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## Individualised homoeopathic treatment of paranoid schizophrenia with potentised Phosphorus – A case report

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### Abstract

**Background:** Paranoid schizophrenia is a severe mental disorder that affects approximately one percent of the world population, with devastating consequences for affected individuals and their families. Homoeopathy could be an effective alternative mode of treatment and can minimise the consequences of it. This case report aimed to highlight the significance of using only individualised homoeopathic medicines in the treatment of paranoid schizophrenia without conventional medicine. **Case Summary:** A 30-year-old male complained of someone controlling his mind, someone talking about him. He was suspicious of the food he was served, talked and laughed to himself and slept insufficiently. The case was diagnosed as paranoid schizophrenia by the psychiatrist. The severity of the disease was measured by the Positive and Negative Syndrome Scale (PANSS) and assessment of the positive symptoms was done by Scale for the Assessment of Positive Symptoms (SAPS); the symptoms were recorded at the baseline and every month for the duration of 17 months, with the help of the psychiatrist. *Phosphorus 30C* was prescribed on the basis of individualisation. No homoeopathic aggravation was reported during the treatment. PANSS score of 84 at baseline reduced to 32 and SAPS score of 56 reduced to zero, within ten months of treatment and remained so for up to 17 months, including the period of observation. MONARCH score of +8 indicated a causal attribution of homoeopathic treatment to disease improvement.

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# Individualised homoeopathic treatment of paranoid schizophrenia with potentised *Phosphorus* – A case report

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## Abstract

**Background:** Paranoid schizophrenia is a severe mental disorder that affects approximately one percent of the world population, with devastating consequences for affected individuals and their families. Homoeopathy could be an effective alternative mode of treatment and can minimise the consequences of it. This case report aimed to highlight the significance of using only individualised homoeopathic medicines in the treatment of paranoid schizophrenia without conventional medicine. **Case Summary:** A 30-year-old male complained of someone controlling his mind, someone talking about him. He was suspicious of the food he was served, talked and laughed to himself and slept insufficiently. The case was diagnosed as paranoid schizophrenia by the psychiatrist. The severity of the disease was measured by the Positive and Negative Syndrome Scale (PANSS) and assessment of the positive symptoms was done by Scale for the Assessment of Positive Symptoms (SAPS); the symptoms were recorded at the baseline and every month for the duration of 17 months, with the help of the psychiatrist. *Phosphorus* 30C was prescribed on the basis of individualisation. No homoeopathic aggravation was reported during the treatment. PANSS score of 84 at baseline reduced to 32 and SAPS score of 56 reduced to zero, within ten months of treatment and remained so for up to 17 months, including the period of observation. MONARCH score of +8 indicated a causal attribution of homoeopathic treatment to disease improvement.

**Keywords:** Homoeopathy, Paranoid schizophrenia, *Phosphorus*, Positive and Negative Syndrome Scale (PANSS), Scale for the Assessment of Positive Symptoms (SAPS).

## INTRODUCTION

Paranoid schizophrenia is the most common subtype of schizophrenia. Delusions and hallucinations are prominent, fulfilling the general characteristics of schizophrenia. Affect, avolition and speech are well preserved, and catatonic symptoms are rare.<sup>[1]</sup> Worldwide, schizophrenia affects approximately 1% and is associated with considerable disability; it may also affect educational and occupational performance.<sup>[2,3]</sup> In India, schizophrenia has an estimated prevalence of 0.3%, according to the Global Burden of Disease study conducted between 1990 and 2017. It contributes to 10% of the total disability-adjusted life years associated with mental health disorders in the country.<sup>[4]</sup> It is multi-factorial, influenced by environmental and genetic factors, as well as neurotransmitter imbalances, such as excess dopamine, which contributes to positive symptoms of the disorder.<sup>[5,6]</sup> Antipsychotic drugs have been widely used for treatment, but it impacts negatively patients' quality of life and significant side effects, including tardive dyskinesia.<sup>[7]</sup> According to the

ICD-10 classification of mental and behavioural disorders, paranoid schizophrenia is classified under the code F20.0.<sup>[8]</sup> Treatment outcomes for schizophrenia are often assessed using tools such as the Positive and Negative Syndrome Scale (PANSS)<sup>[9]</sup> and the Scale for the Assessment of Positive Symptoms (SAPS).<sup>[10]</sup>

Dr. Samuel Hahnemann emphasised the importance of mental diseases in the Organon of Medicine, particularly in Aphorisms 210–230, where he advocates the mode of treatment for psychiatric patients. Schizophrenia falls under the third and fourth categories in Hahnemann's classification of mental diseases.<sup>[11]</sup>

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A prospective, open-label observational study on schizophrenia demonstrates the positive role of homoeopathic medicines in the management of schizophrenia.<sup>[12]</sup> A case series found that individualised homoeopathic medicine as an add-on therapy to conventional treatment showed potential role of homoeopathic medicines in reducing psychotic symptoms and improving insights such as emotionally understanding their feeling and enhancing overall functioning.<sup>[13]</sup> Another case report concluded that homoeopathic medicines are useful in cases of paranoid schizophrenia.<sup>[14]</sup>

This case study highlights the usefulness of homoeopathic treatment alone in alleviating the positive symptoms of paranoid schizophrenia, along with improvement in overall well-being, without the use of any other regimen.

