

Pathways to Care for Dhat Syndrome

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Abstract

Treatment-seeking patterns of patients with 'Dhat syndrome' is highly diverse. They often make multiple visits with various types of health care providers in search of help. Usually, consultations are made with several indigenous healers, vaid, hakims, sex specialists and practitioners of alternative medicine for relief, before reaching a psychiatric health facility. As an enormous time gets wasted in finding the appropriate care provider for the problem, there is a need for incorporating an efficient and effective referral mechanism to speed up access to psychiatric care in patients with 'Dhat syndrome'.

Introduction

In ancient Indian medicinal texts, conservation of semen has been given immense importance. Ayurveda describes human body to be made of seven vital elements or the 'Dhatus'. Of these, 'Shukradhatu' or semen is considered to be the most valuable and powerful bodily substance, and is equated with the fluid of life [1]. Thus, its loss is perceived to drain the human body of its vitality and is associated with various morbidities, loss of sexual vigour and even early death. Similar beliefs related to preciousness of semen could be traced in several other cultures around the world at different point of time in history [2]. However, this belief remained widely prevalent in Indian subcontinent, leading to distress of varying severity in persons with perceived excessive semen loss. To account for this entity, N.N. Wig coined the term 'Dhat syndrome' in 1960 [3].

The typical presentation of the patient with 'Dhat syndrome' is an illiterate or lesser educated adolescent or young adult male from lower socioeconomic status and rural background [4]. Young people often lack clear knowledge about various phenomenon related to sexuality. The ignorance, unclear information or misinformation leads to development of excessive concern related to the loss of semen [5]. Consequently, any whitish discoloration of urine, which is usually due to high oxalate and phosphate content or secretions from bulbourethral glands, get misinterpreted as

semen loss by the patients [6]. Often several other factors such as masturbation, nocturnal emissions, premarital sexual intercourse, excessive sexual drive & excessive sexual intercourse are perceived by the patients to cause semen loss [7].

The clinical presentation emanating out of the stress and worries about passage of semen is myriad. The intensity and severity may escalate enough to qualify for specific clinical disorders. The symptoms predominantly lie in the following spectrum—depression, anxiety, sexual, and somatic [8]. Their worries and apprehensions are further heightened by repeated consultations with unqualified practitioners, advertisements in mass media and magazines, and hearsay information. The information received from various sources in the pursuit of knowledge and help influences the person's distress, thereby shaping the clinical presentation further. The treatment-seeking patterns in patients with 'Dhat syndrome' are diverse and similar to other psychiatric problems they follow a variety of pathways before reaching mental health professionals [9,10].

Pathways to care

Various factors are known to influence the help-seeking pathway of the patients with mental illness to reach mental health professionals for consultation. It includes socio-demographics of the patient, availability and accessibility of mental health services, referral practices, and the liaison and coordination between health care providers. The 'pathway to care' refers to the sequence of contacts with individuals and organisations induced by the efforts of distressed person, and their significant others, while seeking appropriate help [11]. Goldberg and Huxley proposed the 'filter model' to describe the pathway of care followed by patients. This model consisted of five levels and four filters that ought to be progressed through to access specialist health care. The filters include initial decision to seek help and initiation of consultation by the patients for their problem followed by identification of the problem as psychiatric disorder, and subsequent referral to specialist services [12].

Accordingly, pathway studies in patient in Dhat syndrome help in understanding the way in which people seek healthcare. Moreover it helps in planning and effectively executing health care services through proper referrals to psychiatrists from other agencies and providers of health and social care.

Types of healthcare provider

Multiple types of healthcare providers are consulted in search of help for the problem. Those with state recognized valid qualifications include allopathic doctors and practitioners of alternative medicine (such as Ayurveda, Unani, Siddha, Homeopathy, and Naturopathy). In India, various unqualified care-providers also claim to provide treatment for 'Dhat syndrome', including traditional healers- vaidas, hakims and 'sex specialists' [9,10]. However, the mental health specialists are considered as main treatment providers, delivering evidence-based psychological interventions such as sex education, reassurance, correction of erroneous beliefs and cognitive-behavioural therapy, as well as psychotropic medications, if required. But, delay in consultation with a psychiatrist is usual for this condition owing to poor awareness and identification of the nature of the problem.

