

Management of Dhat Syndrome: An Overview

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Abstract

'Dhat syndrome' is a culture-bound syndrome characterized by preoccupation with semen loss and attribution of physical and psychological symptoms to the same. The patient attributes the symptoms to loss of semen in urine or through masturbation or excessive sexual activity. Patients with 'Dhat syndrome' experience somatic, anxiety and depressive symptoms and often present with sexual dysfunction. It is commonly seen in young, newly married or unmarried males of low socio-economic status of rural background. They usually belong to families with conservative attitude towards sex. Thus, identifying and treating this syndrome becomes crucial and needs serious attention. Important steps in management of 'Dhat syndrome' include integrated collaborative approach between health professionals, patient centered psychoeducation, reassurance to patient, correction of sexual myths, empathetic listening, non-confrontational approach, pharmacotherapy which involves the use of placebo, antianxiety and antidepressant medications with supportive psychotherapy.

Introduction

'Dhat syndrome' is a culture-bound syndrome, characterized by the presence of anxiety, somatic, depressive and sexual symptoms, all of which are attributed to loss of semen [1]. The myth prevalent among people of the Indian subcontinent is that "it takes 40 days for 40 drops of food to be converted to one drop of blood, 40 drops of blood to make one drop of bone marrow and 40 drops of bone marrow form one drop of semen" [2]. In the individuals' mind, semen becomes an important factor. Thus, semen loss creates anxiety in individuals' mind resulting in somatic symptoms [3]. 'Dhat syndrome' has been found to be prevalent in different geographical regions of the world [4]. The patients presented with 'Dhat syndrome' were young, recently married or unmarried males, mostly belonged to rural background and who had conservative attitude towards sex [5 - 7]. The most common reported mode of passage of Dhat is - Dhat mixed with urine [8, 9].

Management of Dhat syndrome

Majority of the patients with 'Dhat syndrome' do not seek professional psychiatric help as the first step. They approach unqualified medical practitioners, faith healers and others, due to a lack of awareness about available health services and associated stigma. Most of the patients with 'Dhat syndrome' are resistant to treatment. Indian studies on pathway of care showed that, mean time to first seek psychiatric help was about 4 to 5 years and most patients first contacted indigenous health practitioners like ayurvedic doctors, followed by asking help from friends or relatives, faith healers or pharmacists and allopathic doctors. Majority of them presented or referred late to psychiatrists or psychosexual clinics [10, 11].

Kar et al.,(2016) in their article discussed about the management models of 'Dhat syndrome' which included the conventional medical model, which is centred in relieving the symptoms of Dhat and existing models of treatment for the Dhat syndrome include various relevant pharmacological, psychotherapeutic and educational interventions. A person-centred care model comprises of attention to clinical characteristics as well as preferences of the patient, evidence-based techniques and characteristics of the therapist [12]. For a more coordinated management of patients with Dhat syndrome, an integrated approach would be beneficial. Integrated approach for 'Dhat syndrome' can be considered from three different aspects that is, collaborative approach of psychiatrists, other medical disciplines such as – general medicine, dermatology, venereology, urology, neurology and also, collaborative approach with alternative systems of medicine and traditional faith healers helps in managing patients with 'Dhat syndrome' [13].

Randomized treatment trials suggest that most effective management of this condition includes a combination of pharmacotherapy with psychotherapy including cognitive behaviour therapy. Pharmacotherapy include antidepressants and anti-anxiety drugs, which have been found to be effective in the management of Dhat related symptoms. Placebo can be used in certain situations

and also addressing mood, anxiety and other stress related disorders with pharmacotherapy and supportive psychotherapy plays a vital role in management. In a study, Bhatia et al.,(1991) evaluated treatment in 144 patients with sexual complaints, including 93 (65%) who presented with Dhat syndrome with or without another sexual problem. This study showed high drop rate and poor response with counselling alone and response to treatment improved with the use of placebo, imipramine and lorazepam. Although it should be noted that this study included no statistical analysis [14]. In another study by N Aggarwal et al.,(2008) showed that 30 patients with Dhat syndrome started fluoxetine (20–40 mg/daily) showed a beneficial response but with drawback of lack of control group for comparison purposes [15]. Thus, SSRIs are most effective than psychotherapy alone and are more superior to placebo.

