



Koro Syndrome as a Socially Mediated Phenomenon: Comparative Perspectives from Asia, Africa and Mozambique

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Abstract

Introduction: Koro syndrome has traditionally been described as a culture-bound syndrome characterized by intense fear of genital retraction, anxiety and fear of death, predominantly reported in Asian contexts. However, evidence suggests that Koro-like phenomena vary across sociocultural settings and may not be understood as a homogeneous psychiatric entity. This study aimed to critically examine Koro syndrome across Asian and African contexts through a comparative narrative review focusing on social, cultural and psychological dimensions.

Methods: A comparative narrative review guided by qualitative thematic analysis was conducted using literature retrieved from PubMed, Scopus, PsycINFO and Google Scholar. Studies published between 1980 and 2025 addressing Koro syndrome, genital shrinking beliefs, culture-bound syndromes, social contagion and related phenomena were included. Exploratory analysis of publicly available media and digital content from African contexts was undertaken to contextualize contemporary Koro-like episodes.

Results: Thematic synthesis revealed substantial variation in the manifestation and interpretation of Koro-like phenomena. In Asian settings, Koro was predominantly described as an anxiety-related condition associated with culturally mediated fears concerning sexuality, masculinity and bodily vulnerability, frequently occurring in epidemic forms sustained by rumors and collective anxiety. In contrast, African manifestations were more strongly organized around witchcraft beliefs, genital theft accusations, externalized threats, and collective processes of panic and violence. Across contexts, social contagion, community validation and culturally shared explanatory systems emerged as central mechanisms. Digital and social media may amplify fear-based narratives and collective anxieties in contemporary African settings.

Conclusion: These findings suggest that Koro may be better conceptualized as a socially mediated and culturally contextualized phenomenon rather than a singular psychiatric disorder, reinforcing the importance of social psychiatry and transcultural mental health perspectives.

Keywords: Koro syndrome; Social contagion; Culture-bound syndromes; Collective anxiety; Social Psychiatry; Mass psychogenic illness; Transcultural psychiatry; Digital amplification.

Key Points

- Koro syndrome manifestations vary substantially across sociocultural contexts.

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- African Koro-like episodes are strongly shaped by collective anxiety and social contagion.
- Digital media increasingly amplifies contemporary genital theft narratives.
- Koro may be better conceptualized as a socially mediated phenomenon than as a uniform psychiatric disorder.
- Cultural beliefs and social contagion and violence are reported as related to Koro-like episodes in Africa and Mozambique in particular

What is Already Known on This Topic

Koro syndrome has traditionally been described as a culture-bound syndrome characterized by genital retraction anxiety, predominantly reported in Asian contexts and often associated with epidemic outbreaks.

What This Study Adds

This review demonstrates that Koro-like phenomena vary substantially across sociocultural settings and may be better understood as socially mediated expressions of collective anxiety shaped by cultural beliefs, social contagion and digital amplification processes.

Introduction

Koro syndrome has traditionally been described in psychiatric literature as a culture-bound syndrome characterized by the intense fear that the genital organs are retracting into the body, often accompanied by severe anxiety, panic and fear of death [1]. Historically associated with Southeast Asian societies, particularly China, Malaysia and Singapore, Koro has occupied an important place within transcultural psychiatry and discussions on culturally mediated expressions of distress [2, 3]. Although classically conceptualized as an individual psychopathological condition, growing evidence suggests that Koro cannot be fully understood outside the sociocultural environments in which it emerges. Epidemic episodes involving large numbers of individuals over short periods indicate that the phenomenon extends beyond individual psychopathology and is deeply embedded in collective belief systems, social interactions and culturally shared explanatory models [4, 5]. In this sense, Koro may be understood not only as an individual experience of bodily anxiety, but also as a socially mediated phenomenon shaped by collective fears, symbolic interpretations of the body and processes of social legitimation.

