

Historical Perspective of Dhat Syndrome: A brief overview

Dr. Kshirod Kumar Mishra¹ | Dr. Pritha Roy²

1. Professor & HOD, Department of Psychiatry, Mahatma Gandhi Institute of Medical Sciences, Sevagram, Maharashtra

2. Senior Resident, Department of Geriatric Mental Health, King George's Medical University, Lucknow, Uttar Pradesh

Abstract

'Dhat syndrome' is considered as one of the culture-bound phenomenon in South East Asia. Historically, it was also seen in China, Japan, Russia, America and Europe in early 19th century. Cultural basis of this illness was emphasized by Dr N.N. Wig in 1960's. It has been introduced in classification system ICD 10 (1992) & DSM-IV (1994). Since then several debates are going on regarding its nosological status. The condition of semen loss anxiety has been more or less abolished from the western culture which has been attributed to rapid urbanization & industrialization but it continues to retain a place in South Asian countries as a culture bound phenomenon.

Introduction

Yap in 1962 used the term 'atypical culture bound psychogenesis psychosis' to the several conditions, which had connection to the cultural belief system of the community [1]. Later, he abbreviated that to culture bound syndrome [2]. Those conditions were causing little harm to the humanity though they throw light on the little understood aspect of the human functioning [3]. The sufferer used to have unpredictable chaotic behavior and were considered uncivilized. The link between cultural belief system and environmental state was overlooked in western diagnostic system [4].

Culture bound syndromes have been described in various names viz: ethnic psychosis, ethnic neurosis, historical psychosis, exotic syndrome etc [2,5,6]. Though once upon a time, culture bound syndromes were essentially considered as illness of eastern world, several western conditions have been discussed under the culture bound syndrome viz: type A behavioral pattern in which an individual chronically experiences a feeling of struggle against time, gets easily frustrated and aggressive at not achieving set targets; alongwith being highly ambitious and easily impatient in interpersonal relationships [7]. The entity of Bulimia Nervosa was described by Littlewood, as a western culture-bound syndrome [8].

Dhat from Indian/Ayurveda perspective

The term 'Dhat' comes from the Sanskrit word 'Dhatu' that means 'metal and elixir or constituent part of the body'. Of the seven 'Dhatus' constituting our body, 'Shukra Dhatu' (semen) has been ascribed the most importance. Even ancient Vedic literature depicts 'Sukra' as the 'force of life' [9].

Ayurveda elaborates a multistep process for formation of semen - 40 drops of food being converted to 1 drop blood, in turn, 40 drops of blood to 1 drop of flesh, then, 40 drops of flesh forming 1 drop of marrow, and finally, 40 drops of marrow culminating into a drop of precious semen [10]. More importantly, semen is described to contribute to physical strength, beauty as well as intelligence and memory of an individual. Further, loss of semen has been ascribed to loss of mental happiness, vigor and memory disturbances. There is mention of some substances and foods in Ayurveda that can increase libido as well as specific foods and behaviors those are to be avoided so as to prevent semen loss and preserve sexual potency [11]. The texts also prescribe restriction of sexual intercourse with advancing age of an individual as this can aggravate physical weakness, breakdown of vitality and result in serious ailments and even death [12].

In the Sushruta Samhita, 'Dhat' has been described as the most concentrated, perfect, and powerful substance of the body, preservation of which is vital for a healthy life [13].

The Charaka Samhita has also mentioned about loss of semen/ semen-like substances in the urine under different terminologies e.g. Shukrameha (semen in urine), Sukrameha (white substance in urine) and Sitameha (sweet and cold urine) [14].

As per the Charaka Samhita, excessive sex, having sex with impassionate women, intense sexual urges, obstructing the ejaculation of semen and black magic might cause deterioration of sexual performance. Suppression of natural urges (e.g., defecation and urination) might obstruct the natural flow of semen and,

further, ejaculation of this semen which was obstructed as a result of inhibition of natural urges, would result in fatigue and tiredness (Avasadi) [13]. Prolonged semen obstruction (Veeryavarodha) as well as semen loss (Sukra Kshya) were also attributed to loss of libido and impotency [9,11].

