

Case Report

Is Semen Loss Syndrome a Psychological or Physical Illness? A Case for Conflict of Interest

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ABSTRACT

Young men presenting with sexual problems arising out of non-contact like semen loss syndrome are common in the Indian subcontinent. They usually present with depressive, anxiety symptoms, and non-specific somatic complaints. This has no medical explanation and is currently conceptualized as a culture bound neurotic disorder in the International Classification of Diseases-10 (ICD-10), clinical descriptions, and diagnostic guidelines. In this report, we present the case of a young male who developed delusions following concerns about semen loss. Conflicting explanations about his illness between traditional and allopathic practitioners led to problems in management. The importance of creating awareness among traditional practitioners regarding contemporary allopathic models of illness is stressed. Management strategies employed should reflect this shared understanding.

Key words: *Dhat syndrome, explanatory models, semen loss*

INTRODUCTION

Medical pluralism exists in India with availability of practitioners from both allopathic (Western medicine or 'Modern Scientific System of Medicine') and traditional systems of medicine like Ayurveda, Unani, Siddha and Homeopathy.^[1] Majority of men presenting with sexual problems arising out of non-contact seek help from traditional medicine practitioners. One such problem is the presentation of semen loss syndrome named also as dhat syndrome.^[2] In this condition, extreme concern over semen loss either spontaneously or through masturbation leads to presentation characterized by predominantly somatic complaints,

anxiety, depressive symptoms and rarely with psychotic symptoms. The allopathic system terms it as a culture bound syndrome in which an exaggerated response occurs to a physiological phenomenon, to be dealt with by proper psycho education and management of concurrent depressive, somatic, or anxiety symptoms with appropriate medication.^[3] We aim to present a case of a young adult who presented with initial concerns of semen loss which later lead to somatic delusions, which is inherently uncommon in this group. The person's dilemma whether to consider it as serious physical illness or a psychological disorder, provoked by conflicting explanations from two systems of medical practitioners, prolonged the illness and altered treatment response patterns.

CASE REPORT

A 24-year-old male, unmarried, agricultural worker by occupation and without any drug habits had come with complaint of erectile dysfunction and depressive symptoms secondary to that. These complaints started around 4 months back, when his father was looking

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for a bride. Prior to this, he reported never having had sexual ideas and his friends tried to give him advice on how to show sexual prowess to a woman on her first night. That night when he went to sleep he felt some shadow crawling over his body and he had spontaneous ejaculation. This was first time such thing had happened to him. His father reassured him that night. Next two nights also he had spontaneous ejaculation at night and this terrified the patient that all his semen may have drained out and consequently, his ability to impregnate a woman and his energy to carry out physical work had been depleted significantly. His friends had advised him to masturbate and told him to continue the technique to get semen out at least once a month. To his dismay, he found that he was unable to do as there was 'no rigidity' in the penis. When questioned about the nature and importance of semen, he said that semen is important for producing children and having a family but added that he had no idea where it came from. He consulted a Siddha practitioner for his problems and was told that if semen was not coming out through its proper channel, it would fill other body fluids and also come out in the saliva. That doctor took sample of saliva in small bottles and told the patient that after testing he had come to the conclusion that they are containing sperms. Along with this presumed 'imbalance in bodily fluids', he had developed depressive symptoms secondary to semen loss when he presented to us and had attempted suicide once during this period.

After evaluation, he was admitted as a case of severe depressive disorder. During ward stay and with various treatments there was improvement in biological functions and consultations also revealed acute gastritis for which he was treated adequately. He continued to believe that semen is coming out through saliva. By its taste and smell he was able to confirm what the previous Siddha doctor had told him. Few weeks later, he observed that the size of his penis had shrunken and corroborated this observation by taking his measurements. He began to worry about how he was going to live without his own family and how he would become a laughing stock among people for losing his 'maleness' or ability to impregnate a woman. He also worried about earning his livelihood by farming due to accompanying weakness.

During assessment we found that he has hypolibidinal state prior to onset of these problems. There were no local pathology and sex hormone study and thyroid function tests did not show any abnormalities.

