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Homoeopathic management of mania with psychotic symptoms- A case report

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Abstract

Introduction: Manic episode (ICD-F30.2) is typically characterised by distinct period of abnormally and persistently elevated, expansive, or irritable mood, along with abnormally and persistently increased goal-directed activity or energy, lasting at least 1 week and causing significant disruption in occupational and social functioning. The lifetime risk of experiencing manic episodes is approximately 0.8–1%. These episodes typically recur in three to four-month cycles. This case report aims to highlight significance of individualised homoeopathic treatment in managing mania with psychotic symptoms over a 41-month period without relapse, and without the use of conventional medication. **Case Summary:** An 18-year-old female was brought by her parents to the psychiatry outpatient department on August 1, 2022 with complaints of agitation, anger, and irritability, reduced sleep, abusive language, suspiciousness, and pressured speech. She believed her parents were hacking her phone and harming her since 12 days. A consultant psychiatrist diagnosed her with mania with psychotic symptoms, and the severity was measured using the YMRS and BPRS scales. *Lachesis* 200C was prescribed, followed by a single dose of *Carcinosinum* 200C as constitutional medicine. The YMRS score dropped from 48 to 0 within a week, and the BPRS score from 70 to 0 in three months, with no homoeopathic aggravation noted. MONARCH, score 7, suggests a causal attribution to disease improvement. Thus, indicating a correlation between medication and outcome. There was a significant improvement change within a week. Homoeopathic medicines selected based on individualisation are effective in the treatment of mania with psychotic symptoms.

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CASE REPORT

Homoeopathic management of mania with psychotic symptoms-A case report

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ABSTRACT

Introduction: Manic episode (ICD-F30.2) is typically characterised by distinct period of abnormally and persistently elevated, expansive, or irritable mood, along with abnormally and persistently increased goal-directed activity or energy, lasting at least 1 week and causing significant disruption in occupational and social functioning. The lifetime risk of experiencing manic episodes is approximately 0.8–1%. These episodes typically recur in three to four-month cycles. This case report aims to highlight significance of individualised homoeopathic treatment in managing mania with psychotic symptoms over a 41-month period without relapse, and without the use of conventional medication. **Case Summary:** An 18-year-old female was brought by her parents to the psychiatry outpatient department on August 1, 2022 with complaints of agitation, anger, and irritability, reduced sleep, abusive language, suspiciousness, and pressured speech. She believed her parents were hacking her phone and harming her since 12 days. A consultant psychiatrist diagnosed her with mania with psychotic symptoms, and the severity was measured using the YMRS and BPRS scales. *Lachesis* 200C was prescribed, followed by a single dose of *Carcinosinum* 200C as constitutional medicine. The YMRS score dropped from 48 to 0 within a week, and the BPRS score from 70 to 0 in three months, with no homoeopathic aggravation noted. MONARCH, score 7, suggests a causal attribution to disease improvement. Thus, indicating a correlation between medication and outcome. There was a significant improvement change within a week. Homoeopathic medicines selected based on individualisation are effective in the treatment of mania with psychotic symptoms.

Keywords: BPRS, *Carcinosinum*, Homoeopathy, Mania, YMRS

Introduction

Mood can be defined as a pervasive and continuous feeling or emotional tone that affects the behaviour of a person and colours his perception of being in the world. It is called mood disorders ICD 10 (F30-39).¹ It is characterised by at least two repeated episodes in which the patient's mood and performance are significantly disturbed. This disorder sometimes consists of elevated mood and increased energy and activity (mania or hypomania) and sometimes low mood and decreased energy and activity (depression). Recovery between episodes is usually complete, and the incidence in both sexes is almost equal to that of other

mood disorders. Manic episodes usually start suddenly and last from 2 weeks to 4–5 months (average duration is about 4 months). Depression usually lasts longer (average length about 6 months), although rarely more than a year.²

Manic episode is a distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased goal-directed activity or energy, lasting at least 1 week.³ Bipolar disorder is the sixth leading cause of disability in the world, according to the World Health Organisation, and affects approximately 5% of the population, with dangerous consequences for the lives of many people.⁴ The incidence of bipolar

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disorder was slightly higher in men. Disorder (0.3%) compared to women (0.2%). 40–49 year olds in different age groups. The prevalence of bipolar disorder was higher (0.4%) in both residential classes and urban residents (0.7%).⁵

Individuals with bipolar disorder showed hyperactivity in the amygdala and hypoactivity in the hippocampus and prefrontal cortex, which are associated with impaired executive function and heightened emotion, respectively. However, the exact mechanisms of the brain regions are still unknown.⁶ Of the biogenic amines, norepinephrine and serotonin are the two neurotransmitters most involved in the pathophysiology of mood disorders.⁷ The lifetime risk of manic episodes is approximately 0.8–1%. Bipolar disorder occurs in episodes that usually last 3–4 months, after which complete clinical recovery occurs. Post-recovery episodes can be manic, depressed or mixed.⁸ According to the 2017 Global Burden of Disease Survey, 7.6 million people in India have been diagnosed with bipolar disorder. Prevalence ranged from 1 to 3 times across all states in India, with Kerala, Sikkim, Goa, and Himachal Pradesh showing the highest prevalence of all states.⁹ Brief psychiatric rating scale (BPRS) includes 18 domains with scores rating from 0 to 7. 0-not assessed, 1-not present, 2-very mild, 3-mild, 4-moderate, 5-moderately severe, 6-severe, and 7-extremely severe. The reliability of the scale is good to excellent.¹⁰ This case report shows that homoeopathic medicines are more effective in the treatment of mania with psychotic symptoms without relapse.

