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A case report of borderline personality disorder treated with homoeopathy

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Abstract
Borderline Personality Disorder (BPD) is the common and complex type of personality disorder among the 3 categories of classifications in DSM – 5. BPD is repeatedly studied psychiatric condition to find its road to recovery. BPD is well known for its features like unpredictable mood, self-harming, most devastating with 10% of committing suicides and antisocial activities mostly in males. Majority of persons with BPD adopt conventional system of medicine as first line treatment to control unstable behaviour. A virgin case of BPD reported at NHRIMH, kottayam treated only with Homoeopathic medicines like Belladonna, Tuberculinum and Calc. Carb proved its efficacy in complete remission of illness and controlled the unpredictable behaviour which may lead to any social consequence. The symptomatic improvement and individual symptom of anger and irritability has been assessed through standard questionnaires which show significant reduction in scores at the end of the treatment. The improvement has been attained without the support of any other psychological therapies.

Keywords: Borderline personality disorder, Tuberculinum, calc. carb, belladonna, ZAN – BPD

1. Introduction
Personality refers to the individual difference in characteristic pattern of thinking, feeling, and behaving. Borderline personality disorder causes significant impairment and distress and is associated with multiple medical and psychiatric co-morbidities [1]. Personality Disorder refers to the imbalance between the characteristic behaviour of a particular individual and ever changing internal & external environment. Personality disorders are common and chronic. They occur in 10 to 20 percent of the general population. More than 50 percent of population diagnosed with psychiatric conditions are found to be co-morbid with few clinical syndromes of Personality disorders [2]. BPD is highly characterised by unstable mood, misinterpretation between the self and reality which are expressed through extreme anger, fury, unpredictable behaviours and sometimes with panic attacks. This may lead to behaviours like both extremes of love and anger, impulsive hurting attacks, antisocial activities like substance misuse, unsafe sex, rash driving, homicidal or suicidal acts, self-harmand highly changeable mood lasting from few hours to few days [3].

1.1. Aetiology
Borderline Personality disorder has its origin from various factors that includes biological, social and psychological factors. In a systemic review based on familial, twins and association studies reveals there are about 40% heritability and also sharing strong evidence of gene-environment interaction in the cause of BPD [4]. Another study based on Psychodynamic approach says due to poor differentiation of self and object representations in a contradictory situations of love and hateful affect leads to BPD and other personality disorders [5]. Crowell *et al*. concluded environmental factors plays vital role in behavioural and cognitive dysregulation and also vulnerability observed in the early childhood which is expressed through impulsivity and heightened emotional sensitivity are the probable indicators that leads to BPD [6].

1.2. Epidemiology and Co-morbidity
In a large scale survey it is noted there is lower rates in Asian population due to poor understanding of Asian cultural context [7].The prevalence of BPD were found higher in outpatient settings of around 12%, inpatient settings of around 22%, poor prevalence rate among primary care settings, and more observed in persons who approaches frequently for medical care for various minor physical conditions [8].

Few other co morbid conditions that are reported with BPD are Mood disorders and anxiety disorderswhich ranks the top of more than 80%, Substance use disorders of around 64%, and 53% are presented with Eating disorders. Around 10 – 30% of BPD patients were reported with Attention deficit hyperactivity disorder (ADHD), Bipolar disorder and Somatoform disorders [9].

In a cross sectional survey of 2,528 patients conducted by Newton Howas *et al*. have concluded nearly 40% of patients who reported in secondary health care settings are observed to be suffered from at least any one of the personality disorder. This study also suggest that the co morbidity that are noticed in secondary psychiatric care should be identified and managed early and pays way to understand the overall psychopathology of Personality disorders [10].

1.3. Pathophysiology

Sebine. C. Herpertz *et al*. in their study concluded that there is increased evidence found in oxytocinergic pathway/system and reduced sensitivity of serotonin towards 5HT-1A which leads to BPD. The study also says the alteration in networks of empathy and reward pathway in enduring the interpersonal skills and functions leads to the expressions of problems in BPD [11].

