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A case of Dhat-Koro syndrome treated by homoeopathy

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Abstract

Dhat syndrome is described as a culture bound syndrome (CBS) and it is characterized by undue concern about the debilitating effects of the passage of semen. It may cause intense weakness, anxiety and low mood with reduction in their normal functioning. Here we presented a case of a 20yrs old male patient who came to OPD of National Homoeopathy Research Institute in Mental Health, Kottayam with involuntary passage of semen at night with intense weakness of body and fear that he will die soon. He attributed all his somatic complaints to seminal loss and he says that his genital organs would fall down if it is not supported and he could die soon. He was treated with homoeopathic medicine Staphysagria-1M. Got marked improvement in physical and mental symptoms within 3 months of treatment. As we all know, homoeopathic medicines are effective in treating diseases which arise from emotional causes. This case report shows the effectiveness of homoeopathic medicine in Dhat-Koro syndrome.

Keywords: homoeopathy, Dhat-Koro syndrome, staphysagria

Introduction

Dhat syndrome is a culture-bound neurosis quite common in the Indian subcontinent. The word Dhat' has been derived from the Sanskrit word Dhatu', meaning the elixir that constitutes the body ^[1]. Passage of a whitish discharge with urine is described as Dhat', believed to be semen by the patient, although there's no objective evidence of such discharge. Consequently, any whitish discoloration of urine, which is usually due to high oxalate and phosphate content or secretions from bulbourethral glands, get misinterpreted as semen loss by the patients ^[2, 3, 4]. Often several other factors such as masturbation, nocturnal emissions, premarital sexual intercourse, excessive sexual drive & excessive sexual intercourse are perceived by the patients to cause semen loss ^[5]. Culture-bound syndrome is a term used to describe the uniqueness of some syndromes in specific cultures. Dhat (semen-loss anxiety) has been considered to be an exotic 'neurosis of the Orient' ^[6]. Culture-bound syndromes were seen as causing little damage to humanity, although they might cast light on important but little-understood aspects of human functioning. These syndromes were considered to be rare and exotic: they consisted of unpredictable and chaotic behaviors, and the sufferers were seen as uncivilized ^[7].

Dhat is commonly a clinical presentation of young male patients who attributes their various symptoms to semen loss. Indian Dhat syndrome which is symptom complex most commonly seen in younger group of patients in between 16 to 23 years of age ^[8]. Young people often lack clear knowledge about various phenomenon related to sexuality. The ignorance, unclear information or misinformation leads to development of excessive concern related to the loss of semen ^[9]. Patient may present with diverse symptoms like anxiety, weakness, fatigue, weight loss, impotence, other multiple somatic complaints and depressive mood. In such a cultural belief, the sexual excess causing Dhat disorder, it is quite understandable that patients report their Dhat syndrome to be due to reading erotic literature or pictures, watching pornographic movies, unfulfilled longings or desires, bad company, premarital or extramarital affair, homosexuality, increased frequency of heterosexual sex, betrayal in love, black magic by wife, intercourse during menstruation, and bad habits like alcoholism ^[10]. It is important to learn that this anxiety around seminal loss is not only prevalent in the Indian subcontinent but also in the Western world. From the times of Hippocrates and Aristotle, semen is considered an extremely important part of the body. "Sperms are the excretions of food or to place it more clearly, the foremost perfected component of food" (Aristotle, 384-

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322 B.C). Andrew Tissot (1728-97) commented in his treatise on the disease produced by onanism that losing one ounce of sperm is more debilitating than losing 40 ounces of blood. His statement seems to be closer to the Indian myth^[11]. Koro, one of the least known culture-bound syndromes of Southeast Asia, is characterized by complaints of genital hyper involution and fear of impending death^[12].

It comes under other specified neurotic disorders (F48.8) in ICD-10^[13] and under culture bound syndrome in DSMV^[14]. This belief is more frequent in lower socioeconomic classes. The susceptible individual responds to the prevalent belief system and to the fears of semen loss. It is expected that with increasing literacy and progress in sex knowledge the syndrome will become less common^[15]. The information received from various sources in the pursuit of knowledge and help influences the person's distress, thereby shaping the clinical presentation further. The treatment-seeking patterns in patients with 'Dhat syndrome' are diverse and similar to other psychiatric problems they follow a variety of pathways before reaching mental health professionals^[16, 17].