Patient information

An 18-year-old female was brought by her parents to the psychiatry outpatient department (OPD) on August 1, 2022. The patient was agitated and was directly shifted to the inpatient unit. The informant was reliable. The patient presented with anger and irritability towards family members, had reduced sleep, used abusive language towards family members, was loquacious, had increased mobile phone usage, and had a diminished appetite for 12 days.

She claimed to be highly intelligent, and due to her intelligence, she had secured high marks in examinations. While narrating the symptoms, she threw a water bottle out of her hand in anger, ground her teeth, and displayed her suspicion towards her parents, believing they were trying to harm her. She believed she had some allergic diseases and that her father was involved in extramarital relationships.

She had a tendency to search for investigation reports and their interpretations online. She expressed a desire to file a complaint against her parents at the police station. She claimed her parents were hacking her mobile phone and also that they had been very negative for last 12 days.

The patient was apparently well until 12 days ago, when she developed symptoms such as sleeplessness, excessive anger, and irritability towards family members. She also began using her mobile phone for extended periods. The patient perceived that her parents were going to separate and believed that her father had extramarital relationships. These beliefs were shared by the patient via mobile application software to other family members and friends. She was frequently searching for investigation reports and their interpretations online. Then, the patient was brought to a psychiatrist, who prescribed Tab. *Oleanz* 2.5 mg for one week. However, the patient was unwilling to take the medication and searched for information about the medication online. Her parents mixed the medication into her drinks for two days without her knowledge, but the symptoms persisted, and they subsequently brought her to the psychiatry OPD.

The patient's parents were not in a harmonious relationship. Her father was a chronic alcoholic and would come home intoxicated almost every day. There were frequent disputes, and he often showed a threatening tendency towards his wife. The patient was very much afraid of her father, though he never displayed any harmful behaviour toward her or her sister. She was very studious and spent most of her day focused on studies. There was no history of substance abuse, she had an obedient character, was not easily sociable, and was more affectionate toward her mother. She did not have close friends, except for her study companions.

She had a deficient appetite, thirst, and sleep until 12 days ago, when her complaints began. She perspired generally and only during exertion. Her bowel and bladder functions were normal, and she had a desire for sweets. Her menses were regular and painful, with normal flow. She was sensitive to heat.

Clinical findings

She was conscious alert, oriented and afebrile. Moderately built and nourished. Her blood pressure was 100/60 mm/Hg, temperature 98 °F, and pulse rate 90 b/m. The mental status examination findings are shown in [Table 1](#).

Table 1. Mental Status Examination.

| S. No | Mental status examination | |
|-------|--------------------------------------|---|
| 1 | General appearance and behaviour | She was conscious,not cooperative, moderately built and nourished, fair complexion, well dressed, rapport was established, nails were not trimmed, hair combed properly, eye-to-eye contact maintained, interpersonal relationship average and suspicious. |
| 2 | Psychomotor activity | Her psychomotor activity was increased. |
| 3 | Speech | Her speech was pressured, with increased rate, rhythm, volume, and tone, and reaction time decreased. |
| 4 | Affect and mood | Her affect was appropriate, reactive, broad in range, liable, and congruent. Mood was subjectively irritable and objectively changeable (irritable and elated). |
| 5 | Thought content | Thoughts: Flow: Flight of ideas, Form: circumstantiality, tangentiality, Content: Delusion of persecution: belief that parents were trying to harm her; says her parents were hacking her mobile phone, Delusion of grandiosity: She said she was highly intelligent and had secured high marks in examinations. Somatic delusion: she believed that she had some allergic diseases. |
| 6 | Perceptual disorder: Hallucinations | Nil |
| 7 | Orientation | She was oriented on time, place, and people were maintained. |
| 8 | Memory | Her immediate, recent, and remote memory were intact. Digit forwards and backwards were good. |
| 9 | General information and intelligence | She gave the correct answers by asking the name of the prime minister of India and the chief minister of Kerala. |
| 10 | Attention and concentration | Her attention and concentration were good. |
| 11 | Judgment | She gave the correct answer social judgment and test judgment. |
| 12 | Insight | Complete denial of illness. |

