



Dhat syndrome: Culture bound, separate entity, or removed

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ABSTRACT

Dhat syndrome is a culture bound syndrome of the Indian subcontinent, although this has often been debated. Although it is being researched for more than half a century, there is still no clear definition of Dhat syndrome and characterized by excessive preoccupation with the loss of "Dhat," which is generally taken to be representing semen and attribution of physical and psychological symptoms. It is usually seen in young, unmarried, or recently married men of rural background with conservative attitude toward sex, generally belong to low or medium socioeconomic status and education level. It can be treated with anxiolytics, antidepressants, as well as psychological interventions such as psychoeducation, sex education, counseling, and cognitive behavior therapy. There is long debate regarding the nosological position of the disease and recent call for attention of psychiatrists in the subcontinent to revisit the nosological status of Dhat syndrome with an unbiased mind. Further, systematic studies on the phenomenology of Dhat syndrome is needed to clarify it, especially keeping in mind the extent of the problem in the subcontinent and the distress and dysfunction it results in.

KEY WORDS: Bangladesh, cultural bound syndrome, Dhat syndrome, Indian subcontinent

INTRODUCTION

Culture bound syndromes or cultural specific syndromes are recurrent locality specific patterns of aberrant behavior and troubling experience generally restricted to specific geographical areas, and usually they refer to certain conditions that are traditionally considered to be illnesses, have cultural explanations, and often have local names as well [1]. Dhat syndrome is generally believed to be a culture bound syndrome of the Indian subcontinent, although this has often been debated and more in recently [1-6]. It is characterized by excessive preoccupation with loss of "Dhat," which is generally taken to be representing semen and attribution of physical and psychological symptoms to the same [1-6]. Although it is a clinical entity, mostly seen in South East Asia, originated, nurtured, and carried forward by many orthodox cultural beliefs; but it is also reported from many other geographical regions such as Central Asia, China, Russia, America, and Europe [6,7]. It was aimed at reappraising the Dhat syndrome based on recent evidence and controversies.

Definition and Dhat Concept

Although it is being researched for more than half a century, there is still no clear definition of Dhat syndrome [1]. "Dhat syndrome," term first used in scientific literature by a renowned

Indian Psychiatrist Professor N N Wig described as a specific syndrome nurtured as a result of culture-related beliefs and considered as a conglomeration of multiple psychosomatic symptoms, including sexual symptoms in the absence of physical illnesses [8]. However, it is considered as a culture bound syndrome, characterized by the presence of somatic, anxiety, depressive, and sexual symptoms, all of which are attributed to loss of semen [5]. Even, International Classification of Diseases and Health Related Conditions, 10th edition (ICD-10) and 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) did not consider any specific number for the condition [3,6,9,10].

The term "Dhat" was derived from songskrito and the ancient vedic depiction of body fluids called "dhatus" and among the seven different body fluids (dhatus) mentioned in veda; semen is perceived to be most precious one [6,7]. Ancient ayurvedic literature also mentions genital secretions as highly precious and purified body fluid and emphasizes about its conservation for health and longevity as well as the formation of semen by the process of purification and condensation through several steps (from food, through blood, flesh, and marrow) [6,7]. This belief is carried ahead over centuries by traditional healers, who are dealing with such issues since the ancient days [7]. Professor N N Wig has coined the term "Dhat syndrome" to the psychosomatic attribution related to semen loss in 1960 [7].

Although, Malhotra and Wig described Dhat syndrome due to loss of semen through nocturnal emissions or passage in urine, the patients with Dhat syndrome also attributed their symptoms to semen loss through other means such as masturbation, during defecation, and even sexual intercourse [7]. Many times people are concerned and visit the physicians in regards to the loss of pre cum juices mentioned in layman term or seminal fluid during erotic thoughts and acts. In the International Classificatory Systems, for the 1st time Dhat syndrome got a place as a diagnosis entity, in the ICD-10 and 4th edition of the DSM-Text Revision (DSM-IV) [7,9].

