

*Case report***UNUSUAL/UNCONVENTIONAL PSYCHOACTIVE SUBSTANCES OF ABUSE**Anil Kakunje¹, Nishad P M A^{2*}, Ganesh Kini³, Shashwath Sathyanath⁴, Mohan Chandran V V⁵¹ Professor and Head, Department of Psychiatry, Yenepoya Medical College, Mangalore² Junior Resident in psychiatry, Yenepoya Medical College, Mangalore³ Assistant Professor, Department of Psychiatry, Yenepoya Medical College, Mangalore⁴ Assistant Professor, Department of Psychiatry, Yenepoya Medical College, Mangalore⁵ Emeritus Professor, Dept of Psychiatry, Yenepoya Medical College, Mangalore*Correspondence; drpmanishad@gmail.com

Submitted:13/5/2019 published online: 13/6/2019

ABSTRACT

The reports on the use of unconventional substances of abuse in medical literature are scanty. The users seem to have abused these substances when they are confronted with non-availability of regular substances of abuse or lack of money. They also invented new routes of administration and different patterns of using them. The 'high' experienced from it incite them to continue this practice. Unconventional substances of abuse have always created curiosity and captured the attention of mankind. These cases are currently more prevalent than earlier and hence are of important clinical focus. The cases discussed here presented with psychoactive fauna usage in unusual ways.

Keywords: Unconventional, unusual psychoactive substances, psychoactive fauna

INTRODUCTION

Dependence on psychoactive substances in an unusual way has always attracted mankind. Literature has quoted instances where patients were addicted to weird substances. In most of them, the circumstances which led to such habits emerged when they were deprived of their usual/common substance of abuse. Personality profile also plays an important role in this.¹ They

have reported experiencing pleasurable feeling and sense of relaxation after its use. This article is about two cases with multiple unconventional substances of abuse in an uncommon way.

CASE 1

A 42 years old unmarried male from lower socioeconomic status, hailing from Central Karnataka district was brought by his mother to the Internal medicine outpatient department

Please cite this article as: Anil K, Nishad P M A, Ganesh K, Shashwath S, Mohan Chandran V V; unusual/unconventional psychoactive substances of abuse. Kerala Journal of Psychiatry 2018 31(1): 26-29 doi: 10.30834/KJP.31.1.2019.156

with complaints of tingling sensation in both lower limbs, imbalance while standing for four years, blurring of vision for two years, increased frequency and hesitancy of micturition for one year. The patient was referred to the Psychiatry outpatient department as he was reported to be using alcohol heavily. He was admitted for a detailed evaluation and further management. On further interview patient reported consuming alcohol and smoking tobacco in a dependent pattern for the last 30 years. He also had a history of smoking cannabis frequently. At times, he used to inhale a) cycle repair solutions b) petrol c) instant gums inside a plastic cover. The patient also had a history of multiple medico-legal cases against him and was imprisoned for 17 years in the last 30 years. He was diagnosed to have a dissocial personality disorder. While in prison due to unavailability of his regular substances of abuse he was using substances such as spider webs, burnt lizard tail and burnt scorpion stings to smoke along with tobacco and cannabis in shredded snakeskin. He also used nicotine mixed with powdered Chlorpheniramine maleate [CPM] tablets which were prescribed by the prison doctor for the common cold and running nose. He would also eat bread with pain balms (Vicks, Zandu balm) and drink cough syrup (Corex). He reported he was introduced to these substances by other prison inmates. He used to get the high feeling with these substances and hence continued this habit even after his release from prison. He discovered the practice of adding the dried powder of lizard tail to cannabis preparation to enhance its effect. He was continuously using these substances and hence specific withdrawal symptoms couldn't be identified. He also started selling this product for the money. He reported that his practice of lacing lizard tail is widely prevalent in and around the patient's locality. He continued using all these substances until he developed complications such as pain and

tingling sensation over lower limb and imbalance while walking. Subsequently, he used only alcohol and tobacco till his admission in the hospital. On evaluation his routine blood tests were normal except revealed raised liver enzymes. USG abdomen and pelvis showed hepatomegaly. MRI brain showed cerebral and cerebellar atrophy; nerve conduction studies done showed bilateral axonal demyelinating neuropathy. Urodynamic studies revealed a hypotonic bladder. Ophthalmology examination revealed primary open angle glaucoma with optic neuropathy. The patient underwent detoxification with Lorazepam. Motivation enhancement therapy was done. Duloxetine and Multivitamin tablets were started for neuropathic pain. Individual and family therapy was started for personality issues and improving family integration. Over a period of three weeks his withdrawal symptoms of alcohol such as tremors reduced, and the sleep pattern improved neurological symptoms such as pain and tingling sensation in lower limbs improved to a large extent. Bladder and vision symptoms persisted.

