Therapeutic Implication of Associated Co-morbidities in Dhat Syndrome: A Case Report

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Abstract

Dhat syndrome is a culture bound syndrome. Patients with Dhat syndrome presents with various somatic, psychiatric and sexual complaints and attributes these problem to loss of semen. Loss of semen either due to 'swapn dosh' or 'hasth maithun' is perceived to be pathological by these patients. The myths regarding Dhat syndrome are further triggered by indigenous systems of medicine and erotic literature, which regard Dhat as a precious fluid. Patients with Dhat syndrome often have psychiatric co-morbidities, which adds to the level of distress of the individual. Management of Dhat syndrome includes correction of the core belief, alleviation of the symptoms as well as treatment of the co-morbidity. Non-pharmacological treatment is most commonly used which focuses on teaching the patient relaxation exercises and the actual reason of their symptoms.

Introduction

Dhat syndrome is a culture bound syndrome commonly reported in South East Asia [1]. Dhat syndrome is common among young recently married males from rural background, born in a family of low socio-economic status and having a conservative attitude towards sex [2].

In India, various beliefs exist regarding loss of semen. According to Charaka Samhita, semen is a precious body fluid (Dhatu). Any imbalance between 7 Dhatus, Sukra (semen) being one of them, can lead to various physical and sexual disorders. As Sukra or semen is nutritional in origin and is pervading within the body any wastage of semen either during ejaculatory orgasm or its loss due to any reason may result in physical and other sexual morbidities [3,4]. The physiological ejaculation (nocturnal emission), which occurs at night are described as pathological by these patients. Physiological ejaculation or 'swapn dosh' is considered as a cult [5]. Similarly, masturbation or 'hasth maithun' is also considered as a bad habit. Patients with Dhat syndrome believe that loss of semen often leads to thinning of semen and its related symptoms [6].

People having this syndrome are preoccupied with thoughts of loss of semen and its adverse

consequences. They attribute their physical and psychological symptoms to semen loss [7]. The most common reported symptoms are body aches, burning micturition and increase frequency of micturition, difficulty in micturition, hypochondriasis, anxiety and depression. Dhat syndrome may also manifest with sexual dysfunction. This may range from potency to frank impotence and pre-mature ejaculation. These two co-morbidities may be present alone or in combination [8].

Patients often attribute their symptoms to having watched pornographic movies in the past or any pre-marital or extra marital affair, homosexuality, intercourse with a woman during menstruation, black magic by his wife or habits such as alcoholism [9]. Any infection in genitalia, over eating, worm infestation, constipation and disturbed sleep pattern are also reported as the cause of dhat syndrome by these patients according to some studies.

Case history

A 33 years old male presented with the chief complaints of loss of penile erection, early ejaculations of semen and worries related to semen loss for past 8 years. Patient described that he would not have adequate erection during sexual encounters with partner and often describe the rigidity of his erected penis to be very soft. As a result of which, vaginal penetration often remained unsatisfactory during intercourse. He reported about normal nocturnal erections.He was able to achieve erection 8 years back though he did not have any sexual intercourse before marriage but morning erections were present. Erection also occurred in presence of sexual stimulation. He also complaint of early ejaculation while having sexual intercourse. Ejaculation occurs just before penetration. These symptoms are present persistently and are not specific to particular situation or particular partner. This has been distressing to him as well to his wife. He is able to perform only after taking medicine Sildenafil.

Patient was married two and a half years back and has 8 months old daughter. He share a stable and cordial relationship with his wife. He had last sexual intercourse with his wife was 1 week back, prior to psychiatric consultation. Patient had misconception regarding the volume and consistency of his semen as he felt that his semen is getting thinner and is decreasing in amount. He reported significant distress related to loss of semen and sexual dysfunction. He consulted for homeopathic treatment over past 8 years, without significant improvement. He consumes alcohol and tobacco occasionally, since last 10 years. His past and family history were non-contributory to his current illness. His general physical examination, systemic and local examination were within normal limit. On mental status examination, the patient was anxious and had preoccupations related to loss of semen and their possible sexual hazards.

He was diagnosed with Dhat syndrome with Premature ejaculation and Erectile dysfunction. He was prescribed escitalopram 10mg/day and sexual myths were resolved through psychoeducation. Relaxation techniques were also explained to him. He was also advised to continue sildenafil as and when required. In follow up, there was improvement in his symptoms.

Discussion

Broadly, patients of Dhat syndrome with co-morbidities can be divided into two groups. The first group, where Dhat syndrome is the primary entity and sexual dysfunction are secondary to Dhat syndrome. Here, the sexual dysfunction mostly results from the catastrophizing beliefs related to Dhat syndrome. Sexual performance of the patient is compromised due anxiety and depression associated with Dhat syndrome. While the second group, where sexual morbidity is the primary entity and Dhat syndrome is an attribution of sexual morbidity. In the first group counselling regarding the Dhat syndrome is the primary goal and it is likely to improve the co-morbid sexual disfunction without any additional intervention. While the second group primary cause needs to be treated along with counselling of the patient regarding Dhat syndrome. In our patient, the sexual co-morbidity improved with resolution of sexual myths, which refers to the first group.

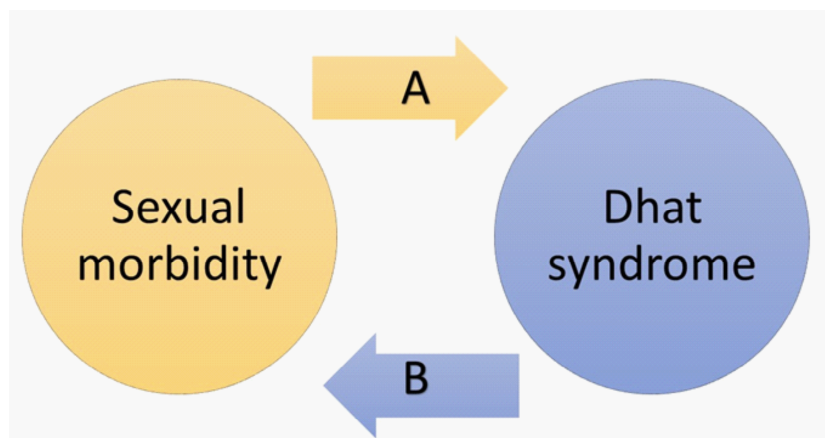

Figure 1: Association of Dhat syndrome and Sexual morbidity.
Arrow A indicates Sexual co-morbidity attributed to dhat syndrome, Arrow B refers to Sexual co-morbidity as a sequel of Dhat syndrome.

Sexuality is a taboo in India. Sexual matters and sexual problems are not paid much attention in Indian families. This makes the treatment of the sexual problems difficult [10]. Management of Dhat syndrome includes both pharmacological and non-pharmacological treatment. Non-pharmacological treatment mainly focuses on sex education and relaxation exercises. Patient are educated and made aware about the anatomy and physiology of sexual organ and their functioning, the process of formation of semen and so called 'hasth maithun' and 'swapn dosh' are normal physiological phenomenon [11].

Conclusion

Understanding the concept of Dhat syndrome and its co-morbidities is important in clinical practice. Segregating the patients of Dhat syndrome with sexual co-morbidities by the nature of their association, will help in deciding the management plan for them.

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