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DHAT SYNDROME IN A FEMALE- A CASE REPORT

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ABSTRACT

Dhat syndrome is a commonly diagnosed disorder in Indian male patients. Patients present with various physical and mental symptoms which are attributed to the passage of "Dhat"(commonly semen) in urine. A case of an adult female is described who presented with complaints of aches and pains, headaches and poor concentration which she attributed to "wetness" experienced per vaginum during sexual intercourse. Arguments are presented for the existence of "Female Dhat Syndrome"

Key words: Dhat syndrome, female

Dhat syndrome is a culture bound sex neurosis commonly diagnosed in Indian culture (Bhatia & Malik,1991; Bhatia & Choudhary,1998). Patients present with vague symptoms of weakness, fatigue, palpitations, loss of interest, headaches, pain in epigastrium, forgetfulness, constipation etc.(Bhatia & Malik,1991; Bhatia & Choudhary,1998; Singh,1985). They attribute these symptoms to their belief of passing of semen (Dhat) in urine as a direct consequence of either excessive indulgence in masturbation or sexual intercourse (Bhatia & Choudhary,1998; Bhatia et al.,1997).

A prototype patient is likely to be a married or recently married male, of average socio-economic status, coming from a rural area and belonging to a family with a conservative attitude towards sex (Bhatia & Malik,1991; Akhtar,1988;Behera & Natraj,1984).

Patient's knowledge and attitude towards sexual processes which is coloured by information from friends, colleagues or relatives and lay magazines is a major aetiological factor behind manifestation of this syndrome (Bhatia & Malik,1991). Patients regard semen as a precious and vital component of the body which is made out of blood. Its loss is believed to lead on to loss of vitality and hence various symptoms (Bhatia & Choudhary,1998).

Chaturvedi et al.(1993) argued for a similar syndrome in females. In a controlled study in a psychiatric outpatient clinic, they found 53% of female psychiatric patients (with predominant somatic complaints) and 13% of normal healthy women, to harbour the belief that passing non-pathological whitish discharge per vaginum was harmful to their health. They believed that the discharge was responsible for their symptoms. The authors pointed out that in many such patients, vaginal discharge had an etiological notion, as loss of "Dhatu"(vital fluid). It was regarded as a medium of communication about health related issues and an understandable explanation for somatic complaints. The authors regarded these symptoms as some sort of signal about issues related to sexuality. But by drawing a corollary between symptoms and their attribution, a suggestion for "Female Dhat Syndrome" was made.

Here we report a case of a 23 year-old

housewife who presented with what might be termed as "Female Dhat Syndrome".

CASE REPORT

K.K., a 23 year old matriculate housewife from middle socio economic, Sikh nuclear family of urban background presented to our outpatient clinic with complaints of weakness and vaginal discharge for the last 3 years and "fear" of sex of 6 months duration.

Before marriage, patient hailed from a conservative joint family of rural background where open discussions about sexual topics were discouraged. She never masturbated and had no history of premarital sexual contact. She regarded sexual intercourse as a shameful and painful activity.

At about 20 years of age, she started feeling 'wetness' in the vagina whenever she thought of the act of sexual intercourse or on occasions spontaneously too. She did not report any foul smelling discharge or local itching. She started thinking that she was losing something vital. She also complained of weakness and "swelling" of the body, for 1-2 days after such experience. Within the next 1-2 months, she developed aches and pains throughout the body, headaches and poor concentration. She would attribute these symptoms to the 'wetness'. She started remaining constantly preoccupied with these symptoms and hence anxious.

