Psychiatria Danubina, 2022; Vol. 34, No. 2, pp 313-314 https://doi.org/10.24869/psyd.2022.313 *Case report*

RECYCLING OF SEMEN: A RARE PHENOMENON IN DHAT SYNDROME

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INTRODUCTION

Dhat syndrome is a culture-bound syndrome where people present with anxiety & distress related to loss of semen (Behere & Natraj 1984). It is first described by Prof. N. N. Wig (Rao 2021). Mythologically semen is mentioned as a "soul substance" in the works of Galen and Aristotle (Jadhav 2004). They also have explained the physical and psychological features associated with the loss of semen. Patients of Dhat syndrome can present with 'dhat alone', 'dhat with comorbid depressive and anxiety symptoms' or 'dhat with comorbid sexual dysfunction' (Prakash 2007). Rarely, a person with dhat syndrome can show bizarre phenomena of neutralizing behavior. Here, we present a case of dhat syndrome who used to drink his own semen to reduce his distress from semen loss. Such presentation is never reported in the literature.

CASE REPORT

A 19-year-old unmarried male, from a lower socioeconomic background, presented in our psychiatry emergency department with multiple attempts to self-harm within a day. Other than superficial cut marks on the neck and left wrist, there were no other significant findings on general physical examination. His vitals were stable. A brief mental status examination showed decreased psychomotor activity, decreased tone, tempo, and volume of speech with dull affect. The patient was guarded about thought content. No recent psychosocial stress was reported by the caregiver. Family history was not conclusive for any psychiatric or neurological illness. He denied any form of substance abuse. Biochemical investigations revealed no abnormality. For the existing risk of self-harming behavior, the patient was admitted and treated in the psychiatric intensive care unit for further clarification and management.

After initial resistance, he elaborated on his masturbatory practices since 16 years of age. After reading different nonscientific blogs on masturbation and loss of semen, he felt preoccupied on the effect of losing semen. He started to think that losing semen would lead to a decline in physical power which in turn can bring out life-threatening illnesses. To neutralize the discomfort, he started to drink his own semen after each masturbation. He developed the misconception that the semen would reach his genitalia via blood vessels. As it provided him some relief, such behavior continued for 2 years.

Over the period, similarly, when he read about the ill effect of ingested semen, he began to worry about his physical health once again. He started having pain in the different regions of the body like the throat, neck, thorax, and abdomen, explaining the passage of semen after oral ingestion in the gastrointestinal tract. He continued to be preoccupied with the thought of ingestion and its effect on the rest of the body even after he stopped such behavior. Being intensely tormented by such worries, he developed depressive symptoms with suicidal ideation. We conceptualized the case as Dhat Syndrome.

Over 4 weeks, the patient showed significant improvement with the help of psycho-education, intensive cognitive behavioral therapy, and Tablet Escitalopram 10 mg/day.

The patient maintained an improvement on the follow-ups.

DISCUSSION

In Ayurveda, 'physiological description of the human body' mentions that the human body is made up of seven dhatus such as rasa, rakta, mamsa, meda, asthi, majja and shukra. Also, there should be a balance between these seven dhatus for living a healthy and longer life. Semen is considered the last dhatu i.e. 'shukra dhatu' that is formed out of the food's final assimilation in the body (Thakar 2010). Semen loss is widely perceived as loss of "vital elixir of life" from the body. It is mentioned in the Indian ancient literature that "40 drops of food form one drop of blood; 40 drops of blood form one drop of marrow and 40 drops of marrow from one drop of semen" (Akhtar 1988). Patients having Dhat syndrome can have Dhat alone - (Patients attributed their symptoms to semen loss); presenting symptoms - hypochondriacal, depressive or anxiety symptoms or Dhat was seen as an accompanying symptom with comorbid depression and anxiety or Dhat with sexual dysfunction in which erectile dysfunction

and premature ejaculation are common (Prakash 2007). In a multi-centric nationwide study, Grover et al. studied common beliefs and behaviors in patients of dhat syndrome to treat themselves. Commonly reported behaviors were, making the change in food (36.7%), taking energizing medications like vitamins/tonics/ tablets (49.1%) taking energizing injections (38.2%), taking medications that could increase sexual desire (17.4%), applying certain creams on the genitals (8.8%), taking medications to reduce infection (10.8%) or taking medications used for the treatment of mental problems (22.8%), Consultation and discussion with a general physician (60.9%) (Grover et al. 2016). In our case, we found a new phenomenology in dhat syndrome which could be considered as neutralization behavior, as the patient used to think that it would cure his anergia. The perceived social importance of semen and myths regarding its loss can often lead to such behavior which can be explained out of anxiety, hypochondriasis, somatoform disorder, or culture-bound syndrome (Shoib S et al. 2018). The belief in this patient was shakable which ruled out any association with psychosis. He was logical in doing the behavior which was out of his extreme anxiety, moderated by his involvement in finding the solution through various twisted internet information. As drinking body fluids like semen, urine, fecal materials can be found as a part of disorganized or bizarre behavior in a patient with psychosis, it could lead to serious misdiagnosis. Also, the phenomenology of the dhat syndrome can vary from continent to continent. Hence it might not be very culture-specific due to wide variations in cultural beliefs in the same country. This question also has been raised in past literature too (Sumathipala et al. 2004).

CONCLUSION

In this way, our case is unique where apparently bizarre behavior could be explained and finally managed in a culturally appropriate manner. This would enrich the literature related to the phenomenology of dhat syndrome as a rare and seemingly bizarre behavior.

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Contribution of individual authors:

Adesh Kumar Agrawal is the primary resident who was seeing the case and assessed the psychopathology. He only has written up the manuscript.

Virupaksha Bagewadi & Soumitra Das were the mentor to the primary author and was the part of treating team.

Sydney Moirangthem is the primary consultant in charge of the case. And he has been a mentor and supervisor to write up this manuscript.

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