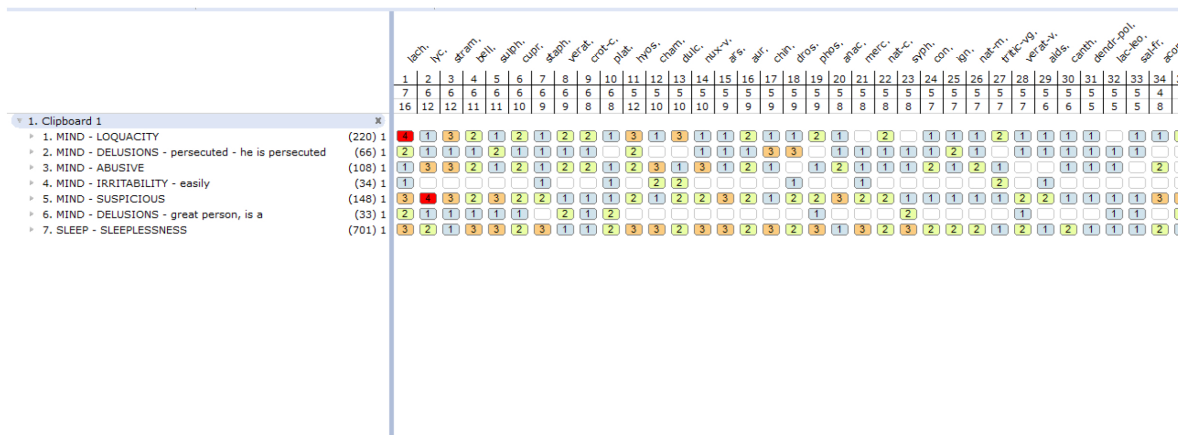


Fig. 1. Repertorisation chart using synthesis repertory RADAR 10.0.

Diagnostic assessment

The case was diagnosed as mania with psychotic symptoms as per (F30.2) ICD-10, confirmed by a consultant psychiatrist. Baseline assessment was done with the Brief Psychiatric Rating scale (BPRS) and Young Mania Rating Scale (YMRS) on the 1st day of admission, and the total score was found to be 70 and 48 at the baseline, respectively.

Therapeutic intervention

The patient was admitted to the in-patient unit under the psychiatry department with the consent of her parents. On the day of admission, the acute totality was erected and repertorisation was done us-

ing the RADAR 10.0 synthesis repertory¹¹ (Fig. 1). *Lachesis* 200C, 1 dose, was given orally, 3 medicated globules, based on the acute totality. Detailed case-taking was done. *Carcinosinum* 200C (Fig. 2), one dose, with three medicated globules prescribed as the constitutional remedy after repertorisation of the symptoms, based on the patient’s pre-morbid personality. The medicine is manufactured by a pharmaceutical company certified for Good Manufacturing Practices (GMP).

Follow-up and outcomes

There was a significant change in YMRS score from 48 at baseline to 0 within 5 days (Fig. 3). The patient’s behaviour returned to normal within a week

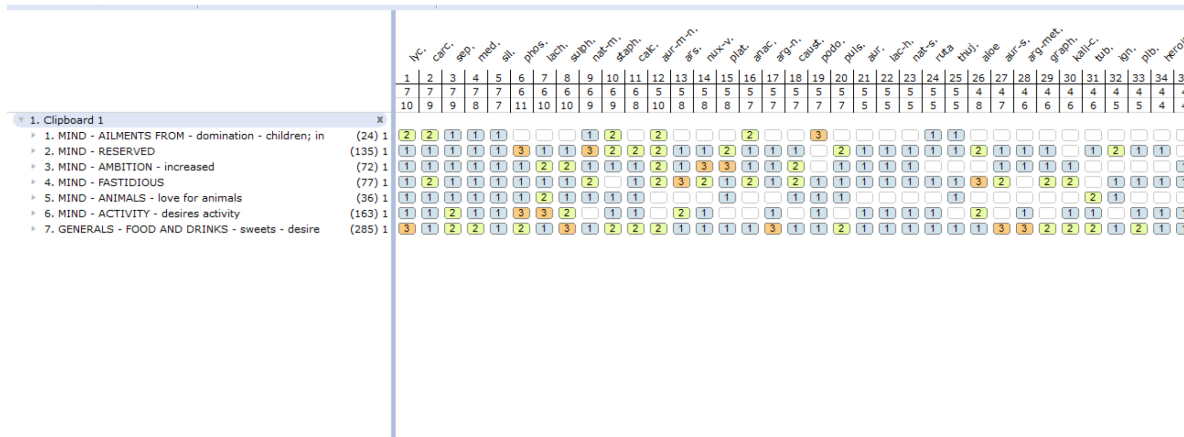


Fig. 2. Repertorisation chart using synthesis repertory RADAR 10.0.

