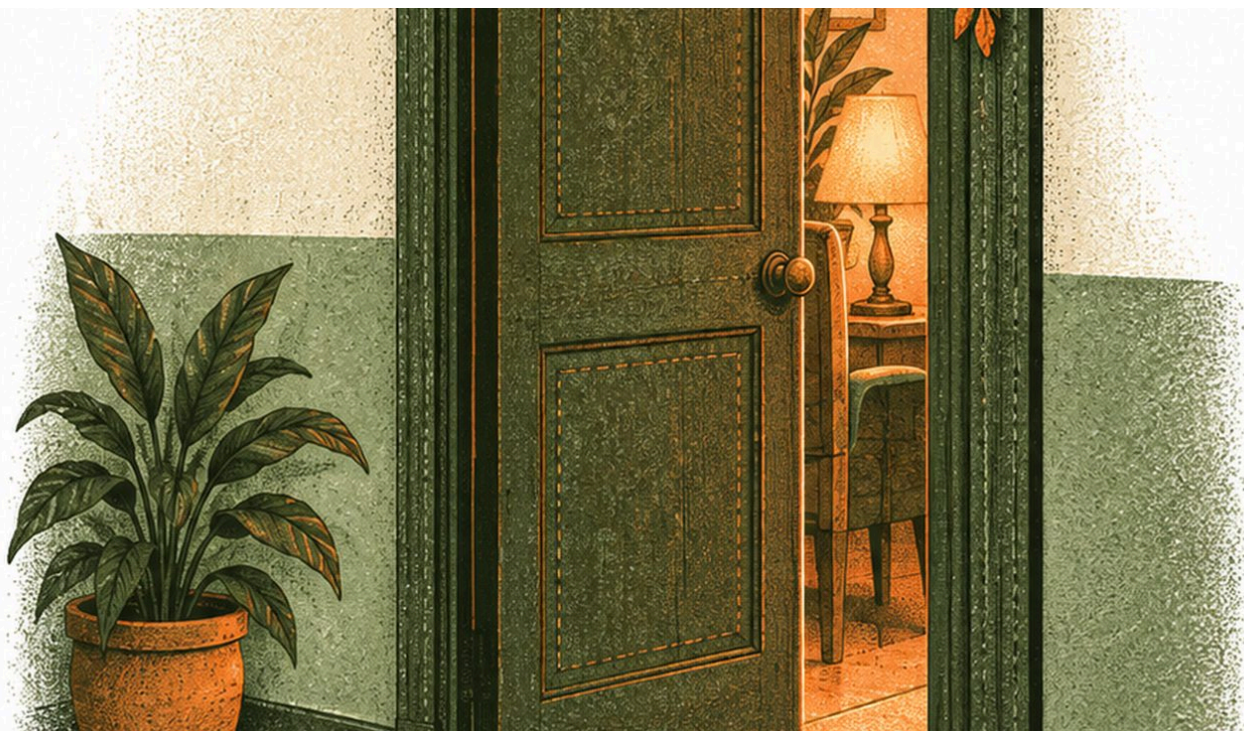




The For You series

✿ MEN'S SEXUAL HEALTH

When sex stops working the way it did

A plain guide to sexual changes, semen worries, medicines, physical checks and asking for private care.

Who this is for: For a man noticing a change in erections, timing or desire, or worrying about semen loss.

Cited: Indian Psychiatric Society guidance.

Languages: English.

Read it free at weave.clinic/family

1

✿ START WITH WHAT CHANGED

A change deserves a conversation

✿ IN SHORT

Describe the change in your own words. Assessment looks at health, worry, medicines and relationships together.

Perhaps an erection faded when you wanted it to stay. Perhaps climax came sooner than you wanted. Or sex now feels like one more thing you must get right. You might be reading this quietly, unsure which words to use.

Erection difficulty, early climax and low desire are different concerns, though they can overlap. One difficult encounter alone does not establish a lasting condition. A doctor asks about the pattern and how much it troubles you.

You do not need a medical word before asking for help. Being single, married or in a new relationship does not change that invitation. There is no need to prove how much this matters.

More, if you want it 

Physical causes and worry can exist together. Diabetes, blood pressure problems and some medicines can affect erections. Feeling worried does not rule out a physical cause. Assessment keeps both possibilities open.

● TRY THIS

Finish one sentence: "The change I want to talk about is..." Use your everyday words. Keep this note somewhere private, if that suits you.

The change I noticed A few words are enough.

