

Homoeopathy as an add-on treatment for schizophrenia - A case series

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Abstract

Introduction: Schizophrenia is a complex, progressive and severe mental disorder characterised by distortions in thinking, perception, emotions, language, sense of self and behaviour. Conventional medication and cognitive behaviour therapy are used in the treatment of schizophrenia. Homoeopathy can also offer promising results in schizophrenia as evident from the previous studies. **Case Summary:** Five patients reported at the outpatient department of National Homoeopathy Research Institute in Mental Health, Kerala, India, with symptoms of schizophrenia were treated with individualised homoeopathic medicine as an add-on therapy to conventional medicines. Assessment of the patients was done using three scales: Positive and Negative Syndrome Scale, brief psychiatric rating scale and Glasgow Anti-psychotics Side-effects Scale. Possible causal attribution of changes was explicitly depicted by Modified Naranjo Criteria. All five patients showed improvement as evident from the assessment scales. These cases show the positive role of homoeopathic treatment in schizophrenia, reducing the psychotic symptoms and reinstating the insight of the patient and also tapering the conventional medication. To bring out further robust evidence of homoeopathy in schizophrenia, extensive research studies are required.

Keywords: Case series, Homoeopathy, Psychiatry, Schizophrenia

INTRODUCTION

Schizophrenic disorders are characterised in general by fundamental and characteristic distortions of thinking and perception.^[1] In a review, the overall median 12 months prevalence of schizophrenia was found to be 0.33%, while the median lifetime prevalence was 0.48%.^[2] Despite being a low prevalence disorder, schizophrenia ranked the 12th most disabling disorder among 310 diseases and injuries globally in 2016.^[3]

The pathogenesis of schizophrenia is influenced by many risk factors, both environmental and genetic. The environmental factors include the date of birth, place of birth and seasonal effects,^[4] infectious diseases,^[5] complications during pregnancy and delivery,^[6] substance abuse^[7] and stress.^[8] At present, in addition to environmental factors, genetic factors are assumed to play a role in the development of schizophrenia.^[9]

The current trends in the conventional treatment of schizophrenia show increasing utilisation of diverse types of atypical antipsychotic drugs, due to their efficacy, especially

for cognitive impairment and mood symptoms, however, their side effects are becoming known. Typical antipsychotic drugs are diminishing in favour because of their extrapyramidal side effects, especially, tardive dyskinesia.^[10]

Although antipsychotics are found to be effective in the resolution of positive symptoms of schizophrenia, the prevalence of negative symptoms in patients with schizophrenia spectrum disorders treated with antipsychotics in routine clinical practice not only is still considerably high but also seems to be related to poorer functioning, unemployment, greater severity and less positive symptomatology and higher antipsychotic dose.^[11]

Homoeopathy can offer good results in the treatment of psychiatric disorders. To the best of our knowledge, there is less

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published literature showing the efficacy of homoeopathy in schizophrenia. One of them is a prospective, non-comparative, open-label observational study, which was carried out in October 2005–September 2010 by CCRH at Central Research Institute (H), Kerala, India, in which a significant difference in the mean scores of the Brief Psychiatric Rating Scale (BPRS) was found after homoeopathic treatment showing the positive role of homoeopathic medicines in the management of schizophrenia patients.^[12] This further justifies that homoeopathy can be a good substitute for antipsychotic drugs in the treatment of patients with schizophrenia.

A few other studies have shown a positive role of homoeopathy in schizophrenia.^[13,14]

The Positive and Negative Symptoms Scale (PANSS) provides objective measuring of clinical response to pharmacologic treatments. It is a 30-item rating scale designed by Kay *et al.* to assess dimensions of schizophrenia symptoms and its symptoms severity.^[15] The items of the instrument were initially grouped into three subscales that is, positive (7 items), negative (7 items) and general psychopathology symptoms (16 items). Reliability for each scale is fairly high, with excellent internal consistency and inter-rater reliability.^[16]

The BPRS is an instrument that contains 18 items. The items are administered by a clinician based on a 7-point scale ranging from 1 (not present) to 7 (extremely severe) with total scores ranging from 18 to 126, with the higher scores representing greater severity of symptoms. The categories of the BPRS total score were classified as follows: 18–31 = not or mildly ill; 32–53 = moderately ill and 54–126 = severely ill.^[17,18] Reliability of the BPRS is good to excellent when raters are experienced.^[16]

The Glasgow Antipsychotic Side effect Scale (GASS) is an easy to use self-reporting questionnaire aimed at identifying the side effects of antipsychotic medication. It consists of 22 questions with points assigned based on answers given by the patient.^[18,19]

Five cases of schizophrenia, managed with homoeopathic individualised medicines as an add-on therapy are reported here.

The patients reported complaints that met the diagnostic criteria of schizophrenia based on the ICD-10 Classification of Mental behavioural Disorders Diagnostic Criteria for Research.^[19,20] These patients were under conventional medication for long period without much improvement and intended to switch over to homoeopathic treatment to avoid the side effects from conventional medication. All the cases were diagnosed by the Consultant Psychiatrist of the Institution, who also managed their conventional medications. After getting consent from the patients, case taking and mental status examination were done. The totality of symptoms was formed from the analysis and evaluation of symptoms. The repertorisation was done using Radar Opus 2.0 software with Synthesis repertory. Generals and qualified mentals were considered for repertorisation. Medicines were selected after referring the Materia Medica. Single medicine was prescribed

at a minimum dose. The patients were either admitted to the inpatient department (IPD) or asked to report to the outpatient department (OPD) every 30 days. The assessment was done on each visit. After improvement had started, the patient was put on placebo. Assessment of the patients was done using the PANSS, BPRS and GASS. All the assessment scales were filled with the help of a Consultant Psychiatrist. The Modified Naranjo Criteria for Homoeopathy—Causal Attribution Inventory was used for assessing the likelihood of a causal relationship between a homoeopathic intervention and clinical outcome. The strength of association between the medicine and outcome was assessed by the following criteria: Definite: ≥ 9 ; probable 5–8; possible 1–4 and doubtful ≤ 0 .^[21] A single dose of medicine consisting of 40 size globules, 3 in number, was medicated with the prescribed homoeopathic dilution. Three globules with rectified spirit were given as placebo, when required.

CASE SUMMARIES

Case 1

Patient information

A 44-year-old married female reported complaints of visualising the Lord Jesus clad in a pink dress and hearing his voices. The patient did not reveal what she had heard. She was suspicious that people are criticising her and would get angry when expected to answer questions. She had a tendency to run away from home. She complained of sleeplessness. These complaints started 5 years back. There were also involuntary laughter, self-talking, lack of initiative and poor self-care which were worse since 3 months. The case was diagnosed by a Consultant Psychiatrist with paranoid schizophrenia. She had a history of a uterine fibroid, for which myomectomy was done 7 years back. Her maternal grandmother suffered from some psychiatric illness that could not be explained much by the attendants. She was introvert and affectionate. She was slow yet proper in doing her work. The slowness appeared as more of a mental symptom than physical. Her perspiration was scanty. She had a desire to eat salt and an aversion to sweets. Her menses were irregular and unpredictable; some months being absent or delayed, and always scanty. The patient had a hot thermal reaction.

After repertorisation, *Natrum muriaticum* carried the highest marks [Figure 1]. The final selection of medicine was done after consultation with the Materia Medica. Keeping in view, the patient's introverted and affectionate nature, delusions, anger and other physical generals, *Nat. mur.* seemed more suitable than rest of the drugs. *Nat. mur.* 200/4 doses were prescribed for a month, to be taken once weekly.

