

## Dissociative Disorder in a Female with Chronic Cervicitis: Cultural Link between Mind and Body

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To the Editor,

In certain cultures (South Asian cultures), a lot of emphasis is given to the preciousness of genital secretions (semen in males and vaginal secretion in females) and their loss is considered to have significant adverse effect on the body [1,2]. The religious and cultural texts of south Asian culture tag genital secretions with the longevity and vitality [2]. This cultural link between belief system (mind) with loss of genital secretions (body) is the core of psychological distress. Discharge per vaginum among females of reproductive age group is common and may be physiological or pathological. The negative connotations (beliefs regarding adverse consequences of vaginal discharge) associated with vaginal discharge result in significant psychological distress to suffering females. This often manifests as somatoform disorder or dissociative disorder [3-5].

A 28-year-old, illiterate, married, multiparous female from a rural background presented with complaints of episodes of stupor and abnormal body movements for past 3 months. Her stupor episodes followed abnormal bizarre movements of limbs lasting for 15-30mins. Seizure disorder was ruled out in the patient. She also had complaints of whitish vaginal discharge along-with bodyache, loss of appetite, low mood, anxiety and disturbed sleep for last two years. She would attribute all her symptoms to passage of "Dhat" (she referred whitish vaginal discharge as "Dhat"). Her past history and family history were insignificant.

Prior to consultation here, she had already consulted various traditional healers, doctors of

alternative system of medicine and general physicians without any benefit. Gynecological consultation revealed hypertrophied cervix (on per speculum examination) in the patient. Pap smear of the cervix revealed inflammatory cells. Investigations also ruled out HIV infection, syphilis and other sexually transmitted infections. Her neuroimaging was unremarkable. She was prescribed antibiotics (Doxycycline) for chronic cervicitis. On antibiotic treatment, the vaginal discharge reduced. However, anxiety, low mood and somatic symptoms persisted due to her attribution of loss of vital energy through long standing vaginal discharge. She was prescribed Amitriptyline 25mg/day and Chlordiazepoxide 10mg/day; supportive counseling was also done. She had shown significant improvement at five months follow up. Due to lack of a definite category in current classificatory system for diagnosing 'Dhat syndrome among females', that can explain the cultural basis of the psychopathology, a psychiatric diagnosis of somatoform disorder with mixed dissociative disorder (dissociative convulsions and stupor) was made.

Our patient had multiple psycho-somatic symptoms which were unexplainable by chronic cervicitis. However, her attribution of these psycho-somatic symptoms to the genital discharge suggests about the culturally colored negative perception.

Complain about genital discharge in females is not uncommon in clinical settings so also the psychological distress associated with genital discharge. In spite of this awareness, psychiatric comorbidities associated with genital discharge in females are often missed. Considering the enormous emphasis given to the genital secretions, there is a need to understand the cultural meanings added to genital secretions in South Asian culture [2]. The clinicians need to see the psychological aspects of vaginal discharge, either pathological or non-

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Received on 11.10.2017, Accepted on 30.10.2017

pathological. Dealing with psychological aspects will improve management and correct faulty cognitive errors in patients leading to improved outcome. This case highlights the relevance of understanding mind-body link (cultural beliefs related to genital secretions) under the light of cultural tenets.

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