## PATIENT INFORMATION

A 30-year-old male and former animation maker was brought to the psychiatry outpatient department (OPD) of the National Homoeopathy Research Institute in Mental Health, Kottayam, Kerala, India, by his mother on 27<sup>th</sup> July 2020. He was suspicious of the food he was served, believing that it was poisoned, had a reduced sleep; used abusive language, talked and laughed to himself and believed that someone was controlling his mind and talking about him. He conversed with imaginary people. He did not change clothes often and did not take baths. He reported hearing his own voice and believed that his blood did not reach his fingertips and head. He felt that his face had changed and believed that his health was declining, along with reduced energy.

The complaints were reported to have started 1.5 years ago in an insidious manner and progressed while he was working in an animation company, where he had not been receiving his salary properly. He was sad and did not tell his parents about this matter initially. He stayed at home, communicated with family members and engaged in household work. One day, his uncle told him that he would not receive a bike, property or house because he did not have a job. Ever since, he got scared and occasionally wept thinking of this loss, grew suspicious towards other family members, the food and water being served, etc. He stopped speaking to anyone and would go to a room, close it, sit alone and talk to and laugh at himself. He would talk to imaginary people in the room. One day, when his mother told him he was talking to himself, he denied doing so. He alleged that the home-cooked food was poisoned and that someone was aiming to kill him with it. Therefore, he refused to eat food at home and began eating at a hotel. A few days later, he started getting angry and using abusive language while talking to his family members. He subsequently stopped bathing, getting haircuts and even started urinating in bed. Four months later, his symptoms progressed, including self-talk and he suddenly broke the gas cylinder. His father had to tie his hands and legs with a rope. At that time, he told his father that someone had commanded him to break the cylinder, which was why he did so. He then wanted to file a complaint at the police

station about three people who he imagined to be controlling his mind through his cell phone and bike. Due to this belief, he destroyed his bike and cell phone, after which he was unable to sleep properly. Over the past month, he had reportedly not been eating and continued to hear his own voice. Therefore, his parents brought him to the psychiatry OPD.

There was a history of fever during childhood when he had to be admitted to a hospital thrice due to febrile seizures at the age of seven months. He received conventional treatment for it. He also had a history of chickenpox at the age of 20 years, with symptoms subsiding after conventional treatment. There was no history of drug abuse. He belonged to a nuclear family and his father had complaints of varicose veins, while mother had hypertension. There was no family history of any psychiatric illness.

## Clinical findings

The patient was lean, well-nourished, dark-complexioned and poorly groomed. He was afebrile, weighed 65 kg, with a blood pressure of 110/70 mmHg, a pulse rate of 76 beats/min and a respiratory rate of 17 breaths/min. There was no pallor or cyanosis. No abnormalities were detected on general physical examination.

## Generalities

He was generally seen as an extrovert, was affectionate towards his parents before the recent complaints, especially his sister and had a strong bond with them. Since childhood, he was obstinate, short-tempered and had a particular interest in drawing. He had a strong desire for salty foods and vegetables and an aversion to fish. Thermally, he had a chilly constitution.

## Diagnostic assessment

The patient was provisionally diagnosed with paranoid schizophrenia based on his clinical history and mental status examination, Table 1 (F20.0-as per ICD-10).<sup>[8]</sup> The disease severity was measured using the PANSS<sup>[9]</sup> and the SAPS.<sup>[10]</sup> Individuals affected with schizophrenia present with positive (delusions, disorganised behaviour, hallucinatory behaviour, grandiosity, excitement, suspiciousness, hostility, etc.), negative (blunted affect, emotional, social withdrawal, poor rapport, difficulty in abstract thinking, lack of spontaneity and flow of the conversation, stereotypical thinking, etc.), as well as the general psychopathological (anxiety, somatic concern, guilt feeling, motor retardation, lack of judgement and insight, etc.) symptoms. The PANSS scale consists of positive, negative symptoms and general psychopathological symptoms. However, the current case had predominant positive symptoms along with the other symptoms. As the SAPS scale has further detailed assessment tools for the positive symptoms (sub-domains of the major positive symptoms, e.g. under the heading, hallucinations; sub-types such as auditory, commanding, olfactory, visual, etc. have been mentioned), both PANSS and SAPS scales were used for the assessment of progress and monthly follow-up in the given case. The symptoms were scored at baseline and every month for up to 17 months. The baseline PANSS and SAPS scores were 84

