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Successfully treated case of schizophrenia through Homoeopathy: A case report

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Abstract

Schizophrenia is significantly a disabling disease that affects all major areas of life. So, the goal of treating schizophrenia is to prevent the relapse, and increase the adaptive functioning so that the patient can be integrated back into the community. In this case report, the patient was followed for 3 years with good improvement and after a long break in the work area, he could go back to his work and able to sustain the work pressure and lead a normal life. The patient was treated with homoeopathic intervention alone, assessed by Positive and Negative syndrome scale (PANSS) & Brief Psychiatric rating scale (BPRS). Both the rating scales were assessed at baseline and once in 6 months, which showed drastic improvement in the case.

Keywords: Paranoid schizophrenia, Homoeopathy, Positive and Negative syndrome scale, Brief Psychiatric rating scale, Natrium muriaticum, Arsenicum album

Introduction

Schizophrenia is a complex mental illness characterized by distortions in thinking, perception, emotions, language, sense of self and behavior. Globally, prevalent cases rise from 13.1 million in 1990 to 20.9 million cases in 2016. Schizophrenia is found to be among the top 10 leading causes for disability in the world among people in the 15 to 44 years of age range^[1, 2].

Schizophrenia is a chronic disorder with variable clinical features and changes in numerous aspects of mental processing. It causes significant and long-lasting impairments, makes heavy demands for hospital care, and requires extensive efforts from the healthcare system.^[3] Cognitive impairments are also common in patients suffering from schizophrenia, especially in the domains of attention, executive function and memory^[4]. Thereby, getting employment was an uncommon outcome for people with schizophrenia living in the community^[5]. Cognitive deficits in schizophrenia are common and are strongly linked to vocational and functional impairments^[6]. The employment rate in schizophrenia appears to have declined in the last 50 years in the UK. Barriers to getting employment include stigma, discrimination, and fear of losing benefits and a lack of appropriate professional help^[7].

This is a case of a person with paranoid schizophrenia admitted to an in-patient psychiatric unit. He had previously been treated with a range of antipsychotic drugs for about a month along with behavioral therapy. While all of these regimens had some effect, none had led to complete remission of the symptoms.

Patient information

A 34-year-old male who previously worked as a graphic designer was brought by brother and brother-in-law to the psychiatry out-patient department (OPD) of National Homoeopathy Research Institute in Mental Health (NHRIMH), Kottayam on 10th July 2019. The patient presented with complaints of restlessness and wandering tendency, disorganized behavior, sleeplessness, irrelevant and continuous talk, talking to self and murmuring. He says that cameras are set all around, weeping tendency, spitting frequently, thoughtfulness and anxiety about the marriage. One month back mother had hypoglycemia and got admitted in the hospital since then patient started showing the awkward behavior.

History of present illness

Patient was apparently normal till the 27 years of age. In 2012 He was working in important daily as a DTP operator in the night shift, during his work, manager scolded him, he felt

disturbed. Following the next day during the work time at mid night he was frightened by seeing something might be a cat. From very next day onwards he started showing an awkward behavior, irrelevant talk, with giddiness and weakness and kept saying that his body is getting smaller, then was consulted by a psychiatrist and was admitted in the hospital for a week, followed by allopathic medication for one month, but he was irregular on medication and was finally stopped all the medication by himself.

Patient was at home all the time with the mother, couldn't join back his work became taciturn, not mingling with anybody, doesn't wish to see anyone. He was taken to a psychiatrist, and he was advised to take ECT treatment, but the family was reluctant to do so. He was shifted to government medical college hospital, where he treated with allopathic medication and psychotherapy. After the counseling, started with increased talk, over confident and over working, frequent washing his face, aversion to light, wandering tendency, gesturing with hands and voiding in front of temple. When his friend confronted his behavior, he felt guilty. When his twin brother got marriage proposal, he started feeling being neglected and developed aversion to talk to females. He also exhibits some bizarre symptoms like saying laser lights are present in his eyes and frequent rubbing of eyes, sensation of excessive hair on body and feeling of excessive dust on skin.

