Study of Socio-Demographic Variables and Phenomenology of Dhat Syndrome (An Indian Culture-Bound Syndrome)

Authors
Roopam Kumari¹, Harbandna Sawhney², Niraj Srivastava³, Dinesh Tyagi⁴
¹Assistant Professor, Department of Psychiatry, Dr. BSA Medical College and Hospital, Rohini, Delhi, India
Email: jroopam@gmail.com Mobile: 8800985834
²Senior Resident, Department of Psychiatry, Dr. BSA Medical College and Hospital, Rohini, Delhi, India
³Associate Professor, Department of Physiology, Dr B S A Medical College & Hospital, Rohini, Delhi, India
⁴Specialist and Head, Dept of Psychiatry, Dr. BSA Medical College and Hospital, Rohini, Delhi, India
Corresponding Author
Harbandna Sawhney
Senior Resident, Department of Psychiatry, Dr. BSA Medical College and Hospital, Rohini, Delhi, India
Email: sawhney.binnie@yahoo.co.in Mobile: 9915275236

Abstract
Objective: To study the sociodemographic profile of patients of Dhat syndrome along with its manifestations and also to know the comorbidities associated with Dhatsyndrome.

Methods: 50 consecutive patients visiting psychiatry OPD of a general hospital who fulfilled the ICD 10 criteria of Dhat syndrome were included in the study. Written informed consent was taken. Patients were interviewed for sociodemographic profile, clinical manifestations and associated comorbidities. ICD 10 criteria was used for diagnosing comorbidities.

Results: In our study majority of the patients were young adults with 54.3% being between 20-30 years and only 6.7% being above 40 years. Maximum number had either studied till class 10(29.8) and 8.6% were illiterate. 54.4% were unmarried. Our group had a combination of unskilled 28.2% and 30.4% skilled workers.19.5% being unemployed.63% came directly to psychiatry OPD whereas rest were referred from surgery or urology.45.6% presented as night fall whereas 41.8% presented as semen in urine.28.2% attributed the cause for the symptoms to watching porn or other sexual images whereas 21.7% attributed it to masturbation. Almost all patients presented with weakness secondary to dhat syndrome. 32.6% fulfilled diagnosis of depressive disorder, 17.3% had sexual dysfunction and 10.8% had anxiety disorder.

Conclusion: This study reflects the cultural beliefs of persons attending our Hospital which caters mostly to North Delhi urban population. The need of the hour is to impart scientific and rational sexual knowledge at community levels and in the schools and colleges for optimal functioning free of men from dilemmas, apprehensions and distress.

Keywords: Sociodemographic variable phenomenology dhat syndrome.

INTRODUCTION
Dhat Syndrome is believed to be a culture bound syndrome found in India. Because in India sex is considered a taboo, there are many myths related to sex, resulting in a culture bound phenomenon – Dhat Syndrome.
“Dhat” is derived from the Sanskrit language (the mother of Indo-Aryan languages) word dhātu, meaning “elixir” or “constituent part of the body” which is considered to be “the most concentrated, perfect and powerful bodily substance, and the preservation of this guarantees health and longevity.”

“Dhat syndrome,” was coined by Wig and it is 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 belief often frightens the individual resulting in somatic symptoms.

As dhat phenomenon is so closely linked to culture, it is important to study the sociodemographic aspects of it.

In dhat, Loss occurs either through urine only or through any other route such as nocturnal emission, masturbation, homo/heterosexual sex, pre/extramarital sex, or through the anus.

Several causes such as bad habits like alcoholism, watching erotic movies, UTI, venereal disease, genetic factors are attributed to dhat.

Psychiatric comorbidities may exist with depression being most common (40-66%), followed by anxiety neurosis (21-38%), somatoform disorders, premature ejaculation and erectile dysfunction.

This study aims to study the sociodemographic profile and comorbidities and understand the phenomenology of dhat syndrome.