CASE 2

A 35 years old unmarried auto driver hailing from North Karnataka was brought by his mother for treatment of mental and behavioural disorder due to use of alcohol dependence syndrome. He had taken treatment for similar complaints elsewhere earlier. He had been drinking alcohol and smoking two pack cigarettes daily for the last ten years. A few years back when he was admitted to a rehabilitation centre; he couldn't get his usual substances of abuse. His fellow inmates in the rehabilitation centre introduced him to getting high with naturally available substances within the premises of the rehabilitation centre. They used to catch lizards on the wall, burn its tail by

placing it on the bulb or tube light and smoked it by rolling it on a paper. He described it gives tremendous 'kick'. On many occasions they were caught by the treating team indulging in such activities. Following discharge, he came to know from his fellow auto drivers about many such ways to get high like smoking spider webs and shredded snakeskin. The advantages according to him are it's cost-effective, available at homes, no legal hurdles, no monitoring possible. He used to indulge in these unusual substances only when he was unable to get his regular substances. His physical examination revealed no abnormality. He was treated for his alcohol and nicotine dependence and no attempts noticed to get these unconventional substances in the ward.

DISCUSSION

Man has found new ways to tackle the non-availability of their substances of abuse by adopting unconventional methods. Using psychoactive fauna is one such technique. Psychoactive fauna refers to animals whose body parts or excretions containing certain substances in an adequate dose which have the potential to alter the user's state of consciousness.² Psychedelic fauna include producers and consumers. Producers are animals that produce psychoactive chemicals from the substances which they consume. Consumers are animals that consume psychoactive chemicals and store them unchanged.³ Even though such use of unusual substances is rare, it was observed more for *Bufo alvarius* (Sonoran Desert toad) which is found in northern Mexico and the southwestern United States. It contains 5MeO-DMT and Bufotenin.⁴ Other creatures which are used to get high are a lizard, snake (venom), scorpion (sting), wasps etc.² Lizards were hunted for extracting its oil as

it was believed that it had an aphrodisiac effect.⁵ Also such substances are readily available free of cost which makes it more acceptable among the chronic users.⁶ Factors like personality profiles, sociocultural milieu and comorbid psychopathology also contribute to these habits. Excreta of lizard is believed to give an extra kick to the user and there are reports which tell that even children in Delhi were using dried lizard tails, snake oil and stings of wasps to get a feeling of high.¹ This issue could not be solved by law and order as the Narcotic drug and psychotropic substance act 1985 do not mention the use of psychoactive fauna.² Users exhibit different routes of administration such as inhalation or smoking.⁴ They also follow different patterns like grinding into powder and mixing with tobacco or filling in beedi or blending the dung for smoking.⁴ Literature has documented the incidences where heroin dependents substituted it with scorpion sting and cannabis addicts with a lizard tail.² The mechanism for addiction involving these substances is not well understood. However, some reports suggest that neurotoxins present in it act on the ion channels and cause abnormal release of neurotransmitters like serotonin.⁷ Neurotoxins may be responsible for the stimulated, euphoric or relaxed feeling experienced by the individual also the first case the neurological and physical symptoms could most likely be due to the consequences of the unusual substances use. This paper brings to light instances of abuse of psychoactive fauna and attempts to identify possible aetiologies which may assist in formulating measures to minimize such practices. Also, there is an urgent need to upgrade the law governing psychotropic substances. The mechanism involved in the biological and psychosocial impact of using psychoactive fauna is still not well understood and has to be explored more.

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Conflict of Interests: None Declared Sources of Support: NIL