

Female Dhat Syndrome : A Condition Beyond Just Vaginal Discharge

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ABSTRACT

‘Dhat Syndrome’ is one of the most important and well known culture bound syndromes among men, but the same semen loss anxiety can be attributed to vaginal discharge among women. This problem mainly presents with the symptoms of excessive vaginal discharge (often colourless and mucoid) with the complaints of chronic fatigue and loss of will to do work affecting the person psychologically, economically, physically leading to increased unnecessary burden on the health related expenses. These symptoms often are misdiagnosed as Sexually Transmitted Disease or Reproductive Tract Infection and lead to inappropriate treatment by the provider. Thus the symptoms of vaginal discharge, chronic fatigue, loss of will to work and vague pain symptoms should be carefully evaluated clinically and psychologically for the appropriate diagnosis and treatment.

KEYWORDS: Dhat Syndrome, Vaginal discharge, Culture bound syndrome, Women, Anxiety

INTRODUCTION

‘Dhat Syndrome’ essentially described as a culture bound syndrome, among males of adolescent to adulthood involving semen loss anxiety, but the entity however described in various case studies is quite common among females. In females it is associated with the personal perception of normal vaginal discharge perceived in an inappropriate manner. The features are commonly associated with complaints of weakness, loss of interest in daily household works, and associated anxiety. Dhat Syndrome in women is often called as Leukorrhoea.

MAGNITUDE OF THE PROBLEM

Incidence of female vaginal discharge is excessively common in the South East Asian region. They are often self-reported and are associated with RTI, but are not necessarily always like that. This brings forth complex cultural meanings of the problem. Studies also show that the previous ideas regarding the high burden of STI is found to be lesser in prevalence compared to the reported symptomatic complaints when correlated clinically with confirmatory investigations [1,2]. People who are unaware about the medical attributions characterize ‘Dhat syndrome’ among the females as exaggerated concern about passing (normal) vaginal discharge, and believe that their symptoms of fatigue and lethargy are due to the vaginal discharge. This finding was from a study where 200 women patients and 138 normal healthy women were systematically surveyed. It was also found that, 3.5 times more mis attribution was reported by women, and 16 of them were adamant that their symptoms were due to their vaginal discharges. These findings suggest that somatization is one of the most important problem that remains undetected in the case of non-pathological vaginal discharge among women [3].

HISTORICAL ASPECTS

The Vedic concept regarding the various bodily systems describe that the essence of the body is created by seven essential fluids;

The first among these is 'Rasa' or (Chyle) which is created from the food we eat. The wastes after utilizing the food products excreted as faeces. So according to Ayurveda 'Rasa' is the purified form of food. Then it is further utilized to make 'Rakta' i.e. blood, this blood is further utilized to make the 'Maans' i.e. (flesh) the Flesh in more purified form makes the 'Meda' i.e. Fat. Bone (asthi) is a better purified form of the 'Meda'. Then the 'Asthi' i.e. bone further specializes into Marrow (majja) at the end the most purified and essential component at the seventh stage turns into Semen i.e. (Veerya) which is believed to be the most precious fluid of the body [4].

This concept leads to the understanding that the Rasa or the food is the crudest and sperm or Veerya is the most purified form of the rasa and made at the end.

The Scriptures have also said that 100 Drops of blood is required to create a single drop of semen, which needs sackful of nutrients and food items. Which led to the common belief that the loss of few drops of this vital fluid means losing a lot of scarce and important energy of the body which in turn leads to weakness [5]. This in case of woman is depicted as vaginal discharge; vaginal discharge (DHAT) has also been said to be a major cause of weakness. Other studies also found that this belief among the

women is consistent [6,7].

After the further purification of the 'Veerya' the essence of 'Oja' or radiance is created at the eighth stage and the ninth one is the inner mind or 'Mana'. These concepts lead the women feel responsible for the thinking that vaginal discharge leads to a loss of radiance of the face among the people who suffer. Similar thought process is also found among the men with 'night emission' (spermatorrhea) or those indulging in excessive masturbation. The preservation of the semen is often a common point pressured in the Indian settings and is also related to 'radiance of the face' which leads to the emphasis on the conservation of semen [4].

The Traditional Birth Attendants in North India often make diagnosis of vaginal discharge just by looking at the lusterless faces of the women, a study reported [8]. Singh AJ in their study found that majority of the respondents in their study told that vaginal discharge led to pallor (pale faces). They also reported that women remarked that deficiency of blood was involved in the etiology of the vaginal discharge, since for the affected woman in the affected women, a blood product got lost i.e. vaginal secretions, which led to the discolored faces of such women and progressive weakness [9].

Gynaecologists have given many explanations regarding possible causes of the vaginal discharge among woman of south east Asia, namely, poor personal hygiene, lack of good nutrition, excess

physical exhaustion and anxiety in sexual activities [9]. Women who had less finding in the physical examination were treated with Ayurvedic medicines, multivitamins, ferus sulfate, and were adviced to have nutritious diet, proper rest and maintain personal hygiene. The gynaecologists would often speak to the woman's mother-in-law, and spouse to ensure that woman must be provided with a better nutrition and more rest. This validated the woman's distress and without a specifc biomedical diagnosis the Ayurveda practitioners called this phenomenon as 'Dhat rog', and would say that it is because of excess humoral heat in the body.

