

## ORIGINAL RESEARCH—OUTCOMES ASSESSMENT

# Comprehensive Questionnaire for Assessment of Dhat Syndrome: Development and Use in Patient Population

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### ABSTRACT

**Introduction.** Dhat syndrome is a culture-bound syndrome, characterized by the core belief of loss of semen accompanied by symptoms of general weakness, lack of energy and concentration, impaired sexual functions, and vague somatic troubles, often associated with an anxious or dysphoric mood state. Although many studies have described the clinical picture of Dhat syndrome, there is lack of availability of an instrument which can comprehensively assess patients presenting with Dhat syndrome.

**Aim.** The aim of this article is to develop a questionnaire that can comprehensively assess Dhat syndrome and guide the clinicians in managing such patients.

**Methods.** Initially, an extensive literature review was done to prepare a comprehensive list of clinical features, beliefs associated with the passage of “Dhat,” and attribution of the symptoms by the patients. These items were converted into a questionnaire for investigational interview. The questionnaire thus developed was administered to 54 patients and was also sent to eight subject experts for their opinion on the questionnaire.

**Main Outcome Measure.** To develop and evaluate the content validity of the Comprehensive Questionnaire for Assessment of Dhat Syndrome.

**Results.** As per the opinion of experts, the questionnaire had good content validity and was useful for not only clinicians dealing with patients of Dhat syndrome but was also considered useful for the patients presenting with Dhat syndrome. All the experts found the questionnaire to be comprehensive, and two-third of the experts regarded the length to be adequate. Although none of them suggested any deletion of items, yet some additions were suggested. The language of the questionnaire was rated from simple to very simple. Results of administration of the questionnaire on 54 patients of Dhat syndrome established that the questionnaire was helpful in providing comprehensive clinical picture of Dhat syndrome.

**Conclusion.** The questionnaire designed for the purposes of this study is a useful instrument for comprehensive assessment of the clinical picture of Dhat syndrome. **Grover S, Avasthi A, Aneja J, Shankar G, Mohan M R, Nehra R, and Padhy SK. Comprehensive questionnaire for assessment of Dhat syndrome: Development and use in patient population. J Sex Med 2014;11:2485–2495.**

**Key Words.** Dhat Syndrome; Beliefs; Semen Loss

### Introduction

Dhat syndrome is described as generally prevalent culture-bound preoccupation regarding loss of semen among a patient group in the Indian subcontinent. The syndrome arises in the background of teachings of Ayurveda which

explains the physiology of semen production, based on the central idea that there are seven essential constituents of body (the seven *Dhatus*) produced through a cycle of successive internal cooking and transformations. After ultimate distilling, the most concentrated and thus the most precious elixir among the constituents of

body, semen (*dhātu*), is formed. The ancient writings of Charak *Sambhita* have described a condition called *sukrameha* which is similar to the modern day Dhat syndrome. In *Susruta Sambhita*, descriptions suggest that loss of semen in any form leads to the draining of physical and mental energy and loss of vitality [1,2].

Many studies from India have attempted to study the clinical picture of Dhat syndrome. The core belief in patients of Dhat syndrome, who are generally young men, is the loss of semen often during micturition [2]. Despite patient's assertion and concern about the passage of semen in urine, there is no objective evidence of presence of semen in the urine [2]. Patients present with symptoms which have a neurasthenic quality. A sense of general weakness, lack of energy and concentration, impaired sexual functions, and vague somatic troubles are often associated with an anxious and dysphoric mood state. This whole clinical state is typically attributed to the imagined loss of semen in urine or to natural nocturnal emissions [3,4]. Associated symptoms include vague and multiple somatic and psychological complaints such as fatigue, listlessness, loss of appetite, lack of physical strength, poor concentration, and forgetfulness. Sometimes, the sufferer may complain that semen has become foul smelling and less viscous [4]. A patient presenting with Dhat syndrome is typically more likely to be recently married, of average or low socioeconomic status (perhaps a student, labourer, or farmer by occupation), comes from a rural area, and belongs to a family with conservative attitude towards sex [2,5,6].

The most common psychiatric disorder seen in patients with Dhat syndrome is depression, followed by generalized anxiety disorder [7,8]. These patients may also present with or without psychosexual dysfunction [2,7,9]. Accordingly, some researchers have distinguished Dhat syndrome into three subgroups: Dhat syndrome alone, Dhat syndrome with anxiety and depressive symptoms, and Dhat syndrome with sexual dysfunction [2,7].

Regarding the composition of Dhat, a majority of patients believe that it is semen, others believe it to be pus, sugar, concentrated urine, infection, or even not being sure of its composition [5]. Masturbation and/or excessive indulgence in sexual activities, venereal diseases, urinary tract infections, overeating, constipation or worm infestation, disturbed sleep, or genetic factors are often believed to be the main etiological factors [5,6].

Recognizing the importance of this clinical entity, International Clinical Diagnostic criteria-

10th revision (ICD-10) [10] included it in the nosological system (F48.8-Other specified neurotic disorders) with the proviso for further research. Over the years, Dhat syndrome has been recognized as a diagnostic entity in patients across different cultures, and many authors have suggested that Dhat syndrome could be considered as a culture-related disorder rather than a culture-bound disorder [11,12]. All this calls for an extensive research on this clinical entity.

Some of the studies have tried to investigate various aspects of this clinical entity like beliefs related to semen loss, attribution of semen loss to different factors, beliefs about consequences of semen loss, associated comorbidity, and treatment-seeking behaviour. However, there is a lot of variability in the results reported from these studies. The main reason behind such variability in reporting is the nonavailability of a structured instrument to assess various aspects of Dhat syndrome. As a large proportion of patients drop out after the initial few visits [5], it is important to carry out a comprehensive assessment of these patients for better understanding of the clinical condition as also to correct the misbeliefs. In developing countries, it is routinely not possible to assess various aspects of Dhat syndrome due to time constraint because of poor doctor-patient ratio. Moreover, there is no instrument available that can comprehensively assess all the dimensions of Dhat syndrome in a reasonable time period. Therefore, the present study aimed to construct an assessment instrument which could comprehensively assess the clinical syndrome of Dhat syndrome and the associated beliefs and misgivings in order to better guide the clinicians in managing these patients.

## Methodology

Keeping in mind aims of the study, we reviewed the available literature [2,5-9,11-30] with respect to the clinical picture, attitude and beliefs, and treatment used for Dhat syndrome. We also reviewed the only available instrument for assessment of Dhat syndrome [18]. Initially, a comprehensive list was made of the clinical features, beliefs associated with passage of Dhat, and attribution of the symptoms of Dhat syndrome by the patients. The general themes which emerged after the review of literature were:

- A lot of distress is related to the frequency, quantity, consistency, etc. of the semen loss.
- Misconceptions about after effects of semen loss.

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