Nightfall (Nocturnal Emission)

Causes, Symptoms, Medical Evaluation, Treatment and the Unani Medicine Perspective

Introduction

Nightfall, medically known as a **nocturnal emission** and commonly called a **wet dream**, refers to involuntary ejaculation of semen during sleep.

It is particularly common during puberty and adolescence, although it can also occur in adult men. A nocturnal emission may occur together with an erotic dream, but a sexual dream is **not necessary** for it to happen.

For generations, nightfall has been surrounded by misconceptions. Men and adolescent boys are sometimes told that losing semen during sleep causes weakness, backache, infertility, reduced masculinity, poor memory, low testosterone or permanent sexual weakness.

Modern scientific evidence does **not** support these beliefs in relation to ordinary physiological nocturnal emissions.

A major systematic scoping review published in *Sexual Medicine Reviews* in 2026 examined **157 sources** and concluded that nocturnal emissions are a physiological phenomenon, especially common during sexual maturation. The review also found that the traditional theory that nocturnal emissions simply represent a compensatory release because a person has not ejaculated through sexual activity is **not supported by the available evidence**.

This distinction is extremely important.

An occasional nocturnal emission is usually normal and does not require treatment.

However, a person may reasonably seek professional assessment when episodes become associated with:

- Significant distress or anxiety
- Repeated sleep disruption
- Pain during ejaculation
- Blood in semen
- Urinary or genital symptoms
- Daytime involuntary seminal discharge
- Erectile or ejaculation problems
- Fertility concerns
- Other unexplained physical symptoms

In the **Unani system of medicine**, excessive nocturnal emission has traditionally been discussed as **Kasrat-i-Ihtilam**. Classical Unani medicine approaches such complaints according to the patient's *Mizaj* (temperament), general health, diet, sleep, digestive condition and other associated symptoms rather than treating every person identically.

At **Saira Health Care**, Dr. Nizamuddin Qasmi's official professional profile identifies his focused clinical practice as sexual disorders and infertility, while the clinic lists nocturnal emissions among the sexual-health conditions for which consultation is available.

What Exactly Is a Nocturnal Emission?

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

The person does not consciously decide to ejaculate.

Semen may be noticed:

- On clothing
- On underwear
- On a bedsheet
- On waking from sleep

Some individuals wake during or immediately after the emission, while others discover it only the following morning.

A nocturnal emission can occur:

- With an erotic dream
- Without remembering any dream
- With an orgasmic sensation
- Without clearly remembering an orgasm

The 2026 systematic review found that nocturnal emissions can occur **with or without erotic dreams**.

Therefore, the popular term “wet dream” can sometimes be misleading because not every nocturnal emission is accompanied by a remembered sexual dream.

Nightfall Is Usually a Normal Physiological Event

This is the single most important fact for patients to understand.

Nocturnal emissions are generally **not a disease**.

A recent 2026 historical and medical review published in the *International Journal of Impotence Research* describes nocturnal emissions as a normal biological function of sexual arousal and ejaculation during sleep, often beginning around puberty. The authors also emphasize that medically unsupported claims about their harmful effects remain common and that sexual-health education is important for reducing unnecessary fear.

Indian adolescent-health educational material associated with WHO programmes similarly describes nocturnal emission as a normal physiological phenomenon and emphasizes that it does not represent loss of manhood or sexual weakness.

For most healthy adolescents and adults:

Nightfall is normal, harmless and does not require medicine simply because it has occurred.

At What Age Does Nightfall Usually Begin?

Nocturnal emissions most commonly begin during puberty.

The 2026 systematic review reported that the first nocturnal emission generally occurs between approximately **12.6 and 15.6 years of age**, with the most common age around **13–14 years**.

This corresponds with the period during which:

- Testosterone rises
- Testicular development progresses
- Sperm production begins
- Secondary sexual characteristics develop
- The reproductive system reaches sexual maturity

For many adolescent boys, the first nocturnal emission may therefore be one of the earliest obvious signs that the reproductive system has become mature.

Parents and health educators should explain this in a calm and scientifically accurate way.

Fear-based messages can cause unnecessary psychological distress.

How Common Are Nocturnal Emissions?

They are very common.

The 2026 systematic review found reported prevalence rates of approximately **70–90%**, particularly among adolescents, although prevalence varies between populations and studies.

The exact number of episodes experienced during a lifetime varies considerably.

Some men experience:

- Frequent emissions during adolescence
- Only occasional emissions
- Long periods without an emission
- Emissions primarily during certain periods of life
- Very few or no remembered nocturnal emissions

All of these patterns can potentially occur in otherwise healthy people.

How Often Is Nightfall "Normal"?

There is **no scientifically established number of nocturnal emissions per week or month that automatically defines disease**.

This point deserves special emphasis.

Modern research notes that reliable data concerning the normal frequency of nocturnal emissions are limited and inconsistent.