**AIM**

1. To study the sociodemographic profile of patients of Dhat syndrome
2. To study the manifestations of Dhat syndrome
3. To study the comorbidities associated with dhat syndrome

**MATERIAL AND METHODS**

50 consecutive patients visiting psychiatry OPD of a general hospital who fulfilled the ICD 10 criteria of Dhat syndrome were included in the study. Written informed consent was taken. Patients were interviewed for sociodemographic profile, clinical manifestations and associated comorbidities. ICD 10 criteria was used for diagnosing comorbidities.

**RESULTS**

**TABLE 1**

| Age       | Percentage |
|-----------|------------|
| <20 Yrs   | 21.7       |
| 20-30 Yrs | 54.3       |
| 30-40 Yrs | 17.3       |
| >40 Yrs   | 6.7        |

**TABLE 2**

| Education | Percentage |
|-----------|------------|
| Illetrate | 8.6        |
| Primary   | 8.6        |
| Middle    | 16.2       |
| Xth       | 29.8       |
| Xii Th    | 17.3       |
| Graduate  | 19.5       |
| Professional | 0         |

**TABLE 3**

| Total Duration | Percentage |
|----------------|------------|
| < 6 months     | 30.4       |
| 6 months -1 year | 30.4    |
| 1-2 years      | 4.6        |
| 2-5 years      | 17.3       |
| >5 years       | 17.3       |

**TABLE 4**

| Route                          | Percentage |
|-------------------------------|------------|
| Urine                         | 41.8       |
| Night Fall                    | 45.6       |
| Daefecation + Sexual Activity | 4.2        |
| Sexual Activity               | 2.1        |
| Urine Daefaction Sex          | 2.1        |
| Urine Night Fall              | 2.1        |
| Daefecation Night Fall        | 2.1        |

**TABLE 5**

|REFERRED FROM |
|--------------|
| DIRECT | 63 |
| UROLOGY | 37 |
Because of its strong association with culture, it is important to study the sociodemographic profile of the patients of Dhat syndrome.

In our study majority of the patients were young adults with 54.3% being between 20-30 years and only 6.7% being above 40 years. Several older studies on Dhat Syndrome reported age of patients ranging from 16 to 45, most patients being adolescents or young adults. Among the recent studies, Parmar found patient age ranged from 19 to 46 years with men age of 26.69 years whereas Pundir et al found mean age 21.1+3.1 years.

Maximum number had either studied till class 10(29.8) and 8.6% were illiterate. There were no postgraduates in the sample of 50 patients. Previous study by Parmar[15] found majority 40.5% primary school educated whereas in a study by Pundir et al[16] majority 39.4% were high school or intermediates. Behere and Neeraj[13] reported that 46% of patients were students. Secondy school and above education was reported in 46%, 61.5% and 39.5% of Dhat Syndrome patients in series of Singh[11], Chadda and Ahuja and Bhatia and Mallik[14] respectively. 54.4% were unmarried in our study. Pundir et al[16] had a higher majority 76.31% of unmarried whereas Parmar[15] found higher 59.5% as married.

Our group had a combination of unskilled 28.2% and 30.4% skilled workers with 19.5% being unemployed.

63% came directly to psychiatry OPD whereas rest were referred from surgery or urology. The fact that 37% initially went to surgery OPD points that many believed it to have an organic basis.

45.6% presented as night fall whereas 41.8% presented as semen in urine. Very few presented as discharge during defection and sexual activity. In contrast, Parmar[15] found (83%) had chief complaint of passage of Dhatu per urethra, while 7 (16.7%) had nocturnal emission. Grover et al[17] in multicentric study, found the most common situation in which participants experienced discharge during defection and sexual activity.

