CARBAMAZEPINE IN INTERICTAL HYPERRELIGIOSITY: THREE CASE REPORTS

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Three patients with manifestations of hyperreligiosity during the post ictal period are presented. The complete clearance of these manifestations on carbamazepine monotherapy is highlighted.

Key words: hyperreligiosity, mystical experience, interictal psychosis, carbamazepine.

INTRODUCTION

Interictal manifestations most frequently encountered in epileptic patients include personality disturbances and psychoses. Hyperreligiosity is described to be one of the manifestations of such personality disturbances (Kaplan & Sadock, 1992). Neppe (1988) has recommended carbamazepine adjuvant to neuroleptic therapy in schizophrenics with temporal lobe abnormalities or aggression. Fenton (1981) quoting Hill (1953), Pond (1957) and Slater (1963) has expressed the view that schizophrenia like psychoses of epilepsy and non-epileptic schizophrenia are different. He pointed out that warmer effect, less personality deterioration, paranoid delusion with religious coloring, mystical delusional experience and visual hallucination are seen more commonly in psychosis of epilepsy. Bear et al (1977) have done the quantitative assessment of interictal behavior. Valkenburg et al (1992) have compared the efficacy of clonazepam, carbamazepine, valproic acid and phenytoin in various psychoses. Fallon et al (1990) reported that six out of ten cases of obsessive compulsive disorder with moral and religious scrupulosity responded to fluoxetine or clomipramine monotherapy.

CASE REPORTS

Case 1: A twenty seven year old unmarried male Hindu who had completed his bachelor degree course in Economics had a seven year history of episodes of generalized tonic clonic convulsions preceded each time by lip smacking movements and depressed mood. Altogether he had sixteen such episodes and the last episode was four days before the consultation. The presenting symptoms were with unusual thought, talk and behavior. The contents of his thought/talk which had a mystical tinge were as follows (in patient's own words): "whether God is there or not", "all are mortal", "Muslim vandals in the village and evil spirits have done sorcery to destroy the temples", and "I am living for the sake of Lord Ganapathy". Unusual behaviors were writing verses after verses propitiating different Gods, and prostrating before all deities in which ever temple he entered. These symptoms started two days after the last episode of convulsion. He had only one such similar episode of behavior and thought during an interictal period four years ago. Only after a period of regular treatment with both phenytoin and haloperidol for three months had he become completely asymptomatic both with regard to seizures and abnormal thought process. He had no family history of epilepsy. His premorbid religious practice was confined to visiting and praying in a temple during festive occasions and auspicious days.

His electroencephalogram and computerized tomography scan of the brain taken just after the present consultation were normal. His hemogram, blood sugar, serum electrolytes, liver and thyroid function tests were normal. His blood VDRL and ELISA for HIV antibodies were negative. Patient had discontinued the phenytoin and haloperidol one year ago. He was given 600 mgs of carbamazepine in three divided doses. After two weeks of regular therapy he was seen again by the authors independently. He was having none of the initial presenting abnormal content of thought and behavior and was seizure free. Instead, he said he was thinking about his difficulty in passing B.A.Economics and his problems of unemployment. He has maintained improvement on carbamazepine for the subsequent twenty months of follow up.

Case 2: A twenty six year old Hindu unmarried farmer who had passed his higher secondary course was seen with complaints of episodes of generalized tonic clonic convulsions preceded each time by unusual subjective experience of peculiar smell and epigastric burning sensation for the last three years. The frequency of episodes were once in two months and altogether he had seven episodes of seizures. The last episode was one week before the consultation. One day following this episode he started...
showing increased interest in propitiating the deities in the temples in his village. He started writing Sri Ramajayam repeatedly, pages after pages. He became more reserved, serious and secluded after the last episode of seizures. He also had the delusional idea that Muslim vandals are planning to destroy the village temple. He lacked insight and his mood was unhappy and congruent. He had a well adjusted premorbid personality and used to visit a nearby temple on auspicious days. He had no past history or three generation family history of epilepsy, alcoholism, psychoses or hyperreligiosity. He was physically normal. Repeated mental status examination showed that he preferred to chant bhajans on Lord Rama rather than speak to anybody. In between he uttered the words "God is Great" and "God is everywhere".

