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LETTER TO THE EDITOR

Cultural Koro and Koro-Like Symptom (KLS)

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Introduction

Many thanks to Petra Garlipp (2008) for his article on Koro. The author very lucidly and analytically delineated the most critical and confusing boundary between Cultural Koro and Koro-like Syndromes in the review. I want to add a few information about some issues he raised in this review.

First, the question relating to Koro in females. It is interesting to note that there is not a solitary report of Koro in females except one by Palthe in 1936. All the available report on female Koro is from the epidemics. There are at least 146 female Koro case reports from seven such epidemics from 1969-1988 (Chowdhury 1994). This impressive case numbers offered many interesting clinical issues in the female expression of Koro, which should be included in the present review. This will focus the difference in psychodynamics, presentation and associated clinical features of Koro between the sexes and will probably make this review more interesting.

Koro cases with folie-a-deux are reported from Indian epidemic: 21 cases within 9 families and within 5 types of kinship (brother-brother; brother-sister; father-son; father-daughter and husband-wife), which probably escaped the attention of the author (Chowdhury 1989, 1996).

The author has very nicely summarized the presentation of Koro in the context of different mental and physical morbidity. I want to add a few from our research of Indian Koro epidemic (Chowdhury 1992 a,b, 1994)(Table 1).

Table 1. Koro Cases

Mental morbidity	Male (n 357)	Female (n 48)
Schizophrenia	4	-
Paranoid Schizophrenia	7	-
Affective Disorder	1 first episode depression 2 bipolar depression	1 neurotic depression 2 psychotic depression 1 bipolar depression
Conversion Hysteria	-	9

The author very aptly raised the diagnostic controversy between cultural Koro and Koro-Like *Symptom* – KLS (I prefer the term symptom instead of syndrome because this constitute a symptom in association with other morbidity) when such pathology emerge without any cultural context or in association with other physical/mental morbidly. Three very important phenomenological perspectives should need further clarification here.

Firstly, Koro at the background of cultural myth (be it fox spirit or body heat or malevolent infliction) with its very characteristic clinical presentation (sudden onset- mostly, abdominal retraction, acute anxiety and fear of death) predominantly from the South-East Asia region is the example of Cultural Koro. These presentations usually occur in epidemic form and demands medical intervention because it causes physical and mental distress to the sufferer. I disagree with some sociologist in this regard because whatever term one uses, at the end this reaction is a mental phenomena causing sufficient distress, both in the sufferer and family members and they seek medical help.

The second one is the KLS with other morbidity where typical cultural myth is usually absent and presentation is not acute or predominant complaint. Most of the case reports from the western world fall in this category. Interesting to note that first three earliest such cases were reported from USA (Hammond 1883), Russia (Ivanov 1885) and from England (Raven 1886). It is also worth noting that three important personalities in psychiatry recorded KLS in the early part of the last century: Kraepelin (1913) as hypochondrical delusion in depression; Schilder (1935) altered body-image in hypochondriasis and Bychowski (1943) as body-image disturbance in depression.

Recent reporting of KLS from urology clinics (Rosso et al 1998, Caballero et al 2000) raises the research concern about penile perception in the context of body dysmorphic disorders (Chowdhury 1993). But the hallmark of this presentation is the gradual development of decrement of penile

length (often along with organ-image dissatisfaction) unlike the sudden perception of penile retraction in Koro.

The third issue of very recent concern is the different penis-snatching/theft epidemics reported from Africa. Careful analysis shows that phenomenologically the progression, manifestation and symptom content are entirely different from that of Koro or KLS. These are entirely separate phenomena, though with a focus on genitalia, and are mostly the manifestation of complexities related with psychosexual identity, socio-political stress, rapid cultural change due to urbanization (Illechukwu 1982, Lucier 1984-85) and many researchers favour to put them under the term Mass Psychogenic Illness (Dzokoto and Adams 2005). Universally, though in many cultures of the world the fear of loosing one's organ (penis) either through witchcraft, sorcery or malevolent magic or envious person is a popular myth (Malinik et al. 1985; Kirmayer 1992) but they differ from the specific cultural myth of Koro that is prevalent in South-East Asia region.

In view of more awareness of the medical fraternity about this psycho-physical penis-pathology in recent years, the author has rightly pointed out that all other medical faculty members should have more information on Koro and its associated manifestations for its appropriate clinical management.

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