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Case Study

# A Case Report of Koro and Dhat Syndrome

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I N F O

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A B S T R A C T

Culture-bound syndrome is a term used to describe patterned behaviors of distress or illness whose phenomenology appeared distinct from psychiatric categories and were considered unique to particular cultural settings. We need to understand the origins of cognitions related to these syndromes. We report a case of 19 years old male having two culture-bound syndromes- koro and Dhat.

**Keywords:** Culture Bound Syndrome, Dhat Syndrome, Koro, Nepal

## Introduction

Culture-bound syndrome is a term used to describe syndromes unique to certain cultures. Dhat syndrome and Koro are the two culture-bound syndromes presenting with themes related to an individual's genitals and sexual life.[1] Koro which has been reported usually from Asian countries is characterized by the belief of retraction of the genitals into the abdomen and is associated with anxiety symptoms.[2] Similarly, Dhat syndrome characterized the condition by vague somatic symptoms of fatigue, weakness, anxiety, loss of appetite, and guilt attributed to semen loss through nocturnal emissions, urine, and masturbation even when there was no loss of semen.[3] We present a case report of a patient who presented with symptoms of both Koro and Dhat syndrome with no other psychiatric morbidity. Data on such combined presentations is lacking.

## Case Report

A 19-year-old unmarried, male educated up to the 6th grade was referred from surgery department to psychiatric outpatient department with complaints of persistent lower abdominal pain since 3months which has no medical correlation and all the investigations were normal. On interviewing the patient, he stated that due to the frequent masturbation, the nerve supplying his external genitalia has burst leading to shrinkage of his penis in lower abdomen and it is creating a mass which was growing in size each passing day for which he consulted several doctors to operate on him to excise the mass and fix his penis. He also believed that due to this mass his urine was also mixed with semen and he was continuously passing the semen making him extremely weak and will lead to death. Since the patient was extremely anxious about the retraction of penis and passing of semen, he started showing his genitalia and collected urine to his neighbors/relatives to assure them that his genitalia is getting smaller due to retraction and urine is all white in color due to passing of semen. On arrival to Psychiatric OPD he wished to get admitted as soon as possible so that we can perform a corrective surgery. Apart from this, his family did not

complain anything. Though he gave history of feeling sad and being unable to concentrate on his work on occasions, he denied of having other depressive features. There was no history suggestive of any other psychiatric, medical or surgical illness in the patient. A detailed surgical evaluation did not reveal any deformities or mass. His mental state examination revealed increased psychomotor activity, rapport not fully established, Speech-decreased volume, Mood O-anxious, Thought- preoccupation over his reduced penile size and a fear that he will die, and Insight-grade I. No past medical and psychiatric history was noted. Pre-morbid Personality was found normal. Repeat laboratory tests were normal which includes complete blood count, electrolytes, urine routine examination, and USG Abdomen. After detail history taking, provisional diagnosis of Koro and Dhat syndrome was made. He was admitted and prescribed low dose benzodiazepine (clonazepam 0.25 mg) twice a day and SSRI (Sertraline 25mg) at bedtime to allay his anxiety and was taught relaxation exercises. Every day he was being educated about the impossibility of the genitals shrinking and retracting into the abdomen. He was told about the nature of his symptoms and reassurance was given. Also, he was educated on how anxiety related to sexual matters could be reinforcing leading to further increase of his problems. Informing him that his symptoms of Koro could best be explained as anxiety-based beliefs that are modeled and communicated among vulnerable men also helped minimize his problems.[4] Once he was satisfied with the explanation about his koro-like symptoms, his misconception about semen-loss was cleared over subsequent sessions that included psychoeducation along with educating him about anatomical and physiological aspects. After a week of hospital admission, he started showing improvement in most of his symptoms so his clonazepam was tapered off and stopped completely as he reported improvement in anxiety symptoms. He was discharged from psychiatric ward on Sertraline 25mg at bedtime. He was on a regular follow up for over 6 months and since he showed sustained improvement, then medication was stopped.

## Discussion

This case clearly presents with two clinically distinct culture-bound syndromes that have similar underlying themes related to sexual organs and present as anxiety related to loss of sexual capacity as a result of both. Koro may be primary (either sporadic/epidemic form), in which genital shrinking is the only presenting complaint, and secondary, in which the presentation is comorbid with another psychiatric disorder (anxiety disorder, schizophrenia, depression), diseases of the central nervous system such as brain tumors and epilepsy [5,6], chronic abuse of amphetamine [7], cannabis [7], and alcohol. [8]. With all secondary causes ruled out, our case appeared to be that of primary Koro with co-morbid Dhat syndrome. Koro-like symptoms have been documented in marital conflicts [9]; in our case patient was unmarried. Factors such as extramarital intercourse, venereal disease and scrotal filaria were found to be significantly commoner in koro patients, there was no such history in this patient.[10] Our patient had anxiety over both loss of semen through urine and also his shrinking genitals, but was more concerned and disturbed about the latter, since losing the genitals was more frightening for him. It was interesting to know that our patient had discussed the issue of semen-loss and shrinking of genitals, with his neighbors earlier however he did not know of any other individual who shared his complaints of shrinking genitals. During psychotherapy sessions with him, his anxiety over shrinking genitals was targeted before his anxiety over semen-loss as the former was more worrying to the patient and hence warranted immediate surgery. Studies has reported that Koro were known to be contained or benefited by mass education programs.[11] His semen-loss anxiety was later dealt, by educating him about the physiological aspects of sexual organs and semen production. Both his symptoms abated following psychoeducation over several sessions. However, it was observed that patient was still in distress so he was prescribed medications. Surprisingly after a week he started showing desired improvement. Since his complaints were resolving the patient was discharged and was advised to follow up and not let them become a chronic problem for him.

## Conclusion

This is an interesting case of two coexisting culture-bound syndromes related to sexual organs in a single patient. It also highlights that it is advisable to target the symptoms that are most disturbing to the patient such as koro-like symptoms. Following-up with the patient regularly along with medication and psycho-education and removing misconceptions seems to give good results.

Ethical issue: Patient was informed about the publication of case report and voluntary consent was received.

**Conflict of Interest:** None

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