

A Case of Astraphobia Induce Severe Anxiety in Human

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Abstract

Fear of lightning and thunder is known as Astraphobia. It does not effects only children and adults but it is also a common phobia in animals. It can be due to different factors experiencing in life whereas it can change and affect the lifestyle of people. Cognitive behavioural therapy may be effective to overcome fear and anxiety. Here we are presenting a case of 50 year old male patient who had difficulty in swallowing and severe anxiety after seeing thunder lightening.

Keywords: Astraphobia, Cognitive behavioural therapy, Phobia, Fear, Anxiety

INTRODUCTION

Astraphobia, also known as brontophobia which is a specific phobia defined as an abnormal fear of lightning and thunder. It is observed in both humans and animals, where person fails to ease the fears and anxiety without help^[1]. It is common in children, most cases of phobia slowly diminish over the years. Adults suffer from Astraphobia mainly experience traumatic event, electric shock during the event of thunder-lightning and fear of flooding in the water during heavy rain. Clinical manifestations includes fainting or unconsciousness for hours, sweating, anxiety, rapid heart rate, shallow breathing, hiding in a safe place, continuously watching for signs of weather, having fear of death, crying and seeking for company. Astraphobia if not treated, it can lead to Agoraphobia where the person develops a fear to leave his home. A combination of medications and psychotherapy can help treating Astraphobia. These include deep breathing, positive visualizations and gradual exposure to thunder/lightning etc. However, many a times phobic has seen good results with self-help techniques. A combine therapy of psychotherapy and medications can help treat Astraphobia^[2] in an appropriate manner.

According to a K Trivedi et al report that prevalence rates of anxiety disorders were found to be 4.2% (Phobia)^[3].

CASE PRESENTATION

A 50 years old male patient was presented to casualty of secondary care hospital referred from Primary Health Care Centre with a history of difficulty in swallowing after seeing thunder falling near to his house. He is not a Known case of anxiety and other diseases. Vitals were checked and it was found to be normal whereas treatment was given with Oxygen therapy, IV Fluids and Inj. Ranitidine. Patient was a worker in a tea estate and there was no significant family history and allergies. When he came to the casualty, he was initiated with Nasal Oxygen 4 litre SOS, IV Fluids DNS(Dextrose normal saline) and NS(Normal saline) 1 pint each at 100 ml/hour, Inj. Ranitidine 50mg IV BD, Tab. MVT(Multivitamin) OD and Tab. Alprazolam 1mg HS. Laboratory investigations were done and is presented in Table 1. On assessment of his physical and vital signs all were found to be normal. On examination patient was confused, general condition was fair and afebrile. He was admitted to ICU for the further treatment.

Laboratory Investigations Reports		
Parameter	Observed value	Reference range
Haemoglobin	11.7 g/dl	14-18 g/dl
Total count	8.0 x 10 ³ cells/mm ³	3.2-9.8 x 10 ³ cells/mm ³
Platelet count	220 x 10 ³ /mm ³	130-400 x 10 ³ /mm ³
Polymorphs	79 %	54-62 %
Lymphocytes	17 %	25-33 %
Monocytes	4 %	3.7 %
Red blood cells	5.40 x 10 ⁶ /mm ³	4.3-5.9 x 10 ⁶ /mm ³
Hematocrit	36.6 %	39-49%
Mean cell volume	67.8 m ³	76-100 m ³
Mean cell haemoglobin	21.7 pg/cell	27-33 pg/cell
Mean cell haemoglobin concentration	32.0 g/dl	33.37 g/dl
Random blood sugar	111 mg/dl	<200 mg/dl
Fasting blood sugar	82mg/dl	<100 mg/dl
Blood urea	21 mg/dl	20-40 mg/dl
Serum creatinine	0.9 mg/dl	0.6-1.2 mg/dl
SGOT	25 U/L	0.35 U/L
SGPT	14 U/L	0-35 U/L
ALP	NA	30-120 U/L
Total bilirubin	0.8 mg/dl	0.1-1 mg/dl
Direct bilirubin	0.4 mg/dl	0-0.2 mg/dl
Indirect bilirubin	0.4 mg/dl	0.1-0.8 mg/dl

Table 1: Laboratory investigation data reveals the patient lab details

On the 2nd day of admission, his vitals were normal and same treatment continued. Patient was referred to Psychiatry and ENT Opinion. On the 3rd day, vitals were found to be normal and there was no specific complaints. Patient was transferred to Psychiatric Ward and same treatment was initiated. On the 4th day, vitals were found to be normal, no other complaints were observed and patient was discharged with Tab. Ranitidine 150mg BD, Tab. MVT OD, Tab. Alprazolam 0.5mg HS for 3 days, and was asked to review in OPD(Out-patient department) after 1 week.

DISCUSSION

Astraphobia can be reverse and treatable. Types of treatment includes Cognitive behavioral therapy, Psychotherapy, Exposure therapy, Behavioral therapy, Relaxation techniques and Medications to treat Anxiety^[4]. Patient was managed by initiating IV Fluids, Inj. Ranitidine, Tab. MVT and Tab. Alprazolam. Echocardiogram was not carried out. Cognitive behavioural therapy should have been done for the betterment of patient. Exposure therapy could have been performed to overcome the patient's panic and fear. Cognitive behavioural therapy (CBT) has been proven best in all aspects for changing the patient's thoughts and anxiety towards fear that is cause by thunderstorm^[5]. Patient's consent was taken for publishing his data.

CONCLUSION

Counselling should be conducted to the sufferers not to let their fear of lightning and thunder destroy their life's and

daily activities, to replace negative thoughts with positive thoughts and that it is treatable. Understanding and helping the patient's in each of their fear should be the main target. If patient is not treated properly it can lead to complications such as social isolation and depression.

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Conflict of Interest

The authors declare no conflict of interest.

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