Case Proper

Mr. VV, 20 yrs. male patient visited psychiatry OPD of National Homoeopathy Research Institute in Mental Health with complaints of involuntary ejaculation at night followed by backache (18-20 times in a month), disturbed sleep, loss of appetite and thirst, loss of interest in talking, reduced self-confidence and weakness of body for 5years. His complaints got aggravated since the last 3 months with a sensation as if his penis would fall down if not supported and he will die soon. Complaints of fear and anxiety started when he was studying in 10th standard. Patient said that he had involuntary passage of semen at night in bed. Regarding that he felt intense anxiety and stress. This complaint got aggravated when he was studying for degree. He was very much afraid of this and thinks that he became weak after this complaint started. He had some changes in behavior such as fear, social withdrawal, low mood, palpitation and anxiety. He had increased weakness and exhaustion along with anger and irritability. Took treatment from a psychiatrist and diagnosed as Depression. But he doesn't have any relief. He has a history of Chickenpox at the age of 4 years. His Father has HTN, DM and TB Spine. His childhood was uneventful. All milestones were attained in proper time. No neurotic traits at childhood. He was good in studies up to 10th standard. During that period, he had an emotional disturbance due to love failure, which affected his academic performance and social interaction. He used to watch porn videos occasionally in mobile phone and had masturbatory behavior also. He thinks that his complaints have started due to this habit. In his premorbid personality,

he was very reserved, submissive and sensitive to what others say about him. He has desire for pungent things. Thermally he is chilly. Nothing abnormal was detected on General physical examination.

Mental status examination

General appearance and behavior: Patient was conscious and co-operative, neatly dressed and well kempt. Hair combed. Used to hold his genitals occasionally due to fear that it will be fall down if not supported. IPR (Interpersonal relationship)-Average. EEC (eye to eye contact)-maintained. PMA (Psychomotor activity): Normal. Speech: Relevant with normal volume, tone and reaction time. Affect: Appropriate, Congruent, average range, stable. Mood: Anxious and Depressed. Thought: Flow: Normal; Form: NAD (flight of ideas, prolixity, circumstantiality's, tangentiality, illogicality or irrationality not detected); Content: Thinks that his penis will fall down if not supported and will be dying soon. Possession of thought: thought echo, thought broadcasting, thought insertion or thought withdrawal not detected. Perceptual disorders: No hallucinations or illusions. Orientation: To time, place and person is preserved. Memory: Immediate, recent and remote: Adequate. Attention & concentration: Sustained and maintained. General information & intelligence: Adequate. Abstract thinking: Normally maintained. Judgment: Social judgment and test judgment: Adequate. Insight: Present (Grade 3)

Diagnosis and Assessment

Case was diagnosed under other specified neurotic disorders (F48.8) as per ICD-10 by the Consultant Psychiatrist at NHRIMH. Assessments were done with Hamilton Depression and Anxiety rating scales at baseline and during subsequent follow ups of 1st and 3rd months (given in Table-1). Follow up of the case given in Table-2.

Table 1: Scoring on Hamilton Depression and Anxiety rating scale

Scales	Baseline	1 st month	3 rd month
HAM-D	20	5	2
HAM-A	22	6	2

Totality of the case

1. Ailments from sexual excess
2. Reserved
3. Submissive
4. Sensitive to opinion of others
5. Sadness due to involuntary ejaculation
6. Involuntary Ejaculation at night.
7. Desire pungent things
8. Back pain after involuntary ejaculation.

