

Dhat Syndrome: A Case Report

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Abstract: *Dhat syndrome is a culture-bound disorder that is mostly prevailing in men. Such culture-bound disorders are prevalent in almost all regions of the world. The main reason behind this syndrome is that they think their life is at danger as they ejaculate semen. Clinical manifestations of such patients would be presentation of somatic complaints of being dull, anxious of getting married, feeling their life is going to end because they ejaculate, and even can accompany symptoms of depression and anxiety disorders. The treatment is usually based on psycho-therapy and psychoeducation of reproductive organs; cognitive behavior therapy and psychotropic medications (anti-anxiety or/and anti-depressants) help to relieve anxiety and depression symptoms. Usually this condition do not require admission in mental health setting, unless patients have symptoms of depression and anxiety disorder where nurses play a vital role in psycho-education, supporting the patient involving the supportive systems available and rehabilitating these patients. A case report is presented in this article including clinical presentation, diagnosis, medical and nursing management.*

Keywords: Dhat syndrome, culture-bound disorders, depression, anxiety, nurse's role, management, case report

1. Introduction

Dhat syndrome is a disorder most familiar in the cultures of the Indian subcontinent. This occurs in men and these patients describe that they suffer from premature ejaculation or impotence, and consider that they are passing semen in their urine, yet there would be no evidence of organic cause.

The word "dhat" is derived from Sanskrit word 'dhatu' which specifies seven essential elements of human body, one of which is "sukra" semen (1). Hindu tradition also says that semen is a vital fluid. Patients believe loss of this vital fluid either through sex or masturbation could cause fatal effects in their body, having them anxiety and dysphoria. They also have severe guilt that they have excessive masturbatory behavior and often lose whitish fluid in urine.

Psychiatrists and physician believe that this is an universal disorder which could be similar to "jiryan" of south east Asia, "prameha" of sri lanka and "shen-k'uei" of china(2). It is also reflected to be an unusual 'neurosis of the orient' (2)

Main stream of treatment would be psychotherapy and cognitive behavior therapy. Psychotropic medications could be administered if the patient suffers from anxiety and depression (3).

2. Background

The belief that semen is precious is not only predominant in Hinduism but also seen in Islam, Buddhism and Christianity. This belief is carried over by traditional healers and are dealt by them since ancient days. Prof. N. N. Wig coined the term "Dhat Syndrome" in 1960, which was the psychosomatic complaints explained by patients related semen loss(4).

3. Etiology

This Dhat syndrome does not have any known psychopathology and is not pertained to any particular region or racial group(5). There also exist evidence of female dhat syndrome which might need further support from research(6). It is believed that 40 meals produce one

drop of blood and 40 drops of blood make one drop of bone marrow and 40 drops of bone marrow form one drop of semen, and thus it is so precious (7). Most often the cause of this disorder is believed to be excessive masturbation, sexual dreams, excessive sexual desire and consumption of foods rich in energy; and the situations when patients experience the passage of dhat is during 'wet dreams' and while defecation (8). Usually dhat syndrome occurs in patients who are likely to get married soon and those who come from rural background whose family has conservative attitude towards sex, sexual desires and sexual behaviors(9-11)

4. Clinical Manifestations

Patients with Dhat syndrome would present with complaints of

- a) Loss of semen while passing urine or straining to pass stools,
- b) Vague and multiple somatic and
- c) Psychological problems like
 - Fatigue,
 - Listlessness,
 - Loss of appetite,
 - Lack of strength,
 - Poor concentration,
 - Forgetfulness and
 - Somatic aches like knee joint pain, back ache and pain in both arms

These symptoms would also be associated with "anxiety and depressive or dysphoric mood". They may or may not present with psycho-sexual dysfunction. The passage of semen in urine would be a result of normal or excessive indulgence in sexual activity or masturbation or nocturnal emission. There may not be other significant urological complaints. All investigation would be negative of any pathological cause(12).

5. Clinical Diagnosis

5.1. *History:* Through detailed sexual history collection can be done to make clinical diagnosis under ICD 10, where Dhat syndrome is classified as a category which has mixed

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disorder of behavior, belief, and emotions which are of uncertain etiology and nosological status and which occur with particular frequency in certain cultures. These are not regarded as delusion because of the strong association of these symptoms with locally accepted cultural beliefs and patterns of behavior (13).

5.2. *Investigations:* There are no investigations done in particular to rule out dhat syndrome. Still routine investigations can be done to find out if there are any abnormalities. Koushik says (14)urine samples of patients with dhat syndrome might have phosphaturia, oxaluria, infections, pus cells and alkaline urine.

