IOSR Journal Of Humanities And Social Science (IOSR-JHSS)
Volume 21, Issue 4, Ver. 07 (Apr. 2016) PP 76-78
e-ISSN: 2279-0837, p-ISSN: 2279-0845.
www.iosrjournals.org

A Case of Dhat Syndrome Presenting With Suicidal Attempt

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Abstract: *Dhat syndrome is described as a culture bound sexual neurosis especially of the Indian sub-continent characterised by psychological distress related to semen loss. It is often associated with various psychiatric illnesses including anxiety and depression. Usually Dhat syndrome cases present themselves to various treatment facilities but presentation to Emergency Department in the form of attempted suicide is very rare. Here we are presenting a case of Dhat Syndrome who presented with attempted suicide in the form of stabbing abdomen as a result of Depression secondary to Dhat Syndrome*

Key words*: Semen loss, Culture Bound Syndrome, Depression*

I. INTRODUCTION

Dhat syndrome is described as a culture bound sexual neurosis especially of the Indian sub-continent characterised by psychological distress related to semen loss (Wig, 1960).The term 'Dhat' originated from the Sanskrit word 'Dhatu' which means "metal," "elixir" or "constituent part of the body" which was anciently thought to be "the most concentrated, perfect and powerful bodily substance". The disorder Dhat syndrome is related to this *dhatu*, i.e., semen, is mentioned in "Susruta Samhita" as *shukrameha* (*shukra* = sperm; + *meha* = passage in urine). As per Indian ancient writing in the Upanishads, the term *virya* stands for both vigour and semen[1] and is considered the source of physical and spiritual strength. The belief in Indian culture is that the loss of *virya* through any sexual act or imagery (such as masturbation, *swapnadosh* [wet dreams]) is considered both physically and spiritually harmful.[2] There is also a 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."[3]Dhat syndrome was first described in western psychiatric literature by Indian doctor Prof. Narendra Wig as vague psychosomatic symptoms of fatigue, weakness, anxiety, loss of appetite, guilt and sexual dysfunction, attributed by the patient to loss of semen in nocturnal emission, through urine or masturbation.[4]A prototype patient is likely to be a married or recently married male, of average socioeconomic status, coming from a rural area and belonging to a family with a conservative attitude towards sex (Bhatia & Malik,1991; Akhtar, 1988; Behera & Natraj, 1984). Similar conditions have been described under various names from China (Shen K'uei), Sri Lanka (Prameha) and other parts of South East Asia (Jiryan)[5].Malhotra and Wig described 'Dhat' as 'a sexual neurosis of the Orient'.[6]Apart from the Indian subcontinent, the anxiety around seminal loss is also prevalent in the Western world. Andrew Tissot (1728-97) commented that "losing one ounce of sperm is more debilitating than losing 40 ounces of blood."Also according to Aristotle semen was considered as an extremely important part of the body- "Sperms are the excretion of our food; or to put it more clearly, the most perfected component of food" (Aristotle, 384-322 B.C.). Henry Maudsley (1835-1918) also considered that semen loss, especially if it occurs through masturbation, may cause serious mental illness.According to George Beard (1838-1883),
nocturnal emissions of semen is one of the commonest cause of neurasthenia.

II. CASE

Mr X, 38 years old Hindu married male from a rural and low socio-economic background, educated upto class VIII agricultural worker, was brought to the casualty Department of AMCH, Dibrugarh by family members at about 04:00 am on 20-02-2015 vide Hospital No-33329 with complaint of self-inflicted stabbing in abdomen at about 02:30 am at the midnight in own residence. Then the patient was admitted in the surgery Department and on examination one lacerated stab injury was found in the epigastric region (size 2x1x1 cm) which was repaired with 4 sutures and treated with Injection ceftriaxone + sulbactam, Inj Diclofenac, Inj. Pantoprazole and IV Fluid. After 5 days, when the patient became physically stable, he was referred for psychiatric consultation. On 24thFeb, the patient was shifted to psychiatry Department for detailed evaluation. On taking history it was found that from 17 years of age the patient developed emission of semen (described by

'Dhatu' by the patient) with urine during micturition and nocturnal emission of semen in dreams. He also noticed some whitish gum line substance in his underwear all throughout the day. He also developed multiple vague somatic and psychological symptoms like fatigue, loss of appetite, poor concentration, lack of physical strength, decreased energy to do work, weight loss and guilt attributed to loss of semen as the patient used to think that he was losing the most concentrated and valuable material of his body 'Dhatu' regularly.