In the second visit, the symptoms still persisted. Hence, *Nat. mur.* 200/4 doses were repeated for a month. In the subsequent visits, her visual and auditory hallucinations reduced. She started doing household duties and her self-care also improved. She started assisting her husband in running his shop. *Nat. mur.* was prescribed as S.O.S (Si Opus Sit.) in the next follow-ups, which meant that she was advised to take one dose of the medicine in

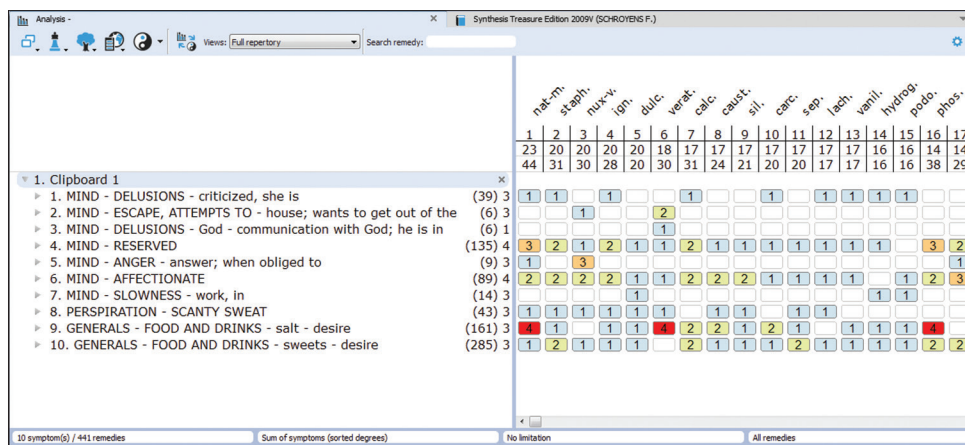


Figure 1: Case 1 Repertorisation Chart

case any symptoms appeared. The patient improved well with the same medicine for a period of 1.5 years. Her daily functions improved, as reported by her attendants, as did her PANSS and BPRS scores, which were 84 and 52, respectively, before treatment, and reduced to 38 and 23, respectively, after 15 months [Tables 1 and 2]. Severity of the side effects reduced from 20 to 4 according to GASS [Table 3]. Modified Naranjo Criteria score was 8 [Table 4]. The findings of mental status examination of the patient before and after treatment are given in Tables 5 and 6. Details of follow-up of the case on timeline are given in Table 7.

Case 2

Patient information

A 40-year-old married female reported complaints of the beliefs that someone was controlling her, her husband’s nose was replaced by Bill Gates’ nose, and a chip was in her head and is sending her thoughts to others. There was increased religiosity, laughter, suspiciousness about her husband, and talking to herself. and laughter, and got angered easily. These complaints started 11 years back. The case was diagnosed by the Consultant Psychiatrist as paranoid schizophrenia. She was working as a teacher before the onset of her illness. One day, one of her students kept an indecent photo in a notebook and gave her and she was disturbed by this behaviour. Henceforth, she had thoughts of students and staff talking about her. She felt that she would lose her reputation. During that time, she had seen an interview with Bill Gates on television and felt that her husband’s nose had been replaced by Bill Gates’ nose. Subsequently, she had felt that she had a peculiar power (she did not reveal what it was) and she thought that she was a great person. She also felt that a superior power was there to control her. She had a belief that people knew what she was thinking. She was very religious. She was angry when her husband received phone calls due to her suspicion that he was talking to other women. She was unemployed and had been under allopathic treatment for 11 years.

She had a history of chickenpox, for which she had taken native treatment and got recovered. There was no family history of psychiatric illness.

As a person, she was intelligent, ambitious, diligent, apprehensive and religious. She had offensive sweat. She had a desire for sweet and an aversion to pork. Her menses were irregular after taking conventional medications. She was thermally hot. After repertorisation, *Lycopodium clavatum* carried the highest marks [Figure 2]. The final selection of medicine was done after consultation with Materia Medica. Keeping in view the ailments from suspicion, anxiety, fear, delusions, anger and other physical and mental generals, *Lyc.* seemed to be more suitable than the rest of the medicines. *Lyc.* 200/4 doses were prescribed for a month, to be taken once a week. Symptoms were markedly reduced in the subsequent follow-ups [Table 8]. Her anger, self-talk and self-laugh had reduced. However, the suspicion persisted without change. Hence, 4 doses of *Lyc.* 200 were repeated for a month, to be taken once a week. Later on, delusions were notably reduced. She started conducting online classes and was able to maintain good relationships in the family. Some of her symptoms reappeared in between the follow-ups. *Sulphur* was prescribed as it was covering the prominent symptoms and in the repertorial totality it came in the third position. In the subsequent followups, *Lyc.* 200/1 dose was prescribed once monthly. The patient improved well. She continued follow-ups for 1 year and 5 months. Her PANSS and BPRS scores were 58 and 42, respectively, before treatment, which reduced to 30 and 18, respectively, within 15 months [Tables 1 and 2]. The side effect severity also reduced from 25 to 4 according to GASS [Table 3]. The outcome score of the Modified Naranjo Criteria was 8 [Table 4]. The mental status examination of the patient before and after treatment is depicted in Tables 5 and 6.

Case 3

Patient information

A 32-year-old unmarried male reported complaints of beliefs that he could communicate with the ‘Universe’ (delusionary object) and that he was being controlled by the Universe. He believed that he was born out of cloning and that all the people in the world were Negros, except him. He also showed symptoms like self-talk, self-laugh, anger,

Table 1: PANSS scoring of the patients before and after treatment

| Domains | Case 1 | | Case 2 | | Case 3 | | Case 4 | | Case 5 | |
|---------------------------------|------------------|-----------------|------------------|-----------------|------------------|-----------------|------------------|-----------------|------------------|-----------------|
| | Before treatment | After treatment | Before treatment | After treatment | Before treatment | After treatment | Before treatment | After treatment | Before treatment | After treatment |
| Delusions | 2 | 1 | 3 | 1 | 6 | 1 | 5 | 2 | 6 | 3 |
| Conceptual disorganisation | 2 | 1 | 1 | 1 | 4 | 1 | 4 | 1 | 1 | 1 |
| Hallucinatory behaviour | 5 | 1 | 1 | 1 | 4 | 1 | 5 | 2 | 5 | 3 |
| Excitement | 1 | 1 | 5 | 1 | 3 | 1 | 4 | 1 | 1 | 1 |
| Grandiosity | 1 | 1 | 3 | 1 | 6 | 2 | 7 | 1 | 1 | 1 |
| Suspiciousness | 4 | 1 | 6 | 1 | 2 | 1 | 4 | 1 | 1 | 2 |
| Hostility | 2 | 1 | 1 | 1 | 1 | 1 | 4 | 1 | 1 | 1 |
| Blunted affect | 3 | 3 | 1 | 1 | 2 | 1 | 4 | 3 | 4 | 4 |
| Emotional withdrawal | 5 | 3 | 1 | 1 | 2 | 2 | 4 | 3 | 2 | 2 |
| Poor rapport | 2 | 1 | 1 | 1 | 3 | 1 | 3 | 2 | 1 | 1 |
| Passive/social withdrawal | 5 | 1 | 1 | 1 | 3 | 2 | 4 | 2 | 2 | 2 |
| Difficulty in abstract thinking | 6 | 3 | 2 | 1 | 1 | 1 | 3 | 3 | 5 | 4 |
| Lack of spontaneity | 5 | 1 | 1 | 1 | 1 | 1 | 6 | 2 | 3 | 2 |
| Stereotyped thinking | 3 | 1 | 1 | 1 | 4 | 1 | 1 | 1 | 1 | 1 |
| Somatic concern | 1 | 1 | 1 | 1 | 2 | 1 | 3 | 2 | 4 | 2 |
| Anxiety | 2 | 1 | 1 | 1 | 3 | 1 | 4 | 1 | 5 | 1 |
| Guilt feeling | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| Tension | 1 | 1 | 3 | 1 | 1 | 1 | 1 | 1 | 2 | 1 |
| Mannerisms and posturing | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 3 | 1 | 1 |
| Depression | 3 | 1 | 3 | 1 | 4 | 1 | 6 | 1 | 1 | 1 |
| Motor retardation | 4 | 2 | 1 | 1 | 1 | 1 | 3 | 3 | 3 | 2 |
| Uncooperativeness | 2 | 1 | 1 | 1 | 1 | 1 | 6 | 1 | 1 | 1 |
| Unusual thought content | 4 | 1 | 6 | 1 | 5 | 1 | 6 | 3 | 5 | 2 |
| Disorientation | 2 | 1 | 1 | 1 | 2 | 1 | 3 | 2 | 1 | 1 |
| Poor attention | 4 | 1 | 1 | 1 | 2 | 1 | 4 | 3 | 1 | 1 |
| Lack of judgement and insight | 3 | 1 | 1 | 1 | 5 | 2 | 4 | 3 | 1 | 1 |
| Disturbance of volition | 4 | 1 | 1 | 1 | 1 | 1 | 4 | 3 | 2 | 2 |
| Poor impulse control | 1 | 1 | 3 | 1 | 4 | 1 | 5 | 1 | 1 | 1 |
| Preoccupation | 1 | 1 | 1 | 1 | 3 | 1 | 4 | 3 | 3 | 1 |
| Active social avoidance | 4 | 2 | 4 | 1 | 1 | 1 | 5 | 3 | 3 | 2 |
| Total | 84 | 38 | 58 | 30 | 79 | 34 | 118 | 59 | 69 | 49 |

PANSS: Positive and Negative Syndrome Scale

destructive tendency (occasionally) and gesturing with his hands. He said that he was not his parents' child. His mother reported that he reproached his parents that, he had to be here or else, due to them alone, he would have gone to the 'universe'. However, he never had been in conflict/arguments with the outsiders (copatients and examiners).

