



## Research Article

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### EXPLORING THE RELATIONSHIP BETWEEN DHAT SYNDROME AND SHUKRA VEGA DHARANA IN INCARCERATED MEN: A CROSS-SECTIONAL STUDY

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#### ABSTRACT

**Introduction:** Dhat Syndrome, a culture-bound concept of distress, and Shukra Vega Dharana (suppression of the urge for ejaculation), an Ayurvedic concept concerning suppression of natural sexual urges, are prevalent in the Indian subcontinent. Both are related to beliefs about semen preservation; however, their statistical overlap remains under-researched, particularly in restrictive environments. **Aim:** To evaluate the clinical and statistical association between Dhat Syndrome (DS) and Shukra Vega Dharana (SVD; suppression of the urge for ejaculation) among incarcerated men. **Materials and Methods:** A cross-sectional study was conducted from 2017 to 2019 in a central correctional facility in India. Data from 267 inmates were collected using structured questionnaires in English, Marathi, and Hindi. DS was identified using a screening definition based on perceived semen loss with associated somatic symptoms; SVD was defined using a five-item composite measure of behavioural and cognitive suppression. **Results:** The mean age of participants was 32.43 years. The prevalence of DS and SVD among respondents was 94.0% and 91.8%, respectively. A strong statistical association was observed ( $\chi^2 = 189.54$ ,  $p < 0.001$ ), with near-complete overlap between the constructs. Lower educational status, nocturnal emissions, and non-productive use of free time were significant predictors of both conditions. **Conclusion:** DS and SVD showed substantial clinical and statistical overlap in this population. These findings suggest that both frameworks identify a common cultural idiom of distress related to sexual deprivation and health-related anxiety in the prison environment.

**Keywords:** Dhat Syndrome, culture-bound syndromes, Ayurveda, sexual behaviour, anxiety.

#### INTRODUCTION

Dhat Syndrome is recognised in modern psychiatry as a cultural concept of distress or as another specified neurotic disorder.<sup>1</sup> It is characterised by excessive anxiety regarding perceived semen loss through urination, masturbation, or nocturnal emissions, with semen being interpreted as a vital source of energy.<sup>2</sup> This semen-loss anxiety typically manifests as a cluster of vague somatic symptoms, including fatigue, weakness, and sexual dysfunction.<sup>1</sup>

In the Ayurvedic framework, these symptoms closely mirror Shukra Vega Dharana (suppression of the urge for ejaculation), defined as the voluntary inhibition of the urge for ejaculation.<sup>3</sup> According to classical texts, suppression of natural urges (vegarodha; suppression of natural urges) disrupts the body's homeostatic vata (regulatory functional principle) system, leading to a pathological state known as Udavartta (disorder caused by suppression of natural urges), which is characterised by psychological and physical disturbances.<sup>4,5</sup> Both frameworks share the traditional belief that semen is a highly refined bodily constituent derived sequentially from food, blood, and marrow. Consequently, its loss or suppression is perceived as detrimental to vitality.<sup>6,7</sup>

Despite this conceptual similarity, empirical research linking these constructs is scarce.<sup>8,9</sup> Prison settings provide a unique environment for such research because incarcerated men

experience mandatory sexual deprivation, prolonged separation from partners, and heightened somatic preoccupation.<sup>10,11</sup> This study aimed to evaluate the statistical association between Dhat Syndrome (DS) and Shukra Vega Dharana (SVD; suppression of the urge for ejaculation) and to estimate their prevalence in this high-risk institutionalised setting.

#### METHODS

**Study Design and Population:** A cross-sectional observational study was conducted from 2017 to 2019 at a central correctional facility in Nashik, India. Ethical approval was obtained from the Government Ayurvedic College, Nanded. Of 500 eligible inmates, 267 provided written informed consent. Convenience sampling was used because of logistical constraints in the correctional setting.

