

# Homoeopathy in Schizophrenia: A Comprehensive Review

Dr. Pratima Bharti<sup>1\*</sup>

PG Scholar, Pediatrics, Bakson Homoeopathic Medical College & Hospital, Greater Noida, Uttar Pradesh, India

**Abstract:** Schizophrenia disorder is characterized by disturbances in thinking, perception behavior, and personality disorganization. three main categories: psychotic, negative, and cognitive. The prevalence rate is 200 cases per for schizophrenia, Onset occurs most often during late adolescence The diagnosis is based on the Diagnostic and Statistical Manual of Mental Disorders, (DSM - 5 - TR), or International Classification of Diseases, (ICD - 10) criteria. Homoeopathy has a beneficial in the prognosis of schizophrenia cases when given on basis of Homoeopathy principles, it also helps to reduce conventional medication dependency and safe and free from harsh side effect. **Objective:** To assess the impact of Homoeopathic treatment on cognitive, emotional, and social behavior in patients with Schizophrenia. **Conclusion:** Homeopathic Management of Schizophrenia is based on the prognosis of the signs and symptoms, Homeopathy is a holistic approach that proves to be the most significant, valuable system of medicine to cure mental diseases immensely.

**Keywords:** Schizophrenia, DSM - 5 - TR, Homoeopathy, Mental disorder

## 1. Introduction

The term Schizophrenia was introduced by the Swiss psychiatrist Eugene Bleuler. In ICD-10, Schizophrenia and other psychotic disorders are classified under F20 - F29 The World Health Organization's global burden of disease estimates of 2011 indicate that schizophrenia is the 17th leading cause of years lived with disability as compared to being 19th in the year 2000, rate is 1 in 222 people (0.45%) among adults. Schizophrenia is a severe mental illness characterized by significant impairments in the way reality is perceived and changes in behavior related to hallucination, and delusion, well the most common is an auditory hallucination but in some patients, visual, tactile, olfactory, and gustatory hallucination may also present. Commonly occurs in younger men than women, and the age of onset is 15 - 35 years. Behavioral changes may develop rapidly over days to weeks or gradually over months. Recognition is easier if the behaviors are marked and develop suddenly [3].

- 1) **Psychotic symptoms** include changes in the way a person thinks, acts, and experiences the world.
  - **Hallucinations:** When a person sees, hears, smells, tastes, or feels things that are not there. Hearing voices is common for people with schizophrenia.
  - **Delusions:** When a person has strong beliefs that are not true and may seem irrational to others. For example, individuals experiencing delusions may believe that people on the radio and television are sending special messages that require a certain response, or they may believe that they are in danger or that others are trying to hurt them.
  - **Thought disorder:** People with thought disorders may have trouble organizing their thoughts and speech. Sometimes a person will stop talking in the middle of a thought, jump from topic to topic, or make up words that have no meaning.
- 2) **Cognitive symptoms** include problems in attention, concentration, and memory.

- 3) **Negative symptoms** include loss of motivation, loss of interest or enjoyment in daily activities, withdrawal from social life, difficulty showing emotions, and difficulty functioning normally [1, 3].

### Risk factor:

- Family History
- Pregnancy - related Maternal issue like malnutrition, stress, exposure to toxins during fetal life, gestational diabetes, and pre - eclampsia increases the risk of Schizophrenia in babies.
- Infections and autoimmune.
- Prolonged use of psychotropic drugs like cannabis.

### Etiology:

- **Genetic factors** - family studies explain approximately 80% of the risk for Schizophrenia.
- **Neurobiological Factors** - Imbalances in brain neurotransmitters, such as dopamine and glutamate.
- **Environment factor** - may include living in poverty, stressful or dangerous surroundings, and exposure to viruses or nutritional problems before birth.

**Diagnostic criteria for schizophrenia:** Two systems used in Diagnosing Schizophrenia are DSM - 5 - TR and ICD - 10.

**1. DSM - 5 - TR:** According to the DSM - 5 - TR, published by the American Psychiatric Association: Two (or more) of the following, each present for a significant portion of time for 1 month (or less if successfully treated). At least one of these must be (1), (2), or (3):

- Delusions
- Hallucinations
- Disorganized speech
- Grossly disorganized or catatonic behavior
- Negative symptoms

**2. ICD - 10** The patient must exhibit at least one of the following for a period greater than or equal to 1 month:

- Delusion thought echo and broadcasting, insertion or withdrawal of thoughts rapidly.
- Delusions of control, influence, or passivity, perceptions.