1.4. Diagnosis

The Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5) lists 10 personality disorders divided into the 3 clusters (A, B, and C). Borderline personality disorder (BPD) is 1 of 4 cluster-B disorders that includes borderline, antisocial, narcissistic, and histrionic. Borderline personality disorder (BPD) is characterized by hypersensitivity to rejection and resulting instability of interpersonal relationships, self-image, affect, and behaviour [12].

1.4.1. Borderline personality disorder is a pattern of instability in interpersonal relationships, self-image, and affects, and marked impulsivity - 301.83 & (F – 60.03). A pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

- Frantic efforts to avoid real or imagined abandonment. (Note: Do not include suicidal or self-mutilating behaviour covered in Criterion 5.)
- A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation.
- Identity disturbance: markedly and persistently unstable self-image or sense of self.
- Impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating). (Note: Do not include suicidal or self-mutilating behaviour covered in Criterion 5.)
- Recurrent suicidal behaviour, gestures, or threats, or self-mutilating behaviour.
- Affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days).
- Chronic feelings of emptiness.
- Inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights).
- Transient, stress-related paranoid ideation or severe dissociative symptom [13].

1.5. Assessments

There are many assessments or rating scales available which can be used for either disease diagnosis or to analyse improvement of the case. The assessment scales may be selected based on its reliability, validity, internal consistency and discriminant validity. In the past two decades various assessment tools has been developed to study the symptoms and improvements in BPD. Few of them are Structured Interview for DSM IV personality disorder, Structured Interview for DSM- V Personality disorder, Mc. Clean Screening instrument for BPD, Minnesota Borderline Personality Disorder Scale, BEST – Borderline Evaluation of Severity over Time – a self-rated scale to assess severity and changes in patients with BPD. There are few other rating scales that are probably and commonly used clinicians rating scale to assess acute severity and change of symptoms in clinical trials are Zanarini rating scale for BPD (ZAN -BPD), the Borderline Personality Disorder Severity Index – Clinician rated and also Self-reported Borderline Symptom list[24]. Most of the domains available in questionnaire and rating scales are based on disease symptoms which can be achieved through general case taking. Yet Homoeopathic case taking is unique in its methodology to arrive at person diagnosis and which can be accessed through follow up symptoms criteria and it may differs in each individual case.

1.6. Management& Prognosis

To control and manage the symptoms expressed in disorders like Anxiety disorders, Affective disorders, Depression, Insomnia and other psychotic symptoms the role of drugs like Selective Serotonin re uptake Inhibitors, mood stabilizers and antipsychotics which are commonly prescribed are found to less effective [14]. Lieb. *et al*. in a systemic review of randomised trials concluded that current generation antipsychotics and mood stabilisers may be effective in treating the many core symptoms of BPD and its psychopathology and no supportive evidence in reducing the overall severity of BPD. The study also suggests deriving a standard treatment protocols focusing on specific symptoms [15].

Other than the minimal benefits from psychotropic medications it also alters the typical brain development trajectories especially during the childhood and adolescence where the brain grows rapid and dynamic changes occur in cortical maturational process [16].

A collaborative study of treatment-seeking, 18- to 45-year-old patients followed up with standardized, reliable, and repeated measures of diagnostic remission and relapse and of both global social functioning and subtypes of social functioning reveals Eighty-five percent of patients with BPD remitted. High rate of remission, low rates of relapse and severe & persistent impairment in social functioning has been observed in a ten year course study which drives the physicians, caretakers of BPD patients to document the difficulties faced in dealing such conditions [17].

A longitudinal study of 6-Year Prospective Follow-Up of the Phenomenology of Borderline Personality Disorder was conducted among 362 in patients with personality

disorders and found 34.5% met the criteria for remission at 2 years, 49.4% at 4 years, 68.6% at 6 years, and 73.5% over the entire follow-up and only 5.9% of those with remissions experienced recurrences [18].

On carefully weighing the risks, recurrences, relapses, side effects versus benefits of modern pharmacological treatments, Homoeopathy a personalized system of medicine and the second large used system of medicine with strict principles has bunch of scope in treating psychiatric conditions with no or minimal risks in first line of treatment and low recurrence or relapse probabilities.

