



Dhat Syndrome

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ABSTRACT

Dhat Syndrome is a culture bound syndrome that is found in the Indian subcontinent. It presents with symptoms that resemble somatization. The patient experiences depressive and anxiety features which are attributed to the loss of semen as a vital substance during a nocturnal emission, through the urine or as a result of masturbation. The patient was interviewed and a diagnosis was established based upon a standard classificatory system.

Keywords: Dhat Syndrome, somatization, masturbation.

INTRODUCTION

Culture is a ground substance in which psychological, sociological and biological forces operate and influence the mental processes as well¹. The word "Dhat" derives from the Sanskrit language. The word dhatu, means "metal". DSM – IV². describes it as 'A folk diagnostic term used in India to refer to severe anxiety and hypochondriacal concerns associated with the discharge of semen, whitish discolorations of the urine and feelings of weakness and exhaustion'. Semen is composed of spermatozoa, it's secreted from the seminal vesicles. It helps one to continue one's bloodline, through the process of reproduction. For the production of semen, the common belief system in the Indian Subcontinent suggests, that it takes 40 days for 40 drops of food to be converted to 1 drop of blood. 40 drops of blood to make 1 drop of bone marrow & 40 drops of bonemarrow to form 1 drop of semen³. Loss of semen through any means may result in the loss of one's vigor and vitality. This 'loss' is attributed to excessive masturbation, excessive involvement in sexual activities, watching or reading pornographic material and wet dreams. In non – western patients, Somatization is reported to be a feature of depression⁴. Somatization as such refers to the tendency of a patient to experience and communicate psychological distress in the manifestation of physical symptoms.⁵ The somatic manifestations are dyspepsia, constipation, multiple aches and pains, easy fatigability, hypochondriacal concern, headaches, burning micturition, a diminished appetite and a pain in the abdomen. The patients would also experience an excessive amount of guilt and apprehension, that was associated with masturbation or indulgence in sexual activities⁶.

Case Report

Mr. R is a 23 year old male, he is currently unemployed and unmarried, and He is coming from Ariyalur, TN and

reported to the psychiatric OPD along with his father. He presented with the complaints of generalized fatigue and multiple aches and pains for a period of 6 months. He presented with the depressive symptoms of experiencing a low mood, a decreased interest in previously pleasurable activities, decreased concentration, decreased sleep and a diminished appetite for a period of 3 months. He presented with anxiety symptoms of excessive worrying, restlessness and excessive sweating for a period of 2 months. He also reported of excessive masturbation for the past 5 years and this would occasionally have him masturbating 2 – 3 times / day. He reported, that he had noticed erectile problems 6 months ago and started to think, that he had lost too much semen as a result of masturbation. He thought that he had lost a significant amount of blood through his semen. He now believed, that his penis had shrunk in size and that his semen had become very watery in consistency. He believed that he had lost his potency and was now unfit for a married life. He developed a masturbatory guilt. He stopped masturbation but had night fall (loss of semen during sleep) which further increased his anxiety and somatic symptoms. The patient had consulted a Reproductive Medicine specialist 3 months ago. Completed all the relevant blood tests, urine tests, ECG, whole body scan and a penile Doppler and all of them came out to be Normal. He then consulted a Siddha specialist a month ago for the same complaints and has taken Siddha based remedies without much success. He scored 20 on The Hamilton Depression Rating Scale. There was no past or family history that was suggestive of depression, mania or any other psychiatric illnesses. No other major life event or stressor could be elicited.

DISCUSSION

Although the usual mode of passage is through the penis, there have been reports of the passage of semen through the anal passage⁷. This has extended to include women



complaining of unexplained somatic symptoms attributed to a non – pathological vaginal⁸. Comparative studies of the various characteristics of patients suggests, that those passing 'dhat' along with their urine, exhibit illness characteristics, that are less severe in comparison to those patients, who pass 'dhat' as nightfall, by masturbation or due to a passive stimulation⁹.

CONCLUSION

Dhat Syndrome is not uncommon in clinical practice. The clinician needs to explore the underlying belief system and the cultural attributions as the symptoms might manifest in the form of somatic complaints. The patient requires proper education and management to be provided through qualified clinical psychologists and psychiatrists

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