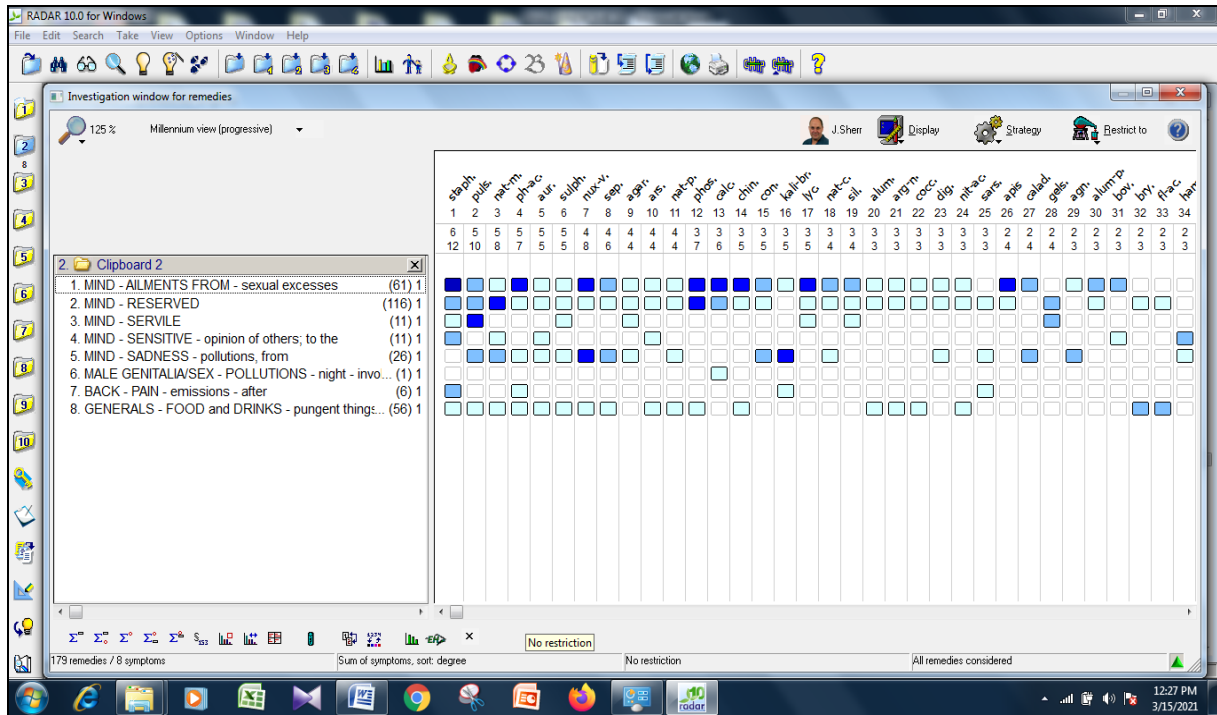


Fig 1: Repertorisation Chart.

First prescription with justification

Staphysagria 200 /1D was prescribed based on reportorial totality. Repertorization was done with RADAR

software.200thpotency was prescribed according to susceptibility of the patient, nature of the medicine and disease, followed by placebo for 30 days.

Table 2: Prescription with follow-up

Follow up date	Indications for prescription	Medicine with potency and dose
08/01/21	<ul style="list-style-type: none"> Sensation as if his penis would fall down if it is not supported- markedly reduced. Fear that he will die soon is reduced than before. Anxiety and sadness reduced. Self-confidence – Improved Frequency of Spermatorrhora got reduced (only 6 times in last month after taking medicine). Weakness of body reduced. Appetite improved. Started mingling with others. Sleep – Improved. 	Placebo
10/02/21	<ul style="list-style-type: none"> Sensation as if his penis would fall down if it is not supported -absent Fear that he will die soon- absent Anxiety and sadness -absent Self-confidence – Good. Frequency of Spermatorrhoea got reduced (only once in the last month). Weakness of body reduced. Mingling with others –Good. Appetite –Good. Sleep- Good 	Placebo
19/03/21	<ul style="list-style-type: none"> Anxiety slightly present. Spermatorrhoea–present daily for last one week Weakness of body Appetite –good Sleep- Good 	Staphysagria 1M/1D
23/04/21	<ul style="list-style-type: none"> Sensation as if his penis would fall down if it is not supported-absent Spermatorrhora- Nil Weakness of body –Nil Mingling with others -Good Anxiety and sadness -Nil Self-confidence – Good Appetite –Good Sleep- Good 	Placebo
23/06/21	<ul style="list-style-type: none"> Sensation as if his penis would fall down if it is not supported-absent Fear that he will die soon- Nil 	Placebo

	<ul style="list-style-type: none"> ▪ Spermatorrhea- Nil ▪ Weakness of body – Nil ▪ Mingling with others - Good ▪ Anxiety and sadness - Nil ▪ Self-confidence – Good ▪ Appetite – Good ▪ Sleep- Good 	
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Discussion and Conclusion

Homoeopathic medicines are prescribed based on the various physical and psychological symptoms, not just a single symptom or disease label. In this case, Staphysagria^[18, 19, 20] was prescribed as similimum^[21] by considering prominent mental symptoms such as ailments from sexual excess, reserved, servile, sensitive to opinion of others and by considering the prominent physical generals and main complaints in sexual sphere. Patient got marked improvement in mental plane as well as in physical plane. The remedy selected on the basis of totality of symptoms and through individualization^[22, 23] which covers the patient's mental, physical and particular symptoms, has the capability to cure the patient at the deeper level which leads to permanent restoration of health.

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