



Lycanthropy with cotard's Syndrome in an older adult female patient: An unusual co-existence of Rarest Psychopathologies

Aseem Mehra^{1*}, KKH Suchandar², Ruchita Shah³

¹ Assistant Professor, Department of Psychiatry, PGIMER, Chandigarh, India

² Junior Resident, Department of Psychiatry, PGIMER, Chandigarh, India

³ Associate Professor, Department of Psychiatry, PGIMER, Chandigarh, India

Abstract

We present a case of a severe depressive episode with psychotic symptoms presenting with co-existence of two rare psychopathologies i.e., lycanthropy (being transformed into a horse) and Cotard syndrome. The patient was treated with electroconvulsive therapy, along with psychotropics. A 53-year-old female patient developed severe depressive episode with psychotic symptoms after a stressor (her son married against her wish). As her illness worsened, she developed a delusional belief of self-being metamorphosed to a horse (wrath of the Goddess kali). Later on, she also developed a delusion belief that her body parts were rotting away and going to die. She was treated with electroconvulsive therapy along with venlafaxine and Risperidone, with which she improved completely.

Keywords: lycanthropy, cotard's syndrome, electroconvulsive therapy

Introduction

Lycanthropy is originated from the Greek words, i.e., *lykoi* 'wolf' and *Anthropos* 'man.' People from different cultures, folklore, or superstition, it is considered that human beings can be changed into animals or animals like non-human beings. The first evidence of the citation of Lycanthropy has been found in the "Bible." It is also has been mentioned in the book written by Daniel (1). In the context of medical literature, the first time was described by Paulus Aegineta during the latter days of the Roman Empire. Aegineta described that Zeus turned the kind Lycaon of Arcadia into a werewolf (2-5). The references to Lycanthropy have been mentioned universally, including India, China, Africa, America, etc. In Indian mythology, "yakshas" or "Hayagriva" an incarnation of Lord Vishnu, are considered as non-human animals (6-7). From a psychiatric literature point of view, Karl Jasper and Karl G. Jung established the basis for psychopathological investigation for Lycanthropy (8). To some, Lycanthropy can be understood as a delusion or unusual belief that a human being has been transformed into an animal or feelings or behavior suggestive of holding such a belief (9-11). Although, in many cases, it is categorized under delusion but can be presented closer to hysteria or depersonalization (2). Another rare neuropsychiatric condition is Cotard's syndrome, which is characterized by anxious melancholia, the delusional belief of non-existence of one's body part or whole body to the extent of delusions of immortality (12, 13). It is commonly associated with depressive disorder with psychotic symptoms. Now, it is not reported commonly, maybe because of the early institution of treatment for depressive disorder. In this report, we are reporting the co-existence of two rare psychopathologies in an older adult female. To best of our knowledge, only a single case has been published in the literature so far.

Case report

A 53-year-old female married 5th passed belongs to Hindu joint family hails from the rural background and middle socio-economic status. She presented to the psychiatry outpatient clinic with a diagnosis of a severe depressive episode with psychotic symptoms. Her illness started 2 years back, following a stressor as her son married against her wish. After a few days of the marriage, she started having an altercation with her son and daughter in law. Because of the repeated quarrel, the patient's son and daughter in law left home. She stated that she began to having sleep problems, would keep on thinking that her son let down her family in society. After a few days, she started feeling low throughout the day, along with the loss of interest in the previously pleasurable activities, decreased appetite, the idea of worthless, hopeless, and reduced attention and concentration. She started attributing all these symptoms that she did not perform the rituals while worshipping Goddess kali. For the above symptoms, she visited various faith healers but all in vain. Gradually, she started voicing that Goddess kali cursed her for not performing the rituals. She started feeling that her face has been replaced with a horse. She stopped talking with family members by citing that she could not speak with a look of horse and compare her voice with neigh like a horse despite evidence to the contrary. She expressed suicidal ideation. Gradually her illness worsened and started voicing that her body also started getting rotten day by day. She attributed all her symptoms to the wrath of the Goddess kali. She began to express that her limbs and abdomen are not working and will die soon. For these symptoms, she was taken to a psychiatrist and received Tab. Olanzapine, Tab Escitalopram, and Tab. Sertraline along with Benzodiazepine. She did not improve much despite proper compliance. Following which she

Was admitted to the hospital. Mental state Examination revealed low mood, Anhedonia, decreased energy, loss of appetite, sleep, suicidal ideation, decreased self-esteem, attention, and concentration, a delusion of sin, nihilistic delusion, and delusion of replacement of her face with a horse. She lacked insight into her illness. Medical examination no abnormality was detected. The investigations like Fasting blood sugar, lipid profile, electrolytes, thyroid function test, MRI Brain, EEG and vitamin B12, and Vitamin D were within normal limits. On MMSE, she scored 28/30. No abnormality was detected on neurological examination. Family history and past history was unremarkable. Based on history and mental state examination, a diagnosis of a severe depressive episode with psychotic symptoms was made. Cap venlafaxine 187.5 mg/day and tab Risperidone 2 mg/day started along with the bilateral modified Electroconvulsive therapy (ECT) using thiopentone as an inducing agent and succinylcholine as a muscle relaxant. The patient was administered 3 ECT/week and received a total of 8 ECTs. Her symptoms resolved ultimately after four weeks. She maintained the improvement after the discharge.

