Sexual Comorbidities in Dhat Syndrome

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Introduction

Dhat syndrome is a culture-bound syndrome seen in the natives of Indian subcontinent. The word "Dhat" derives from the Sanskrit language word dhatu, meaning "metal," "elixir" or "constituent part of the body" which is considered to be "the most concentrated, perfect and powerful bodily substance, and its preservation guarantees health and longevity"(1). Myth prevalent among people of the Indian subcontinent is that "it takes 40 days for 40 drops of food to be converted to one drop of blood, 40 drops of blood to make one drop of bone marrow and 40 drops of bone marrow form one drop of semen"(2). Prof. N. N. Wig(3) coined the term "Dhat syndrome," characterized by vague somatic symptoms of fatigue, weakness, anxiety, loss of appetite and guilt attributed to semen loss through nocturnal emissions, urine and masturbation though there is no evidence of loss of semen. This notion of seminal loss frightens the individual into developing a sense of doom even when a single drop of semen is lost, thereby producing a series of somatic symptoms(4). From a clinical perspective, the symptoms in dhat syndrome may cluster to give a spectrum of other sexual diagnostic possibilities ranging from premature ejaculation, erectile dysfunction to apprehension about potency.

Aims and Objectives

To assess various sexual comorbidities in patients of Dhat syndrome.

Methodology

| Study Design | Cross sectional study |
|-------------|-----------------------|
| Study Setting | Department of Psychiatry, R.D.Gardi Medical College, Ujjain |
| Study Population | Patients attending the Outpatient Psychiatry department and those admitted in the Inpatient Psychiatry wards, of R.D. Gardi Medical College and C.R. Gardi Hospital, Ujjain, fulfilling the diagnosis of dhat syndrome as per the ICD 10 and DSM 5 criteria |
Sample Size 100, Written Informed consent taken from the patient

Inclusion Criteria
1. Reproductive age group (15-45 YRS)
2. Free from medical or surgical illness

Exclusion Criteria
1. Age more than 45 yrs or less than 15 yrs
2. Having any kind of medical or surgical illness

Tools Used
1. ICD and DSM criteria for the diagnosis of sexual co-morbidities in patients of dhat syndrome.
2. Specially designed proforma for detailed history taking.
3. Checklist for assessment of phenomenology & psychopathology of dhat syndrome.

Results

Table 1 Details of onset and duration of illness and distribution in various age groups

| S.N o | Age at Time of Presentati on | No.of Pts. (N) | Percent (%) | Age of Onset of Dhat Syndrome | No.of Pts. (N) | Percent (%) | Duration of Illness (In Years) | No.of Pts. | Percent |
|-------|------------------------------|----------------|--------------|-------------------------------|----------------|--------------|-------------------------------|------------|---------|
| 1     | 20 yrs of age & below       | 18             | 18%          | 20 yrs of age & below         | 38             | 38%          | Below 1 yr                    | 30         | 30%     |
| 2     | 21-30 yrs of age            | 44             | 44%          | 21-30 yrs of age              | 36             | 36%          | 1-5 yrs                       | 47         | 47%     |
| 3     | 31-40 yrs of age            | 33             | 33%          | 31-40 yrs of age              | 25             | 25%          | 6-10 yrs                      | 15         | 15%     |
| 4     | 41-45 yrs of age            | 5              | 5%           | 41-50 yrs of age              | 1              | 1%           | 11-15 yrs                     | 5          | 5%      |
| 5     |                              |                |              |                               |                |              | 16-20 yrs                     | 3          | 3%      |

Table 2 Sexual problems associated with Dhat syndrome

| Symptoms              | Total No | Symptoms Present | Percentage |
|-----------------------|----------|------------------|------------|
| Premature ejaculation  | 100      | 65               | 65%        |
| Erectile dysfunction   | 100      | 33               | 33%        |
| Decrease libido        | 100      | 30               | 30%        |
| Coital pain            | 100      | 2                | 2%         |
| Delayed ejaculation    | 100      | 1                | 1%         |
| Excessive sexual drive | 100      | 1                | 1%         |
Table 3 Myths and beliefs regarding dhat syndrome

| Myth                                | Percentage |
|-------------------------------------|------------|
| Dhat is Lost in Faeces Too          | 18%        |
| It Leads to Impotency               | 80%        |
| Causes Decrease in Size/Length of Penis | 31%    |
| Due to Tilted Penis                 | 16%        |
| Because of Masturbation             | 33%        |

Discussion
With the available literature, most studies have found sexual comorbidities in the range of as follows, premature ejaculation (22–44%), erectile dysfunction, and impotence (22–62%)\(^5\). A nationwide multicenter study done by grover et al \(^6\) found that 50% of the sample size (diagnosed with dhat syndrome) have sexual comorbidity, of which comorbid premature ejaculation, seen in about one-third of the participants, is the most common comorbid sexual dysfunction. It is followed by erectile dysfunction (Failure of genital response), seen in about one-fifth of the patients. Studies conducted earlier have pointed out that patients with Dhat syndrome may present with or without psychosexual dysfunction\(^7\,8\). Based on the comorbidty, some researchers have classified Dhat syndrome into three sub groups: Dhat syndrome alone, Dhat syndrome with anxiety and depressive symptoms, and Dhat syndrome with sexual dysfunction\(^9\,10\). The present study supports such distinction and additionally suggests the existence of a fourth group, in which patients have Dhat syndrome along with both comorbid psychiatric disorders and psychosexual dysfunction.

Conclusion
In conclusion, Dhat syndrome is a very common culture bound sex neurosis, widely prevalent in India. Though the origin of this condition is deeply rooted to the overvalued role of semen as a vital substance of the human body, sexual awareness and improved literacy rates have still not been able to convince the general population of its non organic nature. Most of them require psychiatric treatment with antidepressants and anti anxiety drugs along with behavioral therapy. Sexual comorbidities must be assessed in all the patients attending sex clinic. Myths must be addressed. Adequate treatment of the sexual comorbidity or the myth itself helps in improving the patients of dhat syndrome. Future studies should study the relationship of Dhat syndrome and psychological correlates in much larger sample size derived from the general population to improve the understanding between Dhat syndrome and various psychological factors.

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