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*Original Research Article*

# Bachadani (Uterine) Syndrome Among Kashmiri Women, A Culture Bound Syndrome?

Tajamul Hussain[1*], Jahangeer Ahmad Bhat[1**], Murassa Shamshad[2***], Arselan Amin Malik[1**], Shabir Ahmad Mir[1#], Mahak Shafat[3##]

[1]Senior Resident, [2]Medical Officer, [3]Post Graduate Scholar,
[*]Department of Psychiatry, Government Medical College Srinagar.
[**]Department of Radiodiagnosis, Government Medical College Srinagar.
[***]Health and Medical Education Department, Government of Jammu and Kashmir.
[#]Department of Surgery, Government Medical College Srinagar.
[##]Department of Pathology, Sher-I-Kashmir Institute of Medical Sciences Soura.

Corresponding Author: Tajamul Hussain

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## ABSTRACT

**Context:** Culture-bound syndrome is a combination of psychiatric and somatic symptoms that are considered to be a recognizable disease only within a specific society or culture. The present study was planned after witnessing several cases of women in Kashmir region of North India presenting with belief that their uterus is either displaced or diseased. They also had anxiety symptoms and called their condition as Bachadani (Uterine) Syndrome.
**Objectives:** The aim of this study was to find whether this syndrome is a culture bound syndrome.
**Materials and Methods:** The study was carried out at the Tertiary Care Hospitals in Kashmir, Jammu and Ladakh regions. It was a cross sectional descriptive type of study. Forty patients who had presented with symptoms of Bachadani syndrome were evaluated to exclude organic illness and were screened for psychiatric disorders using M.I.N.I. (MINI International Neuropsychiatric Interview) and then evaluated by consultant psychiatrist. In the second part of the study, a questionnaire based survey was designed to assess awareness and belief of Bachadani syndrome in general public from different geographical and culturally distinct areas (Kashmir, Jammu and Ladakh) by including 1000 participants from each location.
**Result:** The most common presenting symptom was displacement of uterus from its site (45%) along with anxiety symptoms.85% of patients called their condition Bachadani Syndrome. All of the patients were diagnosed as Somatoform Disorder NOS and fulfilled the criteria for culture bound syndrome. Among the sample populations surveyed, the sample group from the Kashmir region had knowledge about the Bachadani Syndrome (n=921, 92.1%).
**Conclusion:** The observations in our study support our hypothesis that Bachadani (Uterine) syndrome is a specific cultural bound syndrome.

***Key words:*** cross-cultural comparison, mental disorders, uterus.

## INTRODUCTION

It was in 1960's that the concept of culture bound reactive syndrome was first introduced. Since then numerous such conditions have been cited in the literature under different names. [1] The last two decades have witnessed an increased interest in the cross cultural study of psychiatric disorders. Culture plays a significant role in determining the psychopathology of various psychiatric disorders. Some of these psychiatric

syndromes are limited to certain specific culture. Earlier, such conditions were considered as phenomenon peculiar to nonwestern cultures and labeled as "Exotic psychotic syndrome". [2] The term culture-bound syndrome (CBS) denotes recurrent, locality-specific patterns of aberrant behavior and troubling experience that may or may not be linked to a particular DSM-IV and ICD-10 diagnostic category. [3,4] Most of these behaviors are considered to be illnesses by the local populations and are given local names. Almost all of the CBS have following common characteristic features a) categorized as a disease in that culture b) widespread familiarity in that culture c) unknown in other cultures d) no objectively demonstrable biochemical or organ abnormality e) treated by folk medicine/ traditional healers. The most common culture bound syndromes in India include Koro, Dhat Syndrome, Possession Syndrome, Ascetic syndrome, Jhinjhinia etc. [5] Literature regarding Bachadani (Uterine) Syndrome is almost scanty and its nosological status is also not clear.

The present study was planned after witnessing several cases of Bachadani (Uterine) syndrome by the first author in Kashmir region of north India. The women presented with the belief that their uterus is either displaced or diseased. They also had anxiety symptoms and called their condition as Bachadani (Uterine) Syndrome. Many physicians working in the locality also suggested to have come across several such cases in their clinical practice and it was also observed that almost all people of this area believed in existence of such phenomenon. Thus the aim of this study was to find whether Bachadani (Uterine) Syndrome is a culture bound syndrome specific to Kashmiri population or has widespread presence regardless of geographical or cultural distinction.

