All the subjects described an experience of continuous or accompanying the experiences, which all the subjects found the underlying pathology (5). Apart from low mood musical hallucinations tend to disappear simultaneously with a scratched record, which cause, as a rule, psychological short and interactive musical phrases, like the noise made by hallucinations may disintegrate after a time, to be replaced by of voices (e.g. tinnitus) which preceded the occurrence of (6). It may be the only complaint or be a part of a constellation together with tinnitus, predominantly in the deaf or deafer ear progressive unilateral or bilateral sensory neural deafness nature, but under reporting is likely to play a role (5). Musical reached more than 200. Their rarity may reflect a fact of 0.16% and the total number of reported cases has not extremely low (5). In Isao Fukunishi’s 1998 study (4), it was prevalence rate of musical hallucinations seems to be as lacking disease specificity (4). It is likely to manifest in neurological and psychiatric diseases and has been regarded as the day (7). Anatomical Substrate: According to Rozanski & Rosan, 1952 (8), cerebral disorders seem to play no part in paroxysmal nature of the hallucinations in the former conditions aural end organ alone. This can be differentiated by the paroxysmal nature of the hallucinations in the former conditions compared with the persistent nature of them in the later. Hammmeke et al, 1983 (1), postulate that previously acquired memories are re-experienced in the absence of sensory input. In the view of Ross et al 1975 (3), formed hallucinations result from the distortions in the normal processing of sensory information so that abnormal perceptions occur centrally, and that such distortion need not imply neuronal damage. It has been opined that a peripheral lesion alone could not explain the laterality of auditory hallucinations and suggested that a cortical lesion was also required. Thomas A Hammeke’s 1983 (1) states that both cases performed poorly on right sided tactile perceptible measures, a finding consistent with abnormal SEP (Somatosensory Evoked Potentials) in one patient implicating possible left parietal dysfunction. Central abnormalities are postulated by some in contrast to others who postulate a purely peripheral mechanism and a third group think that a combination of central and peripheral factors may play a part in EEG abnormalities. CT abnormalities (1), (2), (6), and neuropsychological abnormalities (1), (6), have been noted by these authors to substantiate these views. With regard to laterality of the lesion, in case of subjects with tumors, strokes or epileptic foci, the non-dominant hemisphere plays an important role. This finding fits in well with what is known about music processing in the brain (5). The presence of insight might serve to characterize those musical hallucinations that had organic cause as opposed to psychotic origin.

Case Summary:
A 52 year old lady, married for 30 years with frequent marital problems had been assaulted by her husband which led to loss of hearing in the left ear and later she lost the ability of hearing in the other ear too. She had become depressed, manifested by low mood, sleep disturbances, loss of appetite, crying spells and suicidal ideation with no suicidal attempt. She recovered without any treatment after 3 months. Two years after the first episode, she again developed depression after knowing about her son's mental illness. During the second episode, she became hyper religious at the beginning of her illness and had possession attacks in addition to the above mentioned symptoms. After some time, she developed auditory hallucination in the form of unformed noises. Later she started hearing songs mainly devotional songs which she had heard earlier. This musical hallucination was present for a period of two years. Due to the

Abstract : Musical hallucination is a rare psychiatric symptom. Reported cases have almost always had organic etiology and were seen in the presence of hearing loss. In a typical presentation, elderly people, females, those with hearing loss and clinical history of an investigatory finding or disordered central organic etiology were seen. A 52 year old female patient with hearing loss, musical hallucination with left parietal calcification and EEG changes, diagnosed as mood disorder with psychotic features and her response to treatment is discussed.

Keyword : musical hallucination, organicity, hearing loss
hallucination, she was distressed and attempted suicide by consuming antihypertensive tablets. She later started hearing threatening voices. There were no olfactory hallucinations or obsessions. Hence she was diagnosed as a case of depression with psychotic features. She became better after treatment with antidepressants, antipsychotics and antiepileptics as EEG revealed seizure activity. Physical examination revealed bilateral hearing loss and hypertension. Symptoms of musical hallucinations subsided completely. Her depressed mood, associated mood symptoms and auditory hallucination were under control with regular medication.

**Investigations:**
Blood investigations showed hypothyroid state and audiometry showed bilateral mixed hearing loss more on the left ear. EEG revealed paroxysmal spikes and waves bilaterally and there was no focus. Bilateral abnormal record indicated sub cortical seizure and CT brain showed left parietal calcification. Neuropsychological assessment revealed depression with psychotic features with evidence for organicity.

**Discussion:**
Musical hallucination is a rare phenomenon and it is usually associated with organic pathology. Presentation of this case is in tune with other cases in the literature where this condition is seen in elderly people, females, those who have hearing loss and possible organic lesions. Organic etiology can be considered in our patient in the light of EEG and CT findings. Therapeutic trial of antiepileptic drugs helped in alleviation of symptoms which further substantiates organicity. This confirms the findings of the earlier studies. Our case differs in the later progress of the illness where she had exhibited hallucinations and depression which were relieved with antidepressants and antipsychotics. In this case devotional songs which were heard by her before and repeatedly heard during the illness is similar to that reported by Ross et al 1975 (3), Miller and Crosby 1979 (2) and Hammeke et al 1983 (1). It almost always reflected past musical memories and it was preceded by progressive unilateral or bilateral sensory neural deafness. But as against the case reports of Miller and Crosby 1979 and Hammeker etal 1983 (1), (2), our patient was not able to consciously alter the tune or its speed or volume. Like Miller and Crosby 1979 and Hammeker etal 1983 (1), (2), EEG findings confirmed the cerebral dysfunction. Further as per the Griffith’s 2000 (7) observation, low mood accompanying the experience, our patient who was already depressed, found this experience highly distressing and attempted suicide. The finding of Miller and Crosby 1979 (2) and George W Fenton and Duncan A McRae 1984 et al (6) that pharmacological agents are useful in these patients was found to be true. During the follow up period with marital counseling the problems between them were reduced further. Due to the patient’s illness husband started taking care of her and with antidepressants and low dose of antipsy-
chotics, the patient’s symptoms were under control. She was able to maintain her activities in social, occupational and personal spheres of life, with maintenance medications.

**References:**