



Sexual Comorbidities in Dhat Syndrome

Authors

Dr Ashwin Jain^{1*}, Dr Yogendra Deshpande²

¹Assistant Professor, Department of Psychiatry, Index Medical College Hospital, Indore

²Professor, Department of Psychiatry, Rd Gardi Medical College, Ujjain

*Corresponding Author

Dr Ashwin Jain

Department of Psychiatry, Index Medical College, 9993105996

Address: 38, New Agarwal Nagar, Opposite lotus showroom, Sapna Sangeeta Road, Indore, MP, 452001

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	<ol style="list-style-type: none"> 1. Reproductive age group (15-45 YRS) 2. Free from medical or surgical illness
Exclusion Criteria	<ol style="list-style-type: none"> 1. Age more than 45 yrs or less than 15 yrs 2. Having any kind of medical or surgical illness
Tools Used	<ol style="list-style-type: none"> 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.No	Age at Time of Presentation	No.of Pts. (N) N (100)	Percent (%)	Age of Onset of Dhat Syndrome	No.of Pts. (N) N (100)	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%

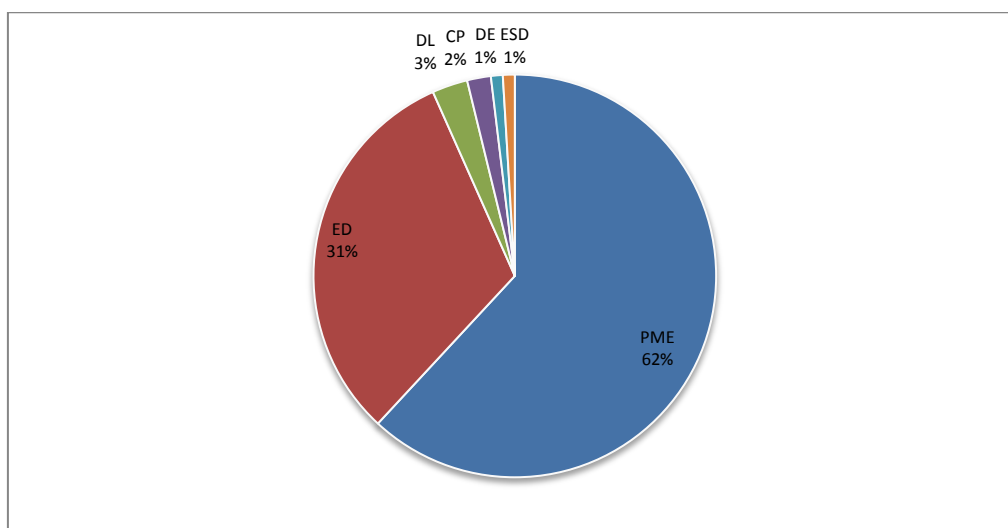


Table 3 Myths and beliefs regarding dhat syndrome

Dhat is Lost in Faeces Too	100	18	18%
It Leads to Impotency	100	80	80%
Causes Decrease in Size/Length of Penis	100	31	31%
Due to Tilted Penis	100	16	16%
Because of Masturbation	100	33	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 comorbidity, 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.

Financial Support and Sponsorship: Nil

Conflicts of Interest: There are no conflicts of interest.

Permission: Institute Ethical committee.

References

1. Om Prakash, Lessons for postgraduate trainees about Dhat syndrome, Indian J Psychiatry. 2007 Jul-Sep; 49(3): 208–210.
2. Nashi Khan* Dhat syndrome in relation to demographic characteristics Indian J Psychiatry. 2005 Jan-Mar; 47(1): 54–57 doi: 10.4103/0019-5545.460778).
3. Wig NN. Problem of mental health in India. J Clin Social Psychiatry 1960;17:48-53.
4. Chadda RK, Ahuja N. Dhat syndrome: A sex neurosis of the Indian subcontinent. Br J Psychiatry 1990;156:577-9.
5. Prakash O. Lessons for postgraduate trainees about Dhat syndrome. Indian J Psychiatry 2007;49:208-10.
6. Grover et al. Comorbidity in Patients with Dhat Syndrome: A Nationwide Multicentric Study. J Sex Med 2015;12:1398–1401
7. Chadda RK, Ahuja N. Dhat syndrome: A sex neurosis of the Indian subcontinent. Br J Psychiatry 1990;156:577–9.

8. Nakra BRS, Wig NN, Varma VK. A study of male potency disorders. *Indian J Psychiatry* 1977;19:13–8.
9. Deb KS, Balhara YS. Dhat syndrome: A review of the world literature. *Indian J Psychol Med* 2013;35:326–31.
10. Deb KS, Balhara YS. Dhat syndrome: A review of the world literature. *Indian J Psychol Med* 2013;35:326–31.