

# Harmony or Discord: A Deep Dive into Psychogenic Vomiting - Decoding the Mind-Body Link

Rika Rijal <sup>1</sup>, Prabhat Sapkota <sup>2\*</sup>, Sujata Tiwari <sup>3</sup>

1. Lecturer, Department of Psychiatry, Kathmandu University School of Medical Sciences, Dhulikhel

2. Consultant Psychiatrist, Nisarga Hospital and Research center, Dhangadhi

3. Medical Officer, Nisarga Hospital and Research Center, Dhangadhi

## Abstract

Psychogenic vomiting is a condition characterized by recurrent vomiting without an identifiable organic cause. This case is of a 19-year-old female who presented with non-projectile vomiting following meals and associated depressive symptoms. Multiple medical consultations failed to identify an organic cause for her condition.

Treatment consisted of a combination of medication and psychotherapeutic interventions. Gradually, the patient experienced complete resolution of vomiting episodes and significant alleviation of depressive symptoms.

This case report sheds light on the challenges in diagnosing and managing psychogenic vomiting, emphasizing the importance of considering psychiatric factors in such cases. Importantly, this case contributes to the limited literature available on psychogenic vomiting.

## Keywords

Psychogenic, vomiting

## \*Corresponding Author

### Prabhat Sapkota

Consultant Psychiatrist, Nisarga Hospital and Research Center, Dhangadhi

Email: prabhatsapkotabpkihs@gmail.com

## INTRODUCTION

Psychogenic vomiting, also termed functional vomiting, is a condition characterized by recurrent episodes of vomiting, and usually no underlying organic condition can be identified for the same. It has been found to co-occur with anxiety and depressive disorders.<sup>1,2</sup> The clinical presentation can also be suggestive of conversion disorders, personality disorders, or other psychiatric conditions. Studies have found medication and psychotherapy to be useful for the management of this condition.<sup>1,3</sup> Very few case reports of this condition are available in the literature.<sup>4,5</sup> In this report, we describe a case of a 19-year-old female with psychogenic vomiting and its management.

## CASE

A 19-year-old unmarried female, studying Bachelor's degree, from a Hindu nuclear family of middle socio-economic status, residing in an urban area of the far western

part of Nepal, with an easy child temperament, presented with an illness of insidious onset and episodic course of vomiting since 2010. The vomiting episodes started when she was 10 years old and were non-projectile, occurred after every meal, and contained food particles. The episodes would occur up to 10 times per day and were associated with reduced appetite. The episodes would occur across various setting, including at home, school, and other places. There was no history of fever, headache, pain abdomen or loose stool. It was associated with academics related stress. After a few months, she also started reporting sadness, reduced energy, weakness, difficulty in attention and concentration, and loss of interest in previously enjoyable activities. Her sleep was disturbed, and she experienced loss of appetite and weight loss. She reported restlessness and awareness of her heartbeat.

Because there was worsening of symptoms over time, there were disturbances in her daily functioning. She was taken to multiple doctors, including pediatricians and physicians, but did not seek a psychiatry consultation. Various investigations were carried out, and no cause could be found for the episodes. These symptoms continued for the next one and a half years. She was taken to a faith healer, where she underwent the procedure "kapat nikalne" and improvement was perceived in her vomiting and mood symptoms. She maintained relatively well during 2014- 2020. Again at

the beginning of 2020, she started having academic stress and had a relapse of vomiting with similar frequency and severity as before. Her family members again took her to multiple doctors (physicians), but no diagnosis could be made. After 5-6 months, she again developed symptoms of sadness, disturbed sleep, problems with attention and concentration, and a tingling sensation all over the body. Family members noticed her to be irritable. She continued to have multiple episodes of vomiting each day and now started having ideas of harming herself.

Seeing this, she was taken to a private hospital in Dhanga-dhi at the end of 2020. After detailed evaluation, the possibility of psychogenic vomiting and recurrent depressive disorder was kept, and the patient started on Mirtazapine up to 15 mg, and relaxation exercise was taught. Activity scheduling was introduced. Along with that, psychoeducation for the patient and family was done. Psychotherapy in the form of supportive sessions was also taken. Some improvement (around 30% self perceived) was noted over a few months and the dose of Mirtazapine was increased to 22.5 mg and Olanzapine 2.5 mg was added as an augmenting agent.

By January 2022, the patient had not reported any episodes of vomiting. Her depressive symptoms also improved. Over the next 3-4 months, Olanzapine was tapered and stopped. 3 months back in the last follow-up the dose of Mirtazapine was 15 mg/day.

