Some Interesting Observations in Psychiatric Disorders

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Psychiatry being a very ill-understood subject, many people who were fascinated to find out the cause of these disorders. Right from philosophical point of astrological influences to the misarrangement of atoms in the molecules and misarrangement of chromosomes inside the cells were accused. Every new finding makes us feel that we are nearest to the target. But it proves the contrary. In that way decades have been rolling without much advancement of knowledge. As in the Eastern philosophy, the universe has neither end nor beginning, similarly psychiatry does not show its clear face. As in wild imagination and confusing dream, there is no barrier of reality to prevent anybody to think as he likes.

Now we are rambling with Catecholamine, DNA, RNA, and so on. But in biochemical aspect we have very great draw-back. We have not been able to create the identical psychological condition as in any given psychiatric disorders. So the biochemical finding in any psychiatric disorders cannot be positively excluded from state produced in psychological condition which is normally found in the individuals.

There are many speculations. Some workers try to link such disorder with some genetic backgrounds while others think it to be the result of maladaptation to surrounding and society. There are still others who claim it as a result of conditioning only. But so far volume of work

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concerned it is much more in the biochemical aspect than on anything else. Every time somebody reports new theory in this field, we are getting closer to the problem of identifying cause of psychiatric disorder. But subsequent steps do not give us enough help. But one must accept that even though we have not been able to pin-point the biochemical environment being responsible for many psychiatric disorder, yet we must not forget the psychotropic chemicals bringing revolutions to the field of psychiatry.

What I am going to say is neither very extra-ordinary thing nor the outcome of most modern expensive sophisticated equipment. These are the things produced by pencil, paper and observations. So it may be necessary to explain first what stimulated to make such observations. The main work was triggered off by observation of the patients with diabetes mellitus and psychiatric disorders and others who took (NANDROLONE PHENYL PROPIONATE) Durabolin and got some of the psychiatric symptoms, anew or got worse in cases where the disorder was already present.

In seeing the concordance rate of psychiatric disorder with other chronic and debile-ating conditions, it was noted that the incidence of psychiatric disorders was highest among tubercular patient (anti tubercular drugs or the disease process), and lowest among diabetes mellitus. Even in those persons who were having psychiatric disorders with autistic clatonic, destructive, obsessive features, marked hallucinations were easily manageable and many of those symptoms were either relieved or became less marked. The patients became easily socialised and manageable without psychotropic medicines or with the same amount of medicines. The following are a few examples:

Case 1

A gentleman G. S. was a chronic patient of schizophrenia since last 41 years. The course of the disorder was variable. Sometimes he used to be kept locked up. He did not stay with anybody else. The patient was first seen in 1963 and was given some phenothiazine with not much of help. As his elder brothers were known diabetic, he was investigated thoroughly and was found euglycaemic. After some time his psychiatric symptoms were much relieved and became more social and manageable. It went on for some weeks. Then he showed some symptoms of polyurea and polydypsia. On examination it was found that his fasting blood sugar was 260 mgm/100 ml of blood. This was controlled with some hypoglycaemic agents and small doses of phenothiazine to regulate his behaviour.

Case 2

This gentleman S.B. was in early fifty when he was first seen in 1964. In his thirty he had major breakdown (in the words of the relatives) and was admitted to mental hospital for more than one year. There was no improvement. So he was taken home and kept under lock on close supervision to protect him and others from his destructive and aggressive behaviour. He remained so for about 7-8 years. Then he started behaving normally and became manageable and sociable. Then he showed symptoms of diabetes mellitus. When his blood and urine was repeatedly examined, he was proved to be diabetic. Since then he is on insulin and lately oral hypoglycaemic agents and doing well. His behaviour is changed so much that now he is taking part in social activities and is well observed.

There were some seven more cases like that.

Now let us look at the relationship of (NANDROLONE PHENYL PROPIONATE) Durabolin and psychiatric disorder.

Case 1

Patient S.S. this young man of mid-twenty was suffering from schizophrenia with symptoms only with psychomotor retardation and occasional auditory hallucination of command type. He went on to some paramedical who did not know anything about his psychiatric disorder but knew something about Durabolin being effective in giving energy. He prescribed Durabolin 25 mgm every fifth day intramuscularly. After 24 hours of first injection, patient started becoming restless. The amount of chlorpromazine which used to make him sleep 16 hours a day was not effective to make him little drowsy. When three injections of Durabolin was completed, he became extremely destructive and showed many other signs of obsessive compulsive nature. He did have florid hallucination and showed some amount of psychotic poverty. It took six months before he could come to previous state.