Therefore, statements such as:

- "More than once a week is dangerous"
- "Two times a month causes weakness"
- "Four wet dreams in a month means disease"

cannot be treated as universally established modern medical rules.

Frequency should be interpreted together with:

- Age
- Pubertal stage
- General health
- Associated symptoms
- Emotional distress

- Sleep quality
- Daytime sexual symptoms

The presence of an emission itself is not proof of illness.

Modern Medicine and the Classical Unani Definition Are Not Identical

Traditional Unani literature uses the term **Kasrat-i-Ihtilam**, meaning excessive nocturnal emission.

The **Central Council for Research in Unani Medicine (CCRUM)** standard treatment guideline describes Kasrat-i-Ihtilam within the traditional Unani framework and historically uses a frequency-based description of more than two episodes per month.

This is a **classical Unani diagnostic concept**.

It should not be presented as if modern urology has scientifically established that more than two wet dreams per month constitutes disease.

Modern research has **not established a universal pathological frequency threshold**.

A responsible integrative approach should therefore distinguish:

Modern biomedical perspective

Nocturnal emissions are usually physiological, and frequency varies considerably.

Classical Unani perspective

Persistent or excessive emissions associated with other symptoms may be assessed as Kasrat-i-Ihtilam according to traditional diagnostic principles.

These two frameworks can be discussed together without incorrectly presenting them as identical.

What Happens in the Body During a Nocturnal Emission?

Male ejaculation involves coordination between:

- Brain
- Spinal cord
- Autonomic nervous system
- Peripheral nerves
- Prostate gland

- Seminal vesicles
- Vas deferens
- Urethra
- Pelvic-floor muscles

During sleep, sexual and autonomic nervous-system activity can produce genital arousal.

Semen is transported into the urethra and expelled through coordinated muscular contractions.

Because the event occurs during sleep, conscious control is absent.

Interestingly, the 2026 scientific review found evidence that nocturnal emissions can occur independently of some higher brain control mechanisms, demonstrating that they involve complex spinal and autonomic physiology rather than simply conscious sexual thoughts.

Are Nocturnal Emissions Caused by Erotic Dreams?

Not always.

An erotic dream may accompany an emission, but nocturnal emissions also occur without remembered sexual dreams.

The 2026 systematic review specifically found that nocturnal emissions occur **with or without erotic dreams**.

Therefore:

No sexual dream does not mean something is abnormal.

Likewise, having a sexual dream does not mean an individual deliberately caused the ejaculation.

Does the Body Produce Nightfall to Remove "Excess Semen"?

This is a widely repeated explanation, but current evidence does not support presenting it as established physiology.

Historically, doctors and traditional health literature sometimes proposed that semen accumulated during periods without ejaculation and that nocturnal emissions served as a compensatory outlet.

The comprehensive 2026 systematic review found that the evidence **did not support the historical compensatory-release hypothesis**.

The body continually regulates reproductive cells and secretions through multiple processes.

It is therefore more accurate to describe nocturnal emissions simply as a normal manifestation of sexual physiology during sleep rather than as a compulsory process for "emptying excessive semen."

Does Lack of Sex Cause Nightfall?

Not necessarily.

Nocturnal emissions can occur in people who:

- Are sexually inactive
- Are sexually active
- Masturbate
- Do not masturbate

The available scientific evidence does not support a simple rule that abstinence necessarily causes nocturnal emissions.

Individual patterns vary.

Does Masturbation Cause Nightfall?

There is no good evidence that masturbation itself causes a disease of recurrent nocturnal emissions.

Similarly, masturbation does not ordinarily produce permanent:

- Nerve weakness
- Loss of masculinity
- Infertility
- Testosterone deficiency
- Permanent loss of semen-producing capacity

Sexual-health concerns should be assessed according to actual symptoms rather than fear surrounding masturbation.

A person who feels unable to control compulsive sexual behaviour or experiences significant guilt or anxiety may nevertheless benefit from counselling.

That is a psychological or behavioural issue rather than evidence that semen has been permanently damaged.

Does Nightfall Cause Weakness?

Ordinary nocturnal emission does **not** generally cause physical weakness.

The amount of nutrients or energy lost in a normal ejaculation is not sufficient to explain chronic weakness, emaciation or major decline in health.

The belief that every loss of semen results in substantial loss of bodily strength has played an important historical and cultural role in South Asia.

This is also relevant to **Dhat syndrome**.

Dhat syndrome involves excessive anxiety or concern that semen loss through urine, masturbation or nocturnal emissions is causing weakness, fatigue and other physical problems. Reviews describe symptoms such as fatigue, weakness, anxiety, poor concentration and sexual concerns that patients attribute to semen loss.

Such symptoms should be taken seriously—but the clinician must distinguish between:

The patient's genuine symptoms

and

an inaccurate belief that normal semen loss is physically destroying the body.

Does Nightfall Cause Back Pain?

Back pain is **not considered a characteristic direct consequence of a normal nocturnal emission**.

