

## Historical Perspectives on Dhat Syndrome

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R. Raguram

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- Department of Psychiatry, National Institute of Mental Health & Neuro Sciences, Bangalore 560 029, India

Shushrut Jadav, - Department of Academic Psychiatry, University College and Middlesex School of Medicine, London

Mitchell Weiss, - Culture, Community & Health Studies Programme, Clarke Institute of Psychiatry, Toronto, Canada

### *Abstract*

Semen loss related psychological distress is deemed to be a common culture-bound preoccupation among patients in the Indian sub-continent. It has been argued that such a perception is reflective of the unusual emphasis placed on the qualities of semen in ancient Ayurvedic treatises. A broader historical view of these ideas reveals that concerns about semen loss and its consequences have been voiced consistently, both in European as well as Asian cultures. While Ayurvedic systems caution against loss of semen and argue for its conservation, the emphasis in the West has been on delineating its adverse physical and psychological sequelae. The need to examine such variations across cultures on wider explanatory frameworks is outlined.

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Key words -

**Dhat syndrome,**

**Ayurveda,**

**Semen loss,**

**Western tradition**

Ever since its description by Carstairs in 1957 [1], Dhat Syndrome has continued to hold the attention of psychiatrists in the Indian subcontinent. The burgeoning literatures in the field has focussed predominantly on the clinical aspects of the condition. Historical accounts if any, have been confined to sources in the Ayurvedic tradition and little effort has been made to locate these ideas in wider contexts within and outside the country. Such a neglect is striking since preoccupations about semen loss are not peculiar to the Indian tradition alone but have been widely prevalent in many non-Western countries over centuries [2]. A historical exploration of the ideas concerning semen conservation and loss would not only broaden our conceptual frameworks but also offer us insight into the factors that have influenced their development across cultures. In light of these observations, an attempt will be made in the present paper to integrate scattered and often marginalised historical literature on this phenomenon and comprehensively outline its evolution.

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## Sources within the Indian tradition

In an influential study, Wig [3] introduced the term Dhat Syndrome to explain distress related to semen loss among Indian males. This imprecise and misleading name continues to hamper a clear understanding of the condition. Far from mere arguments about semantic niceties, the retention of the term 'Dhatu' reflects an inadequate understanding of the traditional connotation of this concept. In Ayurvedic literature, dhatu is a generic term for seven essential body constituents, only one of which is semen or 'sukra'. Though semen is considered a vital element, any disturbance of the body humours (dosas) can damage any one of the dhatus [4]. Since the clinical emphasis is primarily on disturbances due to semen loss, it would be appropriate to discard the overinclusive term 'dhat' altogether from the nomenclature.

The reports on this syndrome inevitably cite portions from Ayurvedic texts, principally The Caraka Samhita, to substantiate the position that semen loss leads to ill-health. It is important to note that though Caraka offers detailed descriptions of various forms of mental malfunctioning and outlines their causes, semen loss is not mentioned either as a contributory or causative factor. The semen deficient state is characterized as one of 'weakness, dry mouth, pallor, lethargy, fatigue and impotence' but not technically as a disease [5]. The emphasis on the other hand seems to have been on the preventive and prophylactic aspects of the problem. Since semen is a vital component of the body, like all dhatus, it also needs to be conserved ("dhatunam prakriti sthatvam"). Thus the overriding concern in Ayurvedic texts has been on homeostasis of bodily elements and consequently on conservation of semen. As we will note later, this perspective is sharply different from Western ideas about semen loss which held it to be harmful both to the body as well as the mind.

For a proper understanding of the 'semen conservation doctrine' of Ayurveda [6], it is important to examine the philosophical assumptions that have influenced its development. Many of the theoretical constructs in Ayurveda, including the concept of mind, are derived from the philosophical tradition of Sankhya, one of the six orthodox systems of Indian philosophy and to a lesser extent from Nyaya and Vaisheshika. The extremely complex yet original system of Sankhya postulates two primordial principles: Purusa and Prakriti. While Prakriti, the female element is considered to be a active principle, purusa the male element is considered as a passive principle [4]. In this world view, the significance attached to the male element is in the activity of procreation and genesis of life and consequently conservation of this vital element is crucial for the health and continuity of life. Further, the constituents of the body are related to the five basic elements in nature: wind, fire, earth, water and ether. It is interesting to note that these principles which are seen as spiritual in other philosophies are viewed as material in this system of thought. Thus the emphasis on conservation of semen was consistent with the theoretical assumptions of traditional Hindu philosophical thought.

