

Impact on Society Due to Dhat Syndrome

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I. Introduction

Cultural beliefs prevalent in the society have a very severe impact on the mind and behavior of the person. There are many misbeliefs and misconceptions about sexuality prevalent in our society. Many cultures believe semen to be a very precious body fluid and its unnecessary loss to cause severe harm on the health of the person.¹ Cultural myths in relation to semen loss can induce physical and psychological symptoms in a man which together as a syndrome termed as Dhat syndrome.³“Dhat” is derived from the word “dhatu”. The word “Dhatu” is a Sanskrit word which means “Metal” or “Elixir”.²⁻⁴There is description of seven “Dhatu” [Chyle (Rasa), Blood (Rakta), Flesh (Maans), Fat (Meda), Bone (Asthi), Marrow (Majja), Se-men (Shukra)], out of which most important considered is “Shukra Dhatu (semen)”.

Dhat syndrome is described as a culture bound syndrome (CBS). There is an ongoing debate on the nosological status of CBS. Dhat syndrome has been found to be prevalent in different geographical regions of the world. It has been described in literature from China, Europe, Americas, and Russia at different points of time in history. Mention of semen as a “soul substance” could be found in the works of Galen and Aristotle who have explained the physical and psychological features associated with its loss.⁵

The assumption that these cultures bound syndromes affect only specific cultures have resulted in limiting global interest in understanding these conditions and their management.

So, in our study, we tried to find out impact of dhat syndrome on person's daily living, health, surroundings, their professional life and on the society.

II. Material And Methodology

The study was conducted in Department Psychiatry, Mahatma Gandhi Medical College and Hospital, Jaipur, Rajasthan. The study was approved by the ethical committee of the institution. The study included 100 patients who presented in the Psychiatry OPD with the primary complaint of involuntary discharge of semen. Informed consent was taken from all the patients before including them in the study.

The patients were enquired about their demographic profile (like age, marital status, educational status, occupation, socio-economic status, family details). They were specifically asked about their personal life like their sexual history, drug abuse, alcohol and smoking. They were enquired about their primary complaint of Dhat, timings of discharge, associated health problems or any sexual problem.

Then the responses were recorded as - never, regular sometimes. Data was collected and Statistical analyses were performed using the Statistical Package for the Social Science Version (SPSS). Descriptive analysis were analyzed in terms of mean and standard deviation for variables. Frequency was used for nominal variables with percentage.

Table 1 – Socio-demographic Data

Variables	N(100)	%
• Age (yrs)		
18-28	60	60
29-38	10	10
39-48	25	25
>49	5	5
• Previously ever had sex		
Yes	40	40
No	60	60
• Marital status		
Married	20	20
Unmarried	70	70
Separated	10	10

• Type of Family		
Nuclear	30	30
Joint	15	15
Alone	55	55
• Education		
Illiterate	23	23
Up to 10th	27	27
Up to Graduate	44	44
Above Graduate	6	6
• Occupation		
Unemployed/ Student	49	49
Unskilled worker	20	20
Skilled worker	18	18
Clerical worker	8	8
Professional	5	5
• Residence		
Rural	64	64
Urban	36	36
• Smoker		
Yes	54	54
No	46	46
• Alocoholic		
Regular	20	20
Occasional	46	46
Never	34	34
• Drug abuse		
Yes	20	20
No	80	80

Table 2 - Clinical profile of the patients¹

Duration of suffering	N	Percentage (%)
<6months	10	10
6months-1year	20	20
>1 year	70	70
Frequency of passage of dhat		
Everyday	20	20
Every week	66	66
Once a while	14	14
When they have passage of dhat*		
While passing urine	70	70
While straining for passing stools	10	10
During sleep	50	50
While sexual excitement	40	40
Anytime	25	25
What they have done till now for this		
Nothing	70	70
Consulted quacks	20	20
Consulted doctors	10	10
Any associated sexual complaint reported by patients*		
Erectile dysfunction	10	10
Premature ejaculation	5	5
Masturbation	75	75
Thin semen	35	35
Small penis	5	5
No other sex related symptoms	10	10
Any associated health problem reported by		

patient*		
Constipation	65	65
Generalized weakness	90	90
Insomnia	45	45
Body ache	40	40
Anxiety	60	60
Burning micturition	10	10
No refer to any other associated health problem	2	2

*A patient can have more than one response

Response of the patients to questions asked to find the impact of their suffering of dhat on their daily living, their health, their family and surroundings, their professional life and the society:

Table 3

During the past week, did they feel:	Never	Sometimes	Regular
	N (%)	N(%)	N (%)
Lack of energy?	0	30	70
Disturbed sleep?	14	52	34
Somatic symptoms like bodyache, fainting, dizziness?	14	41	45
No interest in work & surroundings?	14	35	51
Not able to enjoy anything.	20	40	40
Feel of inferiority complex.	20	23	57
Feel life is meaningless & worthless.	20	50	30
Think its better to die.	34	45	21
Decreased appetite.	20	30	50
Crying spells.	14	34	52

