

AN EPIDEMIC OF KORO IN WEST BENGAL (INDIA)

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SUMMARY

An epidemic of Koro which occurred in West Bengal has been described. Theories for the genesis of Koro as epidemic have been discussed. It has been shown that the present epidemic was related to social tensions.

Koro is one of the better established culturebound psychiatric syndromes. It consists of acute anxiety over the patients belief that his penis is shrinking and may disappear into the abdomen causing death. Sporadic cases of Koro have been reported from many parts of the world, most of them from China and Malay in South East Asia, the most classical forms occurring in the inhabitants of Celebes island. There have been reports of sporadic cases of Koro, occurring in association with frankly Neurotic or Psychotic disorders in India as well (Shukla and Misra, 1981). However, epidemic form of Koro has also been reported in Singapore (1967), in Thailand (1976) and in Nigeria (1979). Recently for the first time in India, a Koro epidemic in all its classical form broke out in a remote region in West Bengal spreading rapidly all over the state and to the neighbouring state of Assam (Dutta, 1983) and disappearing almost totally within six months.

DESCRIPTION OF THE EPIDEMIC

The epidemic broke out in a rural and relatively prosperous tea plantation area about 300 miles to the north of Calcutta, in the foot hills of the Himalayas. The area is heavily populated (total population around 2.6 million) with a mixture of races, consisting of tribal communities and refugees from Bangladesh, of whom many are settled as agricultural tribals. Victims, mostly young males, but some women

were also seen who felt that their breasts were shrinking (no case of vulval shrinkage was reported). These cases were accompanied by acute anxiety and a fear-stricken state. Although people from all communities and classes had been affected, a large majority was from the poorer sections. The condition would appear suddenly in one area and vanish quickly only to reappear in a neighbouring one.

The local remedy consisted of pouring buckets of cold water over the sufferer's head, and the prophylactic measure advocated was the application of limepaste (a common ingredient of betel leaf) on the earlobes and the tip of the nose. Yet another preventive step entailed wrapping the great toe with slices cut off from a stem of black arum (a common vegetable with irritant properties). The epidemic spread to the neighbouring areas as well and to the extent that reports were expressed regularly in the press. Upto the end of December, 1982, the epidemic spread widely and sporadic cases were observed all over the state, as far west as Asansol which is heavily industrialised. One such case, a young boy, had become frankly psychotic. Various names were attributed to the symptoms in different parts of the state. Most interestingly, the name 'Kattao' used in the North Bengal areas being somewhat close to Koro made us speculate on a possible tribal linkage; this name changed to 'Jhin-Jhini' in lower Bengal and still later, incre-

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dibly, to 'Disco'-every new fashion in Calcutta in recent times is called so.

DISCUSSION ON POSSIBLE AETIOLOGY AND ORIGIN

Various attempts have been made to explain a possible aetiology of Koro. Earlier theories postulated Koro as a form of sexual neurosis related to other culture bound syndromes like 'Dhat' and 'Jiriyān'; hypochondriasis with or without psychiatric illness; imbalance of the bodily humors (Yap, 1965); Castration anxiety; power rivalry between father and son and also due to social customs and childhood upbringing (Murphy, 1982)

However, these theories failed to explain occurrence of Koro in epidemic form. Recent theories have emphasized that epidemic forms break out in comparatively neglected population, where there is direct threat to the survival because of social strife and tension. (Lee and Ackherman, 1980; Murphy, 1982).

The present episode was observed in a population which has not drawn much of national attention and has continuous controversies within. The main source of tension is the everlasting threat that the tribals entertain as a result of large influx of refugees.

These refugees, mainly from Bangladesh, have become more prosperous and were quick to acquire cultivable lands. The situation was almost identical with the Thai and Vietnamese refugee situation where Koro broke out in 1967.

The genesis of the epidemic then fits Murphy's formulation, a group under tension whose livelihood and identity are threatened. The situation in Assam was probably the same, where loss of identity had been a greater danger, because the Assamese feared they were becoming a minority in their own land.

In conclusion it may be said that syndrome of Koro does not have any definite ethnic specificity but it does remain a culture-bound syndrome which has different forms.

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