When mother became ill one month back, his symptoms got increased. Counseling was given, and the complaints reduced but reappeared again since two days showed the presenting complaints so got admitted at NHRIMH.

Life space investigation

The patient was a third child with 2 elder sisters and a twin brother. He was attached to father, who died 10 years back after falling from a coconut tree, after his demise became attached to mother. Since childhood was an introverted person with very fewer friends and average in studies. A secretive person does not express much to others. Inferiority complex, always comparing himself with his twin brother. Always have a concern about others. At the time of father's funeral had an episode of syncope during the cremation. He was average in studies, after learning DTP started the job at the age of 19 years. Worked in web city for 2 years, later worked in press for 3 years, but left due to less salary. Then started working at important daily as a DTP operator in the night shift, he use to complain frequently about the job stress.

Past History: History of measles at childhood, managed with conservative medicine.

In 2006 met with an accident, and had a fracture at the mandible.

Family history: Father - alcoholism with liver cirrhosis, died in 2008.

Mother - Diabetes mellitus, thyroidectomy.

Elder sister - Migraine

Physical generals: He had a good appetite and thirst and sleep reduced hardly sleep for an hour, weeping tendency at night. Perspiration was generalized and only on exertion. Bowels and bladder functions were normal. The patient was fond of fish. Desire prawns and salt. Thermally, he prefers fanning, cold climate dislike covering. Prefer cold water.

Mental status examination

General appearance and behavior the patient was conscious, not cooperative, with poor interpersonal relations. He was restless with a wandering tendency. Answering abruptly. *Psychomotor activity* was increased. *Eye to eye contact* was not maintained. The *speech* was relevant, with a normal rate but increased volume. Reaction time reduced. The *mood* was blunt, *Affect* was inappropriate. Flow of thought was increased, with poor association and logicity. In the *thought content* suspicious to take food given by others (not in the family). Says there are cameras everywhere (Persecutory delusion) and there is laser light in his eyes. (Bizarre delusion) Gesturing- as if removing dust from the dress with hand and says dust was there all over the dress and skin (Somatic delusion). Tactile hallucination+. Orientation to time, place and person was poor. *Attention and concentration* could not be elicited. Memory, general information and intelligence, abstract thinking, and judgment also could not be elicited as the patient was not cooperative. *Insight* was poor, grade zero.

Diagnosis: Patient was diagnosed by psychiatrist – PARANOID SCHIZOPHRENIA (F20.0) according to ICD – 10 criteria ^[8].

Results

In this case, 2 rating scales were used, Positive and Negative syndrome scale (PANSS) and Brief Psychiatric rating scale (BPRS). There was a drastic change in the PANSS from 110 baseline to 31. BPRS score from 68 at the baseline to the normal value of 19, represented the same in figure no 1. The observations during follow-ups and the corresponding prescriptions are given in Table 1. The acute remedy and the constitutional homoeopathic treatment could able to manage acute psychotic episodes and no relapse was reported for more than 3 years.

