



Research Article

CASE REPORT OF DHAT SYNDROME INDUCED PSYCHOSIS: A SEMEN LOSS SYNDROME RELATED TO PSYCHOLOGICAL DISTRESS

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ABSTRACT

Dhat syndrome is defined as “semen loss” associated to psychological distress. Dhat syndrome mainly seen in the natives of Indian subcontinent. It is usually manifested as somatic and psychological symptoms such as fatigue mood state., lack of interest, loss of appetite, lack of strength, lack of concentration, dementia. There may be presence of psychological and sexual dysfunction. In this case study a 24years male patient was admitted to the hospital with complaints of loss of semen in urine since 6months, premature ejaculation, increased sleep, delayed response when the patient is called. Patient was diagnosed with “Dhat syndrome”. Patient was treated with antipsychotics & antidepressants and multivitamins. Patient was discharged after relieving of symptoms and clinical pharmacists have done patient counselling for better quality of life.

Key words: Culture bound syndrome, psychological distress, premature ejaculation, Dhat syndrome, management.

INTRODUCTION

The word “Dhat” was originated from Sanskrit language, which means constituent part of the body. Traditionally it was described as passage of semen in urine ⁽¹⁾. Apart from India it is also prevalent in other countries.” Dhat syndrome is manifested as somatic symptoms of fatigue, weakness, anxiety, lack of hunger and feeling of guilt due to semen loss at night times⁽²⁾. As result of which seminal loss makes the individual into developing a sense of fear if a single drop of semen is lost, thereby producing a series of psychological symptoms. ⁽³⁾.

Etiology

Dhat syndrome is mainly found in Indian subcontinent when compared with other sub continents with reports of male patients suffering from premature ejaculation along with impotence, and the belief that they are passing semen in their urine ⁽⁴⁾. Most of the patients were at the age of less than 30, recently married, economically poor, the criteria of patients include student, laborer or farmer by occupation, from rural area and from family with limited knowledge and attitudes towards sex ^(5,6).

Epidemiology

Dhat syndrome is mostly seen in India and also prevalent in western world including Europe, USA and Australia^(7,8). The most commonly prevalent symptoms include erectile dysfunction and sexual dysfunction followed by depressive neurosis, anxiety

neurosis somatoform/hypochondriasis disorders in the patients having diagnosis of Dhat syndrome ^(9,10).

Symptoms

Mostly seen in young males and it may be also seen in females reporting excessive vaginal discharge. Premature ejaculation and impotence are major symptoms. Other symptoms include weakness, fatigue, palpitations, lack of sleep, lack of mood, guilt and anxiety. ⁽¹¹⁾. Three categories are seen in dhat syndrome .

- Dhat alone with no other symptoms
- Dhat with depression and anxiety
- Dhat with sexual dysfunction. ⁽¹²⁾

Treatment

The standardized treatment package for single males presenting with Dhat syndrome mainly includes sex education and relaxation exercises ⁽¹³⁾.

Treatment for depressive symptoms

The depressive symptoms of dhat syndrome can be minimized by selective serotonin reuptake inhibitors in addition with regular patient counseling ⁽¹⁴⁾.

Treatment for psychotic symptoms

Treatment for psychological symptoms depends particularly on regular personal interaction, to help a person overcome problems in

desired ways. Psychotherapy mainly concentrates on improvement of an individual's well-being and mental health, and to improve the social skills⁽¹⁵⁾.

CASE STUDY

A patient of 24 years old male was admitted in MNR hospital, Sangareddy, Telangana, India, with complaints of loss of semen in urine since 6months, increased sleep, delayed response on being called and premature ejaculation.

History of present illness

Patient was asymptomatic 6months back, then he developed premature ejaculations, and loss of semen in urine, and increased sleep, and delayed response and exhibited multiple somatic and psychological complaints such as fatigue, listlessness, loss of

appetite, lack of physical strength, poor concentration, forgetfulness.