The social dimension of Koro becomes particularly evident in epidemic outbreaks documented in Asian contexts, where rumors, interpersonal influence and collective suggestibility appear central to symptom propagation [6]. Bartholomew [7] argues that epidemic Koro episodes share important characteristics with mass psychogenic illness,

including rapid social transmission, heightened collective anxiety and behavioral conformity reinforced by culturally shared beliefs. Similarly, [3] emphasizes that Chinese Koro cannot be adequately interpreted through purely biomedical frameworks, as the syndrome is strongly connected to cultural beliefs concerning sexuality, bodily balance and vulnerability. Beyond Asia, Koro-like phenomena have increasingly been reported in African contexts, particularly in West and Central Africa, where episodes of alleged genital shrinking or genital theft are frequently associated with witchcraft beliefs, spiritual attacks and interpersonal encounters [8]. Unlike classical Asian presentations, African manifestations often involve accusations against alleged perpetrators, public panic, collective mobilization and episodes of violence, including physical assaults and attempted lynching of accused individuals [8, 9]. These characteristics challenge interpretations of Koro as a predominantly intrapsychic disorder and suggest that, in many African settings, the phenomenon is more closely related to socially shared systems of fear, moral panic and collective meaning-making.

The literature further suggests that these episodes are sustained by processes of social contagion and community validation. Rumors surrounding genital disappearance or shrinking spread rapidly within communities, generating escalating cycles of fear and social amplification [7, 8]. Such dynamics are consistent with broader perspectives in social psychiatry and medical anthropology that conceptualize illness experiences as socially constructed and culturally embodied phenomena [10, 11]. From this perspective, bodily sensations and anxieties acquire meaning through collective interpretative systems rather than through purely biological mechanisms. In contemporary African settings, including Mozambique, the phenomenon appears to have acquired new dimensions associated with digital communication and social media circulation. Reports disseminated through Facebook, WhatsApp, TikTok and local media platforms increasingly contribute to the rapid propagation of rumors related to genital theft, witchcraft and bodily attacks. This digital amplification appears to intensify collective anxiety, reinforce supernatural explanatory models and accelerate the spread of fear beyond traditional face-to-face interactions.

Whereas classical Koro epidemics were largely sustained through oral rumors and direct interpersonal contact, contemporary episodes increasingly occur within hybrid social and digital environments where emotional contagion and collective panic may be amplified through online exposure and repeated media circulation. Studies on digital misinformation and emotional contagion suggest that online environments may facilitate the rapid legitimization of fear-based narratives, particularly in contexts characterized by social vulnerability, uncertainty and culturally mediated explanatory beliefs [12, 13]. The phenomenon also raises important epistemological questions concerning the universal application of psychiatric

categories across distinct sociocultural contexts. Classifying heterogeneous manifestations under the single label of “Koro syndrome” risks obscuring important contextual differences and imposing biomedical interpretations on experiences that may be fundamentally social, cultural and symbolic in nature. Kleinman, (2003) has long argued that psychiatric categories are not culturally neutral and that local explanatory systems strongly shape how distress is experienced, interpreted and communicated.

Furthermore, the occurrence of Koro-like presentations among individuals with underlying psychiatric disorders, including obsessive-compulsive disorder, psychosis and anxiety disorders, reinforces the heterogeneity of the phenomenon [1, 14]. These cases suggest that Koro may not represent a single nosologically entity, but rather a spectrum of culturally mediated bodily anxieties expressed through different psychological and social mechanisms. Despite the growing literature on Koro in Asian and African contexts, important gaps remain regarding comparative analyses exploring the social and cultural transformations of the phenomenon across regions. Limited attention has been given to how contemporary African manifestations may differ structurally from classical Asian epidemics due to the influence of social violence, collective accusation processes and digital amplification mechanisms. Understanding Koro as a socially mediated phenomenon has important implications for social psychiatry, transcultural mental health and public health interventions. Exclusive biomedical approaches may be insufficient to address episodes sustained by collective anxiety, rumors and culturally shared fears. Instead, integrated psychosocial, cultural and communication-based approaches may be necessary to prevent social escalation and violence. Therefore, this study aims to critically examine Koro syndrome across Asian and African contexts through a comparative narrative review focusing on its social, cultural and psychological dimensions. It further explores the hypothesis that Koro is not a uniform psychiatric syndrome, but rather a culturally contextualized and socially amplified phenomenon whose manifestations vary according to local systems of meaning, collective anxieties and mechanisms of social contagion.