Discussion

According to ICD-10 and DSM-5 criteria, our patient meets the criteria of a severe depressive episode with psychotic symptoms. However, this diagnostic guideline can-not explain everything in psychiatric patients. This case report is a typical example. Our patient is a typical case of a combination of two rare psychopathologies, i.e., cotard's syndrome and Lycanthropy. To date, only one case has been reported in the existing literature (14). The question is, can these two psychopathologies co-exist in the present case. The patient had a dream to see her son as a bridegroom on the horse. In Indian culture, the horse carried the bridegroom to the marriage platform i.e., considered as a sign of pride. She was not able to see because her son did the marriage without following any particular rituals. Our patient would see herself as a horse and considered that she lost her pride, value, or freedom in society. As her son did the marriage against the societal norms. She correlated it with the curse of Goddess kali as she did not perform certain religious rituals at one point and being punished for the same. Later on, she started to believe that she is going to die as her body parts are rotten away (wrath of Goddess kali). Contrary to the previously reported cases of Lycanthropy, in our patient, there was no history of animal bites, vaccination against rabies (2), and a connection between the full moon and the emergence of the symptoms of the disease (5). The patient's preoccupation with sexual matters, or sexual contact with an animal, walking or behavior like the four-legged animals, and attacked by any animals as reported in the previous cases of Lycanthropy (4). Our case is unusual in the sense that the patient has been transformed into a horse while in the past reported delusional transformation into a wolf, tiger, snakes, frog, dog, cow, rabbit, cat, bee, birds or pigs (10, 11). Most of the cases are associated with various psychiatric conditions like schizophrenia, acute delusional disorder, mood disorders, and substance use disorder. However, it is imperative to rule out other organic causes like delirium, seizure disorder, medication side effects, factitious disorder, and porphyria (10, 11, 15). The existing literature reported that most of the cases of Lycanthropy with psychiatric manifestation were treated with psychotropics.

However, the case reported by Nejad and Toofani managed with Electroconvulsive therapy (14). In a similar line, we managed the patients with bilateral modified ECT without any complications along with antidepressant and antipsychotic. The patients recovered over 4 weeks; hence, the initial rapid response can be attributed to the ECT and maintained well with psychotropics. Whenever there is a presentation of such a phenomenon, there is a need to understand the socio-culture background. The manifestation of symptoms can be related to the culture. There is a need for future studies to understand this phenomenon, whether this phenomenon is a part of cultural background or pathognomonic sign of any particular disease. It requires further psychopathological, psychodynamic, and psychiatric investigation.

Conflict of interest

None

Financial source

None

Reference

1. Rosenstock AH, Vincent KR. A case of Lycanthropy. *Am J Psychiatry*. 1977; 134:1174-9.
2. Coll PG, O'Sullivan GO, Brown PJ. Lycanthropy lives on. *Br J Psychiatry*. 1985; 147:201-2.
3. Adams F. *The Seven Books of Paulus Aegineta*, vol 1. London, Sydenham Society, 1844, 389-90.
4. Freedman AF, Kaplan HI, Sadock BJ. *Comprehensive Textbook of Psychiatry*, 2nd ed, vol 2. Baltimore, Williams & Wilkins Co. 1975; 13:995-1727.
5. Rao K, Gangadhar BN, Janakiramiah N. Lycanthropy in depression: two case reports. *Psychopathology*. 1999; 32:169-72.
6. Summers M. *The Werewolf*. New York, University Books, 1966, 1-51.
7. Surawicz F, Banta R. Lycanthropy revisited. *Can Psychiatr Assoc J*. 1975; 20:537-42.
8. Koehler K, Ebel H, Vartzopoulos D. Lycanthropy, and demonomania: some psychopathological issues. *Psychol Med*. 1990; 20:629-33.
9. Keck PE, Pope HG, Hudson JI. Lycanthropy: Alive and well in the twentieth century. *Psychol Med* 1988; 18:113-20.
10. Garlipp P, Gödecke-Koch T, Dietrich DE. Lycanthropy- Psychopathological and psychodynamical aspects. *Acta Psychiatr Scand*. 2004; 109:19-22.
11. Drake ME. Medical and neuropsychiatric aspects of Lycanthropy. *J Med Humanit*. 1992; 13:5-15.
12. Debruyne H, Portzky M, Peremans K. Cotard's syndrome. *Mind Brain*, 2011; 2:67-72.
13. Grover S, Aneja J, Mahajan S. Cotard's syndrome: Two case reports and a brief review of the literature. *J Neurosci Rural Pract* 2014; 5:59-62.
14. Nejad AG, Toofani K. Co-existence of lycanthropy and Cotard's syndrome in a single case. *Acta Psychiatr Scand* 2005; 111:250-2.
15. Illis L. On porphyria and the aetiology of werewolves. *Proc R Soc Med*. 1964; 57:23-6.