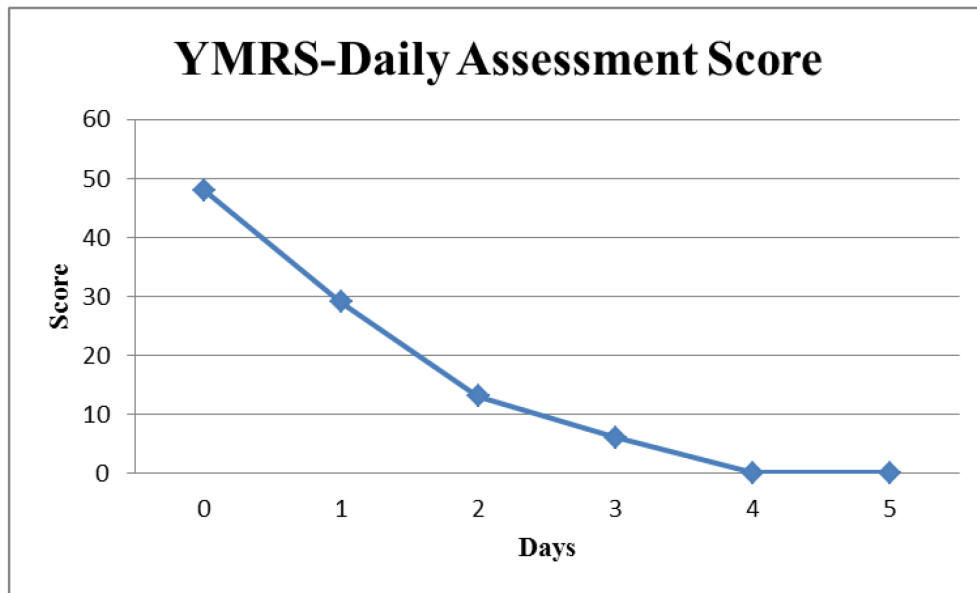


Fig. 3. YMRS Daily Assessment Score.

of homoeopathic treatment during her hospital stay. The BPRS score of 70 at baseline decreased to 0 within 3 months (Fig. 4) and remained stable for 41 months (Table 2).

Based on the acute totality, we prescribed *Lachesis* 200C due to her sleeplessness, tendency to talk incessantly, jumping from one topic of conversation to another, and her eloquent speech making. She expressed her irritability by blaming everyone but herself, with abusive language and violent behaviour.

On the second day, her vegetative functions, such as sleep, appetite, and bowel movements, improved. The intensity of the psychotic symptoms also reduced. Since the patient had only been taking homoeopathic medications since admission, the outcome is likely attributable to the prescribed medicine.

On 03.08.2022, a detailed case history was taken, her premorbid symptoms, including tendencies to-

ward domination, ambition, and fastidiousness, as well as parental discord were also taken into account. Based on these symptom totalities, *Carcinosinum* 200C was prescribed, notably, the patient showed remarkable improvement. The causal relationship between the intervention and the result is discussed according to the criteria of Modified Naranjo Criteria for Homeopathy (MONARCH) in (Table 3). A total score of 7 suggests a positive causal relationship between the intervention and treatment outcomes.¹²

Discussion

For this type of disease, which falls under the second type of mental disease according to Master Dr. Christian Friedrich Samuel Hahnemann (1755–1843) classification,¹³ it is mentioned in Aphorism 229

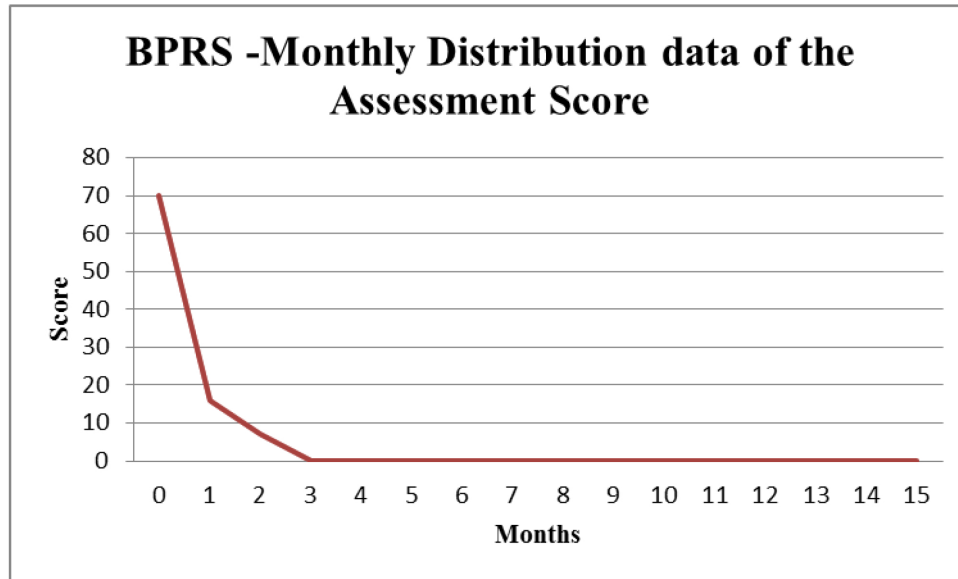


Fig. 4. BPRS Monthly Assessment Score.

(footnote) that the treatment of violently insane manic and melancholic patients should only take place in an institution specially arranged for their treatment, not within the family circle of the patient.¹³ In this case, the patient was diagnosed with severe mania with psychotic symptoms. She was uncooperative and had poor insight, so she was directly admitted to the inpatient department of the psychiatry ward. As mentioned under Aphorism 221, the insanity or mania, which suddenly breaks out as an acute disease, often arises from an internal psora; should first be treated with remedies indicated for it, in highly potentised, minute, homoeopathic doses, in order to subdue the psora to a latent state.

