

Case Report

Use of Opium as a Means of Revenge/Torture: A Case Report

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ABSTRACT

A 28-year-old male was admitted in the emergency wing of Sri Guru Ram Das Institute of Medical Sciences and Research with alleged history of assault for about 24 h. At the time of admission, patient was semiconscious; he could not recognise his father but was not oriented to time and place. On further medico-legal examination, clinical examination and laboratory investigation of the case opium was detected in his urine along with injury report, on the different parts of the body. The medico-legal examination, police investigation and laboratory investigation supported the use of opium poisoning for torture/revenge proposes and after discussion the case was registered under section 328 IPC.

Keywords: Assault, Semiconscious, Medico-legal examination, Laboratory investigation, Opium, Torture, 328 IPC

INTRODUCTION

Torture is deliberate, systemic or wanton infliction of physical or mental suffering by one or more persons acting alone or on the orders of any authority, to force another person to yield information, to make confession or for any other reason¹.

One of the features that characterise torture and abuse is that the victim is usually either in detention or some form of custody or temporarily in power of the authorities even if that means that assailant has just burst into a private house. The duration of torture can vary from a few minutes to several days or even longer². Victim may be forcefully intoxicated and then tortured and detection of torture again becomes difficult if the person is recovered in unconscious state. Things become more complicated when the investigating authorities become uncooperative and wholly hostile to impartial enquiry. Most of the times another major problem associated with such kind of abuse are the frequent delay before the examination of the victim by which time acute injuries are on the path of healing³. A traumatised individual is often passive, shy and non-

assertive. They find it painful to describe their trauma and are therefore, understandably, refraining from a detailed description. So under such circumstances the task of forensic expert is very important in deciding the case of torture especially if the victim was intoxicated and then tortured as in the present case. All over the world, various drugs have been used as a method of torture and interrogation such as alcohol, sodium amytal, mescaline, scopolamine, LSD, amphetamine, etc.,³ but use of opium as a method of torture for obtaining revenge has not been widely reported. One such case was encountered by us in the Emergency Department of Sri Guru Ram Das Institute of Medical Sciences and Research, Amritsar.

Case Report

A 28 years unmarried young male went out of the house on 07 July 2013 at about 2:30 pm. He did not return home for whole night. After a night long search, he was recovered next day at about 9:00 am in unconscious state with his arms tied with ropes at elbow. They took the patient to a local doctor in the same village from where he was referred to our hospital at about 10:00 pm.

He was admitted in the Emergency Department of Sri Guru Ram Das Institute of Medical Sciences and Research, with the alleged h/o assault of about one day along with forceful administration of some poisonous substance. At the time of admission, patient was semiconscious, he could recognise his father, but was not oriented to time and place. His blood pressure was 98/74 mm of Hg, pulse was 78/min. Respiratory rate was 18/min. Pupils were bilaterally normal and reacting to light. We found the following injuries on the body:

1. A diffuse swelling was present around the right ankle joint. Movements of the ankle joints are painful with local rise of temperature and tenderness was present.
2. A blackish burnt area 3.8 x 2.4 cm present on the outer aspect of the right leg, 4.8 cm above the lateral malleolous. A small blister was present in the burnt area, and almost oval shaped, epidermis dried with singeing of the overlying hairs were present. Reddish area of inflammation was present around the burnt area.
A blister 3.4 x 0.5 cm was present horizontally on outer aspect of the right leg 2.5 cm above the injury no.2. Reddish area of inflammation was present around the blister.
3. A diffuse swelling was present around the left ankle joint. Movements of the ankle joints were painful with local rise of temperature and tenderness was present.
5. A blackish burnt area 1.8 x 0.8 cm was present on the outer aspect of the left leg, 6.4 cm above the lateral malleolous, almost oval shaped, epidermis was dried with singeing of the overlying hairs was present. Reddish area of inflammation was present around the burnt area.
6. A blister 3.3 x 0.5 cm was present horizontally on outer aspect of the left leg 3.4 cm above the injury no.5. Reddish area of inflammation was present around the blister.
7. Multiple reddish abrasions with dried scab was present on front of left elbow in an area of 10.4 x 8.5 cm, movements of the elbow joints were normal.
8. A diffuse swelling was present on right side of back

of head (parieto-occipital region), 10.9 cm from upper end of right ear pinna, tenderness present.

