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## Research Article

### A CURIOUS CASE OF KARMA

**Mruthyunjaya.N, Lakshmi N G, Manal Shaikh and Shashidhara H L**

Department of Psychiatry, S. S Institute of Medical Sciences & Research Centre, Davangere

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#### ABSTRACT

Numerous literature on ideas of karma and reincarnation have critically examined and identified a central theme of doctrine that *'whatever action is done by an individual leaves behind it some sort of a potency which has the power to ordain for him joy or sorrow in the future. When the fruits of such actions cannot be enjoyed in present life, the individual take birth as a being to suffer them'*.

Here we present a case of a 30-year-old male patient without past medical or psychiatric history, who had decreased intake of food over a year. He was convinced that he was infected with *H. pylori* bacteria whose severity he mainly attributes to the fault in his stars and his past life karma. He decreased his intake of food to such an extent that he required assistance in activities of daily living. Extensive lab tests and investigative procedures did not reveal any clues for his complaints. He eventually lost about 23 kgs resulting in an emaciated appearance. He showed response to treatment with the SGAP Olanzapine 7.5mg/day.

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#### INTRODUCTION

Indians believe we all lived before, with present life conditions a direct consequence of previous lives. There is no arbitrariness, randomness, or injustice in human inequalities, but cause and effect, with our essential self-reborn or reincarnated and the state of its karma determine the circumstances of its next life.[1] Culture is thought to have a significant impact on how various psychiatric diseases and mental health issues manifest their psychopathology.[2]

The delusional ideation is a characteristic feature of psychosis. Delusions are fixed false beliefs that is out of keeping with the patient's educational, culture and social background.[3] Monosymptomatic hypochondriacal psychosis (MHP) is a form of psychosis characterised by a single delusional system -in this instance with hypochondriac content. It can occur at any age, and affects both sexes equally, and has poor prognosis without treatment.[4]

Here we present a case of a male, who believed he was infected with *H. pylori* whose severity, he attributed to the fault in his stars.

#### CASE REPORT

A 32year old male, unmarried, farmer by occupation, studied till 2<sup>nd</sup> PU, hailing from a nuclear family, currently staying with his parents, with no significant family history and well-adjusted pre-morbid personality was referred to psychiatric OPD by the

physician after extensively treating him for his gastritis symptoms of 1 year.

- Patient had gastritis episodes since 3 years, which were not relieved even with multiple consultations with doctors, as the patient being born under *ashlesha nakshatra* believes it to be cursed due to previous life karma & carry the sin along with them in the current life.
- His father levelled down a termite hill at his farm, which he believed to cause further weakness in the star and encountered a hood raised black snake in the farm at daytime a year & half ago, which shook twice in front of him and the patient perceived it as the snake threatening him as repercussions of his father's act which strengthened his beliefs about the fault in his star.
- As the patient started to worry about the incident, he consulted an astrologer where the morbid origin of his beliefs started when he was suggested that he'll experience severe indigestion and weakness due to the fault in his stars for a period of 3 years.
- Patient became preoccupied and ruminates it, and increased his almond consumption to 25-30/day over 6 months to overcome his weakness. A year back, he started to experience discomfort in the stomach & increased belching. Hence, he stopped his almond consumption and switched to rice and plain dal 4-5 times a day as it was simpler to digest according to him to get improvement over the symptoms & continued the same as there was minimal improvement. Even if he ingested

\*Corresponding author: **Mruthyunjaya.N**

Department of Psychiatry, S. S Institute of Medical Sciences & Research Centre, Davangere

other solids, he used to drink 1-2L of water and puke it out due to increased abdominal discomfort.

- Patient began to educate himself about his health condition online. During one such episode of vomiting he noticed whitish-yellow-coloured substances in the vomitus & started to believe that he's infected with *H. pylori* whose images of *H. pylori* mixed with gastric content he saw in an online video, and attributed to it.
- He consulted multiple doctors for the same, and upper GI endoscopy with biopsy and other relevant investigations were normal. Still the patient was not convinced and was fixed with his belief of being infected & further reduced his diet to rice mixed with water for the past 3 months. Patient had discomfort & tightness while breathing and started to believe that his stomach is solidified like stone. His food intake reduced to such an extent that he requires assistance in performing activities of daily living and dropped down his weight from 65 kgs to 42 kgs over a span 1 year.

Upon general examination, he had an emaciated appearance with BMI of 12.5. Had hypopigmented hairs, sunken eyes, hunched back, pronounced ribs with wasting of muscles and loss of subcutaneous fat in bilateral upper and lower limbs. He was initially uncooperative and did not comply with the medications. Later was convinced by the family to give a trial for the medications. Thought content revealed delusional hypochondriasis. Higher mental functions were within normal limits and insight was absent. Gastroenterologist, Physician & Endocrinologist's opinion was taken to rule out malabsorption, malignancy & endocrinological problems. Dietician's opinion was taken. And was started on atypical antipsychotic Olanzapine, gradually increasing to 7.5mg/day.

## DISCUSSION

Here the patient had introjected the beliefs of being weak and facing severe indigestion, and was convinced that he was infected with *H. pylori* which turned delusional over time that he stopped consuming normal diet, resulting in an emaciated appearance due to weight loss of about 20kgs over a year.

MHP is characterized by a particular hypochondriac delusion but lacks other mental deficits such as auditory hallucinations, loss of interpersonal skills, and presence of inappropriate affect. It is less common than is typically believed, and people with MHP commonly seek assistance from other medical disciplines. They often consult other specialities as they believe that their symptoms are not psychological.[5]

To consider during acute management of such cases-

- Refeeding syndrome
- CCF
- Wernicke's encephalopathy
- Risk of hypoglycaemia
- Myelinosis

The NICE guidelines emphasise the importance of patient choice rather than recommending a class or an individual antipsychotic as first line treatment. Patient was treated with atypical antipsychotic olanzapine, as in this case, had an added advantage of helping to gain weight.[6]



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