

CASE REPORT

Female Dhat syndrome as a hidden psychiatric entity in premarital women - a case report

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Abstract

Dhat syndrome is a culturally mediated disorder that is traditionally defined in men as distress brought on by a lack of semen. Vaginal discharge-related female variations are still underdiagnosed and often mistreated. We describe a 27-year-old single woman who had been experiencing vaginal discharge for 18 months, along with exhaustion, depression, and concerns about her ability to conceive and have sex. She continued to believe that she had lost vital fluids despite numerous gynecological consultations and normal results. An assessment of mental health revealed a significant somatic preoccupation and depressed affect. ICD-11 was used to conceptualize the presentation as a comorbid depressive episode and bodily distress disorder. Over the course of 8–10 weeks, she significantly improved after receiving culturally sensitive cognitive-behavioral therapy and 20 mg of fluoxetine daily. This case highlights the importance of recognizing female Dhat syndrome to prevent unnecessary medicalization and improve psychosexual outcomes.

Keywords: Female Dhat syndrome, vaginal discharge, culture-bound syndrome, somatic symptoms, depression

Introduction

Anxiety and physical complaints linked to semen loss are the hallmarks of Dhat syndrome, a culture-related disorder that is primarily reported in South Asian populations (1). Even though Dhat syndrome is commonly seen in men, there is increase in vaginal discharge Preoccupation in females. Vaginal discharge is perceived as a loss of an essential bodily fluid that causes weakness, exhaustion, and reproductive issues (2, 3).

Female Dhat syndrome is still underreported and often misdiagnosed despite growing awareness. Patients frequently visit non-psychiatric specialties, especially gynecology, which

leads to needless treatments, repeated examinations, and postponed psychiatric referrals (4). Perceptions of illness are greatly influenced by sociocultural narratives about bodily purity and vitality, cultural beliefs, and myths about reproductive health.

The premarital period represents a particularly vulnerable phase, where concerns regarding fertility, sexual adequacy, and marital expectations may amplify distress. In such contexts, physiological phenomena like vaginal discharge may be misinterpreted as pathological, leading to significant psychological morbidity.

This case highlights a female presentation of Dhat syndrome in a premarital context, emphasizing the role of cultural beliefs, somatic preoccupation, and the

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importance of psychiatry–gynecology liaison in early identification and management.

Case report

A 27-year-old unmarried woman, planning marriage in the near future, presented with complaints of persistent white vaginal discharge for approximately 18 months. She described the discharge as excessive and distressing, attributing it to progressive weakness, fatigue, and a perceived loss of bodily strength.

The patient had consulted multiple gynecologists over this period and underwent repeated evaluations, including pelvic examinations and laboratory investigations, all of which were within normal limits. She had received empirical treatments, including antifungal medications, with minimal and temporary relief. Despite repeated reassurance regarding the normal physiological nature of vaginal discharge, she remained firmly convinced that the discharge represented loss of a vital fluid that could lead to infertility and sexual inadequacy.

The patient's psychological distress increased over time. She complained of frequent crying fits, poor mood, diminished interest in everyday activities, decreased appetite, and disturbed sleep. She also mentioned growing anxiety about her upcoming marriage, especially concerns about her capacity to conceive and engage in sexual activity. Significant emotional distress and avoidance of marriage-related conversations resulted from these worries.

Driven by enduring health-related anxiety and culturally reinforced beliefs, the patient's help-seeking behavior reflected repeated medical consultations. After more investigation, she revealed that she had been exposed to social and familial narratives since adolescence that suggested excessive vaginal discharge could weaken the body and impair reproductive ability.

There was no past history of substance abuse, psychotic symptoms, or mental illness. There was no contribution from family history.

A mental status examination showed that the person was cooperative, well-groomed, and had normal psychomotor activity and speech. There was a congruent affect and a depressed mood. Persistent somatic obsession with vaginal discharge was a noteworthy aspect of the thought content. There were no perceptual abnormalities or delusions. There was only partial insight.

