



Dhat Syndrome: An Overview

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ABSTRACT

Dhat syndrome, a culture bound syndrome is commonly found in Indian subcontinent. Patients suffering from this syndrome reports fatigue, weakness, anxiety, guilt, depressive features which they attribute to loss of semen as a vital substance in nocturnal emission, through urine or masturbation. These patients lack proper education and they suffer lot in hands of quacks and non specialists. They also develop various myths associated with it. It needs proper education, cognitive behaviour therapy and management by a specialist like clinical Psychologist and Psychiatrist.

KEYWORDS : DHAT SYNDROME, CULTURE BOUND SYNDROME, SEMEN, COGNITIVE BEHAVIOUR THERAPY

Dhat syndrome, a cultural bound syndrome which is very common in India. It is found usually in young male and associated with lot of distress. Dhat syndrome is a widely recognized clinical condition often seen on the Indian subcontinent that is characterized by a preoccupation with semen loss in urine and other symptoms such as fatigue or depressed mood. It is a semen-loss related physical and psychological distress which is very impairing. There are symptoms of weakness, anxiety, sleeplessness and guilt which are attributed to semen loss. Loss of semen through nocturnal emissions and masturbation frightens the individual as he believes it to be harmful to the body. It occurs due to wrong beliefs and misconceptions about normal sexual functions. There is myth that loss of semen is very harmful, several drops of blood make one drop of semen and so white discharge in urine contains vital substance. The term 'Dhat' gets its origin from the Sanskrit word 'Dhatu', which, according to the Susruta Samhita, means elixir that constitutes the body. It was first described in western psychiatric literature by Wig, with vague psychosomatic symptoms of fatigue, weakness, anxiety, loss of appetite, guilt and sexual dysfunction, attributed by the patient to loss of semen in nocturnal emission, through urine or masturbation.[1]. Dhat syndrome is a true culture bound sex neurosis quite common in natives of the Indian subcontinent. Culture bound syndromes (CBS) were defined by Littlewood and Lipsedge as 'episodic and dramatic reactions specific to a particular community'. [2].

Ayurvedic literature describing semen as a vital constituent of the human body dates back to 1500 BC. The disorders of 'Dhatu' have been elucidated in the Charak Samhita, which describes a disorder called 'Shukrameha' in which there is a passage of semen in the urine. Similar conditions have been described under various names from China (Shen K'uei), Sri Lanka (Prameha) and other parts of South East Asia (Jiryani). Malhotra and Wig called 'Dhat' a sexual neurosis of the Orient.[3]. In China, anxiety following semen loss (Shen-K'uei) has been associated with epidemics of Koro, which is another culture bound syndrome in which the individual holds the belief that his penis is shrinking into his body and disappearing. Tissot's paper in 18th century stating that even an adequate diet could waste away through seminal emission gained popularity amongst the emerging middle class and led Western Europe to an era of masturbating insanity. The International Classification of diseases ICD-10 classifies Dhat syndrome as both a neurotic disorder (code F48.8) and a culture specific disorder (Annexe 2) caused by 'undue concern about the debilitating effects of the passage of semen. 'Dhat Syndrome is characterized primarily with complaints of loss of semen through urine, nocturnal emission or masturbation, accompanied by vague symptoms of weakness, fatigue, palpitation and sleeplessness. The condition has no organic aetiology. It may sometimes be associated with sexual dysfunction (impotence and premature ejaculation) and psychiatric illness (depression, anxiety neurosis or phobia).[4]. Dhikav et al.[5] studied 30 patients with Dhat syndrome and found that the mean age of onset was 19 years, with mean duration of the illness being 11 months. Ranjith, G., and Mohan, R. emphasized Dhat syndrome is a widely recognized condition from the Indian subcontinent with

fatigue and pre-occupation with semen loss as the main complaint (6). Prevalence rates of 11.7% (India) to 30% (Pakistan), suggest the disorder is pervasive (7). Patients present with vague symptoms of weakness, fatigue, palpitations, loss of interest, headaches, pain in epigastrium, forgetfulness, constipation etc. (8-11). They attribute these symptoms to their belief of passing of semen (Dhat) in urine as a direct consequence of either excessive indulgence in masturbation or sexual intercourse (9). Gautham et al. study results revealed men's perceptions regarding symptomatology, with semen loss as their predominant concern, was influenced by traditional and local notions of health (13). Akhtar mentions the myth prevalent among people of the Indian subcontinent is that it takes 40 days for 40 drops of food to be converted to one drop of blood, 40 drops of blood to make one drop of bone marrow and 40 drops of bone marrow form one drop of semen (7). Khan, Hudson Sagers, rauyajin study found men to claim that 40 drops (the range was between 10 and 100 drops) of blood are converted to form a single drop of semen and amongst them common statement echoed: 'that is why after ejaculation, I feel very tired, and I sleep within few minutes as I spend my physical energy through discharge of semen' (14). Patients' suffering from this culture bound syndrome usually consults local doctors or sometimes quacks, which because of lack of knowledge increases patients belief that something very important vital thing are getting lost through urine. As we know that sex education is lacking in India and people do not discuss this much so it has been observed that such type of patient suffers lot in hands of quacks. They are prescribed unnecessarily medication for it. It not only causes financial burden but also lot of impairment. It has been observed that only few patients can reach to professionals or psychiatrist. This syndrome also has co morbid secondary depression and anxiety disorder. The best approach to this problem is sex education, psycho education and cognitive behavior therapy. Some patients also need antidepressant and antianxiety drugs along with cognitive behavior therapy. Patients with this cultural bound syndrome should be explained the nonorganic cause and educated that this is there myth or misconception. There maladaptive ideas and beliefs should be addressed and cognition should be changed. Studies and randomized clinical trials showed that the most effective management of this syndrome is a combination of antianxiety and antidepressant medication with counseling and cognitive behavior therapy. Most of them required professional like Psychiatrist and Clinical Psychologist. Bhatia et al in 1998 has showed that patients responded maximum if along with behavior therapy, antianxiety medication is also added (15). Keeping in the view the prevalence and impairment this problem causes it is needed that people should be made aware about this problem.

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