#### Operational Definitions

**Shukra Vega Dharana (suppression of the urge for ejaculation):** A five-item composite measure captured behavioural, motivational, and somatic domains of suppression. Participants were categorised as having SVD if they affirmed the core behavioural suppression item and at least two other items, such as belief in semen preservation for strength or somatic symptoms attributed to suppression of natural urges.<sup>12</sup>

**Dhat Syndrome:** DS was identified using a screening definition in which participants reported perceived semen loss through nocturnal emissions, urine, or other routes and at least one associated symptom, such as weakness or anxiety.<sup>14</sup> This approach identifies the “Dhat idiom” rather than providing a formal clinical diagnosis.<sup>2,15</sup>

**Data Collection:** A modified version of the Grover and Avasthi questionnaire was used and was qualitatively validated by a panel of Ayurvedic and psychiatric experts. The instrument was provided in English, Marathi, and Hindi to ensure conceptual clarity.<sup>13,16</sup>

**Statistical Analysis:** Associations were evaluated using chi-square tests. Because of sparse cells in some contingency tables, Fisher’s exact test was used where appropriate.<sup>17</sup> Binary logistic regression was used to identify independent predictors, and model fit was assessed using the Hosmer-Lemeshow test.

## RESULTS

**Demographics and Prevalence:** Socio-demographic characteristics and their associations with DS and SVD prevalence are detailed in Table 1.

**Behavioural Factors:** Prolonged separation from a spouse for more than one year was significantly correlated with both DS ( $p = 0.026$ ) and SVD ( $\chi^2 = 5.48$ ,  $p = 0.019$ ). Nocturnal emissions demonstrated a very strong association ( $p < 0.001$  for both conditions). Conversely, masturbation, reported by 31.5% of participants, and post-masturbatory guilt did not show statistically significant associations with either condition ( $p > 0.1$ ). Non-productive use of free time was reported more frequently by affected participants ( $p < 0.001$ ).

**The DS-SVD Association:** A near-complete overlap was observed between the two constructs. Among the 267 participants, 245 screened positive for both DS and SVD. No participants were identified as Dhat-negative but SVD-positive. This association was highly significant ( $\chi^2 = 189.54$ ,  $p < 0.001$ ).

**Predictors of Dhat Syndrome:** The logistic regression model explained 64.2% of the variance (Nagelkerke  $R^2$ ). SVD was the strongest predictor ( $p < 0.001$ ), although the zero cell produced an unstable odds ratio. Other significant independent predictors included age  $> 30$  years (OR 1.52, 95% CI 1.01–2.30) and longer duration of incarceration (OR 2.34, 95% CI 1.21–4.54).

## DISCUSSION

This study identified a marked statistical overlap between Dhat Syndrome and Shukra Vega Dharana, with remarkably high prevalence rates in the incarcerated population.

### The DS-SVD Association: A Structural Artefact

The near-complete concordance between DS and SVD suggests that these constructs may represent a single clinical phenomenon interpreted through different explanatory models. However, this finding should be viewed as a structural artefact of the study design. The assessment criteria for DS, based on semen-loss anxiety, and SVD, based on distress from suppression, share an identical symptomatic core. Thus, the high correlation reflects definitional overlap: the questionnaire measured similar distress using two different nomenclatures.<sup>18</sup> For institutionalised men, perceived physiological suppression and psychological distress may overlap substantially.<sup>19,20</sup>

### Contextual Determinants of High Prevalence

The observed prevalence of 94.0% was considerably higher than prevalence estimates reported in some previous studies. This discrepancy may be explained by the artificially enriched nature of the prison population. In Ayurvedic descriptions, suppression of natural urges is associated with disturbance of Vata and related manifestations of Udavartta.<sup>4,5</sup> The environmental stressors of incarceration, including limited privacy, restricted sexual activity, and limited access to sexual health information, may contribute to psychological and sexual-health concerns.<sup>21,22</sup>

### Behavioural and Socio-Demographic Influences

The socio-demographic profile reinforces the role of cultural determinants. Participants with lower educational status showed greater adherence to traditional beliefs regarding semen preservation.<sup>23</sup> Furthermore, misinterpretation of normal physiological processes, such as nocturnal emissions, remains a central driver of semen-loss anxiety.<sup>24</sup> The association with non-productive free time indicates that boredom and rumination in a restricted environment may amplify symptom perception.<sup>25,26</sup>

### Methodological Limitations

**Instrument Correlation:** The operational definitions shared a symptomatic core, leading to definitional tautology rather than verification of independent entities.<sup>27,28</sup>

**Selection Bias:** The sample was restricted to married, incarcerated men; therefore, the results cannot be generalised to the broader community, where prevalence is typically lower.<sup>29</sup>

**Statistical Constraints:** The zero cell in the contingency table necessitated Fisher’s exact test and limited the stability of regression effect estimates.<sup>30</sup>

**Screening Sensitivity:** The screening definition likely captured subclinical cultural beliefs rather than pathological neurotic disorders, potentially leading to false-positive findings.<sup>31</sup>

## CONCLUSION

This study demonstrates substantial conceptual and statistical overlap between Dhat Syndrome and Shukra Vega Dharana within the incarcerated population. The extremely high prevalence rates likely reflect the unique environmental stressors of the correctional facility rather than broader population trends. These findings highlight the need for culturally sensitive, integrative healthcare approaches in prisons that address both psychiatric distress and traditional Ayurvedic interpretations of sexual health. Future research should use validated diagnostic tools to move beyond the current definitional overlap and explore potential physiological biomarkers for these conditions.

**Ethical Approval and Consent to Participate:** The study involved human participants and was conducted in accordance with the ethical principles outlined in the International Council for Harmonisation–Good Clinical Practice (ICH-GCP) guidelines and the Indian Council of Medical Research (ICMR) National Ethical Guidelines for Biomedical and Health Research Involving Human Participants. Ethical approval was obtained from the Institutional Ethics Committee of Government Ayurvedic College, Nanded. Written informed consent was obtained from all participants before enrolment in the study.

**Prison Approval Compliance Statement:** The authors declare that information unrelated to the objectives of this study and obtained from the prison setting has not been included in this manuscript. The study and manuscript comply with all conditions specified in the approval letter issued by the prison authorities.

**Table 1: Socio-demographic Characteristics and Prevalence of Dhat Syndrome (DS) and Shukra Vega Dharana (SVD; suppression of the urge for ejaculation) (N=267)**

| Variable                                                 | Total N (%) | Dhat Syndrome Positive (%) | p-value       | SVD Positive (%) | p-value       |
|----------------------------------------------------------|-------------|----------------------------|---------------|------------------|---------------|
| <b>Total Sample</b>                                      | 267         | 251 (94.0)                 | --            | 245 (91.8)       | --            |
| <b>Education</b>                                         |             |                            | <b>0.029*</b> |                  | <b>0.002*</b> |
| - Lower (Primary/None)                                   | 170 (63.7)  | 163 (95.9)                 |               | 161 (94.7)       |               |
| - Higher (Secondary+)                                    | 97 (36.3)   | 86 (88.7)                  |               | 84 (86.6)        |               |
| <b>Living Arrangement with wife Before Incarceration</b> |             |                            | 0.452         |                  | 0.318         |
| - Living with wife                                       | 198 (74.2)  | 187 (94.4)                 |               | 183 (92.4)       |               |
| - Living separately from wife                            | 69 (25.8)   | 64 (92.8)                  |               | 62 (89.9)        |               |
| <b>Residence</b>                                         |             |                            | 0.712         |                  | 0.584         |
| - Rural                                                  | 182 (68.2)  | 172 (94.5)                 |               | 168 (92.3)       |               |
| - Urban                                                  | 85 (31.8)   | 79 (92.9)                  |               | 77 (90.6)        |               |
| <b>Age Group</b>                                         |             |                            | 0.115         |                  | 0.082         |
| - ≤ 30 years                                             | 124 (46.4)  | 114 (91.9)                 |               | 110 (88.7)       |               |
| - > 30 years                                             | 143 (53.6)  | 137 (95.8)                 |               | 135 (94.4)       |               |

\* Significant at  $p < 0.05$ .

This table summarises demographic characteristics, the prevalence of both conditions, and significance testing, identifying education as a key associated factor.

