ORIGINAL RESEARCH PAPER

Psychiatry

EFFECTIVENESS OF COGNITIVE SEX THERAPY IN TREATMENT OF DHAT SYNDROME.

KEY WORDS: Dhat Syndrome, Cognitive oriented sex therapy.

Dr. Alexander Martin Alphonse Associate Professor, Department of Psychiatry, Dr. D.Y. Patil Hospital, Nerul, Navi Mumbai

Dr. Ajay Kumar Reddy Bobba* Assistant Professor, Department of Community Medicine, Alluri Sitarama Raju Academy of Medical Sciences, Eluru-534004 *Corresponding Author

ABSTRACT

BACKGROUND Dhat Syndrome is prevalent in Indian males who present with loss of vigour, somatic complaints, depressive and anxiety features, to the extent of beinghypochondrical concerns, caused by loss of semen.

AIM & OBJECTIVE The aim of the study was to determine anxiety and depression among patients diagnosed withDhat Syndrome and the effect of cognitive oriented sex therapy on anxiety and depression.

METHODOLOGY Thirty-four healthy males attending psychiatry outpatient department, with complaints of loss of semen in urine or nocturnal emission (wet dreams), were assessed for depression using Hamilton Rating Scale for Depression (HAM-D) and anxiety using Hamilton Rating Scale for Anxiety (HAM-A). A model of short term cognitive focussed sex therapy was prepared. Patients were given 45 minutes sessions of therapy every week in individual setting for four weeks. During their weekly visits they were evaluated using HAM-D and HAM-A. Four patients dropped out during the group therapy.

RESULTS There was a significant decrease in HAM-D and HAM-A scores following 4 weekly sessions of cognitive focussed sex therapy, which was statistically significant.

CONCLUSION The results showed a significant improvement in depression and anxiety following cognitive oriented sex therapy and hence its usefulness in the management of Dhat syndrome.

INTRODUCTION:

Many myths are associated with human sexuality, and these are deeply ingrained in certain cultural groups due to certain culturally determined biases often leading to distressing psychological phenomenon pertaining to sexual functioning, which eventually gets translated into psychological and somatic symptoms.

Dhat Syndrome is one such disorder prevalent in Indian subcontinent. The person suffering from this perceives loss of strength and vitality, along with qualifying symptoms of depression and anxiety, and other hypochondriacal concerns caused by loss of semen by way of nocturnal emission or straining during micturition or defaecation (1). These patients also have psycho sexual dysfunction(2,3).

Semen is considered an elixir of life in the mystical sense. Its preservation guarantees health, longevity, and supernatural powers (4). This intense belief often challenges the psychiatrist in terms of formulating of a treatment plan. Many authors conclude that Dhat syndrome may indeed be a culturally influenced somatoform disorder (2, 5).

Fatigue is a common symptom in Dhat syndrome (6). Disorders with fatigue as main symptom are often grouped as functional somatic disorder (7). It is an established fact that mild anxiety and depression is a part of this entity, however, sometimes these may be intense, demanding a diagnosis of major depressive disorder or generalized anxiety disorder, meeting the DSM – IV diagnostic criteria and responds to SSRIs along with counselling(8).

The psychodynamics of Dhat syndrome, makes us believe that its roots are ingrained in the cultural beliefs established over decades of folklore coupled by Ayurvedic teachings (9).

Treatment is generally aimed at controlling symptoms of depression and anxiety by psychopharmacological means, which indirectly controls the primary concern of semen loss. Semen loss is a normal physiological process of a healthy male. Hence educating patients on these lines is the logical way to treat(10), however such efforts have faced issues of patient dropping out of the therapy sometimes as early as the first consultation itself.

AIM & OBJECTIVE

To determine anxiety and depression among patients with Dhat Syndrome and effect of cognitive oriented sex therapy its treatment.

MATERIALS & METHOD:

Subjects from Psychiatry OPD, D Y Patil Medical College Hospital, Navi Mumbai (India).

SELECTION OF THE STUDY GROUP:

Clearance from the ethical committee was sought prior to study.

In study duration of one-year consecutive males diagnosed with Dhat syndrome were included. Non-random sampling was done. All patients attending the outpatient of the study centre who fulfilled the inclusion criteria were taken in the study. All the sessions of cognitive sex therapy were undertaken by the same therapist.

The diagnosis of Substance use, Schizophrenia, Delusional disorder and other psychotic conditions were considered as exclusion criterion.

Informed consent was obtained from those willing to participate. Thirty-four patients were enrolled of which four dropped out study. Hence 30 were considered for this study. The language of communication was hindi.

These patients were assessed for Major Depressive Disorder, Anxiety Disorders and Hypochondriasis as per DSM-IV-TR criteria.

TOOLS:

1. Hamilton Rating Scale for Depression (HAM-D) (11)
2. Hamilton Rating Scale for Anxiety (HAM-A) (12)

METHODOLOGY:

An open-ended Performa was used, to elucidate the symptoms along with mythical beliefs if any.

Individual session of sex education using a psychoeducative cognitive model was done over 45 minutes at an interval of one week for 4 weeks.

HAM-D and HAM-A, was administered to each patient on weekly basis by same investigator (to mitigate the bias.)

RESULTS:

In line with selection criteria 34 patients with complaints of passing white discharge in urine or having wet dreams were assessed. During assessment none of the patients met all the DSM-IV-TR diagnostic criteria of Depression, Anxiety or Hypochondriasis.

These patients were given the designed questionnaire to understand the misconceptions about their symptoms.

Four dropped out during the course of therapy. The results including 30 patients are shown in tables 1 – 3. There was significant decrease in scores of HAM – A and HAM – D following cognitive oriented sex therapy over 4 weeks as seen in table 1, 2, 3.