Behere and Nataraj studied 50 consecutive outpatients who presented with principal complaint of discharge of Dhat and found that unqualified 'sex specialists' were the most common first care-providers (50%), followed by skin and venereal disease specialists (30%) and general practitioners (20%) [13]. De Silva and Dissanayake reported that the majority of their patients had sought treatment from practitioners of Ayurveda and Homeopathy [14]. Khan also reported almost 50% of the patients consulting hakims, followed by homeopathic practitioners (23.6%) and general physicians (18.6%); psychiatrists were consulted by only 1.6 % of the patients [15]. Recent researches have also shown similar pattern of consultation [9,10]. Grover et al. reported that the commonest first contact was with indigenous (mostly Ayurvedic) practitioners (36.2%), followed by help sought from friends or relatives (31.9%), allopathic doctors (23.4%), and

traditional faith healers or pharmacists (8.5%). Allopathic doctors consulted include general physicians, urologists, and surgeons [10]. Similarly, Singh et al. showed that as first health care provider, 49.1% patients consulted unqualified practitioners, another 18.2% patients consulted alternative medicine practitioners; around 25% consulted general medical practitioners, while less than 10% consulted psychiatrists. Moreover, at some point in the pathway of care, unqualified practitioners or general medical practitioners were consulted by more than 60% of the patients, while alternative medicine practitioners were consulted by about half of the patients [9]. Overall, unqualified practitioners or alternative medicine practitioners are preferably consulted by patients; at least initially. A plausible explanation for this help-seeking pattern is that these practitioners often advertise treatment for sexual disorders, even claiming definite cure from the ailment. This potentially influences the help-seeking behaviour of patients from developing countries of Indian subcontinent where the societies are usually conventional. The other reasons include the wide availability as well as easy accessibility and affordability of these care providers [15]. The widespread cultural beliefs about 'Dhat syndrome', lack of awareness on psychosexual disorders, and the scarcity of mental health care facilities are other major contributors to these findings [16].

Help seeking delay

Although the Dhat syndrome is associated with significant morbidity and distress; due to the stigma accompanying it, lack of sex education and proscribed discussions over sexual issues, most of the patients do not reveal their problem to others until late. A lot of time get wasted in this dilemma about whom and when to consult. Often the family members and relatives are equally misinformed about the illness and could not help the patient find appropriate ways out of the problem. This leads to a considerable delay in help-seeking by patients. Singh et al. reported the mean duration of illness before any treatment was sought to be 1.85 ± 2.14 years. Moreover, there was 4.63 ± 5.35 years

delay between first help-seeking and consultation with a psychiatrist depicting a considerable time misspent during the pathway to appropriate health care [9]. Two recent studies reported a delay of about 6 years before a psychiatrist was consulted [9,10]. One possible reason is that non-allopathic practitioners might reinforce myths and beliefs related to Dhat syndrome, heightening the fear and anxiety in patients [17]. This leads to help-seeking with multiple care providers, and repeated visits, with the patients often incurring huge loss of time, and resources, with almost no relief in symptoms. Grover et al. reported declining preference to visit indigenous practitioners gradually at each stage [10].

Referral pattern of patients

Various sources provide information to the patients about 'Dhat Syndrome' and many of these agencies also inspire them to consult health care providers for help. In several cases the perceived problem of 'Dhat' may make the patients to look for help on their own and reach the caregivers guided by billboards, advertisements, hearsay information etc. This self-referred group of patients constituted the majority (about 58%) of those consulting the first care provider for help [9]. Family members, friends, co-workers, neighbours, relatives, etc. are other important sources of referral. On average, about 3 care givers are consulted before contacting a psychiatrist [10]. Singh et al. reported that more than 50% patients consulted 3 or more care providers before consultation with a psychiatrist. The final referral to a psychiatrist in this study were from various agencies. 40.0% of the patients were self-referred and 23.6% were referred by family members. Only 20% referrals were made by another healthcare provider [9]. Often friends and colleagues, elders, relatives or unscientific sex literature or unqualified health care providers are first approached for guidance and help rather than qualified practitioners of modern medicine [5]. Knowledge among the various care providers is also probably poor about the nature of problem, when one looks at the pattern of referrals to psychiatrist.

Conclusion

The patients first seek the help of various sources prior to attending a psychiatric health facility. As an enormous time gets wasted in finding the appropriate care provider for the problem, speeding up the access to psychiatric

care in patients with 'Dhat syndrome' through efficient and effective referral mechanism is extremely needed. Also, there is a need to increase the awareness in vulnerable population about 'Dhat syndrome' and psychosexual disorders for better help-seeking behaviour.

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