

## PICA WITH AN UNUSUAL FORM OF PRESENTATION: A CASE REPORT

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## ABSTRACT

Geophagia is a condition involving the consumption of mud and is a form of eating disorder known as pica. Pica is an unusual craving for ingestion of either edible or inedible substances. Although, pica is not linked to solvent abuse, here we report a middle aged lady with mud eating that responded to selective serotonin-reuptake inhibitors and cognitive behavior therapy.

**Keywords:** Pica, Geophagia, Mud eating.

## INTRODUCTION

Pica is an unusual craving for and ingestion of either edible or inedible substances [1]. Many cases of pica have been reported where patients have acknowledged ingesting ice cubes, clay, dried pasta, chalk, starch, paste, kayexalate resin, tomatoes, lemons, cigarette butts, hair, lead, and laundry starch [2]. Pica is a medical term which comes from the Latin word Magpie or Pica-Pica, a bird that by folklore incessantly gathers objects to satiate its curiosity [3]. Many terms have been coined to describe certain picas. These are geophagia: Dirt or clay eating, chthnophagia: Dirt eating (archaic), lithophagia: Stone or gravel eating, amylophagia: Starch eating, pagophagia: Ice eating, geomelophagia: Potato eating, cautopyreophagia: burned match eating and trichophagia: Hair eating.

Pica is most commonly seen in children and pregnant women. In some populations, the eating of earth or other seemingly non-nutritive substances is believed to be of spiritual, medicinal or other social value or may be culturally supported or a socially normative practice. Pica occurs in both males and females. It can occur in females during pregnancy; however little is known about the course of pica in the postpartum period [4]. Pica is more common in the lower socio-economic strata and has been reported in schizophrenic patients as well [5].

## CASE REPORT

A 46-year-old married woman, belonging to a Muslim lower socio-economic strata family, with no past or family history of any psychiatric illness or substance abuse, was brought with a history of eating mud for 3 years. She had started eating mud regularly without her family's knowledge and when her family came to know about this, she was restricted and was advised against it. At the same time when alone she would eat mud after heating it and making it into small square cakes like *barfi* (a sweet) and got immense pleasure after consuming it. She developed a habit of eating 250-500 g mud daily at a time. She had never tried to cut down on eating mud until she was brought to the hospital. She had started eating mud in adolescence at the age of 16 years and liked it but used to do that off and on. She also consumed mud in both her pregnancies and stopped after delivery. She was frequently angry, argumentative, and complained of occasional depressed mood. After about 3 years, the family noticed her mud eating practice and brought her for evaluation. On examination, she was well kempt, cooperative, and rapport could be established. There was no mood, thought or perception abnormality. She had partial insight and was willing for the treatment. Cognitive functions, physical examination, investigations

such as complete blood picture, urine routine and X-ray abdomen, liver function, and serum electrolytes were normal. She was diagnosed to have pica.

She was started on Escitalopram 10 mg per day and supplemental multi-vitamin injectable preparations. Patient and family members were psycho-educated about the nature of the illness and harmful consequences of pica. Cognitive behavior therapy was employed for stress reduction, coping skills, and preventing the damaging behavior. She was advised regular follow-up and continued medications.

## DISCUSSION

The unusual feature of our case was the presence of a ritual of cooking the mud and eating it in square cakes like *barfi*. A number of behavior modification techniques have been used in cases with pica in patients having developmental disabilities [6]. There have also been cases of pica where methylphenidate or bromocriptine have been used, but selective serotonin-reuptake inhibitors have been shown to have some positive effect [7,8]. There have been no treatment guidelines laid down for pica. Supportive psychotherapy and psycho-education works best along with medication especially if comorbid psychiatric disorders are present.

The case reported is unusual because of the number of years of the illness being detected and the method used to prepare the mud before consumption unlike many cases where mud is consumed directly.

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