These complaints started 8 years back. The case was diagnosed by the Consultant Psychiatrist as paranoid schizophrenia. He was working in the UK as a staff nurse

when the disease started. His employers sent him back to his native place because of his delusional behaviour. Hence, we could not elicit the development of the course of the disease. He was under conventional medication since then.

He had a history of dysentery, chickenpox and hepatitis in his childhood. His mother had a history of depression; two of his maternal uncles had suffered from bipolar affective disorder.

Table 2: BPRS scoring of the patients before and after treatment

| Domains | Case 1 | | Case 2 | | Case 3 | | Case 4 | | Case 5 | |
|----------------------------|------------------|-----------------|------------------|-----------------|------------------|-----------------|------------------|-----------------|------------------|-----------------|
| | Before treatment | After treatment | Before treatment | After treatment | Before treatment | After treatment | Before treatment | After treatment | Before treatment | After treatment |
| Somatic | 3 | 1 | 4 | 1 | 2 | 1 | 5 | 2 | 4 | 1 |
| Anxiety | 4 | 1 | 5 | 1 | 3 | 1 | 4 | 1 | 5 | 2 |
| Emotional withdrawal | 5 | 3 | 2 | 1 | 2 | 2 | 4 | 3 | 2 | 1 |
| Conceptual disorganisation | 5 | 1 | 1 | 1 | 4 | 1 | 4 | 1 | 1 | 1 |
| Guilt feeling | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| Tension | 2 | 1 | 3 | 1 | 1 | 1 | 1 | 1 | 2 | 1 |
| Mannerism and posturing | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 3 | 1 | 1 |
| Grandiosity | 1 | 1 | 3 | 1 | 6 | 4 | 7 | 2 | 1 | 1 |
| Depression | 4 | 1 | 3 | 1 | 3 | 1 | 6 | 1 | 2 | 1 |
| Hostility | 1 | 1 | 1 | 1 | 1 | 1 | 4 | 1 | 1 | 1 |
| Suspicious | 4 | 1 | 6 | 1 | 2 | 1 | 4 | 1 | 2 | 2 |
| Hallucinatory behaviour | 4 | 1 | 1 | 1 | 4 | 1 | 5 | 2 | 5 | 3 |
| Motor retardation | 5 | 2 | 1 | 1 | 1 | 1 | 3 | 3 | 2 | 2 |
| Uncooperativeness | 2 | 1 | 1 | 1 | 1 | 1 | 6 | 1 | 1 | 1 |
| Unusual thought content | 4 | 1 | 6 | 1 | 5 | 2 | 6 | 3 | 5 | 2 |
| Blunted affect | 4 | 3 | 1 | 1 | 2 | 1 | 4 | 3 | 2 | 4 |
| Excitement | 1 | 1 | 1 | 1 | 3 | 1 | 4 | 1 | 1 | 1 |
| Disorientation | 1 | 1 | 1 | 1 | 2 | 1 | 2 | 2 | 1 | 1 |
| Total | 52 | 23 | 42 | 18 | 44 | 23 | 71 | 32 | 39 | 27 |

BPRS: Brief psychiatric rating scale

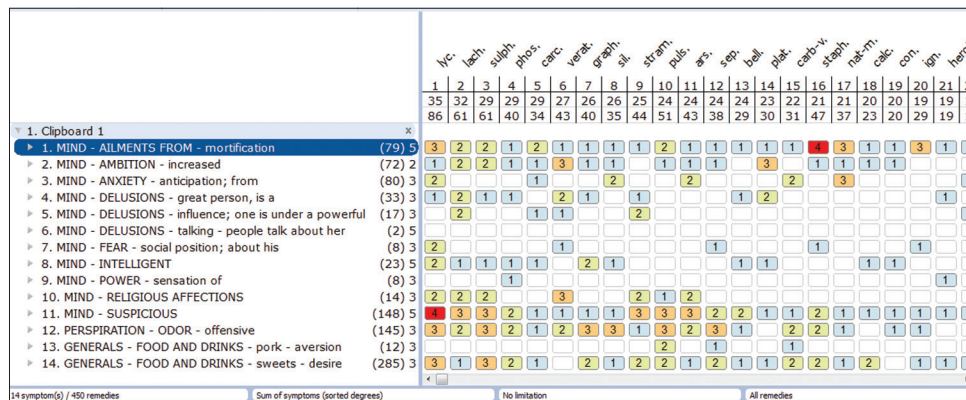


Figure 2: Case 2 Repertorisation Chart

As a person, he was reserved and had an angry disposition, if his demands were not met. He got angry only at his family members. He had carelessness in everyday activities. He was helpful to his mother and his friends when they were sick or in need. He had the habit of nail biting since childhood. He had a desire for sweet and pork and an aversion to bitter things. He was thermally hot. He was admitted to the IPD because of his disobedience at home. After repertorisation, *Lyc.* carried the highest marks [Figure 3]. The final selection of medicine was done after consultation with Materia Medica. Keeping in view the mental and physical generals, delusion and other symptoms,

Lyc. seemed to be more suitable than the rest of the drugs. *Lyc.* 200/6 doses were prescribed every 10 days for 2 months. In the IPD, he did not show any destructive tendency, but other symptoms had only slight improvement. Hence, *Lyc.* 1M was prescribed. His delusions were reduced. He was discharged and was advised to continue monthly follow-ups [Table 9]. The patient improved well with the same medicine. The bizarre delusion had come to a standstill and some other symptoms reappeared. So, *Sulphur* 1M was prescribed and got marked improvement. He had been continuing follow-ups for 1 year and 4 months. He improved well functionally. His PANSS and

Table 3: GASS scoring of the patients before and after treatment

| Domains | Case 1 | | Case 2 | | Case 3 | | Case 4 | | Case 5 | |
|--|------------------|-----------------|------------------|-----------------|------------------|-----------------|------------------|-----------------|------------------|-----------------|
| | Before treatment | After treatment | Before treatment | After treatment | Before treatment | After treatment | Before treatment | After treatment | Before treatment | After treatment |
| I felt sleepy during day | 3 | 0 | 3 | 0 | 3 | 0 | 3 | 0 | 0 | 0 |
| I felt drugged | 2 | 0 | 3 | 0 | 3 | 0 | 3 | 0 | 0 | 0 |
| I felt dizzy when I stood up | 2 | 0 | 2 | 0 | 0 | 0 | 2 | 0 | 2 | 0 |
| Heart beating irregularly | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 0 |
| Muscles have been tense or jerky | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| My hands or arms have been shaky | 2 | 2 | 3 | 2 | 2 | 2 | 3 | 2 | 3 | 2 |
| My legs have felt restless and/or I could not sit still | 0 | 0 | 2 | 0 | 2 | 0 | 0 | 0 | 0 | 0 |
| I have been drooling | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 0 |
| My movements or walking have been slower than usual | 3 | 2 | 3 | 2 | 0 | 0 | 3 | 3 | 0 | 0 |
| I have had uncontrollable movements of my face or body | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| My vision has been blurry | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 |
| My mouth has been dry | 3 | 0 | 3 | 0 | 0 | 0 | 3 | 0 | 3 | 2 |
| I have had difficulty passing urine | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| I have felt like I am going to be sick or have vomited | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Constipation | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| I have wet the bed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| I have been very thirsty and/or passing urine frequently | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| The areas around my nipples have been sore and swollen | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| I have noticed fluid coming from my nipples | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| I have had problems enjoying sex | 0 | 0 | 4 | 0 | No | No | No | No | No | No |
| Men only: I have had problems getting an erection | NA | NA | NA | NA | No | No | NA | NA | No | No |
| Women only: I have noticed a change in my periods | Yes | No | Yes | No | NA | NA | Yes | No | NA | NA |
| Men and women: I have been gaining weight | Yes | Yes | Yes | No | No | No | No | No | No | No |
| Total | 20 | 4 | 25 | 4 | 10 | 2 | 17 | 5 | 16 | 4 |