Materials and Methods

Study Design

This study consisted of a comparative narrative review guided by a qualitative thematic analytical approach aimed at critically examining Koro syndrome across different sociocultural contexts. A narrative review design was considered appropriate due to the multidimensional nature of the phenomenon, which encompasses psychiatric, psychological, sociocultural and anthropological perspectives, as well as diverse forms of evidence, including epidemic reports, clinical case studies, transcultural analyses

and community-based descriptions. Unlike narrowly biomedical conditions, Koro syndrome involves complex interactions between bodily perceptions, collective beliefs, social dynamics and culturally mediated explanatory systems. Therefore, an interpretative narrative approach allowed a broader conceptual synthesis of the literature and facilitated exploration of social and cultural dimensions that may not be adequately captured through strictly systematic or quantitative methodologies.

Search Strategy

The literature search was conducted between January and March 2026 using PubMed, Scopus, PsycINFO and Google Scholar. Additional manual searches were performed through reference lists of relevant articles and seminal publications on Koro syndrome and related transcultural psychiatric phenomena. The search strategy combined controlled vocabulary terms and free-text keywords using Boolean operators (“AND”, “OR”). Main search terms included: “Koro syndrome”, “genital shrinking”, “culture-bound syndrome”, “mass psychogenic illness”, “social contagion”, “collective anxiety”, “genital theft”, “witchcraft”, “Africa” and “Asia”.

Studies published in English, Portuguese and French between 1980 and 2025 were considered eligible in order to capture both classical epidemic descriptions and contemporary discussions on transcultural psychiatry, collective anxiety and socially mediated manifestations of Koro-like phenomena.

Eligibility Criteria

Studies were included if they directly addressed Koro syndrome or Koro-like phenomena and provided relevant clinical, sociocultural or theoretical discussions. Eligible publications included studies examining epidemic outbreaks, collective episodes, individual clinical presentations or culturally mediated manifestations associated with genital retraction anxiety, genital theft beliefs or related bodily fears. The review incorporated observational studies, case reports, narrative reviews, transcultural psychiatric analyses and anthropological discussions, reflecting the multidimensional nature of the phenomenon and its relevance across psychiatry, psychology, medical anthropology and social sciences. Studies were excluded if they consisted exclusively of anecdotal reports without analytical discussion, lacked sufficient clinical or contextual information, represented duplicate publications or focused on unrelated genital or somatic syndromes without conceptual relevance to Koro syndrome.

Data extraction and Synthesis

Data extraction was conducted systematically using a thematic framework designed to capture the multidimensional nature of Koro syndrome across sociocultural settings. The analysis focused on three major domains: (1) clinical

characteristics, including symptom presentation, anxiety manifestations and associated psychiatric conditions; (2) sociocultural explanatory models, including beliefs related to witchcraft, spiritual attacks and culturally mediated interpretations of genital retraction; and (3) social and communicational dynamics, including collective anxiety, rumours, social contagion, violence and media-related amplification processes. A thematic interpretative approach was employed to identify patterns, similarities and contextual differences across the included studies. Particular attention was given to the role of socially shared explanatory models in shaping bodily interpretations, legitimizing collective responses and facilitating the spread of anxiety within communities.

Complementary Media and Digital Content Analysis

As a complementary analytical component, an exploratory qualitative analysis of publicly available media and digital content related to alleged genital shrinking or genital theft episodes in African contexts was conducted, with particular attention to reports emerging from Mozambique. This strategy was adopted due to the scarcity of empirical studies and the absence of previously published scientific literature formally documenting Koro-like phenomena in the Mozambican context. Content from online newspapers, Facebook posts, WhatsApp-circulated reports, TikTok videos and local digital media platforms was examined to explore explanatory narratives, associations with witchcraft and supernatural beliefs, patterns of social propagation, collective reactions and violence, as well as the role of digital communication in amplifying fear and rumours.

