

Dhat Syndrome: a socio-cultural perspective

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ABSTRACT

Dhat syndrome is a culture bound syndrome originating in the Indian sub-continent. Various cultures or religions have discussed about ill effects of semen loss and anxiety related to semen loss is one of the core symptoms of Dhat syndrome. It is found to be most prevalent among young men coming from rural background with poor education. Further, Dhat syndrome has been associated with comorbid depression, anxiety and substance abuse. Management of Dhat syndrome includes combination of psychoeducation, sex education, medications and psychotherapy. This paper intends to provide and the place the origins of Dhat syndrome in culture context and discusses the socio-cultural factors that tends maintain it.

Key words: Dhat Syndrome, Socio-cultural, Religion

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INTRODUCTION

Dhat syndrome is a culture bound syndrome originating in the Indian sub-continent among men. Dhat, also known as *Dhatu dosha*, is characterized by somatic, anxiety, depressive and sexual symptoms which can ultimately be related to their idea of the loss of semen [1]. The word Dhat is derived from a Sanskrit word, Dhatu, meaning metal or “elixir” of life. In this case, the elixir of life or that which gives an individual life is a reference to semen. With the concept of elixir placed upon semen, it can be concluded that semen was viewed as that which constitutes life.

According to the Sushruta Samhita, the semen is viewed or consider as the most powerful and perfect substance in the body – the preservation of which supports health and strength. According to Onanism’s treatise on diseases, the loss of one ounce of semen was more damaging than the loss of 40 ounces of blood. According to Sumathipala, Siribaddana and Bhugra [2], the importance placed upon semen by the culture eventually leads to eliciting fear in the individual leading them to feel a “sense of doom” if a single drop of semen is lost. This feeling eventually produces a series of psychosomatic symptoms. Prakash [3] mentions the Dhat syndrome originated early in the history. He concludes there have been mentions of the Dhat as “shukrameha” in the Sushruta Samhita written in the 6th century BC. Akhtar,[4] in his qualitative study, found the prevalent belief 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” which is further propagated by Ayurveda [4]. This particular myth is still prevalent in the Indian society [5]. According to Salam, Sharma and Prakash [6] the practitioners of Ayurveda and Homeopathy tend to validate and reinforce patient’s beliefs about loss of semen and its effects on health.

Dhat Syndrome in Different Cultures

Sumathipala, Siribaddana, and Bhugra [2], mention that the Dhat syndrome has been considered to be an “*exotic neurosis of the Orient*”. However, there are similar disorders from different cultures, such as the Shenkui Syndrome, which is native to China, and the Koro Syndrome, which is found mainly in the Asian countries. Among these, Koro is the most recognized psychiatric disorder that is characterized by the fear of the retraction of the penis inside the body [7]. This fear or anxiety associated with the loss of semen is rather common in the Asian countries such as Japan, China and India. Although in the present day, the fear and other neurotic symptoms associated with loss of semen are prevalent only in the Eastern countries, there have been similar references of diseases from around the globe like USA, Russia and Europe from time to time through history [8]. Sandeep Grover, found that instances of semen being referred to as the “*soul substance*” and the relation of its loss to physical and psychological implications are found in the works of Galen and Aristotle [9].

Although, there are instances of disorders similar to Dhat around the world, the specificity of the syndrome is locally bound by the coherence in its presentation to the medical practitioner by the patient. The similar symptoms that are found in the West are characterized as Genital Retraction Syndrome and are often comorbid with Schizophrenia or Body Dysmorphic Disorder. This comorbidity is absent in the Eastern counterparts [7].