## MATERIALS AND METHODS

This was a cross sectional descriptive type of study conducted over a period of one year from January 2015 to December 2015. The study was approved by the Ethical Committee of the concerned medical institute. The patients recruited in the study had presented with complains of Uterus (*Bachadani*) being displaced, misshapen or diseased. They had initially presented to the Medical, Surgical or Gynecological OPD's from where they were referred to department of radio diagnosis. The patients were examined to exclude any systemic medical illness. An abdomeno-pelvic ultrasound was done to rule out any structural defect in uterus. Patients who were pregnant or had a history of pregnancy in the last six months were also excluded from the study. Thus out of a total of 52 patients, 12 were excluded (which included 9 patients with systemic medical illness and 3 patients who had a history of pregnancy in last six months) and eventually 40 patients were included in the study. These patients were then screened for psychiatric disorders using Mini International Neuropsychiatric Interview (MINI) which is a DSM IV based screening tool. [6] Thereafter a detailed psychiatric evaluation of patients was done by a consultant psychiatrist.

In the second part of the study, a questionnaire based survey was designed to assess awareness and belief of Bachadani syndrome in general public from different geographical and culturally distinct areas (Kashmir, Jammu and Ladakh). The first, second and third author collected the data from each region. The ethnicity of the individuals was ascertained before the data collection. The sample population consisted of relatives and friends of patients attending various tertiary care hospitals of these three regions. They were chosen by simple random sampling method until an adequate sample size of at least 1000 was reached from each location (determined by considering an Error of 4% and Confidence level of 99%). Informed consent was obtained from the participants prior to their inclusion in the study. They were excluded from the study if they were unable to comprehend the questionnaire. The questionnaire was based on Explanatory

Model Interview Catalogue (EMIC) [7] which includes questions related to awareness, presentation, causation, and treatment of the phenomenon. [8] It was translated into the local languages of each region.

***Statistical analysis***

The data was arranged in tabulated form and the results were subjected to appropriate statistical methods. All the intergroup comparisons for parametric data were done by Student's t-test, whereas non-parametric data were analyzed by Chi-square tests. A two-tailed *P* value was used for calculating statistical significance. A *P* value of <0.05 was taken as statistically significant.

## RESULTS

Table 1 shows sociodemographic characteristics of total 40 patients who were initially referred to the radiology department from the OPD's of various departments. All the patients were females with mean age of 38.18 ± 8.94 years. Majority of the patients (70%) were from rural background. Most of the patients were married (82.5%). As per the DSM IV-TR, all the patients were diagnosed as Somatoform disorders NOS) as they didn't fulfill the criteria of any other disorder. Furthermore, the phenomenon was limited to a specific region and fulfilled the guidelines to be called as culture bound syndrome.

**Table 1: Sociodemographic profile of the patients**

| Variable | Sub Groups | Number of Patients (%) |
|---|---|---|
| **Residence** | Rural | 28 (70%) |
| | Urban | 12 (30%) |
| **Marital Status** | Married | 33 (82.5%) |
| | Unmarried | 5 (12.5%) |
| | Widowed/Divorced | 2 (5%) |
| **Socio economic status** | Upper | 0 (0%) |
| | Upper middle | 4 (10%) |
| | Lower middle | 8 (20%) |
| | Upper lower | 17 (42.5%) |
| | Lower | 11 (27.5%) |
| **Education** | Illiterate | 21 (52.5%) |
| | Primary | 12 (30%) |
| | Secondary | 7 (17.5%) |
| | Graduate | 0 (0%) |

**Table 2: Presenting (chief) Complains of the patients**

| Presenting complains | Number of Patients (%) |
|---|---|
| Uterus has descended down | 12 (30%) |
| Uterus has deviated from its position | 6 (15%) |
| Lower abdominal midline swelling | 11 (27.5%) |
| Other abdominal disease attributed to uterine pathology | 9 (22.5%) |
| Uterus has got some serious disease | 2 (5%) |

Table 2 shows symptomatology and belief of the patients. The most common symptom was that the uterus has descended down (30%) from its original position. Two patients (5%) believed that their uterus has some serious disease which can lead to death. All these patients also presented with apprehension, palpitation and severe anxiety.

