

# Dhat Syndrome as a Manifestation of a Culture-Bound Syndrome - A Case Report

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**Objectives:** Dhat syndrome is one of the culture-bound syndromes related to fear of death due to loss of semen, common in India but extremely rare outside of India. This case report looks at a rare case of Dhat syndrome that presented to a primary care physician in Malaysia. **Methods:** This case report depicts the treatment approach used in this culture-based syndrome as compared to other culture-based syndrome such as Koro syndrome which is common in China and Southeast Asia. **Results:** The management in this case was mainly non-pharmacological, with reassurances, support and counselling given regarding the benign nature of this illness. **Conclusion:** Dhat syndrome management is challenging and may need a combination of both pharmacological and non-pharmacological treatment, including drugs, psychotherapy and counselling.

**Keywords:** Dhat Syndrome, India, Malaysia, Rare, Fear of Death

## Introduction

Dhat syndrome is a culture-related illness found mainly in India, in which patients complain of multiple somatic symptoms, related to unintended loss of semen<sup>1-3</sup>. The Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV) Appendix lists Dhat syndrome as a culture-bound syndrome. The International Classification of Diseases 10 (ICD-10) classification meanwhile lists it under "other specific neurotic disorders". Culture-bound syndrome or culture-specific syndrome is considered as the presence of psychiatric and physical symptoms with no objective abnormal findings, which are accepted as a disease

in a specific society or of people with the same cultural identity, while others do not recognize it as the same. This originates from concept of disorders that can vary between cultures or occur across many cultures but are expressed differently<sup>1</sup>. This means that what is considered as a psychiatric disorder under Western worlds' definition is considered as a culturally acceptable norm under some non-Western culture<sup>1</sup>. Symptoms of Dhat syndrome includes lethargy, fatigue, poor concentration, anxiety and low mood, all related to the ultimate fear of death<sup>1-3</sup>. It has been linked to be similar to other functional somatic syndromes such as chronic fatigue syndrome which also presents with many non-specific clinical features, which is very common in the western

hemisphere and rare in the eastern hemisphere<sup>4,5</sup>. The fear of death originates from the belief that semen just like blood, is an essential element in the human body<sup>4</sup>. Therefore loss of blood as well as semen invokes a feeling of succumbing to death<sup>4</sup>.

Thereby, this case report will look at Dhat syndrome which is common in the Indian subcontinent, its presentation and treatment as compared to another similar culture-bound syndrome known as Koro syndrome which is common in Southeast Asia and China.

## Case Report

A 32-year-old Indian man presented to the primary care clinic extremely anxious complaining of fear of death secondary to unintended loss of semen. He had noticed his underwear was stained with semen the last two days. He feared for his life as he recounted hearing tales of man dying after such occurrence. He also complained of fatigue and body ache.

The patient never had these symptoms before. He was unmarried with no history of sexual promiscuity. He had no other symptoms to report. He was from India and had worked in Malaysia for two years as a restaurant helper. Physical examination revealed normal vital signs and systemic examination including a normal mental state and genitalia examination.

No investigations were ordered. A diagnosis of Dhat syndrome was made. Patient was reassured about the benign nature of his illness and given advice to practice healthy lifestyle behaviour along with relaxation therapy. He was advised to come back if his symptoms are persistent or worsening. A phone call was made to the patient a few weeks later, where he reported that he has a better understanding of this normal phenomenon of semen expulsion and no longer had his fear of death due to this phenomenon. He was reassured once again, and advised to come back if the symptoms recurred.

## Discussion

Common associating factors for Dhat syndrome include people of Indian origin, from lower socio-economic status, young, recently married and belonging to family with more conservative manner towards sex<sup>2</sup>. Similar cases have also be seen in other countries with different names, e.g. "shen-k'uei" in China<sup>2</sup>. Nevertheless, it is rarely seen outside of India, is even more rare in Malaysia.

Another similar syndrome is Koro syndrome. It is also a culture-bound syndrome manifested, by an acute and intense anxiety levels, accompanied with symptoms of penile shrinkage or its retraction into the abdomen, that will ultimately lead to death<sup>6</sup>.

In a study done in India in early 20<sup>th</sup> century, it was reported that the most frequent presenting symptoms of Dhat syndrome were weakness (71%), fatigue (69%), palpitations (69%), and sleeplessness (62%)<sup>4</sup>. The patient in this study also had other psychiatric symptoms found among Dhat syndrome sufferers, namely common depression and anxiety, while other sufferers also having premature ejaculation<sup>4</sup>. Therefore, common primary psychiatric illnesses such as anxiety and major depression may co-exist with this syndrome or may be the hidden agenda in patients presenting with this syndrome, thereby necessitating treatment of this primary psychiatric illness.

A full systemic examination including genitalia and detailed mental state examination is mandatory. The treating physician should be able to recognize culture-bound syndromes such as Dhat syndrome and aim to manage it holistically taking into account its physical, emotional and social consequences such as depressive or anxiety symptoms, fear of death and impairment in performing their social obligations such as their job or daily activities. The presence of co-morbidities described above require targeted therapy towards the respective co-morbidities. For Dhat syndrome per se, a multimodal treatment approach is recommended, including the use of emphatic, non-confrontational counselling techniques with attempts at correction of the false belief, psychotherapy and use of anxiolytics or antidepressants, if required<sup>2</sup>. The most effective mode of treatment based on intervention studies include a cocktail of relaxation therapy, sex education and medications if necessary<sup>2</sup>.

In comparison, the etiological cause will determine Koro syndrome's treatment. It has a strong association with neuropsychiatric disorders such as depression and schizophrenia. This will necessitate the use of antidepressant and/or antipsychotic treatment that has been successful in most cases<sup>6</sup>. Thereby psychosis may be a leading etiological cause in Koro syndrome as compared to anxiety in Dhat syndrome, thereby necessitating different treatment approaches with antipsychotics and anxiolytic, respectively.

Prognosis remains excellent, with this condition completely treatable if diagnosed accurately and over medicalization avoided.

### Conclusion

Culture-bound syndromes are destined to cross into territories where they are unknown and unrecognized, with the rapid economic change that encourages the use of foreign labour. All physicians should empower themselves with knowledge of such rare conditions, to enable proper diagnosis and early treatment. As is best said "the eyes can only see what the mind knows".

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### Conflict of Interest

The author has no conflict of interest.

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