Effect of Dhat Syndrome on Body and Mind

Ashwini Kumar Kuchhal[1], Saurav Kumar[2], Pavan Kumar Pardal[3], Gaurav Aggarwal[4]

ABSTRACT

Introduction: Physical and mental issues related with loss of semen or "dhat" results in a disorder called as Dhat syndrome. It is a culture-bound disorder portrayed by unseemly and over the top pain of losing semen from one's body. Aim: The aim of the study was to find the socio-demographic determinants associated with this disorder along with finding out various physical complaints and co-morbid psychiatric disorders. The study also focused on evaluating the quality of life of patients.
Material and Methods: 100 patients were included in this study with selective sampling technique. Diagnosis of Dhat syndrome was made according to ICD-10 DCR criteria. Socio-demographic determinants, physical complaints were noted down. HAM-A, BDI II inventory and SF36 scales were applied.
Results: Age less than 24 years, illiteracy, marriage and people living in rural area were strong factors associated with Dhat Syndrome. Generalized weakness and body pain were two complaints which were present in all the patients. Almost all the patients had moderate to severe score on HAM-A and BECK's II inventory. SF36 PCS and MCS showed scores less than 11.
Conclusion: Socio-demographic variables play a pivotal role in Dhat syndrome. Physical symptoms and mental disorder were common amongst people suffering from Dhat syndrome. The quality of life of these patients were hampered. It is a serious entity which affects the whole body and mind. It also disrupts the quality of life.

Keywords: Dhat Syndrome, Physical Complaints, Psychiatric Co-Morbidity, Quality of Life, Socio-Demographic Determinants.

INTRODUCTION

Human conduct is shaped by the social background around him. India is a place that is known for assorted societies and semantics. Indian culture impacts conviction towards sexuality. Sexuality is a subject which is as yet viewed as unthinkable to talk about.[1] Individuals will in general keep the subject of sex covert. Relatives for the most part abstain themselves to give sex training to youngsters and not many schools underscore on the need of sexual instruction. The quantity of ignorant individuals is very high in India.

With all these solid elements, individuals tend to have misguided judgments as regards to sexuality. Socially misguided judgment about semen misfortune is available broadly in India. Physical and mental issues related with loss of semen or "dhat" results in a disorder called as Dhat syndrome.[2]

The term Dhat syndrome was given by famous Indian psychiatrist Dr. N. N. Wig. He portrayed it as a particular disorder supported because of culture-related convictions. This disorder is a collection of different psychosomatic appearances, joining sexual symptoms without physical diseases. In annoying conditions, an individual's point of convergence of thought may move to fundamental symptoms like passage of white semen like substances in urine. The individual, who possess a strong social conviction that semen is a particularly important and irreplaceable segment in the body, may credit the reactions to loss of semen.[3]

Dhat syndrome is a typical problem in youthful guys, particularly who have quite recently achieved adolescence. It is regular in unmarried guys. Most patients present with physical side effects for example headache, generalized weakness, palpitation and sleep deprivation. In extreme cases, patients may have summed up tension issue, hypochondriasis, premature ejaculation or erectile dysfunction.[4]

The chronicled premise of Dhat syndrome can be followed back to Vedic culture where it was lectured that to keep up a Brahmacharya an individual must ration semen and it's the semen which gives solidarity to a man to reach to God Brahma.[5]

In Islamic course readings, masturbation (istimna) implies self-incitement of the sexual organ till one accomplishes outflow of semen or climax. Masturbation is taboo in Shi'ah fiqh. Masturbation is considered as a dis-honourable (in Urdu-Haya) offense in Quran. "The adherents are the individuals who shield their sexual organs with the exception of from their life partners. In this manner, whosoever looks for additional past that [in sexual gratification], at that point they are the transgressors." (Quran; 23:5-6). Quran delineates that sexual desires created in a person after achievement of adolescence and concealment of it is hurtful so it should be fulfilled through marriage.[6]

Masturbation is held to be responsible for aggravating depressive symptoms.[7]

In Buddhist culture Loss of semen, even the smallest is considered as a corrupt offense. Night time emission is likewise found in a slandering view in early Buddhism and it is considered as a hindrance in the way of otherworldly advancement and to achieve nirvana. They likewise accept

[1]Assistant Professor, Department of Psychiatry, [2]Assistant Professor, Department of Psychiatry, [3]Professor and HOD, Department of Psychiatry, [4]Junior Resident, Department of Psychiatry, Shri Ram Murti Smarak Institute of Medical Sciences Bareilly, India

Corresponding author: Dr. Saurav Kumar, Department of Psychiatry, SRMS IMS, India

How to cite this article: Ashwini Kumar Kuchhal, Saurav Kumar, Pavan Kumar Pardal, Gaurav Aggarwal. Effect of Dhat syndrome on body and mind. International Journal of Contemporary Medical Research 2019;6(8):H7-H10.

