

"HEAT IN THE BODY" AS A PSYCHIATRIC SYMPTOM

Its clinical appraisal and prognostic indication

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HEAT IN THE body' as a symptom of a general psychiatric syndrome which often has to be dealt with by the general practitioner, is of such clinical significance that I feel it deserves special attention. Many a patient comes complaining of heat in some part of the body. This appears trivial, but close inquiry often reveals this is part of a symptom complex suggestive of anxiety, early psychoneuroses, depression, 'brain-fag' syndrome, or latent schizophrenia.

Recognition of the clinical importance of 'heat in the body' will help, not only in early diagnoses and treatment but also in prevention. It is a common finding that most of these patients have visited several hospitals and doctors with their complaints. Naturally, therefore, by the time they are seen a lot of emotional tension had been added to the original complaint, and this phenomenon forms a part of the symptom complex. An early case of psychoneurosis who is depressed at the failure of 'scientific medicine' to help him, is a much more difficult problem to deal with. The situation is further worsened by the fact that such cases do not get beyond the outpatient department of any hospital here in Nigeria—what with shortage of doctors and over-crowding, heat in the head or leg will be dismissed with some yeast tablets as trivial. And yet the symptom is very real and distressing to the patient; and, more important, it may usher in endogenous depression or schizophrenia.

Prince (1960) describing the 'brain-fag' syndrome listed the following cluster of symptoms:

1. Unpleasant heat sensations (pain, burning, crawling feelings, heat, etc.)
2. Visual difficulties (blurring, eye pain, excessive weeping, etc.).
3. Inability to grasp the meaning of printed symbols.
4. Poor retentivity.
5. Fatigue and sleepiness in spite of adequate rest.

Looking at these symptoms one wonders how many prescriptions of banocide, yeast, spectacles; how much anxiety at the threat of failure at examinations, and how many accusations of laziness might have been saved if only this syndrome had been recognized earlier!

Now this 'heat' does not signify raised temperature of the part, as one gets with acute infection. It is just a subjective sensation. As in the case of 'brain-fag' syndrome, patients differentiate it from paraesthesia which is often described as burning or peppering.

In the early stages the following clinical observations are often noted:

1. The patient does not look ill, but may show some pre-occupation with a part of his body.
2. Often he does not look unduly anxious or worried.
3. His temperature is normal.
4. The 'heat' is localized, e.g. top of the head, waist, abdomen, neck, leg.
5. Skin over the 'hot' area is cool, i.e. at body temperature.
6. Physical examination usually reveals no abnormality.
7. The patient often admits to some emotional tension on careful inquiry.

Case histories

A few case histories which illustrate this symptom complex are given below:

Case 1. Mrs A gave a history of sudden onset of tremor all over, palpitations and gross weakness. She complained of heat inside the body, worse in front and back of chest, dryness of throat, and dizziness, and of gaseous eructations and 'weakness inside the heart'. She kept her appointment for a long interview during which she readily volunteered the information that the home was not very happy. After her last delivery about a year previously her doctor had advised a 'rest' of not less than 18 months before contemplating an increase in the family—she had had three babies in rapid succession; but her husband drank a lot and this induced him to make persistent demands which, though exceedingly tempted, she strongly resisted. The husband was also extravagant, had no savings, and had been known to 'borrow' the house-keeping money.

The areas of tension were explained to her, e.g. despising the man she loved, doubt in herself, fear of the future, etc. and she responded well to light psychotherapy. She later brought her husband for treatment.

Case 2. Mrs F C was seen complaining of "weight and heat in the back" for six months. This started as pain in left chest and radiated to front and back of chest, neck, and head. There was heat inside the body in the morning, but this disappeared with increased activity. She had headache which was on top of the head and was accompanied by tightness in neck muscles. Two weeks previously she had had a chest x-ray for cough and pain in the chest—the result was normal.

Mrs F C was para 4, all alive. Two and a half years previously she had developed a cystocele following her last delivery. There had been no conception since, even though she wanted another baby. But she felt she could not be pregnant until the 'prolapse' was repaired. She said the 'prolapse' was complete during menses, but reduced spontaneously afterwards. She then confessed she was afraid to have sexual relationship with her husband for fear the 'prolapse' would get worse. This abstinence had caused some friction with her husband

whom she was anxious to satisfy, but was afraid to do so. She said that enjoyment had gone out of the marriage.

