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Long term remission in bipolar disorder, treated with homoeopathic medication: A case report

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Abstract
Background: BPAD is a major psychiatric disorder, characterized by frequent and recurrent episodes of mania, hypomania, and depression. The number of episodes is associated with a poorer outcome, being a long duration of illness and a recurrent course, it can create a global impairment of functioning.
Case summary: This case has been followed for 7 years, after the homoeopathic intervention, there was a long-term relapse in the BPAD episodes were observed. The possible causal attribution of changes was depicted by the Modified Naranjo Criteria for Homoeopathy (MONARCH), and the score was +9, this score was indicative of possibility of patient improvement with the homoeopathic treatment. Within the 3-week period there was reduction in the manic symptoms in this case, which was evidently shown by using YMRS scale, applied before and after the discharge from the psychiatric ward.

Keywords: Bipolar disorder, homoeopathy, natrum muriaticum, young mania rating scale.

Introduction

Mania is defined by a euphoric, expansive or irritable mood that is accompanied by a marked increase in energy lasting at least 1 week and present most of the day, nearly every day [1, 2]. Prominent symptoms of mania include euphoric, expansive, or irritable mood, excessive energy/activity, decreased need for sleep, racing thoughts/flight of ideas, rapid speech, grandiosity, impulsivity, distractibility, and mood liability [3].

The life-time risk of manic episode is about 0.8-1% and it tends to occur in episodes which usually lasts for 3-4 months, followed by complete clinical recovery. The future episodes are unpredictable which can be manic, depressive, or mixed. Depending on the severity of manic episodes, the elevated mood can pass through following four stages: [4].

Stage I: Euphoria (mild elevation of mood): An increased sense of psychological well-being and happiness, not in keeping with ongoing events. This is usually seen in hypomania.
Stage II: Elation (moderate elevation of mood): Presents with a feeling of confidence, enjoyment, and an increased psychomotor activity. Elation is classically seen in mania.
Stage III: Exaltation (severe elevation of mood): Intense elation with delusions of grandiosity which is seen in severe mania.
Stage IV: Ecstasy (very severe elevation of mood): Intense sense of rapture or blissfulness; typically seen in delirious or stuporous mania.

There are two subtypes bipolar I and II, bipolar I disorder is defined as having a clinical course of one or more manic episodes and or major depressive episodes. A variant of bipolar disorder characterised by the episodes of major depression and hypomania rather than mania is known as Bipolar II disorder [5]. The clinical manifestation of bipolar affective disorder (BPAD) ranges from mild hypomania or mild depression to severe form of mania or depression with or without psychosis. Around 10% to 20% of persons with bipolar disorder suffers with suicidal thoughts and one-third of patients admit to at least one attempt of suicide. Due to the high risk of recurrent episodes as well as suicide, a long-term prophylactic pharmacological treatment is needed [6].

A retrospective study on BPAD proved the effectiveness of the homoeopathic medications in the treatment of mania [7]. The published literature on the effectiveness of Homoeopathy on the long-term remission in bipolar disorder is sparse, so this case report is useful for filling this gap in the field of Homoeopathic psychiatry.

Here in this case report, the BPAD case has been managed through homoeopathic medication and followed for many years which proved the long-term remission of the BPAD episodes.

Case Report

Patient information

A 18 year old male patient was brought by his family members to National Homoeopathy Research Institute in Mental Health (NHRIMH), Kottayam on 03.10.2018 with symptoms of decreased sleep, increased speech with occ. irrelevant talk, lack of concentration, loss of interest in studies, diminished appetite, and thirst. He says that people are pointing him always and they are trying to kill him and they are making him under their power, so he does not want to go outside. Increased anger on contradiction with irritability, increased sexual desire with masturbation, anxiety for facing people in public and fear to talk in public.

History of presenting complaint

The complaint started from 16 years of age as lack of confidence, stage fear, anxiety to face the public, excessive fear to talk to strangers, there was increased sexual thoughts, watching porn videos continuously and had excessive masturbation which got increased day by day followed by poor concentration and lost his interest in studies (previously he secured 95% marks in 10th examination). During this he became very much agitated and restless at night. He started showing increased anger, irritability, irrelevant talk, fastidiousness and frequently says that people are pointing him always, and trying to kill him, so he was afraid of going outside.