9. A blackish burnt area 4.9 x 2.3 cm was present on the medial aspect of the right buttock 3.8 cm above the anal canal, a blister was present in the centre of the burnt area, singeing of the hair present, reddish area of inflammation was present.
10. A blackish burnt area 4.3 x 1.3 cm was present on the right buttock; reddish area of inflammation was present.
11. A blackish burnt area 4.7 x 1.5 cm was present on the left buttock; reddish area of inflammation was present.
12. Multiple small blackish burnt areas were present on buttock in an area of 6.5 x 3.5 cm varying in size from 0.2 x 0.2 cm to 0.2 x 0.1 cm, reddish area of inflammation was present.

After receiving the X-ray reports and surgeons' opinion, all the injuries were declared as simple in nature. On toxicological investigation opium was detected in his urine. After receiving report from our department the case was registered under section 328, 342 and 34 IPCs.

DISCUSSION

In our case, repetition with symmetrical distribution of a particular injury, i.e., burns with hot iron rod are suspicious of torture along with detection of opium in the urine and history of traumatic event further confirm the diagnosis.

Opium is the dried extract of poppy plant (*Papaver Somniferum*). The name poppy is derived from Latin meaning 'sleep inducing'. The plant grows well in India but its cultivation is banned except on license obtained from Central Government for growing the plant strictly for pharmaceutical industry. Unfortunately, quantity of opium is funneled clandestinely into a global smuggling racket⁴.

Opium has a long history in Punjab, and was commonly and legally consumed here before India and Pakistan gained independence in 1947. Today, Punjab is a primary gateway for opiates smuggled into India from Pakistan and Afghanistan. Opium is also grown legally in India for

medicinal purposes, and some of the crop arrives in Punjab on the black market⁵.

Opium in its raw form can be swallowed or drunk and sometimes can be smoked. Raw opium is a grey mass with bitter taste and characteristic smell. Poisoning due to opium is usually accidental overdose as in addicts or deliberate overdose (suicidal). It is rarely used for homicide because of its characteristic features. Its use to deliberately intoxicate and then hurt a person has not been reported earlier. We believe the most important thing regarding opium for its use to take revenge is its widespread cultivation makes opium easily accessible, readily available, easily concealed and then widely misused than any other costlier drugs and also less quantity is required to intoxicate the person. Mohn *et al.*⁶ also observed that in the state of Punjab 26.2% of users started taking opium between 15 and 24 years of age and about 2.5% started using it below the age of 15 years. And the most common reason for starting opium was strain in agricultural work and to relieve physical fatigue⁶. This is a surprising figure.

Another difficulty that was encountered in this case was to gain the trust and confidence and trust of the patient. As the task of eliciting information on traumatic experience can itself cause psychological stain for the interviewer. To obtain a fairly complete description of the trauma, it is often necessary to establish a secure relationship. It is also important to realise that the tortured person may not only decide not to describe the traumatic experience but may also be unable to do so, because of neuropsychological deficits. Such a disability as was

evident in this case can be caused by a psychological trauma, as well as by physical torture. Because of this it cannot be expected that the whole history of the traumatic event or all the symptoms will be elicited in one interview.

CONCLUSION

As poppy cultivation in India has been controlled for several decades and consumption is restricted for only registered addicts. In spite of this, the use of opium is rising among the young population of the Punjab. Now they are using opium for criminal intent to assault, as in this present case. More stringent laws need to be practiced in order to curb this increasing menace of use of opium as a means of intoxication and taking out revenge.

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