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Effectiveness of homeopathy in the psychiatric spectrum: A structured case report on bipolar disorder with psychotic symptoms

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Bipolar disorder, especially when accompanied by psychotic symptoms, presents a significant and multifaceted challenge in psychiatric management. Characterized by recurrent episodes of mania and depression, it can severely impact an individual's personal life, social relationships, and professional responsibilities. The addition of psychotic features-such as hallucinations, delusional thinking, or cognitive disorganization-further complicates the clinical presentation and often requires prompt and intensive care. This report presents the effective treatment of bipolar disorder with psychotic symptoms in a 30-year-old woman through individualized classical homeopathy, without the use of conventional psychiatric medication.

Keywords: Bipolar disorder, mania and depression, psychotic symptom, homoeopathy, hallucination, delusion

Introduction

Bipolar disorders comprise a group of complex, severe, and persistent mental illnesses. Bipolar I disorder is characterized by at least one full manic episode, while bipolar II disorder is defined by the presence of both a hypomanic episode and a major depressive episode. Bipolar disorders substantially reduce psychosocial functioning and are associated with a loss of approximately 10-20 potential years of life. Bipolar disorders are chronic and relapsing mental health conditions that impact over 1% of people worldwide. They are a major cause of disability, especially among young individuals, due to their effects on cognitive function and daily living abilities. Additionally, these disorders are linked to a higher risk of premature death, most commonly from suicide and cardiovascular issues. Bipolar disorder has a high heritability (approximately 70%). Bipolar disorders share genetic risk alleles with other mental and medical disorders. Bipolar I has a closer genetic association with schizophrenia relative to bipolar II, which has a closer genetic association with major depressive disorder. Although the pathogenesis of bipolar disorders is unknown, implicated processes include disturbances in neuronal-glial plasticity, monoaminergic signalling, inflammatory homoeostasis, cellular metabolic pathways, and mitochondrial function [1].

Psychosis in bipolar disorder (BD) involves the occurrence of delusions, hallucinations, or both. It is widely recognized that more than half of individuals with BD experience psychotic symptoms at some point in their lives. Psychotic symptoms are much more frequent during manic than depressive episodes.

Patients with bipolar disorder (BD) can experience a wide range of psychotic symptoms, especially during manic or mixed episodes. Among these, the most frequently observed are:

- Grandiose delusions: Beliefs of having exceptional abilities or importance.
- Persecutory delusions: Beliefs that others are plotting against or trying to harm the individual.
- Referential delusions: Beliefs that common elements of the environment are directly related to oneself.
- Auditory hallucinations: Hearing voices or sounds that aren't present.
- Visual hallucinations: Seeing things that aren't there.

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These symptoms can significantly impact daily functioning and quality of life. Conventional treatment often involves a combination of mood stabilizers, antipsychotic medications, and psychotherapy to manage both mood and psychotic symptoms [2].

Treatment

Bipolar disorder impacts around 8 million adults in the United States. Conventional treatment typically involves mood stabilizers like lithium, anticonvulsants such as valproate and lamotrigine, and atypical antipsychotics including quetiapine, aripiprazole, asenapine, lurasidone, and cariprazine [3].

Case report

A 30-year-old lady visited at OPD of State National Homoeopathic Medical College & Hospital in Lucknow on the date of 02/07/2024 with complaints of insomnia, auditory and visual hallucinations, delusion of persecution and fear for last 3 months.

Her medical history indicates history of attack psychotic symptoms in 2021, recurrent mood changes, and spontaneous abortion 3.5 months back.

Patient is lawyer by profession but she left her job temporarily due to her illness.

There is no reported family history of mental illness and autoimmune disorder.

On physical examination, she appears anxious, pale, sunken eyes due to sleep deprivation.

Treatment taken- allopathic for last two and half months.

Patient had delusion of someone is controlling her and a black spirit is guiding her; a spirit is sitting on her shoulder. Increased religiosity, weeping increased.

Patient had ravenous hunger, refused to take bath.