So the family members took him to hospital and consulted psychiatrist who started the following medications: Tab. Oleanz 10 mg 1-0-1, tab. Telecalm plus 1-0-1, tab. Clonazepam 25 mg 0-0-1, tab. Phenergan 10 mg 0-0-1, tab. Rave 3mg 1-0-0. After medications the symptoms got reduced and he was apparently normal for two weeks. After that patient became silent, wants to be in his room always, decreased sleep, avoided social contact and there was diminished appetite and thirst. He was very much interested in reading books but during these days he completely avoided it. These symptoms were continued for almost 8 months. After that, patient showed above chief complaints, the family brought the patient at NHRIMH and got admitted.

History of past illness

Patient had a history of chickenpox 1 year back, and had taken homoeopathic treatment.

Family history

Paternal-grandfather had a history of BPAD mania like symptoms, and paternal-aunt had anxiety problems.

Personal history

Patient was born in December 2000, full term normal delivery, there was no prenatal, natal, or post-natal complications, milestone was normal. Started schooling from 4 years of age and was very good in studies. No history of substance abuse.

Sexual and marital history

Patient is unmarried having increased sexual thoughts, he used to watch porn videos and there was increased masturbation from the age of 16yrs.

Physical generals

He had poor appetite and thirst and his bowel movements were regular. Disturbed sleep for 1 to 2 hours. He had craving for beef, milk, and salty food. Intolerance towards cold drinks that usually causes tonsilitis. Thermally patient was hot.

Life space investigation

Born and brought up in Malappuram, he was second child of the family. Having one elder brother and one younger brother and sister. His father was running business and mother was a homemaker. Shared good relationships with the family, and more attached towards mother. From the childhood itself he was very much reserved, and had less friend circle. Peer group relation was good, and was excellent in studies, scored 95% mark in 10th exam, and 12th examinations. He was industrious, and was affectionate too, his behaviour got changed noticeably while he was doing 12th std. especially fear to go outside or talking with people, anxiety with decreased sleep and appetite.

Physical examination

The patient is thin and fair complexioned. Nothing abnormal was detected on general physical examination

Mental status examination

The patient was cooperative, conscious, and reserved, eye to eye contact was maintained and interpersonal relationship was average. Psychomotor activity increased. Speech was occ. irrelevant, rate, volume, tone was increased and reaction time was normal. Affect was appropriate, reactive, stable, and congruent. His mood was subjectively sad and objectively also looking dull and at the same time he was irritable too. The flow of thought was increased (he was overthinking about studies, future, sexual thoughts) and form of thought was normal. Content of thought patient had delusion of persecution and delusion of reference as well as control. The patient did not have any perceptual disturbance and he was oriented to time, place, and person. Immediate, recent, and remote memory was good. He was good in general information and intelligence. Concentration not able to maintain, abstract thinking was good, social judgement and test judgment was adequate, insight partial

Diagnosis and Assessment

Consulted psychiatrist, and diagnosed as BPAD-current episode Manic with psychotic symptoms (F31.2) as per ICD-10 as the patient had two manic episodes followed by depression, with psychotic symptoms like delusion of persecution, control, and reference. Here in this case symptoms are analysed using, Young Mania Rating Scale (YMRS), which is one of the most frequently utilized rating scales to assess manic symptoms [8].

Therapeutic intervention

Analysis of the case was done after meticulous case taking. Symptoms were evaluated by Kent's approach, which considers mental generals of highest importance followed by physical generals and particulars. After forming the totality of the symptoms, the 1st prescription was released, based upon the characteristic mental and physical generals,

which individualised the patient. Radar opus was used for repertorization, the rubrics used is showed in the figure 1. In consultation with Materia medica, Natrum Muriaticum (Nat.Mur) was selected as it was covering the patient's characteristic symptoms as well as the underlying sychotic miasm of the case.