**Table 1: Mental status examination**

S. No.	Mental status examination	
1	General appearance and behaviour	He was conscious and lean, rapport was difficult to establish, nails were not trimmed, hair was not properly combed, eye-to-eye contact was not maintained and his interpersonal relationships were poor.
2	Psychomotor activity	His psychomotor activity was decreased.
3	Speech	His speech volume and tone were normal. His rate of speech was decreased and reaction time was increased.
4	Affect and mood	His affect was appropriate, reactive, stable and congruent but within restricted range. Mood was subjectively dull and objectively no predominant facial expression was seen.
5	Thought content	Delusion of persecution (he also said that their home food was mixed with poison and someone was going to kill him). Delusion of control (he said that some people were controlling his mind [three people] through cell phones and bikes) and delusions of reference (he said someone was talking about him). Somatic delusion: his face was changed and different (he said that his health energy was reduced); he said that his blood did not pass to his fingertips and head.
6	Perceptual disorder: Hallucinations	He had Second-person Auditory Hallucination Commanding type (2PAH) (someone was commanding him to break the cylinder so he broke) Thought echo: he said that he could hear himself talking inside his mind.
7	Orientation	He was oriented to time, place and person.
8	Memory	His immediate, recent and remote memory were intact. Digit forwards and backwards tests were normal.
9	General information and intelligence	He gave correct answers when asked the names of the Prime Minister of India and the Chief Minister of Kerala.
10	Attention and concentration	His attention and concentration were good.
11	Judgement	He gave the correct answers when asked situational questions such as, 'If your mother had an accident, what would you do?' (Social Judgement) and 'What would you do if a house was on fire?' (Test judgement)
12	Insight	Complete denial of illness.

and 56, respectively. All assessment scales were filled with the help of a consultant psychiatrist.

### Therapeutic intervention

Based on the analysis and evaluation of both mental and physical symptoms, as well as the totality of symptoms such as persecutory delusion, hearing voices, delusion of reference, suspicious, sleeplessness, affectionate, communicative, obstinate, artistic, short temper, desire for salty food and aversion to fish, the repertorisation was performed using the RADAR 10 (Synthesis) [Figure 1].<sup>[15]</sup> The repertorial analysis showed *Phosphorus* (20/10), *Sulphur* (17/10), and *Belladonna*

(15/10) with the highest marks, with most rubrics covered. After consulting the materia medica, the remedy selected was *Phosphorus*.

The patient showed maximum traits indicative of a *Phosphorus* constitution and characterised by strange and insane imaginations, a friendly and extroverted nature, enjoyment of friendship and company, warmth, affection, artistic or musical inclination, high intelligence, refinement and sensitivity. Physical generals were the patient exhibited a strong desire for salty foods and was thermally chilly. In contrast, a *Sulphur* state is associated with untidiness, uncleanliness and selfishness. Such individuals may adopt a false philosophy and their growing disappointment stems from their unmet desire for recognition as the greatest. They are thermally hot. Although the patient presented with disorganised behaviour such as, he did not change clothes often and did not take baths, which resembles the traits typically associated with *Sulphur*, these symptoms were considered as pathognomonic symptoms of schizophrenia. In this case, the medicine was selected based on the totality of symptoms. The *Belladonna* individuals are marked by destructiveness, violence come on suddenly, run a regular course and subsides suddenly. The patient in the most acute state must be watched, controlled, handled and sometimes tied. In the text, it describes these states as 'rage, fury'.<sup>[16]</sup>

Thus, based on the totality of symptoms, considering the susceptibility of the patient, nature of the disease and the intensity of the complaints,<sup>[17,18]</sup> *Phosphorus 30C*, manufactured by a GMP-certified pharmaceutical company, was prescribed in the form of three medicated globules. The patient was advised to take a single dose on an empty stomach once a week for four weeks.

### Follow-up and outcomes

The timeline of the patient's symptoms, treatment and outcomes are mentioned in Table 2. No homoeopathic aggravation was reported after *Phosphorus* administration. PANSS total score of 84 at baseline reduced to 32 and the SAPS total score of 56 at baseline reduced to 0 within 10 months, and the patient was followed up for 17 months [Figure 2]. There was a remarkable improvement after the first visit, and the progress continued until the last follow-up, which was 17 months later.

