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## **Dhat syndrome in women-a case report and need for inclusion**

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### **Abstract**

**Introduction:** A culture bound syndrome encountered in South-east Asia, the Dhat Syndrome typically describes males with psychosomatic symptoms, anxiety, depression, hypochondriasis or sexual problems attributing it to seminal loss. A similar illness has also been recorded in females complaining of vaginal discharge. However the literature related to it is sparse.

**Case Summary:** This case study describes a 39-year old lady with symptoms identical to Syndrome. She improved with anti-anxiety medications and psychoeducation with supportive management.

**Conclusions:** Dhat Syndrome in females is not uncommon and is similar to the original syndrome occurring in males. It is important to do away with the restrictive diagnostic criteria employed to allow diagnosis of this disorder in females as well.

**Keywords:** dhat syndrome-vaginal discharge-leucorrhoea-lethargy and fatigue-culture bound syndrome-anxiety and depression

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### **Introduction**

Dhat Syndrome is a culture-bound syndrome known in the Indian subcontinent<sup>[1]</sup>. It is common in India. It has been classified by both ICD-10 and DSM-5 as a neurotic disorder<sup>[2,3]</sup>. Patients with Dhat syndrome may have depression, anxiety, nonspecific somatic symptoms, sexual dysfunction, fatigability, and impairment of concentration<sup>[4]</sup>. The patient attributes these symptoms to semen loss in urine, and less commonly in stools. The typical profile of a patient with Dhat Syndrome is a young adult male from a lower socioeconomic background<sup>[5]</sup>.

Reports of Dhat Syndrome in females is known but limited. Chaturvedi in 1988 had described the entity as “psychasthenic syndrome associated with leukorrhea”<sup>[6]</sup>. Psychological context to leucorrhoea in South-east Asia has been explored by Patel<sup>[7]</sup>. The beliefs and role of management in these cases is same as in males with Dhat Syndrome. Of vaginal discharge in South-east Asia is considered ‘abnormal’<sup>[7]</sup>. These negative beliefs may have contributed to the prevalence of this syndrome in the female population. This case report highlights a middle-aged woman whose beliefs were centred around persistent whitish discharge per vagina.

### **Case Summary**

A 39-year old married lady, homemaker and belonging to a lower socioeconomic status, was referred for psychiatric evaluation. She had been experiencing whitish discharge per vagina for 20 years. She was concerned with the discharge and had showed multiple faith-healers and doctors but with no improvement. She had undergone elective hysterectomy 2 days before the referral. As she was preoccupied by whether her symptom would resolve post-surgery, etizolam 0.25 mg twice daily was prescribed for 1 week.

She was seen again after 2 weeks when she reported fatigability and lethargy throughout the day. She mentioned that the

symptoms had reduced after surgery but had increased to previous levels for the last 1 week. She had continued to experience leucorrhoea even after hysterectomy. She believed that her fatigue and lethargy were due to the discharge and that those could be ‘cured’ by restoring her vitality through control of leucorrhoea.

Complete blood examination, urine examination, thyroid profile, renal function and ultrasound of abdomen were normal. No abnormalities were detectable on Pap smear. She was diagnosed with Dhat Syndrome and started on sertraline 25 mg once daily while etizolam was continued. She obtained a score of 11 each on depression and anxiety on Hospital Anxiety and Depression Scale (HADS)<sup>[8]</sup>, which was significant for both the entities. Discussion of female reproductive organs and the significance of leucorrhoea were discussed in one session. The patient was reviewed after 2 weeks when her symptoms had reduced to fifty percent. Her scores for anxiety and depression on HADS had reduced to 3 each. She was lost to follow up after that.

### **Discussion**

The word ‘dhat’ is derived from Sanskrit ‘dhatu’. One of its meanings is ‘elixir’<sup>[9]</sup>. In South-east Asia it is widely believed to be originating from bone marrow and responsible for maintaining vigour and vitality. These notions may create worries in patients bothered by a perceived loss of semen or vaginal secretions<sup>[1]</sup>.

A female equivalent of Dhat syndrome has previously been reported in various studies from South Asia. A study on reproductive age females found that 40% female’s complaint about vaginal discharge and 32% of these patients attribute their somatic symptoms to vaginal discharge<sup>[10]</sup>. Chaturvedi *et al.*, in their study noted that females with somatic symptoms increasingly (3.5 times than normal healthy women) misattribute their symptoms to physiological vaginal discharge<sup>[11]</sup>. Patel *et al.* reported that females in the reproductive age attribute

psychosocial stressors to be the cause of vaginal discharge<sup>[12]</sup>.

Trollope-Kumar found excessive and unexplained genital discharge to be concerning for women as well. They may present with complaints of 'safed pani' (white water), 'dhatu' or 'swed pradhar'. They tend to associate loss of genital secretion with progressive weakness in the body. Other vague somatic manifestations in the form of burning hands and feet, dizziness, backache and weakness have also been reported<sup>[13]</sup>. Syndromal anxiety or depression along with hypochondriasis and sexual problems may be diagnosed these cases<sup>[14]</sup>.

In the index case, significant anxiety and depression was evident from Hospital Anxiety and Depression Rating Scale. The patient also had concern about vaginal discharge and fear of it being associated with her symptoms. It was understandable that her concerns arose from her beliefs in losing 'dhatu' through discharge and its possible impact on her health. Thus, it fits into the diagnosis of 'Dhat Syndrome'.

Men complaining of semen loss usually share similar sociodemographic and clinical characteristics with women preoccupied with vaginal discharge. The management for both sexes in these situations is similar. These women need supportive counselling and focussed psycho education explaining normal structural and functional aspects of genital system alongside clearing myths related to sexuality for treatment<sup>[10]</sup>.

Using restrictive diagnostic criteria (exclusively considering the passage of semen under Dhat syndrome) leads to the diagnosis in these females being classified elsewhere. Hence it is important that the word 'semen' in diagnostic criteria be replaced in favour of 'genital discharge'.

## Conclusion

Evolving the operational definition of 'Dhat Syndrome' will help in proper identification of this entity in females and would pave the way for further research in this area. The volume of literature on Dhat Syndrome in women is still scarce. So, there lies a need to develop treatment modules for this disorder to reduce morbidity. As most of these patients have comorbid anxiety, depression or sexual disorders it is important to evaluate for them and rule them out.

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