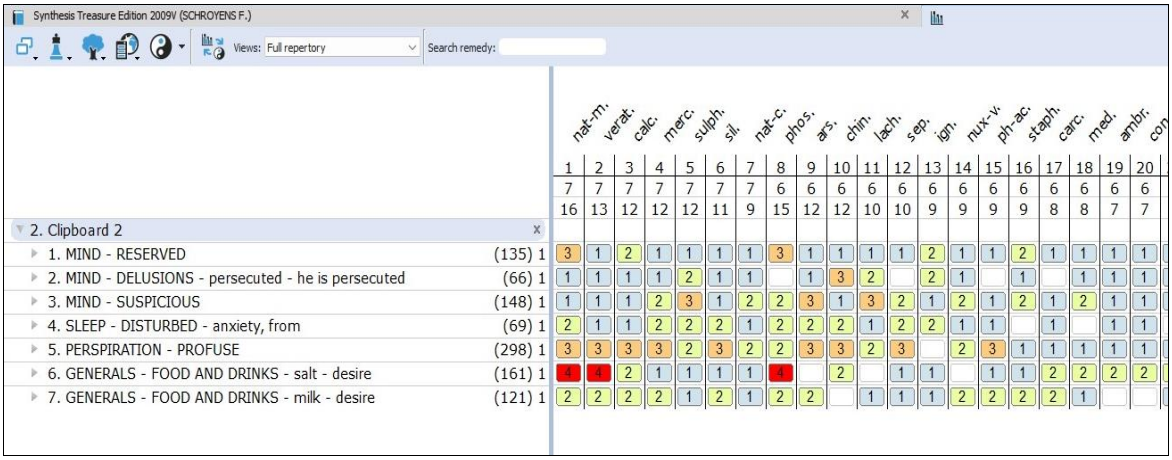

Fig 1: Repertorial analysis.

Results

In 3 weeks, duration the manic symptoms got reduced after the homoeopathic intervention. The case was followed for 7 years to observe the relapses, after the homoeopathic intervention no new episodes of BPAD were noted, which was assessed evidently by applying young mania rating scale (YMRS) at baseline and on discharge, there was decrease in the scores were observed 39 and 2 respectively. showed in Table 1. The observations during the follow-ups and the prescriptions were shown in the Table 2. Response to homoeopathic treatment was assessed through the Modified Naranjo Criteria for Homoeopathy (MONARCH) inventory and a score of +9 was obtained (Table 3), which showed the positive causal relationship between the individualized homoeopathic medicine and the outcome.

Table 1: Young mania rating scale, applied at baseline and on discharge.

Domain	Before	After
Elated mood	3	0
Increased motor activity	4	1
Sexual interest	3	1
Sleep	4	0
Irritability	4	0
Speech	6	0
Language thought disorder	1	0
Content	8	0
Disruptive-aggressive disorder	2	0
Appearance	2	0
Insight	2	0
Total score	39	2

Table 2: follow-ups

Sr. No	Date	Follow up	Prescription
1.	04.10.2018 (2nd day in ward)	Anger slightly reduced, complained of head pain, sleep improved.	Rubrum
2.	5.10.2018 (3rd day in ward) To 26.10.2018	Anger reduced, head pain reduced, sleep improved.	Rubrum
3.	27.10.2018	Discharged with improvement in the complaints	Nat.Mur 200 1 dose + Rubrum for 3wks.
4.	14.11.2018 to 07.04.2019	Delusions-nil, showed laziness in studies. He started a new job in nearby shop.	Nat.Mur 200 1 dose once in 15 days.
5.	13.06.2019 to 10.12.2019	Took admission in Bcom, continued attending supermarket work. Symptomatically better.	Nat.Mur 200 once in 15 days.
6.	11.12.2019 to 30.08.2021	Started avoiding known people who visited the shop where he is working, use to feel they may avoid him. Mood was dull. Patient stopped allopathic psychiatric medication on his own. Patient asked for courier once in 3 months (Covid period).	Nat.Mur 1M 1dose once in month x 3 months. Followed by Rubrum and Nat.Mur 1M (SOS) continued in courier.
7.	01.09.2021 to 20.09.2022	Started playing with friends. Anxiety in the crowd. Weakness of the body on and off.	Rubrum + Nat. Mur 1M (SOS)
8.	21.09.2022 To 09.01.2024	After completing his Bcom, took the job away from the house, use to send the salary to the father.	Rubrum + Nat.Mur 1M sos
9.	10.01.2024	Started billing work in the shop, complained of low confidence with tremors of hands when crowed is more.	Sulphur 200 single dose + Rubrum x 3months.
10.	24.04.2024	Patient took the work near to his house, wanted to be with the family now. Confidence in work improved.	No medication given, advised to follow up if required.
11.	18.09.2024	Anxiety in crowd-nil, attending his job daily. No other symptoms	Advised to stop the treatment and follow up if needed.