This complementary analysis was not intended as formal digital ethnography, but rather as contextual support for understanding how contemporary mechanisms of social amplification and online communication may influence the manifestation and propagation of Koro-like phenomena in African settings.

Epistemological Considerations

This study acknowledges the epistemological challenges involved in analysing culturally mediated psychiatric phenomena across different sociocultural contexts. Psychiatric categories such as Koro syndrome are not culturally neutral and may assume different meanings according to local belief systems, symbolic representations of the body and collective explanatory models. Accordingly, this review adopted a critical transcultural perspective informed by social psychiatry and medical anthropology, seeking to avoid reductionist biomedical interpretations and to recognize the socially mediated and culturally contextualized nature of the phenomenon.

Ethical Considerations

As this study was based exclusively on previously

published scientific literature and publicly accessible media and digital content, no direct involvement of human participants occurred and formal ethical approval was not required. The analysis of media and digital content was conducted using publicly available information, with no attempt to identify or expose individuals involved in reported episodes. Care was taken to avoid reproducing stigmatizing narratives or identifiable personal information, while maintaining a culturally respectful and non-stigmatizing approach to the phenomenon.

Results

The thematic synthesis revealed that Koro syndrome varies substantially across sociocultural contexts regarding explanatory models, social dynamics and forms of collective expression. Rather than representing a homogeneous psychiatric condition, the phenomenon emerged as a socially mediated and culturally contextualized experience shaped by collective anxieties, local belief systems and mechanisms of social propagation.

Three major patterns were identified: (1) Koro as a culturally structured anxiety syndrome in Asian contexts; (2) Koro-like phenomena as collective and socially mediated events in African settings; and (3) the growing role of digital and media amplification in contemporary African manifestations.

In Asian contexts, particularly in China, India, Malaysia and Singapore, Koro was predominantly described as an acute anxiety condition characterized by fear of genital retraction, panic symptoms and fear of death [3, 4]. Although individual presentations were common, epidemic outbreaks involving multiple individuals highlighted an important collective dimension [6, 5]. The literature suggested that symptom propagation was strongly influenced by culturally shared beliefs concerning sexuality, masculinity, bodily balance and vulnerability. Epidemic episodes were also described as resembling mass psychogenic illness, sustained by rumors, collective anxiety and social transmission of fear-based beliefs [15, 3]. In some cases, Koro-like presentations were associated with underlying psychiatric disorders, including obsessive-compulsive disorder, psychosis and anxiety disorders [1, 14].

In contrast, African Koro-like phenomena were predominantly described as collective and socially mediated experiences rather than isolated psychiatric conditions. Reports from West and Central Africa frequently associate alleged genital shrinking or genital theft episodes with witchcraft beliefs, supernatural attacks and interpersonal encounters involving physical contact [8, 9]. Unlike classical Asian presentations, African episodes often involved accusations against external perpetrators, triggering collective panic, community mobilization and episodes of

violence. The literature indicated that these manifestations were strongly sustained by rumors, collective fears and culturally shared explanatory systems, with bodily sensations acquiring social meaning through collective interpretation and interpersonal reinforcement. Compared with Asian Koro, African manifestations placed greater emphasis on external threats, social accusation processes and collective responses.

Digital Amplification and Contemporary Social Propagation

An additional pattern identified in the reviewed literature and complementary media analysis was the growing role of digital communication in shaping contemporary Koro-like episodes in African settings. Publicly available reports from social media platforms, online newspapers and digital communication networks suggested that rumors related to genital theft and witchcraft-associated bodily attacks were increasingly disseminated through Facebook, WhatsApp, TikTok and local digital media channels. These platforms appeared to accelerate the circulation of fear-based narratives and facilitate broader territorial dissemination of collective anxieties.