Note: Denominators varied across behavioural variables because some participants did not provide responses to specific sensitive questions. Percentages were calculated based on the valid responses for each respective variable

**Table 2: Behavioural Factors and Cross-Tabulation of Dhat Syndrome (DS) vs. Shukra Vega Dharana (SVD; suppression of the urge for ejaculation)**

| Behavioural Factor            | DS Positive (%)     | p-value             | SVD Positive (%) | p-value               |
|-------------------------------|---------------------|---------------------|------------------|-----------------------|
| <b>Nocturnal Emissions</b>    | 210 (98.6)          | <b>&lt; 0.001*</b>  | 205 (96.2)       | <b>&lt; 0.001*</b>    |
| <b>Masturbation Practice</b>  | 78 (92.9)           | 0.651               | 75 (89.3)        | 0.412                 |
| <b>Free Time</b>              | 195 (97.5)          | <b>&lt; 0.001*</b>  | 190 (95.0)       | <b>&lt; 0.001*</b>    |
| <b>Separation from Spouse</b> | 187 (96.4)          | <b>0.026*</b>       | 183 (94.3)       | <b>0.019*</b>         |
| <b>DS vs. SVD Overlap</b>     | <b>SVD Positive</b> | <b>SVD Negative</b> | <b>Total</b>     | <b>Fisher's Exact</b> |
| <b>Dhat Positive</b>          | 245                 | 6                   | 251              | <b>&lt; 0.001*</b>    |
| <b>Dhat Negative</b>          | 0                   | 16                  | 16               |                       |

\* Significant at  $p < 0.05$ .

This table summarises behavioural factors and the core statistical association ( $\chi^2 = 189.54$ ,  $p < 0.001$ ), supporting the structural-artefact interpretation.

Note: Denominators varied across behavioural variables because some participants did not provide responses to specific sensitive questions. Percentages were calculated based on the valid responses for each respective variable

## REFERENCES

- Bhuyan D, Deka B. Dhat syndrome: past and present - the journey of an Indian culture-bound syndrome across the globe. *Open Journal of Psychiatry & Allied Sciences* [Internet]. 2019 Jan 1 [cited 2025 Nov];10(2):101. Available from: <https://doi.org/10.5958/2394-2061.2019.00021.1>
- Strong Y, Li A, White ME, Razzak AN, Anderson DJ, Kaye AD, et al. Dhat syndrome: epidemiology, risk factors, comorbidities, diagnosis, treatment, and management. *Health Psychology Research* [Internet]. 2022 Oct 12 [cited 2026 Jan];10(4):1. Available from: <https://doi.org/10.52965/001c.38759>
- Tonde SS, Gandhi M, Patil YR. Prevalence of Shukra Vega Dharana in an Indian population: a cross-sectional survey protocol. *J Ayurveda Integr Med* [Internet]. 2019;10(2):119-125. Available from: <https://doi.org/10.1016/j.jaim.2017.12.003>
- Aware M, Chaudhari R, Pawar SS. Suppression of Apana Vayu: classical Ayurvedic perspectives and modern clinical correlations of natural urges. *International Journal of Ayurveda360* [Internet]. 2025 Dec 15 [cited 2026 Mar];2(3):902-10. Available from: <https://doi.org/10.63247/3048-7390.vol.2.issue3.10>
- Sen R, Baghel AS, Khandale S. Udavarta and diet: Ayurveda's path to wellness. *International Journal of Ayurveda and Pharma Research* [Internet]. 2025 Nov 15 [cited 2026 Mar];13(10):97-104. Available from: <https://doi.org/10.47070/ijapr.v13i10.3820>
- Starvin A, Ashokkumar C, Dharmapuri K, Wong Y, Joel V, Ellen L, et al. Unraveling cultural perceptions and attitudes towards Dhat syndrome in Asian American communities: a window into diagnosis and treatment influences. *Medical & Clinical Research* [Internet]. 2023 Aug 15 [cited 2026 Jan];8(8). Available from: <http://doi.org/10.33140/mcr.08.08.08>
- SM K. Impotent warriors: Gulf War syndrome, vulnerability, and masculinity. *The Journal of Nervous and Mental Disease* [Internet]. 2010 May 1 [cited 2025 Nov];198(5):391. Available from: <https://doi.org/10.1097/nmd.0b013e3181de0e9f>
- Unar A, Afridi HI, Ali A, Ali NZ, Qureshi TA. Determination of electrolytes and trace elements in biological samples from patients with altered semen parameters: a correlational analysis. *Biological Trace Element Research* [Internet]. 2024 Jun 26 [cited 2026 Jan];203(3):1383-94. Available from: <https://doi.org/10.1007/s12011-024-04281-7>
- Nätt D, Kugelberg U, Casas E, Nedstrand E, Zalavary S, Henriksson P, et al. Human sperm displays rapid responses to diet. *PLoS Biology* [Internet]. 2019 Dec 26 [cited 2026 Jan];17(12). Available from: <https://doi.org/10.1371/journal.pbio.3000559>
- Carcedo RJ, Perlman D, López F, Orgaz MB, Fernández-Rouco N. The relationship between sexual satisfaction and psychological health of prison inmates. *The Prison Journal* [Internet]. 2014 Dec 26 [cited 2025 Nov];95(1):43-65. Available from: <https://doi.org/10.1177/0032885514563271>
- Carcedo RJ, Perlman D, Fernández-Rouco N, Perez FV, Hervalejo D. Sexual satisfaction and mental health in prison inmates. *Journal of Clinical Medicine* [Internet]. 2019 May 17 [cited 2025 Nov];8(5):705. Available from: <https://doi.org/10.3390/jcm8050705>

