Schizophrenia: Is there a Role of Homoeopathy?

ABSTRACT: The entire Psycho-pathology of Schizophrenia has been discussed and co-related with Hahnamann's aphorisms concluding with a complecated case handled beautifully with Homoeopathy.

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INTRODUCTION: Schizophrenia is the paradigmatic illness of psychiatry. It is a clinical syndrome of variable but profoundly disruptive psychopathology, which involves thought, perception, emotion, movement and behavior. The expression of these symptoms varies across patients and over time but the cumulative effect of the illness is always severe and usually long lasting.

Early Greek physicians described delusions of grandeur, paranoia, and deterioration in cognitive functions and personality. These behaviors were generally considered to merit social sanction. However, since these symptoms are not necessarily unique to schizophrenia, one cannot be certain whether these behaviors were actually associated with what today would be called schizophrenia. Indeed, several scholars have argued that schizophrenia is of relatively recent origin. It was the 19th century where Modern medicine acknowledged the existence of mental clinical conditions (the previously disparate categories of insanity, such as hebephrenia, paranoia and catatonia) and grouped them together under the diagnostic category of dementia praecox.

The concept of *schizophrenia spectrum disorders* is derived from observations of psychopathological manifestations in the biological relatives of patients with schizophrenia. Schizophrenia is a leading public health problem that exacts enormous personal and economic costs worldwide.

EPIDEMIOLOGY

- Schizophrenia affects just under 1 percent of the world's population (approximately 0.85 percent).
- Schizophrenia is found in all societies and geographical areas.
- In males, the incidence of the onset of positive symptoms peaks during 7-27 years.
- In females, the peak incidence is between the years 17 to 37.
- Rural and urban incidence figures are probably similar, but there is a greater prevalence of schizophrenia among urban and lower socioeconomic populations.

ETIOLOGY: The etiological process or processes by which a causal agent creates the patho-physiology of schizophrenia is not yet known. But it is understand that certain risk factors are responsible for developing schizophrenia. Genetic factors also play a major role in the genesis. It is still an unresolved issue whether schizophrenia is a neurodevelopmental or a neurodegenerative disorder. Psychiatrists are not sure if schizophrenia results because of the failure of the normal development of the brain or is it the disease process that alters a normally developed brain. Either these options or a combination of these may be true because the schizophrenia syndrome probably represents more than one disease process or a developmental delay.

PATHOPHYSIOLOGY: Schizophrenia is a disease of the

brain and deviations in brain physiology. Not all functions are disturbed. Only a few studies show dysfunction of specific areas or neural circuits of the brain. The disturbances can be at the level of disturbances of cytoarchitectural, biochemical or electrophysiological properties of the neural systems.

- The volumes of prefrontal gray or white matter are decreased
- Decreased volumes of hippocampal and entorhinal cortex
- Interneuron abnormalities in prefrontal cortical
- Disturbed prefrontal metabolism and blood flow
- Abnormal migration of hippocampal and entorhinal neurons occurs in schizophrenia.

Diagnosis: In psychiatry most of the clinical diagnoses are confirmed on the basis of 'validity and reliability'. The diagnosis of schizophrenia relies on the presence of positive symptoms including hallucinations, delusions and a positive formal thought disorder.

The course of the illness can be divided into four major epochs:

A. Premorbid adjustment

B. Onset of illness

C. Middle course

D. Late course

A] Premorbid Adjustment: Premorbid adjustment means the symptoms that appear before the onset of positive symptoms. It includes:

- Poor social and scholastic adjustment or diminished social drive;
- Decreased emotional responses, withdrawn, introverted, suspicious or impulsive behavior;
- Idiosyncratic responses to ordinary events or circumstances;
- Short attention span;
- Delayed developmental milestones or poor motor and sensorimotor coordination.
- Asocial since childhood is supposed to have a poor prognostic value.

It is observed that a child of a schizophrenic mother who observes the cognitive difficulties is more prone for the illness.