2

✿ DIFFERENT PARTS OF SEXUAL LIFE

Erections, timing and desire

✿ IN SHORT

Notice which part feels different. Erections, climax and desire do not always change together.

An erection means the penis becomes firm as blood fills it. Difficulty may mean getting firm, staying firm, or both. Morning erections and differences between solo and partnered sex offer clues, rather than a diagnosis.

Early climax means ejaculation happens sooner than wanted, with difficulty delaying it and distress about the pattern. It may date from early sexual experiences or begin after years of different timing. Timing matters, but control, distress and the wider history matter too.

Low desire means less interest in sex. Mood, health, medicines and relationship strain can all contribute. Partners may also want different amounts of sex without either person needing a diagnosis.

More, if you want it ^

Trying to rush before an erection fades can link erection worries with early climax. Tell the doctor which change came first, if you can remember. "I am not sure" is also a useful answer. You do not need to measure every encounter.

☐ What changed first: firmness, timing, interest, or something else?

☐ Does the pattern vary when alone or with a partner?

☐ What would I most like help with?

● TRY THIS

Choose one question above for the first conversation. These prompts organise your thoughts; they do not give a diagnosis.

3

✿ WHEN WATCHING TAKES OVER

The performance worry loop

✿ IN SHORT

Worry can pull attention away from pleasure and make sexual response harder. Notice the loop without blaming yourself.

The loop can start after one difficult night. Next time, a man watches his erection or timing closely. Attention shifts from touch to checking, and worry grows. That extra pressure can make the next encounter harder too.

This does not mean every sexual difficulty starts with worry. A physical change may start the problem, with worry joining later. Both parts deserve attention.



You can ask for closeness without turning it into a test.

More, if you want it ^

Talking approaches can help reduce performance pressure. A therapist may suggest touch without a goal of intercourse or climax. The plan can be adapted for someone without a partner. You do not need to find a partner to begin care.

● TRY THIS

If checking starts, then pause and say, "Can we take the pressure off tonight?" Agree together whether to stop or share touch without a goal. Either person can say no. A pause does not create a debt to try again later.

4

✿ SEMEN AND STRENGTH

When losing semen feels frightening

✿ IN SHORT

Semen lost through sex, masturbation or nightfall does not drain strength. The worry still deserves a proper hearing.

Nightfall means semen comes out during sleep. It can happen without choosing it, and is a normal body process. The body keeps making semen. Masturbation does not use up a fixed store of strength.

Some doctors use the term Dhat for distress centred on feared semen loss. The term describes a worry that deserves care, rather than a verdict about you. Feeling tired or low deserves attention too. A doctor should explore those symptoms rather than dismiss them.

More, if you want it ^

Cloudy or whitish urine is not enough to identify semen loss. Urinary changes may have another cause, including infection. Tell a doctor about burning, pain, discharge or a persistent change in urine. Normal nightfall and symptoms that need checking are different questions.

Care often starts with explaining how the body works and discussing the feared loss. Other health or mood concerns are assessed alongside it. Medicines are not automatically the first response to this worry.

● TRY THIS

Write the exact belief that frightens you. For example: "I worry that nightfall will leave me weak at work." Ask the doctor to explain it without rushing.

The worry I want explained Use the words that come to mind.

5

✿ WHAT GOES INTO THE BODY

Medicines and alcohol belong in the conversation

✿ IN SHORT

Medicines and heavy drinking can affect sexual function. Discuss changes with the prescriber before stopping a medicine.

Some medicines for mood or blood pressure can affect erections, desire or climax. A change after starting treatment is worth discussing. The original health problem may also affect sexual life. The timing helps a doctor weigh these possibilities.

Heavy drinking can affect erections and desire. Using alcohol to get through sex can leave this contributor unaddressed. Tell the doctor what a usual week looks like, without rounding it down.

More, if you want it ^

PDE5 inhibitors are tablets that help blood flow for erections. They do not directly create desire or settle performance worry. Some heart medicines make these tablets unsafe, so a prescribing check matters.

SSRIs are a family of medicines also used for mood problems. Some can delay ejaculation and may be offered after assessment. Dapoxetine is a short-acting SSRI used for early climax after assessment. Numbing creams are another option to discuss. Ask about benefits, side effects and safe use before choosing any option.

● TRY THIS

List prescribed medicines, supplements and any sexual products already tried. Bring the packaging or existing prescriptions to the consultation. Include products described as herbal or natural.

