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Is there a Female Dhat Syndrome?

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Abstract

In this study 31 women attending psychiatric clinic, who reported passing of vaginal discharge were studied in order to determine the nature and frequency of symptoms considered to have been 'caused' by their passing of vaginal discharge and discuss whether there is a female counter part of the male dhat syndrome. About one third of the subjects who reported passing (non pathological) vaginal discharge were bound to harbour the mis-belief that passing WDPV was harmful to their health and that it was causing somatic symptoms in them. This phenomena resembles dhat syndrome in men only in being related to the loss of a vital fluid, but other differences have been discussed.

Key words -
Dhat syndrome,
Somatisation,
Leukorrhoea,
WDPV,
Women

Dhat syndrome in men is characterised by complaints of weakness (physical, mental and sexual), fatigue, lethargy, other bodily complaints, thought to be caused by the loss of semen due to sexual activity, masturbation or passage of 'semen' in urine. This is usually seen in young males and arises out of ignorance and misperceptions about sexual functioning [1], [2], [3].

'Is there a similar syndrome in women?', is a question most clinicians might ask. The belief that the passage of white discharge per vagina (WDPV) is associated with bodily complaints of weakness, tiredness, exhaustion, fatigue and multiple aches and pains, is supposed to be widely prevalent in certain groups of women [4], especially of an Asian origin. The passing of vaginal discharge is perceived as being abnormal, and a loss of vital fluid leading to depletion of energy, like the depletion of energy due to loss of semen by various ways in men with dhat syndrome. In clinical practice, in gynaecological, medical and psychiatric clinics, women frequently attribute their physical symptoms to their passing of vaginal discharge. Interestingly, ayurvedic practitioners routinely enquire about passage of WDPV in their patients

irrespective of the nature of illness.

In this study, a group of women also reported passing a vaginal discharge were studied in order to determine the nature and frequency of symptoms considered to have been 'caused' by their passing of vaginal discharge and discuss whether there is a female counterpart of the male dhat syndrome. The data presented here was collected during the pilot phase of the NIMHANS funded project on the study of psychesthenic syndrome related to vaginal discharge in Indian women.

Methods

Women in reproductive age group (16-50 years), who had no obvious physical or gynaecological illness over the preceding one year, reporting of passing vaginal discharge, spontaneously or on enquiry, were recruited consecutively into the study. Demographic details, gynaecological and obstetric history and details of somatic symptoms, were noted on a semi-structured data collection proforma. Perception of vaginal discharge was elicited and also the attribution of symptoms to the passing of vaginal discharge. The sample was comprised of 31 women attending the psychiatric clinic of National Institute of Mental Health & Neuro Sciences, Bangalore, India, who met the above inclusion criteria. Informed consent was sought from all subjects for participating in the study. The study focussed on the degree and nature of conviction these women held regarding their attributions, symptoms and WDPV. These were studied under three headings -degree of relationship, conviction of belief and totality of causation. During the interview the subjects were asked if they had a problem of passing white discharge per vagina (WDPV). If yes, details about the amount, colour, and associated symptoms were enquired. If the features were suggestive of pathological vaginal discharge, the subjects were excluded from the study and referred to a gynaecological clinic. Depending on their subjective response the relationship between symptoms and WDPV were categorised as-some relationship, quite related, or totally responsible for producing symptoms. They were asked if they thought that their presenting complaints were caused by the WDPV. If yes, how convinced were they (doubt only, quite definite, 100% certain)? Also, how much of their symptom was caused by WDPV (i.e., partially or completely). The analysis focussed on the degree and nature of attributions that the women held regarding their symptoms and WDPV. The percentage frequency distribution of occurrence of WDPV and attribution were computed.

Results

Thirty-one women met the inclusion criteria and were studied in detail. 26 (84%) of women were between ages of 21 and 35 years. Most (>87%) were married, from urban background (55%) and had some education (71%). Other demographic details are given in Table I.

Table I - Description of the sample

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Details about WDPV:

13 women (42%) reported normal quantity of discharge, whereas 52% felt it was excessive and two women reported copious discharge. 58% reported passing discharge daily or on most days. None had

features of infection or any obvious gynaecological illness.

Attribution:

Though 11 (35%) of the women attributed their symptoms to passing WDPV, 65% of women who passed WDPV did not think any symptoms were caused due to passing WDPV. Of these women 4 (13%) felt WDPV was totally responsible for causing their symptoms, and 7 (22%) thought there was some relationship between WDPV and their symptoms. Also, 20 (64%) of the women who reported WDPV denied any relationship between physical symptoms and WDPV. 8(26%) of the women were quite definite or very certain that their symptoms were caused by WDPV. Another 4 (13%) had doubts about this association. Whereas 5 (16%) women thought that only WDPV was totally responsible for their symptoms 6 (19%) felt that some or many (but not all) of their symptoms were caused by WDPV (Table II). The commonest symptoms thought to be caused by passing of WDPV (Table III) were weakness (52%), fatigue (48%), aches and pains (35%), lethargy (29%) and somatic concern (23%). Psychological symptoms like mental weakness (13%), depression (10%) and nervousness (6%) were considered less often to be caused by WDPV. Only one woman admitted that passing WDPV causes sexual weakness.