The 'Kama Sutra' written in the 300 A.D. by Vatsayana also had details about traditional and cultural attitude towards semen loss and also emphasized the importance of semen in maintaining the health of an individual [15]. Naturally, loss of the vital fluid-semen- results in morbid anxiety, fear, sadness and other psycho-somatic symptoms.

Semen loss from western perspective

Hippocrates and Aristotle consider semen extremely important for the healthy life of a human. Galen described symptoms following semen loss which were similar to that of 'Dhat syndrome' [16]. According to Talmudik's writings, masturbation was considered as a criminal act, punishable with death penalty. Semen loss was feared even in Jewish and Christian religious texts. Boulaguh hypothesized this fear may be attributed to the belief that unexpected and improper loss of semen may lead to decrease in the population of a particular tribe [17]. Tissot in 19th century, described the symptoms of semen loss like - clouding of ideas, decay of bodily powers, pimples on the face, acute pain in the head, reduction in the power of generation, and even madness, which are similar to the symptoms of 'Dhat syndrome'. Tissot's writing lead the Western world into a stage of masturbating insanity [18]. Benjamin Rush, the father of American psychiatry described in his writings that careless indulgence in sex leading to seminal loss manifest in weakness, impotence, dysuria, dyspepsia, vertigo, hypochondriasis, loss of memory, myalgia, and even death [19]. According to Graham, one ounce of semen loss was equivalent to loss of several ounces of blood, that results in symptoms of headache, impaired vision, memory loss, epilepsy, and insanity. His belief was similar to that described in Ayurveda [20]. Kellogg attributed the symptom complex of priapism, piles, rectal

prolapse, varicocele, and testicular atrophy to the seminal loss. He further developed his cereals as a remedy for the adverse effects of masturbation [21]. George Beaney described sleep disturbances, erotic dreams, confusion of mind, wakefulness, depression, impotency and irritation of bladder as the consequences of masturbation and spermatorrhoea. Darby further recommended circumcision as a treatment to reduce sexual urges and a cure for spermatorrhoea [22].

Semen loss from Chinese perspective

Shen-K-wei (kidney deficiency), a form of sexual neurosis among Chinese, is caused by loss of excessive semen as a result of masturbation, frequent intercourse, nocturnal emissions or passage of white and turbid urine, supposedly containing semen. In the 80s, Wen & Wang defined Shen-K-Wei as deficiency of kidney where kidney is considered to be the reservoir of semen [23]. Young people in China who used to think they are suffering from Shen-K-Wei used to suffer from dizziness, back pain, easy fatigue, weakness, and insomnia, which are usually seen in 'Dhat syndrome'. The concept of anxiety associated with semen loss, in Chinese literature, was related to Koro (culture bound syndrome, symptoms of hypersexuality and impotence). Similar symptoms among Cantonese patients in Hong Kong were also reported by Yap [24]. Tseng conceptualised semen as the essence of energy, excessive excretion of which produced weakness [25].

Seminal work of Dr. Wig

Late Dr. N. N. Wig described about 'Dhat syndrome' in 1960, characterized by vague somatic symptoms of fatigue, physical weakness, anxiety, decreased appetite, guilt feelings and sexual dysfunction, attributed to semen loss through urine, in nocturnal emission or through masturbation [26]. Malhotra & Wig described 'Dhat syndrome' as a 'sex neurosis' of the Orient [27]. The continuing effort of Dr. Wig made a place for 'Dhat syndrome' both in ICD-10 and DSM-IV [28, 29]. 'Dhat syndrome' is commonly encountered among the poorly

educated males in their 2nd and 3rd decade of life [27,30]. There is a continuing debate on the nosological status of 'Dhat Syndrome' till date [31,32]. In the process of continuing debate it got place in the glossary section of DSM-5 in the cultural concept of distress [33].

