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A qualitative study on psychopathology of dhat syndrome in men: Implications for classification of disorders

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ABSTRACT

Background: Dhat syndrome is regarded by many as a culture bound syndrome of the Indian sub-continent. However the nosological status, conceptual understanding of the condition as well as the diagnostic guidelines are all mired in controversy.
Aims: The current study aims to study the psychopathology of Dhat syndrome in men by using a qualitative approach and to arrive at an operational definition for diagnosing Dhat syndrome.
Method: The qualitative approach consisted of five Focus Group Discussions (FGD) and five Key Individual Interviews (KII) with participants, consisting of patients as well as doctors – both allopathic as well as traditional.
Results: Detailed analysis revealed valuable data regarding the symptoms, causes, treatment measures, socio-cultural context, psychiatric co-morbidity, nature of the disorder and various other phenomenological dimensions. Ideas for future nosological positioning were also specifically looked for. Operational definition and diagnostic guidelines were also arrived at based on the analysis as well as on previous literature.
Conclusion: Although lot of agreement existed among various stakeholders about symptoms and presentation, they varied significantly in their opinion on nature of the condition and treatment. Suggestions for ICD 11 have been made.

1. Introduction

Culture bound syndromes have been described as recurrent locality specific patterns of aberrant behaviour and troubling experience (Lewis-Fernandez et al., 2009; American psychiatric Association, 1994). Dhat syndrome is generally believed to be a culture-bound syndrome of the Indian subcontinent (Bhatia and Malik, 1991; Chadda and Ahuja, 1990, Malhotra and Wig, 1975) although this has been a source of some controversy. It is characterised by excessive pre-occupation with loss of vital fluid referred to as 'dhat' by patients. In a study that explored sociocultural, psychosexual and biomedical factors associated with genital symptoms in men from a rural clinic in India using a focus group methodology (around 75% of men in the clinic reported 'dhat' related complaints), Gautham et al. (2008) reported that dhat was commonly perceived as involuntary passage of semen corresponding most closely to urethral discharge.

Various beliefs exist regarding 'dhat' and its importance in India. The *Charaka Samhita,* an authoritative text on Ayurveda, is reported to assert that excessive ejaculatory orgasm or imbalance of the bodily humours can lead to damage to the body (Raghuram et al., 1994). 'Sukra' or semen is supposed to be all pervading within the body and the most vital substance formed after several stages of refinement (Raghuram et al., 1994).

Patients of Dhat syndrome acquire knowledge regarding the importance of dhat and consequences of its excessive loss from friends, relatives, colleagues, roadside advertisements, lay magazines, hakims and vaids (Prakash, 2007).

1.1. Socio-demographic profile

Various studies suggest that Dhat syndrome is usually seen in young, unmarried or recently married men with conservative attitude towards sex. Patients are generally reported to belong to the lower socio-economic and educational strata (Khan, 2005); however, Kendurkar et al reviewed records of close to three decades and suggested that occurrence of Dhat syndrome was not associated with educational status or domicile (Kendurkar et al., 2008). It has been described in patients from varied religious backgrounds (Bhatia and Malik, 1991). Studies on female patients report that 32% of psychiatric and 13% of non-psychiatric (gynaecological) outpatients attributed somatic symptoms to non-pathological vaginal discharge (Singh et al., 2001; Chaturvedi et al., 1993; Chaturvedi, 1988).

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1.2. Symptoms and co-morbidities

Patients with Dhat syndrome typically present with vague somatic symptoms, weakness, lethargy, anxiety, loss of appetite and sleep, multiple body pains, sexual dysfunction, guilt and many other symptoms (Singh, 1985). However, it is not known if some of these symptoms could be of other co-morbid disorders like depression, anxiety, sexually transmitted diseases (STDs) or urinary tract infections (UTIs). Among 366 symptomatic men presenting at a rural centre in northern India, 5.5% tested positive for chlamydial and gonorrhoeal infections using highly sensitive polymerase chain reaction techniques (Gautham et al., 2008).

Dhat syndrome is frequently comorbid with other psychiatric disorders (Prakash, 2007). Depression (40%–66%), anxiety disorders (21%–38%), somatoform and hypochondriacal disorders (30%–40%) and sexual dysfunction comprising of premature ejaculation (22%–44%), and erectile dysfunction and impotence (22%–62%) are commonly reported. Other comorbid disorders reported include stress reaction, phobias, depressive psychosis, obsessive ruminations, body dysmorphic symptoms and delusional disorders (Prakash, 2007).