GASS: Glasgow Anti-psychotics Side effects Scale

Table 4: Modified Naranjo Criteria

| S. No. | Criteria | Case 1 | Case 2 | Case 3 | Case 4 | Case 5 |
|--------|---|--------|--------|--------|--------|--------|
| 1 | Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed? | +2 | +2 | +2 | +2 | +2 |
| 2 | Did the clinical improvement occur within a plausible time frame relative to the drug intake? | +1 | +1 | +1 | +1 | +1 |
| 3 | Was there a homoeopathic aggravation of symptoms? | 0 | 0 | 0 | 0 | 0 |
| 4 | Did the effect encompass more than the main symptom or condition (i.e., were other symptoms, not related to the main presenting complaint, Improved or changed)? | +1 | +1 | +1 | +1 | +1 |
| 5 | Did overall wellbeing improve? | +1 | +1 | +1 | +1 | +1 |
| 6A | <i>Direction of cure:</i> Did some symptoms improve in the opposite order of the development of symptoms of the disease? | 0 | 0 | 0 | 0 | 0 |
| 6B | <i>Direction of cure:</i> Did at least two of the following aspects apply to the order of improvement in symptoms: - from organs of more importance to those of less importance? - from deeper to more superficial aspects of the individual? - from the top downwards? | 0 | 0 | 0 | 0 | 0 |
| 7 | Did 'old symptoms' (defined as non-seasonal and noncyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement? | +1 | +1 | +1 | +1 | +1 |
| 8 | Are there alternate causes (i.e., other than the medicine) that – with a high probability – could have caused the improvement? (Consider known course of disease, other forms of treatment and other clinically relevant interventions) | 0 | 0 | 0 | 0 | 0 |
| 9 | Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.) | +2 | +2 | +2 | +2 | +2 |
| 10 | Did repeat dosing, if conducted, create similar clinical improvement? | 0 | 0 | 0 | 0 | 0 |

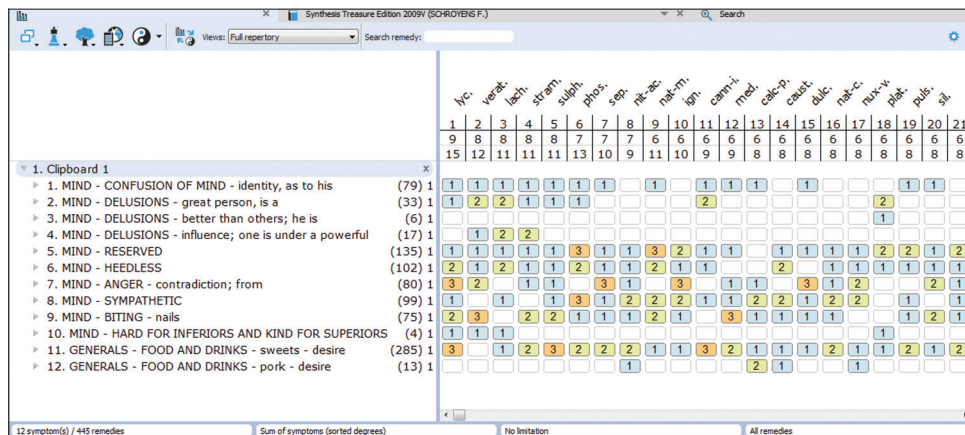


Figure 3: Case 3 Repertorisation Chart

BPRS scores were 79 and 44, respectively, before treatment and reduced to 34 and 23, respectively, within 15 months [Tables 1 and 2]. The side effect severity score reduced from 10 to 4 according to GASS [Table 3]. The outcome score of the Modified Naranjo Criteria was 8 [Table 4]. The mental status examination of the patient before and after treatment is depicted in Tables 5 and 6.

Case 4
Patient information

A 29-year-old unmarried female was brought to the OPD with abnormal beliefs that others knew her thoughts and somebody had fixed a camera in her home, due to which she had lost her privacy. She believed herself to be working in the Indian Army, so she has domineering behaviour. She believed that her

Table 5: Mental status examination of the subjects before treatment

| S. No. | Domains | Case 1 | Case 2 | Case 3 | Case 4 | Case 5 |
|--------|----------------------------------|---------------------------------------|---|---|---|---|
| 1 | General appearance and behaviour | Poorly groomed, evasive, poor rapport | Cooperative, wearing rose flower on her coloured hair, rapport established easily | Cooperative, moderately groomed, rapport was not established well | Uncooperative, evasive, hostile, absorbed, dishevelled | Well-groomed, reserved and reluctant to answer |
| 2 | Psychomotor activity | Reduced | Reduced | Reduced | Reduced | Reduced |
| 3 | Speech | Relevant | Relevant | Relevant | Irrelevant | Relevant |
| | Rate | Decreased | Normal | Normal | Decreased | Decreased |
| | Volume | Decreased | Normal | Normal | Decreased | Decreased |
| | Reaction time | Increased | Normal | Normal | Increased | Increased |
| | Tone | Decreased | Normal | Normal | Normal | Decreased |
| 4 | Affect | Shallow | Appropriate | Shallow | Shallow | Shallow |
| 5 | Mood | Dull | cheerful | Dull | Irritable | Fearful |
| 5 | Thoughts | | | | | |
| | Flow | NAD | Increased | NAD | Increased | NAD |
| | Form | NAD | NAD | NAD | Illogical | NAD |
| | Content | Delusion of reference | Delusion of control, delusion of infidelity, bizarre delusion | Delusion of grandiosity, delusion of control, bizarre delusion | Delusion of grandiosity, delusion of persecution, bizarre delusion on | Delusion of control, delusion of persecution and somatic delusion |
| | Possession | NAD | Thought broadcasting | NAD | Thought broadcasting | Thought withdrawal |
| 6 | Perceptual disorders | | | | | |
| | Hallucinations | Visual ++, Commanding Auditory++ | Nil | Second person auditory Hallucination | Second person auditory Hallucination | Commanding Auditory++ |
| | Illusions | Nil | Nil | Nil | Nil | Nil |
| 7 | Orientation to | Well oriented | Well oriented | Well oriented | Less oriented towards place | Well oriented |
| 8 | Memory | Poor recent and remote memory | Good | Good | Good | Good |
| 9 | Attention and concentration | Average | Average | Good | Poor | Average |
| 10 | Abstract thinking | Average | Average | Intact | Poor | Average |
| 11 | Judgement | Average | Good | Average | Poor | Good |
| 12 | Insight | Grade 1 | Grade 2 | Grade 1 | Grade 1 | Grade 5 |

husband was footballer Neymar and that he gets nourished only when she eats. She also believed that she was pregnant with his child. She could hear his voice. She felt that the people had tried to hurt her. Since she had grandeur thoughts, she got angry when anyone questioned her and compelled her for anything. She also had tendency to hurt and hurl abuses at others. She had disoriented behaviours like cutting her hair short like males, and going to shops and demanding things claiming that she had a massive bank balance. All her complaints started two years back. Her complaints developed as increased self-pride, subsequently, all the symptoms were developed. The case was diagnosed by the Consultant Psychiatrist as paranoid schizophrenia.

She had a history of pneumonia in childhood. Her maternal grandmother, uncle and cousins suffered from psychiatric illnesses.

As a person, she was diligent. She had marked religious beliefs (praying, rituals, fasting, etc.). She had increased perspiration on her nose and upper lips. She had a desire for

salt and pungent things and an aversion to soya beans. Her menses were irregular after taking conventional medications. She was thermally chilly. After repertorisation, *Veratrum album* carried the highest marks [Figure 4]. The final selection of medicine was done after consultation with Materia Medica. Keeping in view the delusion, anger, religiosity and other physical generals, *Veratrum album* seemed to be more suitable than the rest of the drugs. *Veratrum album* 30/4 doses were prescribed for a month, to be taken once weekly. In the second visit, symptoms persisted. Hence, *Veratrum album* 200/4 doses were repeated for a month. In the subsequent visits, her complaints were slightly better and the patient got improved well with the same medicine. She continued follow-ups for 1 year and 3 months [Table 10]. However, she did not improve functionally, but was doing her chores appropriately. Her PANSS and BPRS scores were 118 and 71, respectively, before treatment and reduced to 59 and 32, respectively, within 15 months [Tables 1 and 2]. The side effect severity reduced from 17 to 5 according to GASS [Table 3]. The outcome score of the Modified Naranjo Criteria