Based on the acute totality, *Lachesis* 200C was prescribed. On 03.08.2022, a detailed case history was taken and considering her premorbid symptoms, *Carcinosinum* 200C was prescribed. According to Karen Horney's psychoanalytic theory of interpersonal psychology,¹⁴ her early feelings of insecurity, stemming from her father's alcoholism, seemed to fuel a deep sense of helplessness and vulnerability. Her social behaviour centred around asserting dominance over her parents as a means of achieving satisfaction and protection. Family and environmental factors were key influences in this case.

Her symptoms were reframed, focusing on her basic hostility and hidden anxiety, which manifested as a drive for power rather than acknowledging vulnerability; based on these symptom totalities, *Carcinosinum* 200C was prescribed. The patient showed remarkable improvement within the inpatient setting and exhibited stable behaviour.

By the sixteenth day, she demonstrated significant progress and was discharged in stable condition. At her follow-up visit on 31.08.2022, she exhibited a full reduction in symptoms, with marked improvement in both social functioning and daily activities. However, it is essential to note that recovery from an acute mental or emotional disorder does not imply a complete cure; prolonged antipsychotic treatment is necessary to address the latent chronic psora miasm, which could potentially resurface.

The significance of *Carcinosinum* as a constitutional remedy in psychiatric cases lies in its correspondence with deep-seated mental and emotional patterns such as heightened sensitivity, perfectionism, emotional suppression and excessive self-control. Such features form the core mental constitution. *Carcinosinum* may be indicated and act at a deeper level in psychiatric cases based on an individualised, holistic approach.¹⁵

The patient was diagnosed with a manic episode with psychotic features in 2022. Follow-up carried out up to 2026 showed no recurrence of manic or psychotic symptoms. On 21.12.2022, *Sac lac* was prescribed for eight doses, for patient support and satisfaction; then the patient was advised to report only if symptoms reappeared. No other therapeutic intervention was taken after January 2023. A telephonic follow-up on 23.11.2023 revealed that she remained symptom-free and reported satisfactory general well-being. During a further follow-up on 31.01.2026, she reported that she had completed her third year of nursing studies and continued to remain well, with no evidence of relapse.

Table 2. Timeline.

| Date | Follow-up | Prescription/Remarks | YMRS Score | BPRS Score |
|--|---|---|------------|------------|
| 01.08.2022 IPD-Admission First Prescription | <ul style="list-style-type: none"> • Anger and irritability towards family members • Reduced sleep • Used abusive language towards family members • Loquacious • She claimed to be highly intelligent and had secured high marks in examinations because of this. | <i>Lachesis</i> 200C/ 1dose | 48 | 70 |
| 02.08.2022 In IPD ward | <ul style="list-style-type: none"> • Sleep improved • Appetite improved • Anger and irritability towards family members reduced • Using Abusive words towards family members reduced • Loquacious reduced • Increased mobile phone usage reduced • Delusion of grandiosity persist • Grinding of teeth while in anger reduced • Delusion of persecution reduced • Somatic delusion reduced. | No medicine was given as improvement continued | 29 | – |
| 03.08.2022 In IPD ward | Detailed case-taking was done, based on the reportorial totality, with due importance given to the premorbid personality and the materia medica. | <i>Carcinosinum</i> 200C/1dose Early morning empty stomach | 13 | – |
| 04 th august 2022 | <ul style="list-style-type: none"> • Sleep improved • Appetite improved • Anger and irritability towards family members-nil • Using abusive words towards family members-nil • Loquacious reduced • Increased mobile phone usage reduced • Delusion of grandiosity-nil • Delusion of persecution nil • Somatic delusion- nil. | No medicine was given as improvement continued | 6 | – |
| (05 th august In IPD ward up to 16.08.2022) | No specific complaints Generally she felt better Patient had been discharged. | <i>Carcinosinum</i> 200C/1dose | 0 | – |
| 31.08.2022 (1 st Follow-up) | No specific complaints Generally she felt better. | <i>Carcinosinum</i> 200C/1dose Early morning empty stomach | 0 | 16 |
| 14 Sep 2022 (2 nd Follow-up) | No specific complaints Generally she felt better. | No medicine was given as improvement continued | 0 | 7 |
| October 22 to January 2026 | No specific complaints On 23.11.2023, contacted telephonically to inquire about her status and she reported feeling better overall. She mentioned that she was happy and had no complaints. She had successfully completed her first year of nursing and had shown improvement in her well-being 31.01.2026, she reported that she had completed her third year of nursing studies and continued to remain well, with no evidence of relapse. | No medicine was given as improvement continued | 0 | 0 |

Several case reports in homoeopathic literature highlight the potential effectiveness of individualised homoeopathic remedies in treating mania with psychotic features without adjunctive or conventional medication. In one report, *Platina metallicum* was chosen based on symptom similarity, leading to the cessation of manic, depressive, and anxiety episodes within two months and sustained remission without bipolar episodes for over a year.¹⁶ Another case documented

the treatment of a manic episode with psychotic features using *Lachesis* in repeated doses, followed by *Lycopodium*, resulting in a total YMRS score reduction from 38 to 0 within two months.¹⁷ Similarly, a patient with bipolar affective disorder (BPAD) initially showed no response to *Carcinosinum* but experienced significant improvement with *Sepia officinalis*, achieving a YMRS score drop from 36 to full remission for one year.¹⁸ These cases underscore the potential of

