ORIGINAL RESEARCH—PSYCHOLOGY

Depression in Dhat Syndrome

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ABSTRACT

Aims and Objectives. Dhat syndrome is a widely recognized clinical condition in the Indian subcontinent characterized by excessive preoccupation with semen loss as the main presenting complaint. This condition has been considered to be a culture-bound syndrome, and depressive symptoms have previously been reported. We were interested to know how common depression is, and to quantify these features.

Materials and Methods. We studied 30 patients attending the Psychiatry Outpatient Department of a tertiary care hospital for their complaints about passing of semen in urine frequently. Those with depressive symptoms were further evaluated using the fourth revision of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) Diagnostic Criteria for Depression, and depression severity was assessed using the 17-item Hamilton Depression Rating Scale for Depression (HAM-D). Patients meeting the criteria were started on capsule fluoxetine, a selective serotonin reuptake inhibitor, in dose of 20–40 mg per day. Patients were periodically followed fortnightly and were reevaluated for therapeutic response using the HAM-D.

Results. A total of 30 patients (age = 20–40 years; mean age = 29 years; mean age of onset = 19 years; mean duration of illness = 11 months) were studied. The majority of cases were unmarried (64.2%) and educated till 5th class or above (70%). Twenty out of 30 (66%) patients met DSM-IV Diagnostic Criteria for Depression. Ten patients (33.3%) were found to have a comorbid problem of premature ejaculation, and two patients reported erectile dysfunction (6.6%). Patients showed statistically significant therapeutic response to fluoxetine.

Conclusion. Depressive phenomenology meeting DSM-IV Diagnostic Criteria for Depression seems common in Dhat syndrome and responds to selective serotonin reuptake inhibitors along with regular counseling. **Dhikav V, Aggarwal N, Gupta S, Jadhavi R, and Singh K. Depression in Dhat syndrome. J Sex Med 2008;5:841–844.**

Key Words. Dhat Syndrome; Culture-Bound Syndromes; Selective Serotonin Reuptake Inhibitors

Introduction

Dhat syndrome is a common problem in the Indian subcontinent [1]. *Dhat* derives from the Sanskrit word *dhatu*, meaning metal and also "eilixir" or "constituent part of the body." Culture-bound syndromes have been discussed under a variety of names and are defined as "episodic and dramatic reactions specific to a particular community – locally defined as discrete patterns of behaviour."

Historically, Dhat syndrome was first recognized by Malhotra and Wig in the 1970s [2]. The condition is seen mostly in medical and psychiatric outpatients of Asian subcontinent, although it has been reported widely [1]. Studies indicate that patients with Dhat syndrome have significantly different illness beliefs and behaviors compared with controls and have similarities with other functional somatic syndromes [3,4]. "Culture-bound syndrome" is a term used to describe the uniqueness of some syndromes in specific cultures

[1]. Dhat syndrome is included in the International Classification of Diseases (ICD-10).

Although this condition is seen most commonly in the young men (20–38 years) presenting in medical and psychiatric outpatient departments of South Asian countries, it has been reported globally. The prevalence rates of 11.7% in India and 30% in Pakistan suggest that the disorder is pervasive.

It is basically a concept developed from cultural belief that seminal fluid is precious and considered by many lay people that 100 drops of blood make one drop of semen. Patients have a belief that semen is the most concentrated, perfect, and powerful bodily substance. Its preservation guarantees health and longevity. Others held related beliefs such as "it robs the body of its vital breath," and "losing sperm amounts to losing the vital spirits;" exhaustion, weakness, dryness of the whole body, thinness, and eyes growing hollow are the resulting symptoms [2].

Various studies have been shown to report miscellaneous symptoms. The common presenting symptoms include: weakness (70.8%), fatigue (68.7%), palpitations (68.7%), and sleeplessness (62.4%), to name a few [5]. Depression is reported as a particularly common symptomatology [1–4]. Therefore, the present study was conducted to investigate the presence of depressive symptoms meeting Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) Criteria for Depression.

Materials and Methods

A detailed history of each patient was taken regarding the passage of semen in urine. A general examination of all systems was also performed. The subjects were also evaluated for other psychiatric disorders, or any significant history of psychiatric illness or history of drug abuse. Demographic details are given in Table 1. Patients were evaluated for depression using DSM-IV Diagnostic Criteria, and those fulfilling it were rated on the 17-item Hamilton Depression Rating Scale for Depression (HAM-D) to ascertain severity of depression. Those meeting DSM-IV Criteria for Depression were started on 20 mg of fluoxetine and were followed up every 2 weeks. Dose of fluoxetine was 20–40 mg per day as single dose. Fourteen of them received 40 mg per day and six of them 20 mg per day. They were also given counseling apart from medication. Those who did not meet DSM-IV Criteria for Depression were offered counseling only.

Table 1 Demographic data of the present study

Total patients	N = 30
Age group	20–40 years
Mean age	29 years
Mean age of onset	19 years
Mean duration of illness	11 months
Marital status	
Unmarried	20 (64.2%)
Married	10 (35.8%)
Education	
5th class or above	21 (70.0%)
Illiterate	9 (30.0%)

Table 2 Hamilton depression rating scores

HAM-D score	N
<7 (no depression)	10 (group 1)
7–13 (mild depression)	6 (group 2)
14–18 (moderate depression)	10 (group 3)
≥19 (severe depression)	4 (group 4)

HAM-D = Hamilton Depression Rating Scale for Depression.

After 2 months of starting treatment, patients were again evaluated using the HAM-D to evaluate its effectiveness.

Statistical Analysis

Statistical analysis was performed using SPSS version 10 (SPSS Inc., Chicago, IL, USA). A paired *t*-test was used to calculate the *P* value. A *P* value of less than 0.05 was considered significant.

Results

A total of 30 patients had an unremarkable general examination, and did not have any significant history of any psychiatric disease or drug abuse. Twenty patients out of 30 studied met the Diagnostic Criteria for Depression according to the DSM-IV and were quantified using the HAM-D (Table 2). Group 1 consisted of patients with no depression, group 2 had mild depression, while groups 3 and 4 had moderate and severe depression, respectively. In group 1, patients responded to counseling, but the results did not achieve statistical significance. In groups 2, 3, and 4, HAM-D scores declined after treatment, and results were highly statistically significant ($P < 0.0001$) (see Tables 3 and 4).

Patients meeting DSM-IV Diagnostic Criteria for Depression showed significant improvement to fluoxetine 20–40 mg per day along with counseling, as shown by HAM-D scores after medication treatment.