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FRAGMENTS OF THE FORGOTTEN :A CASE REPORT OF DISSOCIATIVE AMNESIA FROM INDIA

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ABSTRACT This case report presents a 29-year-old auto rickshaw driver from North East Delhi, India, who developed dissociative amnesia following a traumatic event. After reporting pursuit by unidentified individuals and fleeing his location, he was missing for five days until discovered disoriented 1,187km away in a different city in India. Upon return, he exhibited complete autobiographical memory loss alongside transient mood disturbances for the following two weeks. Extensive evaluations, including neuroimaging and psychiatric assessments, excluded organic pathology. The diagnosis of dissociative amnesia was established, with management involving psychotherapeutic interventions and pharmacotherapy. While symptomatic relief was observed for associated distress, his autobiographical amnesia persisted at the 4-month follow-up. This case underscores the profound impact of psychological stressors in precipitating dissociative disorders and emphasises the complexities in understanding their aetiology and treatment. It highlights the importance of comprehensive psychiatric evaluation and therapeutic intervention in managing such cases effectively.

KEYWORDS :

INTRODUCTION

According to the ICD 11 Classification of Mental and Behavioural Disorders, dissociative amnesia is a part of a group of disorders called dissociative disorders. Dissociative amnesia (6B61) is characterised by an inability to recall important autobiographical memories, typically of recent traumatic or stressful events, that is inconsistent with ordinary forgetting. It may or may not also be associated with dissociative fugue, which on the other hand is a loss of a sense of personal identity and sudden travel away from home, work, or significant others for an extended period of time (days or weeks); wherein a new identity may also be assumed. (1)

Studies, although limited show a prevalence rate of dissociative amnesia ranging between 0.2 to 7.3%.(2)

In the realm of psychiatry, dissociative disorders present unique challenges due to the interplay between psychological stressors and cognitive disturbances (3).

This case report discusses a 29-year-old married male auto rickshaw driver from North East Delhi, India, who experienced dissociative amnesia following a distressing episode characterised by alleged pursuit & abduction by unknown individuals and subsequent disappearance. Found disoriented over 1,000 kilometres away from his last known location, his return was marked by complete loss of memory for his personal identity and past events. This report explores the diagnostic journey, management strategies, and the ongoing challenges in treating dissociative amnesia.

Case Presentation

The patient is a 29 year old male, married, auto rickshaw driver from North East Delhi region of India. He was declared missing for a period of five days. He was later found in a city, 1,187km away from his last known location, in a different state of north India.

The patient was apparently well prior to his disappearance with no elicited stressors, when one evening, a few hours into his duty as a auto cab driver, patient suddenly called up his younger brother at 10:30pm distressed and weeping saying that there were 2-3 people coming after him and asking his brother to save him; sending his brother his location as well. Patient then abruptly ended the call and when his brother tried to reach him again, his phone was switched off.

Immediately family members contacted emergency services, with police and his family members reaching the above mentioned location one hour later. There, they found the patient's auto rickshaw but the patient was nowhere to be found.

CCTV footage of the same area showed that the patient was standing by his vehicle, with a cigarette in hand which was unusual as according to his family members the patient never smoked. He was seen walking back and forth every 50m before he walked out of range of the CCTV. Missing report was filed and efforts were made to find him but he remained missing for five days.

According to the patient, he has no memory of his disappearance but says he regained his full consciousness before being found. He apparently woke up and was lying on an abandoned farm area. He said he woke up feeling extremely hungry so he went to a mandir, in search of food, but did not get any. He stayed there for one night and then went in search of food again before sleeping in an abandoned parked auto rickshaw for the next night. Then, he kept on walking through roads, stopping at a bus stand. He reportedly had only 22 rupees in his pocket of which he spent 10 rupees on a cup of tea and another 10 rupees on a cigarette at a shop. There at around 11AM, his distant cousin-sister saw him wearing dirty clothes and looking dishevelled. He did not recognise her but on her showing pictures of him and his family, he followed her before being brought home.

Once at home, the patient did not remember anyone nor anything that happened to him before he woke up in that field. Even when family members tried their hardest to jog his memory, it was to no avail. When he did try to remember, the patient would have a severe frontal headache associated with tearing and feelings of anxiousness. Family members also noticed that for the next two weeks he would sleep much more around 15 hours a day and would have a much more voracious appetite compared to his usual self. He would also remain low, reporting feelings of sadness and confusion; simply following others instructions about who he was. He would not show any interest in talking to anyone or doing anything.

Two days following his return, he was taken to a private hospital where he was started on medications for a month. There was however no improvement in his memory loss and hence was referred to our institute's out-patient department.

Prior to this episode, the patient was regularly going to his job as a driver, was sleeping regularly for 8 hours, had cordial relations with family members and had no history of any financial problems, gambling habit or any history of taking or giving out loans.