With her consent and approval the husband had married a young wife, who at the time of consultation was pregnant. F C claimed that life in the home had not been pleasant since the arrival of the young bride. She and her children seemed to have been relegated to the background. The areas of tension were explained to her. She was reassured that the cystocele was not big enough to prevent conception and that repair would wait till she decided to have no more babies in order to avoid recurrence. She responded well to psychotherapy. When last seen she had been symptom free for several weeks and had decided to increase her family.

Case 3. Mr B A came to see me with history of heat in the back and down both legs for one month. There was no cough, but he felt his saliva was slimy. He said he felt the heat was in the skin and would like the legs fanned to cool them. He was not seen again till five months later when he complained of heat in the chest and legs alternately. He had consulted other doctors and visited clinics, had had repeated X-rays of chest, Haef tests, blood examinations, etc. He said he knew when the heat was about to start in the chest. Heat in the chest was accompanied by weakness.

The patient was a young male bachelor living in one room. His father came from their home town with history of cough and lodged with the patient. The next day he took his father to the Government Chest Clinic where the cough was diagnosed as tuberculous. The patient said he experienced great shock at the news. He said he had always been afraid of sickness and that was why he didn't study medicine, which he liked very much. The sight of blood made him sick.

The areas of tension were explained to him. He made good progress and was used as a demonstration case to students. This must have done his ego a world of good for his progress was dramatic afterwards.

Case 4. Mrs H O, a young teacher-housewife, was seen in November 1963 complaining of scanty menstrual loss. Menstruation lasted four days, but she changed her pads not because they were wet but for convenience. She stated that she had used "Ladies Occasional Pill" for contraception. She responded well to treatment.

On 18 February, 1964, she complained of joint pains, heat inside the body and cough. There was no fever and examination showed nothing abnormal. Two days later she was seen in acute asthmatic attack. She was treated and given a long-interview appointment. On her return she stated that she had wanted to go to the University of Ibadan, and so with her husband's consent she practised contraception with "Ladies Occasional Pill". The plan for further studies failed to materialize and she had been trying to increase her family for many months without success. The husband not only blamed her for the failure, but also told his relations of the contraception practised. And in true Nigerian fashion they were all minding her business! She admitted to being very unhappy but tried to conceal the fact. She responded well to psychotherapy and has been symptom free ever since. Her menstruation continued normal and asthmatic episodes stopped since.

The next case is given in greater detail because of its multiple areas of tension and stress. I am also convinced that the condition could have been prevented or ameliorated if the significance of heat in the body had been recognized earlier.

Case 5. R E, a lad aged 20, was seen with history of abdominal pain and

heat in the waist radiating to the chest, since 1955. Both symptoms were intermittent. There was dyspepsia which was relieved by purgation. He had been told by a friend that he had dysentery so he bought some drugs from a hawker. After taking the medicine he 'passed mucus in stool and urine'. He also had retrosternal pain on eating. The abdominal pain was intermittent, was made worse by food, and woke him up in middle of night. There was weakness and very poor exercise tolerance.

Onset of illness was sudden. Patient woke one night with pain in abdomen. His mother took him to an Apostolic Church—they prayed, drank some water and the pain ceased. Pain in abdomen continued intermittently, and, when seen, freedom intervals were 2–3 weeks, but its severity was unchanged. He had lost weight.

Patient is the only child of his mother. Father is alive and has two other wives and eight children. Patient is a Roman Catholic, father a Jehovah Witness, mother Apostolic Faith (Aladura), and the rest of the family non-practising Protestants. Patient lived with his mother, the father making no contribution to their keep. He said his mother had always been successful at her trade and that was the cause of the hatred of the other wives. Mother had often told him how the other wives hated her, so he had always known that all members of the family were his enemies.

Patient was in primary class 3 when the symptoms started. He carried on till 1961 when he left school in class 2 secondary grammar due to financial difficulties. When he wanted to enter grammar school, he had a lot of difficulties with entrance examinations. He often felt blank in the examination hall but knew all the answers afterwards and couldn't understand why. Eventually he passed and soon afterwards the dream episodes started.

He dreamt a lot, mainly about eating porridge; but at times he didn't know the nature of food eaten. Also he drank some white liquid which he thought was palm wine. He saw snakes—they terrified but never attacked him. He was told that if one dreamt and saw a dying snake, if the snake bit him, his stomach would swell up. He was afraid but relied on the protection of prayers. He said that he knew that snakes in a dream meant one was in the midst of enemies. He also had what he called holy dreams, in which he would see himself in church talking to a priest, or receiving Holy Communion from an angel—these gave him strength. He said he believed his sickness was purgation for his sins—he had been told this in a dream by his confessor.