Unlike classical epidemic descriptions largely dependent on face-to-face interactions and oral rumors, contemporary manifestations appeared embedded within hybrid social and digital environments characterized by rapid emotional transmission, repeated exposure to alarming content and collective reinforcement of supernatural explanatory models.

The media analysis further suggested that digital environments functioned not only as channels of information transmission, but also as spaces of social validation where rumors and culturally shared fears acquired legitimacy and emotional intensity. In some reported episodes, digital circulation appeared associated with escalation of community panic, public accusations and episodes of collective violence.

Comparative Synthesis Across Contexts

Across the reviewed literature, important differences emerged between Asian and African manifestations of Koro-like phenomena. Asian presentations were generally characterized by relatively structured psychopathological patterns embedded within culturally shared beliefs related to genital retraction anxiety. In contrast, African manifestations were more strongly associated with collective fears, interpersonal accusations, witchcraft narratives and socially amplified processes of panic and contagion.

Despite these differences, both contexts shared important common elements, including the role of culturally mediated bodily interpretations, collective validation processes and social transmission of fear. The findings therefore suggest that Koro may be better understood not as a singular psychiatric disorder, but as a heterogeneous and socially mediated phenomenon whose manifestations vary according to local

systems of meaning, symbolic representations of the body and mechanisms of collective anxiety.

Table 1: Comparative sociocultural characteristics of Koro syndrome across Asian and African contexts

Dimension	Asian contexts	African contexts
Predominant expression	Anxiety-related and culturally structured	Collective and socially mediated
Main perceived threat	Genital retraction	Genital theft or supernatural attack
Perceived causal agent	Internal bodily process	External agent or perpetrator
Main propagation mechanism	Oral rumors and interpersonal influence	Community rumors and social contagion
Role of cultural beliefs	High	Very high
Collective reactions	Help-seeking and anxiety	Panic, accusation and violence
Association with psychiatric disorders	Frequent	Less consistent
Social dynamics	Epidemic anxiety episodes	Moral panic and collective mobilization
Role of digital media	Limited	Increasingly significant
Predominant interpretative framework	Psychopathological and cultural	Socially constructed and collectively amplified

Source: [3, 8, 7, 14, 5]

Discussion

The findings of this review suggest that Koro syndrome cannot be adequately understood as a homogeneous psychiatric entity, but rather as a socially mediated and culturally contextualized phenomenon whose manifestations vary substantially across sociocultural contexts. Although traditionally conceptualized within transcultural psychiatry as a culture-bound syndrome characterized by genital retraction anxiety and fear of death, the reviewed evidence indicates that the phenomenon extends beyond individual psychopathology and is deeply embedded in collective systems of meaning, social anxieties and culturally shared explanatory models. One of the main findings of this comparative analysis is the distinction between Asian and African manifestations of Koro-like phenomena. In Asian contexts, particularly in China and India, Koro has historically been described as a relatively structured syndrome combining bodily anxiety, culturally mediated fears related to sexuality and masculinity, and epidemic patterns of social propagation [3-5]. Although these outbreaks involve collective transmission processes, the phenomenon remains largely centred on individual fears of genital retraction and bodily collapse.

In contrast, African manifestations appear predominantly organized around collective fears, interpersonal accusations and socially shared narratives of supernatural aggression. Reports from African settings consistently associate Koro-like episodes with witchcraft beliefs, genital theft accusations and fears of bodily vulnerability caused by external agents [8, 9]. This externalization of threat represents an important sociocultural distinction from classical Asian presentations and suggests that African manifestations may be more closely related to collective social anxieties than to stable intrapsychic psychopathology. The findings further indicate that social contagion constitutes a central mechanism underlying the propagation of Koro-like episodes across contexts. Rumours, interpersonal reinforcement, collective validation and culturally shared interpretations appear fundamental in transforming individual bodily sensations into socially recognized threats. These dynamics are consistent with perspectives in social psychiatry and medical anthropology that conceptualize illness experiences as socially constructed and culturally embodied phenomena rather than purely biological or individual psychiatric events [16, 10, 11].

