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.

**Cultural-bound syndrome** is a combination of psychiatric and somatic symptoms that are considered to be a recognizable disease only within a specific society or culture. There is no objective biochemical or structural alteration of body organs or functions, and the disease is not recognized in other cultures.

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. 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” (American Psychiatric Association, 1994: 844).

Though no clear-cut diagnostic criteria have been devised as of now, majority of CBS 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

In India, common culture bound syndromes are Dhat Syndrome, Possession Syndrome, Koro, Gilhari syndrome, Bhanmati, Compulsive spitting, culture-bound suicide (sati, santhra), ascetic syndrome, Jhinjhinia etc.

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

1. **Dhat Syndrome**

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.

Dhat is derived from sanskrit word ‘Dhatu’ meaning precious fluid. Susruta Samhita (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. Charak Samhita (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

---

*The paper was presented at “First Indo-French International Conference” held in New Delhi, 2007.*
denoting semen is ‘Veerya’ which in Sanskrit means bravery, valor and strength

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

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

- The term was first used by Wig in 1960
- A whitish discharge is blamed by patient to be responsible for the physical and mental symptoms which patient suffer from
- However there is no objective evidence of such a discharge
- Sometimes patient also reports of foul smelling semen and less viscous semen
- Generalised weakness,
- Aches and pains all over body,
- Tingling and numbness in various parts of body especially peripheries
- Easy fatigue
- Lassitude
- Loss of apetite, weight lossloss 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
- In majority of cases there is absence of any physical illness like Diabetes, local genital abnormalities, sexually transmitted diseases
- The syndrome is seen usually in people from lower socioeconomic strata who seek help from traditional healers before reaching Hospitals
- Present all over the country
- Also seen in surrounding countries like Sri Lanka (Sukra Prameha), Pakistan and even in China (Sen-k’uri)
- Concomitant psychiatric morbidity like depression, somatoform disorder, anxiety disorder may be present
- Treatment mainly consists of dispelling of myths by psychoeducation, reassuring the patient, treating any underlying psychiatric disorder, even symptomatic relief (of severe anxiety that these patients suffer) with the help of medications in initial stages of treatment is required to gain confidence of the patient

Possession Syndrome

Diagnosable under Dissociative disorders. Patient is possessed usually by ‘spirit/soul’ of deceased relative or a local deity. 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. Treatment includes careful exploration of underlying stress which precipitated the possession attack. Also to decrease any secondary gains patient may be getting from this behaviour.

- Antidepressant 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
- Included in ICD-10 under Dissociative disorders

Antidepressants and anxiolytics are helpful in certain cases

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

Included in ICD-10 under Dissociative disorders
• **Culture bound suicide**

  *Sati*: self-immolation by a widow on her husband’s pyre

  According to Hindu mythology, Sati the wife of Daksha 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.

  Was seen mostly in Upper Castes notably Brahmins and Kshatriyas.

  Banned in India since 19th century.

  Only one known case since 1904 (in Rajasthan)

  • **Jouhar**: Suicide committed by a woman 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

  • Santhara/Sallekhana: voluntarily giving up life by fasting unto death over a period of time for religious reasons to attain God/Moksha

  • 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

• **Koro**

  • Seen in northeastern states like Assam

  • Fear of genitalia retracting into abdomen leading ultimately to death

  • Seen in both sexes

  • Person applies external retractors to the genitalia in form of clamps, chains etc. to avoid it retracting back

  • It may occur as epidemics

  • Described as a syndrome in ICD-10 and DSM-IV

• **Ascetic syndrome**

  • First described by Neki in 1972

  • Appears in adolescents and young adults

• Characterised by social withdrawal, severe sexual abstinence, practice of religious austerities, lack of concern with physical appearance and considerable loss of weight

• **Jhin Jhinia**

  • Occurs in epidemic from in India

  • Characterised by bizarre and seemingly involuntary contractions and spasms

  • Nosological status unclear

• **Bhanmati Sorcery**

  This CBS is seen in South India. It is believed to be due to psychiatric illness i.e. conversion disorders, somatization disorders, anxiety disorder, dysthymia, schizophrenia etc.

  • Nosological status unclear

• **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:

  1. Applying a few drops of sesame oil or castor oil in the navel and the pelvic region

  2. Having an oil massage followed by a warm water bath

  3. 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

• **Gilhari Syndrome**

  • Characterised 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

  • Not much literature available

  • Nosological status not clear

• **Mass Hysteria**

  • 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.

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 behaviour, 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.

References