

AN EPIDEMIC OF "JHIN-JHINI" - A STRANGE CONTAGIOUS PSYCHOGENIC DISORDER IN A VILLAGE IN WEST BENGAL

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An epidemic psychogenic disorder called "Jhin-Jhini", which broke out in a village in West Bengal, is described. The social anthropological perspective is explored.

In the month of November, 1985 we were conducting a psychiatric epidemiological survey in a village called Arkhali in the district of 24 paraganas (north) in West Bengal. The village was situated 50 Km to the north of Calcutta and inhabited by fairly prosperous cultivators. In course of the investigation it was brought to our notice that a strange disease called "Jhin-Jhini" broke out in an epidemic form in this village in March, 1982. We got interested in the matter and with the help of two key informants traced all the victims and interviewed them. What follows is based on their statements and findings of examination.

DESCRIPTION OF THE EPIDEMIC

The rumour that an epidemic of "Jhin-Jhini" has broken out in the neighbouring villages created an atmosphere of terror and tension in the village under study (ARKHALI). The disease struck a person all of a sudden with a sensation of tingling and numbness in the legs which spread upward throughout the body. Within a few seconds the patient is seized with the horror of impending death and cries for help before he becomes speechless and motionless. Unless rescued, he would fall flat on the ground. With the aid of local remedy offered by a "rescue squad" improvised for the occasion, he would recover after 1/2 hr. to 2 hrs. The news

of this episode would spread rapidly and other persons would fall victim to it within a short while.

Eighteen persons suffered from the disease within two months. Most of the victims were below the age of 40 years. There were as many men as women amongst the victims. A case report is given in the appendix. The relevant demographic data are presented in the following table.

RESULTS

Table - I : Demographic data of the village

	Male	Female	Total
Total population	586	608	1194
Affected Population			
a) Total	9	9	18
b) Marital status			
Married	7	6	13
Single	2	2	4
Widow	-	1	1
c) Education			
Non-literate	4	6	10
Primary	1	1	2
Upto X	3	2	5
Above X	1	-	1

Table I shows that the rates of morbidity are not significantly different between the males and females. By age males of 20-29 year age group and females of 30-39 year age group have slightly higher rates (not shown in the table). Most cases are married (13 out of 18 cases).

Morbidity is higher in the non-literate group. Persons having primary education have a lower rate than the better educated. The reason is uncertain.

DISCUSSION

In vernacular "Jhin-Jhini" means tingling and numbness. As tingling and numbness were the presenting symptoms of the strange disease it was called "Jhin-Jhini".

Dutta *et al.* (1982), while reporting on epidemic Koro that swept through Assam in North-Eastern part of India, mentions that this epidemic disease was known as "Jinjinia" as in Assamese "Jinjinia" means tingling. Chakraborty (1983) states, in her report on epidemic Koro which broke out in West Bengal almost simultaneously with Assam, that this disease was locally known as "Jhin-Jhini".

But the epidemic of "Jhin-Jhini" under report is a distinct clinical entity. In koro the cardinal feature is the intense panic associated with the belief that one's external genital organs (penis and scrotum in the males and breast and vulva in the females) are shrinking and will soon disappear into the abdomen leading to death. In "Jhin-Jhini" the victim is not at all concerned with his external genitalia. Tingling and numb-

ness are his first complaint which at once lead to muteness, a paralysing sense of helplessness, collapse and a sense of impending death.

"Jhin-Jhini" appears to be a functional mental disorder which afflicts a person dramatically and disappears within a few hours, leaving no discernible trace. The disorder spreads very rapidly within a radius of a few kilometers and its incidence drops to nil within a few months. It has, indeed, all the characteristics of an epidemic psychogenic disorder like contagious hysteria or epidemic koro.

Nandi *et al.* (1985) reported eight cases of hysteria in a village in West Bengal, who developed convulsive seizure as soon as the news spread that anyone of them had got the attack. This episode of contagious hysterical fits repeated itself many times every year, though the frequency was gradually on the decrease. Epidemics of Koro have recently been reported from North Eastern India (Dutta *et al.*, 1982; Nandi *et al.*, 1983). The epidemics broke out suddenly, spread rapidly over a large part of the country and disappear within six months. Koro has long been better known as a culture-bound syndrome occurring endemically in Southern part of China (Yap, 1965). Sporadic cases of Koro have also been reported from different continents (Lapierre, 1972; Shukla and Mishra, 1981). Jhin-Jhini is, however, known to occur in epidemic form only. It has not yet been reported to have occurred in epidemic or sporadic form.

The current epidemic of Jhin-Jhini (under report) occurred in a village. In conformity with the people's propensity to invoke the supernatural power to explain the causation of

strange events, these villagers believed that the victims of this strange malady of Jhin-Jhini were smitten by an evil spirit.

The villagers got ready to combat the danger by creating "rescue squad" as they called it. This organized effort had some special significance. It is a social action against the evil spirit. Individual effort, by implication, was considered inadequate and ineffective against a supernatural force. A desperate, last ditch battle was, therefore, fought collectively. For the protection of squad from the contagion of the disease, the victim and the volunteers stood on wooden blocks. They tacitly believed that the wooden platforms would insulate them and the evil spirit would not flow from the victim to the rescuers. This is part of a common belief shared by the villagers.

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APPENDIX

CASE REPORT

A.D., a non-literate married man in his twenties went to the local market one morning in the month of march, 1982. Before he could finish his marketing, his attention was drawn to a group of persons who were discussing about a strange disease, in which the victim was suddenly afflicted with tingling, numbness, tremor, collapse and death. Recently this type of disease (Jhin-Jhini) broke out in the neighbouring villages. At once he returned home and spread the news that many people had fallen victim to this deadly malady and all got extremely panicky. Within one hour the feeling of tingling and numbness, as an irony of fate, gripped the legs of this young man and became intense within a few minutes. It spread rapidly all over his body. He lost his ability to move forward and fell on the ground in a speechless, helpless and panic-stricken state. This dramatic event drew the attention of the people around him and he was carried to the courtyard of his house. The "Rescue-Squad" which was formed by the young men of the neighbouring village after the incidence of the first case, was informed immediately. The Squad rushed to the spot and took charge of the case. Some volunteers held him erect on a piece of wood and the leader of the squad stood on a wooden chair and started pouring bucket-full of water on the patient's head. The patient, anxious restless and trembling, was still conscious and could remember every detail of what went on. The pouring of water continued for two hour until the patient was free from the evil sensation and his teeth were rattling. Now free from his symptoms he felt very tired and was served

hot food and drink. He took rest in bed for several hours. The following morning he was fit to resume his usual duties but complained of weakness and light-headedness. These complaints disappeared after a couple of days. Our

examination revealed no psychological abnormality. Prior to the illness, the person was known to be an active, outgoing and well-adjusted youngman. He had no previous history of mental illness.
