



## An Exploration of Culture-Specific Psychiatric Syndrome in India

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### Abstract:

Culture-specific syndromes are clinical manifestations of culturally different ailments. These syndromes provide insight into illnesses that are heavily influenced by the individual's social background. A culture-specific syndrome is a collection of signs and symptoms that are restricted to a small number of cultures due to psychological characteristics. Culture-specific disorders are frequently limited to a single environment and have a distinctive association with that environment. Clinical manifestations may differ because culture-specific syndromes are defined based on a shared aetiology (e.g., magic, evil spells, angry ancestors). This report outlines four psychiatric syndromes that are unique to India.

**Keywords:** Culture-specific syndromes; India

### Introduction:

The Indian culture, often labelled as an amalgamation of several various cultures, spans across the Indian subcontinent and has been influenced and shaped by a history that is several thousand years old. Throughout the history of India, Indian culture has been heavily influenced by Dharmic religions. A culture-specific syndrome, culture-specific syndrome, or folk illness is a combination of psychiatric and somatic symptoms that are considered to be a recognizable disease only within a specific society or culture. There are no objective biochemical or structural alterations of body organs or functions, and the disease is not recognized in other cultures.

A culture-specific syndrome is characterized by categorization as a disease in the culture (i.e., not a voluntary behaviour or false claim), widespread familiarity in the culture, complete lack of familiarity or misunderstanding of the condition to people in other cultures, no objectively demonstrable biochemical or tissue abnormalities (signs) and recognition and treatment by the folk medicine of the culture. The term *culture-specific 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-specific 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. [1,2]

Rooted in the cultural, social, and spiritual fabrics of the society, these syndromes offer a unique glimpse into the intersection of health and culture. In India, common culture specific syndromes are Dhat Syndrome, Koro, Bhanmati, Compulsive spitting, Amok, Suddu, ascetic syndrome etc.

### Dhat syndrome:

It is a condition found in the cultures of South Asia (including Pakistan, India, Bangladesh, Nepal, and Sri Lanka) in which male patients report that they suffer from premature ejaculation or impotence, and believe that they are passing semen in their urine. Young males are most often affected, though similar symptoms have been reported in females with excessive vaginal discharge or leucorrhea, which is also considered a "vital fluid". In addition, there are symptoms of fatigue and weakness. Patients with Dhat condition most normally ascribe their semen misfortune (secretion of semen in urine) to reasons like inordinate masturbation, sensual dreams, and unreasonable sexual longing. Nocturnal emission and secretion of semen in urine are considered to be the most widely recognized symptoms of semen misfortune. Patients with Dhat condition frequently dread the result of semen misfortune and regularly have the conviction that it will lead to decrease in sexual performance. The most widely recognized side effects in patients with Dhat condition are shortcoming of the body, sluggishness, low energy, and low temperament. Premature ejaculation and impotence are commonly seen. Other somatic symptoms like weakness, easy fatiguability, palpitations, insomnia, low mood, guilt

and anxiety are often present. Males sometimes report a subjective feeling that their penises have shortened. These symptoms are usually associated with an anxious and dysphoric mood state. Another sign of this syndrome is white discharge. According to Ayurvedic, an Indian medical system, men who have experienced this have shown signs of anxiety issues. This disease is a culture specific syndrome. Semen loss is generally viewed as taboo and harmful. Cognitive behavioral therapy is the mainstay of treatment. At other times counselling, anti-anxiety and antidepressant medications have been shown to be of use. Doctors have found that antidepressant (PDE-5 inhibitors) medicines have shown positive results in controlling the Dhat syndrome's psychological causes. [3]

**Koro:**

Koro is a culture specific delusional disorder in which individuals have an overpowering belief that their sex organs are retracting and will disappear, despite the lack of any true longstanding changes to the genitals. For men, there is a fear of the penis shrinking into the abdomen, and for women, there is a fear of the vulva and breasts shrinking into the abdomen and chest—all followed by impending death. Epidemic, culture-related Koro is reported to be common in parts of East and Southeast Asia, specifically in India, China, Malaysia, Indonesia, and Singapore,<sup>2</sup> as well as in West Africa. Risk factors for Koro syndrome where there are cultural myths about Koro include anxiety, cultural attitudes and beliefs, feelings of inadequate masculinity, and rumors about Koro in the environment. The major diagnostic criteria are patients' report of genital retraction despite objective evidence, subsequent fear and anxiety, and physical attempts to prevent or reverse the retraction. Some Koro patients report feeling weak and experiencing insomnia, as well as excessively measuring their penis size and attempting to physically pull their penis further out of their abdomen. Treatment and management of Koro syndrome and its associated symptoms involve a combination of medical, psychological, and social interventions. Anxiolytics, antidepressants, sedatives, or antipsychotics are prescribed based on patients' co-presenting psychiatric conditions if applicable, because improvement in these psychiatric conditions is often associated with dissolution of Koro symptoms. [4]