5.3. *Mental Status Examination:* MSE can be done to assess if there are any symptoms indicative of anxiety disorder and depression which usually may or may not be present with such culture-bound syndrome.

6. Management

Management of this syndrome could be discussed under the subtopics medical management and nursing management using a nursing process approach.

Medical management would include correction of disbelief along with placebo; use of anti-anxiety for anxiety symptoms and anti-depressants for depressive symptoms (15).

Nursing management is done with emphatic listening, non-confrontational approach, reassurance,sex education and psycho educating on relaxation exercises. Sex education must include the anatomy, physiology of male reproductive organs, semen formation, and their relevance to masturbation, sexual activity and nocturnal emission. (15). Relaxation exercise would include Jacobson's progressive muscle relaxation technique combined with bio-feedback mechanism which is practiced twice or thrice a day (12). Providing sufficient sex knowledge and clarifying sexual myths is a vital part in the treatment of dhat syndrome (15). Further, nursing management is discussed with the use of nursing process and case report which follows:

7. Case History

Mr. D, a 30 years old young man presented to the OPD of Unit III at Department of Psychiatry with complaints of lack of energy, inability to do Activities of Daily Living, generalized fatigue. He also added with somatic complaints like inability to walk fast, knee pain, back pain and myalgia, also expressed ideas that these symptoms are due to the nocturnal emissions he had every month. He believes that semen ejaculate has the ability to give life and it's formed from blood. During wet dreams and passing stools it goes off the body which causes decreased amount of blood in body leading to his above said symptoms. He also believes him having these symptoms could interfere his marital life and daily survival which caused him symptoms of depression like feeling of worthlessness, hopelessness, powerlessness, consistent low, dull and sad mood for more than 6 months, loss of interest in activities, loss of liveness in the face, constant preoccupation of impending death. He

had sought treatment for the above mentioned complaints from 2 psychiatrists earlier in various other hospitals, dissatisfied with the treatment given there he had come to CMC accompanied by his cousin brother. He was prescribed anti-anxiety (Tab. Clonazepam) and anti-depressant (Tab. Trazadone) medications by those psychiatrist then.

After consultation with psychiatrist at our department of Psychiatry, his anti-anxiety drugs were tapered down and stopped. Tab. Trazadone (Anti-depressant) was changed to Tab. Imipramine (another anti-depressant). He was suggested to attend regular psychotherapy, during when he was given psycho-education on normal anatomy and physiology of male reproductive organs, production of semen, process of semen ejaculation in men, puberty, duration until when any man can be sexually active, effects of masturbation, regeneration of semen after each ejaculation, relaxation techniques, effective ways to cope stress by the author.

8. Nursing Care

Nursing care of the patient involves assessment of patient, identification of symptoms and complications, provision of appropriate therapeutic interventions and health education.

8.1. Nursing Process

8.1.1Nursing diagnosis: Risk for suicide related to use poor coping techniques, preoccupation about impending death

8.1.2Expected outcome: Patient will not commit suicide and will seek help when he has the urge to harm self

8.1.3Interventions:

- Patient was asked, "Have you thought about harming yourself in any way? If so, what do you plan to do? Do you have the means to carry out this plan?" the patient had no plans and had only ideation to end his life if he found no cure for his problem
- Insisted the patient's brother to closely monitor the patient during meals and medication administration.
- A short-term no suicide verbal contract with the patient was made.
- Insisted the brother to administer medication, and never leave medicines with him without him swallowing them.
- Encouraged the patient to come for weekly psychotherapy sessions to ensure he was safe and he practiced the techniques taught to him
- Encouraged him to verbalize honest feelings. Through exploration and discussion, helped him to identify symbols of hope in his life.
- Spent time with the patient to make him feel safe and secure, and also conveyed the message that, "I want to spend time with you because I think you are a worthwhile person."

8.1.4Evaluation: He did not commit suicide, suicide was prevented.

