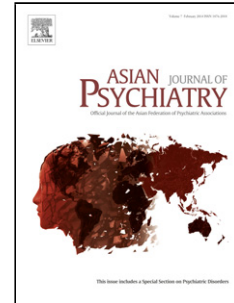


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Sir,

Mass hysteria is a well-known entity in the history of medicine. Episodes of mass hysteria are reported in different corners of the world at various points of time. During the episodes, masses of population with certain psycho-social vulnerabilities manifest in a specific manner to a specific event. Terms like "mass psychogenic/sociogenic illness" has been used to describe this entity (Balaratnasingam and Janca, 2006). Portrayal of the event(s) in social network, electronic media as well as response of the government about the issue is highly crucial in control of this entity (Balaratnasingam and Janca, 2006). Recent evidences suggest the role of mirror neuron system in development of mass hysteria (Lee and Tsai, 2010). Even in the 21st century, cultural cults colour the social perception significantly (Ventriglio et al., 2016), and when the mass social perception is affected in a unique fashion, mass hysteria results. Literature suggest that patients of mass hysteria present with anxiety or motor symptoms (Ali-Gombe et al., 1996). We here present the case of a young lady a victim of mass hysteria who presented with anxiety and dissociative symptoms.

The incidents of braid cutting started in North India, after an old woman was lynched by a mob on suspicion of witchcraft and chopping hairs. In the following three months, more than hundred cases have been reported, where allegedly braids of unsuspecting women were cut usually at night when they were sleeping. These cases have been most often reported from rural areas of North India and had led to panic and night vigils by people.

One such case was brought to Emergency Psychiatry Services of our Institute, where braid of a 22 years old lady was cut at night while she was sleeping with her husband and kid. It resulted in initial

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