Forgetfulness- increased

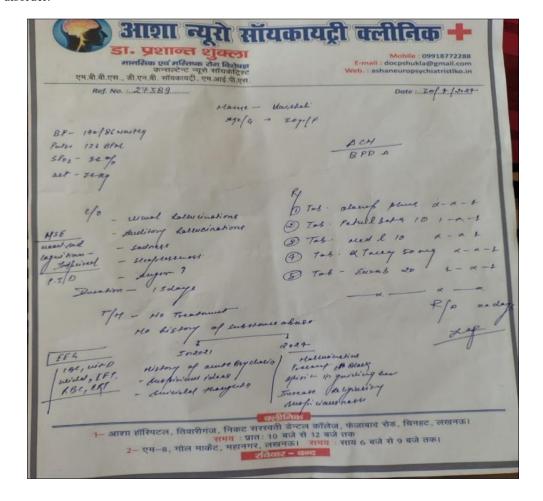
Fear- of being alone

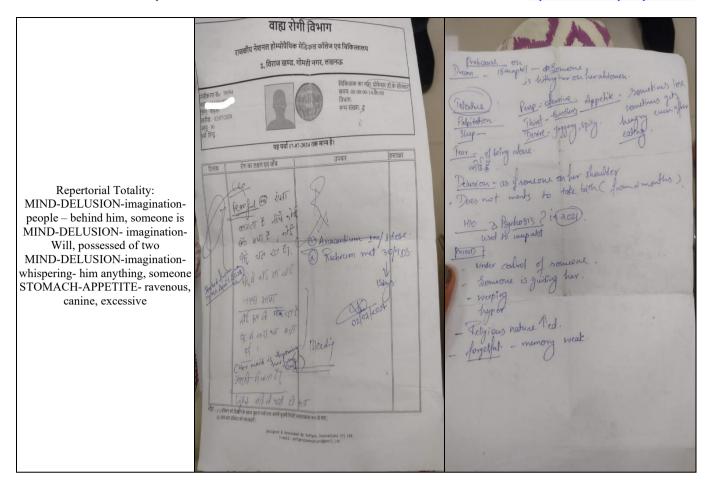
Diagnosis and diagnostic assessment

It is an already diagnosed case of Bipolar disorder with Psychotic symptoms.

The Brief Psychiatric Rating Scale (BPRS) has been used for quantifying psychiatric symptoms and monitor changes over the treatment period.

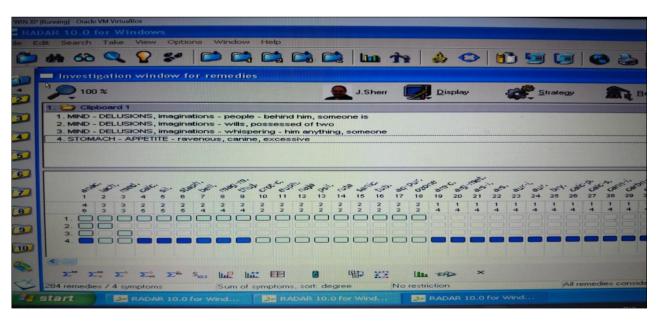
The Brief Psychiatric Rating Scale (BPRS), developed in 1962 by Drs. John Overall and Donald Gorham, originally included 16 items and was later expanded to 18 with the addition of Excitement and Disorientation. It is one of the oldest and most widely used clinician-rated tools for assessing psychiatric symptoms such as depression, anxiety, hallucinations, psychosis, and abnormal behavior. The scale is particularly valuable for evaluating treatment response in moderate to severe psychoses, with each item rated from 1 (not present) to 7 (extremely severe) [4].





After the repertorial results by using complete repertory Anacardium Orientale, Lachesis Mutus, Medorrhinum emerged as prominent remedies. Anacardium is selected on the basis of similimum.

Patient was prescribed Anacardium Orientale 1M / 1 Dose, Placebo 30/ tds for 15 days. BPR Scale total on 1^{st} visit was -80



First follow up 17/07/2024

Fear- decreased

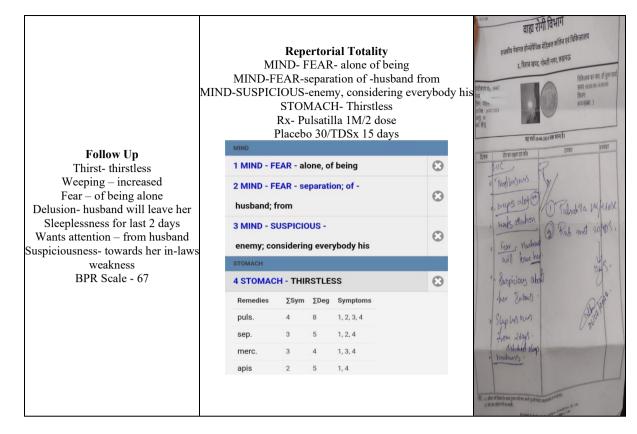
Delusion of- someone is controlling her and sitting on her shoulder- decreased

Weeping- decreased

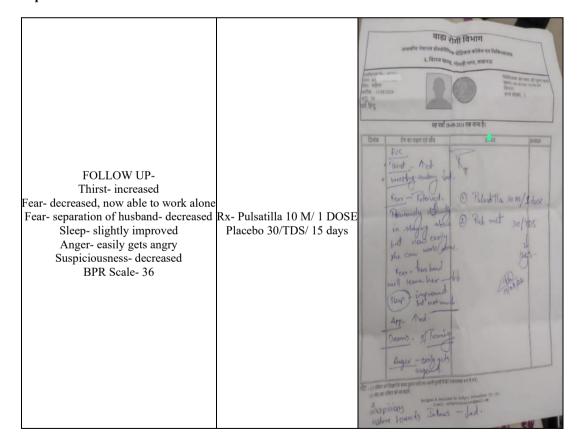
Religious nature- decreased

Forgetfulness- decreased Sleep – slightly improved BPR Scale total- 52 Rx- placebo 30/ TDS/ 15 days

