

Approach to A Case of Dhat Syndrome

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Abstract

'Dhat syndrome' has been labeled as a culture-bound syndrome as it is most commonly found in South-east Asian countries. It is often considered as a syndrome of the Indian sub-continent. In 'Dhat syndrome' core belief and preoccupation lies in semen loss by various ways other than sexual intercourse. Symptoms presentation of any entity is very much influenced by culture and countries in which it present. Dhat syndrome has a vast variety of presentation and inter-individual variations. Numerous works have been done in the past few decades, but still little is known about approach to Dhat syndrome. This article attempts to discuss about, the approach to 'Dhat syndrome' through elicitation of adequate sexual history, physical examination considering cultural perspectives.

Introduction

The term 'Dhat' has been taken from the Sanskrit term 'Dhatus' and according to Sushruta Samhita, it means 'elixir that constitutes the body' [1]. Traditional Hindu culture considers it an essential vital fluid and its loss from any measures leads to serious bodily consequences. This belief is not only prevalent in Hinduism but other religions such as Buddhism, Christianity, and Islam, also sanction semen as a vital fluid [1,2]. This concept has been carried through centuries by traditional healers as well [1]. 'Dhat syndrome' has a syndromic presentation as it is characterized by non-specific complaints like depressed mood, easy fatigability, loss of weight and appetite [1,3]. In 'Dhat syndrome', there is preoccupation of loss of semen through various modes like masturbation, nocturnal emission, and in urine or feces [4]. 'Dhat syndrome' is most prevalent in South-East Asian countries including India, Bangladesh and Pakistan [1]. However, it has also been reported in varied geographical regions of China, United States, Russia and central Asian countries in various literature with different names [5,6]. The term 'Dhat syndrome', first time came into light in 1960 after its description in 'psycho-somatic attribution related to semen loss' by Professor N.N. Wig [7].

Professor N.N. wig described it as a culture-bound sexual neurosis for patients who were preoccupied with the loss of semen [7]. Multiple studies have been conducted till now - specifically in the past decade, pointing out 'Dhat syndrome' as a widely recognized problem of the Indian subcontinent that is associated with loss of semen. A similar entity is also being reported among females with physiological vaginal discharge [8]. Although because of nosological invalidity, this entity is debatable.

'Dhat syndrome' is widely recognized as problem since it was categorized in ICD-10. The International classification of diseases classifies it under 'other specified nonpsychotic neurotic disorder' (F48.8); later, revised version of Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-R) classifies it as a 'culture-bound syndrome' [9]. In recent, DSM-5 lists Dhat syndrome under the category of 'glossary of cultural concepts of distress', where a patient presents with distress and anxiety about the loss of semen in the absence of any identifiable physiological dysfunction [10]. DSM-5 further clarifies that despite the name, it is not a discrete syndrome but rather a cultural explanation of anxiety and distress [10,11]. It was a complete deviation from what was earlier described in DSM-IV-TR. According to DSM-IV-TR, it is a condition where a individual presents with distress, anxiety and hypochondriacal concerns associated with semen loss, and feelings of exhaustion and weakness [9].

Presentation of Dhat syndrome is very vague. It presents in a range of symptoms like body ache immediately after loss of semen, excessive worries, generalized body weakness, loss of interest, sadness of mood, headache, palpitation, and dizziness [1]. Recently, Grover and his colleagues revealed its presentation in range of psychological to somatic symptoms, that include fatigue, low energy, depressed or hopeless, feeling down, loss of interest in doing activities, mental weakness, irritability, excessive anger, excessive worry, pain in joints and extremities, loss of appetite and disturbed sleep. A recent study by Dhungana et al., in Nepalese context explained a range of psychological and somatic symptoms associated with Dhat syndrome. Most common symptoms found in

study were excessive worries (96%), tingling sensation of body (86%), weakness (80%), decrease interest (80%), fatigue (76%), depressed mood (74%), and generalized body ache (72%) [12].