Table 6: Mental status examination of the subjects after treatment

| S. No. | Domains | Case 1 | Case 2 | Case 3 | Case 4 | Case 5 |
|--------|----------------------------------|----------------------------|---|---------------------------|--|-------------------------------------|
| 1 | General appearance and behaviour | Well groomed, good rapport | Cooperative, well groomed, good rapport established | Cooperative. Good rapport | Cooperative, Well kempt, conscious to surroundings | Cooperative, well-groomed, reserved |
| 2 | Psychomotor activity | Normal | Normal | Normal | Normal | Normal |
| 3 | Speech | Relevant | Relevant | Relevant | Relevant | Relevant |
| | Rate | Normal | Normal | Normal | Normal | Decreased |
| | Volume | Normal | Normal | Normal | Normal | Decreased |
| | Reaction time | Normal | Normal | Normal | Normal | Normal |
| | Tone | Normal | Normal | Normal | Normal | Normal |
| 4 | Affect | Appropriate | Appropriate | Appropriate | Shallow | Shallow |
| 5 | Mood | Mixed | Euthymic | Euthymic | Mixed | Euthymic |
| 5 | Thoughts | | | | | |
| | Flow | NAD | NAD | NAD | NAD | NAD |
| | Form | NAD | NAD | NAD | NAD | NAD |
| | Content | Normal | Normal | Normal | Grandiosity-occasionally, bizarre delusions > | Delusion of control-reduced |
| | Possession | NAD | NAD | NAD | Thought broadcasting> | NAD |
| 6 | Perceptual disorders | | | | | |
| | Hallucinations | Nil | Nil | Nil | On and off | Commanding auditory-reduced well. |
| | Illusions | Nil | Nil | Nil | Nil | Nil |
| 7 | Orientation to | Well oriented. | Well oriented. | Well oriented. | Well oriented. | Well oriented. |
| 8 | Memory | Average | Good | Good | Good | Good |
| 9 | Attention and concentration | Average | Good | Good | Average | Average |
| 10 | Abstract thinking | Average | Intact | Average | Average | Average |
| 11 | Judgement | Good | Good | Good | Good | Good |
| 12 | Insight | Grade 5 | Grade 5 | Grade 4 | Grade 4 | Grade 5 |

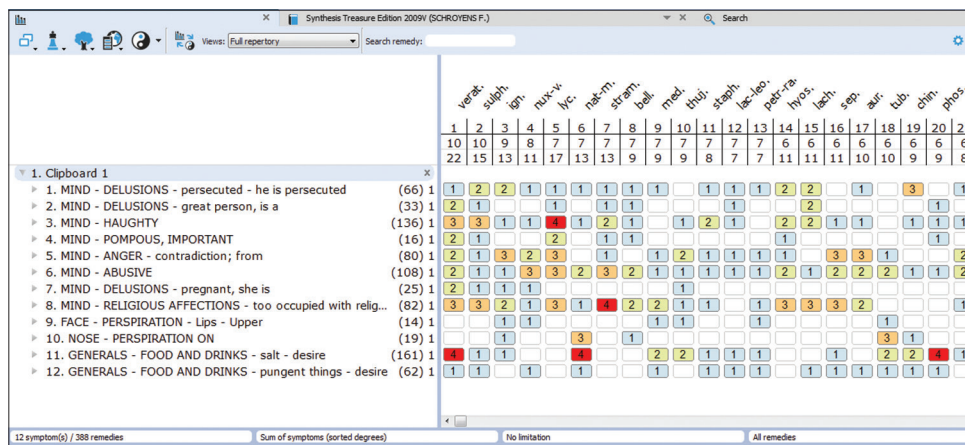


Figure 4: Case 4 Repertorisation Chart

was 8 [Table 4]. The mental status examination of the patient before and after treatment is depicted in Tables 5 and 6.

Case 5

Patient information

A 31-year-old unmarried male came for a consultation with sensation as if his nerves were being pulled by his neighbour (there was no discord between the patient and that neighbour

so far) and a belief that the person was trying to control him. The patient used to hear the commanding voice of that neighbour, even when he was not around. He believed that the man could read his thoughts. Hence, the patient was afraid and had sleeplessness. He also indulged in self-talks. These complaints started 10 years back. The case was diagnosed by the Consultant Psychiatrist as undifferentiated schizophrenia. It started as a fear that somebody was trying

Table 7: Follow-up of case 1

| Date of prescription | Symptomatology | Individualised homoeopathic medicine prescribed | Conventional medication | Side effects of psychotropic medication |
|----------------------------------|---|---|--|--|
| 3 December 2019 | Anger: Severe, visualising Jesus Christ, hearing voices of Christ, self-laugh, self-talk | <i>Natrum mur</i> 200/2 doses | T. Risnia 2 mg HS, T. Clonatril 1 mg HS, T. Pacitane 2 mg HS | Felt sleepy during the day, dizzy, tremors of hand, slow movements, drooling of saliva, dry mouth, weight gain, changes in periods |
| 0 January 2020–11 March 2020 | Anger: Severe, hearing voices, visualising Jesus Christ, must be compelled to take bath, tendency to wander: Reduced. The above symptoms was reduced by the 3 rd month onwards | <i>Natrum mur</i> 200/12 doses | T. Risnia 2 mg HS, T. Clonatril 1 mg HS, T. Pacitane 2 mg HS | Dizzy, tremors of hand, slow movements, weight gain, changes in periods |
| 9 April 2020–16 June 2020 | Self-care adequate, no anger and wandering tendency. Visual and auditory hallucinations reduced. | Placebo was prescribed and <i>Nat mur</i> 200/4 doses were kept as SOS for each month. Total six doses had to be taken. | T. Trinicalm plus HS | Tremors of hand, slow movements, weight gain. |
| 16 July 2020–15 September 2020 | Doing her chores properly. Visual and auditory hallucinations were reduced markedly | Placebo was prescribed and <i>Natrum mur</i> 200/4 doses were kept as SOS for each month. Totally three doses had to be taken | T. Trinicalm plus HS | Tremors of hand, slow movements, weight gain |
| 13 October 2020–10 December 2020 | Symptomatically better, doing duties well. Supporting her family. No hallucinations. No self-laugh and talk | Placebo was prescribed and <i>Nat mur</i> 200/2 doses were kept as SOS for each month. Totally three doses had to be taken | T. Trinicalm plus ½ HS | Tremors of hand, slow movements, weight gain |
| 12 January 2021–4 March 2021 | Asymptomatic | Placebo was prescribed and <i>Nat mur</i> 200/2 doses were kept as SOS for each month. SOS not taken | T. Trinicalm plus ½ HS | Tremors of hand, slow movements, weight gain |

to harm his parents (no specific reasons could be elicited). He was under conventional medication since then. Five years back, he developed neuroleptic malignant syndrome and got recovered. After that, he stopped antipsychotic medication for 2 months. Henceforth, his behavioural symptoms reappeared, so medication was started again. His symptoms were slightly relieved, but there was no marked improvement.

He had a history of peptic ulcers. There was a family history of psychiatric illness in the second-degree relatives. As a person, he was reserved, secretive, fastidious about cleanliness; frequently washed his hands and took risks to help friends. He had a fear of ghosts. He had increased perspiration over his face. He had a desire for sweets and an aversion to non-vegetarian food and milk. The patient was thermally hot. After repertorisation, *Nat. mur.* carried the highest marks [Figure 5]. The final selection of medicine was done after consultation with *Materia Medica*. Keeping in view the introverted and reserved nature, delusion and other physical generals, *Nat. mur.* seemed to be more suitable than the rest of the drugs. *Nat. mur.* 200/4 doses were prescribed for a month, to be taken weekly once. During the second visit, symptoms improved. Hence, *Nat. mur.* 200 was repeated as SOS. In the

subsequent visits, his fear and auditory hallucinations were reduced. Since his delusion of control was not reduced, *Nat. mur.* 1M was prescribed. He started doing household duties thereafter. Hence, it was prescribed as S.O.S. in the subsequent follow-ups [Table 11]. His fear was eventually gone and he gained confidence. He continued follow-ups for 1.5 years. His PANSS and BPRS scoring were 69 and 39, respectively, before treatment and it was reduced to 49 and 27, respectively, within 15 months [Tables 1 and 2]. The side effect severity reduced from 16 to 4 according to GASS [Table 3]. The Modified Naranjo Criteria score was 8 [Table 4]. The mental status examination of the patient before and after treatment is depicted in Tables 5 and 6.

DISCUSSION

The patients with schizophrenia who reported in the psychiatry OPD of the institute from November 2019 to January 2020 and continued the followups for more than a year are reported here.

