

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

Patient Consent

Written consent of patient was taken.

Declaration of Conflicting Interests

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Neetu K Nandan¹, Lokesh Kumar Singh¹, Sai Krishna Tikka¹, Avinash Shukla²

¹All India Institute of Medical Sciences, Raipur, Chhattisgarh, India. ²District Hospital, Raipur, Chhattisgarh, India.

Address for correspondence:

Avinash Shukla, District Hospital, Raipur 492004, Chhattisgarh, India. E-mail: dravinash-cip@gmail.com

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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

mg intravenous Lorazepam in divided doses for three days, on which improvement was seen in the catatonic symptoms.

On subsequent evaluation, it was found that the patient had been practicing *Hath Yoga* and *kundalini asan* for the past three months on her own. As she was enchanted by knowing about the effect of yoga practices mentioned in books and the internet, she would practice yoga—*pranayama* and meditation on her own, unguided and any time during the day. In the past two months, she started experiencing a form of energy at the base of the spine that was gradually heading towards the head, activating her chakras *muladhara*, *swadhistana*, *manipura*, *anahta vishuddha*, *ajna*, and *sahasrara*. She would experience some unregistrable vibration, similar to the kundalini experiences as believed and written in the Hindu *shashtras*. She ascribed the vibration to some eternal force and considered herself to be its passive recipient. She also felt that people around her are talking about her, though others repeatedly refuted that, and was hearing clear voices, in an awake state, telling her to follow orders in her day-to-day activities. Her sleep pattern was disturbed; she would frequently get up at night and would often be found doing *pranayama* and meditation.

Over a month, she also expressed to have experienced eternal enlightenment and would feel that all materialistic things, including a person's basic needs of hunger and thirst, are immaterial to them. Initially, her family members also believed these experiences to be an outcome of her yoga practices but were later concerned with a gradual change in her previous self and social and biological function. This change in the patient was not seen as deviance but as an impact of yoga practice until she stopped eating, speaking, and interacting with others and was found frozen in sustained postures, requiring medical attention.

The patient's physical examination was suggestive of pallor. On mental status examination at the time of presentation, catatonic symptoms were present, with a Bush Francis Catatonia Rating Scale (BFCRS)⁴ score of 13. She also had blunt affect, delusion of reference, somatic passivity, auditory (command) hallucination, impaired judgment, and absent insight. The patient was diagnosed to have

schizophrenia, catatonic subtype, and was started with Tab. Risperidone along with Lorazepam that was gradually tapered over a week. At the time of discharge, the dose of Risperidone was 8 mg per day, Lorazepam was stopped, and BFCRS score was zero. The patient subsequently maintained well with regular follow-up.

Discussion

Schizophrenia or psychotic disorders are generally characterized by fundamental and characteristic distortions of thinking and perception and affect that is inappropriate or blunted. Since the index case fulfilled the criteria as per ICD-10 and had an illness duration of more than a month, a diagnosis of Schizophrenia was made.⁵ Although sensations of heat are common in kundalini awakening, they are rare in psychosis.^{6,7} Awakening of kundalini should be a gradual process and supervised; failure to do so under proper guidance leads to negative effects including psychosis.⁸

With the advancement of genetic studies, endophenotypic markers like P300 have shown a correlation in yoga and schizophrenia treatment. Sarang SP et al⁹ also concluded in a clinical study about the relation of P300 and its utility in the early picking of changes or at-risk populations.^{9,10} These biological alterations (P300) by Yogic techniques may be used to warn people against such reactions¹⁰ and can be helpful to screen at-risk population.

Therefore it may be inferred that unsupervised practice of yoga increases the risk of psychosis. Thus, this clinical case was considered a case of kundalini psychosis syndrome.