This case needed more detailed study, especially the dreams, and was duly referred to Professor Lambo. The importance of this case-history is that if more attention had been paid to the symptom of 'heat' earlier, all the persecutory symptoms suggestive of early schizophrenia might have been prevented.

Discussion

The symptom of 'heat' in specific areas of the body is a common complaint in general practice in Nigeria, and often its clinical significance is not appreciated. How often does one hear a woman complain of "my stomach is hot"; or a student that his "brain is hot". I must confess that prior to a definite interest in psychiatry, I had always been baffled by these complaints. When one realizes that 'hot belly' is a refined way a woman may choose to project her sterility—primary or secondary—one wonders why he hadn't

thought of it before. In the same way a student uses "heat in the brain", or "heat in the head", or "heat on top of the head" to project anxiety about his work. And how often does one find that "heat in the waist" tells of fear of gonococcal infection or its sequelae. Apart from these psychological reasons, 'heat in the body' may be the first indication of an underlying psychiatric disorder such as depression, schizophrenia, or psychoneuroses. It would seem to be symptomatic of a deep psychological disorder in many cases.

Though localized heat is one of the symptom complex, the frequency of it being the major complaint in general practice in Nigeria is such that it merits special consideration. Besides being a somatic symptom camouflaging some emotional condition in need of attention, it impairs the happiness and effective functioning of these individuals.

In addition to the areas of tension as shown in the cases above, in which heat in the body may be a symptom, we also see that the following areas are of significance:

1. Gynaecology—usually associated with sterility, either primary or secondary. There are usually two categories:
 - (a) Where there are no physical findings—this includes cases of delay in conception since last delivery.
 - (b) When there are physical findings, e.g. fibroids, cervical lacerations, ovarian cysts, etc. Here the symptoms are not due to these pathological findings but to the emotional tension consequent on sterility.

Many patients with secondary sterility will complain that as soon as they 'miss their periods', abdominal heat will increase and 'abortion' would occur. One wonders whether these were not cases of psychological amenorrhoea or pseudocyeses.

The status of a woman in a Nigerian home depends to a large extent on whether she can or cannot have babies. In a polygamous society, as in Nigeria, inability to have children or the cessation of that ability before the menopause, is a good excuse for divorce, and as such is attended by much emotional tension. The position of a barren woman in a Nigerian home is most insecure. Sterility is therefore attended by a host of psychosomatic manifestations.

2. Brain fag syndrome—Prince (1962) listed headache, backache, heat, and aberration dimness among the characteristic complaints in this syndrome. A typical finding, reported by Prince, is "Headache—during study, especially on hot days, a sensation originates from my brain and moves down the spine. Then my neck region gets hot and my concentration gets vague".

Conclusion

In the light of the above clinical observations, the symptom of

'heat' in some part of the body is of clinical significance, since it is invariably associated with early psychological stress. In more serious cases it may be associated with depression, schizophrenia, or other endogenous disorders, especially in their early stages, and may even be the only symptom for some time.

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CAREER AND MIGRATION SURVEY OF MEDICAL GRADUATES FROM UNIVERSITY COLLEGE, CORK

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Four hundred and ninety-two doctors graduated from U.C.C. in the years 1945-54 inclusive. The survey was conducted by the Southern Ireland faculty of the College of General Practitioners in order to find out what proportion of their graduates ultimately settled in general practice and what proportion specialized in other branches of medicine. In addition, information was sought on whether they were practising in the Republic of Ireland, the United Kingdom or elsewhere abroad. Data was obtained on 408 doctors, the remainder being either retired (34), dead (16) or untraceable (34). Graduate groups up to 1949 showed a fairly stable situation in that about 60 per cent of men graduates settled outside the Republic of Ireland, predominantly in the United Kingdom and 60 per cent entered general practice. Men graduating from 1950 on showed a new trend and of the 1953-54 graduates, 75 per cent were domiciled outside the Republic of Ireland, almost half in places other than the United Kingdom and only 40 per cent were in general practice. The number of women graduates was not large enough to show any significant trends. The authors of the survey conclude "in the absence of further information, one cannot say with certainty that the apparent trend away from general practice is continuing, but it would probably be wise to assume that it is."