A person who repeatedly experiences back pain should be evaluated separately for possible causes such as:

- Muscular strain
- Poor posture
- Spinal conditions
- Vitamin deficiency
- Kidney or urinary problems
- Physical inactivity

- Other medical disorders

Automatically attributing chronic back pain to semen loss can delay proper diagnosis.

Does Nightfall Reduce Testosterone?

Normal nocturnal emissions do not cause persistent testosterone deficiency.

Testosterone production is controlled predominantly through the hypothalamic-pituitary-testicular hormonal system.

If a patient has symptoms suggestive of testosterone deficiency, such as:

- Persistent low libido
- Reduced spontaneous erections
- Loss of muscle mass
- Reduced body hair
- Significant unexplained fatigue
- Certain fertility problems

then appropriate hormonal assessment may be considered.

Nightfall by itself is not evidence of low testosterone.

Does Nightfall Reduce Sperm Count?

An occasional ejaculation does not permanently reduce sperm-producing capacity.

The testes continue producing sperm.

A semen analysis measures sperm concentration and several other reproductive parameters and is used primarily when there is a fertility concern.

A man should not assume that experiencing several nocturnal emissions means he has developed a low sperm count.

Does Nightfall Cause Infertility?

Ordinary nocturnal emissions do **not cause male infertility**.

The 2026 systematic review actually noted an unusual clinical application in which semen obtained through nocturnal emission has occasionally been used as a sperm source in men with certain forms of anejaculation.

Male infertility generally requires assessment of factors such as:

- Sperm count
- Sperm motility
- Sperm morphology
- Hormonal health
- Testicular function
- Varicocele
- Obstruction
- Infection in selected cases
- Genetic causes
- Lifestyle and environmental factors

Nightfall and infertility are therefore two different issues.

Is Nightfall a Sign of Sexual Weakness?

No.

Normal nocturnal emission does not mean that a man has:

- Erectile dysfunction
- Premature ejaculation
- Infertility
- Loss of libido
- “Weak nerves”
- Reduced masculinity

These are separate conditions.

Indian adolescent-health educational guidance specifically emphasizes that nocturnal emission does not represent loss of manhood or sexual weakness.

Symptoms of an Ordinary Nocturnal Emission

Usually, there are very few symptoms beyond the emission itself.

A person may notice:

- Semen on underwear or bedding
- Awareness of ejaculation during sleep
- A sexual or nonsexual dream
- Temporary awakening

No additional medical symptoms are required.

Many men otherwise feel completely normal the following morning.

What About Fatigue, Irritability and Difficulty Concentrating?

These symptoms can certainly occur in a person who is worried about nightfall.

However, they should not automatically be attributed to the physical loss of semen.

Possible explanations include:

- Insufficient sleep
- Anxiety
- Depression
- Chronic stress
- Fear about sexual health
- Nutritional problems
- Anaemia
- Thyroid disorders
- Diabetes
- Other medical conditions

Dhat syndrome research is particularly relevant because men worried about semen loss frequently report symptoms such as fatigue, weakness, anxiety and poor concentration.

Proper assessment should therefore address both physical and psychological health.

When Can Nightfall Become a Clinical Concern?

The number of episodes is less important than the **overall clinical situation**.

Professional evaluation may be useful if:

- Episodes are causing severe anxiety
- Sleep is being repeatedly disrupted
- Ejaculation is painful
- Semen contains blood
- There is burning urination
- There is abnormal genital discharge
- Pelvic pain is present
- Fever accompanies urinary or genital symptoms
- Daytime involuntary discharge occurs
- Erectile dysfunction is present
- Premature ejaculation is also troublesome
- Fertility is a concern
- Significant depression or anxiety is present
- Symptoms began after a new medicine
- A neurological condition is present

Repeated or severe pain during ejaculation is not normal and deserves medical assessment. Painful ejaculation can occur during intercourse, masturbation or nocturnal emission and may have several urological causes.

Is Frequent Nightfall Automatically a Disease?

No.

A person can experience relatively frequent nocturnal emissions without having an underlying disease.

Modern research has not identified an exact frequency separating “normal” from “abnormal.”

Clinical assessment is more useful when the person has:

Frequent emissions + distress + another symptom

rather than frequency alone.

Medical Evaluation of Troublesome Nightfall

A good medical assessment begins with conversation, not automatically with laboratory tests.

The healthcare professional may ask about:

- Age
- When episodes began
- Frequency
- Sleep quality
- Presence of sexual dreams
- Pain
- Urinary symptoms
- Daytime discharge
- Masturbation and sexual history
- Erectile function
- Ejaculation during waking sexual activity
- Medicines
- Substance use
- Anxiety or depression
- Fertility concerns

These questions help distinguish normal physiology from a potentially separate disorder.

Physical Examination

Most healthy adolescents experiencing occasional nocturnal emissions do not need extensive examination.

