

## **DHAT SYNDROME: THE PHENOMENOLOGY OF A CULTURE BOUND SEX NEUROSIS OF THE ORIENT**

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### **SUMMARY**

Indian Dhat syndrome which is symptom complex most commonly seen in younger group of patients in between 16 to 25 years of age. These patients present with whitish discharge with urine (patients believe it to be semen). This is associated most commonly with impotency, marked anxiety, general weakness, premature ejaculations and hypochondriasis. All the patients were either from low or average socio-economic status. Majority of the patients attributed masturbation as a causative factor for this problem.

The culture bound syndromes are well known in the field of psychiatry. Some involve sexual potency and genitalia. 'Dhat Syndrome' is also a cultural bound sex neurosis of the orient (Wig, 1960; Neki, 1973). The origin of 'Dhat' has come from the Sanskrit word 'Dhatu', meaning the elixir which constitutes the body (Sushruta Samhita, 1938). In ages known ancient Indian literature, seven types of Dhatus are described. Semen is considered as the most important Dhatu among all. These Dhatus determine the bodily immunity or susceptibility to the manifestation of disease (Sharma & Das, 1977).

Charak Samhita (Ancient Indian literature) describes the disorders of Dhatus viz. Shukrameha (Spermaturia) in which patient passes semen resembling urine or urine mixed with semen, Sitameha (Phosphaturia) in which patient gets frequent micturition which is exceedingly sweet and cold, and Suklameha, where the patient passes urine having white colour like that of pasted floor.

The Dhatu has been given so much importance in Indian culture that it becomes synonyms with semen.

Indian Dhat syndrome is a clinical condition in which patient is preoccupied with excessive loss of semen by nocturnal emissions and this leads to severe anxiety, hypochondriasis, lack of concentration, bodily weakness and is often associated with sexual impotency (Wig, 1960; Neki, 1973). Singh (1983) recently in a study reported depression in 52% of cases of Dhat Syndrome. In the present study our main focus is on the phenomenology of Dhat syndrome.

### **METHODOLOGY:**

The study was conducted in department of Psychiatry, Institute of Medical Sciences, Varanasi. All consecutive patients, who attended psychiatry outdoor either directly or referred from the skin or medicine outdoors with main complaint of 'Dhat' discharge were included in the study.

A semistructured proforma was used to assess the patients. The proforma included besides identification data, other socio-demographic characteristics of patients and details of Dhat discharge. Proforma also included symptoms (Verbatim), duration, frequency, associated problems (Viz. impotency, marital-

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disharmony, premature ejaculation, weakness, other problems), causative factor in patients opinion (masturbation, coitus during menses, pre-marital or extra marital sexual relations, homosexuality, heterosexual experiences with prostitutes). It also included the patients attitude towards Dhat.

#### AIMS:

The aim of the present study is to evaluate the phenomenology of Indian Dhat syndrome.

#### OBSERVATIONS :

Fifty consecutive patients were interviewed who attended psychiatry outdoor, with complaints of 'Dhat' discharge. Among these there were 34 (68%) in age group of 16—25 years. Twenty six (52%) patients were married while 24 (48%) were unmarried (Table I). According to their Socio-economic status,

TABLE-1. Age

Age	Married	Single	Total (%)
16—25	16	18	34(68)
26—35	8	5	13(26)
36—45	2	1	3( 6)
Total	26	24	50

21 (42%) were from low, 29 (58%) from average and none from high socio economic status. Interestingly 23 (46%) were students by occupation, 14 (28%) had agriculture as their main occupation, 10 were clerks and 3 belonged to professional group. Five (10%) patients had duration of illness less than 3 months, 11 (22%) had 3 months to 1 year and majority of the patients i.e. 34 (68%) having more than 1 year.

Patients were categorized according to frequency of Dhat discharge into daily, once in a week and once in a fortnight

to one month, the distribution was 23 (46%), 23 (46%) and 4 (8%) respectively. A large group of patients i.e. 37 (74%) viewed that Dhat is whitish discharge with urine, 3 (6%) viewed it as night emission, and only 10 (20%) viewed it as both. Associated problems in these patients were impotency in 13 (26%), premature ejaculation in 11 (22%), bodily weakness in 34 (68%), anxiety in 19 (38%), hypochondriasis in 23 (46%) while 5 (10%) patients have no associated problems (Table 2).

TABLE 2. Associated problems

Problems	Patients (%)
Impotency	13 (26)
Pre-Mature Ejaculation	11 (22)
Bodily Weakness	34 (68)
Anxiety	19 (38)
Hypochondriasis	23 (46)
No problems	5 (10)

The causative factors as reported by patient were masturbation—26 (52%), pre-marital sexual relation—8 (16%) and extra marital sexual relation—7 (14%) patients (Table-3). When their attitudes

TABLE 3. Causative factors

Factors	Patients (%)
Masturbation	26 (52)
Pre-Marital Relation	8 (16)
Extra-Marital Relation	7 (14)
Nil	14 (28)

were studied we found that 44 (88%) felt it as semen with urine, 2 (4%) viewed it as semen and phosphate both, while 2

(4%) gave some other views and 2 (4%) didn't respond (Table-4).

TABLE 4. Patients' attitude

Attitude	Patients (%)
Semen	44 (88)
Semen+PO <sub>4</sub>	2 (4)
Others	2 (4)
Not responded	2 (4)

Regarding treatment seeking pattern 25 (50%) patients contacted quacks (so called sex specialists) for the first time. 15(30%) consulted skin and venereal disease specialist, while 10 (20%) consulted a general practitioner.

#### TREATMENT AND OUTCOMES :

We have treated these patients with minor tranquillisers and verbal reassurance. We have tried to explain about misconception regarding sex, which these patients were having. Similarly we have tried to remove the misconception about the semen loss. The subjects were told about the harmless effect of semen loss (nocturnal emission). They were informed about misconception regarding masturbation. 33

(66%) patients completely recovered in 1 year follow up. 11 (22%) showed improvement (some of hypochondriac and somatic pre occupation were persistent in less intensity) while 6 (12%) patients remained same. Due to poor follow up subsequently it is difficult to say whether these 22% of patients (who showed improvement) remained same or deteriorated.

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