

Rasheed military hospital during a month time in Oct. 1991. They were suffering from different type of acute somatoform / dissociation disorders; all fulfilled the criteria of somatoform / dissociation disorders mentioned in DSM III-R ^[1]. They were specified as conversion paralysis, speech disorders (muteness or aphonia), blindness, tremor and dissociation (disturbed consciousness). The diagnosis was made after excluding organic pathology and identifying a relevant causative stressor.

The patients were sorted according to the type of symptom into groups, table 1 each group was divided randomly into three subgroups. One subgroup was subjected to suggestion with placebo injection or remedy, the 2nd was subjected to abreaction ^[9,10]

under IV injection of sodium Thiopentone 0.5 G dissolved in 20 ml of distilled water, given slowly in 30 minutes. The 3rd subgroup was subjected to interrupted electrical stimulation with current of 110-220 volt 0.85 am and velocity 10-100 ms, after taking the consent of the patient or his relatives. The significance of difference between respondent and non-respondent to each way of treatment for each kind of symptom was determined by using chi-sq. (χ^2 test). P value of / 0.05 was used as the level of significant.

The immediate relief and the relapse within one month time after treatment data were regarded as indicators of respondent or non-respondent.

Table 1 Pattern of hysterical reaction among Iraqi soldiers

Pattern of hysterical reaction	No. of cases	Percentage
Conversion paralysis	55	44
Conversion speech disorders (muteness, aphonia)	31	24.8
Conversion blindness	16	12.8
Dissociation falling attacks	12	9.6
Hysterical tremor	11	8.8
Total	125	100

Results:

1-Of 55 patients with hysterical paralysis in different parts of the body (Table 2).

*Nine were treated by suggestion, 6 (67%) of them had responded immediately and none of them relapsed, 3 (33%) did not respond.

*Thirty seven were treated by Galvanic stimulation 30 (81%) had responded immediately and none relapsed, 7(19%) did not respond.

*Nine were treated by abreaction 6 (67%) had responded immediately and none relapsed, 3 (33%) did not respond.

For this type of symptom electrical stimulation gave better result than both suggestion and abreaction, (P value < 0.05) while there was no difference between suggestion and abreaction.

2-Of 31 patients with hysterical speech disorders (muteness and aphonia) (Table 3).

Table 2 Frequency of respondents and non respondents among paralytic cases

Treatment types	Respondents		Non respondents	
	N	%	N	%
Suggestion (No.=9)	6	67	3	33
Galvanic stimulation (No.=37)	30	81	7	19
Abreaction (No.=9)	6	67	3	33
Total (No.=55)	42	76	13	24

P<0.05 (significant)

Table 3 Frequency of respondents and non respondents among speech difficulties cases

Treatment types	Respondents		Non respondents	
	N	%	N	%
Suggestion (No.=7)	6	86	1	14
Galvanic stimulation (No.=13)	11	85	2	15
Abreaction (No.=11)	9	81	2	19
Total (No.=31)	26	84	5	16

P> 00.5 (Not significant).

*Seven were treated by suggestion 6 (86%) had responded immediately, none relapsed, 1 (14%) did not respond.

*Thirteen were treated by electrical stimulation 11 (85%) had responded, none relapsed, 2 (15%) did not respond.

*Eleven were treated with abreaction 9 (81%) had responded immediately, none relapsed, 2 (19%) did not respond.

For this type of symptom there was no significant difference between the 3 methods (P value > 0.05).

3-Of 16 patients with hysterical blindness (Table 4)

*Four were treated with suggestion and placebo eye drops all (100%) had responded immediately with no relapse in a month time after treatment.

*Seven were treated by electrical stimulation 5 (71%) had responded immediately, none relapsed, 2 (29%) did not respond.

*Five were treated by abreaction 1 (20%) had responded immediately, none relapsed, 4 (80%) did not respond.

For this type of symptoms suggestion with placebo eye drops was the most effective, followed by electrical stimulation, (P value ≤ 0.05).

4-Of 12 patients with dissociation falling attacks (Table 5).

*Six were treated by suggestion 4 (67%) had responded immediately, none relapsed, 2 (33%) did not respond.

*Three were treated by electrical stimulation 3 (100%) had responded immediately, no relapse in a month time after treatment.

*Three were treated by abreaction 2 (67%) had responded immediately, none relapsed, 1 (33%) did not respond.

For this type of symptoms electrical stimulation was the most effective than both suggestion and abreaction (P value < 0.05), while suggestion and abreaction had equal effect (67%).

