

Klingsor Syndrome

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PRESENTATION OF CASE

A 32 years old Hindu, unmarried male presented at surgical emergency with self-amputation of penis at its base. Surgical closure of the wound and haemostasis was done in the emergency operation theatre. History revealed that he was working in a Naga temple from the age of 12 years when his father died, and he lived with his mother in a house close to the temple. He was the only child in the family. At presentation, he was conscious and described that he worshipped Mother Kali (Goddess) and she appears in front of him. For the last 15 days Mother Kali was ordering him to cut his penis and throw it in river nearby (Named Kali). He followed the orders happily the day before. After amputating the penis and throwing it in the river, he fell unconscious from where he was picked up by people and brought to the hospital. He did not complain of pain. He was unperturbed and showed no regrets. He led a simple life, had no addiction of any type. His mother told that her son was extremely religious and wished to join the Nagas but because of her he was not able to fulfil his wishes. Patient was referred to the psychiatry department. He was diagnosed as a case of schizophrenia with delusions and hallucinations. He showed improvement on subsequent visits till 3 months then was last in follow-up.

Self-mutilation has been defined as an individual intentionally damaging a part of his or her own body apparently without a conscious intent to die. Klingsor syndrome is occurrence of auto castration as a consequence of religious delusions, that has been further expanded to include all delusions associated with genital self-mutilation. Generally, this is seen in psychotic individuals with command delusions and hallucinations. Here we present a rare case of Klingsor syndrome in a 32-year male who castrated himself in a temple under religious delusions to please the deity. Various risk factors have been identified in the previous case reports of genital self-mutilation. Religious psychotic experiences, affective psychoses, alcohol intoxication and personality disorders have been associated with genital self-amputation. The eponym Klingsor syndrome is applied to the occurrence of auto castration as a consequence of religious delusions, sacrificing body parts to please the deity is widely described in Hindu literature but examples of genital mutilation are none on reviewed literature.

The described case is very similar to the story of Klingsor who castrated himself to join the grail. Naga sadhus of India are well known for their practice of leading a secluded life and to join the cult sacrificing sexual life is most important virtue.

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CLINICAL DIAGNOSIS

Self-inflicted genital amputation.

DIFFERENTIAL DIAGNOSIS

Self-inflicted genital amputation, genital trauma (Traumatic Penile Amputation)

PATHOLOGICAL DISCUSSION

Genital self-mutilation is an uncommon and severe form of self-injurious behaviour.^[1] Self-mutilation is defined as “the deliberate destruction or alteration of body tissue without conscious suicidal intent”. Occasionally, patients attempt self-mutilation under the influence of an ordering hallucination (Vincent Van Gogh syndrome).^[1,2] Eponym of the ‘Klingsor syndrome’ is applied to occurrence of auto castration as a consequence of religious delusions, that has been further expanded to include all delusions associated with genital self-mutilation.^[3,4,5] Extent of injury varies from simple lacerations to amputation. Minor or mild form of self-mutilation is quite common, does not cause significant disability and may even be a part of recognised cultural practices.^[6] Major self-mutilation is rare, usually occurs in association with serious mental illness and often results in permanent loss of an organ and its function. Self-mutilation has been performed by individuals throughout history. Genital self-mutilation has been a religious practice since ancient Roman times where it was regarded as “a supreme sacrifice of sexual life in favour of the emotions to the highest known Gods”. Religious literature of Hinduism has many examples of sacrificing body parts to the deity to accomplish ones wishes (‘Ravana’ in Ramayana, ‘Bali’ in Vishnu Puran, ‘Eklavya’ in Mahabharat). Cases of genital self-mutilation are rare. Three general patient groups in cases of auto castration have been identified: psychotic individuals, non-psychotic individuals with significant character pathology and individuals influenced by socio cultural factors and religious beliefs.^[5,8] Four common premorbid characteristics have been identified as: delusions, particularly religious delusions; themes of guilt and sexual conflict; a history of depression, often with past suicidal attempts; and “severe deprivation in childhood (With) major personality deviation in adult life”.^[5,7]

The major psychotic motivations for genital self-mutilation include delusions often religious and command hallucinations that are seen in paranoid schizophrenia and affects psychosis. Auto castration has been known as Eshmun complex and Klingsor syndrome and self-mutilation as Von Gogh syndrome.^[2,8] The phenomenon of genital self-mutilation endorsed by religious beliefs is not specific to a particular religion or denomination.^[9] Atonement is a recurring theme in the history of religion and theology. Atonement is often attached to sacrifice.^[8]

DISCUSSION OF MANAGEMENT

The motives for genital self-mutilation are multifactorial. The index case had many factors which are supposed to be related to the self-injurious behaviour and psychotic disorder. Early developmental problems and a premorbid lifestyle, like being a devout person in addition to identification with a devout adult circle during his childhood might have strengthened the guilt of sinful beliefs in the patient and therefore cause him to seek punishment. The guilt and sinful beliefs might have turned into delusions and hallucinations during the psychotic attack which might have directed the patient to perform genital self-mutilation. Majority of reported cases of genital self-mutilation are psychotic with command hallucinations and delusions as leading underlying psychopathologies.^[8,9,10,11] A study of Asian population has found that command hallucinations are common in schizophrenia and there is a beliefs and rituals are practical from birth till death. Religious thoughts have strong impact in the personality. Genital self-mutilation may not be an impulsive act but an end result of treatable psychotic thinking.^[12] Early diagnosis and treatment of psychosis may reduce such acts. Motives and provoking situations should be identified to prevent or lessen the risk. Trans disciplinary approach is important in treating genital self-mutilation in psychiatry patients.

FINAL DIAGNOSIS

Klingsor syndrome.

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