DOI: http://dx.doi.org/10.21276/ijcmr.2019.6.8.5

that it's a wellspring of energy.[8]
Conventional Christians accept masturbation as a transgression as it hampers the vitality of a man. Bible refers to night time discharge as unhygienic and unclean, "when you are encamped against your enemies, then you shall keep yourself from every evil thing. If any man among you becomes unclean because of a nocturnal emission, then he shall go outside the camp. He shall not come inside the camp, but when evening comes, he shall bathe himself in water, and as the sun sets, he may come inside the camp."[9]
A large number of Indians still believe that loss of semen during night is a type of disease which is an outcome from physical shortcoming and this causes impotency. Masturbation is considered to me a mal- practice in the vast majority of India. Individuals still think that it can prompt genuine physical and sexual harm to the body. Many deluding articles or religious messages still write that masturbation can cause diminishing of semen and diminished quantities of sperms which thus will make a male inept.[7]
Faith healers likewise assume a significance in spreading misguided judgments about the impacts of semen misfortune and masturbation.[10]
Present study focuses on giving a detailed description of socio demographic variables of patients suffering from this disorder and the various physical symptoms associated with it. Co-morbid psychiatric disorders and the relationship of Dhat syndrome with the quality of life will also be explored through this study.

MATERIAL AND METHODS

This study was a hospital based cross sectional observational study conducted in the psychiatry department at a tertiary care centre. Permission from the institutional ethics committee was obtained prior to the study. With selective sampling, adults over 18 who gave consent to participate in the study and were not having any co-morbid medical condition were taken as sample for the study. Diagnosis of Dhat syndrome was made according to ICD-10 DCR criteria.[11]
Semi- structured socio-demographic data sheet was used to note down the details along with various physical complaints as mentioned by the patients.

Following tools were used
The Hamilton Anxiety Rating Scale (HAM-A)[12] is a psychological questionnaire used by clinicians to rate the severity of a patient's anxiety. The scale consists of 14 items designed to assess the severity of a patient's anxiety. Each of the 14 items contain a number of symptoms, and each group of symptoms is rated on a scale of zero to four, with four being the most severe. All of these scores are used to compute an overarching score that indicates a person's anxiety severity.
The Beck's depression inventory (BDI-II)[13] was used to assess the severity of depression. The 21-item Beck Depression Inventory (BDI) is one of the most popular measures of depressive symptoms worldwide. It is a self-rated inventory with each item rated with a set of four possible answer choices of increasing intensity. When the test is scored, a value of 0 to 3 is assigned for each answer.
The Short form -36 (SF-36) questionnaire[14] was chosen for the purpose of assessment of quality of life in the study group. The SF -36 questionnaire is a tool that holistically assesses health related quality of life.

RESULTS

Socio-demographic variables:
Majority of the patients were in the age group of 19-24 years (63%) followed by 34% in the age range of 25-29 years only 3% patients were above 31 years of age. 79% were Hindu while 21% patients followed Muslim religion. 87% subjects belonged to rural area while the rest were from urban area. Majority of the patients (80%) were illiterate while 19% had completed their primary education followed by only 1% with secondary education. Majority of the patients (92%) were unmarried (table-1).

Socio demographic variables	**Patients with Dhat Syndrome (n=100)**	
Age Yrs)	No of cases	Percentage
19 – 24	63	63
25-29	34	34
31-36	3	3
Religion		
Hindu	79	79
Muslim	21	21
Locality		
Urban	13	13
Rural	87	87
Education		
Illiterate	80	80
Primary Education	19	19
Secondary Education	1	1
Marital Status		
Married	8	8
Un-Married	92	92

Table-1: Socio-demographic details of patients suffering from Dhat Syndrome:

Physical complaints	**Patients with Dhat Syndrome (n=100)**	
Body Pain	No. of cases	Percentage
Present	100	100
Absent	0	0
Generalized Weakness		
Present	100	100
Absent	0	0
Palpitation		
Present	51	51
Absent	49	49
Hair loss		
Present	60	60
Absent	40	40

Table-2: Physical complaints of patients suffering from Dhat Syndrome:

HAM-A score	No. of Cases	Percentage
18-21	25	25
22-25	70	70
26-29	5	5
Total	100	100

Table-3: Case wise distribution of HAM-A score:

BDI II Score	No. of cases	Percentage
0-13	13	35
14-19	53	34
20-28	34	30
Total	100	100

Table-4: Case wise distribution of BECK's II Inventory:

SF PCS Score	No. of cases	Percentage
0-5	44	44
6-11	32	32
12-17	24	24
Total	100	100

Table-5: Case wise distribution of SF PCS:

SF MCS Score	No. of cases	Percentage
0-5	95	95
6-11	3	3
12-17	2	2
Total	100	100

Table-6: Case wise distribution of SF MCS:

Physical Complaints

All patients complained of body pain and generalized weakness. 51% patients also complained of palpitation. Hair loss was also a complaint which was present in 60% patients (table-2). Majority of the patients (70%) had HAM-A score in between 22-25 (table-3). Majority of the patients (53%) had BECK's II Inventory in between 14-19 followed by 34% patients who had score in the range of 20-28 (table-4). Majority (44%) had SF PCS scores in between 0-5 while 32% had score in between 6-11 (table-5). Majority of the patients (95%) had a SF MCS score less than 5 while only 5% had scores above 6 (table-6).

DISCUSSION

This was a hospital-based study in which we found that the majority of the patients were in the age group of 19-24 years, hailing from a rural background with large number of illiterate population who were unmarried. Similar results were found in a study done by Behere and Nataraj[15] where majority of the patients belonged to an age range of 16-24 years and were having an agricultural background with no education at all. Chadda and Ahuja[16] also had similar results with majority of the patients belonging to low socio-economic status with very low level of education. Khan[7] in his study also mentioned about being unmarried and low level of education as a strong factor for this syndrome.

Regarding the physical complaints, body pain and generalized weakness were common in all patients and a majority of patients complained of hair loss and few also complained of palpitation. This was in concordance with the finding of Bhatia and Malik[4] that the most common physical symptoms associated were generalized weakness, body pain, palpitation and hair loss.

Most of the patients suffered from moderate to severe anxiety and depressive symptoms. In keeping with the finding of our study, a very recent study from North India finds psychiatric co-morbidity such as depression and anxiety to be present in about one third of all patients of Dhat syndrome.[17]

Quality of life is an unexplored area among patients experiencing Dhat syndrome. Our study also focused around the different perspectives which influence the quality of life of the patient. The complete scores were determined as physical component summary and mental component summary. Physical component summary showed physical working of the patients, the constraint they needed to look because of substantial bodily pain and fatiguability. Mental component summary centered around emotional well being and emotional limitations faced by the people. Majority of the patients had an extremely low score on both the components, there by implying that the general quality of life of the patients was terribly influenced with this syndrome.

A multicentric study from India underscores that Dhat syndrome is found in different societies of the nation. Some researchers contend that Dhat syndrome should not be considered as a 'culture bound syndrome' as a result of its more extensive geographic predominance, rather it should be viewed as a socially decided colloquialism of distress. A couple of others see Dhat syndrome as an autonomous issue, which has its very own clinical indications.[18]

As indicated by Indian convention (compositions in the Upanishads), the term "virya" is used for both force and semen and is viewed as the wellspring of physical and otherworldly quality. In Indian culture, the loss of virya through masturbation or night time ejaculation is viewed as both physically and mentally profoundly harmful. Thus, it can be derived that in different societies of the world, semen misfortune has been a worry and is accepted to debilitate the body and cause ailment. The conviction that losing semen is hindering to wellbeing and, alternately, that semen protection is valuable to mental and physical wellbeing is an idea normal to both Oriental and Occidental reasoning. Especially, in a developing country like India, which is still facing difficulties of unemployment and illiteracy, this disorder tends to have a major hold over the society. Lack of sex education and myths provided by the faith healers contributes to further deteriorate the condition. In our country, there is a lot of stigma and taboo associated with visiting a psychiatrist. Many people want to visit a psychiatrist but do not consult them due to shame associated with this disorder.

