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A case report of paranoid schizophrenia treated with homoeopathy in psychiatry ward

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Abstract

Paranoid Schizophrenia being the common type of schizophrenia in most parts of the world but the literature available is sparse in homoeopathy. This case report is an attempt to increase the evidence-based studies through homoeopathic intervention in paranoid schizophrenia, treated in the psychiatry ward, without antipsychotic medication. The case was assessed by Brief Psychiatric Rating Scale (BPRS), baseline BPRS score of 86 turned gradually to a subclinical range of 24 in one month. The patient had good relief for the next one year and was functionally well.

Keywords: paranoid schizophrenia, individualized homoeopathy, BPRS, stramonium

1. Introduction

Schizophrenia refers to a predominant mental disorder, whose causes are unknown and which involves a complex set of disturbances of thinking, perception, affect, and social behavior. So far, no society or culture has been found free from schizophrenia and there is evidence that this puzzling illness represents a serious public health problem [1]. It is the most severe form of mental disorders which disables the person and has a worldwide accepted prevalence of about 1% in the population. It usually starts in adulthood with the likelihood that a person disables for a lifetime [2]. It is found in all societies and in all geographic areas, worldwide 2 million new cases appear each year [3].

The paranoid type of schizophrenia is characterized by a less disorganized thought process, preoccupation with delusions or frequent auditory hallucinations, characterized by the presence of delusions of persecutions, reference, jealousy, innocence or grandeur. They are typically tense, angry, fearful, suspicious, guarded, reserved and sometimes hostile, uncooperative or aggressive [4, 5]. As per the ICD 10 classification of mental and behavioral disorders, paranoid schizophrenia is described under schizophrenia with ICD code F20.0 [6]. Homoeopathy can be a useful treatment option in psychiatric cases as it treats the patient holistically taking mind and body into account. A case with paranoid schizophrenia was studied to understand the importance of evidence-based studies in homoeopathy. The Brief Psychiatric Rating Scale (BPRS) the most frequently used instrument for evaluating psychopathology in patients with schizophrenia [7], has been used in this case report for the assessment.

2. Case report

Mr. UK, 47 years male patient, a plumber by occupation was brought by the mother to the OPD of National Homeopathy Research Institute in Mental Health (NHRIMH) on 14th November 2019 with irrelevant and continuous self-talk, self-laughing, increased anger, and suspiciousness towards mother, fears that neighbor coming to kill him, always says don't kill me, hearing a male voice, talking about wife and son that they are coming now, always calling police by saying neighbors talking through a computer, and satellite, running away from home, wandering tendency with sleeplessness, poor appetite, and thirst. Complaints started one month back with sleeplessness, use to sleep only for 2-3 hours, consulted a psychiatrist and admitted to private psychiatric hospital for 9 days. The patient's mother couldn't afford the hospital expenses; they took discharge against medical advice, used allopathic medication in the hospital for 9 days. After coming home, he ran away from home, wandering tendency started again, managing him at home was difficult so they came to the NHRIMH OPD with the above complaints.

The patient and his wife use to have constant quarrels at home and got divorced 6 years back, having one son now staying with the wife. He tried to meet his son after the divorce but the wife did not allow him. The patient is now staying with the mother. After the divorce, he gradually started with murmuring and religiosity increased. There was a property related dispute between the patient and brother 10 months back since then he developed a fear towards police, during the quarrel patient became afraid, not able to withstand there, and left from that situation by keeping the mother all alone. No neurotic traits in childhood. His Pre-morbid personality is very reserved, introverted, fastidious, and religious. The patient had a problem with hard stools and passes alternate days. He had a desire for tea, refreshing things, and an aversion to milk. Thermally he is Hot. Nothing abnormal was detected on the general physical examination.

3. Mental status examination

General appearance and behavior: The patient is conscious cooperative with good personal care. Feels sleepy during an interview, tired look often closes his eyes with drooping of upper eyelids. EEC (eye to eye contact): Poor. PMA (Psychomotor activity): decreased. IPR (Interpersonal relationship): poor. Speech: Irrelevant with normal volume, tone, and reaction time. Mood: Anxious. Affect: Inappropriate, Congruent, average range, Labile. Thought: Flow: increased; Form: NAD (flight of ideas, prolixity, circumstantiality, tangentiality, illogicality or irrationality not detected); Content: Delusion of reference, Delusion of persecution, avoided using a mobile phone, says that invalid satellite connection is present, my words are sending via satellite to reach another person (bizzare delusion), thoughts are injected to the ear. Grandiosity – says PM Modi will call

him then he will take bath. Auditory hallucination 2PAH hearing voices of his neighbor. Orientation: To time, place and person is preserved. Memory: Immediate, recent and remote: Adequate. Attention & concentration: Sustained and maintained. General information & intelligence: Adequate as per age and education. Abstract thinking: Normally maintained. Judgment: Social judgment and test judgment: Adequate. Insight: absent.