Religious Views on Semen Loss

Since culture bound syndrome shows manifestations of cultural ideals in the symptomatology, it is justifiable to say the cultural norms have a connection with the conception and maintenance of the Dhat Syndrome. According to Prakash, Kar and Rao [10], the relation of semen to the strength and foundation of life itself. The authors further go on to say the Hindu mythology inculcates the idea of “*Bramhacharya*”, loosely translated to celibacy which is portrayed as one of the stages a man must pass through his lifetime before achieving true moksha. In Bramhacharya, the man is expected to preserve his semen to make himself strong and take him closer to Bramha, the supreme God. In the epic, Ramayana, Hanuman, Bramhacharya is portrayed as the epitome of strength. Other than this, there are several ancient literatures that discuss the valuableness of semen and the consequences related to its loss. In the Kama Sutra, by Vatsayana, also emphasizes the role of semen in keeping an individual healthy. Therefore, it can be genuinely interpreted that the cultural ideologies of India influenced the development of the Dhat syndrome and the thought pattern behind it. In the Islamic texts, premature ejaculation, impotency and semen loss is characterized under the broad umbrella of “*Mardana Kamzori*.” Under Shi'ah fiqh, masturbation is strictly prohibited. Ancient Islamic scholars condemn the wastage of semen through masturbation, as it does not lead to procreation. Similar views are found in Buddhist, Jain and Parsi faiths. Zoroastrianism believes that loss of semen in any way that does not lead to procreation is one of the most heinous crimes. Christianity does not place much emphasis on semen loss. However, the religion does condemn masturbation and views it as a sin.

Somatic Complaints in Dhat syndrome

Parmar [12] found that patients who bring in the complaint of Dhat Syndrome usually show symptoms of depressed mood, loss of strength, lack of concentration, weight loss, anxiety, impairment in work, sexual dysfunction, etc. The author also explored into their complaints of loss of the semen through premature ejaculation, erectile impotence and nocturnal ejaculation. According to Malhotra and Wig [13], the clinical picture of Dhat Syndrome was dominated by severe anxiety and hypochondriasis. The patients of Dhat Syndrome also complained of the passage of dhatu or semen through urine. According to Deb and Balhara [14], patients who come in with Dhat syndrome report body aches in multiple areas, vertigo, swelling of body, belching, gas formation, hollowing of eyes, difficulty in urination and burning sensation during urination.

Psychological Symptoms in Dhat Syndrome

Deb and Balhara [14] in their study, state the psychological complaints of Dhat Syndrome which include loss of appetite, disturbed sleep, loss of interest, weight loss, palpitation, fear of losing vital component of the body, weakness, guilt lethargy, loss of libido among others. Patients also chiefly report the fear of losing control over their minds. There are several studies confirming the presence of psychological guilt and damaged self-concept among patients experiencing Dhat Syndrome. According to Khan [15], Dhat Syndrome has major psychological implications on the patients in the sense, anxiety, depression, panic, suicidal ideation, etc. Given these psychological complaints posed by multiple patients across the country, it is important to understand the impact of these components upon their personal life, psychological wellbeing, self-worth and interpersonal relationship.

Demographics of Dhat Syndrome

Sathya Prakash and Sharan [16], found that Dhat is seen mostly among recently married men from low socio-economic status. These men are often found to have low to medium education level and belong to various religious backgrounds. In another study by Behere and Nataraj [17] described that 52% of the patients were married. Patients were either from lower middle or lower socioeconomic class (42%). Majority were students and coming from rural or agricultural background. According to Nakra, Wig, and Varma [18], as well majority of the patients in their study were from rural background with education till middle school. Hence the demographics of patients diagnosed with Dhat over the course of years shows that individuals from a middle or lower socio-economic status report symptoms related to Dhat Syndrome more in comparison to people from a higher socio-economic stratum. It also reported to be more common among recently married men than just single men as previously thought so [17].

