

CASE REPORT

CASE OF SIGNIFICANT WEIGHT LOSS AND DYSPHAGIA “DUE TO A CURSE”

Farhad F Vasanwala, Dr. Shu-Yun Tan**, Rukshini Puvanendran***,
Beng-Yeong Ng*****

Associate Consultant, Department of Family Medicine and Continuing Care, Singapore General Hospital, Outram Road, Singapore 169608; **Associate Consultant, Department of Family Medicine and Continuing Care, Singapore General Hospital, Outram Road, Singapore 169608; *Consultant, Department of Family Medicine and Continuing Care, Singapore General Hospital, Outram Road, Singapore 169608; ****Associate Professor, Department of Psychiatry, Singapore General Hospital, Outram Road, Singapore 16960.*

Abstract

Objective: This case illustrates how a patient with medically unexplained symptoms was “cured” using symbolic healing rituals of Christianity and traditional Malay black magic. **Method:** We report a case of a 49-year-old lady who presented with unexplainable weight loss and dysphagia despite extensive outpatient and inpatient medical investigations. She later attributed these symptoms to a “curse” by a Boyanese man with whom she had disagreements. After catharsis with a Roman Catholic priest and cleansing with a Bomoh (Malay witch doctor), the patient’s health improved. **Results:** We believe this patient had a conversion disorder due to recent multiple stressors in her life and she attributed her symptoms to the “curse” inflicted to her. The symbolic healing rituals by the Catholic priest and Bomoh “cured” her of her illness which concurred with the patient’s own beliefs for her illness. **Conclusion:** This article illustrates the importance of the physician being familiar with various local traditional beliefs, and how the interplay between various different religions and customs can come together to treat medically unexplained symptoms in a country like Singapore. *ASEAN Journal of Psychiatry, Vol. 13 (1): January – June 2012: XX XX.*

Keywords: Dysphagia, Medically Unexplained Symptoms, Symbolic Healing Rituals

Introduction

Singapore, despite being a modernised multicultural society, is rich with traditional beliefs which still play a role in the lives and health of an individual who is ill. In Singapore patients may hold multidimensional health belief systems, as biomedicine and alternative healing systems co-exists [1]. We present an interesting case of a patient that used dual traditional belief systems i.e. (Christianity and traditional Malay

black magic) to “cure” her dysphagia. This occurrence has not been reported in South East Asia although we believe that this may be prevalent.

Case Report

Mrs. J was a 49-year- old Eurasian lady with an unremarkable past medical history was referred by her family physician to our Family Medicine Clinic for dysphagia, “fever” and weight loss of

nine kilograms within the past one month. Preliminary studies done by her Family Physician which included tumor markers, HIV antibodies, fasting blood glucose, thyroid function tests, full blood count, liver function test, urea and electrolytes and Hepatitis markers were all negative.

Mrs. J had a gift of foretelling the future ever since her teens, a talent that she used to do readings for her clients. She owned a food court whereby she rented food stalls to various tenants. One month before her first presentation, she claimed that she suddenly lost her ability swallow anything even liquid diets. Feeling that the food was stuck in her throat, she was only then able to take soups with difficulty. There was no nausea, vomiting, regurgitation, odynophagia, constipation or diarrhea. She also felt feverish for the past one month, although no documented fever was noted. There was no travel or contact history. Ms J admitted to being stressed at work due to various demands required in running her business, moreover, she noted that her business has been much poorer ever since she became ill.

On examination she was thin and anxious. Her vital signs were stable; there was no visible or palpable goiter. Examination of the cardiovascular, respiratory, rheumatological, endocrinological systems was unremarkable.

She was electively admitted within that week for her dysphagia, weight loss and query fever. During admission, no fever was documented. Oesophagogastroduodenoscopy (OGD), Computer tomography (CT) of the neck and thorax, biochemical, hematological and microbiological tests, autoimmune markers was unremarkable.

On the third day of hospitalization, she confided to the corresponding author that her symptoms may be due to a curse inflicted upon her one month earlier by one of his tenants in her coffee shop. She had an amicable relationship with all her tenants except for a Boyanese man whom she suspected practiced a form of sorcery. She perceived an inexplicable bad aura, whenever she was near him or close to his stall. She

terminated his contract after he was persistently late in his arrears despite multiple warnings from her.

Angered by the termination of contract, he had cursed her and her shop. He placed a spell on the food the patient ate and released two "Toyols" into her shop. A "Toyol" is a small child spirit invoked by a Dukun (Indonesian shaman) or Bomoh (Malay witch doctor) from a dead foetus using black magic. They are the most common spirits used for theft to enrich their masters, perform sabotages and commit minor crimes [2]. According to a sole witness, grave dust was scattered around the grounds of her shop to pollute and imbue the shop with evil spirits.

She was unaware that this had taken place as the sole witness who is a tenant of her coffee shop kept the knowledge of these rituals and curses inflicted to the patient and her shop to himself. These events were finally divulged to her husband during her hospitalization by this witness who recounted the events that took place a month earlier after the altercation. The husband then immediately informed her of the curse. Thus, it appeared that her symptoms coincided with the casting of the spell.

She requested for spiritual help. As she was a Roman Catholic, the medical team sought the help of a Catholic priest from the hospital. After a session with the priest, which included prayers and catharsis, she subsequently felt much better. The priest also said that she needed to do a Novena (i.e. nine days of special Christian prayers for some special occasion or intention) before she will be fully cured. After that single session with the Catholic priest, her appetite improved significantly and she felt her dysphagia has resolved. She insisted on going home. After discharge, she also invited a Bomoh to exorcise the evil spirits in her shop. She noted that her business resumed nearly back to normal.