The common treatment given by non psychiatric practitioners, was Ayurvedic remedies (Femiplex and Lukol were two commonly prescribed tablets) and dietary advice, advocating the avoidance of 'heaty' foods such as ghee, eggs or meat. Village traditional birth attendants (Dais) are also frequently consulted by women suffering from 'safed panni'. The village Dais stated that, women are concerned about 'safed panni' because from 100 drops of blood only one drop of 'safed panni' is formed [8]. It's loss is seen as a loss of a vital bodily fluid which is essential to health. The dais encouraged the families to have dietary modification, and prepare herbal remedies for women suffering from this condition. Village based healers who had shop-front clinics and practice a mixture of biomedical, Ayurvedic and folk treatments. They usually treat women who complain of vaginal discharge with Ayurvedic

medicines or antibiotics, and also occasionally administered infusion of intravenous glucose, as a treatment that has acquired powerful indigenous meanings as a cooling therapy [4,6].

WHILE CARING FOR A FEMALE DHAT SYNDROME

South East Asia where, religions like Islam and Buddhism and Hinduism are common, the cultures are dominated with sexual morality. Just like in case of Orthodox Judaism, and other sects of Christianity, masturbation, abortion, homosexuality and premarital sexual relationship are considered as unacceptable. These religious beliefs are deep rooted in the culture which bring about the symptoms of guilt and anxiety in the sufferer regarding their sexual desires, being health professionals, nurses and their interventions must be targeted appropriately keeping in mind their cultural and religious beliefs. The interventions if done otherwise will bring about issues in trust and distress among the client. Sensitivity, compassion and respect for beliefs and values of the client different from own has to be kept in mind for the best quality interventions otherwise the problem might not be addressed at all.

Sexual Disorders and knowledge of Co-morbidity.: there has been various studies to asses the sexual knowledge among the patients with Sexual disorders and it has been found in those studies that knowledge regarding the disorder is not been adequate. A retrospective study by Grover et,al. found poor knowledge regarding sexual matters

among patients suffering from ‘Dhat syndrome’ (low SKAQ-II scores) [9].

CO-MORBIDITIES IN FEMALES WITH DHAT SYNDROME

There have been various case reports from which we get an idea reading the varied nature of the symptoms of the syndrome and the diagnosis also does not fit a particular biomedical entity. Some researchers have emphasized that the patients are from depressive spectrum of disorders, some on the psychosomatic disorders group. The description of the condition has variation in each case [9,10]. There has been a study in which Dhat syndrome among females has been depicted as a disorder that is mainly under the depressive spectrum of disorders. In an RCT done in Goa found that 14% of the surveyed women complained of vaginal discharge and attributed stress as the main causal factor for it. High amount of comorbid mental illness was found among them and a high degree of somatoform disorders were found [9]. They also found that the distress was more in the poorly educated women and with increasing age i.e. <40 years, the symptoms were less perceived compared to the younger age group. A mixed method study (Qualitative and Quantitative) reported that women who had issues with their husbands in terms of domestic violence, substance abuse, coerced sexual activity and lack of control over the contraceptives had reported the symptoms of vaginal discharge 5 times more than the woman who did not have these psychosocial issues, and in majority

of the cases it was not linked with the RTI. The study also found the complaints of generalized weakness and decreased ability to perform house hold works [10].