Psychopathology or Abnormal Belief

Various kinds of beliefs exist regarding Dhat syndrome in Indian cultures [1]. The Charaka Samhita mentions that imbalance of the bodily humors or excessive ejaculatory orgasm can lead to harm to the dhatu [1,3]. Many people believe food is progressively transformed to blood, marrow, and then semen whereas some people believe that the cavernosal blood is lost as semen following ejaculation [1,3]. It is also a prevailed dictum is “it takes 40 drops of food and 40 days to form one drop of blood; 40 drops of blood to form one drop of marrow and 40 drops of marrow to form one drop of semen” [3,6]. There are also some notions regarding this value to be 100 drops and not 40 [6]. Therefore according to these systems, loss of semen from the body will result in physical weakness and loss of energy [3,6,7]. The loss could occur either through urine only or through any other route such as nocturnal emission, masturbation, homo/heterosexual sex, pre/extramarital sex, or through the anus, and even the discharge of the seminal fluid [1]. Studies revealed a significant portion of patients; about 25% of the patients diagnosed as having Dhat disorder did not report passage of Dhat through urine [1,3]. There are also reports to loss semen in another ways such as the anal route [1,3]. A study revealed, 18% believed Dhat to be pus, 12% believed it to be concentrated urine, and another 12% believed it to be sugar [1,6]. Patients suffering from Dhat syndrome perceived that it could increase the chances of birth of more female children, death at early age, malformed fetus, betrayal in love, betrayal in friendship, and financial worries and semen loss can lead to cause anemia, leprosy, or tuberculosis [1,3].

Sociodemographic Profile

Dhat syndrome is usually seen in young, unmarried, or recently married men of rural background with conservative attitude toward sex generally belong to low or medium socioeconomic status and education level [1-7]. However, previous studies revealed that it occurs irrespective of education status or domicile and it is also found to be present in patients from all religious backgrounds [1,3]. Although, it is thought to be a male diseases authors have argued for a Dhat syndrome in females as well [1,3,7,11-13]. The age of onset of symptoms of Dhat syndrome was found in second to third decade of life and mean age was found in early 20s [2,7]. Patients of dhat syndrome mostly acquire knowledge regarding the illness from friends, relatives, colleagues, roadside advertisements, lay magazines, hakims, and vaidas [1,3,6].

Symptom Profile and Comorbidities

Patients with Dhat syndrome presented with vague somatic symptoms, weakness, guilt, lethargy, anxiety, loss of appetite, sleep disturbances, listlessness, lack of physical strength, poor concentration, forgetfulness, multiple body pains, sexual dysfunction, burning micturition, increased frequency of micturition, difficulty in micturition, and many other symptoms [1-3,5-8,12]. Researchers have mentioned that there may be three presentations of Dhat syndrome-Dhat syndrome alone, Dhat with comorbid depression and anxiety, Dhat with sexual dysfunction [4,6]. Authors, however, reckoned that, several of these symptoms could possibly be of other comorbid disorders such as depression, anxiety, sexually transmitted diseases, or urinary tract infections, somatoform disorder, hypochondriacal disorders, premature ejaculation, erectile dysfunction, impotence, stress reaction, phobias, depressive psychosis, obsessive ruminations, body dysmorphic symptoms, and delusional disorders [1-3,5,6,8].

Assessment Tools

For a long time, there was no formal assessment tool to evaluate Dhat syndrome and recently Grover *et al.* had developed a comprehensive questionnaire for the evaluation of Dhat syndrome [14].

DIAGNOSIS

There does not appear to be clear and specific diagnostic symptoms of Dhat syndrome, and even the diagnostic conventions are yet to mention the specific criteria [3,6,9,10]. At the core of the diseases is the preoccupation of the patient with the loss of Dhat from the body and the belief that this loss results in significant harm to physical, mental, or sexual well-being as well as there is a wide variability in literature regarding the constituent of “Dhat” and the mode of passage of Dhat [3]. Dhat has been defined in some studies specifically as semen, while other studies define it broadly as any whitish discharge [1-3].

Treatment

Although, the patients suffering from Dhat syndrome perceived “desi” medicines, herbs, advice of hakims and vaidas, dietary interventions, protein and iron rich food, B-complex tablets or injections, antibiotics, antianxiety drugs, aphrodisiacs, and marriage can cure the symptoms, there is no support in favor of those as possible found in scientific evidence [1,3]. The core features of Dhat syndrome, commonly respond to antianxiety or antidepressant medications, as well as psychological interventions such as psychoeducation, sex education, counseling, and cognitive behavior therapy [3,7,8,15]. Integration of psychiatry and allied disciplines (the collaborative approach of psychiatrists, psychologists, psychiatric social workers, psychiatric nurse, etc.); integration of other medical disciplines with psychiatry (collaborative approach with other medical disciplines such as general medicine, dermatology and

venereology, urology, and neurology); integration with alternative systems of medicine and traditional healers (collaboration with Ayurvedic, Homeopathic, Unnani, and Siddha practitioners; the traditional healers is an important aspect of treatment [7]. Till date, the majority of patients with psychosexual disorders reach general medical practitioners, practitioners of alternative medicine, and traditional healers, and rather than going to a psychiatrist for consultation [7].