Table II - Attribution Patterns

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Eight (26%) women believed that there was a common cause for their symptoms and the vaginal discharge. Another 10% thought that there 'maybe' a common cause of the symptoms and the discharge. 7 women were preoccupied most of the time with WDPV. Though most (73%) worried more often about their symptoms, three women were worried more about their discharge, two were concerned about both discharge and symptoms and 3 women were not unduly worried about either their symptoms or discharge, though they had both the problems (Table III).

Table III - Attribution of symptoms caused by WDPV

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Discussion

About one third of female psychiatric patients who reported passing (non-pathological) vaginal discharge were found to harbour this mis-belief that passing WDPV was harmful to their health and that it was causing symptoms in them. How this belief was generated is hard to understand? Is it just ignorance, a question of non-scientific perception or lack of a proper health education? It could be understandable to some extent if the WDPV was pathological- a sign of gynaecological illness, but it was not so in these women. A number of women showed a marked pre-occupation with the discharge and many had undue concerns about its passage, an observation that was made repeatedly during this survey.

Nitcher [5] discussed this as an 'idiom of distress', and described leukorrhoea as a symptom state associated with a complex of cultural meanings as well as multiple etiologies. Prevalent etiological notions of leukorrhoea include a dissolving of bones, loss of dhatu (vital fluid), and overheat [5]. It is a

medium of communication regarding health issues and an 'understandable explanation' for their somatic complaints. In the psychiatric setting women wait to be asked about it, and would not divulge information about this voluntarily. In an earlier study [4], only 4 women out of 70 complained voluntarily about passing WDPV and another 24 women reported it on enquiry. Thus, these features are likely to be missed, and only the neurotic complaints treated pharmacologically. The intricate relationship between the symptoms and WDPV would remain 'hidden' from the clinician and lead to dissatisfaction and poor compliance in the patient. Whether it is a culture specific problem (in Asian women) or a form of abnormal illness behaviour needs confirmation. Another possibility is that this complaint is some sort of a signal about issues related to sexuality. Our subjects have been very reluctant to discuss this aspect but on drawing a corollary to the similar syndrome in the Asian men (Dhat syndrome), sexuality in some way is likely to be related to this phenomena [1], [2], [3].

This phenomena resembles Dhat syndrome in men in being related to the loss of a vital fluid and to sexuality, however the similarity ends at this point. There is not even a perfunctory evidence regarding its relationship to masturbation or excessive sexual activity (a central feature in the male Dhat syndrome) or any guilt that is associated with the passage of semen. It probably acts as an external evidence of bodily dysfunction for these women rather than a phenomenon over which they have voluntary control. Also the symbol of semen as a vital fluid and an embodiment of strength is part of a popular belief system only in men and the same is not believed of women.

Sexuality in some form might be related to this phenomena, however, the subject of female sexuality continues to be shrouded specially in Indian women and both routine enquiry and specific questions did not reveal much. Before dismissing it as an 'idiom of distress' or ' a faulty explanatory model' it is mandatory that the aspect of sexuality be explored in a more sensitive manner.

In clinical situations, it may be an useful practice to enquire from women complaining of somatic symptoms (or other symptoms) regarding passage of vaginal discharge and attribution of their symptoms to it. The patient is likely to benefit if the misperceptions regarding this aspect are scientifically dispelled [6].

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1.Malhotra H K & Wig N N, Dhat syndrome: a culture bound sex neurosis of the orient
Archives of Sexual Behaviour Page: 4: 519-524, 1975
2.Neki J S, Psychiatry in South East Asia
British Journal of Psychiatry Page: 123: 256-261, 1973
3.Singh G, Dhat syndrome revisited
Indian Journal of Psychiatry Page: 27: 119-122, 1985
4.Chaturvedi S K, Psychesthenic syndrome related to leukorrhoea in Indian women
Journal of Psychosomal Obstetrics & Gynaecology Page: 8: 67-72, 1988
5.Nichter M, Idioms of distress: Alternatives in the expression of psychosocial distress: a case study

from South India
Culture, Medicine & Psychiatry Page: 5: 379-408, 1981
6.Chaturvedi S K, Chandra P, Issac M K & Sudarshan C Y, Somatization misattributed to non-pathological vaginal discharge
Journal of Psychosomatic Research (in press)