

COMPULSIVE BARKING

Sir,

Psychiatric presentation mimicking call of animals is quite rare (Eppright & Favazza, 1987; Chowdhury et al., 1993), only a few cases featuring "zoophilic metamorphosis" of body parts or sex change relating to a dog have been reported (Lukianowicz, 1967; Kendall & Jenkins, 1987). We report an atypical case of compulsive barking in a 42-year old Bengali married male from Calcutta.

CASE REPORT

The patient presented with a one-year history of recurrent loud barking (like the growl of an annoyed dog). The 'barking' spell was limited to 3-4 calls, usually at an interval of 1-2 hours and more frequently in the mornings. He had little control over the onset of these outbursts and described them as a gradual buildup of an "inner uneasiness", in the form of a choking/breathlessness sensation with an upward pressure from abdomen towards the "head" causing a feeling of "imminent collapse" when automatically the impulse of barking would set in. After a volley of 3-4 barks, he would feel much more relaxed and the sensation of the imminent physical threat would pass off. This would occur approximately 10-15 times a day and was a source of major social embarrassment. He lost his job from a wielding factory and faced a lots of insult in the community. This awkward 'barks' restricted his social mixing too. His wife added that due to this barking sound they were looked down by the neighbours as a "supernaturally cursed family" and suffering a social boycott. Off let, the relaxing nature of these 'barks' became so compulsive that even on trivial mental or physical distress, 2-3 'barks' offered him great 'easiness'. He completely acknowledges how much distress his 'barks' causes to others, but he can not cheek it. He is keen to cure his problem and has consulted

varieties of folk and traditional methods without any results. Once he was keen to take an injection course of anti-rabies vaccine as he thought that this sounds has a connection with a dog bite at his 11 years of age.

At interview, he was very cooperative and consented to a video recording of the process, including one episode of barking during the session. He displayed features of moderate depression with anxiety and an obsessional preoccupation with his "inner uneasiness" leading to the compulsive quality of the barking. Routine examination including EEG and CT scan were normal. He was treated with a combination of buspirone 10 mg. daily, clomipramine 125 mg daily and alprazolam 1 mg daily for 7 months initially with good results. However, following a relapse, the clomipramine was increased to 200 mg daily and carbamazepine at the dose of 300 mg daily was added to the regime. This has suppressed his symptoms for the past year.

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