A focused examination may be appropriate when symptoms suggest:

- Infection

- Prostate problems
- Genital disease
- Neurological disease
- Hormonal disorders
- Another urological condition

Are Blood Tests Necessary?

Not routinely.

Tests should be chosen according to symptoms.

Examples may include:

- Urine testing when infection is suspected
- Blood glucose testing when symptoms suggest diabetes
- Thyroid tests when clinically indicated
- Hormonal testing when endocrine symptoms are present
- Semen analysis when infertility is being investigated

There is no scientific basis for ordering an extensive “sexual weakness panel” merely because a healthy adolescent has occasional nocturnal emissions.

Is a Semen Analysis Required?

Usually not.

A semen analysis may be appropriate when:

- A couple is experiencing infertility
- Another reproductive disorder is suspected
- A clinician has a specific reason for requesting it

Nightfall alone is not an indication for repeated semen testing.

Treatment of Normal Nightfall

Usually, no treatment is necessary.

The most important “treatment” is often:

- Correct information
- Reassurance
- Healthy sleep habits
- Reduction of anxiety
- Avoidance of myths

The individual should understand that the body has not become weak merely because ejaculation occurred during sleep.

Lifestyle Measures for a Person Troubled by Nightfall

Lifestyle changes cannot guarantee elimination of nocturnal emissions because they are physiological events.

However, general measures can improve sleep and reduce the distress surrounding them.

Maintain Regular Sleep

Aim for a consistent sleep and waking schedule.

Adequate sleep benefits:

- Hormonal health
- Mood
- Concentration
- Stress control
- General well-being

Reduce Unnecessary Anxiety Before Bed

Relaxation may include:

- Slow breathing
- Meditation
- Reading
- Light stretching
- Avoiding excessive health-related internet searching

The objective is to improve sleep—not to create a ritual intended to “save semen.”

Reduce Excessive Screen Exposure at Night

Heavy late-night use of phones and screens can interfere with normal sleep schedules.

Improving sleep hygiene may help people who are primarily troubled by repeated awakenings or poor-quality sleep.

Regular Physical Activity

Exercise can improve:

- Sleep
- Mood
- Cardiovascular health
- Stress regulation
- Metabolic health

Physical activity should be encouraged for general health rather than promoted as a guaranteed cure for nightfall.

Balanced Diet

A healthy diet should provide:

- Adequate protein
- Whole grains
- Fruits
- Vegetables
- Healthy fats
- Micronutrients

There is no scientifically established requirement to replace semen after every nocturnal emission with special foods or tonics.

Psychological Counselling

Counselling can be extremely useful when anxiety rather than the emission itself has become the major problem.

A patient may need reassurance that:

- Nightfall does not destroy sexual ability.
- It does not make a person infertile.
- It does not mean a person has immoral thoughts.
- It is not an indication of lack of self-control.
- It does not permanently lower testosterone.

Treatment of anxiety can sometimes produce a far greater improvement in quality of life than attempting to eliminate every emission.

Nightfall and Dhat Syndrome

This subject deserves particular attention in South Asia.

Dhat syndrome has historically been associated with intense concern about semen loss.

A patient may believe that semen lost through:

- Nightfall
- Masturbation
- Urination

is causing:

- Weakness
- Fatigue
- Poor concentration
- Anxiety
- Loss of appetite
- Sexual dysfunction

Systematic reviews describe Dhat syndrome as a culturally influenced condition particularly recognized in the Indian subcontinent, often involving psychological distress surrounding perceived semen loss.

Patients experiencing these concerns should never be ridiculed.

The correct approach is compassionate education combined with assessment for:

- Anxiety
- Depression
- Sexual dysfunction
- Genuine medical disease

Medicines for Nightfall: Are They Always Necessary?

No.

A healthy person experiencing normal nocturnal emissions generally does not require prescription medication.

There is **no standard modern medicine that every person with nightfall should take**.

Sleep medicines, antidepressants or hormonal medicines should not be prescribed simply to stop a normal physiological ejaculation.

If another disorder is found, that disorder should be treated appropriately.

Nightfall in the Unani System of Medicine

Kasrat-i-Ihtilam

The Unani medical tradition has long recognized troublesome or excessive nocturnal emissions under the name:

Kasrat-i-Ihtilam

The Central Council for Research in Unani Medicine, Ministry of AYUSH, includes Kasrat-i-Ihtilam in its **Standard Unani Treatment Guidelines for Common Diseases**.

This is important evidence that nocturnal-emission complaints have a defined place in formal Unani clinical literature rather than existing only in popular traditional practice.

Classical Unani Understanding

Traditional Unani medicine approaches disease through concepts including:

- **Mizaj** — temperament
- **Akhlat** — humours

- Organ faculties
- Diet
- Digestion
- Sleep
- Physical activity
- Emotional health

The classical CCRUM guideline discusses traditional explanations for Kasrat-i-Ihtilam such as altered seminal characteristics and weakness of certain physiological faculties.