12. Zimmer F, Imhoff R. Abstinence from masturbation and hypersexuality. *Archives of Sexual Behavior* [Internet]. 2020 Mar 4 [cited 2026 Jan];49(4):1333-43. Available from: <https://doi.org/10.1007/s10508-019-01623-8>
13. Grover S, Avasthi A, Aneja J, Shankar G, Mohan MR, Nehra R, et al. Comprehensive questionnaire for assessment of Dhat syndrome: development and use in patient population. *J Sex Med* [Internet]. 2014 Oct;11(10):2485-95. Available from: <https://doi.org/10.1111/jsm.12241>
14. Prakash O, Salam KMAE, Sharma M. Development of cognitive-behavioral therapy intervention for patients with Dhat syndrome. *Indian Journal of Psychiatry* [Internet]. 2012 Jan 1 [cited 2026 Jan];54(4):367. Available from: <https://doi.org/10.4103/0019-5545.104826>
15. Prakash O, Kar SK. Dhat syndrome: a review and update. *Journal of Psychosexual Health* [Internet]. 2019 Jul 1 [cited 2025 Nov];1:241-5. Available from: <https://doi.org/10.1177/2631831819894769>
16. Febin H, Madhavan J, Pratibha N. Development and validation of a questionnaire (SOMA-Q) to assess ojus in manasroga. *Ancient Science of Life* [Internet]. 2024 Jan 1 [cited 2025 Nov];38:150-6. Available from: [https://doi.org/10.4103/asl.asl\\_109\\_22](https://doi.org/10.4103/asl.asl_109_22)
17. Nowacki AS. Chi-square and Fisher's exact tests. *Cleveland Clinic Journal of Medicine* [Internet]. 2017 Sep 1 [cited 2026 Jan];84. Available from: <https://doi.org/10.3949/ccjm.84.s2.04>
18. Bošković I, van der Heide D, Hope L, Merckelbach H, Jelicic M. Plausibility judgments of atypical symptoms across cultures: an explorative study among Western and non-Western experts. *Psychological Injury and Law* [Internet]. 2017 Jul 28 [cited 2026 Jan];10(3):274-81. Available from: <https://doi.org/10.1007/s12207-017-9294-6>
19. Ramesh T. Exploring masculinity, experience of distress, and help-seeking within a UK male prison. *Journal of Men's Health* [Internet]. 2023 Jan 1 [cited 2026 Jan];19(12):87. Available from: <https://doi.org/10.22514/jomh.2023.134>
20. Cochran SD, Sullivan JG, Mays VM. Prevalence of mental disorders, psychological distress, and mental services use among lesbian, gay, and bisexual adults in the United States. *Journal of Consulting and Clinical Psychology* [Internet]. 2003 Jan 1 [cited 2026 Jan];71(1):53-61. Available from: <https://doi.org/10.1037/0022-006x.71.1.53>
21. Bland R, Newman SC, Dyck RJ, Orn H. Prevalence of psychiatric disorders and suicide attempts in a prison population. *The Canadian Journal of Psychiatry* [Internet]. 1990 Jun 1 [cited 2025 Nov];35(5):407-13. Available from: <https://doi.org/10.1177/070674379003500508>
22. Comfort M, Grinstead O, McCartney K, Bourgois P, Knight KR. You can't do nothing in this damn place: sex and intimacy among couples with an incarcerated male partner. *The Journal of Sex Research* [Internet]. 2005 Feb 1 [cited 2026 Jan];42(1):3-12. Available from: <https://doi.org/10.1080/00224490509552251>
