

A study of Dhat syndrome- a culture bound syndrome in Nepalese context

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Abstract

Introduction: Dhat syndrome is generally believed to be a culture-bound which is characterized by excessive preoccupation with loss of "Dhat," which is generally taken to be representing semen. The study evaluated the symptoms of patient with Dhat syndrome visiting three mental health clinics of Rupandehi district.

Material And Method This descriptive cross-sectional study was conducted in three different Psychiatry outpatient clinics at Rupandehi district of Nepal. Purposive sampling, a type of non-random sampling was utilized for the study. A total 50 patients with Dhat syndrome were enrolled in the study. A semi-structured Performa containing socio-demographic and Dhat syndrome symptoms related information was filled by respondents after providing written informed consent.

Results: The patients were predominantly young adults, male with mean age of 23.1±4.6. Majority of them were in age group 18-25 years, hindu by religion, living in non-urban areas, family income of 5000-10000 per month, literate and unmarried. A range of psychological and somatic symptoms associated with Dhat syndrome were revealed. Most common symptoms found in the study were excessive worries (96%), tingling sensation of body (86%), weakness (80%), decrease interest (80%), fatigue (76%), depressed mood (74%), and generalized body ache (72%).

Conclusion: Dhat syndrome presented with a range of psychological and somatic symptoms. Any male patient presenting with multiple somatic symptoms must be evaluated for Dhat syndrome and the physician must enquire about the semen loss and the associated beliefs.

Keywords: Culture Bound Syndrome, Dhat Syndrome, Semen Loss

INTRODUCTION

The term Dhat syndrome was first used by Wig in 1960 to describe a culture bound sexual neurosis, for patients preoccupied with the excessive loss of semen by nocturnal emissions or in urine.¹ Both ICD-10 Classification of Mental and Behavioural Disorders (ICD-10)² and Diagnostic and statistical manual of mental

disorders (DSM-5)³ classified Dhat syndrome as neurotic disorder and culture specific Disorder respectively relating to loss of semen. Several studies from pointed out Dhat syndrome as a widely recognized condition from the Indian subcontinent that is associated with fatigue and pre-occupation with semen loss as the main complaint.⁴⁻¹¹ Most of the studies related to Dhat

syndrome have been done in India, however, its concept has been also described in western cultures.⁵ Apart from Indian studies, a study done in Pakistan reported that about 30 % of the subjects complained of Dhat and the prevalence of Dhat was equal in patients with functional and organic diagnosis.¹² Similarly another study done on treatment seeking pattern of subjects with Dhat syndrome in Lahore found out about 50% of the subjects sought help from traditional healer (Hakims).¹³ In studies from Sri Lanka, Dhat syndrome has been reported in many patients, of them approximately half had somatic symptoms.^{14,15}

Patients with Dhat syndrome present a range of vague symptoms of worries, generalized weakness, bodily ache, fatigue, palpitations, loss of interest, headaches, dizziness, sadness.^{9,16} Recent study by Grover and his colleagues¹⁰ revealed range of psychological and somatic symptoms in patients with Dhat syndrome that include weakness; low energy; feeling down, depressed or hopeless; lack of interest or pleasure in doing things; mental weakness; anger; irritability; excessive worry; pain in arms, legs or joints (knees, hips, etc.), and disturbed sleep. This study aims to find out psychological and somatic symptoms experienced by patient with Dhat syndrome. The belief may also be accompanied by anxiety or depressive symptoms and the patient may present with or without sexual dysfunction.¹⁷

MATERIAL AND METHOD

This descriptive cross- sectional study was conducted in three different Psychiatry outpatient clinics at Rupandehi district of Nepal. The study sample comprised a total of 50 male patients. Purposive sampling, a type of non-random sampling was utilized for the study. The male patients of age of 18 years and above presenting in our clinics with symptoms consistent with Dhat syndrome were screened by pre-defined criteria. Patients who fulfilled the ICD-10² diagnosis of Dhat syndrome were included in the study. Exclusion criteria of the study were existence of mental retardation /intellectual disability, psychotic illness, organic mental disorder, and physical cause for discharge per urethra. After obtaining written

informed consent from participants, semi-structured Performa which covered the socio-demographic and Dhat syndrome related questionnaire was provided to all participants. Data were entered manually into statistical package for social science (SPSS-20) and then it was analyzed by using descriptive statistics in term of frequency and percentage. Interpretation of the study was done on the basis of analyzed data using tables.

RESULT

The sample consisted of 50 male patients with mean age of 23.1±4.6. Table 1 explored the socio-demographic profile of respondents in which majority of them were in age group 18-25 years, Hindu by religion, living in non-urban areas, family income of 5000-10000 per month, literate and unmarried.

Table 1: Socio-Demographic profile of study sample

Variables	N(%)
Age	
18-25 yrs	20(40%)
26-35 yrs	17(34%)
36-45yrs	8(16%)
>45yrs	5(10%)
Religion	
Hindu	40(80%)
Muslim	5(10%)
Buddhist	4(8%)
Christian	1(2%)
Educational Status	
Illiterate	3(6%)
Primary school	8(16%)
High school	13(26%)
Intermediate	15(30%)
Graduate and/or above	11(22%)
Living areas	
Urban	9(18%)
Non-urban	41(82%)
Family income	
Below NRs 5000	8(16%)
NRs. 5000-10000	28(56%)
More than 10000	14(28%)
Marital Status	
Unmarried	29(58%)
Married	21(42%)

Table 2 presented a range of psychological and somatic symptoms associated with Dhat syndrome. Most common symptoms found in study were excessive worries (96%), tingling sensation of body (86%), weakness (80%), decrease interest (80%), fatigue (76%), depressed mood (74%), and generalized body ache (72%).