Chavanet al., (2009), in their study developed 3 session psycho-education model keeping 'Dhat syndrome' under limited information (LI) level [16]. The content of three sessions targeted cultural, anatomical, physiological and psychological aspects of sexuality. The first session focused on anatomy of sex organs using models and diagrams. The aim of the session was to alleviate fears and apprehensions associated with masturbation and night emission. This session also addressed the concern regarding small size of penis. The second session focused on the physiological aspect of sexuality. The session dealt with erogenous zones, production, and storage of semen. Specific emphasis was laid on the fact that urine and semen have separate sources of production and storage and thus passage of semen (Dhat) in urine is not possible. Patients were explained with diagram that the whitish material perceived as Dhat is in fact dried up secretion from certain glands which are associated with lubrication of sex organs which is mandatory for sexual activity. This session also focused on orgasm, both in males and females, the capacity of females to have multiple orgasms as well as inability to achieve orgasms on all the occasions. The refractory period in males after discharge was also discussed. The third session was an open session where patients were encouraged to express

their opinion regarding explanation provided in earlier two sessions. Patients were also asked to discuss any other concern which had not been discussed in earlier session. The concerns included fear of catching HIV and AIDS, fear of impotency, infections in urine etc. The findings of the study reveal that misconception associated with sex and sexuality are very common. 71% patients reported improvement in attitude and knowledge [16]. Salam et al., (2012) developed Cognitive – Behaviour Therapy module for patients with Dhat syndrome [17]. In this CBT model, cognitive restructuring forms an important framework. Cognitive restructuring helps the patient to modify these cognitive distortions and dysfunctional beliefs. The principal aim is to make the client understand the core symptoms of anxiety, depression, somatisation or sexual dysfunction. This component is based on patients' belief that one's personal worth and self-esteem was directly related to one's 'sexual power'. The study confirmed that the schema related to 'masculinity' and 'sexual power' was important to bring about any therapeutic change. Sexual schema has been postulated to precipitate sexual dysfunctions. These men perceived themselves to be sexually weak due to loss of semen. This view about oneself being weak gives rise to emotions such as anxiety and sadness which further complicates the picture. Jacobson's Progressive Muscle Relaxation (JPMR) procedure, a component of this module, it helps the patients with Dhat syndrome to bring down their general level of arousal [17]. The study found that images of loss of semen itself were distressing to the patients. Such imageries are known to produce anxiety. Imaginal desensitization has been used to combat such imageries and has been found to be an effective technique in reducing anxiety [17]. Specific techniques from cognitive – behavioural sex therapy like Kegel's

exercise helps them manage their symptoms in a better way and thus give them a better sense of control over their symptoms, without readily attributing them to loss of 'Dhat'. It is helpful then to make patients understand that there are ways to handle this. At this point, patient with Dhat syndrome is taught various ways of handling premature ejaculation and erectile dysfunction, like start-stop technique and squeeze technique. The number of sessions ranged from 11 to 16 sessions for the patients with Dhat syndrome. The duration of the session was 45 minutes on the average. Findings of the study revealed improvement in sexual knowledge, anxiety, depressive and somatic symptoms [17]. Thus, overall the important steps in management of Dhat syndrome include patient centered psycho-education and correction of myths associated with it. So, focus of management in Dhat syndrome should emphasize on psycho-education, correction of myths and structured psychotherapies like cognitive behavioural intervention may be considered with pharmacotherapy.

Conclusion

Dhat syndrome being cultural related neurosis, it requires integrated collaborative approach between mental health and other health professionals. Management aspect involves pharmacotherapy which includes well-judged use of antidepressant, antianxiety and nonpharmacological treatment includes giving reassurance, individualized care, patient centred psychoeducation, correction of erroneous beliefs about sex, non-confrontational attitudes and empathetic listening. Cognitive restructuring with addition of relaxation technique also shown to have a beneficial role in treatment of Dhat syndrome. Thus, organising sex education information campaigns within community would be of great help in preventing psychosexual disorders and in promoting health.

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