Table 3. Modified Naranjo Criteria for Homeopathy (MONARCH).

| | Domains | Yes | No | Not sure |
|-------|---|-----------|----|----------|
| 1 | Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed? | + 2 | | |
| 2 | Did the clinical improvement occur within a plausible timeframe relative to the medicine intake? | + 1 | | |
| 3 | Was there a homeopathic aggravation of symptoms? | | 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 | | |
| 5 | Did overall well-being improve? (suggest using validated scale or mention about changes in physical, emotional, and behavioral elements) | + 1 | | |
| 6 (A) | Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease? | | 0 | |
| 6 (B) | Direction of cure: did <i>at least</i> one of the following aspects apply to the order of improvement of 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 | |
| 7 | Did “old symptoms” (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement? | | 0 | |
| 8 | Are there alternative causes (i.e., other than the medicine) that—with a high probability— could have produced the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions) | | 0 | |
| 9 | Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.) | + 2 | | |
| 10 | Did repeat dosing, if conducted, create similar clinical improvement? | | 0 | |
| | Total | +7 | | |

individualised homeopathic remedies like *Platina*, *Lachesis*, *Lycopodium*, and *Sepia* in managing manic episodes with psychotic symptoms, demonstrating remission and sustained stability in patients.

Research studies indicate that manic episodes with psychotic features typically have a high risk of recurrence within a year and that mania with psychotic features also takes longer to achieve remission. In conventional treatment median time of remission and recurrence after the treatment for manic episode was approximately 50 and 156 days, factors linked to delayed with a remission include the presence of psychiatric co-morbidities, high baseline Young Mania Rating Scale (YMRS) score, and a frequent number of previous depressive episodes conversely, a shorter time to recurrence has been associated with longer episode duration and mixed type presentation.^{19,20} In this case, there were no psychiatric co-morbidities and no prior depressive episodes, although the patient presented with a higher YMRS score. Being the first acute manic episode, a marked reduction in manic symptoms was observed within five days, along with sustained improvements in personal and social functioning over the subsequent year without recurrence of manic symptoms for the past 41 months. As per MONARCH, no initial aggravation was observed (criteria 3 = 0), the direction of cure (criteria 6b = 0) was not established, and no old unresolved symptoms reappeared (criteria 7 = 0). Repeats dosing, if conducted, would create similar clinical improvement (criteria 10 = 0)

was not established. This allows us to conclude, based on the Modified Naranjo Criteria for Homeopathy scores, that there is a causal attribution to disease improvement, indicating a definite association between the medicine and the outcome.

Conclusion

In this modern era many people are suffering from mental disorders. The treatment for such disease using antipsychotics creates harm to the patient. So many people who are undergoing those treatments suffer not only from natural disease but also from drug disease. Individualised homeopathic medicine acts best in the simplest way, in the treatment of mania with psychotic symptoms without relapse. Controlled studies are required in future to conduct the effectiveness and efficacy of homeopathic medicines in manic episodes with psychotic symptoms.

Declaration of written informed consent

The authors confirm that all necessary written informed consent forms have been obtained from the patient and the legally authorised representative for the publication of clinical information in the journal. They understand that the patient’s name and initials will not be disclosed, and every effort will be made to protect her identity; however, complete anonymity cannot be guaranteed.

Patient perspective

“I am very happy with the progress of my complaints have made through homoeopathic treatment. In the past 41 months of regular follow-ups, the complaints have not returned. I am doing much better in social situations and relationships, and this has greatly improved my functional activities and well-being. I am also happy that I completed a three-year degree course.”

Funding

Nil.

Conflicts of interest

Nil.

Author contribution

Dr. R. Bhuvanewari: Concepts, Design, Definition of intellectual content, Literature search, Manuscript preparation, Manuscript editing, Manuscript review, and Guarantor.

Dr. Sakthivel: Design, Definition of intellectual content, Literature search, Manuscript preparation, and Manuscript editing.

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Prise en charge homéopathique de la manie avec symptômes psychotiques – Étude de cas

Introduction : L'épisode maniaque (CIM-10 : F30.2) se caractérise généralement par une période distincte d'humeur anormalement et durablement élevée, expansive ou irritable, associée à une augmentation anormale et persistante de l'activité ou de l'énergie orientée vers un but, durant au moins une semaine et entraînant une perturbation importante du fonctionnement professionnel et social. Le risque de présenter un épisode maniaque au cours de sa vie est d'environ 0,8 à 1 %. Ces épisodes se manifestent généralement par cycles de trois à quatre mois. Ce cas clinique vise à souligner l'importance d'un traitement homéopathique individualisé dans la prise en charge d'un épisode maniaque avec symptômes psychotiques sur une période de 41 mois, sans rechute et sans recours aux médicaments conventionnels.