Comorbidities

Several researchers have put forth quantitative assessments to determine the psychological symptoms of Dhat and to understand the comorbid psychiatric concerns along with Dhat Syndrome. In a research by Nakra, Wig and Verma [18], 100 patients with complaints of Dhat Syndrome were studied. Their data was assessed using socio-demographic profile, Hamilton Depression Rating Scale, Hamilton Anxiety Rating Scale, Mini International Neuropsychiatric Interview, and Postgraduate Institute Neuroticism Scale. The authors found that 11% of patients with Dhat syndrome had comorbid anxiety disorder, about 14% had major depressive disorder and 7% had substance abuse disorder. However, when checked with HAM-D, which has items in correlation to symptoms specific to Dhat, 42 patients reported moderate depression. The researchers conclude that they were only able to highlight symptoms of severe to moderate depression only when the symptoms were put in relation to Dhat syndrome. Moreover, the study attempted to understand the psychological disorders pertaining to depression and anxiety as comorbid with other disorders and not as a resultant of Dhat itself. In a similar study done by Singh [19], 50 patients who reported with premature ejaculation, impotence and Dhat Syndrome were examined further. The author screened the participants for major psychiatric disorders to exclude them. Mental State Examination and extensive case history was taken to analyse the results. Singh [19] reported that 73.8% reported somatic symptoms, 68.8% reported headache, 62.5% reported depressed mood, 51.6% reported anxiety and 43.8% reported loss of appetite. He further described that 52% of the patients were later diagnosed with major depressive disorder. In yet another study by Bhatia and Malik [20], the physical, sexual and mental components of patients with Dhat were examined over a period of 4 years. The researchers conducted a thorough physical examination including blood test, urine test, stool test, semen analysis, blood sugar, VD and X-ray of chest and abdominal tests. In addition, complete sexual and psychiatric history was taken through interview method and the MSE was taken. According to this study, psychiatric disorder was found in 69% of the participants, depression in 39.5%, anxiety in 21%, psychosis in 6% and phobia in 2%. Further, the authors also reported bad mood, feelings of worthlessness, guilt and suicidal ideation.

In a study by Nakra, Wig and Verma [18], 150 patients who reported primary complaints of disorders of potency were studied. Guilt regarding sex and sexuality was covered through a semi-structured interview. They screened participants and excluded the patients that reported severe depression, psychosis and sexual

perversion. They concluded that 43% of the patients associated masturbation and sex with feelings of guilt. 69% of the patients associated feelings of guilt towards masturbation as well and 64% perceived semen loss as harmful to their health. Feelings of guilt have been a large component among many researchers. In the study done by Bhatia and Malik, participants reported feelings of guilt.

Treatment for Dhat syndrome

Individuals diagnosed with Dhat syndrome, tend to have very strong beliefs with regard to semen's potency as life force and consequences of its loss. In addition to this, as mentioned above, they tend to report comorbid conditions such as depression, anxiety and substance abuse. Patients who tend to approach clinicians for treatment come with the expectation that the treating clinician is likely to give energizing medications, vitamins, tonics or injections to revitalise them [22].

As culturally it is ingrained in the society, treatment or management of Dhat syndrome begins with providing information and educating the affected individuals about sex. Further, giving a current biological perspective with about how semen is produced in the body and its composition may go a long way in helping these people change their belief. In addition to this, attitude of the treating clinician also plays a major role in alleviating this problem, ridiculing or challenging the affected person's belief without accepting the context in which they were formed is likely to lead patient dropping out from treatment or even strengthen the beliefs further.

Salam, Sharma, and Prakash [6] have developed a cognitive behavioral module for the treatment of Dhat Syndrome. In their module, it was proposed the inclusion of cognitive restructuring to challenge belief regarding to semen loss, Jacobson's Progressive Muscle Relaxation Technique (JPMR), Imaginal Desensitization, masturbation as homework exercise, Kegel's exercises and sex education to treat Dhat Syndrome. Bhatia and Malik found that prescribing anti-depressants and/or anti-anxiety medications is likely to reduce their anxiety with respect to semen loss [20].

CONCLUSION

Dhat syndrome tends to have its origin historically and found to be discussed in all the major religions. Understanding the socio-cultural aspects involved in development of this syndrome and maintenance it would lead to better prognosis. Further, being empathic, considerate and accepting on part of the clinicians or doctors would go a long way in helping individuals afflicted with it. In addition, having an integrative holistic treatment approach based on biopsychosocial model which includes sex education, management of anxiety, challenging beliefs and relaxation techniques is the way forward.

