

MORBIDITY AGENTS: A REVIEW

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ABSTRACT

This paper discuss on clinical representation of morbid jealousy which often termed delusional jealousy or 'Othello Syndrome' is a psychiatric condition where a lover believes against all reason and their beloved is being sexually unfaithful. Patients will be preoccupied with their partner's perceived lack of sexual fidelity and will often behave in an unacceptable or extreme way as they endeavor to prove their ideas. Misuse of any psychomotor is an important association cause morbidity jealousy agents, like CNS stimulants that release the catecholamine, particularly dopamine, from pre synaptic terminals substance should be treated as a priority. Where higher levels of violence are reported Sildenafil may be useful as a diagnostic as well as therapeutic test in such cases. Many studies have shown an association between high alcohol consumption and developing morbid jealousy. Amphetamine-induced psychosis has been extensively studied because of its close resemblance to schizophrenia.

KEYWORDS: Capgras Delusion, Belief Dynamics.**INTRODUCTION**

Delusions are false beliefs that are held with strong conviction despite the efforts of others to dissuade the deluded individual⁴. They are first-rank symptoms of schizophrenia and feature prominently in numerous other Psychiatric and neurological conditions². The magically speaking the delusions range from the bizarre and exotic (e.g. "My neighbors are persecuting me"). Few Delusions have captured both the professional and public imaginations like the Capgras delusion which involves the belief that a spouse or close relative has been replaced by a physically identical impostor. The Capgras delusion either *motivational* or *deficit* accounts of Motivational formulations⁸. The delusion in terms of some putative psychological benefits it provides claim that the delusion resolves ambivalent feelings of love and hatred towards a loved one². In coming to believe that the loved one is in fact an impostor, the deluded individual can feel or express their unacceptable feelings without guilt or tension¹. In its classical form the syndrome is rare but as with other allied paranoid states, its medico social implications are great. Rational management should include pharmacotherapy conjoint family therapy after symptom remission and long-term individual psychotherapy probably improvement in the sexual dysfunction by sildenafil removed the feeling of abandonment and improved his self-confidence and confidence in sex, which led him to have better trust in marital relations. Sildenafil may be useful as a diagnostic as well as therapeutic test in such cases where diagnostic dilemma persists on primary or secondary sexual dysfunction in relation to morbid jealousy⁵. Many studies have shown an association between high alcohol consumption and developing morbid jealousy⁶. (Amphetamine induced psychosis has been extensively close resemblance to schizophrenia. Amphetamines have their primary effects by causing the release of catecholamine particularly dopamine from presynaptic terminals)⁷. This was part of the evidence for the dopamine hypothesis in the etiology of schizophrenia. However, one has to remember that amphetamine and other psychomotor drugs causing psychosis can also cause relapse or worsen existing symptoms of functional psychosis.

RESULT AND DISCUSSION

In normal jealousy is although triggered by a conflict with reality which is nurtured by feelings of frustration and revenge, the desire for revenge is bridled and elaborated by a personal evolution in which the jealous may come close to a psychopathological state⁶ but

do not lose their relationship with reality on the contrary Pathological jealousy is the sense of a stable and constant way of experiencing between the sexual and love relationship in spite of its vicissitudes¹. Moreover thing is that the psychomotor agents have their primary effects by causing the release of catecholamine particularly dopamine from presynaptic terminals resulted schizophrenia and psychosis that is so called morbidity.

CONCLUSION

Morbid jealousy is a symptom rather than diagnosis. It may take the form of a delusion, an obsession or an overvalued idea, or combinations of these. The nature of its form and other features evident from the history and mental state examination should reveal the underlying diagnosis and allow appropriate management. Undoubtedly alcohol and other psychomotor agents, CNS stimulants long term therapy develops morbidity jealousy and any substance misuse should be treated as a priority.

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Table 1: MORBIDNESS AGENTS

S. NO	NAME	USES	SYMPTOMS
1	Amphetamine	Stimulants	Co-morbid ness
2	Caffeine	Stimulants	morbid ness
3	Doxapram	Stimulants	Co-morbid ness
4	Fenfluramine	Stimulants	Co-morbid ness
5	Methamphetamine	Stimulants	Co-morbid ness
6	Methylphenidate	Stimulants	Co-morbid ness
7	Modafenil	Psychomotor Stimulants	Co-morbid ness
8	Pemoline	Psychomotor Stimulants	morbid ness
9	Pentylentetrazol	Psychomotor Stimulants	Co-morbid ness
10	Sibutramine	Psychomotor Stimulants	Co-morbid ness
11	Phentermine	Psychomotor Stimulants	Co-morbid ness
12	Theobromine	Psychomotor Stimulants	Co-morbid ness
13	Theophylline	Psychomotor Stimulants	Co-morbidness
14	Doxapram	Anxiety	Co-morbidness
15	Nikethamide	CNS Stimulants	Co-morbid ness
16	Pentylentetrazol	CNS Stimulants	Co-morbid ness
17	Strychnine	CNS Stimulants	Co-morbid ness
18	Picrotoxin	CNS Stimulants	Co-morbid ness
19	Bicuculline	CNS Stimulants	Co-morbid ness
20	Ephedrine	CNS Stimulants	morbid ness
21	Benzodiazepines	Anxiety	Co-morbid ness
22	Propranolol	Anxiety	Co-morbid ness
23	Zolpidem	Insomnia	Co-morbid ness
24	Zaleplon	Insomnia	Co-morbid ness
25	Sildenafil	Erectile dysfunction	Morbid ness
26	Reserpine	Antihypertensive	Co-morbid ness