Withdrawal Emergent Recurrent Manic Episodes with Use of "Bhukki": A Case Report

Evidence suggests a strong association between all mood disorders and substance use disorders. This association has been reported to be threefold to fourfold higher for opioid use disorders compared to other substances.[1] Both opioids-induced and withdrawal emergent mania are not reported frequently and, therefore, less understood. While the opioid most commonly related to induced mania is tramadol,[2,3] withdrawal emergent mania has been mostly reported with opium.[4,5] Here, we report the case of a young male with recurrent withdrawal associated manic episodes with the use of poppy husk (locally called "bhukki") who presented to a tertiary care center of central India.

Case Report

A 35-year-old male from rural Chhattisgarh, working as a truck driver, presented with a history of intake of "bhukki" for eight years, taking approximately 30 gm per intake, 3–4 times daily, as a suspension in water. Occasionally he used alprazolam 0.5 mg tablets, 8–10 per day, when he was unable to procure poppy husk. He was reported to be aggressive for the last five days, talking more than usual and sharing elaborate plans of earning a huge amount of money. He could hear the voices of gods and claimed he has been bestowed with their powers. He spent most of the day meeting people, mostly strangers, to share his plans and abilities. He was suspicious of his neighbors, stating that they are conspiring to harm him and his family.

These symptoms appeared after abrupt discontinuation of poppy husk consumption. He reported to have not consumed any benzodiazepines in the preceding two months. There was a past history of similar episodes, which appeared after discontinuing "bhukki," at least twice in the last three years, and the symptoms had resolved within a few days of commencing treatment.

On examination, he was agitated and uncooperative. He was well oriented, restless, and sweating. Piloerection was observed, and the pupils were dilated and reactive to light (score on the Clinical Opiate Withdrawal Scale [COWS] is provided in **Table 1**). His speech was pressured and the affect was elated. Delusions of grandiosity and persecution were established; second-person auditory hallucination was also noted. Urine screen for drugs was positive for opioids and negative for benzodiazepines and tetrahydrocannabinol. Other hematological investigations were within normal limits. He was diagnosed as having opioids-dependence syndrome, with harmful use of sedatives or hypnotics, uncomplicated withdrawal state, and withdrawal emergent mania with psychotic symptoms.

The patient was admitted for further observation and management. Inj. lorazepam 4 mg IM/IV PRN was advised for managing aggression. Opioid substitution therapy was started with buprenorphine and naloxone fixed-dose combination to manage withdrawal, which subsided at a dose of 4 mg of buprenorphine. Over the next five days, the patient showed significant improvement (COWS and Young Mania Rating Scale scores are given in **Table 1**). Given the long duration of intake of opioids, high-risk profile, multiple failed attempts, and poor motivation to quit, it was decided to continue oral substitution therapy. He was discharged in a week, for further management on an outpatient basis.

TABLE 1.

Severity Score in COWS and YMRS

Day	COWS Score	YMRS Score
Day 1	14	37
Day 2	5	27
Day 3	1	10
Day 4	0	3
Day 5	0	3

COWS: Clinical Opiate Withdrawal Scale, YMRS: Young Mania Rating Scale.

Discussion

Opioid agonists and antagonists have been studied for their psychomimetic effects and mood-altering properties. Among the four receptors of the opioidergic system (i.e., mu, delta, kappa, and nociceptin orphanin FQ peptide), actions through mu and kappa receptors have been implicated in mood alteration. While mu agonism is implicated in tramadol-induced mania,[2,3] kappa agonism also has been reported to have a rapid onset and transient antimanic property.[6] Moreover, buprenorphine, a kappa antagonist and partial mu agonist, may exert an antipsychotic effect through kappa antagonism.[7] The antipsychotic effect of buprenorphine is also supported by an anecdotal report of psychosis associated with buprenorphine withdrawal.[8]

Apart from these effects, the role of endogenous opioids in mood stabilization has also been highlighted.[9] Pertinently, opioid-withdrawal-led mood destabilization has been implicated in the mania emergent upon withdrawal, especially of opium.[5] Our case confers such mood-stabilizing properties to poppy husk also, whose withdrawal precipitated manic episode. Abrupt discontinuation of even milder opioids, when used in dependence pattern for long periods, can precipitate mania. These emergent manic symptoms are pharmacodynamically analogous to psychosis seen with discontinuation of antipsychotics, which is attributed to super-sensitivity of dopaminergic receptors.[10] Furthermore, our case supports such properties of buprenorphine, which not only was successful as a substitution therapy for poppy husk withdrawal but also aided in remission of manic syndrome.

Alternatively, recurrent emergence of short-lasting episodes of manic symptoms and withdrawal of opioid acting as stressor precipitating underlying bipolar disorder may also be hypothesized in the index case.

In patients presenting with manic symptoms and history of opioid use, clinicians should consider the possibility of

withdrawal emergent manic symptoms, which might rapidly resolve with opioid substitution alone.

Patient Consent

Written consent of patient was taken.

Declaration of Conflicting Interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The authors received no financial support for the research, authorship, and/or publication of this article.

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Submitted: 01 Sep. 2020
Accepted: 01 Sep. 2020
Published Online: 02 Nov. 2020

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HOW TO CITE THIS ARTICLE: Nandan NK, Singh LK, Tikka SK, Shukla A. Withdrawal emergent recurrent manic episodes with use of "Bhukki": A case report. *Indian J Psychol Med*. 2022;44(5): 525–526.

ACCESS THIS ARTICLE ONLINE
Website: journals.sagepub.com/home/szj
DOI: 10.1177/0253717620960599

Awakening of Kundalini Chakras Presenting as Psychosis—A Case Report

To the editor,

Yoga is a form of mind–body medicine that integrates an individual's physical, mental, and spiritual components to improve aspects of health, especially illness related to stress.[1,2] "Kundalini," meaning "coiled-up" in Sanskrit, is a type of Hindu Yoga practice.[3] It is also related to the practice of all kinds of Hindu tantra, Tibetan Buddhism, Chinese Qigong (Chi Kung), and some Eastern martial arts.[3]

According to the yoga tradition, *kundalini* is like an energy, a serpent, or a goddess that lies dormant at the base of the spine of all human beings.[3] Sivananda says that the awakening of *kundalini* manifests itself through various physical and psychological signs and symptoms such as feeling the currents of *prana* (vital energy) rising to the *sahasrara* chakra (thousand-petalled: the individual's center of spirit, enlightenment, wisdom, universal consciousness, and connection to higher guidance), feeling vibrations of prana in different parts inside the body, feeling electric-like currents flow up and down the nerves, experiencing bliss, having divine visions, and getting inspiration and insight. When *kundalini* is at one chakra, intense heat is felt there, and when it leaves that center for the next chakra, the former chakra becomes very cold and appears lifeless.[3]

This belief might also clinically present as psychosis, but limited literature is available in the form of case reports. Here we present a case that was difficult to diagnose.

Case Report

A 19-year-old, single, college-going female of urban background presented to the emergency department of a tertiary mental health institute with symptoms of mutism, poor oral intake, and stiffness of body with abnormal sustained postures for long-duration, for a week. This was unlike her usual yoga practices, which would be for a brief period and in a controlled manner. She was admitted and medical stabilization was done. With a provisional impression of catatonia under evaluation, she was given the Lorazepam challenge test, on which some response was seen. Hence, treatment was further continued with 6