Out of five cases, one was diagnosed as undifferentiated schizophrenia and the remaining four were diagnosed as paranoid schizophrenia. On administration of individualised

Table 8: Follow-up of case 2

| Date of prescription | Symptomatology | Individualised homoeopathic medicine prescribed | Conventional medication | Side effects of psychotropic medication |
|------------------------------------|---|--|---|--|
| 19 November 2019 | Anger, self-laugh, self-talk, suspicious, increased religiosity, bizarre delusion, delusion of control, delusion of grandiosity, thought broadcasting | <i>Lyc.</i> 200/4 doses | T. Modanex 200 OD morning, T. Nexolith 400 BD, T. Divanex ER 1 g HS, T. Arinex 15 g HS, Cap Nepzo 10 OD morning, Inj. Spenzo (monthly once) | Felt sleepy during day, dizzy, lethargic, tremors of hand, slow movements, restless leg, very thirsty, dry mouth, weight gain, changes in periods and loss of libido |
| 17 December 2019–13 February 2020 | Suspicious about husband, increased religiosity, anger: Reduced, delusions: Reduced by the 4 month | <i>Lyc.</i> 200/12 doses | T. Modanex 200 OD morning, T. Divanex ER 1 g HS, T. Arinex 15 g HS | Felt sleepy during the day, tremors of hand, Slow movements, restless leg, weight gain, changes in periods and loss of libido |
| 10 March 2020–12 May 2020 | Suspiciousness: Reduced, religiosity: adequate, no irritability, delusions: reduced | Placebo was prescribed and <i>Lyc.</i> 200/4 doses as SOS for each month. Totally seven doses had to be taken. | T. Modanex 200 OD morning, T. Divanex ER 750 mg HS, T. Arinex 10 g HS | Tremors of hand, slow movements, restless leg, weight gain and loss of libido |
| 11 June 2020–25 August 2020 | Suspiciousness: Nil, no irritability, delusions: reduced, social and communicative | Placebo was prescribed and <i>Lyc.</i> 200/4 doses as SOS for each month. Totally, four doses had to be taken | T. Modanex 200 OD morning, T. Divanex ER 750 mg HS, T. Arinex 10 g HS | Tremors of hand, slow movements, restless leg, weight gain |
| 22 September 2020–19 November 2020 | Suspiciousness: Started again, perspiration offensive, shows Haughty behaviour, functionally well and productive. No delusion | Placebo was prescribed and <i>Sulphur</i> 200, one dose for each month. Once the symptoms got reduced, advised to use SOS. | T. Modanex 200 OD morning, T. Divanex ER 750 g HS (SOS), T. Arinex 10 g HS | Tremors of hand, slow movements, restless leg |
| 15 December 2020–25 February 2021 | Suspiciousness: Nil, good relationship with husband, functionally well and productive. No delusion | Placebo was prescribed and <i>Lyc.</i> 200/1 dose as SOS for each month. SOS was taken once | T. Modanex 200 OD morning, T. Arinex 10 g HS | Tremors of hand, slow movements |
| 23 March 2021–22 April 2021 | Suspiciousness: Nil, good relationship with husband, functionally well and productive. No delusion | Placebo was prescribed and <i>Lyc.</i> 200/1 dose as SOS for each month. SOS was not taken | T. Modanex 200 OD morning, T. Arinex 10 g HS | Tremors of hand, slow movements |

Table 9: Follow-up of case 3

| Date of prescription | Symptomatology | Individualised homoeopathic medicine prescribed | Conventional medication | Side effects of psychotropic medication |
|------------------------------------|--|---|--|--|
| 25 January 2020–24 February 2020 | Anger towards mother, gesturing, not ready to accept his parents, bizarre delusions, delusion of grandiosity, delusion of control. Contemptuous behaviour to parents | <i>Lyc.</i> 200/6 doses (each dose once a week) | T. Clozapine 25 2 HS T. Genrest LS BD | Felt sleepiness during the day, lethargic, tremors of arms, slow movements |
| 24 March 2020–8 May 2020 | contemptuous behaviour to parents, not ready to accept his parents, bizarre delusions: severe, delusion of grandiosity, delusion of control | <i>Lyc.</i> 1M/3 doses for 3 months (each dose once a week) | T. Clozapine 25 2 HS T. Genrest LS BD | Felt sleepiness during day, lethargic, tremors of arms, slow movements |
| 8 June 2020–18 August 2020 | Bizarre delusions: reduced, but still not ready to accept his parents, delusion of grandiosity: reduced, delusion of control: reduced | Placebo was prescribed. <i>Lyc.</i> 1M/3 doses were kept as SOS. Total three doses were taken | T. Clozapine 25 HS T. Genrest LS BD | Felt sleepiness during day, tremors of arms, slow movements |
| 15 September 2020–17 November 2020 | Says he is able to communicate with the 'Universe', bizarre delusion: severe, delusion of grandiosity: Present, delusion of control: Present | <i>Sulphur</i> 1M/3 doses were prescribed (each dose once a week) | T. Clozapine 25 HS T. Genrest LS BD | Felt sleepiness during the day, tremors of arms, slow movements |
| 1 December 2020–9 February 2021 | Grandiose talks occasionally, Bizarre delusions: Reduced, delusion of grandiosity: Reduced, delusion of control: Reduced | Placebo was prescribed. <i>Lyc.</i> 1M/3 doses were kept as SOS but did not take | T. Clozapine 25 HS T. Genrest LS HS | Tremors of arms, slow movements |
| 9 March 2021–4 May 2021 | Asymptomatic | Placebo was prescribed. <i>Lyc.</i> 1M/2 doses were kept as SOS for each month. SOS not taken | T. Clozapine 25 ½ HS T. Genrest LS HS | Tremors of arms, slow movements |

Table 10: Follow-up of case 4

| Date of prescription | Symptomatology | Individualised homoeopathic medicine prescribed | Conventional medication | Side effects of psychotropic medication |
|------------------------------------|--|--|---|---|
| 23 January 2020 | Suspiciousness, anger, religiosity: Severe, grandiosity, bizarre delusions, thought broadcasting, delusion of persecution. 2PAH | <i>Veratrum album</i> 30/4 doses | T. Sizodon Plus BD T. Arpizole 10 mg HS T. Qutan 100 mg HS | Sleepiness, dizziness, tremors of palms, slow movements, dry mouth, irregular periods |
| 20 February 2020 | Suspiciousness, anger, religiosity: Severe, grandiosity, bizarre delusions, thought broadcasting, delusion of persecution. 2PAH | <i>Veratrum album</i> 200/4 doses | T. Sizodon Plus BD, T. Arpizole 10 mg HS T. Qutan 100 mg HS | Sleepiness, dizziness, tremors of palms, slow movements, dry mouth, irregular periods |
| 19 March 2020–28 May 2020 | Suspiciousness, anger, religiosity: Reduced, grandiosity, bizarre delusions: Reduced, thought broadcasting, delusion of persecution: Reduced. 2PAH | <i>Veratrum album</i> 200/4 doses | T.Sizodon Plus BD T.Arpiazole 10 mg HS T.Qutan 50 mg HS | Sleepiness, tremors of palms, slow movements, irregular periods |
| 25 June 2020–27 August 2020 | Suspiciousness, anger, religiosity, grandiosity, bizarre delusions and thought broadcasting reduced. Delusion of persecution-nil. 2PAH-reduced | Placebo was prescribed. <i>Veratrum album</i> 200/6 doses were kept as SOS. Totally four doses had to be taken | T. Sizodon Plus BD, T. Arpizole 5 mg HS T. Qutan 50 mg HS | Sleepiness, tremors of palms, slow movements, irregular periods |
| 24 September 2020–26 November 2020 | Suspiciousness reduced, anger-nil, religiosity-adequate, grandiosity-reduced, bizarre delusions reduced, thought broadcasting-reduced, delusion of persecution-nil. 2PAH-reduced | Placebo was prescribed. <i>Veratrum album</i> 200/6 doses were kept as SOS. Totally four doses had to be taken | T. Sizodon Plus HS T. Arpizole 5 mg HS T. Qutan 50 mg HS | Tremors of palms, slow movements |
| 29 December 2020–22 February 2021 | Suspiciousness reduced, grandiosity on and off, bizarre delusions reduced, thought broadcasting reduced well, 2PAH-reduced well | Placebo was prescribed. <i>Veratrum album</i> 200/6 doses were kept as SOS. Totally four doses had to be taken | T. Sizodon Plus HS T. Arpizole 5 mg HS T. Qutan 50 mg HS | Tremors of palms, slow movements |
| 30 March 2021 | Suspiciousness reduced, grandiosity-occasionally, bizarre delusions reduced, Thought broadcasting-reduced well. 2PAH-on and off | Placebo was prescribed. <i>Veratrum album</i> 200/6 doses were kept as SOS. Totally four doses had to be taken | T. Sizodon Plus HS T. Arpizole 2 mg HS | Tremors of palms, slow movements |

