were identified in distress were provided teleconsultations.

Several Western countries provide dedicated “student clinics and mental health services,” which may levy significant infrastructure and human resource costs. Our model provides evidence that approachable mental health services can be set up for students on Indian university campuses. Our experience also provides prima facie evidence that mental health services can be established considering the perceived barriers to help-seeking amongst university students.

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ORCID iD
Jagdish Varma@ https://orcid.org/0000-0002-0317-4669

Jagdish Varma1, Anusha Prabhakaran1, Himanshu Sharma1 and Ankur Mahida1
1Dept. of Psychiatry, Pramukhswami Medical College, Bhaikaka University, Karamsad, Gujarat, India

Address for correspondence:
Jagdish Varma, Dept. of Psychiatry, Pramukhswami Medical College, Bhaikaka University, Karamsad, Gujarat 388325, India. E-mail: jagdishrvcharutar

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OCD at the Advent of Fahr’s Disease and Small-World Connectomics: A Case Report

Dear Editor,

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bsessive-compulsive disorder (OCD) is a disabling and chronic neuropsychiatric disorder. Disease burden for OCD ranges 1.2%–3.3%. OCD pathophysiology is functionally correlated with basal ganglia dysfunction, particularly cortico-striato-thalamo-cortical (CSTC) circuitry. Interestingly, this CSTC basal ganglia connectome has also been implicated in brain efficiency and resilience. So, despite extensive basal ganglia insults like calcification, some patients are asymptomatic and never reach the threshold of psychopathology. On the other hand, some patients with basal ganglia calcification present with a spectrum of clinical manifestations (neurological, cognitive, and psychiatric disorders) during varied stages of insult. Attempt has been made to explain this variability by using the “small world” network concept. We are reporting a case who presented with OCD years before the onset of neurological symptoms of Fahr’s disease (recently known as Primary basal ganglia calcification [PBGC]), in the context of “small world connectomics.”

Case Report

A 44-year-old Hindu male, a postgraduate, working as a teacher, residing in a suburban area, with anankastic traits and nil contributory family history, presented two years back (January 2019) with complaints of repeated, irrational, intrusive (ego-dystonic) thoughts and doubts about contamination; persistent, repeated washing; and low mood since 37 years of age. The reason for consultation was an increase in symptoms and dysfunction. On mental status examination, the patient had an anxious affect, obsessive doubts, compulsive acts, and grade 4 insight. Physical examination was within normal limits. The patient was diagnosed with OCD with good or fair insight (as per DSM-5). The Yale Brown Obsessive Compulsive Scale (YBOCS) score was 26. The patient was initiated on psychotherapy (12 sessions of exposure and response prevention) and pharmacotherapy (fluoxetine

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were 3 each. Citing recent-onset Parkinsonism and severity of akathisia was 5, examination of Parkinsonism Rating Scale, the questionnaire score phosphatase were within normal limits. Serum iPTH, calcium, magnesium, sugar profile, liver function test, kidney function test) were within normal limits. On the Extrapyramidal Symptom Rating Scale, the questionnaire score was 5, examination of Parkinsonism and akathisia score was 6, and scores on clinical global impression of Parkinsonism and severity of akathisia were 3 each. Citing recent-onset extrapyramidal symptoms and signs could present as OCD. This could be due to the disharmony between direct and indirect CSTC loops. Further insults would recruit or create randomness in order to manifest other phenotypes in later stages of Fahr's disease.

Declaration of patient consent
The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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ORCID iDs
Shobit Garg https://orcid.org/0000-0001-5913-9021
Sai Krishna Tikka https://orcid.org/0000-0001-9032-1227

Shobit Garg, Parth Dutta, Veena Tejan and Sai Krishna Tikka
Dept. of Psychiatry, Shri Guru Ram Rai Institute of Medical and Health Sciences, Dehradun, Uttarakhand, India.
Dept. of Psychiatry, All India Institute of Medical Sciences (AIIMS) Bibinagar, Hyderabad, Telangana, India.

Address for correspondence:
Shobit Garg, Dept. of Psychiatry, Shri Guru Ram Rai Institute of Medical and Health Sciences, Patel Nagar, Dehradun, Uttarakhand 248001, India.
E-mail: shobit.garg@gmail.com

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Clinical Kynanthropy: A Case Report of Psychological Manifestation of a Dog Bite

To the editor,

Manifestations of rabies usually start after 1–3 months of exposure.1 As the virus begins proliferating in the spinal cord, neuropsychological symptoms can appear.1 The term “zoonanthropy” denotes a person's ability to metamorphose physically into an animal and back again to a human. The term “kynanthropy” was used in ancient Greece for transformation into a dog.1 The adjective “clinical” was added to distinguish the condition from the actual ability to metamorphose as depicted in classical mythology and demonology. So, “clinical kynanthropy” denotes a person's belief of transformation to a dog.1 It is a rare variant of delusional misidentification syndrome, particularly reverse inter-metamorphosis, where patients believe they are experiencing transformation or have transformed into an animal.1

An explanation by “two-factor theory” for Capgras syndrome can be extended to kynanthropy, in which the primary factor for delusion formation is a mismatch in the individual's neural representation of the self. The second factor is contemplated to be an impairment in the belief evaluation system that precludes the delusional explanation to be rejected.4 Here, we present differential diagnosis and management of a case who started grinning, barking, and walking on four legs like a dog two years after a dog bite.

Case Description

A 28-year-old single male, who was average in studies but had dropped out of school after 5th standard due to poverty, currently working in a cloth company as a salesman, was referred from medicine outpatient department (OPD) to psychiatry OPD with complaints of difficulty in swallowing food and fear about dogs. He had been twice bitten by dogs, five years and two years back, following which he had taken a complete course of vaccination. He was apparently alright until two months ago. He developed a feeling that his tongue was moving like a dog’s and began having repetitive thoughts about converting into a dog. Gradually, his sleep reduced to 1–2 hours/day, and he expressed fear that if he sleeps, he might get up as a dog. He sought repeated reassurance from his family that he hasn’t transformed into a dog, to the extent that they got irritated and asked him to see a doctor. These repetitive thoughts would be present for the whole day, and he would chant God’s name to get relief from them. Earlier, he also used to check himself in the mirror multiple times, but he had stopped it by the time of the consultation. His uncle informed that he has seen him grinning, barking, and walking like a dog multiple times in the last one month. There was no history of hydrophobia, paralysis, altered-sensorium, persistent sadness or elevation of mood, or substance use. There was no past or family history of any psychiatric, medical, or surgical illness.

His physical examination was within normal limits. On mental status examination, his mood was euthymic, but the affect was anxious. He had repetitive doubts about conversion to a dog and requested for a test to detect that. Somatic obsession and overvalued idea not amounting to delusion were present. Other themes of compulsion were also found, like checking the lock multiple times. On Yale-Brown Obsessive-Compulsive Scale (Y-BOCS), his score was: obsession—12, compulsion—7, and total score—19, indicating moderate obsessive compulsive disorder (OCD). Brown Assessment of Belief Scale (BABS) score was 11 with poor insight. The provisional diagnosis of OCD with