**Bhanmati Sorcery:**

Bhanmati Sorcery refers to a cultural belief and practice found in specific to certain cultural contexts and communities within India, particularly in rural areas. This belief centres around the concept of sorcery, where certain individuals are believed to possess supernatural powers and the ability to cast spells or curses on others. In the context of Bhanmati Sorcery, Bhanmati refers to a type of

supernatural power that is attributed to certain individuals, often women. These individuals are considered to have the ability to cause harm, illness, or misfortune to others through their magical practices. The belief in Bhanmati Sorcery is deeply rooted in local cultural and spiritual traditions. People who are believed to possess Bhanmati powers are often feared and avoided within the community. They may be seen as having the ability to bring about negative events, and their actions or words can be interpreted as having a significant impact on the lives of those around them. As a result, those suspected of practicing Bhanmati Sorcery may face social isolation and ostracism. Efforts to address such belief systems often involve a combination of education, awareness campaigns, and promoting a better understanding of science and medicine. As India continues to modernize and attitudes towards traditional practices evolve, discussions about belief systems like Bhanmati Sorcery will likely continue to be part of the broader conversation about cultural diversity and societal progress. [5]

**Amok:**

Originating in Southeast Asian cultures and occasionally observed in India, Amok entails sudden bursts of aggressive or violent behavior, often followed by memory loss or a fugue state. Stressors or perceived shame are believed to trigger these episodes. Amok is rooted in a deep spiritual belief. In India, instances of extreme and uncontrolled aggression that resemble the characteristics of amok have been reported in certain communities. These episodes may be triggered by stressors, personal conflicts, or perceived shame, leading individuals to engage in violent and impulsive acts. During and after such episodes, individuals may exhibit memory gaps and may not fully recall their actions. [6]

**Asceticism:**

Asceticism is a lifestyle characterized by abstinence from sensual pleasures, often for the purpose of pursuing spiritual goals. Asceticism in a religious context refers to a voluntary and sustained practice of self-denial in which immediate or sensual gratifications are renounced in order to attain a higher spiritual state. Asceticism is found in both non-theistic and theistic traditions within Indian religions. The origins of the practice are ancient and a heritage shared by major Indian religions such as Buddhism, Hinduism and Jainism. They are referred by many names such as Sadhu, Pravrajita, Bhikshu, Yati etc. Asceticism in Indian religions includes a spectrum of diverse practices, ranging from the mild self-discipline, self-imposed poverty and simple living typical of Buddhism and Hinduism, to more severe austerities and self-mortification practices of monks in Jainism and now extinct Ajivikas in the pursuit of salvation. Some ascetics live as hermits relying on whatever food

they can find in the forests, then sleep and meditate in caves; others travel from one holy site to another while sustaining their body by begging for food; yet others live in monasteries as monks or nuns. Some ascetics live like priests and preachers, other ascetics are armed and militant, to resist any persecution—a phenomenon that emerged after the arrival of Islam in India. Self-torture is relatively uncommon practice but one that attracts public attention. [7]

#### **Najar or Evil eye:**

The evil eye is a supernatural belief in a curse brought about by a malevolent glare, usually given to a person when one is unaware. It is found in many cultures in the Mediterranean region as well as Western Asia and Central Asia with such cultures often believing that receiving the evil eye will cause misfortune or injury, while others believe it to be a kind of supernatural force that casts or reflects a malevolent gaze back upon those who wish harm upon others (especially innocents). In the northern states of India, like the Punjab, Uttar Pradesh, Rajasthan, Haryana, Uttarakhand, and Himachal Pradesh, the evil eye is called "nazar" (meaning gaze or vision) or more commonly Buri Nazar. A charm bracelet, tattoo or other object (Nazar battu), or a slogan (Chashme Baddoor), may be used to ward off the evil eye. In Andhra Pradesh and Telangana, people call it as 'Disti' or 'Drusti', while people of Tamil Nadu call it 'drishti' or 'kannu'. The people of Kerala also call it "drishti" or "kannu", the latter of which is Malayalam for "eye". The people of Karnataka call it 'Drushti', similar to other southern Indian languages. To remove Drishti, people follow several methods based on their culture/area. Items often used are either rock salt, red chilies, white pumpkins, oiled cloth, or lemons coated with kumkuma. People remove Drishti by rotating any one of these items around the affected person. The person who removes it will then burn the item, or discard it in a place where others are not likely to stamp on these items. People hang pictures of fierce and scary ogres in their homes or vehicles, to ward off the evil eye. In India, babies and newborn infants will usually have their eye adorned with kajal, or eyeliner. This would be black, as it is believed in India that black wards off the evil eye or any evil auras. The umbilical cord of babies is often preserved and cast into a metal pendant, and tied to a black string — babies can wear this as a chain, bracelet or belt—the belief, once more, is that this protects the infant from drishti. This is a practice that has been followed right from historical times. People usually remove drishti on full-moon or new-moon days, since these days are considered to be auspicious in India. Indians often leave small patches of rock salt outside their homes, and hang arrangements of green chilies, neem leaves, and lemons on their stoop. The belief is that this will

ward away the evil eye cast on families by detractors. [8]

#### **Suudu:**

It is a culturally specific syndrome of painful urination and pelvic "heat" that is common in South India, particularly in Tamil culture. It affects both men and women. It is sometimes associated with a rise in the "inner heat" of the body, which is often caused by dehydration. It is typically treated by putting a few drops of sesame oil or castor oil to the navel and pelvic region, having an oil massage followed by a warm water bath, and consuming soaked fenugreek seeds. [9]

#### **Conclusion:**

This chapter seeks to provide insight on the complex relationship between culture and mental health in India through this analysis. It emphasises the significance of culturally sensitive methods for recognising, assessing, and managing psychological distress in a range of communities. Understanding and recognising culture-specific illnesses is essential to guaranteeing holistic mental healthcare that incorporates and respects cultural viewpoints as societies develop and modernise.

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