Résumé du cas : Une jeune femme de 18 ans a été amenée par ses parents au service de psychiatrie ambulatoire le 1er août 2022. Elle se plaignait d'agitation, de colère, d'irritabilité, de troubles du sommeil, d'injures, de méfiance et d'une logorrhée. Elle était persuadée que ses parents pirataient son téléphone et lui faisaient du mal depuis 12 jours. Un psychiatre a diagnostiqué un épisode maniaque avec symptômes psychotiques, dont la gravité a été évaluée à l'aide des échelles YMRS et BPRS. *Lachesis* 200C lui a été prescrit, suivi d'une dose unique de *Carcinosinum* 200C en traitement de fond. Le score YMRS est passé de 48 à 0 en une semaine, et le score BPRS de 70 à 0 en trois mois, sans aggravation homéopathique observée. Le score MONARCH de 7 suggère un lien de causalité avec l'amélioration de la maladie, indiquant ainsi une corrélation entre le traitement et son évolution. Une amélioration significative a été constatée en une semaine. Les médicaments homéopathiques, sélectionnés de manière individualisée, sont efficaces dans le traitement des épisodes maniaques avec symptômes psychotiques.

Homöopathische Behandlung einer Manie mit psychotischen Symptomen – Ein Fallbericht

Einleitung: Eine manische Episode (ICD-F30.2) ist typischerweise durch eine klar abgegrenzte Phase abnorm und anhaltend gehobener, expansiver oder gereizter Stimmung gekennzeichnet, begleitet von abnorm und anhaltend gesteigerter zielgerichteter Aktivität oder Energie. Sie dauert mindestens eine Woche und führt zu erheblichen Beeinträchtigungen der beruflichen und sozialen Funktionsfähigkeit. Das Lebenszeitrisko für manische Episoden liegt bei etwa 0,8–1 %. Diese Episoden treten typischerweise in Zyklen von drei bis vier Monaten wieder auf. Dieser Fallbericht soll die Bedeutung einer individualisierten homöopathischen Behandlung bei der Therapie einer Manie mit psychotischen Symptomen über einen Zeitraum von 41 Monaten ohne Rückfall und ohne die Anwendung konventioneller Medikamente hervorheben. **Fallzusammenfassung:** Eine 18-jährige Patientin wurde am 1. August 2022 von ihren Eltern in die psychiatrische Ambulanz gebracht. Sie klagte über Unruhe, Wut und Reizbarkeit, Schlafstörungen, Beschimpfungen, Misstrauen und Rededrang. Sie glaubte, ihre Eltern würden seit zwölf Tagen ihr Handy hacken und ihr schaden. Ein Facharzt für Psychiatrie diagnostizierte eine Manie mit psychotischen Symptomen. Der Schweregrad wurde anhand der YMRS- und BPRS-Skalen bestimmt. Es wurde *Lachesis* 200C verschrieben, gefolgt von einer Einzeldosis *Carcinosinum* 200C als Konstitutionsmittel. Der YMRS-Wert sank innerhalb einer Woche von 48 auf 0, der BPRS-Wert innerhalb von drei Monaten von 70 auf 0, ohne dass eine homöopathische Verschlechterung beobachtet wurde. Der MONARCH-Wert von 7 deutet auf einen kausalen Zusammenhang zwischen der Besserung und der Behandlung hin. Dies belegt eine Korrelation zwischen Medikation und Therapieergebnis. Innerhalb einer Woche zeigte sich eine signifikante Besserung. Individuell ausgewählte homöopathische Arzneimittel sind wirksam in der Behandlung von Manie mit psychotischen Symptomen.

मनोविकार संबंधी लक्षणों के साथ उन्माद का होम्योपैथिक प्रबंधन - एक केस रिपोर्ट

परिचय: उन्माद का दौरा (आईसीडी-एफ30.2) आमतौर पर असामान्य रूप से और लगातार बढ़े हुए, उत्साहित या चिड़चिड़े मूड की एक विशिष्ट अवधि से पहचाना जाता है, साथ ही असामान्य रूप से और लगातार बढ़ी हुई लक्ष्य-उन्मुख गतिविधि या ऊर्जा से भी पहचाना जाता है, जो कम से कम 1 सप्ताह तक चलती है और व्यावसायिक और सामाजिक कामकाज में महत्वपूर्ण बाधा उत्पन्न करती है। जीवन भर उन्माद के दौरों का अनुभव करने का जोखिम लगभग 0.8-1% है। ये दौर आमतौर पर तीन से चार महीने के चक्र में दोहराए जाते हैं। इस केस रिपोर्ट का उद्देश्य 41 महीने की अवधि में बिना पुनरावृत्ति और पारंपरिक दवाओं के उपयोग के बिना मनोविकार संबंधी लक्षणों के साथ उन्माद के प्रबंधन में व्यक्तिगत होम्योपैथिक उपचार के महत्व को उजागर करना है। **केस सारांश:** एक 18 वर्षीय महिला को 1 अगस्त, 2022 को उसके माता-पिता द्वारा मनोचिकित्सा बाह्य रोगी विभाग में बेचैनी, क्रोध और