- Hallucinatory voices giving a running commentary on the patient or discussing the patient among themselves.
  - Persistent delusions that are implausible.
- Or at least 2 of the following symptoms must be observed for a period greater than or equal to 1 month:
- Persistent hallucinations when accompanied by fleeting or half - formed delusions.
  - Breaks or interpolations in thought resulting in incoherence, irrelevant speech, or neologisms
  - Catatonic behavior
  - Negative symptoms
  - Significant and consistent transformation in the overall quality of behavior manifesting as loss of interest and social withdrawal<sup>[3]</sup>

#### Differential diagnosis:

- **Major depressive or bipolar disorder with psychotic features:** hallucinations or delusions occur only during major depressive or manic episodes, depending on the severity of mood disturbances.
- **Delusional disorder:** Distinguished by the absence of other characteristic schizophrenia symptoms like pronounced hallucinations or disorganized speech.
- **Schizotypal personality disorder:** Characterized by subthreshold schizophrenia symptoms in conjunction with persistent personality traits.
- **Obsessive - compulsive and body dysmorphic disorder:** it involves intense preoccupations with obsessions, compulsions, or body - focused concerns,
- **Post - traumatic stress disorder:** it includes hallucinatory flashbacks and hypervigilance that reach paranoia but is diagnosed based on experiencing a traumatic event.

#### Prognosis:

- **Good prognosis:** Female, Late age of onset, Acute onset, Good premorbid social and work histories, predominately positive symptoms, Good social support, Married, had Early initiation of treatment
- **Bad prognosis:** Male gender, Early age of onset, Chronic onset, Bad premorbid social and work histories, Bad social support, Single, divorced, widowed, had Late initiation of treatment.

#### Few points for a better prognosis

- Help them get treatment and encourage them to stay in treatment.
- Beliefs or hallucinations seem very real to them.
- Be respectful, supportive, and kind

**Complication:** Suicide is the most common cause of premature death in schizophrenia.

#### Homeopathic View on Mental Disease<sup>[12]:</sup>

According to Dr. Samuel Hahnemann who took not only the physical but mental symptoms also taking into consideration, Psora being the inherent fundamental miasm, the disease aspect in a latent manner finds a favorable step to be bound and to emit the ferociousness in the circumstances in which the living organism is exposed and which are expressed either through the mental plane or physical plane and vice versa. Because all these dyscrasias constitute the true picture of mental disease beginning.

Mental diseases are classified based on the theory of chronic miasms as follows:

- Due to continued worry, vexation, anxiety, wrongs, and frequent occurrences of fear and fright.
- Sudden outbursts of insanity or mania precipitated by exciting factors such as fright, vexation, mental shocks.
- Corporeal causes of psychological factors such as faults in education, corrupt morals, superstitions, ignorance.

#### Morbific miasmatic background<sup>[9]:</sup>

- **Psora** – Mental delusion of all kinds. Delirium and action are often disgusting, and they have more foolish fancies, than they would have in true delirium. Restlessness in thought, feeling and will lead to restlessness in action. Sensitive to noise, light touch, jar.
- **Sycosis** - Excessive thoughts, and fears are manifested outwardly, Restless mentally manifest in physical form. The reasoning powers are slow, and they constantly condemn. Difficulty grasping recent thoughts and events. Suspiciousness, jealousy, quarrelsome, cruel. Tendency to harm others, animals.
- **Syphilitic** - Desire to escape, to get away from self. All quickness of thought is gone and there is a gradual incapacity for understanding things. The feeling of self-condemnation and utter worthlessness.

## 2. Discussion

Antipsychotics are the main line of treatment, which help to reduce psychotic symptoms which less intense in nature. Medications that treat psychosis include phenothiazine, clozapine, haloperidol, and olanzapine. Other management also includes psychoeducation, family interventions, and Cognitive - behavioral therapy, on the other hand, Homoeopathy has a beneficial role in the management of cases through stimulating self - healing by triggering the body's natural healing processes, symptoms improving like anxiety, hallucination, cognitive function, by using adjunctive therapy. Homoeopathy have a beneficial in the prognosis of schizophrenia cases when given on basis of Homoeopathy principles, it also helps to *reduce conventional medication dependency and safe and free from harsh side effect*.

#### Rubric:

##### *Synthesis repertory<sup>[10]:</sup>*

Mind - APPROACHED by person -; being – aversion to - **Ant - c, cham**

Mind - DELIRIUM –absurd things, does – **bell, secale cor**

Mind - DELIRIUM – loquacious – **Actea, hyos. Lachesis**

Mind – ESCAPE, attempts to – **bell, hyos**

Mind – INSANITY – **arsenic, