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Case report

Psychiatry

A transient case of partial lycanthropy

AG Mangot*

Abstract

Introduction

Manifestations and prognosis of major psychiatric syndromes vary according to the cultural background of patients, and little importance is accorded to this fact in today's major diagnostic criteria. Culture-bound syndromes include a cluster of behavioural, affective, and cognitive manifestations, which are unique to the culture and region. One among them is lycanthropy, which is an unusual belief of being transformed into an animal, which has been described since time immemorial, from Greek mythology to present day case vignettes. A unique case of abrupt onset, but short-lasting form of partial lycanthropy in an adult patient following a dog bite, without any associated diagnosable psychiatric syndrome, is presented here.

Case Report

A middle-aged married patient from lower socio–economic status, hailing from the outskirts of the north-eastern part of India, premorbidly anxious-avoidant with no significant past psychiatric/family/medical/surgical history had presented to the psychiatric emergency services with spouse for complaints of intermittent bouts of barking sounds associated with the fear of being transformed into a dog following dog bite an hour or two earlier in the day. This belief was shakeable and amenable for discussion, and was associated with intense anxiety and overwhelming fear without any history of substance use or any other psychotic/affective manifestations. Patient was administered benzodiazepine and admitted for further observation. Patient was almost completely relieved of symptoms the next day of admission. Psychological testing revealed anxiety symptoms and patient was discharged. Follow-up assessments after one week and one month did not reveal any psychopathology.

Conclusion

This case can be described as being unique and a rare occurrence considering the transient nature of the belief and not being associated with any major diagnosable psychiatric syndrome. Such a case has not been described in literature to the best of author's knowledge.

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Introduction

It is known that the manifestations and prognosis of established major psychiatric syndromes vary according to the cultural background of the patients[1,2]. But little importance has been accorded to such presentations in major diagnostic criteria in spite of burgeoning academic literature including innumerable case vignettes. There are certain groups of symptoms which cannot be clustered under any of our modern universal diagnostic categories and are as such unique to the culture and region. These are considered under the broad rubric of 'culture-bound syndrome'[3].

Human society is abound with culture-bound syndromes! Some of the most commonly described syndromes include *dhat* syndrome in India, *koro* in Malaysia, *windigo* in Native Americans, and Arctic hysteria. One of the rarer, albeit famous, syndromes is lycanthropy which is an unusual belief or delusion that one has been transformed into an animal, or behaviours or feelings suggestive of such a belief, and is usually considered as a non-specific manifestation of other major psychopathology with major depressive disorders with psychotic features being the most common[4]. Although it has been classically described as a fear of being transformed into a wolf, the animal species being attributed to by the patient is largely influenced by his/her socio–cultural background along with factors such as abundance and fear of that animal[5]. 'Lycanthropy' derives from the Greek mythology in which King Lycaon is transformed into a wolf as punishment for serving human flesh to Zeus at dinner[6], and perhaps the folk belief in werewolves has its origin in the condition, which has been described even in neighbouring China[7]. As wolves and werewolves are nowadays rarely presented in lycanthropy, replaced by the dog, the term 'therianthropy' has been proposed describing metamorphoses into different animals[8,9].

Such transient nature of the belief in the absence of any major psychiatric syndrome has not been documented in extant literature to the best of the author's knowledge.

Case Report

A middle-aged married patient from lower socio–economic status, hailing from the outskirts of the north-eastern part of India had presented to the psychiatric emergency services with the spouse complaining of anxiety, restlessness, and brief episodes of barking for the last 5–6 hours. On enquiry, the patient claimed to have been bitten by a stray dog the same day following which the patient developed extreme fear and intense anxiety. Around 1–2 hours later, the

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patient started making intermittent bouts of barking sounds associated with the fear that the patient is being transformed into one. The barking sounds were not under the patient's control, who claimed it could be the dog inside, which was barking. On trying to challenge the belief, the patient seemed amenable for discussion and was ready to accept that the belief might be wrong but had no other explanation for the experience and the fear was too overwhelming. The patient was otherwise behaviourally stable. The spouse confirmed this history and claimed that the patient's fear might have emanated from their cultural belief in their hometown about puppy pregnancy following a dog bite. Pre-morbidly the patient had anxious-avoidant traits. No history suggestive of any delusions/hallucinations or affective features could be elicited. The patient denied any substance use which was corroborated by the spouse. No major past psychiatric, medical, or surgical history could be elicited. The patient had no family history of mental illness. The patient was admitted for further observation. Meanwhile, the emergency blood investigation, brain imaging and urine toxicology reports did not reveal any abnormality. The patient was administered 4 mg of lorazepam with which he slept well.

The next morning, the barking sounds had disappeared. The patient appeared calm except for worry regarding the episode. Mental status examination did not reveal any psychopathology. Supportive therapy was done and the couple were psycho-educated about the episode. The patient was advised to get anti-rabies injections. Detailed psychological assessment revealed only anxiety traits. The patient was discharged, after taking written informed consent for preparation and publication of this case report, with benzodiazepines for a week in a tapering regimen. On follow-up visit after a week and later a month, the patient did not reveal any psychopathology.

Discussion

In the above case, the patient had presented with fear of metamorphosing into a dog following a dog bite, which is similar to the cases reported by Rao et al.[10] But this belief could not be labelled as a delusion as it was shakeable, amenable for discussion and lasted only for a few hours. The patient also had the fear that a dog was inside him, which was making the barking sounds. This can be considered as a variant of puppy pregnancy syndrome, which is seen quite widely in the hometown from which the patient hailed[11]. A case of similar compulsive barking has been published in literature[12]. Accordingly barking vocal tic is another differential, having precipitated by stress, but there was no history of tics in the past and it remitted with benzodiazepines and a supportive session. An atypical presentation of dissociative motor disorder involving vocal cords may also be considered but the associated belief makes it less likely. It can also be a case of reactive psychosis but for his intact insight and lack of established delusions/hallucinations. Hence this presentation can be more appropriately labelled as a transient over-valued idea of partial lycanthropy based on Keck's diagnostic criteria[9]. Taking into account the patient's pre-morbid anxious personality, this manifestation can be considered as the patient using the defence mechanism of identification with the aggressor to cope with his overwhelming stress[13]. This demonstrates how stress with associated help-seeking behaviour can manifest itself in individuals, from neurosis and psychosis, to unusual presentations.

The patient was followed-up twice – one week after discharge, followed by a month later – and showed complete recovery. Such a brief episode of abnormal behaviour may be a predictor of future psychosis or schizophrenia[14]. Moselhy tried to find out the underlying neurological correlates of lycanthropy and found that certain brain areas were unusually activated in such patients, suggesting that when patients report their body changing shape, they may be genuinely perceiving those feelings[5]. Although an abrupt onset following stress with well-adjusted pre-morbid personality and no family history of mental illness would indicate a good prognosis for this patient[15], it will be too premature to consider it as benign and warrants follow-up over a period of a few months to years.

Conclusion

This case can be described as being unique and a rare occurrence considering the transient nature of the belief and not being associated with any major diagnosable psychiatric syndrome. Such a case has not been described in literature to the best of the author's knowledge. It demonstrates the importance of being aware of the socio–cultural aspects of psychiatry in the diagnosis and management. It also elucidates the varied presentation of psychopathology in clinical practice and further warrants the inclusion of various culture-bound syndromes into mainstream psychiatric diagnoses.

Consent

Written informed consent was obtained from the patient for publication of this case report and accompanying images. A copy of the written consent is available for review by the Editor-in-Chief of this journal.

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