4. Diagnosis and assessment

The case was diagnosed as Paranoid Schizophrenia (F20.0) as per ICD-10 by the Consultant Psychiatrist. The patient was assessed for severity of illness using the 18 points brief psychiatric rating scale (BPRS). The outcome was evaluated based on a change in the BPRS Scores i.e. on the 1st day of admission and at the time of discharge.

5. Intervention

Patient hospitalized at NHRIMH Psychiatry ward. Totality was erected and subjected to Repertorisation in RADAR 10 (synthesis) repertory. Rubrics considered and the repertorial totality may be referred to in Figure no.1. Based on the totality of symptoms a single dose of Stramonium 200 was prescribed and followed by sac lac daily. The medicine which was procured from HOMCO (Kerala State Homoeopathic Pharmacy) was dispensed from the pharmacy of NHRIMH. Stramonium 1M one dose was given after 9 days, from the very next day onwards the patient reported remarkable improvement in his mental distress, the remedy was allowed to continue its beneficial action and Sac lac was continued for the patient’s satisfaction. The patient didn’t receive any other medicine or any specific behavioral therapy. Hence the results are attributable to the prescribed medicine.

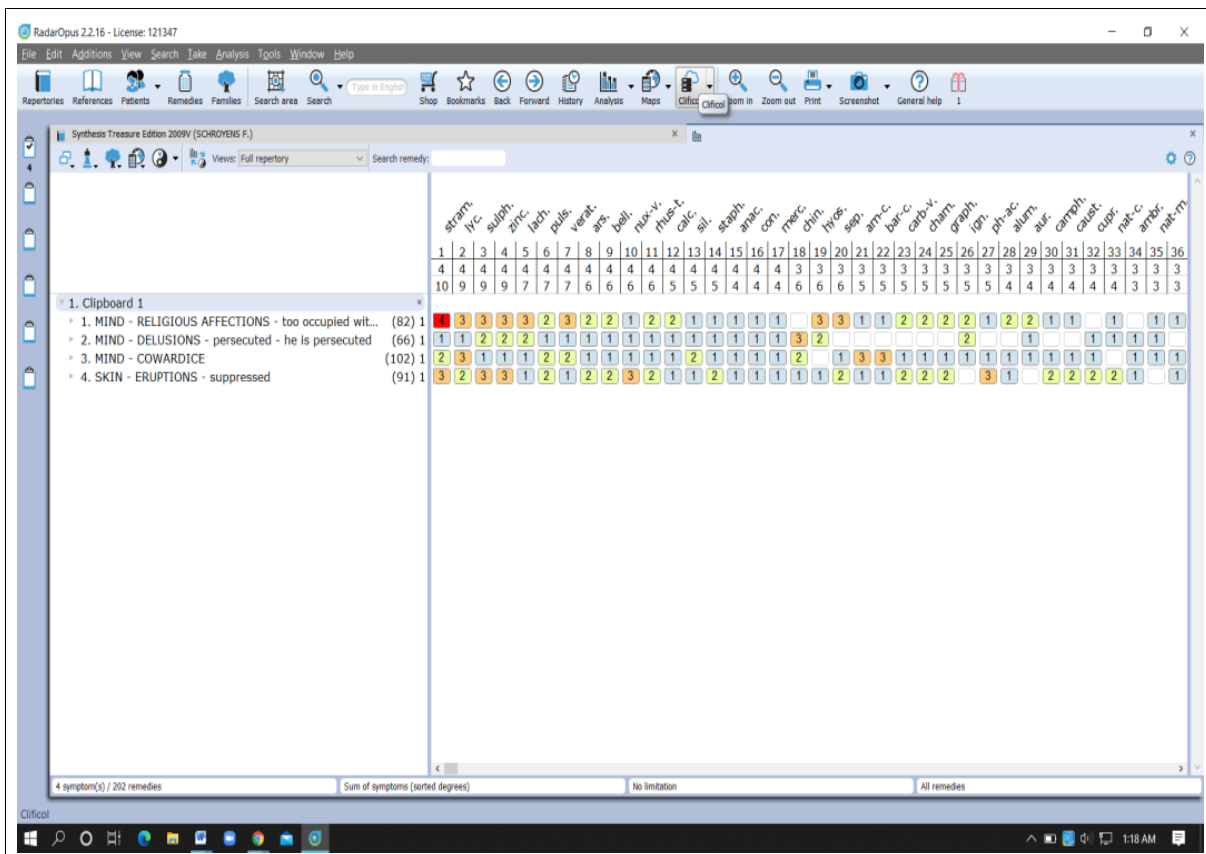


Fig 1: Repertorization chart

6. Results

No homoeopathic aggravation was observed in this case after the administration of medicine. There was a consistent reduction in BPRS score along with general improvement of the patient in the consecutive follow-ups. The observations

during follow-up and the corresponding prescriptions are shown in Table 1, BPRS scores in the follow-ups are shown in table 2. After one year of homoeopathic treatment, there was a general improvement and he became functionally well.

