to the patient's clinical features and semen results rather than routinely performing every available test.

This is also my preferred approach at Saira Health Care.

Testing should answer a question.

Psychological Effect of Watery Semen

Although watery semen is often medically harmless, the anxiety it creates can be considerable.

Some men begin checking their semen after every ejaculation.

They compare its colour, thickness and quantity from day to day.

They may avoid sexual activity or believe they are becoming physically weak.

Others become worried that marriage or pregnancy will be impossible.

I want patients to know that this anxiety can become more harmful to sexual confidence than the semen variation itself.

The first step is accurate information.

My Message About "Semen Weakness"

I prefer not to use the phrase "weak semen" without laboratory evidence.

Semen is not classified medically as simply strong or weak.

We describe measurable abnormalities.

There may be low sperm concentration.

There may be poor motility.

There may be abnormal morphology.

There may be low volume.

There may be infection or inflammation.

There may be no sperm.

Or the semen may be completely satisfactory.

Once we use accurate language, treatment becomes much easier to understand.

Why I Do Not Promise a Universal Cure

Watery semen can arise for very different reasons.

Therefore, no responsible physician can promise that one powder, capsule or Majoon will cure every patient.

If the cause is frequent ejaculation, medicine may not be required.

If the patient has retrograde ejaculation, treatment is completely different.

If there is obstruction, a structural solution may be necessary.

If an infection exists, it must be correctly identified.

If semen analysis is normal, reassurance may be more appropriate than treatment.

If sperm production is impaired, a full male-infertility evaluation is needed.

This is why personalized medicine is central both to contemporary andrology and to the philosophy of Unani medicine.

Dr. Nizamuddin Qasmi and My Work in Sexual Disorders & Infertility

I am **Dr. Nizamuddin Qasmi**, Founder and Chief Physician of Saira Health Care.

My professional work has been particularly focused on **sexual disorders, male and female infertility and reproductive health**.

Saira Health Care's published professional information lists my qualifications including **BUMS from Hamdard University, Delhi, MD, CGO, Certificate in Infertility and Certificate in Urology – London, UK**. The clinic also identifies my work in male infertility, sexual disorders, low sperm count, erectile dysfunction, premature ejaculation and related reproductive-health concerns.

My additional professional training includes **Masters in Male Infertility by MasterHealthPro (HealthPro)**.

This combination of Unani medical education, urological knowledge and focused male-infertility training is particularly useful when evaluating problems such as watery semen because the complaint may involve sexual function, reproductive hormones, semen abnormalities, testicular disease or fertility concerns simultaneously.

Contribution of Saira Health Care

At Saira Health Care, our contribution to sexual disorders and infertility is not limited to providing medicines.

A major part of our work is **education and awareness**.

Many patients come to us after months or years of misinformation.

Some believe every nightfall causes weakness.

Some believe masturbation permanently destroys sperm.

Some believe thick semen proves fertility.

Others believe any infertility problem can be treated without investigation.

Our website itself emphasizes treatment after proper investigation and diagnosis and highlights educational efforts to help patients understand why the underlying cause matters.

This is the approach I want every patient to understand:

Know the diagnosis first. Then choose treatment.

Frequently Asked Questions

Is watery semen always abnormal?

No. Semen naturally varies and normally becomes more fluid after ejaculation as part of liquefaction.

Does watery semen mean infertility?

No. Visual appearance cannot diagnose fertility. Semen analysis and the couple's complete reproductive evaluation are required.

Does watery semen mean low sperm count?

Not necessarily. Low sperm concentration can only be diagnosed through laboratory testing.

Does frequent masturbation cause permanent watery semen?

Frequent ejaculation may temporarily change the characteristics of subsequent semen, but normal masturbation is not established as a cause of permanent infertility.

How long should I avoid ejaculation before a semen test?

Laboratory instructions commonly recommend approximately two to seven days for standardized fertility testing. Follow the exact instructions of the laboratory performing your analysis.

Can watery semen become normal?

Yes. If the change is temporary or related to ejaculation frequency, semen appearance may normalize without treatment. If an underlying disorder exists, improvement depends on treating that cause.

Can Unani medicine help?

Unani medicine can be useful as an individualized supportive approach involving Mizaj assessment, diet, lifestyle, reproductive-health evaluation and physician-selected pharmacotherapy. It should be combined with appropriate laboratory investigation when fertility or significant reproductive disease is suspected.

Is Nuskha No. 129 used for semen health?