**Table 3: Response of the patients to the Patient Questionnaire**

| Question | Answer | Number of Patients (%) |
|---|---|---|
| **1.** What do you call your problem? What name does it have? | Bachadani Syndrome | 34 (85%) |
| | N/A | 6 (15%) |
| **2.** What do you think has caused your problem? | Problem in uterus | 31 (77.5%) |
| | N/A | 9 (22.5%) |
| **3.** Why do you think it started when it did? | Witchcraft | 5 (12.5%) |
| | N/A | 35 (87.5%) |
| **4.** What does your sickness do to you? How does it work? | Abdominal discomfort | 36 (90%) |
| | N/A | 4 (10%) |
| **5.** How severe is the sickness? Will it have a short or long course? | Severe/Long course | 18 (45%) |
| | Mild/short course | 13 (32.5%) |
| | N/A | 9 (22.5%) |

N/A = No Answer

Table 3 shows the response of the patients to the questionnaire. Most of the patients (85%) called their condition Bachadani syndrome and attributed their

symptoms to some problem in uterus (77.5%). Although most (87.5%) were unaware why the illness started, a few (12.5%) believed it started due to witchcraft. Abdominal discomfort was the most common symptom. After screening the patients for psychiatric disorders using MINI and after evaluation by consultant psychiatrist, all the 40 patients were diagnosed as Somatoform Disorder NOS as per DSM IV TR.

Table 4 shows the sociodemographic details of the three populations. The mean age was 38.18 ± 8.94 years, 38.73 ± 11.53 years and 37.8 ± 10.77 years of surveyed population in Kashmir, Jammu and Ladakh respectively. Most of the patients from Kashmir division were from rural background and were less educated. However the difference was not statistically significant. Otherwise the surveyed population was similar in all the three regions.

Table 5 shows response of the surveyed population to understand the awareness and knowledge of Bachadani Syndrome. None of the study sample from Jammu or Ladakh was aware of such kind of entity and had never heard of such illness and symptoms. Only the sample group from Kashmir region in surveyed study population had knowledge about the Bachadani Syndrome (n=921, 92.1%).

**Table 4: Sociodemographic profile of the three populations**

| Variable | Kashmir | Jammu | Ladakh |
|---|---|---|---|
| **Sex** | | | |
| Male | 628 | 679 | 650 |
| Female | 372 | 321 | 350 |
| **Locality** | | | |
| Rural | 781 | 612 | 587 |
| Urban | 219 | 388 | 413 |
| **Marital Status** | | | |
| Married | 734 | 751 | 712 |
| Unmarried | 212 | 220 | 247 |
| Widowed/Divorced | 54 | 29 | 41 |
| **Education** | | | |
| Illeterate | 493 | 334 | 381 |
| Primary | 266 | 356 | 338 |
| Secondary | 110 | 175 | 165 |
| Graduate | 131 | 135 | 116 |
| **Socio Economic Status** | | | |
| Upper | 10 | 17 | 13 |
| Upper middle | 101 | 119 | 116 |
| Lower middle | 244 | 264 | 253 |
| Upper lower | 296 | 277 | 282 |
| Lower | 349 | 323 | 336 |