B] Onset Of Illness: The onset of positive symptoms is insidious in about half of the patients. Patients with this type of onset are very likely to have a poor intermediate course and a poor long-term outcome.

C] Middle Course: The first 5 to 10 years of illness are frequently characterized by multiple exacerbations of positive symptoms during which a patient may return to an asymptomatic baseline between episodes, or remain actively psychotic without achieving full recovery.

This sub-epoch is followed by a plateau phase, in which patients experience a stabilization of their symptoms and a decrease in the number of exacerbations.

D] Late Course: In the late epoch there is a tendency for the intensity of positive symptoms to diminish and many patients with long-term impairments regain some degree of social and occupational competence. Although the illness becomes less disruptive and easier to manage, the effects of years of dysfunction are rarely overcome. It would be highly unusual for an individual with a chronic form of the illness to gain the niche in society and the quality of personal life that would have been possible had the illness not been present.

Homoeopathic Perspective: Hahnemann has very beautifully given the guidelines for the treatment of psychiatric cases. How acute should be treated, when to prescribe a deep acting medicine, what is the role of observation, how to collect information, etc. Here I have tried to put up the relevant extract which shows the attitude of Hahnemann towards the patients suffering from mental illness.

Since I never allowed any insane person to be punished by blows or other painful bodily chastisement, because there can be no punishment for involuntary actions, and because these patients deserves nothing

but pity, and are always made worse and not better by such a rough treatment, he [Klockenbring] used to often show me with tears the remains of the marks which his former guardian had employed in order to restrain him. The physician in charge of such unhappy people must indeed have at his command an attitude which inspires respect but also creates confidence: he will never fees insulted by them, because a being that cannot reason is incapable of insulting anyone". The outbreaks of unreasonable anger only arouse his sympathy for their pitiful state, and call forth his charity to relive their sad condition" [from Life & Work of Hahnemann by Richard Hahl]

§ 211

This holds good to such an extent, that the state of disposition of the patient often chiefly determines the selection of the homoeopathic remedy as being decidedly characterized symptoms which can least of all remain concealed from the accurately observing physician.

§ 212

The Creator of the therapeutics agents has also had a particular regards to this main feature of all diseases, the altered state of the disposition and mind, for there is no powerful medicinal substance in the world which does not very notably alter the state of disposition and mind in healthy individual who tastes it, and every medicine does so in a manner.....

§ 215

"All the so called mental & emotional diseases are nothing more than corporeal diseases in which the symptoms of derangement of the mind and disposition peculiar to each to them is increased, whilst the corporeal symptoms decline (more or less rapidly), till it attains the most striking one side nesses."

§ 218-Guidelines for 'Collections /Recording' of the symptoms.

This collection of the symptoms belongs in the first place the accurate description of all the phenomenon of the previous so–called corporeal disease, before it degenerates into a one-sided increase of the psychical symptoms, and became a disease of the mind and disposition. This may be learned from the report of the patient's friends.

Some limitations in the treatment of the disease:

Patients with limited emotional expression who demonstrate a lack of social drive and social affiliation during childhood and who display poor social and occupational functioning in recent years, are quite likely to run a chronic course of the illness.

On the other hand, patients who have a normal developmental history with an abrupt onset of psychosis and who have not established a pattern of social and occupational failure, have a much better prognosis.

There is also evidence that prognosis is better in females than in males. However, some patients in the good prognosis group will progress to a devastating form of the illness.

