

Culture- Bound Syndromes in India

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Abstract

Culture plays a decisive role in coloring the psychopathology of various psychiatric disorders. However, some psychiatric syndromes are limited to certain specific cultures. These disorders are called culture specific or culture bound syndrome. The last two decades have witnessed an increased interest in the cross cultural study of psychiatric disorders. Culture-bound syndrome is a broad rubric that encompasses certain behavioral, affective and cognitive manifestations seen in specific cultures. These manifestations are deviant from the usual behavior of the individuals of that culture and are a reason for distress/discomfort. This entitles these manifestations for a proper labeling and subsequent management. However, the available information and literature on these conditions suggest that at least some of them are/have been more widely prevalent than being considered. These conditions could be relabeled as functional somatic syndromes.

Keywords: Culture; Culture Bound Syndrome.

Introduction

The concept of 'culture-bound syndromes', initially introduced by Yap in the 1950's and 1960's, refer to psychopathological entities having a geographically defined prevalence, and are largely determined by the beliefs and assumptions prevalent in the native culture [1].

A culture-bound syndrome, culture-specific

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syndrome or folk illness is a combination of psychiatric and somatic symptomsthat are considered to be a recognizable disease only within a specific society or culture. The term culture-bound syndrome was included in the fourth version of the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 1994) which also includes a list of the most common culture-bound conditions [2]. According to DSM IV, culture-bound syndrome denotes recurrent, locality-specific patterns of aberrant behavior and troubling experience that may or may not be linked to a particular DSM-IV diagnostic category. Many of these patterns are indigenously considered to be 'illnesses', or at least afflictions and most have local names. Although presentations conforming to the major DSM-IV categories can be found throughout the world, the particular symptoms, course, and social response are very often influenced by local cultural factors. In contrast, culture-bound syndromes are generally limited to specific societies or culture areas and are localized, folk, diagnostic categories that frame coherent meanings for certain repetitive, patterned, and troubling sets of experiences and observations [3].

Though no clear cut diagnostic criteria have been devised as of now, majority of Cultural Bound Syndrome share the following characteristics:

- Categorized as a disease in that culture.
- Widespread familiarity in that culture.
- Unknown in other cultures.
- No objectively demonstrable biochemical or organ abnormality.
- Treated by folk medicine/ traditional healers[3].

In India, common culture bound syndromes are Dhat Syndrome, Possession Syndrome, Koro, Gilhari

syndrome, Suddu, Bhanmati sorcery, culture-bound suicide (sati, santhra), ascetic syndrome, nuptial psychosis, mass hysteria etc [3].

The present article will discuss the socio-demographic, clinical profile of various culture bound syndromes in the Indian subcontinent.

Dhat Syndrome

Dhat is derived from sanskrit word 'Dhatu' meaning precious fluid. SusrutaSamhita (ancient Indian text of surgery) has described 7 Dhatus in the body. Dhatus are elixir of the body. Disturbances of it can cause physical and mental weakness. Of all seven, Semen is considered to be the most precious. CharakSamhita (ancient text of Indian Medicine) describes a disorder resembling Dhat Syndrome by the name 'Shukrameha'. Shukra is the word used for sperms in Sanskrit. Another term denoting semen is 'Veerya' which in Sanskrit means bravery, valor and strength [4].

- 40 meals = 1 drop of blood
- 40 drops of blood = 1 drop of Bone Marrow
- 40 drops of bone marrow = 1 drop of semen[4]

Dhat syndrome is a clinical entity recognized both by general public as well as medical practitioners in which nocturnal emissions lead to severe anxiety and hypochondriasis, often associated with sexual impotence. Patient usually presents with various somatic, psychological and sexual symptoms. Patient attributes it to the passing of whitish discharge, believed to be semen (Dhat), in urine [4].

This gives rise to belief that loss of excessive semen in any form e.g. masturbation, nocturnal emissions etc. is harmful. On the other hand its preservation will lead to health and longevity. Thus, the belief in precious and life-preserving properties of semen is deeply ingrained in Indian culture. The belief is further reinforced by traditional healers and perpetuated by friends and elders who had suffered from this syndrome.

This is Characterized by Following Features

- Generalized weakness
- Aches and pains all over body
- Tingling and numbness in various parts of body especially peripheries
- Easy fatigue
- Lassitude
- Loss of appetite, weight loss, loss of attention and

concentration

- Excessive worrying
- Panic attacks
- Sadness of mood
- Forgetfulness
- Feelings of guilt (especially towards masturbation during adolescence)
- Sexual complaints are that of premature ejaculation and erectile dysfunction
- Sometimes patient also reports of foul smelling semen and less viscous semen
- The syndrome is seen usually in people from lower socioeconomic strata who seek help from traditional healers before reaching Hospitals[5]

Treatment mainly consists of counseling which is directed towards removing the misconceptions regarding apprehension of semen loss. This counseling is combined with general sex education. Specifically, fears regarding masturbation and nocturnal emissions are allayed. Symptomatic treatment can be given for underlying anxiety, depression, hypochondriasis and sexual dysfunction [6].

Possession Syndrome

Trance and possession disorders (possession hysteria) are characterized by the control of person's personality by a 'spirit', during the episodes. Usually the person is aware of the existence of the other (i.e. possessor), unlike in multiple personality[6].

Person Speaks in changed tone, even gender changes at times if the possessing soul is of opposite sex. Usually seen in rural areas or in migrants from rural areas.