6

✿ CHOOSING A FIRST DOOR

When the body needs checking

✿ IN SHORT

A psychiatrist or urologist can be a first stop. Physical symptoms may make urology the more useful first door.

A psychiatrist considers worry, mood, medicines, relationships and physical health together. A urologist checks problems involving the urinary system and male genitals. Pain, a new bend in the penis, or a lump warrant a physical assessment. A urologist can be the first door for these concerns.

Gradual erection changes also deserve a general health check. Blood sugar, blood pressure and heart health may matter. A physician can help with these checks, alongside sexual health care.

An erection lasting four hours needs emergency medical attention. Go to an emergency department rather than waiting for a routine appointment.

More, if you want it 

Tests follow the history; they are not a shopping list to arrange before seeking help. An examination or referral may be needed even when a first conversation happens online. Ask what each check might explain and how it could change the plan.

● TRY THIS

When making an appointment, mention pain, visible changes or urinary symptoms. Ask whether to start with a physical examination. If unsure which door fits, describe the concern and ask about referral.

7

✿ WHAT THE VISIT INVOLVES

You can start with one sentence

✿ IN SHORT

The first consultation begins with the history. A partner may join by agreement, or you can come alone.

Questions cover when things changed, when they vary, and what has already been tried. Sleep, mood, alcohol, medicines and relationships are part of that conversation. Questions about sex should stay with what is clinically useful. You can say a question feels difficult and ask to return to it.

If a partner comes, either person can ask for time alone. Bringing a partner is a choice, rather than a requirement. Ask what might be shared before the joint conversation begins.

More, if you want it 

Weave keeps clinic records separate from hospital records. Information is not shared with family, a spouse, employers or insurers without written permission, apart from legal exceptions. Immediate danger to life is one such exception. Online consultations use encrypted video and are not recorded. These are consultation facts, not a promise about privacy on a shared phone.

● TRY THIS

Ask: "Who can see my record, and what are the exceptions?" Then choose one question about the care plan. Before leaving, agree when to review progress and side effects.

My question for the appointment What would help you understand the plan?

8

✿ YOUR NEXT STEP

A small first message

✿ IN SHORT

A first WhatsApp message can leave out sexual details. Choose one practical next step today.

You could write: "Hello, I would like to ask about a private appointment. Please reply by message." The details can wait for the consultation. If someone shares your phone, consider where replies and notifications will appear.

The care link at the end of this guide opens the men's sexual health care page at weave.clinic. It explains consultations with Dr. Niharika Reddy, the consultant psychiatrist, and with Dr. Wilfred D'souza for men who would rather talk to a man. That page also leads to the erection difficulty and early climax pages.

More, if you want it 

If distress brings thoughts of self-harm, seek help promptly. Call Tele-MANAS **14416** or AASRA **022 2754 6669**. For immediate danger, go to the nearest emergency department. Weave is not an emergency service; do not wait for a WhatsApp reply during a crisis. The linked care pages also have crisis support sections.

● TRY THIS

Your next step: save your question or send that first message. If today feels too much, choose a time to return to it. You can begin without having the whole story ready.

WHERE THIS COMES FROM

Indian Psychiatric Society (Avasthi A, Grover S, Sathyanarayana Rao TS), Indian Journal of Psychiatry 2017;59(Suppl 1):S91. Clinical Practice Guidelines for Management of Sexual Dysfunction. doi.org/10.4103/0019-5545.196977

Weave. Sexual health care: consultation, referral, privacy and contact facts. weave.clinic/mens-sexual-health-mumbai

Peer-reviewed review and society explainer. Dhat syndrome: epidemiology, risk factors, comorbidities, diagnosis, treatment and management (review, 2022); ISSM patient explainer, What is Dhat syndrome. [pmc.ncbi.nlm.nih.gov/articles/PMC9680840](https://pubmed.ncbi.nlm.nih.gov/articles/PMC9680840)

Tele-MANAS (Ministry of Health and Family Welfare) and AASRA. Tele-MANAS 14416; AASRA 022 2754 6669. telemanas.mohfw.gov.in

FURTHER READING

- Indian Psychiatric Society sexual dysfunction guidance (2017)

This guide helps you recognise and understand. It is not a diagnosis. For that, see a professional.

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- Feeling like it is all too much? **Read the crisis card.** Help is one page away.
 - Tele-MANAS, the free national helpline: **14416**. Any time, day or night. From the Government of India.
 - Wondering whether to talk to someone? **Read how an assessment works.** No rush, and no pressure.