

USE OF FARADIC STIMULI IN A CASE OF RECURRENT HYSTERICAL APHONIA

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ABSTRACT

Hysterical aphonia is characterized by abrupt loss of voice without neurological or laryngeal cause and is preceded by conflicts or other stressor. This case report describes the use of faradic stimuli in a case of recurrent hysterical aphonia.

Key words: Faradic stimuli, hysterical aphonia.

Hysterical aphonia is a common conversion disorder characterized by abrupt loss of voice following psychological stressors. In DSM-IV it is classified under conversion disorder with motor symptoms (APA, 1994). Use of various treatment modalities like endolaryngeal faradizations (Bigenzahn & Hoffer, 1986), acupuncture (Shen, 1998), hypnosis (McCue & McCue, 1988), hypnosis and prokinetic therapy (Neeleman & Mann, 1993), psychotherapy (Beck, 1993) and Lombard response (Egan, 1975) has been reported in literature. This case report describes the use of faradic stimuli in the treatment of recurrent hysterical aphonia.

CASE REPORT

A 24-year-old, unmarried male, bakery repair worker, was brought by his father with history of 7th episode of sudden loss of voice, for past 2 days.

Patient had lost his voice in a similar manner for the 1st time about 10 years back when

he was forced by his elder brother to work as a hawker and sell toys. He had regained his voice next day after having a cup of hot tea containing pepper and cardamom and a reassurance from his brother that he will never be forced again.

Subsequently, he had to work with his father as a bakery repair worker. Every time after doing that work he had lost his voice and was brought to the psychiatric outpatient department for treatment - 6 times in past 10 years.

According to the patient he wanted to be a rickshaw driver but since the job of repairing old bakery was more lucrative he had no other option but to assist his father. Repairing old bakery is a very difficult work. The bakery furnace is never extinguished and so the temperature inside is very high. He has to enter the live furnace wearing a wet sack (a gunny bag soaked in water), work very quickly for about five minutes and come out immediately as soon as the sack dries up. He is then allowed to rest for about half an hour. This he has to do repeatedly for about 6-8 hours to repair a single furnace. Like most of the workers, the

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patient would also develop hematuria for 2-3 days following this work.

During the subsequent 6 episodes of aphonia, when the hot cup of tea and reassurance did not work he was brought to the psychiatry department for loss of voice and inability to speak. Each time, when admission, isolation, counselling did not work; he was treated with faradic stimuli. He was given surge faradic stimuli on the throat with muscle stimulator, by placing two small stimulus pads on the thyroid cartilage adjacent to mid-line and was encouraged to speak in the physiotherapy department. With this he would start whispering some words and within 3-4 sitting of about 10 minutes over 3-4 days he would fully regain his voice. After initial couple of admissions, patient himself started demanding treatment with faradic stimuli, as it would rapidly improve his aphonia. Though, every time the patient and his father are counselled and asked to avoid furnace work for him, somehow he ends up doing that work and subsequently develops aphonia.

DISCUSSION

On one hand, the patient ends up doing furnace work again and again, probably due to some pressure from his father and due to desire to earn about Rs. 3000/- in a day or two, which he would earn in a month as a rickshaw driver. On the other hand he is afraid of doing this work as it involves hardship and danger to his life. He refrains from doing this work for a few months to a couple of years but then finally ends up doing it and subsequently develops aphonia. Interestingly in this case, the usual therapeutic approaches of admission, isolation, counselling does not yield quick result; but use of faradic stimuli works. The patient and his father are happy with it as it gives quick result, though not the long lasting one. They are also not very keen for regular follow-up and

psychotherapy.

It is also very difficult to take up patient with hysterical aphonia to take up for psychotherapy, as they can't speak. In this kind of situations and with this type of patients, faradic stimuli may be used for symptom removal and may be considered as an easy and practical therapeutic option.

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