These explanations belong to the historical theoretical system of Unani medicine.

They should be distinguished from contemporary concepts in:

- Neurophysiology
- Endocrinology
- Sleep medicine
- Urology

A professional integrative article should respect both systems without falsely presenting traditional concepts as experimentally proven biomedical mechanisms.

Unani Principles of Treatment

Classical Unani management may involve several therapeutic principles.

These can include:

Ilaj bil-Ghiza

Treatment and regulation through diet.

Ilaj bit-Tadbir

Regimenal and lifestyle measures.

Ilaj bid-Dawa

Medicinal treatment when considered appropriate.

The CCRUM guideline also describes traditional principles related to modifying seminal production or consistency and supporting organ function according to the classical diagnosis.

The formulation selected traditionally depends on the patient's condition and should not be generalized to every individual who experiences a normal wet dream.

The Potential Value of Unani Medicine

Unani medicine can be particularly valuable when practised responsibly because it encourages an **individualized assessment** rather than reducing the patient to a single symptom.

A Unani consultation may consider:

- Mizaj
- Diet
- Digestive health
- Sleep
- Stress
- General strength
- Sexual history
- Urinary symptoms
- Reproductive health
- Associated sexual disorders

Many of these considerations overlap with important principles of contemporary patient-centred care.

The greatest benefit comes from combining traditional clinical reasoning with appropriate modern medical evaluation when symptoms suggest another condition.

What Unani Medicine Should Not Do

Responsible Unani treatment should not:

- Label every adolescent wet dream as disease
- Tell every patient that semen loss has permanently weakened him
- Promise a fixed cure rate
- Ignore painful ejaculation

- Ignore urinary symptoms
- Ignore depression or anxiety
- Delay fertility investigation when required
- Treat suspected endocrine or neurological disease solely with sexual tonics

Traditional medicine is strongest when it is practised thoughtfully rather than through fear-based claims.

Are Ashwagandha, Shilajit and Safed Musli Proven Cures for Nightfall?

These herbs are widely used within South Asian traditional medicine for different health indications.

However, it is not scientifically correct to say that the existence of general studies on:

- Ashwagandha
- Shilajit
- Safed Musli
- Kaunch Beej

proves that these ingredients cure nocturnal emissions.

Evidence for:

- Stress reduction
- General vitality
- Libido
- Fertility parameters

cannot automatically be transferred to a separate clinical outcome such as eliminating nocturnal emissions.

The efficacy and safety of the **specific formulation** being used must be considered.

“Natural” Does Not Mean “No Side Effects”

The statement that all Unani or herbal treatment is completely free from side effects is medically too broad.

Traditional medicines can potentially:

- Produce adverse effects
- Interact with conventional medicines
- Affect blood sugar
- Affect blood pressure
- Cause allergy
- Be inappropriate during certain illnesses

Safety also depends on:

- Correct identification of ingredients
- Dose
- Quality
- Manufacturing
- Patient health
- Duration of treatment

Therefore, self-medication should be discouraged.

Dr. Qasmi's Nuskha No. 111 — Noctura Rest

Saira Health Care Pharmacy currently lists:

Dr. Qasmi's Nuskha No. 111 (Noctura Rest)

as one of Dr. Qasmi's formulations.

The pharmacy describes the preparation as being used to support energy and general well-being and lists it as beneficial for nightfall. The published ingredient list includes several traditional ingredients such as Belgiri, Samaghe Arabi, Gile Armani, Rewand Chini, Qust Shirin and other components.

Product information is available at:

Dr. Qasmi's Nuskha No. 111 – Noctura Rest
https://pharmacy.sairahealthcare.com/medicine/dr-qasmis-nuskha-no-111/216

An important point must accompany any discussion of this formulation:

Nuskha No. 111 should not be portrayed as a medicine that every person experiencing a normal wet dream automatically requires.

Saira Health Care Pharmacy itself states that Dr. Qasmi's Nuskhas are intended for his patients and that prior consultation is required before ordering them.

Special Treatment Approach of Dr. Nizamuddin Qasmi

A clinically responsible approach to nightfall must first answer an important question:

Does this patient actually require treatment?

A healthy 16-year-old experiencing an occasional nocturnal emission may primarily need reassurance.

His treatment should not automatically be identical to that of:

- An adult with distressing recurrent discharge
- A patient with urinary symptoms
- A man with associated premature ejaculation
- Someone with erectile dysfunction
- A patient with severe semen-loss anxiety
- A man being evaluated for infertility

This is where individualized assessment becomes important.

Saira Health Care's current service information states that consultation includes:

- Detailed history taking
- **Mizaj** assessment
- Individualized prescription planning

and lists **Spermatorrhea, Dhat Rog and Nocturnal Emissions (Nightfall)** among the male sexual-health concerns managed at the clinic.