1.3. Perceived causes and treatments

Bad company, financial worries, reading or viewing erotic literature or pictures, excessive alcohol use, unfulfilled desires and betrayal in friendship or love (Gautham et al., 2008; Prakash, 2007) were commonly cited as reasons for the development of Dhat syndrome by patients. Other causative influences considered by patients were venereal diseases, urinary tract infections, overeating, constipation, worm infestation, disturbed sleep and genetic factors (Gautham et al., 2008; Prakash, 2007).

Dhat is commonly perceived as passage of semen and of non-infectious origin (Gautham et al., 2008). However, in a study, 18% of men believed that 'dhat' was actually pus, 12% believed it to be concentrated urine and another 12% believed it to be due to presence of sugar in urine (related to diabetes) (Bhatia and Malik, 1991).

The patients suffering from Dhat syndrome report having used various treatment modalities although the results were considered largely unsatisfactory. Such modalities include 'desi' medicines, herbs, advice of hakims/ vaids, dietary interventions, vitamin B complex tablets/ injections, antibiotics, anti-anxiety drugs, aphrodisiacs and marriage (Sumathipala et al., 2004; Bhatia and Malik, 1991).

Though a few studies have been conducted on Dhat syndrome, a number of issues remain unresolved. Dhat syndrome has not been clearly defined; e.g. loss of semen is believed to occur either through urine only (Chadda, 1995; World Health Organization, 1992a, b) or in addition through other routes/ mechanisms (e.g. anal during defecation; or as semen loss due to nocturnal emission, masturbation, homo/ heterosexual sex or pre/extramarital sex) (Balhara and Goel, 2012; Perme et al., 2005; American Psychiatric Association, 1994). Further, the nosological position of Dhat syndrome has been controversial (Prakash and Mandal, 2014a, b,c; Rajkumar and Bharadwaj, 2014; Balhara, 2011; Dhikav et al., 2008; Sumathipala et al., 2004; Jadhav, 2004; Mumford, 1996). There is no clarity as to whether Dhat syndrome is a unitary entity or it comprises sub-syndromes; whether or not it is a cultural form of a western psychiatric disorder; and, whether it should be considered a disorder or an idiom of distress (Balhara, 2011).

The current study aims to study the psychopathology of Dhat syndrome in men by using a qualitative approach and to arrive at an operational definition for diagnosing condition(s) related to Dhat syndrome.

2. Methods

In order to study Dhat syndrome from a qualitative perspective, a methodology involving Focus Group Discussions (FGD) and Key Individual Interviews (KII) was employed. A total of 5 FGDs and 5 KIIs were conducted. The groups were designed to include both the patients as well as the treatment providers. Among the treatment providers, both the traditional and allopathic practitioners were included. The allopathic practitioners included both mental health specialists and specialists from other branches of medicine (henceforth referred to as 'other allopathic medical specialists'). Two FGDs each, were conducted with ***patients*** (consisting of four and eight patients, respectively) and mental health professionals (each consisting of eight senior residents and faculty from the department of psychiatry of our institute), respectively. Another FGD was held with ***other allopathic medical specialists*** (seven senior residents and faculty members; two each from departments of Dermatology and Community Medicine, and one each from the Departments of Medicine, Surgery and Endocrinology of the institute). Written informed consent was obtained from all participants. The FGDs were held at the institute and each lasted about 2 h. At least 2 authors were present during the FGDs with roles of leading the discussion, moderating and notes taking. FGDs could not be conducted with ***traditional medicine practitioners***, as initially planned, as they opted out citing 'work commitments.' Therefore, Key Individual Interviews (KII) was conducted with three Ayurvedic and two homeopathic practitioners. All the traditional medicine practitioners had recognized degrees and were reputed practitioners. Audio recording of each session was carried out and transcripts were made. In case of FGDs, the recording was commenced on entry of the first member of the group and would be stopped only after the last person had left so that points that may have come up before the formal discussion had commenced and after it was over were also included. The key questions on which the FGDs/ KIIs were based are given in Box 1 and 2. These questions were framed based on an extensive literature review and clinical experience.

2.1. Data analysis

The grounded theory method was used to analyse the data obtained. The analysis was done independently by two different persons with differences resolved by mutual discussion. The transcripts were prepared and read over and over again along with repeated listening to the

Box 1
Questions for health professionals.

- What do your clients understand by the term Dhat?
- What are the underlying beliefs regarding Dhat syndrome?
- What constitutes a diagnosis of Dhat syndrome?
- What are the causes of Dhat syndrome?
- What are the possible symptoms of Dhat syndrome?
- What are the treatments for Dhat syndrome?
- What are the psychiatric and sexual co-morbidities of Dhat syndrome?
- Whether Dhat syndrome is a separate entity from other disorders (or not)?