### DISCUSSION

According to Dr Samuel Hahnemann, (1755–1843) schizophrenia is a one-sided disease. These diseases appear to have few symptoms because they present only one or two prominent symptoms that less amenable to cure. In this type of disease, changes in the state of mind and disposition have to be considered for the selection of medicine.<sup>[11]</sup> In this case, *Phosphorus 30C* was prescribed based on the totality of symptoms after repertorisation, with the final reference to materia medica. *Phosphorus*

	phos.	sulph.	bell.	nat-m.	lign.	staph.	hyos.	lach.	calc.	med.	nat-c.	lyc.	chin.	zinc.	acon.	dulc.	nit-ac.	thuj.	veak.	air.	carb-v.	sil.	stram.	carb.	sponj.	caust.	
1. MIND - DELUSIONS - persecuted - he... (66) 1	2	1	1	2	1	2	2	1	1	1	1	3	2						1	1		1	1		1		
2. MIND - DELUSIONS - voices - hearing (60) 1	2	2	1	1	1	1	1	1	1	1	1	2	1			1	1	1		1			1		1	3	
3. MIND - SUSPICIOUS - talking about h... (10) 1					1	1	1																				
4. MIND - SUSPICIOUS (148) 1	2	3	2	1	1	2	2	3	1	2	2	4	1		3	2	2	1	1	2	1	1	3	1	3	1	
5. SLEEP - SLEEPLESSNESS - insane pe... (10) 1							2	2																			
6. MIND - COMMUNICATIVE (33) 1	3	2				1	2								1								1	1			
7. MIND - OBSTINATE (158) 1	1	2	3	1	2	2	2	1	3	2	1	2	2	1	2	2	2	1	1	1	1	2	1	1	2	2	3
8. MIND - AFFECTIONATE (89) 1	2	2	3	2	2	2	3	1	2		1	1	1		1	1	1	1	1	1	1	1	1	1	2	1	
9. MIND - ART - ability for (16) 1	1	1	1							1	1	1										1					
10. MIND - ANGER - easily (78) 1	2		1	1	1	1								1	3	2	1	2	1	2					1	3	
11. GENERALS - FOOD AND DRINKS - s... (161) 1	4	1			1	1			2	2	1		2	1	1	2	2				3	1		2	1	2	
12. GENERALS - FOOD AND DRINKS - fi... (61) 1	2	1	1	1								2	1	1							1	1	1		1		
13. STOMACH - APPETITE - diminished (308) 1	1	1	1	1		1	2	1	1	1	2	1	1		1				1	1	2	1	1	1	1	2	1

Figure 1: Repertorial result from Synthesis repertory in RADAR 10 software

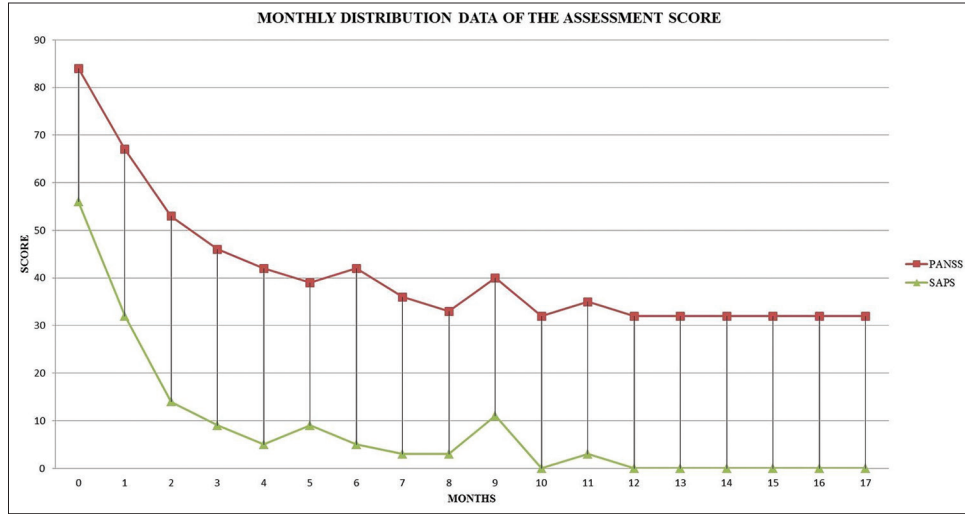


Figure 2: Monthly distribution data of PANSS and SAPS scores

30C also covered his premorbid personalities, such as an affectionate and extroverted individual, desire for salt and chilly constitution.

In the subsequent visit, the patient was seen to be well dressed, groomed, interacting with family members and was reported to have attended social functions.

On the 11<sup>th</sup> visit on 14 June 2021, disturbed sleep and auditory hallucinations were reported to have increased for three days, so the potency was raised to *Phosphorus* 200C. Afterwards, there was an overall improvement in the quality of life and general well-being of the patient. No medicine was prescribed since and the patient was observed for the next six months. Meanwhile, the expressions of the natural disease were not masked.