CONCLUSION

The present study concludes that socio-demographic determinants play a very important role in this syndrome. It was seen that illiteracy was one of the major factor along with people staying in rural area where there were very few doctors and people had no choice other than going to faith

healers who often mislead them about this illness in order to extort a large amount of money from them. They perform various rituals and spread myths regarding this disease which further deteriorates the symptoms of the patients

It was also seen that people suffering from this syndrome had moderate to severe level of anxiety and depressive symptoms along with bodily pain and generalized weakness associated with it.

Quality of life was also seen to be greatly distorted in these patients. This was a finding which was not explored before in any other research

Thus, it is important for clinicians to provide proper knowledge about Dhat syndrome to patients and their relatives. Arranging medical camps in small and distinct villages where proper medical service is not available can also reduce the burden of disease. Screening for depression and anxiety symptoms should also be done in this syndrome, since there is a large number of population who have depressive or anxiety symptoms associated with this syndrome. Assessment of quality of life should also be done for a holistic management of the patient.

Limitations of our study

1. Small sample size.
2. We screened for only two psychiatric co-morbidities.
3. It was a cross sectional study, so the impact on quality of life after the treatment was not assessed.

Future recommendations:

1. Studies with larger sample size should be conducted.
2. Various other psychiatric co-morbidities should also be screened.
3. A follow-up study should be done to see the impact of the treatment.
4. Community based studies should be done since many patients don't come to the hospital for treatment.

REFERENCES

1. Prakash O, Rao TS. Sexuality research in India: An update. Indian J Psychiatry 2010;52:260–3.
2. Avasthi A, Grover S, Kaur R, Prakash O, Kulhara P. Impact of nonorganic erectile dysfunction on spouses: A study from India. J Sex Med 2010;7:3666–74.
3. Wig NN, Singh GA. Proposed classification of psychiatric disorders for use in India. Indian J Psychiatry 1967;8:157–71.
4. Bhatia MS, Malik SC. Dhat syndrome – A useful diagnostic entity in Indian culture. Br J Psychiatry 1991;159:691–5.
5. Asha MR, Hithamani G, Rashmi R, Basavaraj KH, Jagannath Rao KS, Sathyanarayana Rao TS. History, mystery and chemistry of eroticism: Emphasis on sexual health and dysfunction. Indian J Psychiatry 2009;51:141-145.
6. Rizvi SM. Marriage and Morals in Islam. Islamic Education and Information Centre. Ontario.
7. Khan N. Dhat syndrome in relation to demographic characteristics. Indian J Psychiatry 2005;47:54–7.
8. Faure B.Princeton University Press; 1998. The Red Thread: Buddhist Approaches to Sexuality; p. 86
9. Hirsh A. Post-coital sperm retrieval could lead to the wider approval of assisted conception by some religions.J Hum Reprod 1996;11:245-7.
10. Paris A. Dhat syndrome: A review. Transcult Psychiatr Rev 1992;29:109–18.
11. World Health Organization. ICD -10 Classification of Mental and Behavioral Disorders: Diagnostic criteria for research. Geneva: WHO; 1993.
12. Hamilton M. The assessment of anxiety states by rating. Br J Med Psychol 1959;32:50-55.
13. Wang YP, Gorenstein C. Psychometric properties of the Beck Depression Inventory-ii: a comprehensive review. Rev. Bras. Psiquiatr 2013; 35:416-31.
14. AJenkinson C, Wright L, Coulter A. Criterion validity and reliability of SF-36 in a population sample. Qual Life Res 1994;3:7-12.
15. Behere PB, Nataraj GS. Dhat Syndrome: The Phenomenology of a Culture Bound Sex Neurosis of the Orient. Indian Journal of Psychiatry 1994; 26:76-78.
16. Chadda RK, Ahuja N. Dhat Syndrome: A Sex Neurosis of the Indian Subcontinent. British Journal of Psychiatry 1990; 156:577-579.
17. Prakash S, Sharan P, Sood M. A study on phenomenology of Dhat syndrome in men in a general medical setting. Indian J Psychiatry 2016;58:129-41.
18. Deb KS, Balhara YP. Dhat syndrome: A review of the world literature. Indian J Psychol Med 2013;35:326-31.

Source of Support: Nil; **Conflict of Interest:** None

Submitted: 16-06-2019; **Accepted:** 25-07-2019; **Published:** 07-08-2019