The patient got married at the age of 22$^{1/2}$ years. From the first day of marriage, any thought of sexual intercourse or initiative to this effect by the husband led to intense anxiety with autonomic symptoms lasting for 15-30 minutes or as long as sexual intercourse lasted. Though she reported adequate sexual desire, she participated minimally in the act. She would complain of mild to moderate pain during the initial part of intromission. She always complained of weakness after the act and would attribute it to ' wetness' she had during intercourse. After about 3 months of marriage, her complaints of pain and anxiety during intercourse decreased considerably but other complaints continued as before. As a result, she started remaining sad thinking that she would get weaker and weaker and will not be able to work normally. She sought help in gynaecological outpatient department. A detailed gynaecological evaluation including a vaginal swab examination did not reveal any obstruction or infection. Her routine investigations (including hemogram, routine urine examination) revealed no abnormality. She was referred to psychiatry outpatient henceforth.

A diagnosis of Dhat syndrome (Other Neurotic Disorder-F 48.8 as per ICD-10, WHO,1992)with Non-organic Dysparuenia (F 50.0) was kept after detailed evaluation in the Marital and Psychosexual Clinic of the Department of Psychiatry. She had a knowledge score of 8(out of 35) and attitude score of 27 (out of 60) on Sex Knowledge and Attitude Questionnaire (Avasthi et al.,1992). She had poor knowledge in areas of menstruation, masturbation, sexual desire, anatomy and physiology of the female reproductive system and pregnancy. She also held a negative attitude towards premarital sex and sexual education to youngsters.

She was counselled about anatomy and physiology of female reproductive system, physiological changes in the body during the act of sexual intercourse and the role of anxiety in the experience of pain during the act. She was educated about the formation, usefulness and non-harmful nature of vaginal secretions. She expressed some relief in her symptoms, but dropped out of follow-up.

DISCUSSION

Normal vaginal discharge is due to secretions of various glands in the female genital tract and transudation from the vagina. The discharge is white to creamy when fresh and when dried, leaves a brownish yellow stain on clothing (Tindall,1997). It is non offensive in smell and contains of fluids, mucus,epithelial debris, electrolytes, proteins and lactic acid. Its quantity particularly increases during masturbation and sexual intercourse due to secretion from the

Bartholin's glands. Pathological discharge, on the other hand is mucopurulent to frankly purulent,cream to yellowish in colour, offensive in smell and microscopy reveals the presence of pus cells (Tindall,1997).

Vaginal discharge has been referred to be used by women as a medium of communication about health issues particularly sexuality (Chaturvedi et al.,1993) while describing "Dhatu" in "Dhat syndrome", Behera & Natraj (1984) had pointed out that the word "Dhatu" appears to have become synonymous with "semen". Originally, in the Indian system of medicine, seven types of "Dhatu" were described (semen being one of those, the most precious). It was believed that disturbances in any one of these could lead to increased susceptibility to physical or mental illnesses (Behera & Natraj,1984). It appears that perhaps due to overemphasis on "semen", focus on other bodily fluids regarded as vital was lost.

In the index case, the patient regarded vaginal secretion as loss of vital fluids and attributed her physical and mental symptoms to it. The patient's conservative background and lack of knowledge of normal human reproductive physiology seem to have contributed significantly to her belief. Her apprehension of sexual intercourse and resultant anxiety and pain (in the presence of normal sexual desire) appears to be evidence of her conviction of the belief that she indeed regarded these fluids as vital (as "treasured" fluid was further lost during the act). A part of it was contributed by the previously held beliefs of intercourse being a painful act.

Spontaneous relief of pain and anxiety due to the act of intercourse seem to have resulted due to her relieved apprehension on "exposure". But she continued to hold her earlier held beliefs.

What we are arguing here is a case of the female counterpart of the typically described "Dhat Syndrome". The patient's socio-demographic background, sexual knowledge and attitude fit into a prototype patient of Dhat Syndrome, as did the improvement. Unfortunately the patient did not follow up for long so as to give a better idea of her improvement.

Dhat Syndrome is a useful diagnostic entity in the Indian subcontinent(Bhatia & Malik,1991). Its validity now has been established by its inclusion under "Other specified neurotic disorders" in the ICD-10 (WHO,1992). Understanding "Dhat Syndrome" from its phenomenological aspects with the focus on "Dhatus" other than semen alone and hence irrespective of gender would provide a much better idea about this syndrome.

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