Introduction

Medical tourism has seen an exponential growth in the last 5 years in India and is a growing source of foreign exchange as well as reputation and goodwill in other countries. A study by ASSOCHAM reported that the year 2011 saw 850,000 medical tourists in India and projected that by 2015 this number would rise to 3,200,000. Indian doctors need to be acquainted about different diseases, cultural practices and health hazards in various parts of the world as there can be rare infrequent presentations of diseases commonly seen in different epidemiological settings not common to India. We present a case report of a medical tourist from Nairobi who presented with ill health secondary to a cultural habit of “khat” chewing in his native place.

Case Report

A 32-year-old male, resident of Nairobi came to India for treatment of his complaints consisting of severe episodic headache, with abdominal pain, spermatorrhea, decreased libido, constipation, and impotence. On detailed evaluation, he was found to have developed dependence to khat chewing; a social habit in his native country and his symptoms were attributed to effects of khat withdrawal. He improved after treatment with topiramate and escitalopram and lifestyle modification. Physicians need to be aware about various cultural habits of addiction in different parts of the world and their common presentations in view of globalization of health care.

Abstract

With booming medical tourism, Indian doctors are seeing a lot of patients from other countries for varied medical conditions. A citizen of Nairobi presented for treatment of his complaints consisting of severe episodic headache, with abdominal pain, spermatorrhea, decreased libido, constipation, and impotence. On detailed evaluation, he was found to have developed dependence to khat chewing; a social habit in his native country and his symptoms were attributed to effects of khat withdrawal. He improved after treatment with topiramate and escitalopram and lifestyle modification. Physicians need to be aware about various cultural habits of addiction in different parts of the world and their common presentations in view of globalization of health care.

Keywords: Addiction, khat, medical tourism, migraine

An Unusual Cause of Headache in a Medical Tourist

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Desai and Mehta: Headache due to khat addiction and withdrawal

A group of expert in WHO has concluded that khat consumption may induce “moderate but often persistent psychic dependence” the withdrawal symptoms after prolonged khat use seem to be limited, however, to lethargy, mild depression, slight trembling, and recurrent bad dreams.[7] Few case reports have shown an association of khat chewing and ischemic stroke in young.[9] CNS tolerance is not usual in khat users probably due to the physical limits on the amount that can be chewed. Mydriasis occurs as a sympathomimetic effect of khat, which also induce hyperthermia and causes dryness of the mouth. At the cardiovascular level there may be arhythmia’s and a moderate increase in blood pressure, which can become chronic upon long-term use.[8] There is exaggerated cardiovascular response to physical effort under the effect of khat;[10] it can also cause acute cardiovascular problems particularly in elderly people. Khat stimulates the respiratory center and bronchodilation, which can explain the feeling of comfort for asthmatic users. Khat affects the urinary system by relaxation of the bladder wall and closure of the internal sphincter. The digestive tract is mainly affected by the presence of tannins in this plant. Gastritis and constipation are some of the main complaints of its users, loss of appetite is also a characteristic of khat. The malnutrition and constipation are attributed to both tannins and norpseudoephedrine. Khat use is also associated with periodontal disease and greenish/brownish coloration of the teeth. Khat consumption is also known to cause spermatorrhea and chronic use may lead to impotence.[11]

The addictive potential of khat is less when compared to amphetamines, but it causes psychological dependence rather than a physical one. Withdrawal symptoms consist of lassitude, lethargy, nightmares, tremors, depression, headaches, and loss of interest in activities. Tolerance to khat practically does not occur; if it does, the doses are increased only very slowly. This may be due to the intrinsic properties of khat or to the physical limits on the amount that can be consumed.

Figure 1: Greenish staining of teeth due to khat use
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