

An Unusual Presentation of Dhat Syndrome

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Abstract: Dhat syndrome is a clinical condition commonly reported in South East Asia especially the Indian subcontinent. It is characterized by vague somatic symptoms of fatigue, weakness, anxiety, loss of appetite and guilt attributed to semen loss through nocturnal emissions, urine, during defecation, masturbation and even sexual intercourse. This is a case of 20-year-old unmarried male patient with complaints of repeated thoughts of seminal discharge and repeated checking for it, which started 1 year back. Gradually these thoughts assumed obsessional quality and resulting into checking behaviours. Then started a cycle continued resulting in very frequent visits to bathroom and checking which greatly affecting the quality of his professional life, social and personal life. MSE revealed obsessions regarding inappropriate seminal discharge and its effects. These obsessions resulting in to compulsive checking behaviours. Score on YBOCS is 28 at 1st visit. Other investigations resulted normal. Thus he was diagnosed with DHAT syndrome co morbid OCD. He was treated with setraline doses which are gradually increased and the response was adequate over 6 months follow-up period.

Key Words: Dhat; Dhat Syndrome; Unmarried male; co-morbid OCD.

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I. Introduction

Dhat syndrome is a clinical condition commonly reported in South East Asia especially the Indian subcontinent⁽¹⁾. The word "Dhat" derives from the Sanskrit language word dhatus, 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⁾." Although Dhat syndrome is understood as a culture-bound syndrome, the underlying mechanism for this disorder is not clear. In view of the co morbidity and the symptom profile some of the researchers consider it as a variant of depression and others consider it as a variant of somatization disorder⁽⁴⁾.

Dr.N.N.Wig coined the term "Dhat syndrome in 1960," characterized by vague somatic symptoms of fatigue, weakness, anxiety, loss of appetite and guilt attributed to semen loss through nocturnal emissions, urine, during defecation, masturbation and even sexual intercourse⁽⁵⁾. This notion of seminal loss frightens the individual into developing a sense of doom if a single drop of semen is lost, thereby producing a series of somatic symptoms. Dhat syndrome is characterized by preoccupation with semen loss and attribution of physical and psychological symptoms to the same. In general patients with Dhat syndrome present with neurasthenic symptoms in the form of multiple somatic and psychological complaints, which they attribute to the passage of "Dhat." Many patients have co morbid psychiatric disorders; depressive and anxiety disorders being the most commonly reported symptoms⁽⁴⁾. Co-morbid sexual dysfunction is also not uncommon ranging from 17% to 33%⁽³⁾.

II. Case Report

A 19 yr old unmarried male patient with a primary education background works at a juice shop, belonging to low socio economic status came to OPD with complaints of repeated thoughts of seminal discharge and repeated checking for it, accompanied by weakness and severe distress. The problem started 1yr back when his friend told him that masturbation and seminal discharges may lead to weakness. Since then, he is continuously having thoughts typically consisting of how semen discharge causes weakness and wastage of semen and checking behaviours that he might have discharged semen while thinking about it. These thoughts cause fear and distress and he makes futile attempts to resist them which further lead to feeling of helplessness and guilt. With these thoughts, there is also mounting of anxiety with a doubt that he might have discharged semen which is temporarily relieved when he checks and finds no discharge. Then again the thoughts start and the cycle continues resulting in very frequent visits to bathroom and checking which interferes with his work. Whenever he finds discharge while checking, a great deal of despair and weakness overcomes him and he has to

take leave of absence from his work and rest. So, after every seminal discharge, he feels irritable, stays alone at home feeling guilty and ruminating about the ill effects of semen discharge like draining of energy, decreased sexual powers, wastage of semen which might lead to infertility in the future etc., which he believes to be true. All of this is greatly affecting the quality of his professional life, social and personal life.

Sexual history: He started masturbating around 13-14 years of age. He had a normal sexual encounter about 1yr back when he was able to perform optimally. But after his complaints started, he noticed a significant decrease in the time between erection and ejaculation which is around 1-2 minutes. This frightened him further and as a result he stopped masturbating since the last 6 months though he discharges semen at night with sexual dreams or whenever he gets sexually excited by meeting women at work.

There is no history of addictions and no history of similar complaints or any other psychiatric illness in the family.

Clinical examination: General physical examination and systemic examination are unremarkable.

Mental status examination: Appearance and behaviour is normal, no abnormal movements or mannerisms, eye contact maintained, rapport is established, speech is normal.

Thought: Obsessions regarding passage of 'Dhat' throughout the day, resulting into compulsive checking of under garments for the passage of 'semen'. No perceptual abnormalities noted. He feels sad and worried about his condition.

YBOCS: score 28 [moderate-severe]⁽⁶⁾ at the first visit.

Investigations: Complete blood counts, serum testosterone levels, serum prolactin levels, ultra sound testis are done and are found to be normal.

Diagnosis: Dhat syndrome with comorbid OCD.

Differential diagnosis: Somatoform disorder, OCD, Depression, Hypochondriasis.

Treatment: Tab.Setraline 50mg (SSRI's) was started and the dosage was titrated to 100mg in a month. The patient had regular follow ups and improved at a dose of 150mg within 6 months. Simultaneously psycho-education was given regarding the belief leading to the distress. Patient is also educated regarding squeeze technique, start and stop technique. There is improvement regarding the time spent on repeated thoughts and the distress caused by them. The repeated checking also decreased greatly and he also started to go to work now. After six month follow up the YBOCS score has come down to 15 [moderate]⁽⁶⁾.

III. Discussion

Though Dhat syndrome is common in Indian subcontinent, there is no clear common definition for it. There are different studies with differences about the constituent of "dhat" and mode of passage of dhat. Some describe dhat specifically as "semen" as in this case, but some describe it broadly. The modes of passage can also be different such as mixed with urine or passed during defecation, masturbation, nocturnal emission, all of which are present in this case. It can also be loss during sexual act which can be either heterosexual or homosexual. There is high rate of co-morbidity with Dhat syndrome. Most common co-morbidity is depression and the others are anxiety disorders, sexual dysfunction etc., OCD may also be present but the prevalence is low. But in this case, although preoccupation with semen and attribution of physical symptoms to it are characteristic of Dhat syndrome, the repeated thoughts about semen and ill effects of its discharge assumed an obsessional quality and are even causing anxiety sufficient enough to compel him for frequent checking behaviours which are sufficient enough for a diagnosis of OCD.

However, the anxiety in this case is not free floating and only linked to obsessive thoughts and gets relieved with checking for discharge which helps rule out generalized anxiety disorder. The somatic symptoms also only appeared after discharge of semen and were absent otherwise which help us ruling out somatic symptom disorder. There is also no fear or belief of having any serious illness. There is no loss of interest or pervasive low mood which rules out depressive disorder.

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