

Case Report

Dhat Syndrome: An extremely unusual presentationSathya Prakash¹, Piyali Mandal¹

Abstract. Introduction. Dhat Syndrome, considered a culture bound syndrome of the orient by many, is widely prevalent in the Indian subcontinent. Although passage of vital fluid through the penis is the commonly described route, other routes such as anal or vaginal have also been described. **Aim.** We describe a patient with a relatively severe presentation, who complained of passage of 'dhat' through the mouth in relation to cough. **Methods.** The patient was interviewed and diagnosis established using standard classificatory systems. The origin and progression of the phenomenology was explored. Standard rating scales were applied. **Results.** The patient was diagnosed with Dhat Syndrome and additionally, severe depressive episode without psychotic symptoms at the time of presentation. Delineation of Dhat Syndrome from depression was also done. The exploration of phenomenology revealed a gradual progression from a usual to a most unusual presentation. **Conclusion.** This is a very unusual presentation and has not been described before. It possibly indicates a more severe form of illness. Implications for further research have been discussed.

Keywords: Dhat Syndrome, psychosexual disorders, unusual presentation, Culture Bound Syndrome, depression.

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INTRODUCTION Dhat Syndrome, regarded by many as a culture bound syndrome of the Indian subcontinent (Malhotra & Wig, 1975), has been a controversial area of research in many ways. Its nosological status is unclear with some believing it to be merely a culturally determined form of depression (Mumford, 1996). It also lacks a common definition. The syndrome has been variably described as passage of 'dhat' through the penis, either alone or mixed with urine (Chadda, 1995; Perme *et al*, 2005), through the anus (Balhara & Goel, 2012) or through the vagina (Chaturvedi, 1988) with associated preoccupation and distress. The DSM-IV (APA, 1994) describes it as 'a folk diagnostic term used in India to refer to severe anxiety and hypochondriacal concerns associated with the discharge of semen, whitish discoloration of the urine, and feelings of weakness and exhaustion'. We present an interesting case of Dhat Syndrome where sputum is being misconstrued as 'dhat' – a hitherto undescribed phenomenon.

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CASE PRESENTATION Our patient is a 24-year-old unmarried male pursuing a bachelor's course in arts. For the past 2 years, he has been concerned about the harmful effects of nightfalls which occurred almost twice a week. He was also worried regarding the passage of whitish fluid from the penis while reading erotic material or at the sight of women in the campus. Furthermore, he would pass whitish discharge in urine which he believed was semen. The patient gradually developed symptoms such as weakness, easy fatiguability, inability to concentrate on studies and multiple body aches. The patient discussed his problem with friends and was told that the whitish discharge was responsible for his problems. He read similar information in local magazines.

In the socio-cultural context from which the patient hails, frequent loss of semen or whitish discharge from the penis is traditionally considered a sign of illness. It is also widely believed that such a loss of whitish fluid can lead to various symptoms such as fatigue, weakness and body aches. Practitioners of traditional Indian medicine attach great importance to semen and prescribe treatment for conditions associated with loss of semen or whitish fluid.

For these problems, he consulted several traditional healers and was prescribed various medications. He was also advised to conserve semen by not masturbating and by avoiding any sexual contact. The patient promptly followed their advice but there was no improvement and the symptoms continued approximately for a year.

At that point, the patient started noticing sticky, whitish to colourless discharge passed along with stools. Concomitant with this, he started experiencing an increase in weakness and fatigue. He consulted several allopathic practitioners in reputed hospitals. Initially he was seen by an internist and subsequently referred to a psychiatrist. The psychiatrist tried to reassure him and attempted to correct his misconceptions but he would only be reassured temporarily. He consulted different doctors between a period of eight to nine months. Approximately two months before presenting to us, the patient contracted a respiratory infection and developed cough with expectoration. He complained of a further worsening of weakness and fatigue. He attributed it to whitish discharge while coughing (sputum) in addition to those passed through urine, stools and as nightfalls. The patient believed that the whitish discharge while coughing was a vital substance similar to the one passed in urine and was responsible for his illness. Patient stopped going to college and gradually restricted himself to his home. His interaction with others decreased, he stopped watching television and exhibited low mood for most of the day, which was unlike his previous self.