Many researchers consider it as an unusual presentation of depression because of its presentation of depression, anxiety, easy fatigability and asthenia [13]. In most cases, patient with Dhat syndrome does fulfill diagnostic criteria for clinical depression [13].

In today's scenario psychiatrist have to see patients from various cultures, religions, society and countries who present with a different kind of presentation of the identical illness. Thus, assessment of these kind of patients requires contemplation that patients might have divergent beliefs due to upbringing with different traditions and experience difficulties with conveyance of symptoms, which may result in delay in diagnosis. Cultural factors may influence beliefs about individual health and complaints as well as established diseases. Consequently, an individualized approach is necessary to ensure that symptoms, complaints and sexual myths of these patients are correctly interpreted.

The approach

In an increasingly globalized world with a wide range of cultures across countries, there is a need to acquire adequate competence to properly diagnose and treat patients with Dhat syndrome. For a better understanding of psychiatric symptoms, it is important to understand the patient's cultural context. This is a prerequisite for successful clinical management of patients with Dhat syndrome. However, there is a scarcity of literature about culture-bound syndromes; out of them, most are observational studies or case reports [2]. Evidences regarding approach and management of patients with Dhat syndrome are also scarce. Hence, this review aims to develop a better understanding of how to approach a case of Dhat syndrome.

Various approaches have been developed for the better understanding of diagnosis and management of psycho-

sexual disorders. In psychiatry, various models have been developed to take right approach including psychosomatic approach, person-centered approach, step-by-step model and collaborative model approach [2].

Comprehensive assessment and an integrated approach are a necessity in the cases with 'Dhat syndrome' due to its diverse nature and vague presentation of symptoms. A detailed understanding of phenomenology related to 'Dhat syndrome' and its cultural context is important for detailed comprehensive assessment.

A patient has multiple interacting domains of well-being including physical, socio-cultural, psychological, spiritual, environmental and financial – all of which determines the totality of health [14]. If a problem arises in one of these domains, the health of a person suffers. During the assessment, there is a need to address all these issues rather than focusing only on illness-related parameters. A person-centered and holistic approach is needed for a better understanding of all these domains [14].

Assessment of a case of 'Dhat syndrome' needs to be enhanced by taking socio-demographic factors into consideration. Among socio-demographic factors, age is very important as most of the patients with Dhat syndrome are adolescents and young adults [3,4]. They often carry extreme worry about their semen loss and apprehension related to their future sexual performance. Although this entity is also common in adults and elderly, but their concerns are related to a decline in their sexual functioning [14]. Marital status should also be taken into consideration as unmarried individuals carry apprehension related to their future sexual performance. Lower educational status and orthodox socio-cultural beliefs also influence their understanding about concerns related to semen loss [3].

According to Malhotra and Wig's socio-somatic model for Dhatsyndrome (1975), a person from lower socioeconomic class who hesitates to discuss sexual issues openly, are very much predisposed to develop physiological causes of semen loss [4]. Occupational background also needs

to be assessed as it influences the knowledge related to sexual functioning.

Several questionnaires have been tried and developed to assess 'Dhat syndrome'. A validated and comprehensive questionnaire was developed by Grover and his colleagues [15]. It was validated and has been used in multiple studies across India [16].

History taking

The assessment comprises detailed history taking (including sexual history, medical history, and psychosocial history), evaluation of current illness, assessment comorbid condition, physical examination, laboratory testing and positive aspects of the existing health status of the patient. Careful attention is always given to underlying psychiatric or medical comorbidities.