2. Case report

A 17 years old male, along with his mother (Primary informant) reported in the OPD of NHRIMH, Kottayam with behavioural changes of Episodes of Increased irritability, Hurting and violence behaviour, tendency to run away from home frequently, tendency to set fire with homicidal and Suicidal threatening, and guilty conscious after the act, since 6-7 years which includes 5-6 episodes of violence & Irritability.

The onset of the illness was observed to be insidious and the course was episodic. The precipitating factors or stressors are parent's compulsive behaviour andpuberty may also be a probable factor.

2.1. History of Present Illness:

Patient was apparently alright before 10 years of age. During his 5thStd of school education, patient had a quarrel with his father and went away from home. Patient will feel highly irritable whenever parents advising him to doany work which he don't like. In the past 2 years there were four to five episodes of irritability, Violence, abusive nature and going away from home was noticed.

After two to three days client will come back home by himself. Since then parents stopped him giving advice or compelling him to do any work. One year before parents noticed him watching sexual content video in his mobile and advised him not to do so which the patient could not tolerate and was violent with hurting behaviour towards father and using abusive words and hurting parentswith homicidal threatening and went away from home.

During 15 years of age without any reason patient use to go away from home for silly reasons and come back after a day.

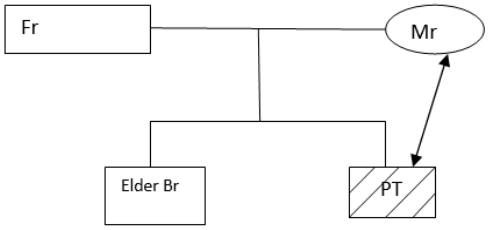
For the past 2 years patient had violence episodes of 4-5 times, with features of homicidal threatening towards family members, hurting and injuring tendency towards others and suicidal threatening twice by firing himself. Patient loses his control and do not remember what he is doing during the violence episode and after sometime feel guilty and reproaches for the same.

Sometimes patient use to stay calm and alone for nearly 5-6 hours continually in a same posture and patient says he use to think something but could not recall. After the thoughtful episode patient is observed to be fearful and anxious for some time.

2.3. Past History

Psychiatric illness – Nil

Medical illness – Severe respiratory infection (at the age of 10 years) – Hospitalised for 12 days in a hospital – recovered. Repeated attacks of cold, coryza and sneezing with deviated nasal septum



No relevant family history of any psychiatric illness or physical illness.

2.5. Physical Generals:

Appetite – Increased

Perspiration – Increased on palms and soles.

Desires – Spicy

Sleep – Reduced. Sleeplessness during the episodes

Thermal – Chilly pt.

2.6. Personal History

2.6.1. Birth History: Born as a second boy child among two sons at private hospital. Normal full term Hospital delivery. No identifiable birth complications. Breast fed up to 1 year of age, developmental milestones – timely milestones.

2.6.2. Behavior during childhood: Normal social play with children's. Group play most of the time and prefers to play with elderly people. Good memory. Hyperactive and energetic most of the time.

2.6.3. School History: Started schooling at the age of 04. Good in studies. Obedient, active and social in school activities. Once had a warning from School due to physical fights with senior students during 10 years of age.

2.6.4. Occupational History: 2nd year B. Com student.

2.6.5. Sexual History: Oriented about sexual practices. Use to watch sexual content in mobile quiet often with masturbation since 13 years of age. No premarital relations or perversions.

2.6.6. Marital and Relationship History: Single. No history of love affair and any other physical relationship observed.

2.7. Premorbid Personality

- Social relations: Active and Social during school days. Had many friends during till 5th std. Had a warning from school at 10 years of age and during tenth standard had physical fights with school friends and had a suspension with warning for 05 days.
- Intellectual activities: Good in studies. No other extracurricular activities.
- Mood: Active in school ages. Interested in native games. Extrovert till tenth standard.
- Character: Easily mingling, extrovert, optimistic and lively.
- Interpersonal relationships: Good with indentifying his ability and problems and was unhappy regarding authoritative style of parenting.
- Energy and Initiative: Active and does not like father to advice him repeatedly. Needs freedom and wants to stay with friends.

- Habits: Masturbation almost on most of the days. No other specific abnormal habits found.

