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INCUBUS IN SCHIZOPHRENIA

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ABSTRACT

Incubus is a rare syndrome of delusional sexual contact. It can occur alone or as a co-morbidity with other psychotic disorders. It may also be presenting symptoms of Schizophrenia. ECT can be considered as a treatment option along with antipsychotics.

KEYWORDS: Incubus, Co-Morbidity, Psychotic, Symptoms of Schizophrenia

INTRODUCTION

Incubus is an uncommon syndrome characterized by the delusion that a person has been sexually approached at night by an unseen individual.

Very few reports exist and it is also reported as a variant or a comorbidity.

Raschka (1979) reported two cases of Incubus syndrome as a variant of Erotomania.(1)) The co-existance of Incubus and Capgras syndrome has been reported by Atul C.Pande (1981).(2) There is no report of Incubus as a symptom of Schizophrenia, or of electro convulsive therapy used as a successful treatment modality. .The present case will highlight these two aspects of the incubus syndrome.

CASE HISTORY

A 40 year old uneducated housewife Mrs. G was brought by her husband with chief complaints of aggressive and abusive behavior associated with muttering to self; decreased sleep, appetite and self care, ongoing since one and half years.

The first symptoms could perhaps be traced back nearly 25 years ago, when on one occasion when her husband was out of the city, and she felt that someone had entered her room and laid down in bed besides her. This was despite the fact that the door was locked firmly from inside. She believed this to be the devil. She stated that she would get frightened and shout, and then "*the devil*" used to vanish in the ground. Gradually the frequency of the same devil coming to her room increased and he would touch her and started having sexual intercourse with her several times at night, disturbing her sleep. Usually the devil would take the form of her husband but occasionally would also be in the form of close relatives.

Initially he would visit when she was alone, but later he would have sexual intercourse with her even when her husband was in the same bed. Over the last few years, the frequency of visits increased, and many a times he had threatened to harm her son and family. Despite all this, she still continued to have a good interpersonal and sexual relationship with her husband who was aware of her symptoms.

There was no other significant past medical and surgical history. One of her brothers' developed abnormal behavior after head injury. No other details were available.

On the Mental Status Examination patient was sitting comfortably, muttering continuously, attention was ill-sustained and mood was fearful. Along with the bizarre delusion of the incubus, there were delusions of reference, auditory and tactile hallucination. Insight was absent.

C.T scan brain revealed subtle ischemic foci in bilateral frontal sub-cortical white matter and MRI brain revealed few punctuate hyper intense foci in the fronto-parietal white matter bilaterally.

She was admitted and diagnosed as Schizophrenia and treated with Olanzapine (10mg.). After one week it was increased to 15 mg and ECTs were also started. Her PANSS decreased from 98 to 43 after 12 ECTs over the period of 40 days.

She was discharged on olanzepine and this improvement is maintained for more than five months.

DISCUSSIONS

This case appears to be the 1st of its kind to be reported. From various literature sources we gather that this syndrome was found in Western society, but in India there is no documentation found even after our extensive search. In this case Mrs. G has encounters with the aforesaid devil on quite a regular basis since last twenty years and the memories of those encounters are quite vivid and no amount of reasoning makes her doubt the existence of such a devil. In spite of all this her functioning was well maintained for a long period of time. However, in the last one and half years there has been a change in behavior with excessive irritability and aggression especially towards husband; and decreased sleep, appetite and self care with muttering to self.

Currently this points towards a diagnosis of schizophrenia. The interesting fact was the incidental finding of subtle ischemic foci in bilateral frontal sub-cortical white matter.

The patient improved substantially with antipsychotics and ECTs which lends support to the conclusion that incubus phenomenon was an extension of an underlying basic schizophrenia in the form of a delusion.

The current clinical picture and the prompt response to antipsychotic drugs and ECTs confirm the diagnosis of Schizophrenia. However the confounding variables are an exceptionally slow rate of progression of the illness in the initial period, and the findings on neuro imaging.

This case thus represents an unusual variation in the clinical presentation of Schizophrenia.

REFERENCE

1. Atul C Pande. Co-Existence of Incubus and Capgras Syndromes. Brit. J. Psychiatry. 1981;139:469-470