Table 2: Distribution of symptoms associated with Dhat Syndrome

Symptoms	N(%)
Excessive worries	48(96%)
Weakness	40(80%)
Fatigue	38(76%)
Generalized body ache	36(72%)
Pain arms, legs, joints	29(58%)
Back pain	26(52%)
Stomach ache	24(48%)
Restlessness	30(60%)
Palpitation	19(38%)
Sweating	21(42%)
Throat discomfort	22(44%)
Headache	31(62%)
Depressed mood	37(74%)
Feeling of guilt	16(32%)
Tingling sensation of body	43(86%)
Anorexia	12(24%)
Sleep disturbances	31(62%)
Dizziness	24(48%)
Shortness of breath	11(22%)
Chest pain	18(36%)
Decrease interest	40(80%)
Nausea or vomiting	16(32%)
Altered bowel habit	9(18%)
Poor concentration	31(62%)
Burning sensation of urine	26(52%)
Anger and irritability	24(48%)

DISCUSSION:

To the best of our knowledge, this is the first study on patients of Dhat syndrome from Nepal. Dhat syndrome forms an important health problem especially of adolescent and young male populations of Asian region.¹⁹ Although Dhat syndrome has been included in nosological classification (ICD-10),² associated psychological and somatic symptoms are lagging on manuals.¹⁰ Demographic findings of the study

show that approximately above two-third of respondent were age group of 18 to 35 years and were married. Various past studies suggested that Dhat syndrome is usually seen in young, unmarried, or recently married men with conservative attitude toward sex.^{10,11} This study revealed that most of respondents (82%) were Hindu and 12% were Muslim. This is because of presence predominant Hindu population in this locality. Other reason being more Hindu participants in this study might be because of treatment seeking behavior among these populations of this region. This finding is concurrence with the past studies finding in similar settings.^{10,19}

Existing researches suggest that Dhat syndrome is more common in those residing in rural areas.^{19, 20} Findings of the present study also support the same in which 82% respondents were living in non-urban areas. Low education was found to be associated with Dhat syndrome in many past studies which was also in concordance with our study findings. However, some studies found Dhat syndrome among people with all educational level.¹⁰ Further study in diverse population with an appropriate sample size could explore the association of Dhat syndrome and education level. Majorities of respondents' (72%) family income in our study was less than 10,000 rupees a month and had low socioeconomic status. Past studies revealed concordance findings and have reported that patients with Dhat syndrome more commonly belonged to lower socioeconomic status.^{19, 20} In contrast, Grover and his colleagues found Dhat syndrome among people belonging to middle socioeconomic status.¹⁰

There is clear evidence that patients with Dhat syndrome have various accompanying psychological and somatic symptoms.^{10, 20, 21} In present study, there are list of symptoms that include various symptoms of depression, anxiety and somatoform disorder.

The most commonly noted psychological and somatic symptoms in the present study include excessive worries, weakness, fatigue, generalized body ache, tingling sensation of body parts, depressed mood, decrease interest, poor concentration and headache apart from

range of symptoms. Our study findings were consistent with other studies findings in similar settings. Similar symptoms associated with Dhat syndrome were demonstrated by past studies. Worries being the most reported symptoms in our study which was also reported by patient with hat syndrome in a past study in similar setting.¹⁶ A phenomenology study of Dhat syndrome revealed range of common symptoms as Sense of being unhealthy, worry , and feeling that there will be no improvement despite treatment , tension , tiredness , fatigue , weakness, and anxiety .¹¹ Similarly, another large study among Indian population found out bodily weakness; feeling tired or having low energy; feeling down, depressed or hopeless; low interest or pleasure in doing things; mental weakness; excessive worry; pain in arms, legs or joints (knees, hips, etc.), and trouble sleeping among majorities of patients.¹⁰

Considering all past studies including our study, it is clear that a number of psychological and somatic symptoms were exhibited by patient with Dhat syndrome. Detail evaluation for co-morbidities such as depression, anxiety disorder, somatoform disorder and psychosexual disorder is essential to decrease associated morbidity and mortality. Presence of sexual co-morbidity is quite common among patients with Dhat syndrome.¹⁰ However; our study did not include sexual related symptoms among study participants.

The findings our study is limited by the number of symptoms evaluated and limited sample size. The symptoms of patient with Dhat syndrome obtained as part of this study was limited to the content of the questionnaire used. It is quite possible that the questionnaire may not include some of the symptoms. The study was not based on use of qualitative method of assessment. The use of qualitative methods could have expanded the list further for assessment of various symptoms. Sample was taken from patients seeking clinical consultations at mental health clinics; therefore, results could not be generalized to other group of patients.

CONCLUSION:

Dhat syndrome presented with a range of psychological and somatic symptoms. Any male patient presenting with multiple somatic

symptoms must be evaluated for Dhat syndrome and the physician must enquire about the semen loss and the associated beliefs.

CONFLICT OF INTEREST:

The authors report no conflicts of interest in this work, and are solely responsible for the content and writing of this paper. No funding has been received for this work.

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