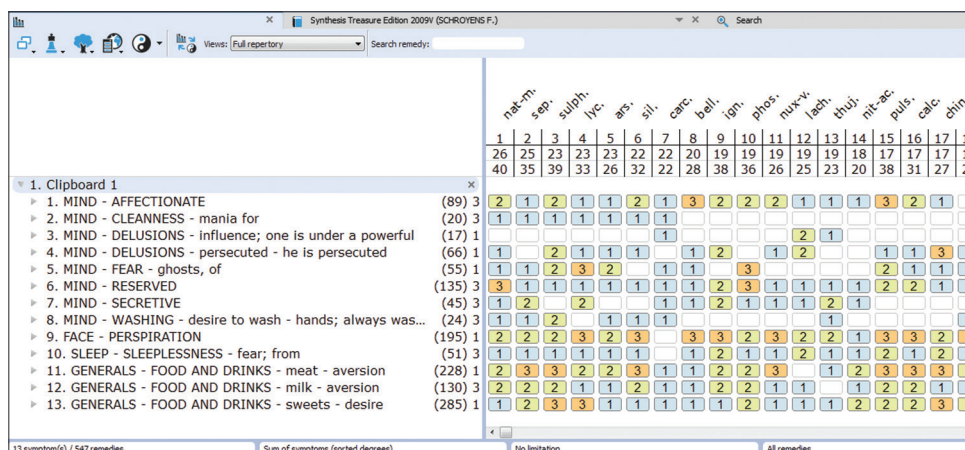


Figure 5: Case 5 Repertorisation Chart

homoeopathic medicine, five cases improved symptomatically. However, functional improvement was seen only in four patients. The case which did not improve functionally could be due to the symptoms’ severity, which was reflected in the assessment scales. This is indicative of how homoeopathy can

help in improving the quality of life of chronic schizophrenic patients, which is known to be impoverished, especially in the domains of housing conditions, family environment, social network, financial circumstances, safety and practical skills.^[22]

Table 11: Follow-up of case 5

| Date of prescription | Symptomatology | Individualised homoeopathic medicine prescribed | Conventional medication | Side effects of psychotropic medication |
|------------------------------------|---|--|---|---|
| 14 November 2019 | Fear: Severe, sleeplessness, 2PAH, somatic delusion, delusion of control, thought withdrawal | <i>Nat. mur.</i> 200/4 doses | T. D Veniz 50 mg OD morning T. Clozapine 100 mg HS | Dizziness, palpitations, tremors of hands, blurred vision, dry mouth, difficult bowel movements |
| 14 December 2019–11 February 2020 | Fear slightly reduced, sleep: 4-5 hours, 2PAH slightly reduced, somatic delusion, delusion of control, thought withdrawal | <i>Nat. mur.</i> 200/3 doses each, for 3 months. | T. D Veniz 50 mg OD morning T. Clozapine 100 mg HS | Dizziness, palpitations, tremors of hands, blurred vision, dry mouth, difficult bowel movements |
| 12 March 2020–15 May 2020 | Fear slightly reduced, sleep: Improved, 2PAH slightly reduced, somatic delusion: slightly reduced, delusion of control, thought withdrawal: Nil | <i>Nat. mur.</i> 200/2 doses each, for 3 months | T. D Veniz 50 mg ½ OD morning T. Clozapine 100 mg HS | Palpitations, tremors of hands, blurred vision, dry mouth, difficult bowel movements |
| 23 June 2020–27 August 2020 | Fear reduced, sleep: Improved, 2PAH reduced, somatic delusion: reduced, delusion of control | Placebo was prescribed. <i>Nat. mur.</i> 200/2 doses were kept as SOS, for each month. Totally three doses had to be taken | T. D Veniz 50 mg ½ OD morning T. Clozapine 100 mg ½ HS | Palpitations, tremors of hands, blurred vision, dry mouth |
| 29 September 2020–26 November 2020 | Fear reduced, sleep: Improved, 2PAH reduced, somatic delusion: reduced, delusion of control | <i>Nat. mur.</i> 1M/1 dose for each month | T. Clozapine 100 mg ½ HS | Palpitations-reduced, tremors of hands, dry mouth |
| 29 December 2020–23 February 2021 | Fear: Nil, sleep: Adequate, 2PAH reduced, somatic delusion: Reduced, delusion of control reduced | Prescribed <i>Nat. mur.</i> 1M/1 dose for each month as SOS. Taken one dose of SOS | T. Clozapine 100 mg ½ HS | Palpitations-reduced, tremors of hands, dry mouth |
| 25 March 2021–29 April 2021 | 2PAH reduced, somatic delusion: Reduced, delusion of control-reduced | Prescribed <i>Nat. mur.</i> 1M/1 dose for each month as SOS. Taken one dose of SOS | T. Clozapine 100 mg ½ HS | Tremors of hands, dry mouth |

Table 12: Severity of the cases before and after treatment as per the BPRS scoring criteria

| Baseline/Post treatment | Case 1 | Case 2 | Case 3 | Case 4 | Case 5 |
|-------------------------|----------------|----------------|----------------|----------------|----------------|
| Before treatment | Moderately ill | Moderately ill | Moderately ill | Severely ill | Moderately ill |
| After treatment | Not/mildly ill | Not/mildly ill | Not/mildly ill | Moderately ill | Not/mildly ill |

BPRS: Brief psychiatric rating scale

Schizophrenia is a severe and debilitating disorder, which affects the general health, functioning, autonomy, subjective well-being and life satisfaction of those who suffer from it.

Master Hahnemann has given importance to mental diseases in the *Organon of Medicine* in Aphorism 210–230.^[23] He emphasises the use of humane treatment for the psychiatric patients. Schizophrenia comes under the fourth category of the Hahnemannian classification of mental diseases. They are kept up by emotional causes such as anxiety, worry, frustration, frequent fear and fright.

This case series throws light on the homoeopathic approach in the management of patients with schizophrenia, who have been under antipsychotic medications for many years. It is commonly seen that patients or caregivers intend to taper the dosage of conventional medications either due to side effects, treatment resistance or financial reasons. It is seen that four cases had a family history of psychiatric illness, which is an

important risk factor for a poor outcome in schizophrenia.^[24,25] However, in this paper, it can be seen that the improvement was observed in all four cases with homoeopathic intervention.

During the follow-up of all the cases, the symptoms got improved after adding individualised homoeopathic medicine. Severity of the cases before and after treatment as per the BPRS scoring criteria is depicted in Table 12. The reduction in the scores of assessment scales was taken as the parameter to reduce conventional medicines by the Consultant Psychiatrist. On reappearance of symptoms in between the treatment, the potency of homoeopathic medicines was raised or an intercurrent was prescribed, without increasing the dose of conventional medicines. However, within this short period, it was possible only to reduce the dosage of conventional medicines and not withdraw it.

The administered individualised homoeopathic medicines *Lycopodium clavatum*, *Natrum muriaticum*, *Veratrum*

album and *Sulphur* supported the improvement of psychotic symptoms as well as at functional level. In the mental status examination, it was seen that the patients gained their insight into the disease, which further helped in the management of the disease. Modified Naranjo Criteria scores reflect that there is a probability that the improvement in the patients can be attributed to the homoeopathic medicines administered. This reaffirms the importance of individualisation approach of homoeopathy in treating schizophrenia.

Most of the side effects caused by the neuroleptic medications such as sleepiness, drooling of saliva, slow movements and constipation were reduced after tapering the doses, whereas dry mouth and tremors persisted. It may be because they were continuing the conventional medication.

The above five cases did not show any acute exacerbation during the treatment period, thus not necessitating much need to change the homoeopathic medicine prescribed at the first instance.

CONCLUSION

These cases emphasise the usefulness of homoeopathy in schizophrenia, as an add-on therapy. The conventional medicines were gradually tapered in all the patients in consultation with the psychiatrist. Tapering the doses of conventional medication leads to the reduction of side effects to an extent. Even though psychotic symptoms were reduced, long-term follow-ups are mandatory to discontinue the conventional medications and prevent the relapse. To bring out further robust evidence for the use of homoeopathy for schizophrenia, more extensive research is needed with a large sample size and controls.

Declaration of patient consent

A written, voluntary informed consent was obtained from the patients in the second and fifth cases and from attendants in the first, third and fourth cases. They understood that the names and initials of the patients will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Nil.