Dhat syndrome in females

Dhat syndrome is no more a culture bound phenomenon restricted to males. Similar symptoms of weakness and somatic symptoms have been described among females also following vaginal discharge [34]. Chaturvedi et al., in their study described female with somatic symptoms, who misattributed these symptoms to physiological vaginal discharge [35,36]. In a study by Patel et al., among South Asian women of reproductive age group, females attributed psychosocial stressors as the cause for vaginal discharge leading to other somatic symptoms similar to Dhat syndrome [37].

Conclusion

Sumathipala and Siribaddana in their seminal paper 'Culture-bound syndromes: The story of Dhat syndrome' discussed semen loss anxiety in Western subcontinent from a historical perspective and their seminal work in semen loss anxiety is primarily reported from South Asia [14]. In the West, this kind of symptomatology was mainly reported back in the 19th century. Prevalence of similar symptoms had been noted around the same century in Europe, USA and Australia. While in India, elaboration of these symptoms existed even in the Ayurvedic era. They hypothesized that semen loss anxiety in the West diminished with industrialization and urbanization. They hope same to happen in Southern Asia. They further go on to conclude 'Dhat syndrome' as not a Culture-bound syndrome and certainly, not as an 'exclusive exotic neurosis of the Orient'. It has been almost 60 years when Dr. Wig described it as an exotic neurosis of the orient and more than a decade since the review by Sumathipala et al., still, semen loss anxiety continues to grow an entity not only in males, but also in females of the South Asian countries.

This article is dedicated in the memory of Late Prof. Dr. N.N. Wig for whom Dhat Syndrome got a place in the International Classificatory System.

