

Dhat Syndrome among Females: Is There Enough Evidence?

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Abstract

In last few decade researchers have emphasized that non-pathological vaginal discharge has important psychosomatic components and it may represent an entity similar to 'Dhat syndrome' among females. Despite this, there is very limited research addressing validation of this entity. Literature is mostly limited to small studies among clinical population or case series and case reports. This article intends to highlight current understanding about 'Dhat syndrome' among females and lacunae in the existing body of research.

Introduction

Dhat syndrome is a well-known entity among south Asian males since long [1]. There is sufficient literature to establish it as an important clinical entity. Over the years, tools and specific psychotherapeutic interventions targeting 'Dhat syndrome' have been developed and successfully used. Though further research is warranted to explore its dimensions, validity of this entity is well recognised. Further, recognising it as a separate entity or a specifier for other diagnostic entities is still debatable. Over last few decade idea of presence of similar entity among female was also proposed by some researchers. Although the research in this area is still sparse and inconclusive [2].

Evidences

Conceptualisation of Dhat syndrome among females is similar to males, revolving around the central theme of loss of vital fluids through genital secretions. This culturally prevalent belief stems from Ayurvedic concept of seven physiological elements (Dhatu) and genital secretions represent most important element essential for energy and strength [3].

Among South-Asian females excessive vaginal discharge is a common presentation, known as Leucorrhoea in medical terms. Prevalence among Indian population is reported from 13 to 30 % in

different settings (lower in community based studies than clinic based studies) [4]. It was earlier associated with infections, but now it is recognised that in large number of cases it is non-pathological [5]. Studies have shown that presentation of vaginal discharge is frequently associated with psychiatric morbidity especially somatic symptoms. Chaturvedi in a small study, examined association of somatic symptoms with complaint of vaginal discharge [6]. The study reported that 30 % of those experiencing excessive vaginal discharge believe that their somatic symptoms are due to white discharge and suggest a possibility of 'Dhat syndrome' among females. In another study Chaturvedi et. al. examined this attribution of somatic symptoms to vaginal discharge in clinical setting and compared them with healthy controls [7]. The study found that complaint of vaginal discharge was slightly more among patient group but mis-attribution of somatic symptoms to vaginal discharge was 3.5 times more common among patient group. The study highlights that normal females do harbour similar beliefs though less frequently.

In a more recent study Grover et. al. examined possibility of Dhat syndrome among females presenting with vaginal discharge and psychiatric presentation [8]. They compared the presentation and characteristic feature with male patients with Dhat syndrome and concluded that clinical picture is similar and 'Dhat syndrome' among females should be recognised as a distinct entity. Apart from these studies few case reports and a case series also supported this concept [2,9,10].

Apart of these studies suggesting possibility of female 'Dhat syndrome', a study by Patel et. al. examined associations of vaginal discharge in large community based survey [11]. They found prevalence of 14.5% and stress as a most common causal attribution. Their finding suggests that psychological distress is probably cause of such complaint. So it is a cultural idiom of distress rather than a cause of development of psychological disorder. They also found that low literacy was associated with lower risk, which is also contrary to finding of other studies which suggest that women with lower education are more likely to present with complaint of leucorrhoea.

The available literature consistently suggest that complain of vaginal discharge is significantly associated with psychological distress. Though the direction of association is debatable. One theory suggest that vaginal discharge is an idiom of distress among females and stress is a causative factor. Other theory suggest that women develop psychological distress due to culturally prevalent belief regarding loss of genital fluids. Second hypothesis more directly support presence of a culture bound syndrome similar to 'Dhat syndrome' among females.

The existing literature is deficient in several aspects. There is dearth of epidemiological studies assessing knowledge and attitude among women regarding vaginal discharge. More qualitative studies are required to establish prevailing beliefs in the society regarding vaginal discharge as shared cultural beliefs are core to the concept of culture bound syndrome. It is required to establish that female who are not experiencing vaginal discharge also share same belief.

All the clinic based studies have excluded patients with pathological discharge or co-morbid gynaecological problems. Comparison of pathological versus non-pathological vaginal discharge can provide important information regarding cultural beliefs. Studies should examine that if there is any difference in presentation among these females. Theoretically the phenomenon should be present among both groups due to shared cultural belief. Studies among psychiatric patients should be interpreted cautiously as it is possible that patients with somatoform disorder, looking for an explanation of their symptoms attribute their symptoms to a co-existing non-pathological condition. Patients presenting with somatic symptoms may also have cognitive bias leading to misinterpretation of normal physiological experiences. Further studies should examine whether all form and frequency of vaginal discharge is considered abnormal. Characteristics of abnormal discharge like frequency, amount, or other physical characteristics should be established. Frequency and nature of psychiatric morbidity among patients presenting with vaginal discharge need to be evaluated in a larger sample.

Existing literature suggest a bi-directional association of vaginal discharge with psychological distress, it require clarification before validation of 'Dhat syndrome' among females as a distinct entity. Another area which need exploration is association of vaginal discharge with sexuality. If vaginal discharge is a way of expressing distress than it is possible that it reflects sexual problems among females.

Evidence in support of 'Dhat syndrome' in females, can also be garnered through studies using interventions in line with male patients with 'Dhat syndrome'. It would clarify, if targeting somatoform disorder as usual is sufficient or addition of psychological intervention in line with Dhat syndrome has some added advantage. Such benefit is unlikely to be substantial, if false

beliefs are not the underlying cause for development of psychopathology.

Conclusion

Despite the supportive evidences, the literature regarding existence of 'Dhat Syndrome' among females is limited. Currently females presenting with such cultural beliefs are categorised under somatoform disorders or anxiety disorders, depending on presenting symptoms. Similar to Dhat syndrome among male, such females might also require unique management approach in form of specifically designed psychoeducation modules and other targeted psychotherapeutic interventions. So, even if Dhat syndrome is not recognised as a separate entity among females, proper evaluation of these associations is very important clinically to address needs of these subgroup of patients.

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