

Dhat Syndrome: A Case Report

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Abstract

Dhat syndrome is a culture-bound syndrome mostly prevalent in the Indian subcontinent. Young men of low or medium socioeconomic class who are single or recently married, are from rural areas, and have a conservative view of sex are most frequently reported to have Dhat syndrome. Individual cases are managed by addressing sexual myths, using relaxation techniques, supportive psychotherapy, anxiolytics, and antidepressants. We present a case of a 23-year-old unmarried male with dhat syndrome who was managed by supportive psychotherapy and antidepressant.

Keywords: Culture-bound syndrome; Dhat syndrome

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Introduction

The word 'dhat' comes from the Sanskrit word 'dhatu,' which means 'metal' or 'elixir'.¹ People in and around the Indian subcontinent are frequently affected by Dhat syndrome, a true culture-bound sex neurosis.² Although common in the Indian subcontinent, Wig was the first to describe this in Western psychiatric texts. Dhat syndrome is usually reported in males and rarely in females.³

It includes physical symptoms such as weakness, anxiety, exhaustion, loss of appetite, guilt, and sexual dysfunction that the patient attributes to the loss of semen in nocturnal emissions through urine and masturbation.⁴ The production of semen is explained as follows in Ayurvedic scriptures, which date from the fifth millennium BC to the seventh century AD: food turns into blood, which turns into flesh, which turns into marrow, and finally the marrow turns into semen.

According to certain legends, 40 days are needed to transform 40 drops of food into one drop of blood, 40 drops of blood into one drop of flesh, and so forth.¹ Semen so begins to assume an enormous significance in the individual's mind. These ideas make the person feel hopeless if they lose even one drop of semen, which results in a number of physical ailments.⁵

We report a case of Dhat syndrome that presented to the psychiatry outpatient department (OPD) of Rapti Academy of Health Sciences (RAHS). The consent form was signed by the patient for publishing the case report.

Case Description

A 23-year-old unmarried Hindu male hailing from a rural area of Rukum from a low socioeconomic background

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was referred by a general physician to psychiatric OPD at RAHS with complaints of poor concentration in study, easy fatigability, forgetfulness, and feelings of guilt and worthlessness for the last 6 months.

In a detailed interview, he revealed that he had frequent nocturnal emissions, almost every night for the last 2 years. According to him, the nocturnal emission was due to his previous habit of excessive masturbation at an early age, which he started at the age of 13 years. He later developed an interest in reading Hindu mythology, where he came to know that semen is the vital fluid of the body, and frequent loss of this results in weakness and fatigue. He expressed profound anxiety and guilt about these episodes, linking it to a decline in his physical health and vigor.

The patient also reported signs of depression, including low mood, anhedonia, and easy fatigability. He had no prior history of any psychiatric, medical, or surgical illness, nor did he have any history of substance use or significant family history of any psychiatric illness.

On mental status examination, the patient was oriented and alert but was dysphoric and anxious; his thought was preoccupied with his current symptoms. No psychotic symptoms were noted. A urology consultation was done; no significant findings were noted. His systemic examination revealed nothing abnormal. His routine laboratory investigations (random blood sugar, thyroid function test, complete blood count) were within normal limits.

The patient was psychoeducated about his condition, which focused on addressing and providing accurate information about the dhat and nocturnal emission as a normal physiological process. He was started on fluoxetine 10 mg/day and was called for follow-up after 2 weeks. Considerable improvement was noted in the follow-up.

Discussion

Dhat syndrome is the most common type of culture-bound syndrome and is most frequently observed in young males from low or medium socioeconomic strata who are single or recently married, from rural areas, and who view sex conservatively.⁶ The criteria for Dhat syndrome, according to the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10), include anxiety/somatic complaints associated with the fear of semen loss, excessive concern about the crippling effects of semen passage, and experiencing and interpreting whitish discharge in urine as semen loss.⁷ Although Dhat syndrome is described in ICD-10, it is challenging to make a definitive diagnosis because there doesn't seem to be a universally accepted definition.⁸

Excessive concern over semen loss is a hallmark of Dhat syndrome, and it is believed that this anguish may lead to a more serious mental disease. Depression, which affects 40–66% of people with Dhat syndrome, is the most often reported comorbidity. In addition, 21–38% of patients have anxiety disorders. According to reports, up to 40% of individuals have hypochondriacal

and somatoform diseases.⁹ People with Dhat frequently seek out alternative medicine practitioners, local quacks, and traditional healers for their initial therapy. Sex education, psychotherapy, relaxation techniques, and medications have all been recommended over the years for the treatment of Dhat syndrome. Cognitive behavioral and brief solution-focused approaches are helpful in addressing the dysfunctional assumptions and distorted beliefs, and sex education plays a crucial role in providing a fundamental understanding of sexual anatomy and the physiology of sexuality.¹⁰

Conclusion

Understanding the cultural importance of Dhat syndrome is crucial, even though there is still much to learn about its causes, diagnosis, and treatment. Our cultural viewpoint influences how we perceive mental illness. Numerous people will report physical symptoms including exhaustion, weakness, and appetite loss, which are typically accompanied by a depressed and worried emotional state. Since these symptoms are widespread and non-specific, it's crucial to consider the potential of Dhat syndrome when dealing with a patient who exhibits nebulous somatic symptoms in conjunction with semen loss. Although people from the Indian subcontinent are more likely to have Dhat syndrome, it's important to understand that other populations can also have Dhat syndrome. A culturally sensitive, nonconfrontational approach to treatment is crucial, regardless of the patient's nation of origin.

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