About Dr. Nizamuddin Qasmi

According to the official professional profile published by Saira Health Care, **Dr. Nizamuddin Qasmi** is the founder and chief physician of the clinic and has a focused practice in **sexual disorders and infertility**.

His clinic-listed qualifications include:

- **BUMS — Bachelor of Unani Medicine and Surgery**

- **MD**
- **CGO**
- **Certificate in Infertility**

Saira Health Care's professional profile also describes clinical experience at several institutions, including:

- Hakeem Abdul Hameed Centenary Hospital
- Majeedia Unani Hospital
- Dr. Hedgewar Arogya Sansthan
- Pt. Madan Mohan Malviya Hospital
- Life Rays Hospital
- District Hospital, Barabanki

The clinic identifies sexual disorders and infertility as his principal area of focused clinical practice.

These qualifications and his focused clinical work provide the professional background for Saira Health Care's approach to male sexual and reproductive-health complaints.

Specialist Focus on Sexual Disorders and Infertility

Saira Health Care currently lists clinical services related to conditions including:

- Erectile dysfunction
- Premature ejaculation
- Nocturnal emission
- Spermatorrhea
- Male infertility
- Varicocele
- Epididymal cyst
- Other male reproductive-health disorders

The centre's official service information describes its approach as combining **Unani medicine with modern diagnostic insights**.

This focused clinical setting can be useful because patients often confuse one sexual-health condition with another.

For example:

Nightfall is not the same as premature ejaculation.

Nightfall is not the same as spermatorrhea.

Nightfall is not the same as erectile dysfunction.

Nightfall is not the same as infertility.

Correct diagnosis is therefore more important than simply trying to stop semen discharge.

Contribution of Saira Health Care to Sexual-Health and Infertility Awareness

Sexual health remains a difficult subject for many people to discuss openly.

Fear, embarrassment and misinformation can lead patients toward:

- Unqualified practitioners
- Unregulated medicines
- Internet misinformation
- Excessive anxiety
- Unnecessary treatment

Saira Health Care states that its mission includes providing a confidential and patient-centred environment for people dealing with sexual disorders and fertility concerns. Its official information also describes extensive public education concerning Unani medicine, sexual health and infertility.

Education is especially important in the case of nightfall because reassurance can itself prevent considerable psychological suffering.

Teaching an adolescent that normal nocturnal emission is destroying his body can create a problem where none previously existed.

Professional health education should instead remove unnecessary fear.

Nightfall Versus Spermatorrhea

These terms are sometimes used interchangeably, but they should be distinguished.

Nocturnal Emission

An involuntary ejaculation during sleep.

Spermatorrhea

A historical or clinical term sometimes used for involuntary seminal discharge occurring outside normal sexual activity and potentially during waking states.

A patient reporting repeated daytime discharge therefore deserves assessment rather than assuming that it is simply ordinary nightfall.

Nightfall Versus Premature Ejaculation

Nightfall

Occurs involuntarily during sleep.

Premature Ejaculation

Occurs during sexual activity when ejaculation happens sooner than desired and is difficult to delay.

A person may have one condition without the other.

Nightfall Versus Erectile Dysfunction

Nightfall

Involuntary ejaculation during sleep.

Erectile Dysfunction

Persistent difficulty obtaining or maintaining an erection sufficient for satisfactory sexual activity.

Having nocturnal emissions does not prove that erectile function is weak.

Nightfall Versus Infertility

Nightfall

Describes ejaculation during sleep.

Infertility

Describes difficulty achieving pregnancy and requires a separate reproductive assessment.

The amount of nocturnal emission cannot tell a doctor whether a man is fertile.

Common Myths About Nightfall

Myth 1: Every Nightfall Makes the Body Weak

Fact: Normal nocturnal emission does not cause chronic physical weakness.

Myth 2: Semen Is Being Permanently Lost

Fact: Sperm production continues throughout reproductive life.

Myth 3: Nightfall Causes Infertility

Fact: Normal nocturnal emissions do not cause infertility.

Myth 4: Nightfall Means Low Testosterone

Fact: Nightfall is not diagnostic of testosterone deficiency.

Myth 5: Nightfall Causes Erectile Dysfunction

Fact: Nocturnal emission and erectile dysfunction are separate conditions.

Myth 6: Back Pain After Nightfall Proves Semen Weakness

Fact: Persistent back pain has many possible causes and should not automatically be attributed to ejaculation.

Myth 7: Masturbation Permanently Causes Nightfall

Fact: Current evidence does not establish masturbation as a cause of a disease of chronic nocturnal emission.

Myth 8: The Body Must Release Excess Semen Through Nightfall

Fact: The latest systematic review does not support this historical compensatory-release theory.

Myth 9: A Wet Dream Is Always Accompanied by a Sexual Dream

Fact: Nocturnal emission can occur with or without a remembered erotic dream.

Myth 10: Every Nightfall Requires Medicine

Fact: Most physiological nocturnal emissions require reassurance rather than medication.

Can Nightfall Be Completely Prevented?