The ICD-11 was used to conceptualize the case as bodily distress disorder with a comorbid moderate depressive episode based on the clinical presentation.

Fluoxetine 20 mg daily was started for the patient. Additionally, culturally sensitive psychoeducation was given, addressing misconceptions about bodily fluid loss and emphasizing the normal physiology of vaginal discharge. To combat maladaptive beliefs and lessen symptom

preoccupation, cognitive-behavioral therapy techniques were used. Additionally, premarital counseling was offered to address anxiety about fertility and sexual functioning.

Over a period of 8–10 weeks, the patient showed significant improvement, with a reduction in depressive symptoms, decreased somatic preoccupation, and improved confidence regarding her upcoming marriage.

Discussion

Female Dhat syndrome is a culturally mediated manifestation of psychological distress in which sociocultural belief systems misinterpret normal physiological processes. Although these symptoms have historically been reported in men, new research has shown that they can also occur in women, frequently with a focus on vaginal discharge (2, 3, 5).

The current case serves as an example of the diagnostic complexity that results from the overlap between somatic symptom disorders and culturally influenced syndromes. Such presentations can be classified as bodily distress disorder under the ICD-11 framework, which is defined by excessive attention, concern, and persistent attribution of symptoms despite medical reassurance (6).

The premarital setting, which greatly increased the patient's distress, is a crucial aspect of this case. Increased anxiety and maladaptive interpretations of physiological symptoms were caused by sociocultural expectations about marital roles, sexual adequacy, and fertility. Cultural beliefs reinforced by family narratives played a central role in shaping illness perception, consistent with previous literature (4).

The pattern of recurrent gynecological consultations in spite of normal findings is another significant factor that reflects the medicalization of distress mediated by culture. This emphasizes the necessity of early psychiatric referral and efficient psychiatry–gynecology collaboration in these situations.

The persistence of symptoms, fixed illness attribution, and significant psychological distress indicate a predominant psychogenic component, even though iron deficiency and physiological discharge were thought to be contributing factors. This interpretation is further supported by the notable improvement seen after culturally sensitive psychotherapy and antidepressant therapy.

In culturally influenced presentations, where a failure to identify underlying psychopathology may result in prolonged patient distress and needless medical interventions, this case highlights the crucial need to close the gap between somatic and psychiatric care. Recognition of female Dhat syndrome within a culturally informed diagnostic framework highlights the importance of integrating sociocultural context into psychiatric assessment.

Clinical implications

In patients who present with persistent vaginal discharge without discernible organic pathology, this case emphasizes the significance of early psychiatric evaluation. Clinicians should be aware of culturally mediated symptom attributions, such as female Dhat syndrome, especially in gynecology settings. Incorporating psychiatric evaluation can improve treatment compliance, cut down on pointless investigations, and address underlying psychosexual issues. This is especially important during vulnerable life stages like the premarital phase, when anxiety about sexual functioning and fertility may be particularly high.

Conclusion

The underappreciated psychosexual disorder known as female Dhat syndrome can cause severe psychological distress and recurrent medical visits. To avoid needless medicalization and enhance patient outcomes, especially during significant life transitions like marriage, early identification, culturally sensitive intervention, and interdisciplinary collaboration are crucial.

Ethics statement

This case report was conducted in accordance with ethical standards and the principles of the Declaration of Helsinki.

Author contributions

All authors contributed to clinical evaluation, diagnosis, conceptualization, drafting, and final approval of the manuscript.

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Informed consent statement

Informed consent was obtained from the patient for publication of clinical details.

Anonymity statement

All identifying patient information has been removed to ensure anonymity and confidentiality in accordance with journal and ethical guidelines.

Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

Generative AI Statement

Artificial intelligence tools were used only for language refinement. The authors take full responsibility for the content and accuracy of the manuscript.

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