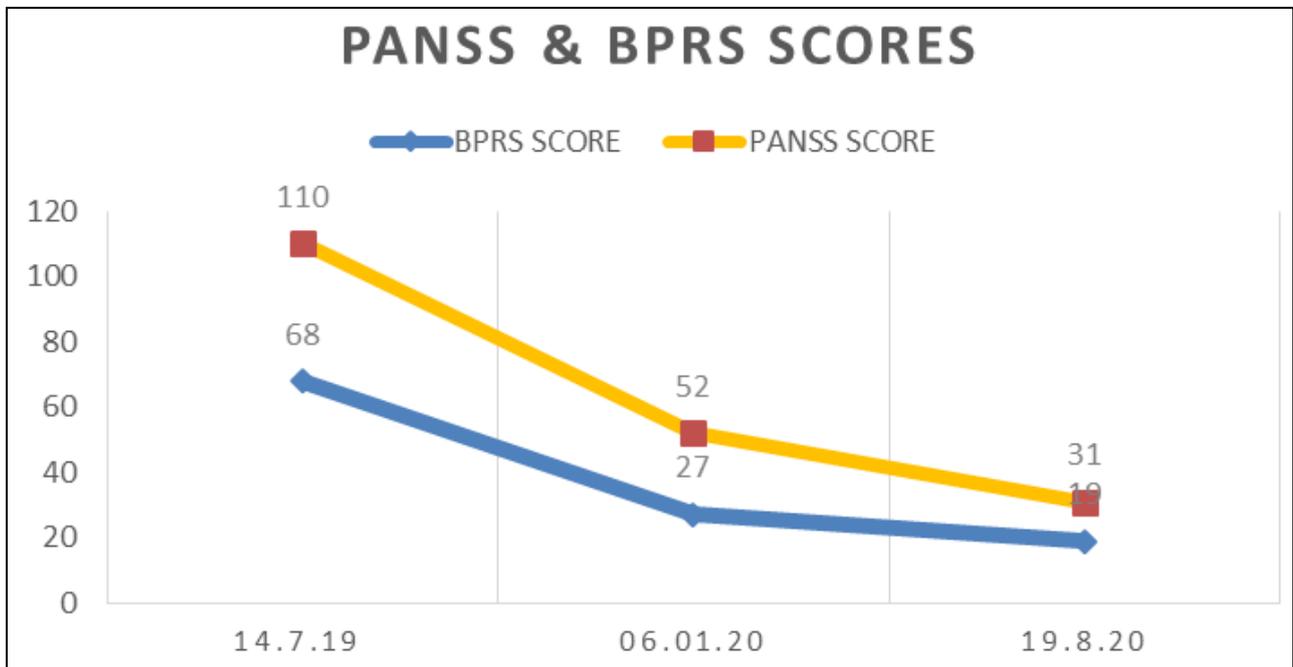


Fig 1: PANSS & BPRS baseline, 6th month & 12th month scores

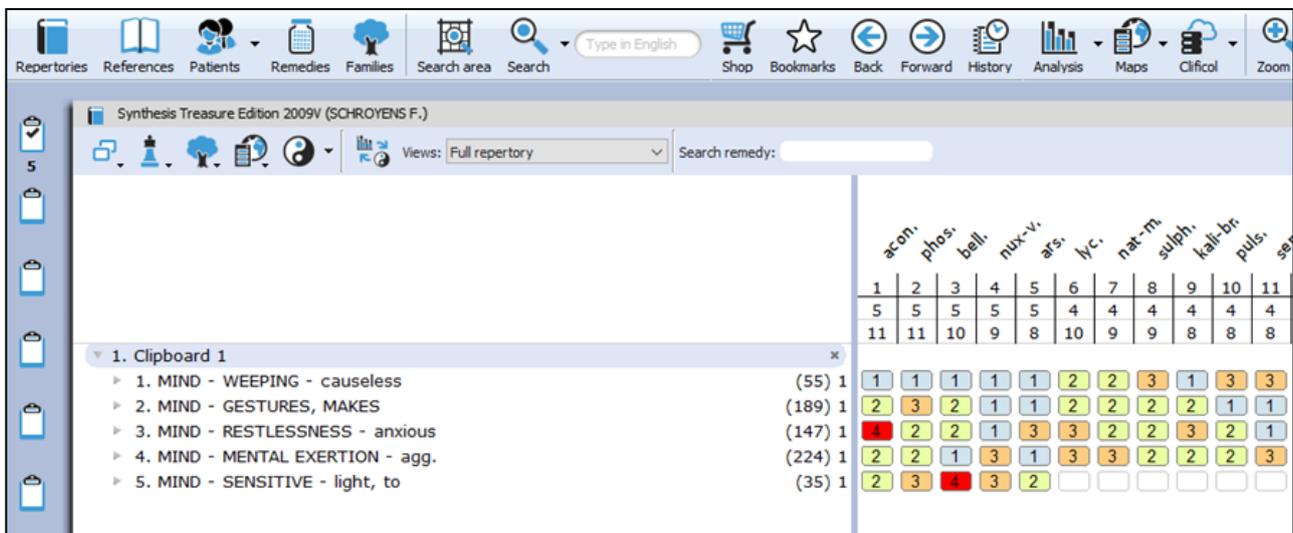


Fig 2: Repertorial chart – acute totality

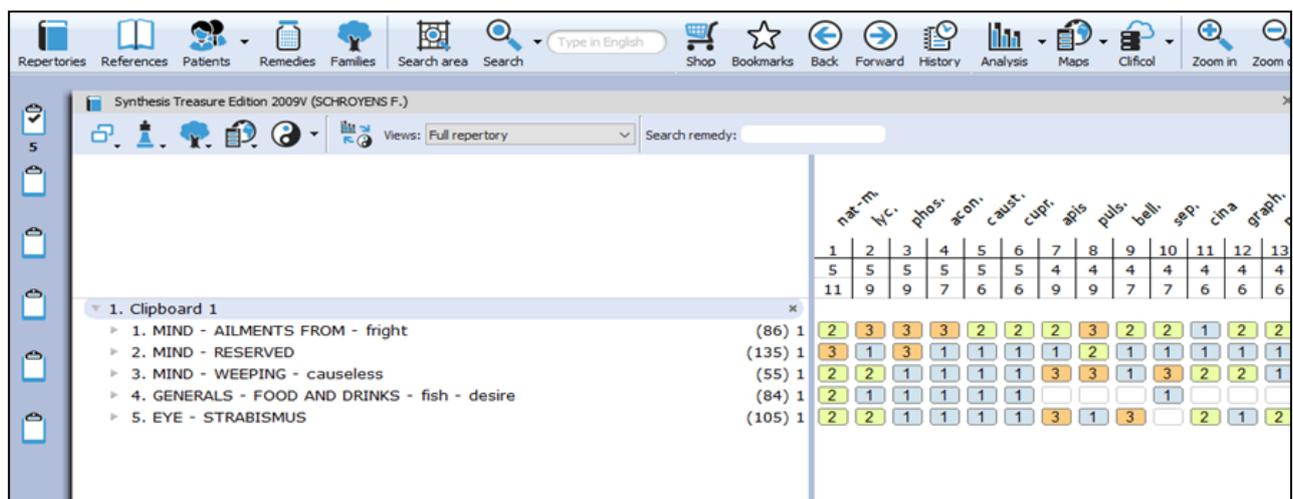


Fig 3: Repertorial chart - constitutional totality

Table 1: The observations during follow-ups and the corresponding prescriptions

Sr. No	Date	Follow-up of the case in the psychiatric ward	Prescription
1.	14.07.19 to 17.7.2019	Weeping tendency, restlessness, sleeplessness, diminished appetite, says dust on skin, excessive hair on body, says cameras all over, says there is laser light in his eyes, lightening in eyes and frequent rubbing the eyes, less sociable, less communicable, frequent washing face., uncooperative, Mood - changeable, insight-poor	Arsenic album 1M single dose on 17.07.2019, followed by sac lac
2.	18.07.2019 to 30.07.2019	Weeping tendency on and off, restlessness reduced, sleeplessness gradually improved, appetite reduced, says dust on skin, excessive hair on body, Delusions & somatic hallucination gradually reduced, sociable+, communicable, frequent washing face decreased	Natrium muriaticum 30 single dose.
3	01.08.2019 to 06.08.2019	Started attending yoga, insight present, wanted to go home	Discharged on 06.08.2019 with sac lac for 2 weeks
Sr. No	Date	Follow-up of the case in OPD	Prescription
1.	20.08.19	Attended the birthday party on 13.08.2019 since then sleep decreased. Shouted in front of all relatives, anger increased. Relatives took him to the nearby medical college and started allopathic medication, but patient was reluctant to take the allopathic medication	Arsenicum album 1M single dose
2.	04.09.19 to 02.12.2019	Sleeplessness+, anger increased on mother, wandering inside the room, gestures decreased, started mingling with friends	Arsenicum album 10M monthly one dose
3.	06.01.2020 to 19.08.2020	Anger: nil, generals: good, concentration difficult, not yet attending job, speech: relevant, EEC: maintained Affect: appropriate, mood: pleasant, insight: present	Natrium murk 30 monthly one dose.