He was finally brought to us about a month later by a friend of his. On being interviewed, the patient appeared low in mood and said that all his problems were due to loss of the vital fluid. He also reported that he was particularly concerned as he was also losing the vital fluid while coughing and defecating in addition to that lost in urine. He also said that as he had been ill for a long time now, his chances of improving were slim and he would rather die than live this way. However there was no active suicidal ideation or plan. Over the preceding month, he had been eating and sleeping poorly and was preoccupied with the loss of whitish fluid. He scored 36 on the Hamilton Depression Rating Scale (Hamilton, 1960), 24 on Hamilton Anxiety Rating Scale (Hamilton, 1969) and 27 on the Postgraduate Institute Neuroticism (Verma & Wig, 1977) Scale. He scored 41 on the Kessler Psychological Distress Scale (Kessler *et al*, 2002) and 20-30 in the Global Assessment of Functioning scale (APA, 1994) indicating severe distress and dysfunction. The patient was diagnosed with Other Specified Neurotic Disorders – Dhat Syndrome (F48.8) and Severe Depressive Episode without Psychotic Symptoms (F32.2) as per ICD 10 (WHO, 1992). There was no past or family history suggestive of depression, mania or other psychiatric illness; no other major life event or stressor could be elicited. The presence of symptoms suggestive of Dhat Syndrome before the onset of diagnosable depression was confirmed by interviewing the patient's family members and friends. Urine and stool examination did not reveal any significant findings. A general medicine consultation did not reveal any major medical illness. A physical examination was performed and the patient was started on Escitalopram 10 mg daily. He was reassured about the nature of his illness and was advised to come for regular follow-up visits. However, patient did not return for his follow-up.

DISCUSSION This is an extremely unusual presentation of Dhat Syndrome and to our knowledge has not been reported earlier. Although the usual mode of passage is through the penis, reports of passage through other routes such as anal (Balhara & Goel, 2012), have been reported earlier. The concept has been extended to include women (Chaturvedi, 1988) complaining of unexplained somatic symptoms attributed to non-pathological vaginal discharge. Although originally described as loss of whitish discharge in urine (of men), over the years, the concept has been broadened to include passage through any route. The authors of this paper also agree with this view as there is no reason to restrict the definition of Dhat Syndrome as long as the other features such as underlying belief and preoccupation similar to conventional descriptions of Dhat Syndrome are present. In the absence of contradicting information, similar conceptualization and management strategies may apply to these patients as well although this needs to be proven. Comparative studies of various characteristics of patients with different modes of passage may be worthwhile, as preliminary work by the author suggests that those passing ‘dhat’ mixed with urine have less severe illness characteristics than those passing as nightfall, by masturbation or due to passive stimulation (Prakash *et al*, 2012). It remains to be seen whether passage through unusual routes, such as mouth, represents more severe forms of illness as in our patient. On theoretical grounds, this appears to be the case as it represents a greater deviation from normal thinking. In our case, we have conceptualized the increasing severity of the patient’s illness over time as being represented by extension of his belief regarding passage of vital fluid from penis initially, to anus and then through the mouth, eventually culminating in a severe depressive episode. To a culturally uninformed psychiatrist, these complaints might appear odd or even bizarre, but keeping in mind the socio-cultural context, the gradual progression of symptoms and intense preoccupation, this is not the case. Another important issue that this case raises is whether Dhat Syndrome really exists or is it a culturally determined form of depression (Mumford, 1996). This case argues for the former, although limitations of a case report must be kept in mind. In this particular case, symptoms suggestive of Dhat Syndrome were present for a long time before recognizable depression emerged. The set of symptoms in the early and later part of the illness differed significantly from each other. The possibility of a retrospective falsification was ruled out by interviewing the patient’s family members and friends. It appears that Dhat Syndrome served as a stressor, which when persisted, resulted in a Severe Depressive Episode. The absence of past or family history of psychiatric illness and other stressors or major life events further supports our contention. Therefore, more research is needed before concluding that Dhat Syndrome is merely a culturally determined form of depression. It would have been interesting to follow up the patient, but unfortunately the patient did not turn up after the first visit.

CONFLICT OF INTEREST / FUNDING None.

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