चिड़चिड़ापन, नींद में कमी, अपशब्द, संदेह और तेज बोलने की शिकायतों के साथ लाया गया। उसे लगता था कि उसके माता-पिता पिछले 12 दिनों से उसका फोन हैक कर रहे हैं और उसे नुकसान पहुंचा रहे हैं। एक सलाहकार मनोचिकित्सक ने उसे मनोविकृति संबंधी लक्षणों के साथ उन्माद से ग्रसित पाया और इसकी गंभीरता का आकलन वाईएमआरएस और बीपीआरएस पैमानों का उपयोग करके किया गया। उपचार के रूप में उसे *लैचिसिस* 200सी दी गई, जिसके बाद संवैधानिक औषधि के रूप में कार्सिनोसिनम 200सी की एक खुराक दी गई। वाईएमआरएस स्कोर एक सप्ताह के भीतर 48 से घटकर 0 हो गया, और बीपीआरएस स्कोर तीन महीनों में 70 से घटकर 0 हो गया, और होम्योपैथिक उपचार का कोई दुष्प्रभाव नहीं देखा गया। मोनार्क स्कोर 7, रोग में सुधार का कारण बताता है। इस प्रकार, यह दवा और परिणाम के बीच संबंध दर्शाता है। एक सप्ताह के भीतर महत्वपूर्ण सुधार देखा गया। व्यक्तिकरण के आधार पर चुनी गई होम्योपैथिक दवाएं मनोविकृति संबंधी लक्षणों के साथ उन्माद के उपचार में प्रभावी रहीं।

Manejo homeopático de la manía con síntomas psicóticos: Informe de un caso

Introducción: El episodio maníaco (CIE-F30.2) se caracteriza típicamente por un período definido de estado de ánimo anormalmente elevado, expansivo o irritable, persistentemente elevado, junto con un aumento anormalmente elevado y persistente de la actividad o energía dirigida a objetivos, que dura al menos una semana y causa una alteración significativa en el funcionamiento laboral y social. El riesgo de experimentar episodios maníacos a lo largo de la vida es de aproximadamente 0,8-1 %. Estos episodios suelen repetirse en ciclos de tres a cuatro meses. Este informe de caso tiene como objetivo resaltar la importancia del tratamiento homeopático individualizado en el manejo de la manía con síntomas psicóticos durante un período de 41 meses sin recaída y sin el uso de medicamentos convencionales. **Resumen del caso:** Una joven de 18 años fue llevada por sus padres al departamento de psiquiatría ambulatoria el 1 de agosto de 2022 con quejas de agitación, ira e irritabilidad, disminución del sueño, lenguaje abusivo, suspicacia y habla acelerada. Creía que sus padres estaban pirateando su teléfono y haciéndole daño desde hacía 12 días. Un psiquiatra consultor le diagnosticó manía con síntomas psicóticos, y la gravedad se midió utilizando las escalas YMRS y BPRS. Se le prescribió *Lachesis* 200C, seguido de una dosis única de *Carcinosinum* 200C como medicina constitucional. La puntuación YMRS disminuyó de 48 a 0 en una semana, y la puntuación BPRS de 70 a 0 en tres meses, sin que se observara agravamiento homeopático. La puntuación MONARCH, de 7, sugiere una atribución causal a la mejoría de la enfermedad, lo que indica una correlación entre la medicación y el resultado. Se observó una mejoría significativa en una semana. Los medicamentos homeopáticos seleccionados según la individualización son eficaces en el tratamiento de la manía con síntomas psicóticos.

順勢療法治療伴隨精神病症狀的躁症—病例報告

引言：躁症發作（ICDF30.2）的典型特徵是：情緒異常且持續高漲、情緒外露或易怒，同時伴隨異常且持續增強的目標導向活動或精力，持續至少1週，並導致職業和社會功能顯著受損。一生中經歷躁症發作的風險約為0.8-1%。這些發作通常以三至四個月為一個週期復發。本病例報告旨在強調個別化順勢療法治療在41個月內無復發且無需使用常規藥物的情況下，對伴有精神病性症狀的躁狂症患者的重要意義。**病例摘要**：2022年8月1日，一名18歲女性因躁動、憤怒、易怒、睡眠減少、言語辱罵、多疑和語速加快等症狀，由父母陪同前往精神科門診就診。她自12天前起便懷疑父母入侵她的手機並傷害她。會診精神科醫師診斷其患有伴隨精神病性症狀的躁狂症，並使用楊氏躁症評定量表（YMRS）和簡明精神病評定量表（BPRS）評估了病情嚴重程度。醫生處方了拉凱西斯200C（*Lachesis* 200C），隨後給予單劑量卡西諾辛200C（*Carcinosinum* 200C）作為體質性藥物。一週內，YMRS評分從48分降至0分；三個月內，BPRS評分從70分降至0分，且未觀察到順勢療法引起的病情惡化。MONARCH評分為7分，提示病情改善與藥物治療有因果關係，顯示藥物治療與療效之間有相關性。一週內病情即出現顯著改善。根據個別情況選擇的順勢療法藥物對治療伴隨精神病症狀的躁狂症有效。