There was a considerable reduction of PANSS total score from 84 to 32 and the SAPS total score from 56 to zero within ten months along with improvement in the severity of positive symptoms, such as hostility, disturbance of volition, suspiciousness/persecution, conceptual disorganisation, hallucinatory behaviour, delusions, and in negative symptoms like emotional withdrawal, passive/apathetic social withdrawal followed by general psychopathological symptoms.

A few homoeopathic studies have shown potential effectiveness and have highlighted remedies such as *Phosphorus* in the treatment of paranoid schizophrenia.<sup>[12]</sup> Relapse is commonly reported amongst patients with schizophrenia, often occurring shortly after the discontinuation of antipsychotic medications.<sup>[19]</sup> A study showed that 34.7% of patients experienced a relapse within one year.<sup>[20]</sup> This case was initiated on homoeopathic treatment alone and successful demonstration of a significant progress without relapse for more than five years, combined with strong social support and no family history of psychiatric disorders. The patient could regain his ability to function normally and subsequently even secured employment at a call centre in Chennai. Moreover, he demonstrated notable social improvement, reintegrating into his community and rebuilding his life. This represented a remarkable transformation, as he moved from a state of severe illness to one of productivity and active social involvement. This report also suggests that patients with schizophrenia can have positive social relationships and require fewer hospital admissions.

Further, in this case, the total score on the Modified Naranjo criteria for Homeopathy (MONARCH) [Table 3] was + 8 (for criteria 1, 2, 4, 5, 8 and 9) and zero scores for criteria 3, 6a, 6b, 7 and 10.<sup>[21]</sup> This allowed us to conclude that there is a causal attribution of treatment to disease improvement.

**Table 2: Timeline showing the disease course, treatment and outcomes**

Date	Follow-up	Prescription	Positive and Negative Syndrome Scale score	Scale for the Assessment of Positive Symptoms score
27 July 2020 (Baseline Visit)	<ul style="list-style-type: none"> <li>• Delusion of controls</li> <li>• Delusion of reference</li> <li>• Auditory hallucination</li> <li>• Commanding Hallucination</li> <li>• Suspicious</li> <li>• Abusive talk</li> <li>• Talking to self</li> <li>• Laughing to self</li> <li>• Delusion of persecution</li> <li>• Thought echo</li> <li>• Somatic delusion</li> <li>• Poor Interpersonal relationship</li> </ul>	<i>Phosphorus</i> 30C/4 doses 1 dose/week	84	56
24 August 2020 (1 <sup>st</sup> Follow-up)	<ul style="list-style-type: none"> <li>• Delusion of controls – reduced</li> <li>• Delusion of reference –reduced</li> <li>• Auditory hallucination – reduced</li> <li>• Commanding hallucination – reduced</li> <li>• Suspicious nature – reduced</li> <li>• Abusive talk – reduced</li> <li>• Talking to himself – reduced</li> <li>• Laughing to himself – reduced</li> <li>• Delusion of persecution – reduced</li> <li>• Thought echo – reduced</li> <li>• Somatic delusion – reduced</li> <li>• Interpersonal relationship poor</li> <li>• Improvement in vegetative functions like sleep and appetite.</li> </ul>	<i>Phosphorus</i> 30C/4 doses 1 dose/week	67	32
21 September 2020 (2 <sup>nd</sup> Follow-up)	<ul style="list-style-type: none"> <li>• Delusion of controls – reduced</li> <li>• Delusion of reference –reduced</li> <li>• Auditory hallucination – present</li> <li>• Commanding hallucination – reduced</li> <li>• Delusion of persecution- reduced</li> <li>• He started taking homemade food from the house and stopped urinating in bed</li> <li>• Suspicion reduced</li> </ul>	<i>Phosphorus</i> 30C/4 doses 1 dose/week	53	14
19 October 2020 (3 <sup>rd</sup> Follow-up)	<ul style="list-style-type: none"> <li>• Delusion of controls – present</li> <li>• Delusion of reference – reduced</li> <li>• Auditory hallucination – present</li> <li>• Commanding hallucination – present</li> <li>• Delusion of persecution – reduced</li> <li>• Sleep and appetite improved</li> </ul>	<i>Phosphorus</i> 30C/4 doses 1 dose/week	46	9
16 November 2020 (4 <sup>th</sup> Follow-up)	<ul style="list-style-type: none"> <li>• Delusion of controls – reduced</li> <li>• Auditory hallucination – reduced</li> <li>• Commanding hallucination – reduced</li> <li>• Sleep and appetite improved</li> </ul>	<i>Phosphorus</i> 30C/4 doses 1 dose/week	42	5
14 December 2020 (5 <sup>th</sup> Follow-up)	<ul style="list-style-type: none"> <li>• Delusion of controls – reduced</li> <li>• Auditory hallucination – reduced</li> <li>• Commanding hallucination – reduced</li> <li>• Somatic delusion – present</li> <li>• Sleep sound</li> <li>• Appetite improved</li> </ul>	<i>Phosphorus</i> 30C/4 doses 1 dose/week	39	9

(Contd...)