Case 2

Patient A.M.M. 29 yrs. The relatives gave the history that the patient was suffering from lack of energy and strength and remained lonely. His working and talking became limited. This lasted for about a couple of months. Then some physician gave him some tonic with little help. Some other physician saw him and gave a course of Durabolin intramuscular every alternate day. After first injection he became restless, after the third one he became worst unmanageable. On examination, he seemed hallucinated, not accessible, showed violent outbursts when intervened. As we did not have any suspicion of Durabolin playing mischief,

was continued. After some time when it was discontinued and fairly heavy dose of phenothiazine was regularly given. This brought him under control, gradually.

Case 3

Mr. K. S., a young man, highly educated, 31 years old. It was known that he was very sociable, very mixing, helping others. popular among his friends and always was found cheerful. Once he got fever which lasted for about three weeks. It was diagnosed as sinusitis and was cured by appropriate antibiotics. He became all right and felt some weak and found reduced. He had many physician friends some of whom advised to have Durabolin 25 mgm. every fourth day and gave some amples from his sample stock. After having a few injection he started feeling something different. The following is the passage narrated by the patient which is almost verbatim:

"Doctor, I felt nothing special after one or two injections. Then I got ravenous appetite felt strong. But I felt some unusual feeling inside me. I became suspicious of myself. I became unsure whether I locked my drawer properly. I had to check them repeatedly without satisfaction. I did not like company of friends or any other person. I started thinking about myself. Sometime I felt somebody addressing me which I am sure was not true. When some thought occurred to me, it went on repeating in my mind in spite of my great effort to stop it. I realised it was nonsense, but I could not help it."

As the patient was intelligent, had good insight, and gave clue himself, Durabolin was stopped and appropriate treatment was started. The outcome of the treatment was surprisingly obliging.

There were 11 other similar cases.

Having such observation, it was thought worthwhile to see if there is any similarity between the uses of Durabolin and some psychiatric patient. It was noted that some of the psychiatric patient showing some symptoms and the patient getting Durabolin have low blood urea and comparatively low blood sugar.

Then our problem was to find out some controls. This problem was compromised to some extent. We had observed that the symptoms which were found and to be produced or made worst by Durabolin and relieved by appearance of diabetes mellitus were as followings:

- a. CATATONIC FEATURE
- b. OBSESSIVE FEELING & COMPULSIVE ACT
- c. HYPOCHONDRIACAL DELUSIONS
- d. IMITABILITY IN EXPOSITIVE FORM

During some longitudinal observation in some patient it was found that suspicion hypochondriacal delusion—obsessive feeling—hallucinations were seen coming progressively in given order. So we decided the following methods.

Materials and methods

The patients admitted in the psychiatric unit of the main hospital Bir Hospital were taken as the basis of observation. With the above mentioned symptoms were taken as positive and remaining were taken as controls. They were taking the same type of food and the action was similar.

Let us put in GROUP A the patients who had the above mentioned symptoms of . . . Similarly, we put other patients having other symptoms in GROUP B.

In taking the patient in such grouping, we have been very careful to avoid subject bias. However, in such subjects, one cannot be positive.

However, this does not make the observation invalid :

Table 1

GROUP A	Mean Age		Sex ratio M : F
	31.1 yr	Total	13 : 10
			23
GROUP B	32.82	Total	54 : 43
			97

Table 2

	Mean Blood Sugar Fasting
GROUP A	82.82 mgm/100 ml
GROUP B	94.15 mgm/100 ml

Table 3

	Mean Blood Urea Fasting
GROUP A	8.87 mg/100 ml.
GROUP B	20.24 mg/100 ml.

These findings are very simple observation carried on with very simple and unsophisticated means. Here somebody may ask the questions what is value of such simple observations when there are so many sophisticated means. The answer is simple. Sometimes many of us think honestly whether our position is something like a child who has lost his small marble in clean nearby ground but searching it far away in the thick forest. But this observation is not very important in itself. I did not have enough sample to submit to statistician for processing and finding the reliability and probability etc. Though apparently it looks beyond probability. However it would be appreciable if some one else give their attention and prove or disprove this.

Other questions which comes disturbingly is the fact that why all of the individuals who get durabolin do not get similar symptoms why mild schizophrenics get worse with this drug.

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