Majority of these patients are females who otherwise don't have any outlet to express their emotions. Syndrome is seen in all parts of India. Many religious shrines hold special annual festivals where hundreds of people get possessed simultaneously. These people are looked upon as special by their families and villages which reinforce the secondary gains. This syndrome is included in ICD-10 under Dissociative disorders. Treatment includes careful exploration of underlying stress which precipitated the possession attack. Antidepressants and anxiolytics are helpful in certain cases [3].

Culture Bound Suicide

Sati : Self-immolation by a widow on her husband's pyre. According to Hindu mythology, Sati the wife of

Dakhsha was so overcome at the demise of her husband that she immolated herself on his funeral pyre and burnt herself to ashes. Since then her name 'Sati' has come to be symptomatic of self-immolation by a widow. It was seen mostly in Upper Castes notably Brahmins and Kshatriyas and banned in India since 19th century. There has been only one known case since 1904 (in Rajasthan).

Jouhar : Suicide committed by a women even before the death of her Husband when faced by prospect of dishonour from another man (usually a conquering king). Most notable example is Rani Padmini of Chittor (Rajasthan) to evade the invading army of Sultan from Delhi in 15th century. More recently, hundreds of women killed themselves by jumping in wells during partition of India to avoid rioters violating their honour.

Santhara/Sallekhana: Voluntarily giving up life by fasting unto death over a period of time for religious reasons to attain God/ Moksha. It is seen in Jain Community who celebrates these events as religious festivals. Person initially takes liquids, later even refusing to take them. Recently 4 cases were reported from Rajasthan [3].

Koro

It is seen in northeastern states like Assam. It is commonly known as genital retraction syndrome. There is fear of genitalia retracting into abdomen leading ultimately to death. It is seen in both sexes. Affected male patient believes that his penis is shrinking and may disappear into his abdominal wall and he may die. Females affected infrequently, believing that their breasts and vulva are shrinking. Person applies external retractors to the genitalia in form of clamps, chains etc. to avoid it retracting back. It may occur as epidemics and is usually based on the culturally elaborated fears regarding nocturnal emission and masturbation. It is described as a syndrome in ICD-10 and DSM-IV. Treatment includes reassurance and talks to the patient on sexual anatomy as well as psychotherapy [7].

Ascetic Syndrome

It is firstly described by Neki in 1972. It appears in adolescents and young adults. Ascetic syndrome is characterized by social withdrawal, severe sexual abstinence, practice of religious austerities, lack of concern with physical appearance and considerable loss of weight [8].

Suudu

It is a culture specific syndrome of painful urination

and pelvic "heat" familiar in south India, especially in the Tamil culture. It occurs in males and females. It is popularly attributed to an increase in the "inner heat" of the body often due to dehydration. It is usually treated by the following:

- Applying a few drops of sesame oil or castor oil in the navel and the pelvic region
- Having an oil massage followed by a warm water bath
- Intake of fenugreek seeds soaked overnight in water

The problem has also been known to exist in other parts of South India and the methods of treatment are also similar[9].

Gilhari(Lizard) Syndrome

It is characterized by patient complaining of small swelling on the body changing its position from time to time as if a gilhari (squirrel) is travelling in the body. Neither much literature available nor nosological status is clear. The belief that the gilhari (lizard) will rise in the back and after reaching in the neck will kill the person is so strong that the patient himself and/or the relatives produce him for crushing or killing the gilhari in vital area which is very painful and cruel leading to serious consequences. The perception and belief is so strong that it may be described as delusion and tactile hallucination. The patient repeatedly keeps on showing the swelling and the relatives also believe and argue that they have noticed the swelling but on examination no such swelling is observed[10].

Bhanmati Sorcery

Belief in magical spells that produce evil spirits to cause psychiatric illness i.e. conversion disorders, somatization disorders, anxiety disorder, dysthymia, schizophrenia etc. or physical illnesses. This Cultural Bound Syndrome is seen in South India [11].

Mass Hysteria

Mass hysteria (also known as collective hysteria, group hysteria, or collective obsessional behavior) is a phenomenon that transmits collective delusions of threats, whether real or imaginary, through a population in society as a result of rumors and fear. There have been short lasting epidemics of mass hysteria where hundreds to thousands of people were seen to be believing and behaving in a manner in which ordinarily they wont. E.g. the God Ganesha's idols drinking milk all over India in 2006 lasted for almost a week [3].

A report by Choudhary et al. in 1993 of an atypical hysteria epidemic in a tribal village of the State of Tripura, India. Twelve persons, eight female and four male, were affected in a chain reaction within a span of ten days. The cardinal feature was an episodic trance state of 5 to 15 minutes duration with restlessness, attempts at self-injury, running away, inappropriate behavior, inability to identify family members, refusal of food and intermittent mimicking of animal sounds. The illness was self-limiting and showed an individual course of one to three days duration [3].

Nuptial Psychosis

A stress-induced dissociative or psychotic state occurring in young brides who are poorly prepared for marriage. It occurs among very young women in India whose lives are disrupted by arranged marriages. Sexual trauma, separation from the family, and stress contribute to symptoms of confusion, hysteria and suicidal intentions [13].

Conclusion

There is a need to reconsider Cultural Bound Syndromes in the light of the available literature. Relabeling and inclusion of these manifestations in the mainstream diagnostic categories in the upcoming revisions of the diagnostic manual would pave way for a better understanding and management of these conditions

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