4.	09.11.2020 to 13.01.2021	Mentally better, started with DTP work in day shift	Sac lac
5.	19.05.2021 to 08.09.2021	Changed to new job due to salary hike, able to manage work pressure, mentally feeling better, started searching matches for his marriage	Sac lac for 3months
6.	10.01.2022	Feeling good, attending job regularly, able to handle work related stress	Sac lac given for 2 months, advised to stop the treatment, SOS visit

Discussion

The average age of onset for many psychotic disorders is at the most critical period of educational, occupational and social development; their consequences often lead to lifelong disability. These patients also have increased physical morbidity and mortality in comparison to healthy population^[9, 10]. In this case too, the progression of the disease was gradual and reached its peak in the critical period of life, while the client was in his early adult life and facing stress in the job. People with persisting psychotic disorders need adequate and uninterrupted treatment in a stable, safe and stimulating environment^[11].

During his hospital stay, after observing the patient behavior based upon the totality Arsenic album single dose in higher potency 1M has been prescribed which showed a gradual improvement in his symptoms, followed with constitutional medication Natrium muriaticum 30 one dose has been given. But after the discharge when he exposed to the crowd (attended the birthday party) his anger got increased with disturbances in the sleep, there were no hallucinations so Arsenic album 10M was given, continued monthly once for few months.

The goals in treating schizophrenia include targeting symptoms, preventing relapse, and increasing adaptive functioning so that the patient can be integrated back into the community^[12].