III. Results

Assessment of demographic profile of Patients (as shown in Table 1) The study included 100 male patients presenting with Dhat syndrome. The mean age of study sample was 25 years with an age range of 18-59 years. The most affected age group was of 18-28 years which constituted about 60% of patients, about 10 % were in the age range of 29-38 years, 5% patients were aged above 49 years. More than two-third of the patients were unmarried, the rest were married (20%) or living separated (10%). The condition had a high prevalence in educated population, about 44% of patients were graduate or above. Most of the patients were either unemployed or student (49 %). The condition was prevalent more in rural community with about 64% patients belonging to rural areas. Dhat syndrome was more found in people who were living alone (55%) or in nuclear family as compared to joint family(15%) and in people who had no previous history of having sex (60%). Occasional alcoholics had higher incidence 46% as compared to sobers, but uncommon in drug abusers. 54% were found to be smokers and 20% were drug abusers.

Assessment of clinical profile of the patients is shown in Table 2. The mean duration of symptoms at the time of presentation was >1yr., and nearly 66% patients were passing dhat every week while 20% of patients were passing dhat at least once in a day. Most of the patients complained of passage of dhat while urination(70%). Majority of patients(70%) have not consulted anyone while about 20 % have consulted quacks. When asked about associated sexual complaints, about 75% were worried about their habit of masturbation. 35% reported that their semen is thin and about 10% reported erectile dysfunction. Most of the patients reported generalized weakness, 65% patients had constipation and about 10% complained of burning micturition.

Impact on society: It is clear from the response of patients to the questions asked, that dhat syndrome had severe impact on their daily living, their health, their surroundings, their professional life and the society (Table 3). Most patients have regularly no interest in work or their surroundings. About all the patents feel lack of energy and most of the patients had disturbed sleep and somatic symptoms like bodyache, fainting, dizziness. About half of patients regularly remain irritable and have frequent crying spells. Majority number of patients thought that everything is meaningless, feel life is not worthwhile and even wish they were dead.

IV. Discussion

Dhat syndrome, although described as culture bound syndrome, has been found to be prevalent in different geographical regions of the world and has been found to be emerging in other countries as well. A significant number of patients with dhat syndrome come to urologist consultation but there have been very limited reports that describe or analyse this syndrome in urological literature.⁶ In the case of dhat syndrome, the nature of underlying belief, i.e., semen is the most vital fluid and has to be conserved at any cost⁶ is such that there is intense distress in the wake of continued loss of dhat.⁷ Sumathipala et al⁸ and Balhara et al⁹ have reported that dhat syndrome was not confined to Oriental countries infact it was prevalent in Europe, USA and Australia in the nineteenth century.

In our study, we found that dhat syndrome is mainly seen in particular strata of population: young males living alone or in nuclear family, with low income, more commonly in rural community and common in both illiterate and educated men. Few previous studies conducted by Chaddha et al¹⁰, Grover S et al¹¹ and Gautam M et al¹² reported that patients complaining of Dhat Syndrome are typically more likely to be young people, who are recently married or single; of average or low socio-economic status, coming from a rural area and belonging to a family with conservative attitudes towards sex while a study conducted by Verma R et al¹³ reported more prevalence from urban area.

In our study, the mean duration of symptoms at the time of presentation was >1yr, and nearly 66% patients were passing dhat every week while 20% of patients were passing it at least once in a day. In a recent study, conducted in Spain⁹, 25 % of patients complained of daily sperm loss while in 37.5 % it was weekly and patients complained of the syndrome lasting from 3 months up to 10 years. In a study conducted,¹⁴ complaint of duration of the semen loss lasts up to 20 years. As reported by Grover S et al¹⁵ and Rajkumar R et al¹⁶ showed that patient complaining of passage of dhat also complains of various somatic symptoms most common being generalized weakness (86.4%) and constipation (59.1%) and also some irrelevant sex related problems like fear of thin semen or small penis.

Most of the patients believed that they are losing semen in dhat and more than half of patients consider this to be a consequence of their habit of masturbation.¹ Infact their self guilt of masturbation due to the misconceptions prevalent in the society lead to these false attributes.¹⁷

They are so much threatened by the misbeliefs in the society that they believe that they will get very weak and will not be able to do sex or bear child.¹ Due to these fears their physical and mental health; and personal and social life get so much disturbed as clearly shown by our study that they lose all their interest in their work, their surroundings and have a feel of fear and tiredness.¹ Various treatment strategies have been recommended with varying results in the literature.

Avasthi A et al¹⁸ had advised a standardized treatment protocol that mainly includes sex education, bio-feedback and relaxation exercises.

V. Conclusion

The results of our study clearly showed that dhat syndrome have a severe impact on the physical, mental and social health of the patient as a whole. This condition is more common in a specific strata of population mainly young people living alone or nuclear families having low income, more common in rural areas but also prevalent in urban areas, both illiterate as well as well educated men.²⁴ Also counseling, correction of misbeliefs, along with sex education and reassurance alone brings dramatic improvement in the physical, mental and social health of the patient. So sex education should also be incorporated in our education system and counseling camps should be organized focusing to predisposed population.²⁴

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