Table 3: Modified Naranjo Criteria for homoeopathy (MONARCH)

S. No	Criteria	Yes	No	Not Sure
1	Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2	-1	0
2	Did the clinical improvement occur within a plausible time frame relative to the drug intake?	+1	-2	0
3	Was there a homoeopathic aggravation of symptoms?	+1	0	0
4	Did the effect encompass more than the main symptom or condition (i.e., were other symptoms, not related to the main presenting complaint, Improved or changed)?	+1	0	0
5	Did overall wellbeing improve?	+1	0	0
6a	Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?	0	0	0
6b	Direction of cure: Did at least two of the following aspects apply to the order of improvement in symptoms: • From organs of more importance to those of less importance? • From deeper to more superficial aspects of the individual? • From the top downwards?	0	0	0
7	Did 'old symptoms' (defined as non-seasonal and noncyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	0	0	0
8	Are there alternate causes (i.e., other than the medicine) that-with a high probability-could have caused the improvement? (Consider known course of disease, other forms of treatment and other clinically relevant interventions)	-3	+1	0
9	Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)	+2	0	0
10	Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	0

Discussion

Patients with BPAD also suffers from educational difficulties, job related problems, interpersonal difficulties (IPR), marital problems etc. [9]. In this case patient also showed the academic difficulties, but after homoeopathic intervention, gradually he developed interest in the studies and joined his college again. He showed difficulty in maintaining the IPR with known people, so he avoided the people who was coming to the shop where he was working and even, he uses to buy the groceries from far away shops so that he can avoid seeing the known people. Deliberately he took his second job, away from the native place for the same reason. After introducing the antipsoric remedy i.e. sulphur 200 one single dose, could able to relieve his anxiety in handling the customers. He decided to stay with the family and took his 3rd job near to the house.

BPAD is recurring and potentially disabling illness, in which patient experiences a long-term course of illness. Early recognition and proper intervention in the acute episode are extremely essential. If left untreated, an episode of mania might persist for several months and can escalate into delirium, catatonia and even death through dehydration and exhaustion. In the extreme, mania is a medical emergency requiring rapid intervention [10].

In this case also the patient experienced 3 episodes though was on continuous allopathic psychiatric medications. 2nd episode of depression was prolonged for 8months, followed by manic symptoms with psychotic features of profound severity. With in 3 weeks, the symptoms got reduced with individualized homoeopathic medication. Patient was on continues allopathic psychiatric medication before the admission so in the ward advised to continue the allopathic medication. Planning was to gradually taper off the allopathic psychiatric medication under the supervision of the Psychiatrist, but patient he, him-self stopped all allopathic medication in March 2020 during the Covid 19 period. So, in this case the homoeopathic medication Nat.Mur 200 and 1M potency continued in repeated doses, which showed improvement in preventing the further episodes of BPAD.

The assessment was done by Young's Mania Rating Scale (YMRS) is shown in Table no. 1, there was gradual decrease in the score. The scale comprises of total 11 questions which are based on the patient's subjective report of his clinical condition over the previous 48 hours. They depend on the patients' clinical features such as mania, depression, or euthymia. The usefulness of the scale is little in populations with diagnoses other than mania [11]. There was no new episode since 2018 and patient is completely free from allopathic medication since 4 years. This case would be helpful in proving the effectiveness of homoeopathy in treating manic episodes as well as for long term remission in BPAD.

Conclusion

This case report highlights the successful instance of remission in episodes of BPAD through long-term homoeopathic treatment. A randomised controlled trials with large samples are warranted to find out the effectiveness of homoeopathic medicines in the treatment of BPAD.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. The patient understands that name and initials will not be published and due efforts will be made to conceal identity, but anonymity cannot be guaranteed.

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Conflicts of interest: None declared.

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