

Correspondence

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KLEINE-LEVIN SYNDROME: A CASE REPORT FROM INDIA

DEAR SIR,

The mythological epic *Ramayana* gives a graphic account of a possible case of the Kleine-Levin syndrome in Kumbhkarna, the younger brother of the demon King Ravana. Kumbhkarna used to sleep for six months at a stretch, getting up for a short period in which he ate up herds and herds of people and animals and drank an enormous quantity of wine. At this rate, says the epic, he would have consumed all the three worlds within a short period were he not overcome by another long spell of sleep (Tulsidasa, 1942).

In India in historic times only three cases of the Kleine-Levin Syndrome have been recognized (Prabhakaran *et al.*, 1970; Narayanan *et al.*, 1972; and Agarwal and Agarwal, 1979). We have recently seen a classic example. The patient, a 25-year-old, married, Hindu, government employee, had three episodes of abnormal behaviour, ravenous appetite and excessive sleep during three months. The details of these episodes were as follows:—

(a) The patient had a high grade pyrexia, lasting 13 days, diagnosed and treated by his family physician as typhoid. As the fever subsided, he suddenly started talking irrelevantly using obscene language. He had an excessive sexual urge—having coitus daily as against his earlier frequency of once in 3–4 days. He would drag away his wife and would start undressing her in the presence of everybody, unconcerned and completely oblivious of their great horror and embarrassment. Not only that, he made amorous advances towards other females as well.

His appetite grew voracious. He consumed food three times his normal diet and even then remained unsatisfied. He longed for wine, non-vegetarian dishes and some very unusual things—articles which he did not relish when normal. After eating a sumptuous meal he would sleep deeply for 18–20 hours. It was impossible to arouse him completely from sleep. On waking up, he would again indulge in eating or making love till he was overpowered by irresistible sleep again. Even when awake, he appeared confused and forgetful. Occasionally he complained of headache and had one or two vomitings.

For these symptoms he was treated by his family physician with phenothiazines. There was no improvement for ten days when the patient improved as suddenly as he had gone into the episode. He remained completely well for nearly six weeks when he had the second attack.

(b) This time again the symptoms came on suddenly, albeit without any precipitating fever. The patient complained of numbness in limbs and a feeling of emptiness in the head. Within an hour he started behaving abnormally and talking likewise. Again he had excessive appetite, sleep and sexual activity. The symptoms were similar to those in the first attack though somewhat less in severity. The duration of the attack too was very much shorter, the patient recovering suddenly again after six days.

(c) The third attack, occurring one month after the second one, was exactly like the latter in phenomenology and duration. Upon its termination the patient came for psychiatric advice.

He was the eldest of four sisters and two brothers. Birth, early development and childhood were uneventful. He had been an average student; being educated up to B.Sc. He got married three years ago and had a two and a half year old daughter. There was no family or past history of any significant physical or mental illness. He had been of asthenic physique and schizoid temperament.

Physical and psychiatric examinations were normal. X-ray skull, ocular fundi, CSF, blood VDRL, sugar and urea were all within normal limits. On a presumptive diagnosis of Kleine-Levin syndrome, he was prescribed dexedrine 5 mg, twice daily and has been symptom free for the last five months.

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EPIDEMIC PSYCHOSIS

DEAR SIR,

On a recent visit to Thailand I came across three apparent outbreaks of epidemic psychoses. All occurred within a week and appeared to have a substantial psychiatric component. I was unable to investigate them personally and my report is based largely on local press reports, notably the *Bangkok Post*. The first and most spectacular outbreak occurred in North East Thailand when the so-called 'Rok Joo' (genital shrinking disease) recurred despite repeated disavowals by doctors. Several Thai language newspapers carried banner headlines on the alleged recurrence of the dreaded disease with the *Naew Na Daily* saying that the entire North East Region 'is in a panic'. A new outbreak of the disease came to light when more than 50 tapioca plantation workers in Nakhon Ratchasima Province were admitted to the provincial hospital with their genitals only half normal size. The workers, both male and female, reported that the shrinkage occurred soon after they ate canned sardines given to them by their employer. Some male workers blamed 'Krungthong 85' cigarettes for their diminished manhood. The outbreak was also reported as spreading in the Sakon Nakhon Province where people in the Sarakham Village complained that their genitals became smaller after they ate noodles and Pla Too (Mackerel) bought in the village. A provincial member of Parliament confirmed the existence of the disease after visiting some of the patients in the village. "I am fascinated; it did shrink", he is quoted as saying, adding, that all the villagers were fearful of the disease and had stopped eating noodles and Pla Too.

A further outbreak of a rather different sort was reported on the front page of *Naew Na* which said that almost 100 people in two villages in Saraburi Province had contracted rabies after eating a pig that was bitten by a stray dog. The correspondent of the paper, who visited the villages the previous day, said that he was shocked to see naked men, women and children lying around in their houses and "going wild like mad dogs". There was a local rumour that a pig raiser had sold a pig to the villagers a few days ago and it was believed that the pig had been bitten by a dog that had contracted rabies. Public Health

officials had been ordered to go to the village to help the afflicted people.

The third report had archetypal features common to traditional eastern snake stories. *Thailand Time* reported that people living near Wat Praputtabart in Lop Buri Province were fearful of a giant snake which had eaten many cows and chickens during the past few days. The paper said that the snake, whose body was said to be as big as a large coconut tree was living in a cave near the temple. Some of the villagers had tried to kill the snake but were stopped by the Abbot who said that he believed the animal was a guardian of a spirit.

The term epidemic psychosis seems to be preferable to the label of mass hysteria because of the many other connotations of the latter diagnosis. Features which appear common in the development of epidemic psychoses are fear created by a false rumour or misinterpretation leading to a group panic state. Overwhelming anxiety increases suggestibility, regression to magical and primary process thinking, and the development of false beliefs which are spread contagiously and which are held, at least temporarily, with delusional conviction. The resulting irrational and non-adaptive behaviour is not easily dispelled by authoritative reassurance. Predisposing factors include membership of an undeveloped peasant community, limited education and cultural beliefs in the supernatural.

Belief in spirits or phi are widespread throughout Thailand and these can take many forms, including demons, goblins, pixies, ghosts, poltergeists, etc. While some phi are benign, many are malicious. To house and placate them one sees everywhere small spirit houses like ornate dolls houses, which are designed astrologically and are places where various anxiety-relieving rituals are practised. Phi may possess people either temporarily or throughout their lives. They can alter behaviour, set people dancing, talking in riddles, change their sex, etc. A cultural acceptance of such supernatural forces may be a potent factor in the epidemiology of epidemic psychoses.

While epidemic psychoses appear to be commonplace in South East Asia, they are not unknown in Europe. Historically there were the dancing manias of the Middle Ages and Tarantism in the 17th century, when psychotic-like illnesses spread following real or imagined bites of spiders. More recent outbreaks have tended to be confined to adolescents, particularly girls, and a notable example was the outbreak of fainting, vomiting and disturbed behaviour occurring in young girls who were members of marching bands and who were rumoured to have been poisoned by ice cream or soil contamination.