After the patient's marriage 12 years back, at the age of 26, he developed premature ejaculation of semen during sexual intercourse with wife. Ejaculation of semen occurs within 30 seconds of penetration and even sometimes before penetration just after physical intimacy with wife. Gradually the patient developed guilt feelings and worries regarding the loss of 'Dhatu' and premature ejaculation along with other vague psychological and somatic symptoms. In last 3 months, the patient developed low mood, loss of pleasure in previously pleasurable activities, decreased self-esteem, decreased interest in work, a feeling of uselessness, pessimistic view about the future days, decreased energy, Death wish and disturbed sleep in the form of early morning awakening. The patient used to think that it is better to die and he could not find any reason to be alive as he lost his masculinity and power to live because he was losing the most concentrated and valuable constituent of his body 'Dhatu' regularly.

On mental status examination, there was decreased psychomotor activity, depressed affect, Hopelessness, Helplessness, Worthlessness and suicidal ideation and preoccupation with the psychological and physical symptoms which he attributes to loss of semen due to his masturbatory habit during adolescence. On Hamilton depression rating scale (HAM-D), very severe Depression was found. The patient was treated with escitalopram 10mg, clonazepam 1 mg in 2 divided doses with L-methyl folate 7.5 mg daily. On follow-up after 3 weeks in psychiatry OPD, AMCH, the patient had shown significant improvement both clinically and symptomatologically.

III. DISCUSSION

Many authors reported cases of Dhat syndrome with various types of clinical presentations in different journals over many a years. Dhat syndrome was reported previously in females and as a comorbid condition with personality disorder and pornography addiction. Various authors also studied the sociodemographic and symptomatology profile of patients with dhat syndrome. But to the best of our knowledge no author till date reported suicidal attempt as a presentation of dhat syndrome.

Grover S(et al 2014) reported a case series which shown that not only males, females also suffer from Dhat syndrome and revisited the concept of Dhat syndrome.[7] A.N. Chowdhury and A. Brahma(2004) reported a case of Dhat Syndrome with Borderline Personality Disorder in an 18 year old Hindu male student of class XII.[8] Gagandeep Singh (et al 2001) reported a case of dhat syndrome in a 23 year old housewife.[9]M. S. Darshan(et al 2014) reported *dhat* syndrome in a 28 year old unmarried male with pornography addiction characterised by uncontrollable excessive watching of pornography.[10]

Dhikav *et al*.[11] studied 30 patients with Dhat syndrome and found that the mean age of onset was 19 years, with mean duration of the illness being 11 months whereas our patient is 38 years old but his symptoms are persisting for a long duration of 21 years starting from his adolescence. Twenty out of 30 patients met the diagnostic criteria for depression. Our patient is also diagnosed as a case of depression. Majority of the patients were unmarried (64.2%) and educated till 5th standard or above whereas our patient is married and educated upto 8th standard. Ten patients (33.33%) were found to have a comorbid problem of premature ejaculation and ten patients (6.6%) reported erectile dysfunction.Our patient has also comorbid premature ejaculation but does not complain of erectile dysfunction.

Bhatia and Malik[12] studied 93 patients with Dhat syndrome and found weakness (70.8%) to be the most common complaint, followed by fatigue, palpitation, sleeplessness, loss of interest, loss of concentration, depression and headache. In our patient the symptomatology is similar to the above finding. Among the psychiatric problems, neurotic depression was found to be the most common followed by anxiety neurosis, major depressive psychosis and phobia . In 18.6% of the patients, there was associated suicidal thoughts but no definite suicidal attempt was reported.

The phenomenology associated with Dhat syndrome is considered as a culture bound sex neurosis commonly seen in the Indian subcontinent which usually has a benign course sometimes associated with depression, anxiety and sexual dysfunction like premature ejaculation or erectile dysfunction. But here we are reporting a patient whose Dhat syndrome is so severe and distressing over a long period of time that it leads to very severe depression with suicidal attempt.

IV. CONCLUSION

Dhat syndrome is a culture bound syndrome where the patient becomes anxious regarding vague psychological and physical symptoms attributed to semen loss.But it may lead to various psychiatric conditions and sexual problems. In our case Dhat syndrome led to a very severe form of depression leading to suicidal

attempt. So the cases of dhat syndrome should not be taken lightly and every case of dhat syndrome should be evaluated properly and treated promptly to prevent any serious outcome.

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