**Table 2: (Continued)**

Date	Follow-up	Prescription	Positive and Negative Syndrome Scale score	Scale for the Assessment of Positive Symptoms score
11 January 2021 (6 <sup>th</sup> Follow-up)	<ul style="list-style-type: none"> <li>• Delusion of controls – reduced</li> <li>• Auditory hallucination – reduced</li> <li>• Commanding hallucination – reduced</li> <li>• Thought echo – present</li> <li>• Somatic delusion – reduced</li> <li>• Sleep improved</li> <li>• Appetite normal</li> </ul>	<i>Phosphorus</i> 30C/4 doses 1 dose/week	42	5
08 February 2021 (7 <sup>th</sup> Follow-up)	<ul style="list-style-type: none"> <li>• Auditory hallucination – reduced</li> <li>• Commanding hallucination – reduced</li> <li>• Improved in personal hygiene well dressed and groomed</li> <li>• Sleep sound</li> <li>• Appetite good</li> </ul>	No medicine was prescribed as improvement continued	36	3
08 March 2021 (8 <sup>th</sup> Follow up)	<ul style="list-style-type: none"> <li>• Auditory hallucination – reduced</li> <li>• Commanding hallucination – reduced</li> <li>• Improvement in social interaction and he was attending social functions</li> <li>• Sleep sound</li> <li>• Appetite good</li> </ul>	No medicine was prescribed as improvement continued	33	3
05 April 2021 (9 <sup>th</sup> Follow up)	<ul style="list-style-type: none"> <li>• No specific symptoms present</li> <li>• Sound sleep</li> <li>• Good appetite</li> <li>• Unimpaired daily activities</li> </ul>	No medicine was prescribed as improvement continued	40	11
03 May 2021 (10 <sup>th</sup> Follow up)	<ul style="list-style-type: none"> <li>• No specific symptoms present</li> <li>• Sound sleep</li> <li>• Good appetite</li> <li>• Unimpaired daily activities</li> </ul>	No medicine was prescribed as improvement continued	32	0
14 June 2021 (11 <sup>th</sup> Follow up)	<ul style="list-style-type: none"> <li>• Sleep disturbed and waking early morning at 4 clock</li> <li>• Hearing voices increased for 3 days without precipitating factor so potency was raised</li> </ul>	<i>Phosphorus</i> 200C/4 doses 1 dose/week	35	3
05 July 2021 (12 <sup>th</sup> Follow up)	<ul style="list-style-type: none"> <li>• Asymptomatic</li> <li>• General well-being and improvement in quality of life</li> </ul>	No medicine was prescribed as improvement continued	32	0
02 August 2021 (13 <sup>th</sup> Follow up)	<ul style="list-style-type: none"> <li>• Asymptomatic.</li> <li>• General well-being</li> </ul>	No medicine was prescribed as improvement continued	32	0
23 August 2021 (14 <sup>th</sup> Follow up)	<ul style="list-style-type: none"> <li>• Asymptomatic.</li> <li>• General well-being</li> </ul>	No medicine was prescribed as improvement continued	32	0
20 September 2021 (15 <sup>th</sup> Follow up)	<ul style="list-style-type: none"> <li>• Asymptomatic</li> <li>• General well-being</li> </ul>	No medicine was prescribed as improvement continued	32	0
25 October 2021 (16 <sup>th</sup> Follow up)	<ul style="list-style-type: none"> <li>• Asymptomatic</li> <li>• General well-being improved</li> </ul>	No medicine was prescribed as improvement continued	32	0
15 December 2021 (17 <sup>th</sup> Follow up)	<ul style="list-style-type: none"> <li>• Asymptomatic</li> <li>• General well-being improved and improvement in quality of life</li> </ul>	No medicine was prescribed as improvement continued	32	0

**Table 3: Modified Naranjo criteria for Homeopathy (MONARCH)**

S. No.	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 drug 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 behavioural elements)	+1		
6A.	<i>Direction of cure:</i> did some symptoms improve in the opposite order of the development of symptoms of the disease?		0	
6B.	<i>Direction of cure:</i> did at least 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' reappear temporarily during the course of improvement?		0	
8.	Are there alternative causes (other than the medicine) that – with a high probability – could have caused the improvement?		+1	
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		
<b>Total score: +8</b>				

## CONCLUSION

This case emphasises that, the importance of individualised homeopathic medicine is useful in the treatment of paranoid schizophrenia. Future research in this area should be encouraged. Controlled studies are required to determine the effectiveness and efficacy of homeopathic medicines in schizophrenia patients.

