

## Concept of Dhaat Syndrome in Unani System of Medicine: A Review

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### ABSTRACT

The term “Dhat” was derived from songskrito and the ancient Vedic depiction of body fluids called “dhatus” and among the seven different body fluids (dhatus) mentioned in Veda; semen is perceived to be most precious one. First of all Indian doctor Narendra Wig coined the term Dhat syndrome in 1960 and described it as being characterized by vague psychosomatic symptoms of fatigue, weakness, anxiety, loss of appetite, guilt, and sexual dysfunction, attributed by the patient to loss of semen in nocturnal emission, through urine or masturbation.

Several local terms have come to imply the passing of semen in urine as “dhatu rog” and named also as “jiryman.” Ayurvedic scholars regard semen loss as a severe illness, leading to physical debilitation, ill health, thereby promoting herbal and dietary therapies.

In Unani system of medicine there is no as such description of Dhaat Syndrome but the concept of Jiryman-e-Mani is well described by Unani scholars. The signs and symptoms of Jiryman-e-Mani is almost very similar to Dhaat syndrome. Many Unani Physicians like Ibn-e-Sina, Buqraat, Ibn-e-Nafees, Hakeem Aazam khan etc., describes jiryman-e-Mani in detail.

**Key Words:** Unani medicine; Dhaat syndrome; Jiryman-e-mani

## INTRODUCTION

First of all Indian doctor Narendra Wig coined the term Dhat syndrome in 1960 and described it as being characterized by vague psychosomatic symptoms of fatigue, weakness, anxiety, loss of appetite, guilt, and sexual dysfunction, attributed by the patient to loss of semen in nocturnal emission, through urine or masturbation [1]. The term “Dhat” was derived from songskrito and the ancient Vedic depiction of body fluids called “dhatus” and among the seven different body fluids (dhatus) mentioned in Veda; semen is perceived to be most precious In Unani system of medicine there is no as such description of Dhaat Syndrome but the concept of Jiryman-e-Mani is well described by Unani scholars [2,3]. The signs and symptoms of Jiryman-e-Mani are almost very similar to Dhaat syndrome. Famous Unani Physician Hakeem Azam khan in his book “Akseer-e-Azam” well describes the causes and of the diagnosis of the Jiryman-e-Mani.4 Ibn-e-Nafis also emphasized on the causes and treatment of the Jiryman-e-Mani [4,5].

## EPIDEMIOLOGY

Dhat syndrome is widely prevalent in the natives of Indian subcontinent, Bangladesh and Pakistan [6]. The patient presenting with Dhat syndrome is typically more likely to be recently married; of average or low socio-economic status (perhaps a student, labourer or farmer by occupation), comes from a rural area and belongs to a family with conservative attitudes towards sex. ‘Dhat Syndrome’ has acquired further International recognition by being included in Annexure 2 (culture specific disorders) of the ICD-10 Diagnostic Criteria for Research.

### Causes

Most of the Unani physicians describe the causes in very detail:

- Kasrat-e-Mani (excessive semen volume) either due to abstinence from intercourse or from masturbation or over

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consumption of Mowallid-e-Mani (Seminopoietic) substances causes excesses of semen volume leads Jiryane-Mani.

- Hiddat-e-Mani (acuteness of semen): Due to burning sensation in Auiya-e Mani, leads Jiryane-Mani.
- Riqqat-e-Mani (low viscosity of semen) due to predominance of Burudat and Rutubat (Coldness and Wetness) in the testicular ducts or vessels.
- Zof-e-Auiya-e Mani It is mainly due to the change in the temperament of the Auiya-e Mani that is predominance of Burudat (Coldness) and Zof-e-Quwwat-e-Masika (Debility in Retentive power)
- Other causes includes Like Masturbation, Aghlaam (anal-sex), indulgence in excessive intercourse, pornography, sexual fantasies, citrus foods and drinks, nervine debility etc.

## CLINICAL FEATURES

- Unusual tiredness
- Backache
- Legs cramps
- General weakness of the body
- Weight loss
- Indigestion
- Constipation
- Headache
- Vertigo
- Lack of concentration in the routine work
- Sometimes palpitation and Insomnia

## Usool-e-Ilaj (Principle line of treatment)

The line of treatment of Jiryane-Mani are as in following manners

- To correct the various causes.
- Kasrat-e-Mani: In case Kasrat-e-Mani, Evacuation of Mani by Intercourse, Avoid excess Consumption of Ghiza whiche causes kasrat-e-mani.
- Hiddat-e-Mani: In case of Hiddat-e-Mani, Oral administration of Cold and Wet temperament drugs should be given like Sharbat-e-Nilofar, Sharbat-e-Banasfsha.

- Zof-e-Quwwat-e-Masika: In case of it, Oral use of semen retentive drugs and measures.
- Islah-e-Hazam.
- Muqawi Aza Raisa Should is given.
- Other measures like Masturbation, Aghlaam (anal-sex), and indulgence in excessive intercourse, pornography, sexual fantasies, citrus foods and drinks should be avoided [6].

## CONCLUSION

Dhaat Syndrome is a complex medical condition that is incompletely characterized despite the recently witnessed advances in the study of men's health. Understanding the various psychological and biologic factors that have been recognized in the Causes of Dhaat syndrome will help clinicians to effectively treat by Unani medicines.

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## REFERENCES

1. Janssen PL. Psychodynamic study of male potency disorders. *Psychother Psychosom.*1985;44(1):6-17.
2. Stephens CJ, Kashentseva E, Everett W, Kaliberova L, Curiel DT. Targeted in vivo knock-in of human alpha-1-antitrypsin DNA using adenoviral delivery of CRISPR/Cas9. *Gene Ther.* 2018;25(2):139-156.
3. Szatmari P, Bremner R, Nagy J. Asperger's syndrome: a review of clinical features. *Can J Psychiatry.* 1989;34(6):554-560.
4. Wilson DI, Burn J, Scambler P, Goodship J. DiGeorge syndrome: Part of CATCH 22. *J Med Genet.*1993;30(10):852-856.
5. Lawson J, Baron-Cohen S, Wheelwright S. Empathising and systemising in adults with and without Asperger syndrome. *J Autism Dev Disord.* 2004;34(3):301-310.
6. Samson SL, Garber AJ. Metabolic syndrome. *Clin Endocrinol Metab.* 2014;43(1):1-23.