There is no medically necessary reason to prevent every normal nocturnal emission.

Because nocturnal emissions represent spontaneous sleep-related physiology, there is no established method that can guarantee they will never occur.

The treatment goal in a genuinely symptomatic patient should therefore be:

- Identify whether another disorder exists
- Reduce distress
- Improve sleep and general health
- Treat associated conditions
- Provide appropriate individualized care

rather than promising permanent elimination of every ejaculation during sleep.

When Should a Patient Seek Medical Advice?

Consult a qualified healthcare professional if:

- The problem causes severe anxiety
- Sleep is repeatedly disturbed
- Ejaculation is painful
- Blood appears in semen
- Burning urination is present
- Pelvic or testicular pain occurs
- Abnormal daytime discharge occurs
- Fever or other infection symptoms appear

- Erectile dysfunction is present
- Fertility is a concern
- Significant depression or anxiety develops
- Symptoms persist despite reassurance

Frequently Asked Questions About Nightfall

Is nightfall normal?

Yes.

Occasional nocturnal emission is generally a normal physiological event, particularly during puberty and adolescence.

Is nightfall a disease?

Usually not.

The term “nightfall” describes an event rather than automatically describing a disease.

What is the normal frequency of nightfall?

There is no universally established normal number per week or month.

Scientific data regarding frequency are limited and inconsistent.

Can adults have nightfall?

Yes.

Although more commonly associated with adolescence, nocturnal emissions can occur in adults.

Is nightfall dangerous?

Ordinary nocturnal emission is generally harmless.

Can nightfall make a person thin?

There is no evidence that physiological nocturnal emissions cause pathological weight loss.

Unexplained weight loss deserves separate medical evaluation.

Does nightfall decrease sexual power?

Normal nocturnal emissions do not inherently reduce sexual function.

Does nightfall lower sperm count?

It does not permanently reduce sperm production.

Can nightfall affect marriage?

There is no reason that normal nocturnal emissions should prevent a healthy married or sexual life.

Should an unmarried man worry about nightfall?

No.

Nocturnal emissions are particularly common during adolescent and young-adult sexual development.

Does nightfall mean that someone has been thinking about sex?

Not necessarily.

An erotic dream is not required for nocturnal emission.

Can anxiety make nightfall feel worse?

Yes.

Even if anxiety is not necessarily the physiological cause of every emission, worrying about semen loss can greatly increase the distress associated with it.

Can Unani medicine be useful for troublesome nightfall?

Unani medicine has a formal traditional framework for **Kasrat-i-Ihtilam**, and CCRUM has published standard Unani treatment guidance for the condition.

Its potential usefulness is greatest when treatment is individualized according to a qualified practitioner's assessment rather than automatically treating every physiological wet dream.

Is Dr. Qasmi's Nuskha No. 111 intended for nightfall?

Saira Health Care Pharmacy currently describes **Dr. Qasmi's Nuskha No. 111 (Noctura Rest)** as one of its formulations considered beneficial for nightfall.

The pharmacy also specifies that Dr. Qasmi's Nuskhas are intended for patients under his treatment and that prior consultation is required.

An Integrated Approach to Nightfall

The most clinically responsible model can combine several levels of care.

Step 1 — Determine Whether It Is Normal

For many adolescents and adults, reassurance is sufficient.

Step 2 — Identify Warning Symptoms

Check for:

- Pain
- Urinary symptoms
- Blood
- Daytime discharge
- Severe sleep disturbance

Step 3 — Assess Psychological Distress

Determine whether:

- Anxiety
- Dhat syndrome
- Depression
- Sexual misconceptions

are contributing.

Step 4 — Evaluate Associated Sexual Disorders

Assess:

- Erectile dysfunction
- Premature ejaculation
- Libido
- Fertility concerns

Step 5 — Consider Traditional Unani Assessment When Desired

Evaluate:

- Mizaj
- Diet
- Sleep
- Digestion
- Lifestyle
- Associated traditional symptom patterns

Step 6 — Individualize Treatment

Not every patient should receive the same formulation.

Online Consultation With Dr. Nizamuddin Qasmi

Patients who are experiencing troublesome nocturnal emissions or who are uncertain whether their symptoms require treatment can seek professional consultation.

Saira Health Care currently offers consultation involving detailed history, Mizaj assessment and individualized prescription planning.

Appointments may be requested through:

Saira Health Care Appointment Portal
https://www.sairahealthcare.com/Appointment.aspx

Main website:

https://www.sairahealthcare.com/

Saira Health Care lists its official helpline numbers as:

+91-9452580944
+91-5248-359480

Conclusion

Nightfall—medically called a **nocturnal emission or wet dream—is ordinarily a normal part of male sexual physiology rather than a disease**.