2.8. Mental Status Examination

Appeared to be thin, poorly build and nourished, hygienic, well dressed and groomed, EEC maintained and rapport – established well. Relevant speech with strong volume. Coherent and spontaneous answers. Changeable and liable mood, liable affect with appropriateness. Coherent and linear thoughts, content of being restrained from his freedom. No perceptual deviance. Good Attention, Concentration and oriented about surroundings and questions. Memory and intellect is good. Social and personal judgment is good. Insight- grade 02 (Slight awareness of being sick and needing help, but denying it at the same time.)

2.9. Diagnosis

Borderline Personality Disorder. (ICD 10 -F – 60.3. / DSM V – 301.83)

2.10. Follow up Schedule:

Table 1: Homoeopathic management and follow up assessments

Date	Symptoms	Medicine	Repetition	Remarks
05/05/18 Reported by both parents & Self	Irritability, Hurting tendency Tendency to set fire & suicidal threatening, Tendency to run away from home, Weak memory & difficulty concentration Sleep - reduced	Belladonna 30	2 d Bell – 30 / 2 doses (SOS) X 1 month	-
02/06/18 Reported by mother & Self	Irritability & Anger reduced, Hurting tendency – Nil. Tendency to set fire & suicidal threatening – nil. Tendency to run away from home – nil Weak memory & difficulty concentration Sleep – disturbed.	Sac. Lac	Bell – 30 2d(SOS) X 3 weeks	SOS not used.
23/06/18 Reported by both parents & Self	Irritability – mild attack – twice Hurting tendency – Nil. Tendency to set fire & suicidal threatening – nil. Tendency to run away from home – nil Pain root of nose, mild Headache, Cold &Coryza, Itching Nose Weak memory & difficulty concentration Sleep – disturbed.	Tuberculinum 200	1 d/ stat. Bell 200/ 2doses SOS X 5 weeks	1dose of SOS used.
28/07/18 Reported by mother & Self	Anger & Irritability in mild form (On & off attacks) Headache occasionally Nasal obstruction Sensation of bitter taste in mouth. Weak memory & difficulty concentration Sleep – disturbed	Sac lac	Bell 200/ 2doses SOS X 5 weeks.	1 dose SOS used
11/09/18 Reported by mother & Self	Irritability & Anger reduced. Cold &Coryza – Reduced Using mobile phone frequently Sleep – disturbed Weak memory & difficulty concentration	Tuberculinum 200	1 d/(stat) Bell – 200/ 2d/ (SOS) X 8 weeks	SOS – not used
21/11/18 Reported by mother & Self	Anger & Irritability – Reduced. Cold &Coryza – Nil Always wants Mobile phone. Sleep – Improved Could able to sustain in work and improved concentration	Tuberculinum 200	1 d/stat & Bell – 200/ 2d(SOS) X 8 weeks	SOS – not used
07/02/19 Reported by mother & Self	Anger & Irritability – Reduced. Cold &Coryza – Nil Use of Mobile phone – Reduced. Sleep – Improved. Weak memory in recalling studies.	Tuberculinum 200	1 d/ stat Bell – 200/ 2d/(SOS) X 8 weeks	SOS – not used
22/04/19 Reported by mother & Self	Anger & Irritability – Reduced. Cold &Coryza – Nil Use of Mobile phone – Reduced. Poor interest in Studies Once had Violence tendency but not reacted. Sleep – Good. Weak memory persist.	Tuberculinum 200	1 d/stat Bell – 200/ 2d/(SOS) X 8 weeks	SOS – not used
03/05/19 Reported by mother & Self	Anger & Irritability – Reduced. Severe cold, cough, headache with mild violence episode since 1 week. Sleep – Improved Memory – mild improvement.	Sac.Lac	3 doses / EMES – Alternate days.	1d/ SOS taken
04/07/19 Reported by mother & Self	Anger & Irritability – Reduced. Cold &Coryza – Nil. Use of Mobile phone – reduced.	Tuberculinum 200	2 d – 1d/month Bell – 200/ 2d/(SOS)	SOS – not used

