## **Case Report II**

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B., a 20 years old Hindu unmarried male studying as a Degree (Fine Arts) first year student and hailing from Irangmara, Cachar district was admitted in Psychiatry Ward with the following complaints provided by his parents: staying aloof all the time with reduced interaction with people, talking and smiling to self, reduced sleep and food intake, taking long time to take bath and eat, at times complaining of some discomfort and deformity in his head, refusal to take any medications, that had been present for last seven months because of which he was being regularly brought by his parents to Psychiatry outdoor patients' department (OPD) from where he was prescribed medicines but which he refused to take saying that the medicines would damage his brain. However all these were being denied strongly by the patient who firmly said that presently he had no illness and was even taking medicines regularly and so there was no point in him staying in the hospital.

According to the parents, 13 months back also patient had developed a behaviour of staying aloof with occasional talking and smiling at self along with a constant complaint of burning pain in his head for which was being taken by his parents to a psychiatrist whose medicines patient refused to take saying that those would damage his brain and following which he was being taken to All India Institute of Medical Sciences (AIIMS), New Delhi, Psychiatry Department from where he was prescribed escitalopram 10mg for three months and then patient became totally normal and free of all the earlier symptoms for a period of six months.

Mental status examination revealed that the patient was conscious, oriented to time, place and person, comprehensive, anxious, guarded, partially cooperative, unestablished rapport having stammered speech with repeated denial of any illness and all the complaints mentioned by his parents, with euthymic mood and a mood incongruent, anxious, stable, restricted affect having partial impairment of abstract thinking, judgement and reasoning with a level one insight. Rorschach inkblot test showed ongoing psychotic process with features of obsessive-compulsive disorder.

He was diagnosed as a case of paranoid schizophrenia, continuous (F20.00) with obsessive-compulsive disorder, predominantly compulsive acts (obsessional rituals) (F42.2).

At the time of well-being, he had done colourful paintings.

During prodromal stage, his drawings turned black and white but with extensive details.

With onset of illness, the black and white drawings turned simpler human forms.

On treatment with risperidone 3mg and trihexyphenidyl 2mg at bedtime and fluvoxamine 50mg twice daily, patient's guarding gradually subsided and he became more communicative. It was reflected by the drawings he made on day of admission and on subsequent days in hospital where the drawn human figure initially showing the back, later turned sideways and finally faced the viewer.