## DISCUSSION

The diagnostic criteria for psychogenic vomiting remain undefined. In the ICD-10, it falls under "50.5 vomiting associated with other psychological disturbance,"<sup>6</sup> while the DSM-V categorizes it as "rumination syndrome of F 98.21" without specific psychological factors.<sup>7</sup> ICD-11, the more recent classification, removes psychogenic vomiting as a diagnostic entity due to uncertainty about its status as a mental disorder.<sup>3</sup>

A study has reported that this condition is seen mostly in women,<sup>4</sup> which is the same as in our case. One of the studies done on children and adolescents from Nepal<sup>8</sup> showed that women had less opportunity to express their feelings and stress. As a consequence, psychological pressure is often expressed in physical symptoms such as vomiting. This might be similar in our case as well, where the patient was having stress and worries about her future

and studies, and was unable to express herself freely.

Most individuals with psychogenic vomiting also have an underlying psychiatric illness, primarily major depressive disorder or dissociative disorder.<sup>1</sup> While no specific secondary gains were identified in our patient, academic pressure exacerbated her symptoms of vomiting as reported in the literature.<sup>1,4</sup>

Given the link between psychiatric disorders and vomiting episodes, it is crucial to assess the psychological background when planning treatment. One of the studies even suggested that "psychogenic vomiting" can be a transdiagnostic condition. Similarly, other psychiatric disorders can evolve during the clinical course, necessitating adjustments to the treatment plan.<sup>5</sup>

Both pharmacotherapy and psychotherapy have demonstrated effectiveness in managing psychogenic vomiting. Our patient's good response to antidepressant treatment, along with the use of antipsychotics and relaxation exercises, aligns with the literature on the treatment of recurrent psychogenic vomiting.<sup>4,9</sup>

In the context of Nepal, according to the National Mental Health Survey 2020, the approximate overall treatment gap of mental health disorders is 77%.<sup>10</sup> The huge treatment gap in mental health treatment and the majority seeking treatment from others (physicians, faith healers), other than psychiatrists, is also evident in our case.

This case report underscores the challenges in diagnosing and treating psychogenic vomiting and highlights the importance of considering psychiatric factors in patients with recurrent vomiting of unknown origin. Early recognition and a comprehensive treatment approach, including medication and psychotherapy, can lead to significant improvements in patient's quality of life.

## CONCLUSION

Psychogenic vomiting remains a complex and underrecognized condition that often leads to significant distress and impairment in socio-occupational functioning. The patient's long history of unexplained vomiting, academic stress, and co-occurring depressive symptoms emphasizes the crucial role of psychiatric evaluation in such cases.

## References

1. Muraoka M, Mine K, Matsumoto K, Nakai Y, Nakagawa T. Psychogenic vomiting: The relation between patterns of vomiting and psychiatric diagnoses. *Gut*. 1990;31:526–8. DOI: 10.1136/gut.31.5.526. DOI: 10.1136/gut.31.5.526
2. Liao KY, Chang FY, Wu LT, Wu TC. Cyclic vomiting syndrome in Taiwanese children. *J Formos Med Assoc*. 2011;110:14–8. DOI: 10.1016/S0929-6646(11)60003-X
3. Pratap S, Gagan H. Cultural issues related to ICD-11 mental, behavioural and neurodevelopmental disorders. *Consortium Psychiatricum*. 2021;2:7-15. DOI: 10.17816/CP67
4. Pooja V, Gupta N, Khan A, Chaudhury S, Saldanha D. Psychogenic vomiting: A case series. *Industrial Psychiatry Journal*. 2021 Oct;30(Suppl 1):S252. DOI: 10.4103/0972-6748.328822
5. Paidi G, Jean M, Oduwole A, Gautam N, Kapoor K, Paidi R. Chronic Unexplained Vomiting: A Case Report on Psychogenic Vomiting. *Cureus*. 2022;14. DOI: 10.7759/cureus.25959
6. World Health Organisation. *International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD-10)* Geneva: WHO; 1992.
7. American Psychiatric Association. *Diagnostic and Statistical Manual. DSM-5*. 5th ed. Washington, DC: APA; 2013.
8. Chapagai M, Dangol KM, Tulachan P. A study of psychiatric morbidity amongst children attending a child guidance clinic at a tertiary level teaching hospital in Nepal. *JoNMC*. 2013;2:55-63. <https://doi.org/10.3126/jonmc.v2i1.7677>
9. Zhao Y, Ke M, Wang Z, Wei J, Zhu L, Sun X, et al. Pathophysiological and psychosocial study in patients with functional vomiting. *J Neurogastroenterol Motil*. 2010;16:274–80. DOI: 10.5056/jnm.2010.16.3.274
10. NHRC (2021). *Report of National Mental Health Survey 2020*. Kathmandu: Nepal Health Research Council, Government of Nepal.