Conflicts of interest

None declared.

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Titre: Traitement complémentaire homéopathique de la schizophrénie - Une série de cas

Résumé : Introduction: La schizophrénie est un trouble mental complexe, progressif et grave, caractérisé par des distorsions de la pensée, de la perception, des émotions, du langage, de la perception de soi et du comportement. Les médicaments conventionnels et la thérapie cognitivo-comportementale sont utilisés dans le traitement de la schizophrénie. L'homéopathie peut également offrir des résultats prometteurs dans la schizophrénie, comme le montrent des études antérieures. **Case Summary:** Cinq patients du service de consultations externes du National Homoeopathy Research Institute in Mental Health, Kerala, Inde, présentant des symptômes de schizophrénie ont été traités avec des médicaments homéopathiques individualisés en complément des médicaments conventionnels. L'évaluation des patients a été réalisée à l'aide de trois échelles : l'échelle du syndrome positif et négatif (PANSS), l'échelle d'évaluation psychiatrique brève (BPRS) et l'échelle des effets secondaires des antipsychotiques de Glasgow (GASS). L'attribution causale possible des changements a été explicitement décrite par les critères de Naranjo modifiés. Les cinq patients ont tous montré une amélioration, comme le montrent les échelles d'évaluation. Ces cas montrent le rôle positif du traitement homéopathique dans la schizophrénie, en réduisant les symptômes psychotiques et en rétablissant l'intuition du patient, tout en diminuant la médication conventionnelle. Pour apporter des preuves plus solides de l'homéopathie dans la schizophrénie, des études de recherche approfondies sont nécessaires.

Titel: Homöopathische Zusatzbehandlung bei Schizophrenie - eine Fallserie

Zusammenfassung: Einleitung: Schizophrenie ist eine komplexe, fortschreitende und schwere psychische Störung, die durch Störungen des Denkens, der Wahrnehmung, der Gefühle, der Sprache, des Selbstbewusstseins und des Verhaltens gekennzeichnet ist. Bei der Behandlung der Schizophrenie werden herkömmliche Medikamente und kognitive Verhaltenstherapie eingesetzt. Auch die Homöopathie kann bei Schizophrenie vielversprechende Ergebnisse liefern, wie frühere Studien zeigen. **Zusammenfassung des Falls:** Fünf Patienten, die in der Ambulanz des National Homoeopathy Research Institute in Mental Health, Kerala, Indien, mit Symptomen von Schizophrenie vorstellig wurden, wurden mit individualisierten homöopathischen Arzneimitteln als Zusatztherapie zu konventionellen Medikamenten behandelt. Die Bewertung der Patienten erfolgte anhand von drei Skalen: Positive and Negative Syndrome Scale (PANSS), Brief Psychiatric Rating Scale (BPRS) und Glasgow Anti-psychotics Side-effects Scale (GASS). Die mögliche kausale Zuordnung der Veränderungen wurde anhand der modifizierten Naranjo-Kriterien explizit dargestellt. Alle fünf Patienten zeigten eine Verbesserung, wie aus den Bewertungsskalen hervorgeht. Diese Fälle zeigen die positive Rolle der homöopathischen Behandlung bei Schizophrenie, indem sie die psychotischen Symptome reduziert, die Einsicht des Patienten wiederherstellt und auch die konventionelle Medikation verjüngt. Um weitere belastbare Beweise für die Homöopathie bei Schizophrenie zu erbringen, sind umfangreiche Forschungsstudien erforderlich.

शीर्षक: सिज़ोफ्रेनिया के लिए होम्योपैथिक पूरक उपचार- विषय श्रृंखला

सार: परिचय: सिज़ोफ्रेनिया एक जटिल, प्रगतिशील और गंभीर मानसिक विकार है जो सोच, धारणा, भावनाओं, भाषा, स्वयं की भावना और व्यवहार में विकृतियों में परिवर्तित हो जाती है। साइज़ोफ्रेनिया के उपचार में पारंपरिक दवा और संज्ञानात्मक व्यवहार चिकित्सा का उपयोग किया जाता है। होम्योपैथी साइज़ोफ्रेनिया में आशाजनक परिणाम भी प्रदान कर सकती है जैसा कि पिछले अध्ययनों से स्पष्ट है। **विषय सारांश:** राष्ट्रीय होम्योपैथी मानसिक स्वास्थ्य अनुसंधान संस्थान केरल, भारत के बाह्य-रोगी विभाग में सिज़ोफ्रेनिया के लक्षणों के साथ रिपोर्ट किए गए पांच रोगियों को पारंपरिक दवाओं के लिए एक पूरक उपचार के रूप में व्यक्तिगत होम्योपैथिक चिकित्सा के साथ इलाज किया गया था। रोगियों का मूल्यांकन तीन पैमानों का उपयोग करके किया गया था: सकारात्मक और नकारात्मक सिंड्रोम स्केल (पी ए एन एस एस), संक्षिप्त मनोविकारी मूल्यांकन माप(बीपीआरएस), और ग्लासगो गैर-मनोरोगी दुष्प्रभाव माप(जीएएसएस)। परिवर्तनों के संभावित कारण आरोपण को स्पष्ट रूप से संशोधित नारंजो मानदंड द्वारा दर्शाया गया था। सभी पांच रोगियों ने मूल्यांकन के दृष्टिकोण से स्पष्ट रूप से सुधार दिखाया। ये मामले साइज़ोफ्रेनिया में होम्योपैथिक उपचार की सकारात्मक भूमिका दिखाते हैं, मनोवैज्ञानिक लक्षणों को कम करते हैं और रोगी की अंतर्दृष्टि को बहाल करते हैं और पारंपरिक दवा को भी कम करते हैं। सिज़ोफ्रेनिया में होम्योपैथी के और मजबूत सबूतों को सामने लाने के लिए, व्यापक शोध अध्ययन की आवश्यकता है।

Título: Tratamiento adicional homeopático para la esquizofrenia - Serie De casos

Resumen: Introducción: La esquizofrenia es un trastorno mental complejo, progresivo y severo caracterizado por distorsiones en el pensamiento, la percepción, las emociones, el lenguaje, el sentido de sí mismo, y comportamiento. La medicación convencional y la terapia cognitiva conductual se utilizan en el tratamiento de la esquizofrenia. La homeopatía también puede ofrecer resultados prometedores en la esquizofrenia, como se desprende de estudios anteriores. **Resumen del caso:** Cinco pacientes reportados en el Departamento de pacientes ambulatorios del Instituto Nacional de Investigación de Homeopatía en Salud Mental, Kerala, India, con síntomas de esquizofrenia fueron tratados con medicina homeopática individualizada como terapia complementaria a los medicamentos convencionales. La evaluación de los pacientes se realizó con tres escalas: Escala de Síndrome Positivo y Negativo (PANSS), Escala de Calificación Psiquiátrica Breve (BPRS) y Escala de Efectos Secundarios Antipsicóticos de Glasgow (GASS). La posible atribución causal de los cambios fue descrita explícitamente por los criterios modificados de Naranjo. Los cinco pacientes mostraron una mejoría evidente a partir de las escalas de evaluación. Estos casos muestran el papel positivo del tratamiento homeopático en la esquizofrenia, reduciendo los síntomas psicóticos y reinstaurando la percepción del paciente y reduciendo también la medicación convencional. Para sacar más pruebas sólidas de la homeopatía en la esquizofrenia, se requieren amplios estudios de investigación.

标题: 精神分裂症的顺势疗法附加治疗-A病例系列

摘要: 引言:精神分裂症是一种复杂,渐进和严重的精神障碍,其特征在于思维,感知,情绪,语言,自我意识和行为的扭曲.常规药物治疗和认知行为疗法用于精神分裂症的治疗.顺势疗法也可以在精神分裂症中提供有希望的结果,这从以前的研究中可以看出.个案摘要:在印度喀拉拉邦国家顺势疗法研究所心理健康门诊部报告的五名患有精神分裂症症状的患者接受个体化顺势疗法治疗,作为常规药物的附加疗法.使用三个量表对患者进行评估:阳性和阴性综合征量表(PANSS),简要精神病学评级量表(BPRS)和格拉斯哥抗精神病副作用量表(GASS).修改后的Naranjo标准明确描述了变化的可能因果归属.所有五名患者都显示出从评估量表中明显的改善.这些病例显示了顺势疗法治疗在精神分裂症中的积极作用,减少了精神病症状,恢复了患者的洞察力,也减少了常规药物治疗.为了进一步证明精神分裂症中的顺势疗法,需要进行广泛的研究。