## Declaration of patient consent

A written, informed consent was obtained after treatment from the patient's key informant for the disclosure of her son's clinical information. She understood that her son's name and initials will not be published and that due efforts will be made to conceal his identity; however, anonymity cannot be guaranteed.

## Patient perspective

'I am happy after undergoing homeopathic treatment. After 10 months of consistent follow-up, there has been no recurrence of my complaints and I am back to normal in my social life and interpersonal relationships'.

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None

## Conflicts of interest

None declared

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## Traitement homéopathique individualisé de la schizophrénie paranoïaque par le *phosphore* dynamisé - Rapport de cas

**Contexte:** La schizophrénie paranoïaque est un trouble mental grave qui touche environ 1 % de la population mondiale et dont les conséquences sont dévastatrices pour les personnes atteintes et leurs familles. L'homéopathie pourrait constituer une alternative thérapeutique efficace et en minimiser les conséquences. Ce rapport de cas visait à souligner l'importance de l'utilisation exclusive de médicaments homéopathiques individualisés dans le traitement de la schizophrénie paranoïaque, sans recours à la médecine conventionnelle.

**Résumé du cas:** Un homme de 30 ans se plaignait d'être contrôlé par quelqu'un qui parlait de lui. Il se méfiait de la nourriture qu'on lui servait, parlait et riait tout seul et dormait mal. Le cas a été diagnostiqué comme une schizophrénie paranoïaque par le psychiatre. La gravité de la maladie a été mesurée par l'échelle des syndromes positifs et négatifs (PANSS) et l'évaluation des symptômes positifs a été effectuée par l'échelle d'évaluation des symptômes positifs (SAPS) ; les symptômes ont été enregistrés au départ, puis mensuellement pendant 17 mois, avec l'aide du psychiatre. Le *phosphore* 30 CH a été prescrit sur la base d'une personnalisation. Aucune aggravation homéopathique n'a été signalée pendant le traitement. Le score PANSS de 84 au départ est passé à 32 et le score SAPS de 56 à zéro dans les dix mois suivant le traitement et est resté ainsi jusqu'à 17 mois, période d'observation comprise. Un score MONARCH de +8 a indiqué une attribution causale du traitement homéopathique à l'amélioration de la maladie.

## Individualisierte homöopathische Behandlung von paranoider Schizophrenie mit potenziertem *Phosphor* – Ein Fallbericht

**Hintergrund:** Paranoide Schizophrenie ist eine schwere psychische Störung, die etwa ein Prozent der Weltbevölkerung betrifft und verheerende Folgen für Betroffene und ihre Familien hat. Homöopathie könnte eine wirksame alternative Behandlungsmethode sein und die Folgen minimieren. Dieser Fallbericht sollte die Bedeutung der ausschließlich individualisierten homöopathischen Arzneimittel bei der Behandlung von paranoider Schizophrenie ohne konventionelle Medizin hervorheben.

**Fallzusammenfassung:** Ein 30-jähriger Mann klagte über die Kontrolle seines Geistes und die Gespräche über ihn. Er war misstrauisch gegenüber dem Essen, das ihm serviert wurde, redete und lachte vor sich hin und schlief nicht ausreichend. Der Psychiater diagnostizierte paranoide Schizophrenie. Der Schweregrad der Erkrankung wurde mithilfe der Positive and Negative Syndrome Scale (PANSS) gemessen, die Positivsymptome mithilfe der Scale for the Assessment of Positive Symptoms (SAPS). Mithilfe des Psychiaters wurden die Symptome zu Beginn und anschließend 17 Monate lang monatlich dokumentiert. *Phosphorus* 30C wurde individuell verschrieben. Während der Behandlung wurde von keiner homöopathischen Verschlimmerung berichtet. Der PANSS-Ausgangswert von 84 sank innerhalb von zehn Behandlungsmonaten auf 32 und der SAPS-Wert von 56 auf null und blieb einschließlich des Beobachtungszeitraums bis zu 17 Monate lang auf diesem Niveau. Ein MONARCH-Wert von +8 deutet auf einen kausalen Zusammenhang zwischen der homöopathischen Behandlung und der Krankheitsverbesserung hin.