The ayurvedic texts explain that not all instances of semen loss are accompanied by physical weakness and debility. These symptoms arise only when the semen loss is excessive or frequent. Since the process of formation of semen is deemed to be influenced by seasonal changes, the frequency of ejaculation should not be more than once a week in summer; on the other hand in winter it can occur daily without causing any adverse consequences [5]. In addition, increased frequency of sexual activities is not the only way to lose semen; it can also be lost through excessive fasting, too much of physical exercise and mental work and due to negative mental states like grief, anger and jealousy. This indicates that the emphasis in the Ayurvedic medical treatises is not necessarily on the

consequences of semen loss, but rather on its regulated usage. By outlining emotional antecedents of semen loss, the texts seem to adopt a strikingly contemporary position suggesting that such preoccupations are related to disturbed affective states.

Thus, the objectives of Ayurveda with regard to preservation of semen is much more extensive and broader than usually acknowledged. Its theories and concepts with regard to this phenomenon are not idiosyncratic, but are based on sound observations and established metaphysical reasoning. The correctness of these concepts can only be examined within the context of the theoretical premises that govern its practice. Attempts to view them in isolation through contemporary scientific frameworks deprive these constructs of the contexts that give them meaning and validity. The crucial importance assigned to semen and its conservation is a distinguishing feature of the ayurvedic tradition; its explanatory power is no way affected by the fact that such assumptions are not shared by other systems of medicine. To this day, Ayurvedic physicians accord sanction to such beliefs among their patients and respond to their concerns by suggesting appropriate measures outlined in the texts.

It must be emphasized that the Ayurvedic notion of the healthy life is not exactly an austere, ascetic one. The texts explicitly state that there is no sin in eating meat, in drinking liquor or in sexual indulgence; these are viewed as natural inclinations but there is a great merit in self-restraint [7]. Since Ayurveda looks upon the body both as the home of enjoyments (bhoga) and also of ailments (roga), health was assigned greater importance and restrained indulgence in the pleasures of life was viewed as a component of sound health. Understandably, clean life, good food, normal pleasures and vigorous health, constituted the major part of the Ayurvedic ethics.

The impact of Ayurvedic doctrines declined with the colonial import of the allopathic schools of medicine. Though the ayurvedic system has languished over the years, its concepts are periodically invoked, as for example in Dhat Syndrome, to provide a context that explains the preoccupations of patients.

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## **Perceptions about semen and semen loss in the West**

One of the earliest thinkers in the West to draw attention to the qualities of semen was Aristotle. He conceived it as a 'soul substance' and in a passage reminiscent of Ayurvedic texts, offered elaborate descriptions of its formation from food [8]. Subsequently, Galen [9] paid attention to the physiology of ejaculation and explained it as being 'the consequence of pneuma formed in the brain'. Involuntary loss of semen was termed 'gonorrhoea' and was held to be harmful since it 'robs' the body of its vital breath'. He met the objection of those who could not believe that debilitating symptoms could occur due to the alteration and loss of such a small amount of fluid by comparing the noxious powers of sperm to those of the virulent poisons that one observes in nature: "We can see that the entire body is affected by the bite of the venomous spider, although only an insignificant amount of venom enters the body." Galen even mentions instances where the discharge of semen provokes illnesses: "Certain people have an abundant, warm sperm which incessantly arouses the need of excretion; however, after its expulsion, people who are in this state experience a languor at the stomach orifice, exhaustion, weakness and dryness of the whole body. They become thin, their eyes grow hollow and they abstain from sexual relations. They feel discomfort in the head and at the stomach orifice along with nausea and they do not derive any significant advantage from their self-control". It is interesting to note that this

description matches the present day clinical profile of Dhat Syndrome very closely! At the same, time, Galen also cautioned that retention of semen can lead to problems: "men become dull and inactive without any reason and have a sad and hopeless expression on their faces like melancholics. "These observations led him to state that "the retention of sperm does considerable harm to young and strong individuals, in whom sperm is naturally abundant, who led a somewhat lazy life, who had quite frequently indulged in sexual intercourse before, and who suddenly practice continence" [9]. That abstention from all sexual relations is harmful to the organism is not therefore regarded as a general fact, but rather as a consequence of particular states pertaining either to the condition of the organism or to a habitual mode of living. By outlining the pathogenic effects of semen loss as well as its retention, Galen seems to reflect the ambiguity concerning the sexual act that was so characteristic of the Greek tradition. The medical texts of the first and second century articulate two antithetical values about sexual activity. While semen is identified as a precious substance of Nature that needs to be carefully preserved for the continuation of the species, the sexual activity. While semen is identified as a precious substance of Nature which cannot be considered totally bad [10]. The paradox of sexual pleasure is that though it is the vehicle for transmission of a vital fluid, the loss of that fluid can result in sickness.