In this case there was much relief of the targeting symptoms but patient productivity was not up to the mark so gave Natrium muriaticum with 30th potency monthly once for few months. After introducing his constitutional medication, there was marked improvement in the adaptive functioning, patient joined his work again and could able to tolerate the work pressure very well. No allopathic medication has been given, as patient stopped taking them on his own. He was followed for 3 years, advised to visit if required.

The patient has clear precipitating factors to develop these

kinds of symptoms that are ailment from being reproached, over mental exertion or being frightened. So as per our master Hahnemann this mental disease falls under the fourth type i.e. mental disease from emotional causes such as continued anxiety, worry, vexation, wrongs and the frequent occurrence of great fear and fright. This kind of emotional disease in time destroys the corporeal health, often to a great extent^[13]. In such cases, a detailed understanding of the patient's environment becomes a great necessity for the physician. He must explore the circumstances in his family, work and social area to which the patient is constantly reacting. In fact, such diseases are the expressions of his failure to adapt himself in continued and prevailing unfavorable situations. Therefore, the physician should acquire details of the patient's disposition, his environment and the characteristics of his mental and physical reactions in order to construct the totality^[14].

Conclusion

This case report illustrates the usefulness of homoeopathy in management of acute psychotic symptoms in schizophrenia. Well-planned studies with appropriate designs are necessary to explore the effectiveness of homoeopathic medicines in schizophrenia.

Acknowledgment

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Declaration of patient's consent

An informed consent was received from the patient for publication of the case report, provides the identity of the patient is not revealed.

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