REFERENCES

1. Grover S, Gupta S, Avasthi A. A follow-up study of patients with Dhat syndrome: Treatment pattern, outcome, and reasons for dropout from treatment. *Indian J Psychiatry* 2016;58(1):49-55.
2. Sumathipala A, Siribaddana SH, Bhugra D. Culture-bound syndromes: the story of dhat syndrome. *Br J Psychiatry* 2004;184(3):200-9.
3. Prakash O. Lessons for postgraduate trainees about Dhat syndrome. *Indian J Psychiatry* 2007;49(3):208-12.
4. Akhtar S. Four culture-bound psychiatric syndromes in India. *Int J Soc Psychiatry* 1988;34(1):70-4.
5. Rao TS. Some thoughts on sexualities and research in India. *Indian J Psychiatry* 2004;46(1):3-7.
6. Salam KA, Sharma MP, Prakash O. Development of cognitive-behavioral therapy intervention for patients with Dhat syndrome. *Indian J Psychiatry* 2012;54(4):367-73.
7. Tucker N. Koro Syndrome: The Genital Retraction Fear. *Medical Daily website*. September 21, 2012. Accessed July 6, 2018. <https://www.medicaldaily.com/koro-syndrome-genital-retraction-fear-242674>
8. Balhara YP. Culture-bound syndrome: Has it found its right niche?. *Indian J Psychol Med* 2011;33(2):210-5.
9. Grover S, Avasthi A, Gupta S, Dan A, Neogi R, Behere PB, Lakdawala B, Tripathi A, Chakraborty K, Sinha V, Bhatia MS. Phenomenology and beliefs of patients with Dhat syndrome: A nationwide multicentric study. *Int J Soc Psychiatry* 2016;62(1):57-66.
10. Prakash O, Kar SK, Rao TS. Indian story on semen loss and related Dhat syndrome. *Indian J Psychiatry* 2014;56(4):377-80.

11. Jain M. Two charts show how economic prosperity brings a decline in religiosity. Scroll.in. January 12, 2016. Accessed July 17, 2018. <https://scroll.in/article/801458/80-of-indians-consider-religion-very-important-in-their-daily-lives-while-only-3-of-chinese-think-so>
12. Parmar M. Dhat syndrome-A clinical study. *Int J Pharm Med Res* 2014;2:16-22.
13. Malhotra HK, Wig NN. Dhat syndrome: A culture-bound sex neurosis of the orient. *Arch Sex Behav* 1975;4(5):519-28.
14. Deb KS, Balhara YP. Dhat syndrome: A review of the world literature. *Indian J Psychol Med* 2013;35(4):326-31.
15. Khan N. Dhat syndrome: Physical and psychological implications. Unpublished Doctoral Thesis Submitted to University of Health Sciences, Lahore, Pakistan; 2008.
16. 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(2):129-34.
17. Behere PB, Natraj GS. Dhat syndrome: The phenomenology of a culture bound sex neurosis of the orient. *Indian J Psychiatry* 1984;26(1):76-80.
18. Singh G. Dhat syndrome revisited. *Indian J Psychiatry* 1985;27(2):119-23.
19. Nakra BR, Wig NN, Varma VK. Sexual behaviour in the adult north Indian male. *Indian J Psychiatry* 1978;20(2):178-88.
20. Bhatia MS, Malik SC. Dhat syndrome—a useful diagnostic entity in Indian culture. *Br J Psychiatry* 1991;159(5):691-5.
21. Gupta P. Cognitive Behaviour Therapy for patients with Dhat syndrome: A case study. *International Conference on Cognitive Behavioural Interventions*; 2017. New Delhi.
22. Grover S, Avasthi A, Aneja J, Shankar G, Nehra R, Padhy SK. Comprehensive questionnaire for assessment of Dhat syndrome: Development and use in patient population. *J Sex Med* 2014;11(10):2485-95.

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