This ambivalence was resolved by other medical theoreticians of the period who chose to emphasize only the deleterious effects of semen loss. Aretaeus described it at length in his text book, 'On The Causes And Signs of Chronic Diseases', as the exhaustion of the vital principles, its three effects being a general loss of strength, premature ageing and a feminization of the body: 'Young persons, when they suffer from this affection, necessarily become old in constitution, turpid, dull, spiritless, enfeebled, shrivelled, inactive, pale, effeminate, loathe their food, and become frigid; they have heaviness of the members, torpidity of the legs, are powerless, and incapable of all exertion. In many cases, this disease is the way to paralysis; for how could the nervous power not suffer when the nature has become frigid in regard to the generation of life?' [11] Going a step further, Celsus [12] wrote that it results in death due to consumption.

In the following period between 400 and 1000 A.D., populations shifted, rulers came and went and the whole face of the Europe changed but the Christian church survived and expanded as the one cohesive force in an unstable world. Consequently, Christian morality gained a firm grip on Western thought and the words of the Church Fathers remained unassailable. Since lust and sex were integral to the doctrine of Original Sin, one of the sins which most priests had to deal with regularly was seminal emission. This attracted seven days fasting if it was involuntary and twenty days if it was manually assisted; it brought thirty days of fasting for the monk and fifty for the bishop [13]. Throughout the subsequent centuries, sin had come to play an important and immediate role in Christian morality even more than redemption and of all the sins encompassed by this morality, none were so grave as the sins of sex. The only available recourse was confession to the priest, whose notional chastity gave him the moral authority to hear the confession. Paradoxically, with the emergence of the practice of confession in the middle ages, the experience and expression of sexual activities underwent profound change. For, in addition to unburdening the confessor, it also liberated him and in the process of recounting sexual pleasures, he also became aware of the power of imagination to focus consciousness on sex. The institutions for hearing and recording such revealing sexual discourses changed over time and the scene shifted from the church to the clinic [14]. As the varieties of the sexual experience and oddities of experimentation began to surface in these encounters, scientific interest in documenting and

cataloguing them began to grow.

The first text book of sexuality in Europe was published in 1642 - 'Geneanthropeia', written by Giovanni Sinibaldi. Unfortunately, it did not survive in its original version and based on portions of it quoted by Comfort [15], one can infer that the author reiterated the position of previous theories on the undesirability of semen loss. He added another illness, gout, to the already long list of conditions that are caused by semen loss.

During the next century, interest of the professionals shifted from semen loss to a particular means of semen loss, namely masturbation. A respected physician and an advisor to the Pope on the control of epidemics, Tissot [16] wrote an important treatise on the subject, which cautioned people about the perils of this solitary vice. The author's comment that "losing one ounce of sperm is more debilitating than losing forty ounces of blood" is strikingly similar to the position adopted in Ayurvedic texts.

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### **Semen loss in nineteenth-century England**

When Tissot's book reached England, it found a more receptive audience and its tenets were taken up with alarming rapidity. At the beginning of the nineteenth century it gained momentum when the hypothesis of masturbatory insanity was receiving wide spread attention. The role of the professionals, especially the psychiatrists, in the evolution of this phenomenon has been detailed by Hare [17]. Since the physicians of the period continued to harbor the view that semen is a precious fluid whose loss could damage the health of the individual, they advocated elaborate measures to prevent seminal discharge. Adults were counselled to adopt the common practice of sleeping with the hands tied. Since spontaneous emissions too were dangerous, men were advised to sleep with spiked leather sheaths over their penis. If healthy outdoor hobbies like gardening failed to subdue the flow, doctors recommended an electric bell run on the principles of the modern enuresis alarm [18]. It was a period of medical terrorism when drastic measures like surgery, physical restraint, severe punishment and fright influenced most treatments for semen loss.

The most outstanding feature of this era was the increasing emphasis on serious mental health effects of semen loss; a position strongly advocated by professionals themselves in journal articles and popular publications. Understandably, such emphasis parallel the growth and expansion of the psychiatric profession during this period especially in Britain. Many famous psychiatrists of the time, including Henry Maudsley, held the view that semen loss especially if it occurs through masturbation, results in serious mental illness [15]. This refrain was taken up even more forcefully by professionals across the Atlantic.

