

## **KORO : A PECULIAR ANXIETY NEUROSIS (A CASE REPORT)**

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The term 'Koro' refers to an unfamiliar state of acute anxiety with partial de-personalization leading to the conviction of penile shrinkage and to fears of dissolution. Corresponding female cases have been described, affected women complained of shrinking of the vulval labia and the breasts (Lehmann, 1980).

The Koro phenomenon must have spread from China to Indonesia and adjoining lands with Chinese migration (Yap, 1965). Among the South Chinese Koro is known as Suk-Yeong. Koro in Malay means the head of a turtle (or tortoise). The Chinese until the Ming Dynasty used the turtle as an artistic and literary symbol for longevity and the vital forces but later the symbol acquired scatological connotations. There is obvious similarity between the head of this long-lived creature and the glans penis.

### **CASE REPORT**

S. S., 19 years old college student, son of a JCO reported to Psychiatric OPD of Military Hospital Ahmedabad on 15.1.1981 with the complaints of generalised weakness, frequent nocturnal emission and a feeling that his penis was getting smaller day by day of 2 years duration. He was unable to continue his studies. He had been to different places in Civil including allopathic, ayurvedic doctors and local healers, but his symptoms gradually increased day by day. Subsequently, he reported to MH when he was referred to Psychiatric OPD by Surgeon.

He was apprehensive and manifested somatic signs of anxiety in the form of mild tachycardia (P-96/min), moist and cold palms and fine tremors. He showed pre-occupation over his somatic symptoms and

apprehension of losing vital sex organ. He attributed his illness due to excessive masturbation, he used to do earlier. But since he stopped masturbation he had been getting frequent nocturnal emission. No past or family history of mental illness was detected. No psychotic features were detected.

Premorbid personality was of Schizoid type. On his third visit, it was noticed that he used to keep his right hand always in his pocket. When asked why he kept his hand in his pocket, he replied that he held his penis so that it would not disappear into his abdomen, an interesting observation related to a hole in his trouser pocket.

He was placed on anxiolytics and supportive psychotherapy but the response was not that satisfactory except that there was some improvement in his anxiety and in frequency of nocturnal emission, but physical weakness and Ideas about shrinkage of penis persisted. Neuroleptic was added and within a month, he made remarkable improvement. Maintenance therapy was continued for a period of about four months. He is symptom free for more than six months now and he has been able to concentrate on his studies.

### **DISCUSSION**

Koro is confined to South China and the lower Young-tse Valley. It is also to be found among overseas Chinese in S. E. Asia especially Malaysia and Indonesia and less frequently among the Malay and Indian inhabitants of these countries too. Baasher (1963) has reported in a few Sudanese. Sporadic cases of an exactly similar kind have been reported in countries

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where the syndrome is not endemic. Recently two cases of Koro occurring in Canadians have been reported (Dow and Silver, 1973 and Lapiere, 1972). Reviewing the psychiatric literature only one such case has so far been reported from India (Shukla and Misra, 1981) and this might be the second such case.

The Koro symptoms can occur anywhere but why the syndrome is to be seen among a certain large section of the Chinese populace must be accounted for. The reason is to be sought in traditional ideas of sex physiology (or pathology). These ideas are founded on the Harmonious equilibrium of male (Yang) and female (Yin) principles. With masturbation and nocturnal emission however this cannot occur and the unbalanced loss of the Yang humour produces Koro. The Chinese term for Koro means literally 'Shrinking of the Penis'. The pathological belief in penile shrinkage is due to an underlying perceptual distortion. Because guilt and fear over sexual impulses, there occurs a dissociation. Certain workers have related depersonalisation to dissociation of consciousness (Hermann and Stromgren, 1944; Roth and Harper, 1962). Koro patient does not lose touch with reality as far as the conviction of penile retraction goes, because this is based on partial depersonalization. The conviction is reinforced by the existence of a folk belief that it might lead to death and this arouses an acute anxiety which may disorganise him

psychologically. Koro in this way differs from ordinary depersonalisation states which are usually associated with full insight and a dreading of emotional responses (Ackner, 1954).

Because of the close connection with its cultural background Koro may be regarded nosologically as a 'Culture bound psychogenic disorder'.

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