	Follows the instructions clearly. Sleep – Improved.		X 2 months	
12/09/19 Reported by both parents & Self	Anger & Irritability – very mild episodes. Cold &Coryza – Nil. Use of Mobile phone – reduced. Follows the instructions clearly. Improved in Studies. Sleep -sleeplessness	Tuberculinum 200	2 d – 1d/month Bell – 200/ 2d/(SOS) X 2 months	SOS – not used
16/11/19 Reported by mother & Self	Anger & Irritability – Nil. Cold &Coryza – Nil. Use of Mobile phone – reduced. Follows the instructions clearly. Sleep – Disturbed. Improved in Studies.	Tuberculinum 200	2 d – 1d/month Bell – 200/ 2d/(SOS) X 2 months	SOS – not used
01/02/20 Reported by both parents & Self	Had one episode of violence with father as he is not talking to him due to a minor dispute regarding money. Other complaints better. Memory improved and able to concentrate better. Sleep – Improved.	Calc. Carb 30	3 d/weekly/ 1d Bell – 200/ 2 d/(SOS) X 3 weeks	SOS – not used
26/02/20 Reported by both parents &Self	Anger & Irritability – Nil. Cold &Coryza – Nil. Use of Mobile phone – reduced. Follows the instructions clearly. Improved in Studies..	Calc. Carb 30	1d/Stat Bell – 200/ 2 d/(SOS) X 4 weeks	SOS – not used
20/03/20 Reported by both parents & Self	Anger & Irritability – Nil. Cold &Coryza – Nil. Use of Mobile phone – reduced. Follows the instructions clearly. Improved in Studies. Maintained good communication with father.	Sac.Lac	4 d/weekly/ 1d	SOS – not used
23/05/20 Reported by both parents & Self	Anger & Irritability – Nil. Cold &Coryza – Nil. Use of Mobile phone – reduced. Follows the instructions clearly. Improved in Studies. No episodes of Violence and no other specific complaints	Sac.Lac	4 d/weekly/ 1d X 8 weeks	-

Table 2: Zanarini Rating Scale for Borderline Personality Disorder (ZAN - BPD) [19]: Diagnostic and improvement assessment

S. N	Domains	Scores on															
		05/05/18	02/06/18	23/06/18	28/07/18	11/09/18	21/11/18	07/02/19	22/04/19	03/05/19	04/07/19	12/09/19	16/11/19	01/02/20	26/02/20	20/03/20	23/05/20
01	Arguments and repetitive breakups	1	1	1	1	1	1	1	1	1	1	1	1	1	0	0	0
02	Hurting self physically	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
03	Problems with Impulsivity	1	1	1	1	1	1	1	1	1	1	1	1	0	0	0	0
04	Extremely moody	1	1	1	1	1	1	1	1	1	0	1	0	0	0	0	0
05	Anger and sarcastic behaviour	1	1	1	1	1	1	1	1	1	1	1	1	0	0	0	0
06	Distrustful of other people	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
07	Feeling unreal	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0
08	Feeling empty	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0
09	Feeling of no Identity	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0
10	Feeling of being abandoned by others	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total	9	7	7	5	5	5	4	4	4	3	4	3	1	0	0	0

Table 3: DSM – 5 Self – Rated Level – 1 Cross-Cutting Symptom measure – AdultIdentification and assessment of dominant Psychiatric symptom/symptoms [13].

S. N	Domains	Scores on															
		05/05/18	02/06/18	23/06/18	28/07/18	11/09/18	21/11/18	07/02/19	22/04/19	03/05/19	04/07/19	12/09/19	16/11/19	01/02/20	26/02/20	20/03/20	23/05/20
01	Depresion	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
02	Anger	4	3	3	2	2	2	1	1	1	1	2	2	1	0	0	0
03	Mania	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0
04	Anxiety	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
05	Somatic Symptoms	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
06	Suicidal Ideation	2	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0
07	Psychosis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
08	Sleep problems	2	2	2	1	1	1	0	0	0	0	2	1	0	0	0	0
09	Memory	2	2	2	2	2	2	1	1	1	1	0	0	0	0	0	0
10	Repetitive thoughts and behaviours	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0
11	Dissociation	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12	Personality functioning	2	2	2	2	2	2	1	0	0	0	1	1	0	0	0	0
13	Substance Use	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Score	15	12	12	7	7	7	3	3	3	3	5	4	1	0	0	0

Table 4: DSM – 5 - LEVEL – 2 – Anger Adult - PROMIS Emotional Distress – Anger – Short form Assessment of Individual symptom (Anger) [13].