Particularly in African contexts, Koro-like episodes may be interpreted as forms of embodied collective anxiety or moral panic. Public accusations, rapid dissemination of fear, community mobilization and episodes of violence indicate that the body becomes a symbolic site through which broader social fears and uncertainties are expressed. In this sense, genital shrinking narratives appear to function not merely as individual delusional experiences, but as socially mediated expressions of threat circulating within collective symbolic systems. Digital communication and social media emerged as important contemporary dimensions of the phenomenon. Unlike classical epidemic descriptions sustained mainly through oral rumours and interpersonal interactions, recent African reports suggest that digital environments increasingly contribute to the amplification and territorial expansion of Koro-like narratives [8]. Platforms such as Facebook, WhatsApp and TikTok appear to facilitate emotional transmission, collective reinforcement of supernatural interpretations and wider circulation of fear-based content.

The reviewed evidence also supports a socially mediated conceptual interpretation of Koro syndrome in which the phenomenon emerges through the interaction between bodily anxiety, culturally shared explanatory systems and collective processes of social amplification. Psychophysiological mechanisms such as anxiety-induced bodily hypervigilance and catastrophic interpretation of physiological sensations may contribute to subjective experiences of genital retraction. However, these mechanisms alone appear insufficient to explain the rapid emergence and propagation of epidemic or collective episodes. Instead, bodily experiences become socially meaningful through collective interpretation, symbolic systems and culturally shared explanatory models. These findings highlight the importance of integrating

social psychiatry perspectives into the understanding of culturally mediated bodily fears. Biomedical approaches focusing exclusively on psychopathology may be insufficient to explain collective episodes sustained by rumours, moral panic and social contagion. From a public health perspective, psychosocial interventions, culturally sensitive communication and community-based education strategies may be necessary to reduce the escalation of rumours, prevent violence and minimize collective panic responses.

This study has limitations. The narrative nature of the review and the heterogeneity of the included literature limit direct comparability between studies. Additionally, evidence from African settings remains relatively scarce and partially dependent on media and digital reports due to the absence of systematic empirical research. Nevertheless, these materials provide important insights into contemporary mechanisms of social amplification and collective meaning-making surrounding the phenomenon. Overall, the evidence suggests that Koro should not be understood solely as an individual psychiatric syndrome, but rather as a socially mediated phenomenon emerging at the intersection of bodily anxiety, collective fears, cultural beliefs and social contagion processes. This perspective contributes to broader discussions within social psychiatry regarding the relationship between culture, embodiment, collective anxiety and the social construction of distress.

Conclusion

The findings of this review suggest that Koro syndrome cannot be adequately understood as a singular and universally stable psychiatric entity, but rather as a socially mediated and culturally contextualized phenomenon shaped by local systems of meaning, collective anxieties and mechanisms of social propagation. While classical Asian descriptions primarily emphasize genital retraction anxiety and fear of death, the African contexts reviewed reveal manifestations more strongly associated with witchcraft beliefs, externalized threats, interpersonal accusations and collective processes of panic and violence. The evidence further indicates that Koro-like episodes emerge through the interaction between psychological vulnerability, bodily interpretation, culturally shared explanatory systems, social contagion and communication-related amplification processes. In this regard, the phenomenon extends beyond strictly biomedical or intrapsychic frameworks and may be better conceptualized as an embodied form of socially mediated collective anxiety shaped by symbolic and cultural systems of meaning.

The review also highlights the growing role of digital and social media environments in the contemporary propagation of genital theft narratives and supernatural bodily threat beliefs, particularly in African settings. The rapid circulation of rumours and emotionally charged content appears to intensify collective fear, reinforce socially shared interpretations and

facilitate broader social amplification of the phenomenon. These findings reinforce the importance of social psychiatry and transcultural mental health perspectives capable of integrating psychological, sociocultural and communicational dimensions in the understanding of culturally mediated distress phenomena. Exclusively biomedical approaches may be insufficient to adequately address Koro-like episodes, particularly in contexts where rumours, collective fears and social amplification processes play a central role in shaping the manifestation of the phenomenon.