5-Of 11 patients with hysterical tremor (Table 6).

*Three were treated by suggestion 1 (33%) had responded immediately, but relapsed in a month time, 2 (67%) did not respond.

*Four were treated by electrical stimulation 3 (75%) had responded immediately 2 relapsed in a month time after treatment, 1 (25%) did not respond.

*Four were treated by abreaction, 3 (75%) had responded 1 relapsed in a month time and 1 (25%) did not respond.

For this type of symptoms suggestion and electrical stimulation had equal immediate response but relapse was high while abreaction gave the least effect. (P value > 0.05) it appeared that hysterical tremor was almost resistant to all types of treatment.

Table 4 Frequency of respondents and non respondents among falling attacks

Treatment types	Respondents		Non respondents	
	N	%	N	%
Suggestion (No.=6)	4	67	2	33
Galvanic stimulation (No.=3)	3	100	0	0
Abreaction (No.=3)	2	67	1	33
Total (No.=12)	9	75	3	25

P> 00.5 (Not significant).

Table 5 Frequency of respondents and non respondents among blind cases

Treatment types	Respondents		Non respondents	
	N	%	N	%
Suggestion (No.=4)	4	100	0	0
Galvanic stimulation (No.=7)	5	71	2	29
Abreaction (No.=5)	1	20	4	80
Total (No.=16)	10	62.5	6	37.5

P<0.05 (significant)

Table 6 Frequency of respondents and non respondents among Hysterical tremor cases

Treatment types	Respondents		Non respondents	
	N	%	N	%
Suggestion (No.=3)	1	33	2	67
Galvanic stimulation (No.=4)	3	75	1	25
Abreaction (No.=4)	3	75	1	25
Total (No.=11)	7	64	4	36

P> 00.5 (Not significant).

Discussion:

In this study the presenting symptoms were paralysis 44%, speech disorder 24.8%, blindness 12.8%, dissociation falling 9.6% and tremor 8.8%, while in Jordan Shunaigat and Saleh 2001 found in their patient attending a civil hospital the following results, paralysis 9.37%, muteness 11.97%, blindness 2.08%, abnormal movement 9.9% and disturb consciousness 21.87% this difference could be explained in that all patients in present study were male soldiers and by the different setting in which the disorders had occurred (military Vs civil) ^[11]. However, although there is a high recovery rate from

acute hysterical reaction, the prognosis of patients sufficiently ill to require admission is less good ^[2]. Ljunberg 1957 found that while there was 62% recovery rate in the 1st year nearly 20% of patients still suffered after 15 years ^[12]. Slater 1965 found results even worse, roughly 25% recovered within a year but 50% were still ill ^[5]. Greer and Crawley 1966 found that of all neurotic patients, hysterical had the best prognosis with 41% recovery at a 3 years follow up ^[13], Lewis 1966 also found over 40% recovery after 7-12 years ^[14]. In this study though we found better immediate results in certain types of hysterical reactions, it was impossible for us to follow

the cases more than one month because of the rapid changes and movement of the tropes, bad referral systems and the uncooperative attitudes of commanding officers. However the results gave us an important indication that good knowledge and experience would help doctors in a busy casualty department to choose the right way of treatment to certain type of hysterical reaction, so that he could reduce the numbers of patients who might occupy beds. The results revealed that not all patterns of hysterical disorders would have the same response to the same type of treatment, therefore we found that the application of electrical stimulation in treatment of hysterical paralysis or dissociation disorders gave better immediate response with no relapse in a month time after treatment in comparison with either suggestion or abreaction ($P < 0.05$ (significant)), while speech disorders (muteness and aphonia) had approximately equally response to the three methods separately i.e. there was no significant difference between them ($P > 0.05$ (not significant)) whereas in hysterical blindness, treatment by suggestion and placebo eye drops was the most effective, it gave 100% improvement and there was no relapse a month time after treatment ($P < 0.05$ (significant)).

For hysterical tremor, the response to either electrical stimulation or abreaction was equal, for 75% of patients had responded immediately, while treatment by suggestion was the least effective, only 33% had responded, however the rate of relapse was higher, for 1 patient relapsed after treatment by electrical stimulation and 2 after treatment by abreaction, hence it was obvious that hysterical tremor is the most resistant pattern of reaction to all types of treatments ($P > 0.05$ (not significant)).

Conclusion:

To treat a large number of hysterical patients in a busy military hospital is not an easy work. Doctors must know to choose the right way of treatment to the

right pattern of symptoms. Good practice will certainly lead to better results.

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