His electroencephalogram and computerized tomography of the brain at the time of admission was normal. His routine biochemistry laboratory tests, hemogram, liver and thyroid function tests were normal. His blood VDRL and ELISA for HIV antibodies were negative. He was put on phenytoin 300 mgs in three divided doses. After two weeks, he was seizure free but continued to have unusual religiosity and paranoid ideas with religious coloring. He was admitted and observed over a period of two weeks while he was on the same medication. He remained seizure free but other symptoms persisted. It was then decided to replace phenytoin with carbamazepine. After two weeks of carbamazepine therapy patient became completely asymptomatic. He has kept up his improvement on carbamazepine over the subsequent twenty months.

Case 3: A twenty eight year old male Hindu unmarried BCom graduate businessman was referred from neurology for unusual prolonged ritualistic behavior (for example going around the sanctum sanctorum for more than fifty times), unexplainable fear, and seclusive behavior. He started telling everybody that the world was coming to an end soon and started indulging in philanthropic activities with a socio-religious tinge e.g. donating money to the temples and giving alms to the poor in the village. There was no elation, restlessness or sleeplessness.

All these behaviors started two days after a generalized tonic clonic convulsion for which he was put on sodium valproate 200 mg three times daily by a general practitioner. It took more than three weeks for the family members to realize that the presenting symptoms were abnormal. During this period he was seizure free. He had no family history of similar complaints. But he had three episodes of generalized tonic clonic convulsions over the last three years, besides the present episode of seizure and other symptoms three weeks ago. His premorbid personality was sociable and cheerful and he used to do prayer in his own house daily in the evening. He was admitted and observed over a period of more than three weeks during which he kept up his improvement with regard to seizure but continued having all other symptoms.

His clinical laboratory, radiological and electrophysiological investigations done exactly in the same way as the former two cases, were normal. Sodium valproate was replaced by carbamazepine 200 mgs three times daily. After two weeks of therapy patient became asymptomatic and seizure free. He is being followed up over the last twelve months while he has kept up his improvement and has rejoined his business.

DISCUSSION

One has to agree that there is normal religiosity which provides inner strength and well being (Ellison, 1991) and pathological religiosity which vanishes with drug therapy (Fallon et al, 1990; Valkenberg et al, 1992). In any case religiosity in the clinical description remains a relative term and there may be a gradation of religiosity in normal population and a gradation of pathological religiosity in patients with epilepsy or mental illness. If religiosity appears all on a sudden as a main part of a person's thinking and functioning, as a sharp contrast to what he was premorbidly, to such an extent that it interferes with his social and occupational functioning, then it becomes pathological. In all three cases presented there were easily identifiable pathological hyperreligiosity.

All three patients had generalized tonic clonic seizures with normal electroencephalogram during the period of their hyperreligious behavior. These patients had brought their former electroencephalogram during later follow up sessions. Each of these electroencephalograms showed generalized seizure discharges with no evidence for localization of the electrophysiological abnormality or secondary generalization. The normal electroencephalogram during hyperreligious behavior could be due to 'forced normalization'. Lishman (1978) had described normalization of electroencephalogram during interictal psychosyndromes (Lishman, 1978, quoting Landolt, 1958). In the first
two cases the seizures were preceded by lip smacking movements and epigastric sensation, unlike the third case. The authors classified these cases according to DSM III-R (American Psychiatric Association, 1987) as organic personality syndrome (310.0); another possible diagnosis considered was organic delusional disorder (293.81). These two classificatory codes were thought of as these are the ones under which interictal psychosyndromes are mentioned in DSM III-R.

Similar sociodemographic profile make the present cases comparable. The first two cases go at par with Valkenberg's (1992) finding of superiority of carbamazepine over phenytoin in interictal psychosis. Valkenberg (1992) found carbamazepine and valproic acid equally effective in interictal psychosis. But with the third patient, the superiority of carbamazepine over valproic acid in the same regard is illustrated. For interictal psychiatric disorders, it is traditionally taught that the treatment is the same as it would be for a non epileptic patient with the caution that many psychotropic drugs can increase seizure frequency (Gelder et al, 1990). In the first two cases, delusional ideas had a religious coloring. One will be tempted to start a neuroleptic along with anticonvulsant.

Lishman (1978), quoting Pond (1957) had drawn attention to psychotic features following generalized convulsions; these psychotic features were reported to respond to anticonvulsant alone. In all the three cases presented, the hyperreligious thought and behavior completely vanished after two weeks of carbamazepine therapy.

Considering the present clinical experience it is felt that the psychiatrists should administer carbamazepine alone in recommended antiepileptic dosage for a sufficient period of time during which the patient with hyperreligiosity is observed for alleviation of mental symptoms.

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