Saira Health Care Pharmacy positions Nuskha No. 129 as a traditional Unani formulation for general debility and semen-quality support. Its use should be individualized, and the product page itself advises against self-medication.

Is Spermogenic specifically marketed for watery semen?

Yes. The current Saira Health Care Pharmacy product page includes low semen volume and watery semen among its stated indications, together with several other male fertility concerns. Those are product-positioning claims and should be distinguished from independent high-quality clinical-trial evidence.

Can Nuskha No. 116 be used?

Nuskha No. 116 is primarily positioned for vitality, stamina and premature-ejaculation support. It may be selected when such complaints coexist, but watery semen alone does not automatically create an indication for it.

Prognosis

In many men, occasional watery-looking semen is not serious.

The outlook depends on whether any genuine abnormality is found.

When semen analysis is satisfactory and there are no important symptoms, reassurance may be enough.

When a treatable cause such as infection, a lifestyle issue or certain hormonal conditions is identified, appropriate management may improve reproductive health.

Structural problems require specific treatment.

More significant abnormalities of sperm production require proper male-infertility evaluation.

The central principle remains:

Do not treat semen appearance in isolation. Treat the underlying diagnosis.

Conclusion

When a patient tells me that his semen has become watery, I understand why he is worried. Semen is closely associated in people's minds with masculinity, fertility and sexual strength.

But medical science gives us a reassuring and much more accurate way to understand the problem.

Semen naturally varies.

It normally becomes more fluid after ejaculation.

Its appearance cannot reliably tell us sperm count, motility, morphology or fertility.

The current WHO sixth-edition framework used in the EAU male-infertility guideline evaluates semen volume, total sperm number, concentration, motility, vitality and morphology using standardized laboratory methods. The lower reference values include approximately 1.4 mL for volume, 16 million/mL for concentration, 39 million sperm per ejaculate, 42% total motility, 30% progressive motility and 4% normal morphology. These are reference percentiles—not absolute boundaries between fertility and infertility.

Persistent watery-looking semen can sometimes accompany short ejaculation intervals, low semen volume, abnormal sperm concentration, hormonal problems, infection or inflammation, retrograde ejaculation or obstruction. But these conditions must be diagnosed rather than guessed.

In the **Unani system of medicine**, the traditional concept of **Riqqat-e-Mani** provides a broader framework for evaluating thin semen together with Mizaj, physical strength, diet, lifestyle and reproductive wellness. CCRUM recognizes dietotherapy, regimental treatment, pharmacotherapy and surgery as distinct modes of Unani treatment, showing that Unani medicine itself is intended to be comprehensive rather than medicine-only.

At **Saira Health Care**, my approach as Dr. Nizamuddin Qasmi is therefore to integrate this traditional individualized philosophy with proper contemporary investigation.

Dr. Qasmi's Nuskha No. 129, Spermogenic Powder and, in selected patients, Nuskha No. 116 may form part of an individualized traditional treatment programme. Their role should depend on the patient's actual symptoms and reproductive findings, and they should not be advertised as universal substitutes for diagnosis or as guaranteed cures for every case of watery semen.

My professional focus at **Saira Health Care** is sexual disorders and infertility. My publicly listed qualifications include **BUMS, MD, CGO, Certificate in Infertility and Certificate in Urology – London, UK**, along with my professional training in **Masters in Male Infertility by MasterHealthPro (HealthPro)**. Saira Health Care continues to promote diagnosis-based, individualized sexual and reproductive healthcare and patient education.

The message I want every patient to remember is simple:

Do not decide that you are infertile or sexually weak because your semen looks watery. Observe the problem calmly, get a proper semen analysis when indicated, identify the underlying cause, and choose treatment according to the diagnosis. In many cases the finding is manageable—and sometimes it is simply normal variation rather than disease.

Medical Disclaimer

This article is intended for **general medical education and sexual- and reproductive-health awareness**. It should not replace an individualized consultation, physical examination, semen analysis or other investigation recommended by an appropriately qualified healthcare professional.

The term “watery semen” describes appearance and is not by itself a modern laboratory diagnosis of infertility.

Do not begin antibiotics, hormones, fertility medicines, Unani preparations or herbal supplements solely on the basis of semen appearance.

Traditional and herbal medicines contain biologically active ingredients, and some formulations may contain processed mineral ingredients. They should be used in appropriate doses and under professional supervision.

No medicine, Unani formulation, supplement or treatment programme can responsibly guarantee normalization of sperm parameters, fertility or pregnancy for every patient.