

## CASE REPORT

# Bilateral Lower Limb Amputee with Dhat Syndrome

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## ABSTRACT

**Introduction:** Dhat syndrome is a clinical entity mostly seen in Southeast Asia. The patient suffering from this syndrome commonly presents with features of depression, anxiety, multiple nonspecific somatic symptoms, and impairment of concentration, which are attributable to semen loss.

**Case report:** The case that we present here is of a 32-year-old patient with (right) transtibial and (left) transfemoral amputation. Patient presented with following complaints within 10 days of postamputation surgery. He complained of anxiety, low mood, anhedonia, decreased sleep, reduced appetite, and whitish discharge while passing urine. All the blood investigations and ultrasound of the whole abdomen were normal. The patient was prescribed sertraline 50 mg half H.S. for 3 days, followed by 50 mg one H.S. zolpidem (10 mg H.S.), and syrup cyproheptadine [2 teaspoonful (TSF) night time only (HS)] for a period of 2 weeks. Psychoeducation was also given on a daily basis during this duration. Significant improvement was seen in the above complaints after 1 week of medication.

**Conclusion:** Patients with lower limb amputation mostly suffer with depression, but development of features of Dhat syndrome along with this indicates the emotional and psychological impact of amputation on such patients, which often goes unnoticed. Every amputee should be given psychological rehabilitation after such an adverse episode of their life.

**Keywords:** Anxiety, Depression, Dhat syndrome, Lower limb amputee, Psychoeducation.

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## INTRODUCTION

Dhat syndrome is a clinical entity mostly seen in Southeast Asia.<sup>1</sup> The International Statistical Classification of Diseases and Related Health Problems ICD 10 classifies

Dhat syndrome as both a neurotic disorder and a culture-specific disorder.<sup>2</sup> It is a syndrome in which patient is preoccupied with semen loss in urine and other symptoms, such as fatigue or depressed mood occur.<sup>3</sup> It is characterized primarily with complaints of loss of semen through urine, nocturnal emission, or masturbation occupied by vague symptoms of weakness, fatigue, palpitation, fatigue, and sleepiness.<sup>2</sup> The word "Dhat" derives from the Sanskrit language (the mother of Indo-Aryan languages) word "dhatu," meaning "metal," "elixir," or "constituent part of body," which is considered to be "the most concentrated, perfect and powerful bodily substance, and its preservation guarantees health and longevity."<sup>4</sup>

## CASE REPORT

A 32-year-old patient was admitted to our hospital for rehabilitation purpose after he underwent right-sided transtibial amputation and left-sided transfemoral amputation following a rail accident. Patient cooperated well initially, but later after 4 months, he complained of anxiety, low mood, anhedonia, decreased sleep, reduced appetite, and whitish discharge while passing urine (Fig. 1).

While talking to the patient he reported suicidal tendencies.

Regarding his gastrointestinal complaints, routine blood investigations were performed, which were found to be within normal limits.

Patient was advised to undergo an ultrasound (USG) of the whole abdomen, which showed only bowel gas, and no other significant abnormality. Consultation was