Considerations In Instituting Homoeopathic Treatment

The more rapidly patients are treated; the more benign is the course of illness. The illness needs to be understood in an evolutionary manner since in a large number of cases, the danger of encountering a one-sided disease is very real. Knowing the difficulties of managing such an entity, a homoeopathic physician makes all efforts to construct the totality by paying attention to the anamnesis of the case. A homoeopathic physician does not consider the clinical diagnosis as adequate for arriving at a prescription. Recent repertories have been including the nosological entity as one of the rubrics. This is not only misleading in guiding the physician in a difficult area but it narrows down the scope of action of Homoeopathic remedies which have a far wider range of action than can be limited by mention of specific disease states. One of the major obstacles to instituting homoeopathic treatment is the allopathic medication with which patients come for advise and ideas of switching over to Homoeopathic medication. One of the greatest errors in these cases is to abruptly stop the medication. Such a move is bound to backfire since prolonged suppression will get uncovered suddenly leading to unmanageable

exacerbation of the disease process. Hence the wise path is to commence the indicated homoeopathic medication and watch out closely for symptoms which are helping to constitute a totality. There are times when the intercurrent totality would appear and the appropriate intercurrent or anti-miasmatic would help to uncover the underlying symptoms. At times, we could perceive clearly the patient as a person and nothing else of import in the disease expression. Commencing treatment with the Constitutional medicine can clear up the case.

Reduction of the antipsychotic medication is not the job of a Homoeopathic physician and should be in consultation with a qualified psychiatrist. Since most of the psychiatrists are aware of the limitations of their own therapeutic outcome, they would not mind participating in an exercise which would assist the prolonged remission or at least reduction of the doses of the medication.

One of the greatest difficulties in the therapy of schizophrenia today is dealing with what are termed as negative symptoms. Apathy, indifference, a motivational syndrome, poor feeling tone- all these constitute the negative symptomatology. These were originally considered as residual symptoms of burnt out process. But of late, there has been a change in the evaluation of their status. They are considered to be a part and parcel of the schizophrenic process itself.

In general, there are more reliable predictors of a poor than a good prognosis. We would have to establish that the quality of care can be improved with the help of homoeopathy where mostly the simillimum completes its job.

Illustrative Case

Case of Mrs R P. F/ 47 yrs old married female, from Satpati, near Palghar

Elder Da Married, Younger son- studying.

Reported on 7th July 2000.

Chief complaint

Location	Sensation	Modality
Mind Since 1 ½ yrs First episode Lasted for 3 months	Fears- unspecific[3] Feels that neighbors are talking of her[3] Feels that neighbors understand what she talks. Eats[3] Not taking proper bath since feels that cameras are fitted in the bathrooms[3] Not eating properly-feels that peoples are watching her, and taunting her for eating in the public[3]	A/F? Treated by local GP. T Trika O.25mg T Maximine forte Rx at Nair Hospital T Eskazine 5 mg[1-0-2] T Pacitane 2mg[1-0-1 since 1 ½ yrs
Second episode March '2003 Family started Rx on own. Continued the Rx for more than 1month	Same complaints Observation: Agitation on face and Restlessness	A/f- Anxiety for H who had fight with siblings T Eskazine 5mg[1-0-2] T Pacitone 2mg[1-0-1] This time not > with Rx of Nair hospital.

ASSOCIATED COMPLAINTS

LOCATION	SENSATION	MODALITY	CONCOMITANTS
HEAD **Frontal** Since the illness	Dull pain	A/f ? > T Saridon > pressure /binding	
BACK **Lumbar region** Since 2yrs	Dull aching pain+	A/F Menopause after < weight lifting < getting up from squatting	

LIFE SPACE INVESTIGATION: *A concise understanding obtained after talking to all family members-husband, daughter and son.*

Born, she is from an average family, eldest amongst the 2 siblings, 7th Educated. Her father was a fisherman and mother used to help him by selling fish. Till the mother was alive there was no strain in the family and hence could study up to 7th std. Mother died because of breast cancer. Father remarried and her education stopped. Step-mother behaved as a proper step-mother. She was sent to her maternal place along with younger siblings who took care of them. No anger towards the father or mother was seen.

Eventually she got married in the neighboring village in a joint family. Husband was working in co-operative society of the village and was the eldest amongst all his 4 siblings- 2 younger brothers and 2 younger sisters.