The patient subsequently decided to give up her shop as she felt that there was still some residual evil spirits that could not be removed as the grave dust was too entrenched and embedded. The patient now claims that everything is back to normal after giving up her business and

“taking it easy”. At the outpatient clinic review, there was weight gain of three kg from 41kg to 44 kg within six weeks. Nine months later, she remained well with her weight remaining steady at 45 kg.

Discussion

There had been reported cases of patients in South East Asia suffering medical diseases after being inflicted by a curse or sorcery [3, 4]. Spirituality plays an important role on how patient may present to the doctor in our neighboring countries and Singapore [5, 6].

We had a patient who presented with unexplained dysphagia, “fever” and weight loss. Both the physicians and patient were initially unable to explain the signs and symptoms. This lady’s subliminal perception of lurking evil spirits inflicted her possibly affected her psychologically, culminating in a conversion disorder. Interestingly, she was only aware of the curse after she was informed by her husband on the third day of hospitalization.

She was unlikely to have suffered from masked depression as her affect was normal before and after the catharsis. Her main concern was that she might be suffering from a malignancy as manifested by her weight loss and dysphagia. Whether her “gift” of foretelling futures predisposed her to be more receptive to the bad aura towards the Boyanese gentleman and subsequent conversion syndrome, it is difficult to speculate as there is no published literature on this.

Another possible cause of her symptoms could be the fact that Ms J may have had “the giving – up/given up complex” described by Lester and Engel for patients who had died of supposed Voodoo death [7, 8, 9]. Here, the death of the victim takes place a few days after the curse was inflicted, usually by an individual that is known to the victim. However, Ms J did not know that a curse was inflicted upon her till much later. We believe that the most important factor leading to her recovery was suggestion and encouragement from the Roman Catholic priest and Bomoh. The symbolic healing model proposes that the

success of any healing system depends on the healer’s ability to enact a shared mythic world and then to emotionally transform the patient’s experiences by attaching her emotions to the transactional symbols, this process may evolve over several sessions, whereby the effects are cumulative rather than instantaneous [1].

The session with the Christian priest served as an abreaction for the patient. In Christianity if the priest is to rid of evil spirits, it entails commanding the spirits possessing the patient in the name of God, to depart, accompanying the ceremony with prayer- with or without sacramental extras, such as holy water- and preceding by the exorcists (most likely the priest) and his assistants by prayer and perhaps by fasting and by reception of the Sacrament [10]. The patient was unable to recollect the exact rituals performed by the Bomoh. Possible rituals practiced by Bomoh are discussed in an authoritative article by Chen [11].

These symbolic rituals may fulfill the patient’s faith, hope and pragmatic attitude [1]. Dow’s view is that symbolic healing it is the healer’s belief system that structures the healing process while the patient remains passive [12]. And finally perceived helpfulness and shared clinical reality are likely to be accumulative effects carried over several healing sessions which took place for our patient. Positive healing experiences evoke faith and hope, which in turn induce positive healing experiences in subsequent sessions [1].

Efforts and research recently have been made in various academic centers to address on these important issues during the undergraduate medical education [13]. Nonetheless, more local studies involving the whole spectrum of our multicultural society on the prevalence of such practices and how these patients perceive their illness would help us understand this rich cultural heritage and how it affects our patients.

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References

1. Lee BO, Kirmayer LJ, Groleau D. Therapeutic processes and perceived helpfulness of dang-ki (Chinese shamanism) for the symbolic healing perspective. *Cult Med Psychiatry*. 2010 34(1):56-105.
2. Ong A. The production of possession: spirits and the multinational corporation in Malaysia. *American Ethnologist*. 1988 15(1):28-42.
3. Razali SM. Case report Conversion disorder: A case report of treatment with the Main Puteri, a Malay shamanistic healing ceremony. *Psychiatry*. 1999 12:470-72.
4. Pollanen MS. Alleged lethal sorcery in East Timor. *Forensic Sci Int*. 2004 139(1):17-19.
5. Razali SM, Khan UA, Hasanah CL. Belief in supernatural causes of mental illness among Malay patients impact on treatment. *Acta Psychiatr Scand*. 1996 94:229-33.
6. Kua EH, Chew PH, Ko SM. Spirit possession and healing among Chinese psychiatric patients. *Acta Psychaitrica Scandinavica*. 1993 88(6):447-50.
7. Lester D. Voodoo death. *American Anthropologist*. 1972 74:386-90.
8. Lester D. Voodoo death. *Omega*. 2009 59:1-18.
9. Engel G.L. Sudden and rapid death during physiological stress. *Annals of Internal Medicine*. 1971 74:771-82.
10. Moore EG. Theories underlying exorcism: theological and psychic. *Journal of the Royal Society of Medicine*. 1979 72(3):220-21.
11. Chen PCY. Indigenous Psychotherapy. *Tropical Geographical Medicine*. 1970; 22:409-15.
12. Dow J. Universal aspects of symbolic healing: a theoretical synthesis. *American Anthropologist*. 1986 88(1): 55-69.
13. Reitmanova S. Cross - cultural undergraduate medical education in North America: theoretical concepts and educational approaches. *Teach Learn Med*. 2011 23(2):197-203.

Corresponding author: Dr Farhad Fakhrudin Vasanwala, Associate Consultant, Department of Family Medicine and Continuing Care, Singapore General Hospital, Bowyer Block A, Level 2, 169608, Singapore.

Email: farhad.fakhrudin.vasanwala@sgh.com.sg

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