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

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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 *dhatu*, 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.[1]

"Dhat syndrome," was coined by Wig [2]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.[3]Dhat syndrome lies with DSM IV-Appendix I- culture-bound syndromes[4] and under "other specific neurotic disorders" (F48.8) in ICD-10.[5]

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.[1,6,7,8]

.Several causeseg. bad habits like alcoholism, watching erotic movies,[6,9]UTI, venereal disease, genetic factors[1,10] are attributed to dhat.

Psychiatric comorbidities may exist with depression being most common (40-66%), followed by anxiety neurosis (21-38%), somatoform disorders, premature ejacuation and erectile dysfunction.[1,11,12]

This study aims to study the sociodemograohic 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

TABLE1

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

TABLE 2

Education	
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	
< 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	
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
Dafecation Night Fall	2.1

TABLE 5

REFERRED FROM	
DIRECT	63
UROLOGY	37

TABLE 6

Cause	
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	
Unemployed	19.5
Unskilled	28.2
Skilled	30.4
Self	6.5
Professional	2.1
Student	13.3

TABLE 8

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

TABLE 9

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

TABLE 10

Discussed With Friends	
Yes	18%
No	82%

TABLE 11

Taken Alternative Medications	
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]

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 olderstudies on Dhat Syndrome reported age of patients ranging form 16 to 45, most patients being adolescents or young adults [3,11,13,14,15]

Among the recent studies, Parmar[15]found patient age ranged from 19 to 46 years with men age of 26.69 years whereas Pundir et al[16] 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. Seconday 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

passage of Dhat were as 'night falls' (60.1%) and 'while passing stools' (59.5%).

28.2% attributed the cause for the symtoms 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 dysmorphic 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 thatdhat 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.

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