S. N	Domains	Scores on															
	Domains	05/05/18	02/06/18	23/06/18	28/07/18	11/09/18	21/11/18	07/02/19	22/04/19	03/05/19	04/07/19	12/09/19	16/11/19	01/02/20	26/02/20	20/03/20	23/05/20
01	I was irritated more than people know	5	5	5	4	3	3	3	2	2	2	3	2	2	1	1	1
02	I felt angry	4	4	4	3	3	3	3	2	2	2	2	1	1	1	1	1
03	I felt like I was ready to explode	5	4	4	4	4	4	4	3	2	1	1	1	1	1	1	1
04	I was grouchy	4	3	3	3	2	2	2	1	1	1	1	1	1	1	1	1
05	I felt annoyed	3	3	3	2	2	2	2	1	1	1	1	1	1	1	1	1
	Total/partial raw score	21	19	19	16	14	14	14	9	8	7	8	6	6	5	5	5
	Prorated Total Raw score	21	19	19	16	14	14	14	9	8	7	8	6	6	5	5	5
	T Score	71.7	67.2	67.2	60.8	56.7	56.7	56.7	46.3	44	41.3	44	38.1	38.1	32.9	32.9	32.9
	Intensity corresponding to T score	Severe	Moderate	Moderate	Mild	Mild	Mild	None to Slight	None to Slight	None to Slight	None to Slight	None to Slight	None to Slight	None to Slight	None to Slight	None to Slight	None to Slight

3. Discussion

This virgin case of Homoeopathy (fresh case without taking any allopathic medications for his behavioural problems in the past & present) presented here attracts to a clear presentation of the illness, case formulation, remedy selection, and sequence of remedy relation with correspondence to assessment score in an challenging case of Borderline personality disorder. It also signifies homoeopathic personalised medicines has the evidence of controlling the impulsive and unstable behaviour in step by step process with less probability of recurrence/relapse in the follow up period of 02 complete years.

The totality of symptoms includes the characteristic symptoms and intensified disease symptoms (i.e the mental state), physical generals and tendency of getting recurrent cold attacks were considered and converted into rubrics for repertorisation. On further study of case formulation and Materia Medica reference belladonna marked the maximum as acute totality and Tuberculinum hits the constitutional make up. In acute state with exacerbated disease symptoms belladonna indicates the maximum with symptoms like "injures himself and others" which is mentioned in J. H. Clarkes encyclopaedia under the mood section [20]. Belladonna had been prescribed as acute totality and as SOS in case of violence, self-injuring and irritability. After complete case taking, analysis and evaluation of symptoms the totality has been erected and repertorised using Radar 10 software [21]. The totality and the rubrics have been represented in Fig 01. The more striking, singular and characteristic symptoms have been selected as Hahnemann explained in Aphorism 153 in Organon of medicine [22]. On Materia Medica consultation and further references Tuberculinum has been selected as constitutional medicine based on the totality from childhood to the current state. The symptoms like Unpredictable mood, malicious, tendency to run away from home (cosmopolitan), sexual hyperactivity, Increased perspiration, recurrent tendency to get cold attacks has been well indicated in the patient to arrive at Tuberculinum [23]. The follow up details with prescription has been tabulated in Table – 01.

