

Meditation Induced Acute and Transient Psychotic Disorder

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ABSTRACT

Meditation, along with enhancing spiritual health has shown to be beneficial in mental and physical health. On the other hand, there are evidences and only a handful of case reports which suggest that meditation can precipitate psychiatric illnesses such as Psychosis or may worsen an already existing Psychosis. This paper reports a rare case and discusses the role of meditation as a precipitating factor for a new onset psychosis. A 25-year-old female presented with psychotic symptoms and an attempted suicide after she joined a course in meditation. She was treated with antipsychotic medication to which she had a good and quick response. This is one of the rarest cases which open our clinical knowledge to the fact that Meditation can precipitate a Psychotic episode in an otherwise healthy individual.

Keywords- Meditation, Psychosis, Suicide

INTRODUCTION

“Meditation” term includes huge range of practices which aim at controlling the psychological and physical health. Meditation is essentially a physiological state of reduced metabolic activity that elicits physical and mental relaxation. [1] When carried out under proper guidance and in moderation, meditation can enhance psychological wellbeing. But an extensive literature search did not provide us with adequate studies or case reports in which meditation can be a cause for precipitating a Psychiatric illness. This is one such rare case which presented to us and surprised us

with not only an abrupt onset but an abrupt recovery as well.

CASE REPORT

A 25 year old well educated female reported to casualty with a gaping cut over the right wrist. On interviewing, patient’s parents informed that she had started going to a “meditation” class, for the past 5 days. The meditation class emphasized on tapping into the subconscious mind and patient was made to sign a non - disclosure contract of the events that take place during her practice. In the next 2 to 3 days patient claimed to have spiritual experience and knowledge of the subconscious mind. On the morning of the incident, that is on 5th day of meditation, patient suddenly left the meditation class midway at 11am and contacted her father over phone and reported of being followed by someone. Patient reported that when she reached home, she saw a hand coming out of her house wall following which patient ran bare foot on the road. Patient was found by the police same day wandering and suspicious. She told them that people are after her to kill her. The family members were informed and they took the patient home. After reaching home, patient went to her room and when she did not respond to the family members, they went to her room and found her hanging with a shawl to the fan and they noticed she also had a cut over her wrist. Patient had not lost her consciousness but was found in a confused state.

Patient had no history of seizures, head injury, loss of consciousness or any other general medical condition. There was no history of substance abuse or dependence. There was no significant past or family history of any Psychiatric illness or other medical illness. Patient was premorbidly well adjusted with no history suggestive of any personality disorder.

Mental status examination revealed a well-groomed patient with anxious affect. On evaluation for Cognitive testing she was fully oriented to time, place and person with intact memory. Patient had delusion of persecution and grandiosity. She believed that she was being followed by someone and that by ending her life, she can save lives of multiple women as her body will release tremendous energy after she is dead. The patient reported that her conscious level is much higher than the clinician's at present. Patient's social judgment was impaired with no insight. Visual hallucinations were present.

Laboratory investigations revealed normal Complete blood count, Thyroid Function tests, Renal Function tests, Liver Function tests, Blood Sugar Levels and vitamin B12. CT scan of head and neck, was done in view of possible complications of hanging, also found to be Normal. MRI Brain and EEG done the next day were within normal limits. Surgery reference was sought and the wound over the wrist was sutured and bandaged and patient was given antibiotics and analgesics for a week.

Patient and party were advised admission but they were not willing for the same. Patient was started on Tab. Olanzapine 2.5 mg. She came for follow up the next day and the dose was increased to 5mg. On her next review after 1 week patient was found to have completely recovered. She had no Psychotic or mood symptoms and her cognitive symptoms also were intact. Parents reported that she had reached her premorbid levels within 4 days of reporting to our Outpatient Department. The patient on regular follow-ups over the next 6 months was found to have recovered

completely and started a new course and job. She is currently on Tab Olanzapine 2.5 mg and current plan is to stop the antipsychotic and watch for recurrence if any.

DISCUSSION

This case report is one of the rarest case of meditation induced Acute and Transient Psychotic Disorder (ATPD). It meets ATPD criteria of being abrupt in onset and transient in duration. Meditation being the cause is strengthened by the fact that patient had no past or family history of psychiatric illness, and no substance use or general medical condition or medication, which could have caused the psychotic state. All investigations including neuroimaging were found to be normal. Meditation was found to cause about 65% increase in dopamine release in limbic brain regions. [2] Several studies on Meditation have observed increases in blood plasma levels of melatonin and serotonin acutely after Meditation and these neurochemicals are closely linked to psychosis and mood stabilization. [3-5] Though there are positive effects of meditation, negative effects are also present due to depersonalization, altered reality testing and the appearance of previously repressed, highly charged memories and conflicts during meditation. Our report is one of the handful of cases, with no prior history of Psychiatric illness, developing ATPD following meditation. There are other case reports of patients developing Psychosis after meditation and they are more or less similar to our report in terms of onset and fast recovery but majority of the cases had either a prior past or family history of psychiatric illness or substance use was present. [6-9] This case report brings our attention to the possibility that meditation can precipitate a psychotic episode and care should be taken to identify and manage the initial subtle features of psychosis promptly to avoid complications.

CONCLUSION

This case report stresses on the fact that Meditation can cause a psychotic episode in some individuals. Hence care should be taken to identify the possible occurrence of symptoms in these individuals to decrease morbidity and mortality.

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