Dear Editor,

I read the case report “Culture-Specific Pathogenicity of Dhat (Semen Loss) Syndrome in an Arab/Islamic Society, Oman” published in the May 2017 issue of the Oman Medical Journal with interest. As the authors rightly pointed out, Dhat syndrome is a ‘culture reactive syndrome’ rather than a ‘culture-bound syndrome’ since it is also reported in many other geographical regions including Central Asia, China, Russia, America, and Europe. The authors are right in mentioning that it is the first case report of Dhat syndrome in an Arab population, but to say that it is rare among Islamic population would be incorrect, as among the Islamic populations in India and Pakistan it is not that rare. It has also been reported among Pakistani Muslim expatriate workers in the Gulf States. A recent nationwide multicentric study from India on the phenomenology of Dhat syndrome found that out of the 780 cases studied, 179 (22.9%) were muslims.

The case report also highlighted the lack of culture bound entity of Dhat syndrome. Just like Asian culture, Islamic and Western cultures also emphasize the importance of semen and consequences of semen loss, making it a global phenomenon. Furthermore, globalization and migration, especially from the Indian subcontinent to the Gulf countries, could also be seen as a reason for this presentation. It is also worthwhile to note that the Arabian Gulf has had extensive historical, cultural, and social connections with the Indian sub-continent. This may partly explain the occurrence of Dhat syndrome in Oman and further emphasize that Dhat syndrome is ‘culture reactive’ rather than ‘culture bound’.

REFERENCES