Extreme self-mutilation due to ‘Dhat’ syndrome

A 22-year-old male presented 3 years after self-inflicted amputation of the penis for penile reconstruction surgery. Amputation was performed due to stress and guilt related to loss of semen in urine (Dhat syndrome). Before taking this drastic step, he had visited multiple doctors including urologists and traditional healers but was not relieved of his symptoms or stress. Fearing future erectile dysfunction, weakness, and other diseases, he inflicted this self-injury.

Dhat syndrome is a culture-bound phenomenon of Southeast Asia characterized by a psychosomatic spectrum of disorders due to loss of semen in urine.[1] This term, coined by Prof. N. N. Wig, describes a syndrome nurtured because of cultural belief that semen is a precious bodily fluid that needs to be preserved. Vedic literature proposes that semen is formed from the consumed food by ultra-condensation: food converts to blood which converts to marrow, which is converted into semen.[2] Preserving semen leads to a better harmonious life, while loss, irrespective of the mechanism, leads to adverse health consequences, hence the emphasis on preserving it.

Dhat syndrome is seen both in married and single men and is a conglomeration of multiple anxiodepressive symptoms, including sexual symptoms in the absence of physical illnesses.[2] It is typically seen in young uneducated uninformed males of lower socioeconomic strata and from conservative families with traditional attitudes regarding sex.[3] It is often associated with other psychiatric comorbidities, comorbid depression, stress, and neurotic disorders. Most patients have sexual dysfunction associated with nocturnal emission, hypochondriasis, and emotional distress.

Patients usually present first to a urologist who needs to be aware of the underlying psychosomatic causes leading to this presentation. Although patients often expect energizing medications to regain their vigor, ruling out conditions with overlapping symptoms such as urinary tract infections, sexually transmitted infections, and complex pelvic pain syndrome is important. A multidisciplinary approach involving the urologist with the psychiatrist and social workers is essential for person-centered care.

Public awareness needs to be increased especially in rural health care, for early detection and appropriate referrals.[4] Close collaboration and communication with the general physicians, dermatologists, venereologists, and also nonallopathic clinicians (Ayurveda, Yoga, Unani, Siddha, Homeopathy) would be helpful. Ultimately, the integration of disciplines will help deliver a more patient-centered, culturally acceptable form of treatment, prevent misinformation from spreading, and avoid mental and physical torment for an individual.

This case is presented to bring to notice a common but neglected symptom of patients presenting to the urology department. Dhat syndrome needs detailed explanations, multidisciplinary management, adequate time, and a lot of empathy on the part of his treating urologist.

Declaration of patient consent
The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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REFERENCES
1. Mumford DB. The ‘Dhat syndrome’: a culturally determined symptom of depression? Acta Psychiatr Scand 1996;94:163-7.
2. Sathyanarayana Rao TS. Some thoughts on sexualities and research in India. Indian J Psychiatry 2004;46:3-4.
3. Chadda RK, Khajja NA. Dhat syndrome: A sex neurosis of the Indian subcontinent. Br J Psychiatry 1990;156:577-9.
4. Rao TS. History and mystery of Dhat syndrome: A critical look at the current understanding and future directions. Indian J Psychiatry 2021;63:317-25.

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