Researchers suggested emphatic listening, a nonconfrontational approach, reassurance and correction of erroneous beliefs, along with the use of placebo, antianxiety, and antidepressant drugs, wherever required [6]. Sex education primarily focuses on anatomy and physiology of sexual organs and their functioning with reference to masturbation, semen, nocturnal emissions, and relaxation therapy mainly consists of Jacobson's progressive muscular relaxation technique, which can be combined with biofeedback (so as to facilitate objective evidence and mastering of anxiety by the patient) [6].

Controversies

Albeit, Dhat syndrome is generally considered as a culture bound syndrome of the Indian subcontinent, it has often been debated from a long time and more in recently [1]. Before inclusion of Dhat syndrome in the classificatory systems (ICD-10 and DSM-IV), a lot of debate was going on regarding its nosological status, which was expected to end with its inclusion, but it continued for years together and still on [1,7]. After its inclusion in the classificatory system, questions were raised whether it was worthy occupying a place in the diagnostic system or not. Many argued that it can be equivalent to depression and may be used as a specifier of depression, or it may be cultural way of manifesting the distress. As a result, it reached the glossary section of DSM-5 describing cultural concepts of distress and subsequently it raises a big question regarding whether Dhat syndrome exists or not?" [7]. In view of the comorbidity and the symptom profile, some of the researchers consider it as a variant of depression and others consider it as a variant of somatization disorder [1-3,16]. There are other issues related to Dhat syndrome is whether it should be considered as a culture bound syndrome or it is a global concern? There are evidence regarding the existence of Dhat syndrome in different cultures, and those are not confined within the geographic boundary of India. Although, it is most prevalent in India; it is also reported in many other countries such as Pakistan, Bangladesh, Nepal, Sri Lanka, China, Malaysia, Indonesia, Japan, America, Russia, Spain, and other European countries. Moreover, besides India; evidence of semen as a "soul substance" could be found in the works of Galen and Aristotle who have explained the physical and psychological features associated with its loss; the works of Beard, Hare, and Maudsley linked semen loss with mental illness [1,3,6,7,16]. Again although ICD-10 and DSM-IV-TR mentioned as culture bound syndrome, there are lacking in regards to the specific criteria, and DSM-5 replaces the diagnosis from a syndrome terming it as "not a true syndrome" [3,6,9,10,17,18]. One school of researchers recommended looking at explanations of semen loss as fluid cultural idioms of distress rather than

as a standalone diagnostic entity as even the purest variety of Dhat syndrome is not a stable diagnosis in the majority of patients [4]. Another group of researchers liked to mention as a more a global phenomenon, rather than being a culture-bound one and in this era of globalization; the migrants from different cultures assimilate the new culture as well as dissipate their native cultural characteristics, which may attenuate culture bound syndromes and increased awareness [19,20]. However, researchers who are in favor of keeping the syndrome as cultural bound argues with their evidence and mentioned that the points against the syndrome are weak as well as by merely doing away with Dhat syndrome by labeling it as a depressive disorder will only curb further work in this already neglected area of research [17]. Furthermore, there is recent call for attention of psychiatrists in the subcontinent to revisit the nosological status of Dhat syndrome with an unbiased mind [17].

CONCLUSION

Dhat as a symptom is important for assessment of psychosexual problems, but the nosological position of Dhat syndrome in the official classifications of professional organizations is yet to be settled. In addition, there is as yet no clarity as to whether Dhat syndrome is a unitary entity or it comprises sub-syndromes. Therefore, there is a need for systematic studies on the phenomenology of Dhat syndrome demonstrating the evolution of various groups of symptoms to clarify the same. Symptoms related to Dhat syndrome are also found in populations other than oriental populations, but it is especially important keeping in mind the extent of the problem in the subcontinent and the distress and dysfunction it results in.

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