According to husband, she is of good, quiet nature, very rarely gets irritated if anybody speaks a lie, never fought since marriage, very shy does not like to mix up with people but shares good relationship with everybody. She weeps easily and has intense fear of quarrels and avoids situation which has a potential for quarrel. While the Husband is of an extremely opposite nature- very social, having a hold on community social committees of village. Daughter and son also carry similar impressions for her. According to the son, she is a loner and hardly involves herself with relatives. Prefers to remain at home all the time. She will keep herself busy with work. She is also very slow in the work- son added at last. Takes too much time to complete even small amount of work. They have hardly seen their parents fighting. Daughter added about the quality of mother as she cares a lot for every body. There will not be any overt anxiety. She is extremely dependent on father- expects him everywhere.

There was no IPR strains amongst them till brothers were not married. After the entry of sisters-in-law some disturbance occurred and family mutually decided to separate.

The patient had been given *Kali-brom* on the first occasion but was not better and hence had visited Nair Hospital. The relapse occurred while she was on the medication.

In March 2003 there was a fight amongst the brothers over a simple issue which appeared to have been instigated by one of the sisters-in-law. Suddenly the younger B-in-Law raised his hand to beat her H. Patient could not tolerate this and brooded through the night. Next day morning her all complaints reappeared. She was brought back and the case was reviewed with the following Totality.

TOTALITY

- A / f cares – anxiety for relatives
- Sensitive to reprimanded
- Aversion company
- Weeps easily
- < motion
- < weeping after
- Aversion fish ++
- Aversion milk

- Slowness in activities

Result: *Calc-carb* 7/5, *Causticum* 6/3 and *Natrum-mur* 8/5

Delusion she should not eat- *Kali-mur*

Treatment And Follow Up

Patient was started on *Natrum-mur* in March 03 and continued till October on *Natrum-mur*. On her own, she discontinued the antipsychotic medication.

In October, there was a minor altercation with the mother-in-law and there was a relapse. She was admitted and put on *Stramonium* 1M every four hourly which relieved the acute distress. She was again put on *Natrum-mur* 1M. Yet she had two exacerbations and these had to be controlled with *Stramonium* 1M along with *Thuja* 1M as an inter-current.

Finally after a review, treatment was changed and she was started on *Calc-carb* 200 IP. HS on 23rd January 04. Within a period of 7 days, there was a noticeable amelioration and she took bath in the bathroom and took the initiative to speak with the MIL and SIL. During Holi in March 04, she again deteriorated and the potency had to be increased to 1M. *Thuja* was introduced in April 04 when there was inadequate response to the similimum. Gradually, she settled down and there were no aggravations in spite of unsettled conditions at home. The improvement was to the extent where she

- Started working in house then in fields to help Husband
- Started attending social functions
- Re- established contact with whom she had fought.
- Now hallucinations do not trouble her any more.
- Could work with concentration.

It was noticed that whenever there was a change in climate or environment, the patient's complaints aggravates. She was kept on *Calc-carb* 1M and *Thuja*, was repeated during seasonal changes only. Doses of antipsychotics were gradually tapered off. Family was instructed about disease nature and response of remedy. There is a total recovery and the patient celebrated Holi for the first time in 06. She has been symptom free for the last two years.

EVER WONDER.....

Why the sun lightens our hair, but darkens our skin?
Why women can't put on mascara with their mouth closed?
Why don't you ever see the headline "Psychic Wins Lottery"?
Why is "abbreviated" such a long word?
Why is it that doctors call what they do "practice"?
Why is lemon juice made with artificial flavor, and dishwashing liquid madewith real lemons?
Why is the man who invests all your money called a broker?
Why is the time of day with the slowest traffic called rush hour?
Why isn't there mouse-flavored cat food?
Why didn't Noah swat those two mosquitoes?
Why do they sterilize the needle for lethal injections?
You know that indestructible black box that is used on airplanes? Why don't they make the whole plane out of that stuff?!
Why don't sheep shrink when it rains?
Why are they called apartments when they are all stuck together?
If con is the opposite of pro, is Congress the opposite of progress?
If flying is so safe, why do they call the airport the terminal?