

DHAT SYNDROME—A CULTURE BOUND SYNDROME IN INDIAN SUBCONTINENT

M.S.I. MULLICK

Summary :

Dhat syndrome is a culture-bound sex neurosis quite common in the Indian subcontinent. Passage of a whitish discharge with urine is described as the ward 'Dhatu' believe to be semen. The syndrome is most commonly seen in younger age, recently married or unmarried of low income group with rural background. Several studies report that 21-65% of male potency disorders are Dhat syndrome. Typically a case presents with multiple somatic complaints along with physical and mental exhaustion. Majority of the patients attributed masturbation as a causative factor. The syndrome is almost always associated with one or more psychiatric diagnosis commonly anxiety, depression, hypochondriasis and sexual dysfunction.

Introduction :

Dhat syndrome is a culture-bound sex neurosis quite common in the South-East Asia, mainly in the Indian subcontinent (e.g. Bangladesh, India, Pakistan, Srilanka and Nepal)¹⁻⁶. Passage of a whitish discharge with urine is described as the ward 'Dhatu' believe to be semen by the patient, although there is no objective evidence of such discharge.

The word 'Dhat' has been derived from the Sanskrit word 'Dhatu' meaning the elixir that constitutes the body. Semen is considered as the most important Dhatu which means bravery, power, or strength, or that which generates power and greatness. Loss of semen in any manner is considered to lead to depletion of physical and mental energy.¹⁻⁷ This believe is deeply ingrained in subcontinental culture and is responsible for the symptoms of Dhat syndrome.⁷ Usually these patients consult with the traditional healers who exploit them for their own profit and reinforce this belief. The belief may be perpetuated by the friends and relatives who had suffered from the syndrome.⁸

The term 'Dhat syndrome' was first used and described by N.N Wig in 1960 which could be understood and determined by its cultural context, by the beliefs and by its symptomatology as there was no diagnostic criteria before the emergence of ICD-10 classification of mental and behavioural disorders. Now the Dhat syndrome can be defined

Mohammad Sayadul Islam Mullick
Assistant Registrar
Institute of Mental Health and Research, Dhaka

as 'undue concern about the debilitating effects of the passage of semen' according to this classification.⁹

Epidemiology :

Most of the studies on Dhat syndrome was carried out in India and a large proportion of patients presenting with sexual dysfunction was found to be suffering from Dhat syndrome. In a study of general hospital psychiatric clinic 9.2% was found male potency disorders. Of these, Dhat syndrome was found 20.7%.¹⁰ In another report of fifty consecutive patients of male potency disorders in a general hospital psychiatric OPD, 62% complained of Dhat as a major symptoms.⁴ In a similar report among 144 consecutive male patients with psychosexual disorder, 64.6% had the complaint of Dhat syndrome.¹¹

In Bangladesh, no specific work has been carried out on Dhat syndrome but considerable number of 'sex neurosis' was reported among the patients attending in general hospitals. In a study done at medical OPD of IPGMR, Dhaka, it was found that 34.5% of male cases showed some degree of sexual neurosis.¹² These patients presented themselves with symptoms of profound general weakness, backache, burning sensation all over the body, sleep disturbances, physical symptoms referable to genitourinary system. Of course, large proportion of these patients could be identified as Dhat syndrome. In another study, it was found that 16.15% of all cases seen in a medical general practice in Dhaka city during the course of one year, were suffering from sexual neurosis and all the cases were males.¹³ In a recent study done at psychiatric OPD of IMHAR, Dhaka,

sexual dysfunction was found in 3.13% of the male psychiatric patients and all these cases presented themselves with the passage of whitish discharge with urine described as 'Dhatu'.¹⁴ From these studies we can assume the extent of existence of Dhat syndrome in our country.