23. Lieber E, Chin D, Li L, Rotheram-Borus MJ, Detels R, Wu Z, et al. Sociocultural contexts and communication about sex in China: informing HIV/STD prevention programs. *AIDS Education and Prevention* [Internet]. 2009 Oct 1 [cited 2026 Jan];21(5):415-29. Available from: <https://doi.org/10.1521/acap.2009.21.5.415>
24. Ranjith G, Mohan R. Dhat syndrome as a functional somatic syndrome: developing a sociosomatic model. *Psychiatry* [Internet]. 2006 Mar 1 [cited 2026 Jan];69(2):142-50. Available from: <https://doi.org/10.1521/psyc.2006.69.2.142>
25. Mascherek A, Reidick MC, Gallinat J, Kühn S. Is ejaculation frequency in men related to general and mental health? Looking back and looking forward. *Frontiers in Psychology* [Internet]. 2021 Aug 9 [cited 2026 Jan];12:693121. Available from: <https://doi.org/10.3389/fpsyg.2021.693121>
26. Maruf MM, Khan MZR, Jahan N, Ahmed A, Sadiq MS, Ferdush R. Sociodemographic profile and co-morbid symptoms among individuals with semen loss. *Bangladesh Journal of Medicine* [Internet]. 2021 Dec 6 [cited 2025 Nov];33(1):64-9. Available from: <https://doi.org/10.3329/bjm.v33i1.56792>
27. Sun S, Goldberg SB, Lin D, Qiao S, Operario D. Psychiatric symptoms, risk, and protective factors among university students in quarantine during the COVID-19 pandemic in China. *Globalization and Health* [Internet]. 2021 Jan 25 [cited 2026 Jan];17(1):15. Available from: <https://doi.org/10.1186/s12992-021-00663-x>
28. Titov N, Dear BF, Bisby MA, Nielssen O, Staples L, Kayrouz R, et al. Measures of daily activities associated with mental health (Things You Do Questionnaire): development of a preliminary psychometric study and replication study. *JMIR Formative Research* [Internet]. 2022 Jul 5 [cited 2026 Mar];6(7). Available from: <https://doi.org/10.2196/38837>
29. Shorey RC, Febres J, Brasfield H, Stuart GL. The prevalence of mental health problems in men arrested for domestic violence. *Journal of Family Violence* [Internet]. 2012 Aug 18 [cited 2026 Jan];27(8):741-8. Available from: <https://doi.org/10.1007/s10896-012-9463-z>
30. Rowell-Cunsolo TL, Long Y, Szeto B, Mkuu R, El-Bassel N. Examining factors associated with unprotected sexual behavior among Black Americans postrelease from incarceration in New York City. *Journal of Offender Rehabilitation* [Internet]. 2018 Jul 4 [cited 2025 Nov];57(5):330-42. Available from: <https://doi.org/10.1080/10509674.2018.1487899>
31. Pinto JV, Hoeboer C, Hunt C, O'Toole BI, Olff M. Examining the clinical validity of the global psychotrauma screen in refugees. *Frontiers in Psychology* [Internet]. 2024 Jul 22 [cited 2026 Mar];15:1394014. Available from: <http://dx.doi.org/10.3389/fpsyg.2024.1394014>

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