References

- [1] Yap PM. Words and things in comparative psychiatry, with special reference to the exotic psychoses. *Acta Psychiatr Scand*. 1962;38:163.
- [2] Yap PM. The culture bound syndromes. In: Cahil W, Lin TY (eds). *Mental Health Research in Asia and The Pacific*. East-West Centre Press, Honolulu, 1969; 33–53.
- [3] Murphy HBM. Notes for a theory of latak. *Cult Bound Syndr Ed W Lebra*. 1976;3–21.
- [4] Bhugra D, Jacob KS. Culture bound syndromes. *Troubl Disguises*. 1997;296–334.
- [5] Devereux G. Normal and abnormal: the key problem of psychiatric anthropology. 1956.
- [6] Arieti S. Rare, unclassifiable, collected and exotic syndromes. *Am Handb Psychiatry*. 1959;1:525–551.
- [7] Hughes CC. The culture bound syndromes and psychiatric diagnosis. *Cult Psychiatr Diagn DSM-IV Perspect Wash DC APA*. 1996;298–308.
- [8] Littlewood R. Cultural comments on culture bound syndromes: 1. *Cult Psychiatr Diagn DSM-IV Perspect*. 1996;309–312.
- [9] Dudhmal A, Mokashi M, Sawant B, Thakur S, Bakre S, Herlekar. Klaibya: Ayurvedic concept of erectile dysfunction. *Natl J Ayur Altern Med*. 2012;1:157–62.
- [10] Bhugra D, Buchanan A. Impotence in ancient Indian texts: Implications for modern diagnosis. *Sex Marital Ther*. 1989;4(1):87–91.
- [11] Asha MR, Hithamani G, Rashmi R, Basavaraj KH, Rao KJ, Rao TS. History, mystery and chemistry of eroticism: Emphasis on sexual health and dysfunction. *Indian J Psychiatry*. 2009;51(2):141.
- [12] Byadgi PS. Concept of immunity in Ayurveda. *J Appl Pharma Sci*. 2011;1:21–4.
- [13] Prakash O, Kar SK, Rao TS. Indian story on semen loss and related Dhat syndrome. *Indian J Psychiatry*. 2014;56(4):377.
- [14] Sumathipala A, Siribaddana SH, Bhugra D. Culture-bound syndromes: the story of dhat syndrome. *Br J Psychiatry*. 2004;184(3):200–9.
- [15] Avasthi A, Grover S, Jhirwal OP. Dhat syndrome: A culture-bound sex related disorder in Indian subcontinent. *Sex Transm Infect*. 2012;2:1225–30.
- [16] Harkins PW, Riese W. *Galen on the Passions and Errors of the Soul*. The Ohio State University Press; 1963.
- [17] Bullough VL. *Sexual variance in society and history*. 1976.
- [18] Tissot SA. *Onanism, or a Treatise on the Diseases Produced by Onanism* (trans. A. Hume). Lond Pridden. 1766.
- [19] Rush B. *Medical Inquiries and Observations Upon the Diseases of the Mind in 1812*. 1812.
- [20] Graham S. *A Lecture to Young Men on Chastity: Intended Also for the Serious Consideration of Parents and Guardians*. GW Light; 1838.
- [21] Kellogg JH. *Plain facts for old and young*. IF Segner; 1882.
- [22] Darby R. A source of serious mischief. In: *Understanding Circumcision*. Springer; 2001; 153–97.
- [23] Wen J-K, Wang C-L. Shen-k'uei syndrome: a culture-specific sexual neurosis in Taiwan. In: *Normal and abnormal behavior in Chinese culture*. Springer; 1981; 357–69.
- [24] Yap PM. Koro—a culture-bound depersonalization syndrome. *Br J Psychiatry*. 1965;111(470):43–50.
- [25] Tseng W-S. The development of psychiatric concepts in traditional Chinese medicine. *Arch Gen Psychiatry*. 1973;29(4):569–75.
- [26] Wig NN. Problems of mental health in India. *J Clin Soc Psychiatry*. 1960;17:48–53.
- [27] Malhotra HK, Wig NN. Dhat syndrome: A culture-bound sex neurosis of the orient. *Arch Sex Behav*. 1975;4(5):519–28.
- [28] santé O mondiale de la, Organization WH, Staff WHO, WHO. *The ICD-10 classification of mental and behavioural disorders: clinical descriptions and diagnostic guidelines*. Vol. 1. World Health Organization; 1992.
- [29] Frances A, Pincus HA, First MB. *Diagnostic and statistical manual of mental disorders: DSM-IV*. American Psychiatric Association Washington DC; 1994.
- [30] Mehta V, Abhishek De CB. Dhat syndrome: a reappraisal. *Indian J Dermatol*. 2009;54(1):89.
- [31] Chadda RK. Dhat syndrome: Is it a distinct clinical entity? A study of illness behaviour characteristics. *Acta Psychiatr Scand*. 1995;91(2):136–9.
- [32] Kattimani S, Menon V, Shrivastava MK. Is semen loss syndrome a psychological or physical illness? A case for conflict of interest. *Indian J Psychol Med*. 2013;35(4):420.
- [33] Prakash S, Mandal P. Is the DSM-5 position on dhat syndrome justified? *Asian J Psychiatry*. 2014;12:155–7.
- [34] Grover S, Kate N, Avasthi A, Rajpal N, Umamaheswari V. Females too suffer from Dhat syndrome: A case series and revisit of the concept. *Indian J Psychiatry*. 2014;56(4):388.
- [35] Chaturvedi SK. Psyschaesthenic syndrome related to leukorrhoea in Indian women. *J Psychosom Obstet Gynecol*. 1988;8(1):67–72.
- [36] Chaturvedi SK, Chandra PS, Issac MK, Sudarshan CY. Somatization misattributed to non-pathological vaginal discharge. *J Psychosom Res*. 1993;37(6):575–9.
- [37] Patel V, Pednekar S, Weiss H, Rodrigues M, Barros P, Nayak B, et al. Why do women complain of vaginal discharge? A population survey of infectious and psychosocial risk factors in a South Asian community. *Int J Epidemiol*. 2005;34(4):853–62.