### TABLE 6

| Cause          | Percentage |
|----------------|------------|
| Masturbation   | 21.7       |
| Watching Porn  | 28.2       |
| No             | 44.6       |
| Infection      | 4.3        |
| Miscellaneous  | 1.2        |
| Married        | 45.6       |
| Unmarried      | 54.4       |

### TABLE 7

| Professional Status | Percentage |
|---------------------|------------|
| Unemployed          | 19.5       |
| Unskilled           | 28.2       |
| Skilled             | 30.4       |
| Self                | 6.5        |
| Professional        | 2.1        |
| Student             | 13.3       |

### TABLE 8

| Comorbidities          | Percentage |
|------------------------|------------|
| None                   | 35         |
| Depressive Disorder    | 32.6       |
| Anxiety Disorder       | 10.8       |
| Sexual Dysfunction     | 17.3       |
| Substance              | 4.3        |

### TABLE 9

| Symptoms          | Percentage |
|-------------------|------------|
| Weakness          | 100        |
| Low Mood          | 39.1       |
| Anxiety Symptoms  | 13         |
| Sexual Dysfunction| 17.3       |
| Pain              | 10.8       |
| Decreased Size Of Genitalia | 6.5 |

### TABLE 10

| Discussed With Friends | Percentage |
|------------------------|------------|
| Yes                    | 18%        |
| No                     | 82%        |

### TABLE 11

| Taken Alternative Medications | Percentage |
|-------------------------------|------------|
| Yes                           | 62%        |
| No                            | 38%        |

### DISCUSSION

Dhat Syndrome is a culture bound syndrome found in Indian subcontinent.

The term “culture-bound syndromes,” was coined by Yap, which seem to be episodic, dramatic and discrete patterns of behavioral reactions specific to a particular community that articulate both personal predicament and public concerns.[1]
passage of Dhat were as ‘night falls’ (60.1%) and ‘while passing stools’ (59.5%).
28.2% attributed the cause for the symptoms to watching porn or other sexual images whereas
21.7% attributed it to masturbation. 4.3% attributed it to infection while 1.2% attributed it to
miscellaneous causes like eating non vegetarian food, warm climate or sitting for prolonged
period. 44.6% did not attribute it to a specific cause.
In other studies, the most commonly reported reasons for passage of Dhat were excessive
masturbation (55.1%), sexual dreams (47.3%), excessive sexual desire (42.8%) and consumption
of high energy foods (36.7%).[17]
Pundir et al[16] attributed it to masturbation in 57.9% cases. Parmar[15] found 64.3 %) believed it
to be due to masturbation while 8 (19 %) believed that premarital sexual relationship might have
caused it, six (14.3 %) considered it due to extramarital or commercial sex, one (2.4 %) patient
associated it to his sexual activity with buffalo.
Almost all patients presented with weakness
secondary to dhat syndrome. Low mood was seen in 39% and anxiety in 13%. Pain was seen in
10.8% and 6.5% had decreased size of genitalia. 32.6% fulfilled diagnosis of depressive disorder,
17.3% had sexual dysfunction and 10.8% had anxiety disorder.
In previous studies, Depressive neurosis was the
most common comorbidity reported with a prevalence varying between 40% and 66%. Anxiety
neurosis (21–38%) and somatoform and hypochondriacal disorders (30–40%), premature
ejaculation (22–44%), erectile dysfunction, and impotence (22–62%) were also common. Other
disorders found were stress reaction, phobias, depressive psychosis, obsessive ruminations, body
dysmorphia symptoms, and delusional
disorders[1,11,12,8]
In older studies also, Most workers have
mentioned that Dhat Syndrome is associated with other psychiatric disorders. Behere and
Natraj[13] found anxiety in 38% dhat patients while
46 % had hypochondriasis .Singh[11] found 16%
had anxiety neurosis, 48% had depressive
reaction, 4% had psychotic depression. Bhatia and
Mallik[14] found that 58% of dhat patients had
depression.
This high association with depressive disorder in
all studies show that dhat syndrome causes a lot of
distress to the patients.
The association with sexual dysfunction presents
an interesting cause effect vicious cycle between
dhat and sexual dysfunction
Therefore in, our study majority patients were
young adult high school educated males working
as either skilled or unskilled labourers.
There were many misconceptions related to the
cause and presenting symptoms of dhat. There are
huge misconceptions regarding abnormal
physiology of genitor-urinary symptoms. The
myths regarding quantity of semen discharge,
frequency of emission, effect of seminal discharge
on body and the associated long-term health
impacts are deep rooted and take a huge toll on
performing socio-occupational duties because of
the distress . only a few of the patients had
discussed this problem with their friends and
family members which reflects the the perception
of the society to consider sexual issues a taboo as
pointed earlier. Almost all of them had taken
some form of alternative medicine to overcome
this apparent problem which highlights the
desperation and distress to get over the problem
of the males in our society.
Due to cultural basis of dhat syndrome, it is
important to initiate sex education at the level of
school and colleges to reduce the taboos and
myths associated with sex.