DISCUSSION:

At the outset we try to understand the hypothesized symptom formation of Dhat syndrome in terms of a Psych-socio-somatic dynamics. The entity of Dhat syndrome is explained as a functional somatic symptom conglomeration by incorporating socio-cultural factors along lines of a socio-somatic model (13). This cognitive formulation is based on somatosensory amplification, misattribution and abnormal illness behaviour. In Indian culture, open discussion about sexual issues is a taboo, leading to it becoming a psychological preoccupation.Stress causes amplification of somatic symptoms with increased focus on physiological changes such as turbidity of urine and tiredness. The physiological changes are misattributed as loss of semen in the light of widely prevalent beliefs, further these beliefs are reinforced by friends and lay sources (14).

Our study reveals that patients improve significantly as far as anxiety and depression were concerned even though the primary symptom of passing white discharge in urine or wet dreams remained but did not cause any significant distress.

Although sex education has been tried with varied results, a cognitive based approach is seldom considered. A model of cognitive-behaviour-therapy with short term focused approach can come a long way in treating such patients as evidenced through our study. It may be argued that a cultural based distortion in the cognitive schemas is often hard to rectify by the treating clinician. However, with empathetic communication and taking into consideration the lack of sex education along with the cultural belief systems the patients are often receptive to a psychotherapeutic treatment modality.

CONCLUSION:

Result showed a significant improvement in depression and anxiety following cognitive focussed sex therapy and hence its usefulness in the management of Dhat syndrome.

LIMITATIONS:

There was no control group and the small study size may have skewed the findings, however these limitations can become the scope for future studies.

Long term follow-up is called for to reinforce the therapeutic effect of the treatment.

SCOPE:

The scope also lays emphasis on the need to establish the effectiveness of non-pharmacological modalities for treatment of mild anxiety and depression associated with Dhat syndrome.

TABLE 1A: DESCRIPTIVE STATISTICS FOR VARIABLES OF ANXIETY

WEEKS	NUMBER	MEAN	STD. DEVIATION	STD.ERROR MEAN
1ST	30	15.5667	3.3701	0.6153
2ND	30	9.8000	2.3547	0.4299
3RD	30	5.7667	1.4782	0.2699
4TH	30	3.5000	1.2247	0.2236

TABLE 1B: DESCRIPTIVE STATISTICS FOR VARIABLES OF DEPRESSION

WEEKS	NUMBER	MEAN	STD. DEVIATION	STD.ERROR MEAN
1ST	30	12.0000	1.8004	0.3287
2ND	30	9.0000	1.8383	0.3356
3RD	30	5.5333	1.2794	0.2336
4TH	30	3.4333	0.8976	0.1639

TABLE 2A: INDEPENDENT T- TEST AND 95%CONFIDENCE LIMITS FOR VARIABLES OF ANXIETY ONE - SAMPLE TEST

WEEKS	t	df	Sig. (2 tailed)	MEAN DIFFERNCE	95% CONFIDENCE INTERVAL OF THE DIFFERENCE	
					UPPER	LOWER
1ST	25.300	29	0.001	15.5667	14.3083	16.8251
2ND	22.795	29	0.000	9.8000	8.9207	10.6793
3RD	21.368	29	0.001	5.7667	5.2147	6.3186
4TH	15.652	29	0.001	3.5000	3.0427	3.9573

TABLE 2B: INDEPENDENT T- TEST AND 95%CONFIDENCE LIMITS FOR VARIABLES OF DEPRESSION ONE - SAMPLE TEST

WEEKS	t	df	Sig. (2 tailed)	MEAN DIFFERNCE	95% CONFIDENCE INTERVAL OF THE DIFFERENCE	
					UPPER	LOWER
1ST	36.507	29	0.001	12.0000	11.3277	12.6723
2ND	26.816	29	0.001	9.0000	8.3136	9.6864
3RD	23.689	29	0.000	5.5333	5.0556	6.0111
4TH	20.950	29	0.001	3.4333	3.0982	3.7685

TABLE 3A: ANALYSIS OF VARIANTS (ANOVA) FOR VARIABLES OF ANXIETY

VARIABLES	d.f	F-VALUE	P-VALUE	RESULT
1ST WEEK-2ND WEEK	29	34.328	0.001	SIGNIFICANT
1ST WEEK-3RD WEEK	29	58.230	0.001	SIGNIFICANT
1ST WEEK-4TH WEEK	29	45.794	0.000	SIGNIFICANT
2ND WEEK-3RD WEEK	29	42.284	0.002	SIGNIFICANT
2ND WEEK-4TH WEEK	29	48.337	0.001	SIGNIFICANT
3RD WEEK-4TH WEEK	29	34.497	0.001	SIGNIFICANT

d.f=degrees of freedom
P<.0.05=Significant
P>0.05=Not Significant
Tabulated Value=2.78

TABLE 3B: ANALYSIS OF VARIANTS (ANOVA) FOR VARIABLES OF DEPRESSION

VARIABLES	d.f	F-VALUE	P-VALUE	RESULT
1ST WEEK-2ND WEEK	29	35.275	0.001	SIGNIFICANT
1ST WEEK-3RD WEEK	29	42.577	0.001	SIGNIFICANT
1ST WEEK-4TH WEEK	29	53.253	0.000	SIGNIFICANT

2ND WEEK-3RD WEEK	29	41.443	0.002	SIGNIFICANT
2ND WEEK-4TH WEEK	29	36.754	0.001	SIGNIFICANT
3RD WEEK-4TH WEEK	29	31.979	0.002	SIGNIFICANT

d.f=degrees of freedom
P<.0.05=Significant
P>0.05=Not Significant
Tabulated Value=2.78

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