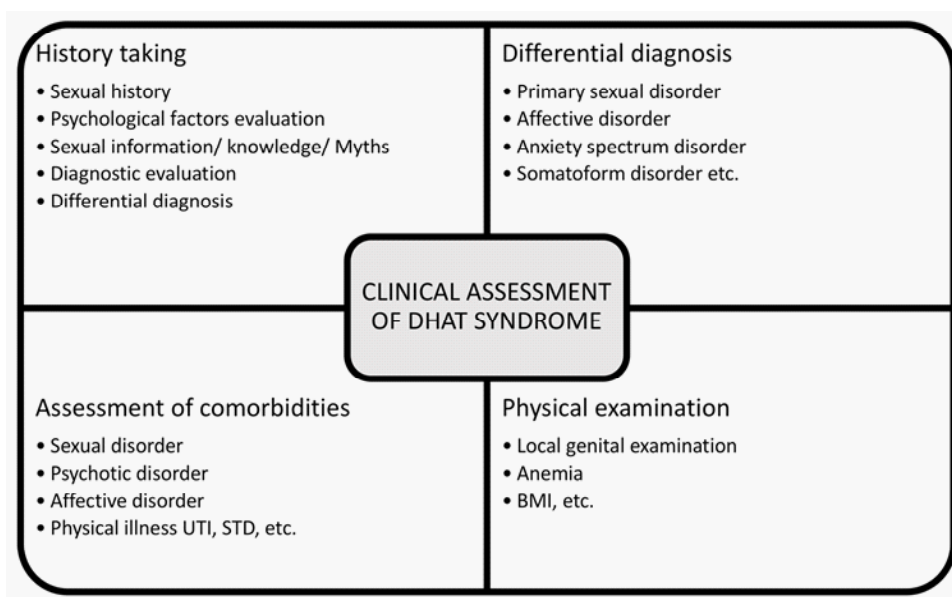
Basic principles of history-taking include conducting the interview in favorable surroundings of the patient while ensuring privacy, while being empathetic and non-judgmental, preferably using local language or language in which patient is comfortable. It is always better to use natural terms as opposed to vulgar terms and reassure the patient about the problem and explain in simple, clear and specific terms.

Adolescents with Dhat syndrome usually do not have good communication skills to adequately present their concerns and problems related to sexuality [17]. Therefore, health professionals have to take responsibility and take a lead by initiating queries in these areas. Questions should be presented with proper confidentiality and proper explanation as to why they are required. When an adolescent or youth reports a problem of sexual dysfunction, it is often necessary for the psychiatrist to acknowledge that the topic related to sexuality may be difficult to discuss but that a detailed history is mandatory for the better understanding of patient's distress and management [17,18].

A reflective listening may be more useful during eliciting the clinical history. Reassurance can be given validating

the concerns and familiarizing the client with the facts. Exploring about previous sexual experiences is also important and should include homosexual, heterosexual experiences and masturbation. The psychiatrist should remain sensitive to the patient's level of comfort and acknowledge discomfort, if it is present [17,19]. Patients suffering from Dhat syndrome are very much

culturally influenced, socially stimulated and often have several myths related to semen loss [14,20]. Direct confrontation of these beliefs can breach the therapeutic relationship. Hence, it needs to be handled in a non-confrontational manner and at the same time information based on empirical studies.



UTI: Urinary Tract Infection; STD: Sexually Transmitted Diseases; BMI: Body Mass Index

Figure 1: Model showing the clinical assessment of Dhat syndrome

Detailed history is taken in terms of onset, duration, evolution of symptoms over time, its current status, frequency, and associated medical and psychological problems.

Illness assessment

Illness assessment includes the clinical presentation, mode of onset, course, duration of illness, antecedent events, if present as well as level of impairment in functioning. The duration of the illness, the circumstances surrounding its onset, the patient's perspective of the causes, or what might be contributing to the illness are important as it shapes the illness behavior pattern. Previous treatment, relatives or friends consulted regarding the problem, and others, especially partner's perceptions are also important areas needs to addressed.

