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Case Study
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A CASE OF CHRONIC INEXPLICABLE VOMITING

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ABSTRACT
Psychogenic vomiting as defined by Leibovich is vomiting without any obvious organic pathology or functional vomiting, resulting from psychological mechanisms.[1] Nausea is the subjective feeling of an urge to expel the gastric contents primarily and vomiting is the oral expulsion of the gastrointestinal contents due to gut and thoracoabdominal wall contraction. The etiopathogenesis is usually varied, ranging from infections, obstruction in the gastrointestinal tract, inflammatory diseases, to drugs and toxins. There are certain cases of vomiting categorized as 'psychogenic' which remain unexplained otherwise. The term first described in the early 1960s as 'functional vomiting' was linked to underlying mental illnesses.[2] Earlier, psychogenic vomiting was not studied outside the setting of anorexia nervosa and hyperemesis gravidarum.[3] In these patients vomiting seemed like a voluntary act aimed to cope up with patient's central problem of being their 'ideal weight'. With constant on-going research happening all around some studies show that individuals can vomit as reaction to many different situations, stresses and adversities they have faced in their lives. In this case report, a 53-year-old male presents to the outpatient neurology clinic with primary complaints of 'Can't eat. Throw up often'. After ruling out all the plausible pathological causes of vomiting it was labeled as 'psychogenic vomiting'.

KEYWORDS: gastrointestinal tract, inflammatory diseases, to drugs and toxins.

CASE HISTORY
A 53-year-old left-handed male who was a forklift driver by profession belonging to a middle socio-economic status came to neurology outpatient clinic with a history of frequent falls since the past few years. The falls were preceded by a feeling of warm and unsteadiness in his legs. This was associated with complaints of numbness and blurry vision along with it followed by loss of consciousness for a few seconds. When asked he denied any feeling of confusion after these spells but did report feeling tired and drained out. During these spells he did not have any bowel or bladder incontinence, denied a history of any headache, tongue bite or aura during these episodes. There was no history of head injuries in the past but when asked further he mentioned that he suffered from anxiety and had a history of alcohol abuse. The patient also mentioned loss of weight and appetite due to frequent and recurrent vomiting. He described his vomiting as sudden in onset not preceded by nausea. The vomitus was mainly the food he consumed and used to happen right after he consumed food. The first episode started right after his son passed away in an accident about two years ago in a motor vehicle accident. He was driving behind his son when he saw his son hit by a car ahead. The psychic medium mentioned that it was his son telling him not to drink alcohol which was causing issues. He also reported of having repeated episodes of passing out, once every other week.

The blood and urine tests revealed no signs of infection. After an endoscopic examination the patient was diagnosed with GERD with ulcerative esophagitis.

On examination the patient appeared to have findings within the normal range.

Every time, the patient visited the physician for a symptomatic management for his nausea and vomiting he was prescribed anti emetics like ondansetron, a serotonin receptor antagonists or metoclopramide a dopamine receptor antagonist which failed to provide him any relief and only precipitated adverse effects like diarrhoea. When asked about the triggering factors he described that there was a rise in frequency only when he used to think about his son or participate in activities they commonly used to do together.

Differential Diagnosis
Psychogenic Vomiting: The patient has been having episodes of nausea and vomiting that resistant to metoclopramide or ondansetron. Most of the patients mainly vomit at meal times which could be linked to a sense of strong emotion aroused in them when they try to consume food.

Bulimia Nervosa: According to the DSM-5 criteria it is defined as recurrent episodes of binge eating followed by

recurrent inappropriate compensatory behaviour like self-inducing vomiting, laxative misuse, diuretic misuse or excessive exercise occurring at least once a week for three months.[4]

Rumination Syndrome: Repetitive effortless vomiting is termed as rumination syndrome.[5] It is a behavioural disorder common in infants and individuals with intellectual disability. There are some reports that show its existence in adult patients too. It causes automatic regurgitation of recently eaten food. It is commonly associated with psychiatric morbidity like personality disturbances and depression in themselves or among their family members.

Cannabinoid Hyperemesis: Heavy and recurrent use of cannabis leads to repeated episodes of Nausea, vomiting and abdominal pain.[6]

Cyclic-vomiting syndrome: It is a functional Gastrointestinal disorder which leads to recurrent episodes of vomiting and nausea. The episodes can last from a few hours to several days. No metabolic, gastrointestinal or central nervous system structural or biochemical disease.

DISCUSSION

The diagnostic criteria of psychogenic vomiting have not been established. While it can be labelled as a diagnosis of exclusion a strong correlation between the vomiting and the underlying psychiatric disorder should be taken into consideration before the commencement of the treatment.

This patient has a history of chronic alcohol use and has had a few episodes of loss of consciousness associated with it. A Complete blood cell count, Comprehensive metabolic panel, vitamin B12, magnesium should be evaluated to rule out alcohol misuse related disorders. Apart from that brain imaging should be done to check for any evidence of intracranial neoplasm as well as an electroencephalogram should be done to evaluate any abnormal findings in the brain.

Similar case studies published emphasised on the need of a tailor-made interventional program with elements of behavioural therapy along with family-based intervention and pharmacology strategies to help manage the symptoms.[7] The treatment strategy can vary from using supportive psychotherapy, behavioural therapy, autogenic training to antidepressants depending on the response of a patient to both pharmacological and non-pharmacological options. Another case study was reported where psychogenic vomiting was treated using a combination of hypnosis and Gestalt's empty chair technique.[8] In this case, the patient seemed to have unresolved feelings regarding his son's death. The feeling may be of anger, guilt or fear which is now potentially affecting his present well-being. Hypnosis could potentially be an effective tool to communicate with the unconscious and thus provide him some relief from his current symptoms. Additionally, the Gestalt's empty chair technique could primarily help restructure through internal or interpersonal conflict. Therefore, allowing to look at a situation from a different perspective.

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