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Case Report

Psychiatry Section

Seminal Retention Syndrome with Cybersex Addiction: A Case Report

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ABSTRACT

Culture bound syndromes which present with symptoms which resemble somatization have been described. In the Asian countries, syndromes which involve the loss of semen (the 'Dhat syndrome'), which present with physical and psychological symptoms are common. This is only the second case report which has described seminal retention. A 24- years old, unmarried male who presented with the symptoms of a somatization disorder, which was attributed to seminal retention and who developed cybersex addiction has been described. He responded to the treatment with fluoxetine 20mg daily. Seminal retention syndrome needs further exploration in the southeast Asian countries for its prevalence, presentations and treatment.

Key Words: Culture bound syndrome, Somatization, Seminal retention, Cybersex addiction

INTRODUCTION

'Somatization' refers to 'a tendency to experience and communicate pathological distress in the form of physical symptoms in the absence of any pathological finding, to attribute them to physical illness, and to seek medical help for them [1]. This phenomenon has been reported from all over the world, more commonly from the developing countries [1,2]. Somatizing patients form a high proportion of patients with multiple unexplained physical symptoms, who attend various medical care settings. Many culture bound syndromes which present with sexual symptoms which resemble somatization disorders have been described, but these are recognized as separate diagnostic entities as they are common in a particular cultural group [3-5]. In India, where the Dhat syndrome is common, it is rare to find a syndrome with an opposite presentation. We recently came across a patient who presented with somatization which was attributed to seminal retention and he also developed cybersex addiction. This case is being reported after taking his written consent.

CASE HISTORY

A 24-years old, unmarried, Hindu male student who belonged to a nuclear family from an urban background presented with loss of appetite, lack of interest, decreased energy, weakness, lack of concentration, memory loss, heaviness in the head, chest and abdominal pain, belching, pain in the chest, and an occasional difficulty in falling asleep. There was no hopelessness, worthlessness, sad mood or suicidal thoughts.The symptoms started three months back when he joined a gymnasium to do moderate aerobic physical exercise for about 30 minutes and was advised the stoppage of any form of sexual activity. He believed that his symptoms had resulted from seminal retention over the past three months. He thought that semen, like urine, was an excretory material and that its daily passage was a must for having good health. He started masturbation daily and was exposed to internet pornography by a friend, to which he gradually became addicted. He used to spend four to six hours daily, watching cybersex films and masturbating. He was distressed with the compulsive habit of watching internet pornography that had led to his missing of his classes of his post-graduation course in commerce at his college. Therefore, he had come himself to our Psychiatry Outpatients Department for treatment. There was no history of nocturnal emissions and he had avoided sexual contact. There was no past history of any psychiatric illness, drug dependence or chronic physical illness. A family history of a psychiatric disorder or a chronic physical illness was also absent. He had an introvert personality with an interest in reading, with no foodfads.

On examining his mental status, it was found that he was preoccupied with the belief that all his symptoms had resulted due to an illness which was caused by seminal retention and to avoid this, he has developed sex addiction and this had resulted in his academic decline. There was no perceptual mood or any formal thought disorder. His higher mental functions were also normal. He was started on fluoxetine 20 mg daily and counseling (which included psychoeducation about the harmlessness of semen and also explanation on how his anxiety which had resulted from his preoccupation about seminal retention had led to his symptoms, which included cybersex addiction). He showed improvement within 6 weeks. The medication was gradually tapered off after five months. At his follow up after 6 months, he did not show the symptoms of seminal retention. The habits of masturbation and cybersex addiction also did not appear.

DISCUSSION

In the Indian subcontinent, there is a predominance of the belief that the passage of semen in urine results in an increased susceptibility to develop a disease and the patients present with various physical symptoms (which include sexual dysfunction) and mental disturbances which they attribute to spermatorrhoea, which is the so called Dhat syndrome [3]. The present case presented with a paradoxical belief that the retention of semen was harmful and that it would result in various diseases. He also showed a tendency of cybersex addiction which he thought would relieve him of his symptoms and he indulged in masturbation while he watched

cyber pornography. The present case is important, as firstly this is the second case report on the seminal retention syndrome and the first which is being reported by us [6]. Secondly, in a culture where people believe that loss of semen leads to physical and mental weakness, the existence of seminal retention represents a paradoxical belief, Thirdly, it had co morbid cyber addiction and lastly, the symptoms of seminal retention and cybersex addiction responded to the treatment with fluoxetine, a selective serotonin reuptake inhibitor (SSRI). The previous case [6] of the seminal retention syndrome which was reported was different in that it did not have cybersex addiction and secondly, he had shown improvement after treatment with citalopram, a SSRI.

In 2007, Jadhav [7] had reported the evidence of the semen retention syndrome amongst white Britons. There is need to explore the syndrome of seminal retention in other parts of the world, including India and other southeast Asian countries. There is a need to to explore the phenomenology, family dynamics and the role of support groups in this syndrome.

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