

## PSYCHIC SEIZURES—A CASE REPORT

R. K. KAUL<sup>1</sup>

M. AKSHAY KUMAR SINGH<sup>2</sup>

S. GYNESHWAR SINGH<sup>3</sup>

Mr. T. A. S., a 34 years old, married Hindu male presented with a 4 years history of episodic outbursts of rage during which he was destructive, assaultive and violent; these episodes were associated with a feeling of intense fear and would occur almost every day (sometimes 2-3 times per day) lasting for a minute each or even less. Each attack occurred in a state of altered sensorium as the patient had no recollection of his behaviour on returning to his normal state he frequently expressed his regrets. The patient also complained of poor memory and sleep during this period. There were no other associated symptoms such as perceptual disturbances, complex hallucinatory experiences, complex stereotyped automatisms or *de javu* phenomenon, etc. The patient is second in order of birth of his twelve siblings who are all alive and healthy and exploration of the family background did not reveal any loading of a neuropsychiatric illness and past history did not reveal significant find-

ings. The patient did not give any history of drug addiction. Systemic examination was within normal limits. The patient was subjected to a battery of investigations such as—routine haematological, serology, X-Ray skull and chest functions examination and lumbar puncture which were all normal. With a provisional diagnosis of epilepsy manifesting behavioural aberrations, the patient was put on phenobarbitone 60 mg at bed time and showed remarkable results in the form of total control of 'rage' attacks and good sleep and improved social relations and work efficiency which were maintained at 10 weeks follow-up. Fear attacks however, persisted at a less frequent rate. It is generally rare to find only 'rage' attacks as a manifestation of psychic seizures. Their response to phenobarb has also been reported to be poor. An EEG (with sphenoidal leads) would perhaps have been of immense value in localizing the site of cerebral dysrhythmia in the patient.

---

<sup>1</sup>Associate professor and Head

<sup>2</sup>Clinical Psychologist

<sup>3</sup>Registrar

} Department of Psychiatry, Regional Medical College, Imphal.

5