Evaluation of any patient requires a thorough

understanding of the type of dysfunction, factors associated with or contributing to dysfunction and factors maintaining sexual dysfunction. Psychological factors evaluation is mandatory in case of 'Dhat syndrome' or any other psychosexual disorder as these factors influence its onset and course very much. A medication, drug, and substance use (especially alcohol) history is also important. History of organicity should also be taken into consideration as it may mimic the picture of 'Dhat syndrome'.

The current psychological status needs to be assessed by focusing on symptoms of anxiety, depression, low self-esteem and coping skills, previous and current partner relationships, history of sexual abuse, educational level, occupational and social stresses, and socioeconomic status. The sexual problem may affect patients coping abilities, self-esteem, social relations, and occupational

functioning. Another important aspect of psychosocial evaluation is patient's perspective and knowledge about semen loss as it is significantly influenced by culture, social, ethnic and religious perspectives. It is also important to assess the patient's personality, as 'Dhat syndrome' patients often have traits of anxious /avoidant personality. Personality factors in a patient need to be assessed thoroughly as it influences how patient sees or accepts the changes in scenario. There is a need to assess peer and family members' influence on patients as it may influence the outcome. Patients in the Indian context has wide access to incorrect sexual information through their peers and family members. Hence, assessment of all these factors are necessary to be considered during evaluation.

Apart from the history of the patient's illness, assessment of similar complaints and other psychiatric illness in the family members of the patient needs to be addressed.

Assessment of comorbidities

Dhat syndrome may or may not be comorbid with other psychiatric illnesses. However, most studies have pointed out that comorbidity is common with 'Dhat syndrome'. A recent study by Grover et al., revealed depression as the most common comorbidity followed by premature ejaculation [21,22]. Depression is most common reported comorbidity with prevalence ranging 40-66% in various studies. Anxiety disorder was found in 21-38% [22]. Somatoform disorder, obsessive compulsive disorder, body dysmorphic disorder, hypochondriacal disorder, stress reaction, various phobias, and delusional disorder can be found along with Dhat syndrome [23]. The focus needs to be given on these disorders while assessing for 'Dhat syndrome'. Many a time 'Dhat syndrome' may be a primarily or secondary comorbidity with other psychosexual disorder including Premature ejaculation and erectile dysfunction [24]. These sexual disorders should be taken into consideration while assessment and needs to be treated. Often, patients with 'Dhat syndrome' attribute semen loss to masturbation, excessive

involvement in sexual activities, pornographic internet addiction, exposure with prostitutes, various venereal sexually transmitted diseases including urinary tract infections chyluria etc. [15,20,25]. History related to sexually transmitted diseases including detailed local examination and laboratory investigation is mandatory in such cases.

Physical examination

Every effort should be made to ensure the privacy, confidentiality and personal comfort of the patient while conducting the physical examination. A detailed general physical examination and genito-urinary examination is necessary after taking consent [16]. It helps to delineate other physical causes of discharge of fluids. In many cases, discharge other than semen due to local pathology (recurrent UTI, STDs) might be misinterpreted by the patient. Physical examination also helps in building rapport with patients, which may facilitate comprehensive evaluation.

Relevant laboratory investigations, including urine examination, is necessary to assess any organic cause. Presence of oxalate or phosphate crystals in alkaline urine of those consuming a vegetarian diet may give the urine a whitish tinge [20,26,27]. According to Barsky and Klerman (1983), stressful situations lead to an emotionally aroused state, which can alter normal physiological phenomenon [17,28]. In Dhat syndrome, there is excessive worry, anxiety and high aroused state may cause a change in turbidity of urine and this might be misinterpreted as being due to illness [28].

Conclusion

A proper approach in case of 'Dhat syndrome' is need of time as it has cultural, social and individual variability. Proper approach is also necessary and needs to be person centered as many a time diagnosis of 'Dhat syndrome' is missed or ignored if present with other psychiatric or psychosexual disorders. A cultural understanding about the client often helps the clinician in dealing with 'Dhat syndrome' more effectively.

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