Table 1: Follow-up of the case

Date	Observation in the psychiatry ward	Treatment
16/11/2019	EEC poor, Mood: changeable, Speech: continuous, irrelevant talk, self-talking and laughing, less sociable, thought broadcasting present, delusion of persecution, hearing voices, says some device in the head, neighbors are controlling his thoughts. Sleeplessness: only 3 hours at night, appetite and thirst improved	Stramonium 200 1 dose
17/11/2019 to 24/11/2019	EEC, self-talk and laughing, thought broadcasting, delusion of persecution, hearing voices, says some device in the head, neighbors are controlling his thoughts still the same. But could see an improvement in the sleep – the patient started sleeping in the day time. Night sleep: same.	Sac lac
25/11/2019	All observations – SQ	Stramonium 1M 1 dose
26/11/2019 to 27/11/2019	All observations were the same but there was an improvement in sleep noticed, slept for 6 hours at night without any disturbances.	Sac lac
28/11/2019 to 01/12/2019	EEC poor, self-talk and laughing >+, 2PAH >+ grandiose talk reduced, anger on mother still there. Sleep: refreshing	Sac lac
02/12/2019	EEC sporadically started giving, self-talk and laughing nil, delusions and Hallucinations nil says satellite communication stopped coming since 2 days, anger towards mother decreased. Constant praying decreased started mingling with other patients.	Sac lac
03/12/2019 to 12/12/2019	Good improvement with no relapse	Sac lac
13/12/2019	Discharged and advised the patient to follow up in OPD once in every month.	Sac lac daily, Stramonium 1M 1 dose SOS

Table 2: Brief psychiatric rating scale

Sr. No.	Symptoms	Scores on admission	Scores on discharge
1	Somatic Concern	1	1
2	Anxiety	7	3
3	Emotional withdrawal	7	1
4	Conceptual Disorganization	7	1
5	Guilty feeling	1	1
6	Tension	7	3
7	Mannerism and Posturing	1	1
8	Grandiosity	7	1
9	Depressive mood	4	3
10	Hostility	3	1
11	Suspicious	7	1
12	Hallucinatory Behavior	7	1
13	Motor Retardation	4	1
14	Uncooperativeness	4	1
15	Unusual thought content	7	1
16	Blunted affect	6	1
17	Heightened emotional tone, agitation, increased reactivity	4	1
18	Confusion or lack of proper association for person, place or time.	2	1
Total score		86	24

7. Discussion

Most of the antipsychotic medications cause sedation [8], this can be a causative factor in the increased risk for venous thromboembolism in patients with antipsychotic medication [9]. The study by Oberai *et al.*, gives us the positive role of homoeopathic medicines in the management of patients with schizophrenia and the study was conducted on patients who were taking antipsychotic medication [10]. In this case, report apart from homoeopathic medication patient didn't receive any other medication and was shown to be effective in the management. Earlier study reflects that homoeopathy can be a good substitute for conventional treatment i.e. an antipsychotic drugs in the treatment of schizophrenia as it does not cause any severe side effects [11]. Patients with schizophrenia often show relapse, and it

occurs after the withdrawal of antipsychotic drugs [12]. A study on schizophrenia [13], demonstrated that 34.7% of patients showed relapses within 1 year of the treatment. Another study by Millier *et al.* [14] showed that symptoms relapsed in around 23.7% of patients who were given monotherapy and 33.3% of the patients who were on polypharmacy, symptoms relapsed within 1 year. In this case, the patient followed for more than 1 year and didn't show any relapse, so from this case it is observed that individualized homoeopathic medicine not only manages psychiatric disorders effectively but it is effective in reducing the relapses. From the day of admission, there was an improvement in Appetite and thirst which can be due to the controlled hospital environment. Slight improvement in sleep was

noticed after the stramonium 200 but the chief complaints were still the same so the potency increased to 1M. From the very next day, onwards the patient started showing a remarkable improvement and we have assessed the patient's symptoms by using BPRS and the scores came 86 at the baseline i.e. at the time of admission. When we checked after a month of treatment, there was a drastic decrease in the score to 24 has been observed (listed in table 1). This shows the effectiveness of the higher potency in treating psychiatry cases.

In this case, it is convinced that there is ample scope for the utility of Homoeopathic medicines in Psychiatric disorders. To date, very limited research has been published regarding the management of Paranoid Schizophrenia with homoeopathic medicine alone; future studies are suggestible with appropriate study designs.

8. Conclusion

This case brings about a piece of evidence for a beneficial effect of homoeopathic medicine in the management of paranoid symptoms through the well-selected potency. The study also reflects the positive role of homoeopathic medicines in the management measured by BPRS. Well planned future research studies with suitable study designs and calculated sample size are necessary to prove the effectiveness of Homoeopathy in Paranoid Schizophrenia.

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