8.2 Nursing diagnosis: Chronic low self-esteem related to misinterpretation of normal physiology of the body

8.2.1 Expected outcome: Patient will be able to regain normal self-esteem

8.2.2 Interventions:

- (a) Provided care to him using non-judgmental attitude
- (b) Encouraged him to think of good thing in him
- (c) Reinforced the fact that he had a normal body function showing evidences of his lab reports
- (d) Encouraged him to explore activities that he used to do as hobby, and made a time schedule to get him distracted from being preoccupied with his somatic symptoms
- (e) Provided spiritual support
- (f) Reflected the fact that he had a good family support and reassured him

8.2.3 Evaluation: Though he could not completely gain his self-esteem, by few sittings of psycho-therapy he was able to give away negative thought about self

8.3 Nursing diagnosis: Fatigue related to poor intake of food

8.3.1 Expected outcome: Patient will feel energized and will have enough energy to do his activities of daily living

8.3.2 Interventions:

- a) Encouraged the patient to eat adequate amount of food for all three meals
- b) Encouraged him to monitor weight chart and bring it for each sitting of psycho-therapy
- c) Positively reinforced when he had increased weight
- d) Taught him on foods that are rich in energy (calorie rich foods)
- e) Taught him on balanced diet

8.3.3 Evaluation: Patient expressed that his fatigue has reduced over few weeks after starting the therapy

8.4.1 Nursing diagnosis: Imbalanced nutrition: less than body's requirement related to loss of appetite

8.4.2 Expected outcome: Patient will be able to maintain normal nutritional status

8.4.3 Interventions:

- a) Taught him on doing regular exercises to maintain optimal appetite
- b) Encouraged him to empty bowel every day once atleast
- c) Encouraged him to drink fluids to maintain hydration of the body
- d) Taught him on well-balanced diet
- e) Made a diet plan along with the patient to meet his dietary requirements and based on his likes and dislikes

8.4.4 Evaluation: Optimal nutritional status was established by the patient

8.5.1 Nursing diagnosis: Powerlessness related to lack of knowledge about normal physiological process of the body

8.5.2 Expected outcome: Patient will express having adequate energy to do his activities

8.5.3 Interventions:

- a) Taught him about the normal physiology of the body and male reproductive system
- b) Taught him to take adequate sleep
- c) Taught him relaxation techniques
- d) Reinforced on diet

8.5.4 Evaluation: Patient verbalized that his powerlessness had improved

8.6.1 Nursing diagnosis: Social isolation related to inability to trust others, disinterest to socialize, guilt and perceived embarrassment and stigma

8.6.2 Expected outcome: Patient will socialize with others in his environment and be able to overcome guilt and stigma

8.6.3 Interventions:

- a) During psycho-therapy sessions spent quality time with patient
- b) Encourage him to make friends with whom he can ventilate his thoughts and feelings
- c) Planned a schedule along with the patient to get involved in social gatherings
- d) Positively reinforced his attempts at communicating and engaging in social occasions

8.6.4 Evaluation: His social isolation reduced, and he made attempts to socialize with his friends and family

8.7.1 Nursing diagnosis: Ineffective individual coping related to wrong conceived ideas about self

8.7.2 Expected outcome: Patient will learn effective ways to cope with stressor

8.7.3 Interventions:

- a) Psycho-educated the patient on normal anatomy and physiology of male reproductive organ
- b) Clarified his doubts regarding the teaching given
- c) Taught him relaxation techniques to use during anxiety
- d) Encouraged him to approach the health care team when he needs help
- e) Was available for him when he approached for help
- f) Encouraged him to get involved in hobbies he liked, he like to do farming.
- g) Reinforced his attempts to divert himself into productive tasks

8.7.4 Evaluation: Though not completely, he was able to cope gradually with his problems

8.8.1 Nursing diagnosis: Knowledge deficit regarding normal physiology of male reproductive organs of the body, psycho-pathology of the syndrome, coping, prognosis of the illness.

8.8.2 Expected outcome: Patient will gain adequate knowledge on areas of deficits

8.8.3 Interventions:

- a) Taught him on normal anatomy and physiology of the human body

- b) Psycho-educated him on normal anatomy and physiology of male reproductive organ
- c) Taught him on effective coping techniques to over-come stress
- d) Taught him on calorie rich diet
- e) Taught him on well-balanced diet
- f) Taught him on relaxation techniques

8.8.4 Evaluation: Patient said he gained necessary information regarding his bodily functioning.

9. Conclusion

Mr. H, was started on a new anti-depressant to help him settle with his somatic complaints, anti-anxiety drug was tapered and stopped as he was able to control his anxiety non-pharmacologically. He came for 3 psycho-therapy session during which minimal change of adaptive behaviors were noticed. During the last session he was expressing difficulties of accessing health care facility very often, hence he was advised to report if he had any worsening of symptoms or if he had any new issues.

Conflicts of interest: The author has declared no conflict of interest.

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Author Profile



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