Culturally sensitive psychosocial interventions, community-based communication strategies and public education approaches may contribute to reducing the spread of rumours, preventing violence and minimizing collective panic responses. Finally, the review highlights the need for further empirical research in African settings where Koro-like episodes remain poorly documented within the scientific literature, particularly regarding the role of social contagion, digital amplification and collective anxiety in the emergence and propagation of the phenomenon.

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Conflicts of Interest

The authors declare no conflicts of interest.

Author Contributions

Caetano Topola Raposo: Conceptualization, study design, literature review, data analysis and synthesis, interpretation of findings, manuscript drafting and critical revision of the manuscript.

Jackson Magido Somar: Methodological review, interpretation of findings, critical revision of the manuscript and intellectual contribution to the discussion.

Carlos Botão: Critical review and final revision of the manuscript.

Palmira Fortunato dos Santos: Supervision, conceptual guidance, critical revision and final approval of the manuscript.

Data Availability Statement

No primary datasets were generated during the current study. All analyzed materials are publicly available within the cited literature and media sources.

References

1. Silva L, Morgado P. Síndrome de koro associado a transtorno obsessivo-compulsivo: Caso clínico e breve revisão. *Jornal Brasileiro de Psiquiatria* 67 (2018): 135-139.
2. Bernstein L, Gaw A. Koro: Proposed Classification for DSM-IV. *Am J Psychiatry* (1990).
3. Cheng S T. A critical review of Chinese Koro. *Culture, Medicine and Psychiatry* 20 (1996): 67-82.
4. Ghosh S, Nath S, Brahma A, et al. Fifth Koro epidemic in India: A review report (2013).
5. Kumar R, Phookun H R, Datta A. Epidemic of Koro in North East India: An observational cross-sectional study. *Asian Journal of Psychiatry* 12 (2014): 113-117.
6. Chowdhury A N. koro social response (urban): a longitudinal study of north bengal koro epidemic. *Indian J. Psychia* (1992).
7. Bartholomew R E. The Social Psychology of «Epidemic» Koro. *International Journal of Social Psychiatry* 40 (1994): 46-60.
8. Dzokoto V A, Adams G. Understanding Genital-Shrinking Epidemics in West Africa: Koro, Juju, or Mass Psychogenic Illness? *Culture, Medicine and Psychiatry* 29 (2005): 53-78.
9. Saleh D A, Lekwai A J, Morris R E, et al. Koro-like Syndrome beyond Asia: Case Report of a Female from Jos, Nigeria. *Journal of Social Sciences* (2025).
10. Good B J. *Medicine, Rationality and Experience: An Anthropological Perspective*. Cambridge University Press (1994).
11. Kleinman A. *Patients and Healers in the Context of Culture: An Exploration of the Borderland Between Anthropology, Medicine, and Psychiatry*. University of California Press (2003).
12. Cinelli M, Quattrocioni W, Galeazzi A, et al. The COVID-19 social media infodemic. *Scientific Reports* 10 (2020): 16598.
13. Kramer A D I, Guillory J E, Hancock J T. Experimental evidence of massive-scale emotional contagion through social networks. *Proceedings of the National Academy of Sciences of the United States of America* 111 (2014): 8788-8790.
14. Strong Y, Y Cao D, Zhou J, et al. Koro Syndrome: Epidemiology, Psychiatric and Physical Risk Factors, Clinical Presentation, Diagnosis, and Treatment Options. *Health Psychology Research* 11 (2023): 1.
15. Bartholomew R E, Wessely S. Protean nature of mass sociogenic illness: From possessed nuns to chemical and biological terrorism fears. *The British Journal of Psychiatry: The Journal of Mental Science* 180 (2002): 300-306.
16. Berger P L, Luckmann T. *The Social Construction of Reality: A Treatise in the Sociology of Knowledge*. Open Road Media (2011).