DISCUSSION

In Indian subcontinent, concerns about semen loss are a common sexual health problem. The sufferers tend

to develop depressive symptoms, anxiety symptoms and sometimes present predominantly with somatic complaints (medically unexplained symptoms). There are few reports of such cases going to psychotic state.

Our case had depressive symptoms but few were culturally colored. His hypo libidinal state was actually not an abnormal state as per the culture and upbringing he had been exposed to. Spontaneous ejaculation as reason for weakness both physically and mentally had cultural sanction. His belief that his body fluids are overflowing with semen and which had started flowing in saliva, was an overvalued idea, but opinion was divided on this and to some of us, it appeared to be a delusion.

Majority of men from rural India seek help from practitioners of traditional systems of medicine for their sexual problems.^[4] Both systems have different explanatory models and approaches in managing such cases. In one community-based study, 50% of traditional practitioners conveyed that semen loss is a physical illness and results from media influence encouraging masturbation. They tend to instill belief that such weakness can be treated properly only by traditional systems of therapy; as English medicines are supposedly very strong, cause lot of side effects and offer only short lasting benefits^[5] This is in contrast to the explanation offered by allopathic practitioners that semen loss in the form of spontaneous ejaculation or masturbation does not lead to any physical impairment, rather it is a natural way of dealing with sexual urges. However, many men experience psychological distress in the form of anxiety, depressive, and sometimes somatic complaints.^[6] This is managed by sex education, relaxation techniques, and medications for comorbid psychiatric disorders.^[3]

This and many other problems that are causing conflict between different systems of medicine need to be addressed. Public awareness campaigns for the lay public^[7] and sex education for schoolchildren as part of national adolescent education program^[8] need to be encouraged. Majority of traditional practitioners have some knowledge of allopathic system of medicine. Recently, there has been a high court nod that those registered practitioners belonging to Ayurveda, yoga and naturopathy, Unani, Siddha, and Homeopathy (AYUSH) systems can practice allopathic medicine.^[9] In such a scenario, it becomes imperative that traditional practitioners adopt convergent explanatory models and approach towards semen loss syndrome in alignment with allopathic system of medicine. This will greatly help in reducing patient dilemma which may result in treatment non-compliance and poor patient satisfaction. A consensus needs to be evolved on matters

such as explanation and approach to such symptoms in order to inform management.

REFERENCES

1. Sheehan HE. Medical pluralism in India: Patient choice or no other options? *Indian J Med Ethics* 2009;6:138-41.
2. Wig NN. Problem of mental health in India. *J Clin Soc Psychiatry* 1960;17:48-53.
3. Avasthi A, Gupta N. Manual for standardized management of single males with sexual disorders. Marital and Psychosexual Clinic. Chandigarh; 1997.
4. Gautham M, Singh R, Weiss H, Brughha R, Patel V, Desai NG, *et al.* Socio-cultural, psychosexual and biomedical factors associated with genital symptoms experienced by men in rural India. *Trop Med Int Health* 2008;13:384-95.
5. Schensul SL, Verma RK, Nastasi BK. Responding to men's sexual concerns: Research and intervention in slum communities in Mumbai, India. *Int J Men's Health* 2004;3:197-220.
6. Prakash O. Lessons for postgraduate trainees about Dhat syndrome. *Indian J Psychiatry* 2007;49:208-10.
7. Lakhani A. The Experience of Deepak Charitable Trust in Raising the Issue of Male Semen Loss Concerns. In: Deepak Charitable Trust, editors. *Perspectives on Culturally-Based Concepts of Male Semen Loss: A Key to Prevention of STIs HIV*. Gujarat; 2002.p. 12-19.
8. National Aids Control Society, Ministry of Human Resource Development (MHRD), National Council for Educational Research and Training. Adolescent Education Program. 2005. MHRD, Govt of India. Available from: http://www.nacoonline.org/Quick_Links/Youth/School_Age_Education_Program_SAEF [Last Accessed on 2010 Sept 2].
9. Indian Systems of Medicine practitioners can also practice modern medicine. *The Hindu* 2010 July 31. Available from: <http://www.thehindu.com/news/cities/Chennai/article542577.ece> [Last cited on 2010 Jul 31].

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