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# Psychiatric Comorbidities in Dhat Syndrome

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## 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 diagnostic possibilities ranging from anxiety to somatoform disorders, affective disorders and, rarely, psychosexual delusional disorder.

## Aims and Objectives

To assess various psychiatric 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**

1. Reproductive age group (15-45 YRS)
2. Free from medical or surgical illness

**Exclusion Criteria**

1. Age more than 45 yrs or less than 15 yrs

2. Having any kind of medical or surgical illness

**Tools Used**

1. ICD and DSM criteria for the diagnosis of Psychiatric co-morbidities in patients of dhat syndrome.
2. Specially designed proforma for detailed history taking.
3. 21 item Hamilton depression rating scale (HAM-D)
4. Beck's anxiety inventory (BAI)
5. 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

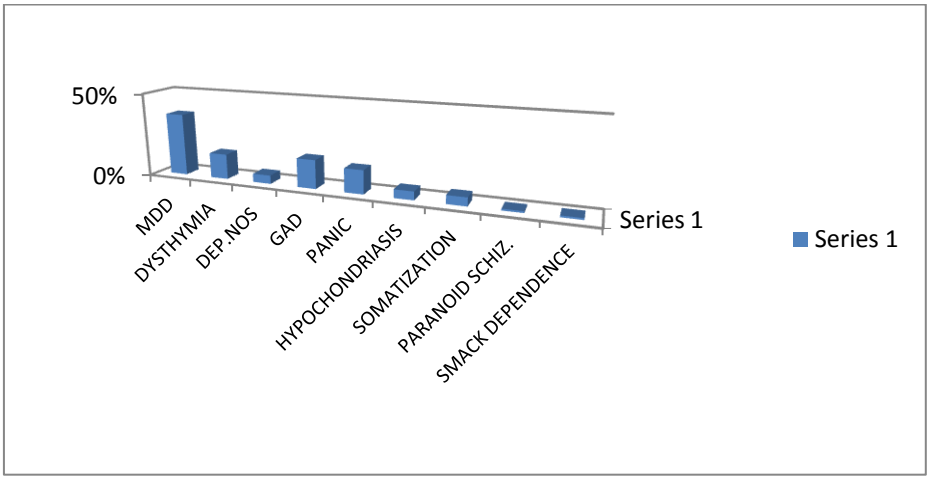
| S.No | Age At Time of Presentation | No.of Pts. (N) N (100) | Percent (%) | Age of Onset of Dhat Syndrome | No. of Pts. (N) N (100) | Percent (%) | Duration of Illness (In Years) | No.of Pts. | Percent |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 20 yrs of age & below | 18 | 18% | 20 yrs of age & 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% |

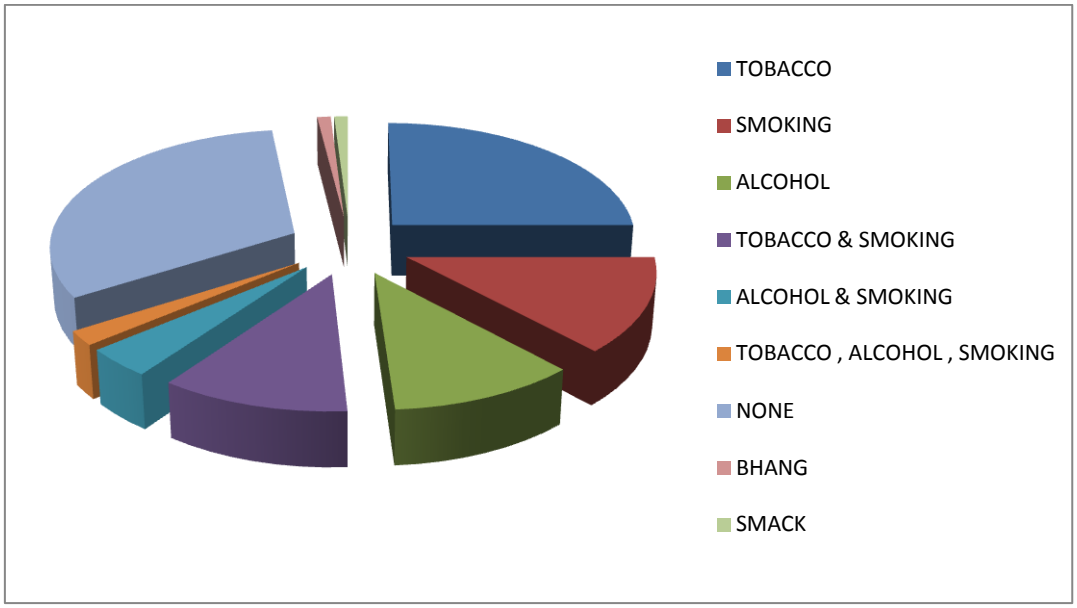
**Table 2** Psychiatric problems associated with Dhat syndrome

| S.NO. | DIAGNOSIS | % OF PATIENTS |
|---|---|---|
| 1. | Major Depressive Disorder(MDD) | 37% |
| 2. | Dysthymia | 15% |
| 3. | Depression NOS | 5% |
| 4. | Generalized anxiety disorder (GAD) | 17% |
| 5. | Panic disorder | 14% |
| 6. | Hypochondriasis | 5% |
| 7. | Somatization disorder | 5% |
| 8. | Paranoid schizophrenia | 1% |

**Table 3** Substance dependence among patients of Dhat syndrome

| S.NO | SUBSTANCE | % OF PATIENTS |
|---|---|---|
| 1. | Tobacco | 25% |
| 2. | Smoking | 13% |
| 3. | Alcohol | 11% |
| 4. | Tobacco + Smoking | 11% |
| 5. | Alcohol + Smoking | 4% |
| 6. | Tobacco+Alcohol + Smoking | 2% |
| 7. | Bhang | 1% |
| 8. | Smack | 1% |






**Discussion**

With the available literature, most studies showed depression in 40-42%, anxiety in 21-38%, somatoform/ hypochondriasis in 32-40% as the most reported psychiatric disorders in the patients having diagnosis of Dhat syndrome[(6)]. Deb and Balhara (2013) who found that 40–66% of patients with Dhat syndrome have comorbid depressive disorders and the rate of comorbid anxiety disorders has varied from 21-38%, Chadha RK (1995) found nearly half were reported to have depressive disorder, 18% had anxiety disorder. In a study by Vandana Mehta (2009) depression was found to be the most common 39.5%, followed by anxiety neurosis in 20.8% Hence prevalence of depressive disorders as psychiatric comorbidity was higher in our study (57%) as compared to other studies (40-42%). Prevalence of anxiety disorders as psychiatric comorbidity (31%) in our study falls in the same range as seen in other studies. Prevalence of somatoform disorders in our study (10%) is quite less as compared to other studies. As mentioned above, 32% patients didn't consume any substance. Among the 68 patients who consumed substances, the most common substance consumed was Tobacco seen in 36.76% (25 out of 68). However there has been no literature available regarding correlation of dhat syndrome and type of substance used on its pathology. Comorbidity of depression with Dhat syndrome can be understood in the background of the cultural belief that the loss of semen is considered equivalent to the loss of vitality. Most effective clinical management of this condition lies in a combination of anti-anxiety and antidepressant medications, with counseling and cognitive behavioral therapy.

**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. 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.

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**Permission:** Institute Ethical committee.

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