**Fig. 1:** Picture showing right transtibial and left transfemoral amputation

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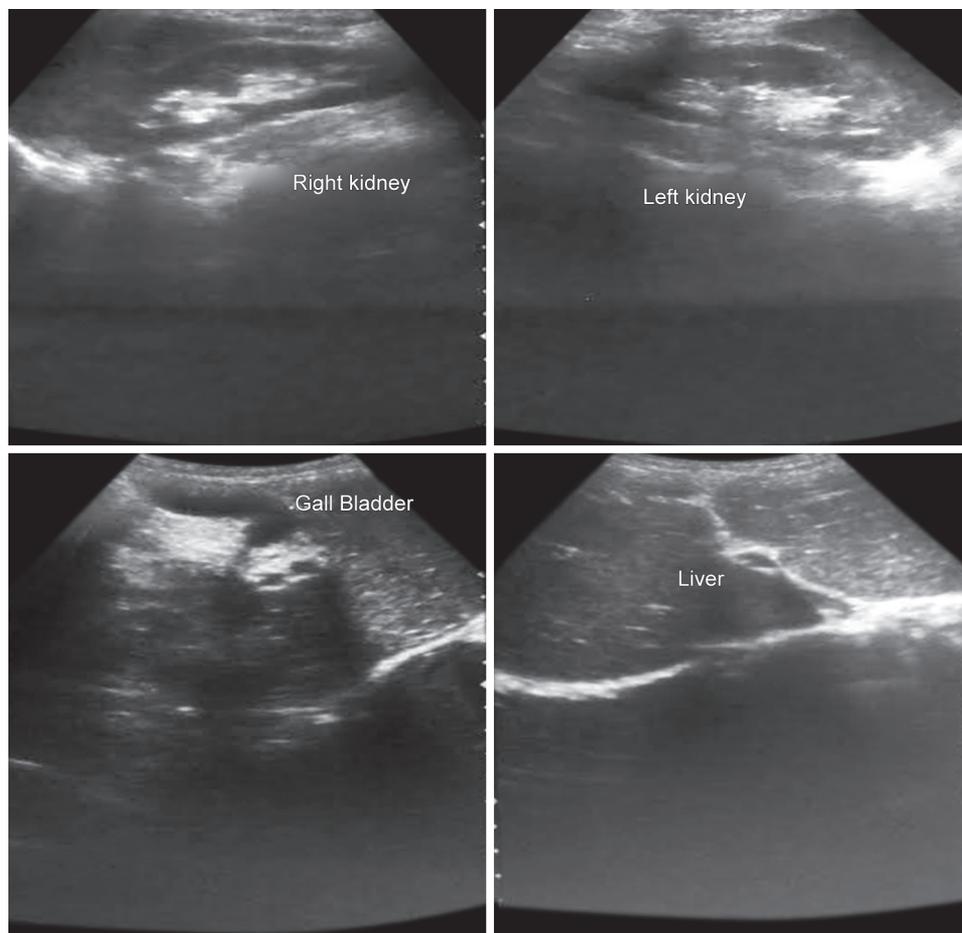


Fig. 2: Ultrasonography of whole abdomen

taken from a gastroenterologist of the institution who prescribed syrup cyproheptadine 2 Tsf H.S. for complaint of loss of appetite as well as tab lesvosulpride (20 mg) B.D (two times a day). and syrup sorbiline 2 Tsf H.S. for complaint of abdominal distension after taking food (Fig. 2).

Patient was put on these medications along with the rehabilitation program. Patient did not improve.

After 2 weeks of treatment, patient was sent again for consultation to the same medical gastroenterologist, who stopped syrup sorbiline and advised patient to continue syrup cyproheptadine and tab lesvosulpride. He further advised the patient to undergo a psychiatric consultation for complaint of semen loss in urine, depressed thoughts, nocturnal emission, etc.

For complaint of loss of semen through urine, he underwent his routine urine microscopic examination, which did not reveal any abnormality except phosphaturia.

We sent the patient to psychiatry outpatient department for consultation, where he was diagnosed as a case of Dhat syndrome with comorbid depression and anxiety.

Patient was given psychoeducation with cognitive behavior therapy and was started on Tab. sertraline (50 mg) ½ H.S. for 5 days f/b (50 mg) 1 H.S. for 10 days.

Tab zolpidem (10 mg) H.S. for 15 days along with rehabilitative program was advised from our side and drugs as prescribed by medical gastroenterologist.

After 3 weeks of treatment, patient reported significant improvement in his mood, depressive symptoms, gastrointestinal complaints, etc.

A repeat psychiatric consultation advised him to continue with his medication in low doses with continuing psychoeducation and cognitive behavior therapy. Current scenario sees patient as successfully participating in this prosthetic rehabilitation program.

## DISCUSSION

Dhat syndrome is a very common culture-bound sex neurosis, widely prevalent in India. Improved literacy rates have still not been able to convince the general population of its nonorganic nature.<sup>2</sup> Due to loss of limbs due to a traumatic event, the patient may land in depression, anxiety, and associated other comorbidities, one of them being Dhat syndrome. Hence, clinicians must be able to properly diagnose and treat such a condition. This is a first ever reported case of Dhat syndrome with comorbid depression and anxiety in a bilateral lower limb

amputee. This signifies the impact of psychoeducation as a part of rehabilitation program after such an adverse episode in life.

## CONCLUSION

Lower limb amputation results in locomotion disability, which has a significant psychological and social impact on the life of the victim. This case report can act as a basis for future research endeavors in the lower limb amputees showing any depressive or anxiety symptom. It clearly indicates the importance of psychoeducation and cognitive behavior therapy in lower limb amputees,

so that these can also be a vital part of their rehabilitation program.

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