There were no symptoms suggestive of seizure, manic episode, schizophrenia, anxiety or organic disorders. He never drank alcohol or abused any psychoactive substances. The patient also denied a history of head trauma or loss of consciousness in the past.

Past medical, psychiatric, family and personal histories revealed no significant findings.

Examination of his mental state revealed a young man who was well kempt and tidy, appropriately dressed, overweight, with normal eye to eye contact. His mood was euthymic. He had normal speech, and no thought or perceptual disorders. He was oriented to time, place and person but had impaired remote memory, specifically a total loss of his autobiographical memory.

His physical examination was unremarkable. Neurological assessment and basic laboratory testing revealed no significant abnormalities. The following table shows his investigations

Table of Investigation			
RBS - 138	AST- 38	T3 - 3.4	Hb - 14.1
Urea - 15	ALT – 57	T4 - 0.95	TLC - 10210
Creat- 1.0	GGT - 39	TSH - 2.3	ANC - 5390
Na - 138	CK - 74	Vit B12 - 154	Plt - 1.38lac
K - 4.1	CK-MB - 23	Folic Acid - 4.0	UDS – all negative
NCCT Head- no abnormality detected			
MRI Brain- no abnormality detected			
MMSE score-30/30			

Neurology referral was also done and they also found only total amnesia of his autobiographical memory.

A diagnosis of dissociative amnesia was made. Treatment planned was psychotherapy and pharmacotherapy.

He was engaged in psychotherapy by the department of clinical psychologists who also could not elicit any stressor as well as documented psychotherapy sessions with the treating team of psychiatrists; during which the patient would remember glimpses of his disappearance saying he remembered being in a vehicle, was blindfolded and had heard distorted voices of both men and a woman. He also remembered that someone gave him a cigarette during this time and that he remembered waking up in that field with his undershirt having a blood-stained handprint stain on his right upper chest, although he recalls he woke up with no physical injury himself. He was started on Fluoxetine 20mg OD and showed improvement in his symptoms of headache and tearing on attempts to remember his disappearance or personal history, however the patient showed no improvement in his amnesia.

At the 4 month follow up, the patient had quit his job as a driver and was now working as a Data Entry employee. He however still does not recall his own personal life prior to waking up in the field on his own, and simply lives with his family accepting what he's been told. Hence the actual outcome showing no improvement in his dissociative amnesia. He reported no further periods of amnesia or wandering away from his place of residence or workplace.

DISCUSSION

This case report presents a compelling instance of dissociative amnesia in a 29-year-old auto rickshaw driver, highlighting the profound impact of psychological stressors on memory and identity. The temporal relationship between the patient's sudden onset of amnesia and an alleged traumatic event, coupled with his subsequent re-appearance over 1,000 kilometres away from his last known location, underscores the complexity and clinical significance of dissociative disorders.

In the realm of psychiatry, dissociative amnesia remains a challenging diagnosis due to its rarity and varied clinical presentations. The existing literature on dissociative disorders emphasises the role of acute psychological trauma in triggering dissociative states, leading to profound disruptions in memory retrieval and identity formation. However, specific mechanisms underlying dissociative amnesia, including the interplay of neurobiological factors and environmental stressors, remain poorly understood.

Connecting this case to the broader literature reveals critical insights into the diagnostic and therapeutic challenges posed by dissociative amnesia. While the patient's symptoms align with existing theories on dissociative disorders, his persistent autobiographical amnesia despite pharmacotherapy and psychotherapeutic interventions raises questions about treatment efficacy and long-term outcomes in similar cases.

By documenting the diagnostic journey, treatment strategies, and clinical outcomes, this report contributes valuable clinical evidence that can inform future practices in managing dissociative disorders. It challenges current beliefs by highlighting the chronicity of dissociative amnesia and the limited efficacy of conventional treatments, thereby advocating for innovative therapeutic interventions tailored to individual patient needs.

CONCLUSION

The inability to recall personal information appears to function as an unconscious psychological defence mechanism, potentially employed by the patient to exclude distressing memories. Differential diagnosis initially included considerations of organic causes versus deliberate fabrication (malingering or factitious disorder), but thorough medical evaluations ruled out organic origins. Despite an MRI scan revealing no abnormalities and a negative physical examination, the possibility of intentional memory loss for secondary gain, such as evading legal or financial responsibilities like child support or alimony, was considered. However, the patient's stable marital and employment situation, along with no evidence of secondary gain motives, contrasts with typical presentations associated with intentional memory impairment.

Managing dissociative amnesia involves a multidimensional approach encompassing psychotherapeutic interventions and pharmacotherapy to alleviate distress and enhance integration of fragmented memories. The case highlights the diagnostic challenges posed by dissociative disorders, emphasising the importance of comprehensive psychiatric evaluation to differentiate from other neurological or psychiatric conditions presenting with memory disturbances.

Consent

Written informed consent was obtained from the patient for publication of this case report.

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