Conclusion

According to Rama,¹¹ kundalini is thought to contain latent energy and memories that could be personal and transpersonal. The modern way of understanding this latent power is in terms of the unconscious mind. Sivananda in 1994, wrote about the spiritual basis: Saraswati³ says that some people who have awakened kundalini get in contact with their unconscious body and see inauspicious ferocious elements such as ghosts, monsters, etc., or get other perceptual phenomenal experiences.

Since Kundalini psychosis showed a good response to antipsychotic treatment in our case, early detection and treatment could improve the socio-biological functioning and quality of life.

Patient Consent

Written consent of patient and her father was taken.

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ORCID ID

Mini Sharma  <https://orcid.org/0000-0002-2605-7895>

Mini Sharma¹, Mondeep Dhankar¹ and Deepak Kumar²

¹ Dept. of Psychiatry, Institute of Human Behaviour and Allied Sciences, New Delhi, Delhi, India. ² Dept. of Psychiatry, Institute of Human Behaviour and Allied Sciences, New Delhi, Delhi, India.

Address for correspondence:

Mini Sharma, Institute of Human Behaviour and Allied Sciences, New Delhi, Delhi 110095, India. E-mail: mini271191@gmail.com

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Psychoeducation: Need for an Alternative Generic, Destigmatized, and Patient-Friendly Term in Clinical Practice

Change is the only constant in the world
 —Geetha

“Psychoeducation” is a very commonly used term by mental health professions in their day-to-day practice. Psychoeducation is the most widely used intervention in mental illness.¹ This word was first used in mental health intervention by Brian E. Tomlinson in his book *The Psychoeducational Clinic* in 1941.² The term got much recognition after the proposal for family intervention in schizophrenia by Anderson et al. in 1980.³ It refers to education provided to people who have or have to deal with psychological disturbances. The word comprises psycho + education. The word “psycho” is derived from “psykho,” a Greek word that means “mental.” Initially, this term was used in a short form to mean “psychological” (1927). The word “psychoeducation” was probably proposed based on the contemporary understanding and availability of knowledge resources. However, later, the term “psycho” turned to be pejorative as a short form for a psychopath (1942) or psychotic,⁴ both considered slightly offensive or derogatory. The word gained further notoriety after the 1960

release of Alfred Hitchcock’s thriller, *Psycho*. Despite the word’s derogatory nature, it has been prefixed to terms commonly used in mental health, such as psychoeducation, psychotherapy, and psychopharmacology. Nowadays, this word is used by laypeople, media, and politicians to stigmatize people with mental illness.^{5,6} “Psychoeducation” may be a friendly term among the mental health professionals, especially for the ease of communication and research, but it may not be so from the patient’s perspective. No systematic studies have looked at the term “psychoeducation” from the patients’ perspective.

Given that stigma and negative attitudes toward mental illness are so prevalent in society, the pejorative term could further enhance it.⁷ This pejorative, patient-unfriendly prefix “psycho” in psychoeducation may prevent those with mental illness and their families from seeking pharmacological and nonpharmacological help.⁶ Over the years, there has been an effort from mental health professional bodies and journals to stop using such terms and come up with guidelines.⁸ Because of their derogatory nature, words such as “addiction,” “schizophrenic,” “committed suicide,” “compliance,” and “mentally ill patient” are being used less frequently.⁹

From the inception of the term in 1941, the field of psychiatry as a branch of medicine has traveled significantly, especially in the area of pharmacological interventions. The term psychoeducation does not



appear to serve its purpose. There is no such word specific to any other medical discipline (e.g., surgical education, pediatric education, etc.). It does not pinpoint the specific nature of illness that it is indicated for (e.g., psychotic or nonpsychotic). Often the same term “psychoeducation” is used for psychiatric and nonpsychiatric illnesses and even for secondary (organic) psychiatric illnesses. The term “psychoeducation” that began with schizophrenia is extended to all common mental illnesses such as depression and anxiety disorders. Psychiatry is moving from mental hospital to general hospital psychiatry. There is a need to change terminology in this background, to a term that better fits in a