Personal history

Patient is slightly abnormal, lack of interest in work, and lack of appetite, non-alcoholic and non- smoker.

Physical examination

At the time of admission, his body temperature was normal, blood pressure was 110/70 mm of Hg, pulse rate was 80/min, and respiratory rate was 18/min.

The vitals were observed to be blood pressure of 100/70 mm of Hg, temperature of 98 F, pulse rate was 74/min.

Therapy

S.no	Brand name	generic name	ROA	frequency	Dose
1)	T.Depsonil	Imipramine	Oral	OD	25mg
2)	T.Cita-s	Escitalopram	Oral	OD	10mg
3)	T.Clonam-IR	Clonazepam	Oral	OD	0.5mg
4)	T.Popzole-Dsr	Pantoprazole	Oral	OD	40mg
5)	Inj:Primecobal	Mecobalamin+Folic acid+ α -lipoic acid+pyridoxine	IM	OD	1000mg
6)	T.Sermind	Sertraline	Oral	OD	25mg
7)	T.Levodox	Levofloxacin	Oral	BD	500mg
8)	T.Bplex forte	Multivitamin	Oral	BD	-
9)	T.Olzic	Olanzapine	Oral	OD	5mg

T: Tablet inj: Injection

Therapy description

After admission on 1st day patient was first treated with T.depsonil which increases the activity of serotonin in the brain, which is important for mood regulation and social behavior. Followed by T.cita-s 10mg OD oral enhance the activity of gamma aminobutyric acid (GABA), the major inhibitory neurotransmitter in the central nervous system and T.clonam-IR 0.5mg OD oral, given for patient to induce sleep and followed by T.popzole-dsr 40mg OD (for controlling gastric irritation), and Inj: primecobal (mecobalamin+folic acid+ α -lipoic acid, pyridoxine) 1000mg IM OD, is given to the patient in order to regulate the level of brain neurotransmitter serotonin which is important for mood regulation. These drugs were continued for the next four days and patient was monitored by the clinical pharmacist and 2 sessions of patient counselling were done by the clinical pharmacists including patient sex education, and relaxation exercises.

On 5th day patient was treated with T. sertraline 25mg OD, which increases serotonin level in the body which was given at night time and Levodox 500mg BD, which is used to treat bacterial infections in urine. T.olzic 5mg OD is used to treat certain mental/mood conditions and reduce the hallucinations. Same treatment was continued for 6th&7th day. Patient was monitored by the clinical pharmacist and 2 sessions per day of patient counselling were done by the clinical pharmacists including patient sex education and relaxation exercises

On the 8th day patient was observed to be asymptomatic with improved response, same treatment was continued for 9th, 10th, 11th day. Patient was monitored by the clinical pharmacist and 1 session per day of patient counselling was done by the clinical

pharmacists including patient education about sex and relaxation exercises.

On 12th day, patient was found to be completely stable and free from mood disturbances with improved and immediate responses. So patient was discharged with discharge medication and summary was recorded after performing discharge counselling by the clinical pharmacists.

DISCUSSION

Physician should spend enough time to provide information to the patient about the current understanding of the patient about his/her symptoms of Dhat syndrome along with the role of various treatment modalities, including both physical and psychological. Accordingly, the treating therapist should enquire from the patients about their expectation from the treatment and those patients who have an impression that only drugs can reduce their disease may be prescribed with a placebo like a vitamin supplement. In case of busy schedule of physicians the clinical pharmacists should take the lead role to spend quality time with the patient for assessment of sexual knowledge and attitude towards Dhat syndrome of the patient and to provide necessary patient counselling.

CONCLUSION

Dhat as a syndrome is important for assessment of psychosexual problems, symptoms usually can be prevented if the wrong beliefs about semen loss are treated with proper sex education and relaxation exercises. Clinical pharmacists should play a key role in preventing misconception about Dhat syndrome by performing

repetitive patient counseling sessions including special counseling techniques related to sex education and relaxation exercises.

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