

A Case of Dhat Syndrome with Borderline Personality Disorder

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ABSTRACT

Personality disorder cases exhibit varieties of abnormal sexual behaviours. The present case is exemplifying how the perception of semen loss is associated with repeated deliberate self-harm attempts.

Key words : Personality Disorder, Dhat Syndrome, DSH

Introduction

Dhat syndrome is recognized as a culture bound sexual neurosis in the Indian sub-continent since 1960 (Wig, 1960). Dhat syndrome has been reported in association with different clinical conditions like male potency disorder (Nakara et al., 1977) and depressive illness (Singh, 1981), but presentation of Dhat syndrome at the background of a personality disorder has not been reported. The present case exemplifies how the complaint of alleged semen loss complicates the psychopathic behaviours.

Case History

Master GD, an 18 year old Hindu male student of class XII from a middle socio-economic background, was brought with the complaints of difficulty in urination with passage of 'whitish discharge' (which he believed to be semen) in urine. He also complained of increase in size of the urinary aperture during urination with thorn-pricking feelings, erection of penis while observing sexual scenes in television or video, low back pain, loss of weight, loss of energy in work, nausea, vertigo, anxiety related to penile problem, low mood and recurrent 'night falls'. The whole episode started two years back and getting worse day by day.

Sexual history reveals that he developed a voyeuristic habit at the age of 14, when he began window peeping approximately twice per week on his 20 year old neighbour during her bathing. He started masturbation at the age of 13 and did on a regular basis for further 3 years. Then he stopped masturbation because of the feeling of weakness, pain in the abdomen, loss of weight and feeling of recurrent guilt.

After termination of masturbatory activity he noticed the beginning of nocturnal emissions at a rate of twice per

week. He also found difficulty in micturation with difficulty in holding urine and occasional passage of "semen" in urine. One day, he pricked his urinary aperture with a small stick as he thought his urinary aperture increases in size during micturation and thus facilitate passage of semen. Since then he felt thorny sensation over glans penis during micturation. Past medical history revealed that he had three episodes of epileptic seizures around the age of 10.

The valuable information from his parents revealed the following facts: he tried at least 10 attempts of deliberate self harm. The first attempt made 2 years back while he ingested kerosene oil out of guilt of window peeping and masturbatory anxiety. Then he made several attempts by overdose of different types of sedative-hypnotic drugs. The last attempt occurred 4 months ago when he slashed his left radial artery at the wrist. On further enquiry, he acknowledged that repeated deliberate self-harm attempts were out of frustration of semen loss that leads to loss of weight and energy at work. He had a fascination of buying different vitamins and appetizer tonics to gain weight.

The Mental State Examination revealed depressed mood and anxiety related to whitish discharge (semen) in urine. He fulfilled the criteria for border line personality disorder on Self Harm Inventory (SHI, Sansone et al., 1998) and Personality Disorder Questionnaire-4 (PDQ-4) scales. The laboratory investigations including an EEG were all within normal limits.

He was treated with Sertaline 50 mg daily with Alprazolam 0.25mg twice daily and Sodium Valproate 300mg twice daily along with insight oriented psychotherapy and counselling by a psychologist. He showed some improvement of depressed mood while significant reduction of semen anxiety at 8-week follow up.

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Discussion

Varieties of sexual behaviors are not uncommon in Personality Disorder. The present case shows how the cultural semen-values shape the clinical presentation (over concern with weight, look and cognition of alleged semen loss and loss of vigour) coupled with sexual guilt led to develop the emergence of Dhat syndrome in this case. In turn it helps to generate a pathoplastic effect in terms of depression and deliberate self harm attempts. So, detailed and in-depth history elicitation of the repeated deliberate self harm attempts in case of Personality Disorder is clinically useful to understand the phenomenological progression of the maladaptive behaviors and to reduce the preventable loss of life.

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