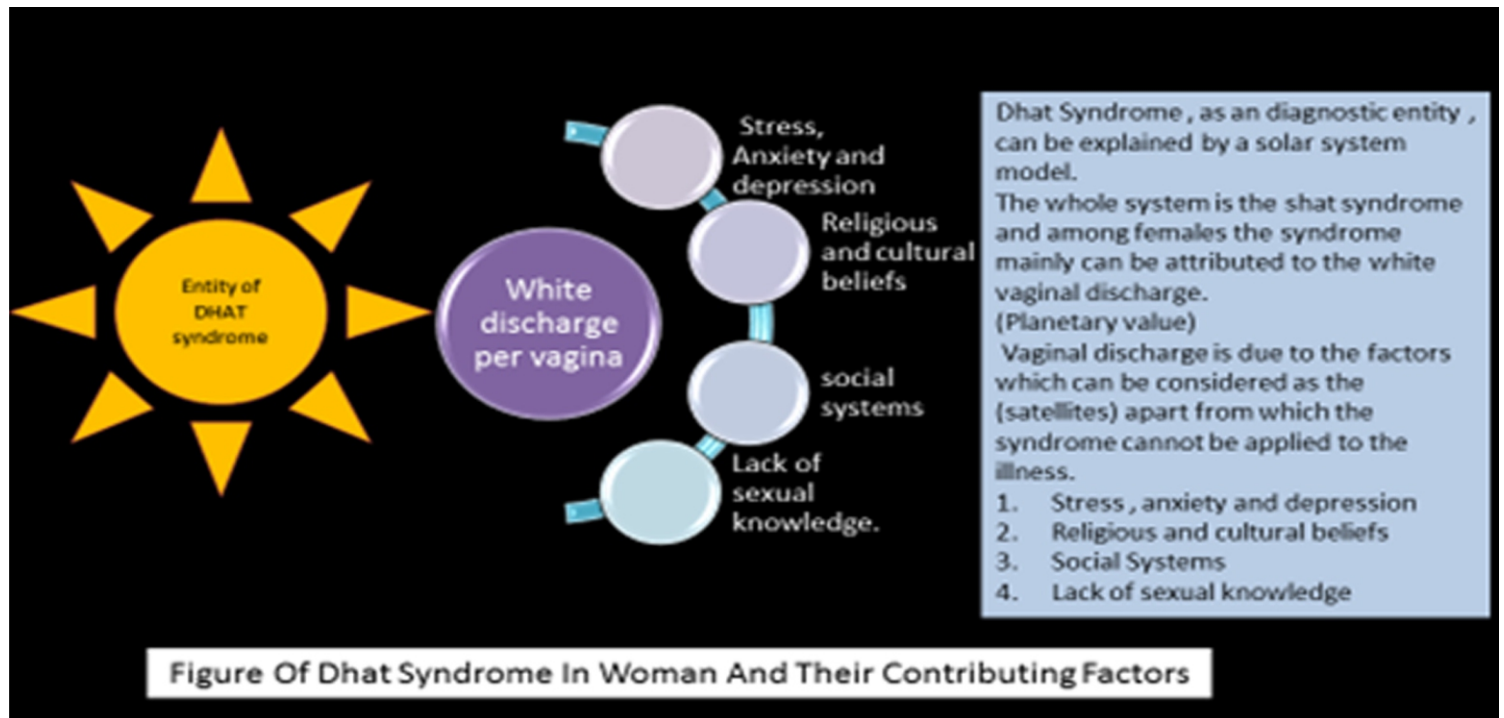
DIFFICULTY IN DIAGNOSING FEMALE DHAT SYNDROME

The presentation of the women in these cases is majorly attributed to the occurrence of vaginal discharge and most common associated complaints would be, generalized weakness (99%), 98% reported that back ache is associated with the secretion of Dhat. Studies also found that women perceive the sufferers of female Dhat syndrome having Lusterless faces as their precious body fluids are lost [10]. The symptomatic presentation of the disease varies in various parts of India but loss of

TREATMENT APPROACH

The literature says that the non-pathological vaginal discharge if considered as STI or RTI due to unavailability of the screening tests and their expensiveness will lead to resistance to common antibiotics and the stigmatization of the women , leading to further distress [17,18].

The traditional approach to the treatment in the Indian context is very varied [19,20]. The risk factors for the complaint of abnormal vaginal discharge may vary according to the cultural setting of the study. In the South Asian setting, there is a dearth of studies and researches are needed to be carried out so that appropriate evidence based algorithms can be prepared for women with complaints that are non-infectious in



etiology and they are offered psychosocial interventions appropriately. There is a need for alternative approaches for the management of common gynaecological issues and RTIs among women. The care should include the following points

- Psychosocial interventions that target factors such as beliefs about illness
- Depression and somatic preoccupations
- Accurate diagnostic tests for identification and specific treatment of RTIs

This will lead to the achievement the twin goals of RTI control and symptom alleviation. The highly specific identification and treatment of RTIs will lead to the RTI control and reduction in symptoms, along with effective targeting of psychosocial aetiologies may significantly alleviate the symptoms and further reduced economic burden on health

care and disability associated with the symptom [19]. When diagnostic tests are unavailable, it is recommended that all women with the complaints of vaginal discharge should be screened for psychosocial issues and so that personalized and appropriate care for such problems can be rendered along with the syndromic approach to the treatment of RTIs.

CONCLUSION

India and south East Asia is culturally a sexually conservative society, and predominantly a patriarchal constituency, where it is unacceptable for women to have sexual desires and express themselves sexually, which inturn leads to a deviated expression of stress which is communicated as the vague symptoms of tiredness and vaginal discharge namely 'Dhat Syndrome in females' [21,22].Lack of knowledge regarding the sexuality, the

restrains in the expression of sexual desires and strong hold of the religion makes it difficult for the women to accept their own desires. There is no suitable and acceptable way in the Indian culture for expression of the sexual desires, which leads to the chronic repression. Whereas vaginal discharge can commonly be attributed somatically and becomes a largely acceptable version among the lay communities making it socially and religiously acceptable showcase able symptom which explains the phenomenon of the problem [23,24]. Last but not the least Dhat Syndrome in females would require a comprehensive approach bio-medically as well as psychosocial and educational interventions to correctly address the whole syndrome.

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