



Dhat Syndrome: A Cultural Attribute To Semen Loss

Sujit Kumar Kar¹, Saranya Dhanasekaran¹

Correspondence: drsujita@gmail.com; saranya296@gmail.com

Full list of author information is available at the end of the article

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Introduction

Semen is predominantly composed of spermatozoa, secretions of seminal vesicle and prostatic secretions. Its production is a continuous process in healthy adolescent and adult males. It is the vital element that continues progeny through the process of reproduction. Spermatozoa fertilize the ovum, which is the first step of beginning of a new life. Across the cultures, semen is considered as a symbol of vigor and masculinity. Ancient Indian culture considers semen as a highly precious substance produced by the process of ultra-filtration of blood [1]. It is

responsible for the energy and vitality of a male [1]. Loss of semen through any means lead to loss of vigor and vitality. This message is carried forward till date though literature and traditional healers over subsequent generations. This knowledge is also disseminated to people through peers, family members, religious gurus, traditional healers and many such others [6]. This core cultural credence that semen equals vitality and its loss leads to sickness is incorporated into an individual's belief system. Often semen loss is considered the cause of anxiety, depressive symptoms and multiple somatic symptoms. The



conglomeration of these symptoms with cultural attribution to semen loss constitutes what is known as the “Dhat Syndrome”. Indian psychiatrist, Prof. N. N. Wig coined the term “Dhat Syndrome” [2]. Dhat syndrome is commonly reported in Indian subcontinent among young males [3]. Sometimes, it exists in the background of anxiety disorders or depressive disorders [3].

Clinical manifestation and co-morbidities

The common clinical presentation is passage of semen or semen like substance in urine accompanied with somatic, depressive and anxiety symptoms [3, 4]. Disturbance of sleep and sexual dysfunction are also frequently reported [3, 4]. The somatic manifestations can be in the form of – dyspepsia, constipation, multiple pain symptoms, fatigability, hypochondriacal

symptoms, headache, burning micturition, pain abdomen and poor appetite. There may be fear of acquiring sexually transmitted diseases, sexual dysfunction and even infertility. Sexual symptoms associated with Dhat syndrome can be in the form of – premature ejaculation or erectile dysfunction [5].

As a clinical entity, Dhat syndrome may exist alone or with co-morbid anxiety and depressive disorders [5]. Majority of patients attribute Dhat syndrome to excessive masturbation, excessive involvement in sexual activities, watching or reading pornographic material, wet dreams, venereal disease, constipation or other physical illnesses [5, 6]. The patients may have excessive guilt and apprehension related to masturbation or indulgence in sexual activities which may in turn lead to the development of syndromal depressive



disorder or anxiety disorder. Depression is frequently associated with Dhat syndrome as co-morbidity [4]. In Dhat syndrome, patients present with abnormal illness behavior [7]. There often occurs exaggeration of somatic symptoms which can be explained on the basis of the somato-sensory amplification model [7].

A similar disorder exists in females. Pathological attributes are attached to the normal physiological genital discharge which is culturally influenced and considered as the female counterpart of “Dhat Syndrome” [8]. The clinical presentation is similar to Dhat syndrome in males [8].

Management of Dhat syndrome

The management of Dhat syndrome is complicated by the fact that most patients reach quacks, practitioners of alternate medicine and self-proclaimed

sex specialists first. By the time they have reached medical practitioners or psychiatrists, they have tried various remedies and are in considerable amount of distress. One of the main responsibilities of the treating physician or psychiatrist is to alleviate the distress associated with this syndrome. The mainstay of management thus lies in the psycho-education and counseling of patients. The patient should be ‘sex-educated’ about the anatomy, physiology and functioning of the genito-urinary syndrome. Charts and figures depicting the anatomy and physiology of the genito-urinary system may be used. Myths and misconceptions regarding sexual practices such as masturbation need to be addressed. The role of empathetic listening cannot be over-emphasized in order to make the patient comfortable considering the taboo associated with the discussion of such



topic in cultures such as ours and more importantly in getting the patient to open up as to exactly what his concerns and beliefs about this syndrome/ problem are. Various management strategies including structured psycho-education programmes have been developed by experts [9,10]. Relaxation exercises have been found to be useful especially in those with anxiety [9]. Anti-depressants and anti-anxiety drugs may be prescribed if the patient is also suffering from syndromal or impairing depression or anxiety. Practitioners should however keep in mind that a non-confrontational and empathetic manner is imperative throughout the

treatment process as ignoring or ridiculing firm cultural beliefs of the patient might alienate the patient and end up being counterproductive.

Conclusion

Dhat syndrome is not uncommon in clinical practice. The clinician needs to explore the underlying belief system and understand the cultural attributes associated with them. A culture friendly approach and empathetic attitude is highly beneficial. Myths related to sexuality needs to be understood and attempts should be made to resolve them.

Competing interests

The authors declare that they have no competing interests.

Authors' contributions

Both authors conceptualized, carried out literature review, analysed the data and wrote the manuscript. Both authors read and approved the final manuscript.



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Author details

Dr. Sujit Kumar Kar, MD (Psy), Lecturer

Dr. Saranya Dhanasekaran, MBBS, Postgraduate resident (Psy)

¹Department of Psychiatry, King George's Medical University, Lucknow, Uttar Pradesh, India

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