Several Indian studies reported that most of the cases of Dhat syndrome are younger in age, recently married or unmarried, of average or low socio-economic status (manual worker, student or farmer), come from rural area and belong in families with conservative attitudes and illiterate or educated to primary level^{4,6,7,10,11,15}. This suggests that socio-cultural factors may play a more important role in Dhat syndrome. Family history of potency disorders is also much higher in patients of Dhat syndrome which is found 22.6% in one report.¹⁰ The family history is found positive in a larger proportion of patients of Dhat syndrome¹⁰

Symptomatology :

Typically a case of Dhat syndrome presents with multiple somatic complaints along with physical and mental exhaustion, attributed to the passage of semen in urine, urinary complaints, inability to concentrate, loss of memory, anxious, becomes sad, guilt feelings, lack of interest, sleep disturbances and sexual dysfunction^{1,2,4-7,11}. The patient perceives the slightest turbidity in urine with perturbation. He becomes tense and morbidly preoccupied.

Most of them seek advice of traditional healers at the first instant. Few consult with skin and venereal disease specialists or general practitioners. If the patient comes to a general hospital he may be referred to the psychiatry department. Urine examination fails to reveal any discoloration, sperm, or any other abnormal constituents except for occasional oxaluria or phosphaturia.^{7,11}

Believe and attitude of the patients :

Patients attribute their symptoms to the passage of Dhatu and believe it to be semen. Most of the patients believe that masturbation is the main cause. In an earlier study, masturbation 52%, premarital sexual relation 16% and extramarital sexual relation 14% were reported¹⁴. In another study, early masturbatory habits

46.15%, premarital relationship 21.15% and extramarital relationship 5.76% were reported.⁷ In a recent study, it was found that 45.1% believed masturbation or excessive sex was the major cause of Dhat syndrome, other 19.3% thought it to be venereal disease, 16.1% urinary infection, 9.7% over eating, 6.5% constipation or worm infestation, 6.5% disturbed sleep while 3.2% believed it to be genetically determined.¹¹

Among the attitude towards Dhat syndrome, a large proportion of the patients believe it to be harmful. In a study, 77.4% patients believe it to be harmful. In a study, 77.4% patients perceived seminal loss as being positively harmful to health while 66.7% believed that Dhat syndrome might lead to physical or mental weakness.¹⁰ About 32.2% was the belief that it caused physical as well as mental weakness while 22.5% thought it caused physical illness only.¹¹ Almost all of the patients (93.5%) of Dhat syndrome believed that it required some medication.¹¹

Scientific facts behind 'Dhat' :

Passage of semen in the urine is not possible physiologically, because at the time of ejaculation the internal sphincter contracts and hence semen and urine can not mix.⁶ Dhat has been reported as the whitish discharge which passes along or before the passage of urine. This is usually related to the presence of oxalate or phosphate crystals which are present in a high concentration in the alkaline urine.^{4,6,11} Turbidity in urine may also be due to prostatic fluid and urethral secretions trickling down the urethra while defaecating.^{6,11}

Underlying psychiatric diagnosis :

Almost all of the cases of Dhat syndrome has one or more underlying psychiatric diagnosis. Anxiety, depression, hypochondriacal disorders and sexual dysfunction are most common. In a prominent Indian study it was reported that depression was found to be present in 52% of Dhat syndrome patients.⁴ In other report, neurotic depression, anxiety neurosis, hypochondriacal neurosis and psychogenic impotence were found 40.38%, 36.54%, 5.77%, 1.92% respectively and 13.46% were diagnosed as pure Dhat syndrome.⁷ Premature ejaculation and impotence were found about 50% of the cases of Dhat syndrome in other report.¹⁰

Treatment :

Empathetic but firm approach to the patient is the most important means. A simple but lucid sex education individually or in group followed by scientific explanation is most effective. Practical demonstration of removing the turbidity of a phosphate loaded urine by addition of acid also helps. Firm verbal reassurance and a short course of anxiolytics (if indicated) are to be required.⁶ In an one year follow up study in India, 66% completely recovered and 22% improved by using these approach.¹⁵

The tendency to prescribe a nonspecific treatment develops psychological dependence of the patients but the treatment of associated psychiatric disorder must be treated accordingly.^{6,7} There are also reports of successful use of certain herbal medicine¹⁶.

Conclusion :

Scientific studies on different aspects of Dhat syndrome need to be carried out in our country to find out actual situation of this common culture-bound syndrome. The need of awareness amongst specialists and general practitioners is more important so as to recognise this syndrome and adopt the therapeutic approach of choice.

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