**Table 5: Response to the Questionnaire to sample populations**

| Questionnaire | Kashmir (n=1000) | Jammu (n=1000) | Ladakh (n=1000) |
|---|---|---|---|
| **1. Have you ever heard about Bachadani syndrome?** | | | |
| Yes | 921 | 0 | 0 |
| No | 79 | 1000 | 1000 |
| **2. Have you ever seen Bachadani syndrome patient?** | | | |
| Yes | 367 | NA | NA |
| No | 633 | NA | NA |
| **3. What are the symptoms of Bachadani syndrome?** | | | |
| Uterus has descended down | 357 | NA | NA |
| Uterus has deviated from its position | 83 | NA | NA |
| Lower abdominal midline swelling | 236 | NA | NA |
| Other abdominal disease attributed to uterine pathology | 148 | NA | NA |
| Uterus has got some serious disease | 45 | NA | NA |
| N/A | 131 | NA | NA |
| **4. Can it lead to other illness or death?** | | | |
| Yes | 338 | NA | NA |
| No | 662 | NA | NA |
| **5. What do you know about the treatment?** | | | |
| Local expert/Faith healer | 451 | NA | NA |
| Visit a doctor | 345 | NA | NA |
| No treatment | 204 | NA | NA |

NA = No Answer

## DISCUSSION

On surveying the relatives of patients attending the hospitals in three geographically and culturally different regions, it was found that the Bachadani syndrome is prevalent in Kashmir region only supporting the fact that it is confined to a specific culture. The American Psychiatric Association (APA, 1994) [4] states that the term culture bound syndrome denotes recurrent, locality specific pattern of behavior and troubling experiences that may

or may not be linked to a particular DSM IV diagnostic category. Most of these behaviors are considered to be illnesses by the local populations and are given local names. The literature lacks any description of Bachadani syndrome; however the concept of *hysteria*, derived from the Greek word for womb or uterus, implied an unwanted migration of the organ to higher sites. It was apparently known even to ancient Egyptians. [8] However none of the patients studied met the present day criteria of hysteria (conversion disorder in DSM-IV).It could be argued that Bachadani syndrome is a delusion. But unlike a delusion, all the patients acknowledged that their belief might be false. In addition, once the patients were reassured that nothing was wrong with their uterus after doing a USG, the belief was no longer present. We may call these symptoms as overvalued ideas colored by the cultural belief prevalent only in this specific culture and area. On the basis of clinical presentation, these patients could be diagnosed only as somatoform disorder NOS as per DSM IV. Since we used MINI which is a DSM IV based interview, DSM-5 [9] diagnostic criteria was not used for diagnosis. However all the patients met the DSM-5 diagnostic criteria for unspecified somatic symptom and related disorder (300.82). Most of the symptoms of Bachadani syndrome could be explained due to the normal physiological changes that occur in the uterine myometrium and whole body during the menstrual cycle in females. [10,11] This syndrome could be influenced by the cultural attitude of Kashmiri population towards infertility among women. Infertility is not taken well in Kashmiri society. A woman who is infertile is looked down upon. Thus a woman lives in constant fear of losing her fertility. This leads to heightened sensitivity towards any changes that occur in uterus (even normal changes during menstrual cycles may be perceived as pathological) which in turn leads to anxiety and false beliefs among women. The prevalence of this syndrome only in Kashmir region and the strong belief among the public about the illness that it is caused by problem in position of uterus, creates severe anxiety and associated maladaptive behaviors in the patients which cannot be explained by another mental disorder. Cultural factors have also been found to influence the manifestation of various psychiatric disorders such as schizophrenia, major depression, anxiety disorders and attention deficit hyperactive disorder. [12,13] Culture not only influences the expressions people give to various emotions but also determines which symptoms or signs are normal or abnormal. [14,15] It also defines health and illness and thus determines the illness behavior and help seeking behavior. [16,17] Both DSM-IV and DSM-5 have included the cultural footing of the presentations of various mental and behavioral disorders in the text descriptions of the individual disorders. Also, they have incorporated the description of the CBS and the outline for assisting the clinicians in systematic evaluation of these conditions in its glossary section, highlighting the acceptance of the importance of the cultural variables in shaping the psychiatric conditions and their management. Similarly, ICD-10 has also described some of these conditions. [18]

## CONCLUSION

Our study shows that Bachadani (uterine) syndrome is specific to Kashmiri population; the condition has no objectively demonstrable biochemical or tissue abnormalities and is usually recognized and treated by the folk medicine or method of the culture. These observations seem to be sufficient to diagnose Bachadani (Uterus) syndrome as a specific cultural bound syndrome. However further studies need to be conducted in other parts of the country also to find out whether this syndrome is present in these areas as well or not in order to further validate our hypothesis.

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