INTERNAL AUTOSCOPY: A CASE REPORT

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Internal autoscopy, a rare special type of visual hallucination, is claimed to have been mainly reported by French psychiatrist who considered it to occur mainly in young female subjects suffering from hysteria. In this report, such a case is described in a 70 year old male patient suffering from M.D.P. (Depression). Its differential diagnosis and phenomenology is discussed. It is suggested that Internal autoscopy may be cognitive or ideational disturbance, expressed as a perceptual experience.

On examination he was normotensive, had no neuropsychiatric focal deficits, carotid vessels were normal. Mental status examination revealed psychomotor retardation, depressed mood, decreased tone, pace and volume of speech. His attention could be aroused but was ill sustained. He had intact orientation and memory in all the spheres. Routine haematological investigations and biochemical tests for diabetes and syphilis were negative.

The patient was diagnosed as suffering from M.D.P. (Depression) in accordance with ICD 9 criteria.

During interview, patient reported that he could "see" his brain as a lotus coloured pinkish mass of flesh with grooves and bulges. He further stated that it was covered by a layer of smoke. He expressed surprise over this phenomenon agreeing that it is impossible for a person to see his internal organ.

He claimed he could recognise his brain, based on a vague recollection of an illustration of the brain in a textbook of Biology which he had seen when he was a student in seventh standard. However, he maintained that he had never seen a real brain either human or animal, either in museums, exhibitions or at butcher's shop.

He came from a low socioeconomic background. His childhood was uneventful. He was educated upto 7th standard. He worked as a village clerk initially and later managed a

CASE REPORT

In 1983 a 70 years old male Brahmin was admitted to hospital with symptoms of sadness, sleeplessness, lack of appetite, lack of interest in work and personal hygiene and markedly decreased psychomotor activity of two months duration. He had no history of confusion, perplexity, or lapses of memory anytime. There was no past or family history of mental illness, alcoholism or epilepsy.

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grocery shop. His married life was generally free of interpersonal conflicts. He was teetotaler and a strict vegetarian but was a moderate smoker. Premorbidly he was an ambivert, hard working, intelligent and responsible person. He had no hysterical traits.

He was treated with 75 to 150 mg of Imipramine Hcl with which he gradually improved and became asymptomatic in about six months time. In 1987 and early 1989 he had relapse of depressive symptoms which were controlled with antidepressants.

DISCUSSION

HYSTERIA

Insidious onset of clear cut depressive symptoms, absence of provocative emotional stress or secondary gain in a stable well adjusted 70 year old male with no hysterical trait in his premorbid personality does not support this diagnosis.

COTARD SYNDROME

Visualisation of brain covered by smoke makes it necessary to consider this phenomenon as a variant of Cotard syndrome. Nihilistic, hypochondrical delusions involving various organs in cotard syndrome are not accompanied by hallucinations. The patient was not unduly preoccupied with the symptom as is the case in Cotard's.

ORGANIC PSYCHOSIS

Normotensive status, absence of neurological deficit, intact orientation, memory, judgement, intelligence on initial visit and entire period of follow up for five years excludes organic psychosis.

The experience of "seeing" and vividly describing an internal organ may be considered as a perception (Sims, 1988). Perception occurring in inner space, patient's realisation of its falsehood and lack of voluntary control qualifies it to be a pseudohallucination (Jasper, 1923; Sedman, 1966; Sims, 1988). Though the phenomenon had its origin from stored data, there was no volitional control to produce, abolish or alter it, hence it is not considered an image or fantasy. It was not an hallucination as there was no full force and impact of real perception.

Internal autoscopy being experienced in internal space without any external stimulus could be reduced to an idea. It could be seen as a disturbance of "body concept" described as collection of belief and knowledge that we have about our body that is not dependent on specific neuronal activity in contrast to disturbance of "perceived body" which is dependent on a neuropsychological event (Smythies, 1953). Hence, it would be a psychological symptom occurring in functional psychiatric disorders. So, it would not necessarily be restricted to hysteria. A depressive patient in his morbid state of preoccupation may start seeing an organ important to him based on his past percept or a concept as has happened in present case.

Hillers (1963) suggests that the schizophrenic experience is not perceptual but the patient is compelled to formulate some of his experiences in a perceptual form. Similarly psychopathologically internal autoscopy can be an ideational or cognitive disturbance expressed as perceptual experience.

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