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### **Semen and semen loss in America**

By the nineteenth century men and women in America faced a bewildering conflicting array of roles forced upon them by a newly industrialised society seeking to formulate a middle class ethic from the ashes of the Civil War. During these turbulent years, the physicians gradually assumed the roles and duties heretofore reserved to the minister and psychiatrists started utilizing their standing as 'ministers for the minds diseased', to influence the community as well [19]. In their position as the moral

preceptors of the age, they undertook to guide the young men in their search for an appropriate moral code of conduct and optimum physical health. Steeped in the century's fear of semen and semen loss, they stressed the horrors of unauthorised sex. A sensational report on idiocy was presented to the Massachusetts state legislature in 1848 by the superintendent of the lunatic asylum Worcester, who claimed that 32 per cent of admissions to the hospital were insane because of semen loss, either spontaneously or through masturbation [20]. Within a few years, such statistics had been incorporated in all medical reports on the subject and every purity pamphlet boldly quoted them. The clarion call by the superintendent of the Worcester asylum was no idle statement; rather it represented what seemed to be the majority opinion in the medical profession at that time. A physician of the period put it very eloquently: "As the worm silently bores the dyke, and the hidden termite honeycombs the giant timbers, so his strength is sapped and his constitution undermined, and a thousand secret channels afford an inlet to the flood of disease, which could never otherwise have forced nature's barrier" [21]. It would be surprising if such accounts didn't evoke tremendous anxieties in the reader! A popular writer of the period even explained that the real reason for Samson's weakness in the Old Testament story, was the involuntary loss of seminal fluid resulting from his prurient thoughts of Delilah [22].

Writers on spermatorrhea warned against delay in seeking medical attention: "Whoever finds that he is even but in the smallest degree, troubled with nightly emissions, should seek advice and assistance from some good physician, and that too without delay" [20]. Bigelow warned that untreated spermatorrhea caused weakness of the mind, and victims tended to become dull and listless. However, it was the physician George M Beard who first used the term 'neurasthenia' during his speech before the New York Medical Association in 1869. He used the term to explain a condition or state of nervous exhaustion that he believed was inundating America [23]. The symptoms of neurasthenia were almost unlimited, affecting all organ systems, and one of its commonest explanations was that it was due to wastage of sexual energy, often in the form of nocturnal emissions. There were any number of cures for this condition, ranging from electrical stimulation of the lower spine, medications inserted into the rectum, magnetism, drugs and plain hot baths. When all these remedies failed, marriage was suggested to reform men's unnatural habits [19]. Interest in neurasthenia continued late into the twentieth century and the condition found a place in all editions of the International Classification of Diseases (ICD) till the ninth revision. Psychiatrists in the Indian subcontinent were classifying Dhat Syndrome in this category until the tenth revision of the ICD accorded a separate category for it in the classificatory system.

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## Conclusions

Terms like neurasthenia though replaced by culturally congruent names like the Dhat Syndrome, do not die easily for this term not only marked a new watershed in the history of psychiatric nosology, but it also unfolded an unexamined facet of classifying man with reference to national character and racial stereotypes. Bear characterized neurasthenia as a disorder confined to the American population and argued that it does not occur in nations that lack individualism and an intellectual tradition [23]. In his analysis, since the American society contained the finest brain-workers in history, they were susceptible to nervous exhaustion, in contrast to "people in the slow easy-going nations of the old world" [23]. He viewed the barbarian, the Negro and the Indians of North and South America as living

not for science or ideas, but for the senses and emotions. The nervous diseases that afflicted them, though not different from neurasthenia, occurred primarily as a result of their contact with higher civilizations. It is a curious facet of psychiatric history that the disorder which he described a century ago is now diagnosed most frequently among populations that he felt were not vulnerable to it because of their "poor brain power" [24]. The subtle influence of racial stereotypes also affects overtly scientific psychiatric classificatory systems. For instance, a term like Dhat Syndrome might suggest that it is mainly prevalent among the people in developing countries who harbour 'primitive' notions about semen and semen loss. On the contrary, as this brief historical review would suggest, concepts about semen and semen loss arose in European as well as Asian cultures, though differing across time and place in their influence and appeal. But semen loss as well as retention have been associated with ill health. While the Ayurvedic texts caution against loss of semen and argue for its conservation, the emphasis in the West has been on highlighting the adverse physical and psychological consequences of semen loss. In this effort, they have outlined a range of psychiatric disorders that can arise from semen loss; a position that was not adopted by the Ayurvedic systems even though they systematically elaborated the causes of serious mental illnesses. Popular ideas about semen and lay perception concerning semen loss have not been well studied in the West. It is quite probable that a condition analogous to the Dhat Syndrome, but with preoccupations about semen retention and not loss, might exist in Western populations as well. While such contrasting perspectives about semen in relation to health is an interesting area for further explorations, the challenge ahead for the psychiatric profession is neither to confine such perceptions to narrow national boundaries, nor to reify them as 'culture-bound syndromes', but to broaden the focus to unravel their hidden meanings in diverse social contexts. For, we must remember that "sickness is not just an isolated event, nor an unfortunate brush with nature. It is a form of communication through which nature, society and culture speak spontaneously. The individual body is the most immediate, proximate terrain where social truths and contradictions are played out" [25]. Conditions based on concerns about semen, its loss or retention, offer an unique opportunity for such as exploration.

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