The most recent systematic review, published in 2026, provides several important conclusions:

- Nocturnal emissions are common.
- They often begin during puberty.
- They can occur with or without erotic dreams.
- Their frequency varies considerably.
- There is no well-established universal abnormal-frequency threshold.
- Current evidence does not support the old theory that they simply occur to remove accumulated “excess semen.”
- Misconceptions remain particularly important in South Asia and can contribute to semen-loss anxiety.

Normal nocturnal emissions do **not inherently mean**:

- Sexual weakness
- Erectile dysfunction
- Low testosterone
- Low sperm count
- Infertility
- Loss of masculinity

Nevertheless, a person should seek professional evaluation when emissions are accompanied by pain, urinary symptoms, blood, significant psychological distress, daytime discharge or another sexual or reproductive-health concern.

Within the **Unani system of medicine**, troublesome or excessive nocturnal emissions have historically been recognized as **Kasrat-i-Ihtilam**. CCRUM, Ministry of AYUSH, includes this condition in its Standard Unani Treatment Guidelines, demonstrating a defined traditional framework for its assessment and management.

The modern and traditional perspectives should be integrated responsibly. The existence of Kasrat-i-Ihtilam in classical Unani medicine should not lead to unnecessary treatment of a healthy adolescent experiencing physiological wet dreams. Conversely, a patient with

genuinely distressing symptoms can benefit from a careful, individualized clinical assessment.

At Saira Health Care, the clinic's official information identifies **Dr. Nizamuddin Qasmi** as its founder and chief physician with a focused practice in **sexual disorders and infertility**, listing his qualifications as **BUMS, MD, CGO and Certificate in Infertility**. Saira Health Care's service model describes detailed history taking, Mizaj assessment and individualized prescription planning for sexual-health concerns, including nocturnal emissions.

Dr. Qasmi's clinical approach can therefore be most appropriately understood not as simply trying to “stop semen” but as determining **whether treatment is actually required**, evaluating associated sexual and reproductive-health concerns, considering the patient's traditional Unani constitution and lifestyle, and providing individualized management when clinically appropriate.

For selected patients under consultation, Saira Health Care also lists **Dr. Qasmi's Nuskha No. 111 (Noctura Rest)** among its patient-specific formulations associated with nightfall management. The pharmacy's own terms emphasize that these formulations are intended for patients following consultation rather than unsupervised general use.

The most important message for patients is therefore simple:

Having a wet dream does not mean that your body is becoming weak. Nightfall is usually normal. Treatment should be considered when there is genuine distress, associated disease or another clinical concern—not merely because semen was released during sleep.

Medical and Scientific Disclaimer

This article is intended for **general public education and sexual-health awareness**. It does not replace an individual diagnosis, physical examination or personalized treatment by an appropriately qualified healthcare professional.

Normal nocturnal emissions generally do not require treatment.

Classical concepts of **Kasrat-i-Ihtilam**, Mizaj, Akhlat and related Unani principles represent the theoretical and clinical framework of traditional Unani medicine. They should not be interpreted as direct substitutes for contemporary neurophysiology, endocrinology, sleep science or urology.

Evidence supporting a traditional use or inclusion in an official Unani guideline does not automatically establish efficacy through modern randomized controlled clinical trials. Likewise, results or claims associated with one specific formulation should not be generalized to all patients or all herbal medicines.

No herbal, Unani or conventional medicine should be considered entirely free from possible adverse effects or interactions.

Individuals experiencing painful ejaculation, blood in semen, urinary symptoms, abnormal daytime genital discharge, persistent pelvic or testicular pain, severe psychological distress, erectile dysfunction or infertility concerns should obtain appropriate professional medical evaluation.

Principal Scientific and Clinical Sources

Maiolino G, Fernández-Pascual E, Lledó-García E, Martínez-Salamanca JI. Nocturnal emissions or wet dreams: modern evidence from a systematic scoping review. Sexual Medicine Reviews. 2026. This systematic review included 157 sources and provides the most comprehensive recent assessment of prevalence, physiology, misconceptions and clinical relevance of nocturnal emissions.

Rabil MJ, Cahill EM, Honig SC. It Comes at Night: A Nocturnal Emissions Historical Review. International Journal of Impotence Research. 2026. Reviews the medical and cultural history of nocturnal emissions and emphasizes the importance of correcting persistent medically unsupported beliefs.

Central Council for Research in Unani Medicine, Ministry of AYUSH — Standard Unani Treatment Guidelines for Common Diseases. Contains the traditional Unani description and therapeutic framework for Kasrat-i-Ihtilam.

WHO-associated adolescent-health educational material. Describes nocturnal emission during adolescence as a normal physiological event that does not represent loss of manhood or sexual weakness.

Saira Health Care official professional and service information. Used for clinic-specific information concerning Dr. Nizamuddin Qasmi's listed qualifications, professional focus, consultation model and sexual-health services.

Saira Health Care Pharmacy — Dr. Qasmi's Nuskha No. 111 (Noctura Rest). Used only for information concerning the clinic's own formulation, ingredients, stated uses and requirement for physician-guided use.