## पोटेटाइज्ड फॉस्फोरस के साथ पैरानॉयड सिज़ोफ्रेनिया का व्यक्तिगत होम्योपैथिक उपचार- एक केस रिपोर्ट

**पृष्ठभूमि:** पैरानॉयड सिज़ोफ्रेनिया एक गंभीर मानसिक विकार है जो दुनिया की लगभग एक प्रतिशत आबादी को प्रभावित करता है, जिससे प्रभावित व्यक्तियों और उनके परिवारों के लिए विनाशकारी परिणाम हो सकते हैं। होम्योपैथी उपचार एक प्रभावी वैकल्पिक तरीका हो सकता है और इसके परिणामों को कम कर सकता है। इस केस रिपोर्ट का उद्देश्य पारंपरिक चिकित्सा के बिना पैरानॉयड सिज़ोफ्रेनिया के उपचार में केवल व्यक्तिगत होम्योपैथिक दवाओं का उपयोग करने के महत्व को उजागर करना रहा।

**केस सारांश:** एक 30 वर्षीय पुरुष ने शिकायत की कि कोई उसके दिमाग को नियंत्रित कर रहा है अथवा कोई उसके बारे में बात कर रहा है। उसे परोसे जाने वाले भोजन पर संदेह था, वह खुद से बात करता और हंसता था और ठीक से सो नहीं पाता था। मनोचिकित्सक ने केस का निदान पैरानॉयड सिज़ोफ्रेनिया के रूप में किया। रोग की गंभीरता को पॉजिटिव और नेगेटिव सिंड्रोम स्केल (PANSS) द्वारा मापा गया और पॉजिटिव लक्षणों का आँकलन पॉजिटिव लक्षणों के आँकलन के स्केल (SAPS) द्वारा किया गया; लक्षणों को मनोचिकित्सक की मदद से बेसलाइन और 17 महीने की अवधि तक हर महीने पर रिकॉर्ड किया गया। *फॉस्फोरस* 30C को व्यक्तिगत आधार पर निर्धारित किया गया। इलाज के दौरान कोई होम्योपैथिक वृद्धि नहीं पाई गई। इलाज के दस महीने के भीतर बेसलाइन PANSS स्कोर 84 से घटकर 32 हो गया और SAPS स्कोर 56 से घटकर शून्य हो गया, और निगरानी की अवधि सहित 17 महीने तक ऐसा ही रहा। MONARCH स्कोर +8 होने से यह संकेत मिलता है कि रोग में सुधार का कारण होम्योपैथिक उपचार रहा।

## Tratamiento homeopático individualizado de la esquizofrenia paranoide con *fósforo* potenciado - Reporte de un caso

**Antecedentes:** La esquizofrenia paranoide es un trastorno mental grave que afecta aproximadamente al uno por ciento de la población mundial, con consecuencias devastadoras para las personas afectadas y sus familias. La homeopatía podría ser una alternativa eficaz de tratamiento y puede minimizar sus consecuencias. Este reporte de caso tuvo como objetivo destacar la importancia de utilizar únicamente medicamentos homeopáticos individualizados en el tratamiento de la esquizofrenia paranoide sin medicina convencional.

**Resumen del caso:** Un hombre de 30 años se quejaba de que alguien controlaba su mente y hablaba de él. Desconfiaba de la comida que le servían, hablaba y reía solo y dormía poco. El psiquiatra diagnosticó el caso como esquizofrenia paranoide. La gravedad de la enfermedad se midió con la Escala de Síndrome Positivo y Negativo (PANSS) y la evaluación de los síntomas positivos se realizó con la Escala para la Evaluación de Síntomas Positivos (SAPS); los síntomas se registraron al inicio y cada mes durante 17 meses, con la ayuda del psiquiatra. Se prescribió *fósforo 30C* según la individualización. No se informó de ningún agravamiento homeopático durante el tratamiento. La puntuación PANSS de 84 al inicio se redujo a 32 y la puntuación SAPS de 56 se redujo a cero, dentro de los diez meses de tratamiento y permaneció así hasta 17 meses, incluido el período de observación. La puntuación MONARCH de +8 indicó una atribución causal del tratamiento homeopático a la mejoría de la enfermedad.

### 偏执型精神分裂症的个体化顺势疗法治疗——病例报告

**背景:** 偏执型精神分裂症是一种严重的精神障碍，影响着全球约1%的人口，给患者及其家庭带来毁灭性的后果。顺势疗法可能是一种有效的替代治疗方法，可以最大限度地减少其后果。本病例报告旨在强调在治疗偏执型精神分裂症时，仅使用个体化顺势疗法药物而非非常规药物的重要性。**病例摘要:** 一名30岁的男性抱怨有人控制他的思想，有人在谈论他。他对所接受的食物产生怀疑，自言自语、自嘲，并且睡眠不足。精神科医生诊断该病例为偏执型精神分裂症。使用阳性和阴性症状量表（PANSS）测量疾病的严重程度，并使用阳性症状评估量表（SAPS）评估阳性症状；在精神科医生的帮助下，在基线和持续 17 个月的每个月记录症状。根据个体情况开出磷 30C。治疗期间没有报告顺势疗法加重的情况。在治疗十个月内，基线时的 PANSS 评分从 84 降至 32，SAPS 评分从 56 降至零，并持续了长达 17 个月，包括观察期。MONARCH 评分 +8 表明顺势疗法与疾病改善有因果关系。