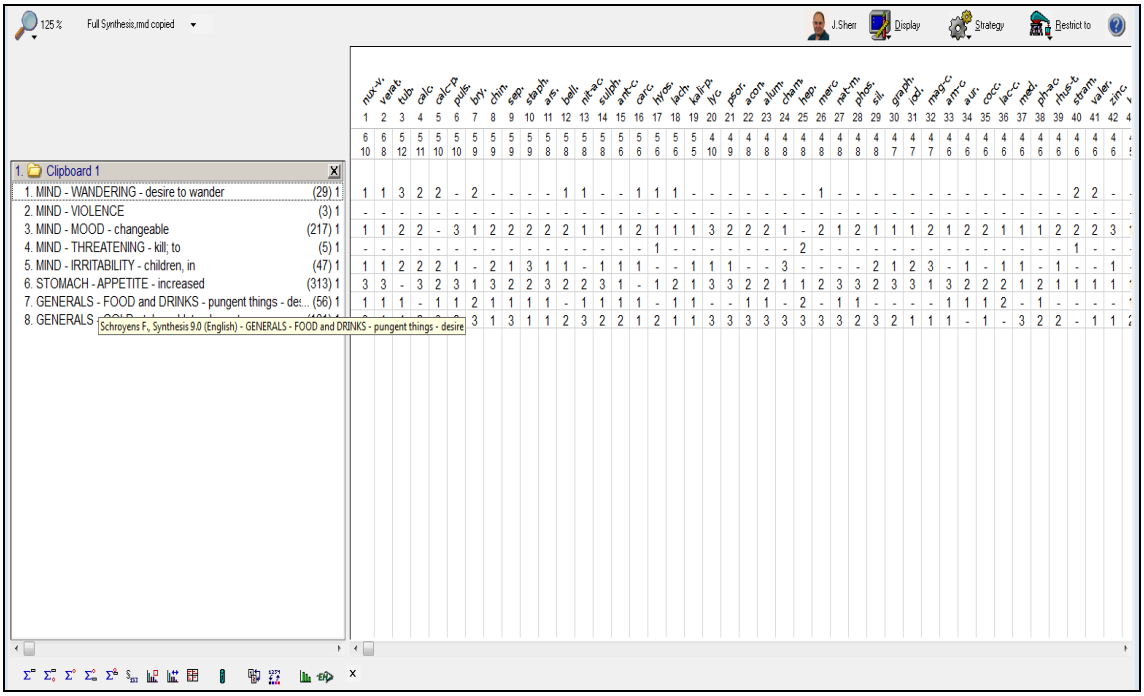


Fig 1: Repertorial totality

During the course of treatment which has been observed for a period of two years, patient was better in general with few symptoms of BPD. Tuberculinum has been prescribed repeatedly based on the symptom intensity assessed through standard questionnaires every month. Reduction in frequency of repetition of medicine and sac.lac were followed based on very low score or 0 score obtained in the monthly assessment in all the three assessment materials. The overall symptom severity and improvement of BPD symptoms has been assessed throughZanarini Rating Scale for Borderline Personality Disorder (ZAN - BPD) (Table – 02). The scores obtained from the baseline till the continuous treatment period shows reduction of score from 09 to 00. In further analysis the individual symptom which is more intensified in this case like anger and irritability are assessed using DSM – 5 Self – Rated - Level – 1 Cross-Cutting Symptom measure – Adult (Identification and assessment of dominant Psychiatric symptom/symptoms) (Table – 03) and DSM – 5 - LEVEL – 2 – Anger Adult - PROMIS Emotional Distress – Anger – Short form - Assessment of Individual symptom (Anger) (Table - 04) and the scores were gradually reduced from 15 to 00 and 21 to 05 respectively. In the assessment of Individual symptom of anger the intensity corresponds to T score which has been reduced drastically from 71.7 (Severe) to 32.9 (none/slight degree) of anger.

To understand the treatment progress the patient and family members has been given repeated reminders to have a good compliance and visited for consultation for 02 years (from May 2018 to May 2020). On the treatment progress the patient experienced mild episodes of impulsivity and irritability but able to recognize and reduce it. On further analysis and case study and considering complementary remedy relation to Tuberculinum, Calc. carb was prescribed which brought a rapid decline of the illness and directed the way to recovery with no recurrence of symptoms.

4. Conclusion

On the raise of various complications/side effects from conventional medicines with relapse, recurrence even after prolonged medications draws a special attention to arrive at alternative mode of treatment like Homoeopathy which treats the person and not the disease. Conditions especially in mental illness always ends in lifelong medications with poor probability of complete remissions. Homoeopathy the only system of medicine with its ultra diluted medicinal substances sees patient as a person and brings a harmonious state of wellbeing without hindering the other bodily organs during the course of treatment. This case of BPD shows the evidence of remissions of illness with reduction of individual symptom of the patient which is followed for the period of two years. Yet large scale clinical trials with well-designed protocol are recommended for further evidence**.**

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