Second follow up: 26/07/2024



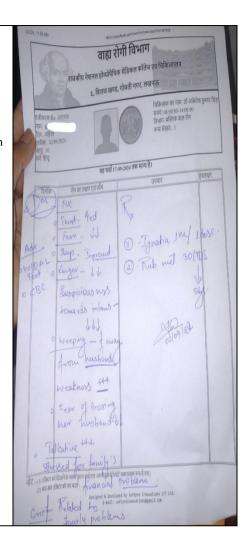
Third follow up: 13/08/2024



Fourth follow up

FOLLOW UP
Thirst – increased
Fear- decreased
Fear- of separation- decreased
Grief- related to her problems
History of miscarriage- in march 2024- grief of
not having child
Stress- for family's financial problem
BPR Scale-31

Repertorial totality MIND- AILMENT- Death of child MIND- AILMENTS FROM- Money from loosing MIND- GRIEF Rx- IGNATIA 1M/1 dose Placebo 30/tds/ 15 days 1 MIND - AILMENTS FROM - death of loved ones child; of a 2 MIND - AILMENTS FROM money; from losing 3 MIND - GRIEF Symptoms 1, 2, 3 1, 2, 3 1, 2, 3 1, 2, 3 2, 3 2, 3



Fifth follow up

Date- 26/09/2024	Fear- reduced	
	Weeping- reduced	
	Sleep-7 hours/day	
	Grief- reduced	Rx
	Cognition – improved	Placebo 30 /tds x 15 days
	Emotional expression- improved	
	Social relation- improved	
	BPR Scale- 23	
19/10/2024	Patient is calm	
	Sleep- 8 hours per day	
	Delusion- absent	
	Hallucinations- absent	Rx
	Social interaction – improved	Placebo 30 /15 days x tds
	Anxiety- reduced	
	Started going to her work (court)	
	BPRS TOTAL- 22	

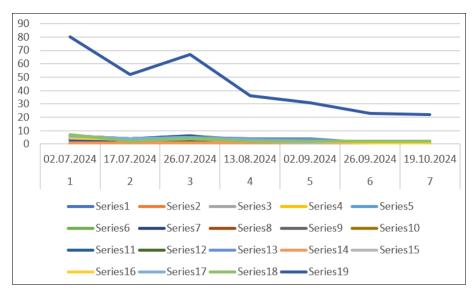


Fig 1: BPRS scale per visit

Discussion

This case demonstrates the potential effectiveness of individualized homeopathic treatment in managing bipolar disorder with psychotic symptoms, highlighting the relevance of tailored therapeutic approaches in complex psychiatric conditions. As per Hahnemann's Organon of Medicine, Aphorism 221, acute manifestations of mania or insanity-especially when triggered by emotional or toxic influences-are considered to arise from latent psoric miasm. In such instances, immediate intervention with non antipsoric, highly potentized remedies (e.g., Aconitum, Belladonna, Stramonium, Hyoscyamus, Mercurius) is advised to stabilize the acute phase before addressing the underlying chronic miasm. These helps in bringing the person back to a stable state, where the deeper problem (psora) becomes quiet and hidden again, making the person seem healthy for now [5].

The individualized selection of remedies such as Anacardium, Pulsatilla, and Ignatia underscores the importance of totality of symptoms in homeopathic prescribing. Each of these remedies was aligned with the patient's evolving mental, emotional, and physical state during various stages of illness, reflecting the dynamic application of the simillimum. Furthermore, the observed clinical improvement, achieved without adverse effects, illustrates the potential of classical homeopathy as a cost-effective and safe modality in the management of psychiatric disorders.

Conclusion

Homeopathy offers a distinctive approach to healthcare by treating the patient holistically, addressing underlying imbalances rather than solely focusing on symptomatic relief. Through detailed case taking, methodical analysis, and repertorization, individualized selection of the remedy, potency, and dosage contributed to observable clinical improvement. The resolution of psychotic symptomsdelusions and hallucinations-within observation period highlights the therapeutic potential of individualized homeopathic intervention in psychiatric conditions. Though it is a single case report, this contributes to the growing body of evidence suggesting that classical homeopathy may offer meaningful benefits in the management of complex psychiatric disorders such as

bipolar disorder with psychotic features.

Conflict of Interest: Nil.

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