CONCLUSION
This study reflects the cultural beliefs of persons
attending our Hospital which caters mostly to
North Delhi urban population. This cultural belief
pattern has been found in people from different
parts of India as reported by different studies. The
pathogenetic role of culture in causing Dhat
Syndrome and even its pathofacilitatory role in
other Psychiatric disorders cannot be denied. The myths and misconceptions in the society are making youngsters and even elderly being exploited by quacks and the alternative medicine practitioners. The lack of social structure and practices to impart knowledge regarding normal physiology, sexual health and practices and labelling sex as a taboo and brushing it under the carpet are perpetuating the problem. The need of the hour is to impart scientific and rational sexual knowledge at community levels and in the schools and colleges for optimal functioning free of men from dilemmas, apprehensions and distress.

REFERENCES

1. Prakash O. Lessons for postgraduate trainees about Dhat syndrome. Indian J Psychiatry 2007;49:208-10.
2. Wig NN. Problem of mental health in India. J Clin Social Psychiatry. 1960; 17:48–53.
3. Chadda RK, Ahuja N. Dhat syndrome: A sex neurosis of the Indian subcontinent. Br J Psychiatry. 1990;156:577–9.
4. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR) Washington, DC: American Psychiatric Association; 1994.
5. World Heath Organization. The ICD-10 classification of mental and behavioural disorders: Clinical description and diagnostic guidelines. Geneva: WHO; 1992.
6. Gautham M, Singh R, Weiss H, Brugha R, Patel V, Desai NG, et al. Socio-cultural, psychosexual and biomedical factors associated with genital symptoms experienced by men in rural India. Trop Med Int Health 2008;13:384-95.
7. Kendurkar A, Kaur B, Agarwal AK, Singh H, Agarwal V. Profile of adult patients attending a marriage and sex clinic in India. Int J Soc Psychiatry2008;54:486-93.
8. Prakash S, Sharan P, Sood M.A study on phenomenology of Dhat syndrome in men in a general medical setting.Indian J Psychiatry 2016;58:129-141.
9. Sumathipala A, Siribaddana SH, Bhugra D. Culture-bound syndromes: The story of Dhat syndrome. Br J Psychiatry 2004;184: 200-9.
10. Prakash O, Rao TS. Sexuality research in India: An update. Indian J Psychiatry 2010;52 Suppl1:S260-3.
11. Singh G. Dhat syndrome revisited. Indian J Psychiatry 1985;27:119-22.
12. Dhikav V, Aggarwal N, Gupta S, Jadhavi R, Singh K. Depression in Dhat syndrome. J Sex Med 2008;5:841-4.
13. Behere PB, Natraj GS. Dhat Syndrome: The Phenomenology of a culture bound se neurosis of orient. Indian J Psychiatry 1984. 26 : 76 – 78.
14. Bhaia MS, Mallick SC. Dhat Syndrome – A Useful Diagnostic Entity in Indian culture. Br J Psychiatry 1991. 159 : 691 – 695.
15. Parmar M.C. Dhat Syndrome- A clinical study. International Journal of Pharmaceutical and Medical Research 2014; 2(1):17-23.
16. Pundhir A., Srivastava AK, Sharma S, Singh P, Joshi HS, Aggarwal V. Dhat Syndrome assessment using mixed Methodology. Asean J Psychiatry 2015.16(2).
17. Grover S, Avasthi A, Gupta S, Dan A, Neogi R, Behere PB. Phenomenology and beliefs of patients with Dhat syndrome: A nationwide multicentric study. International J of Social Psychiatry 2015;62(1):57-66.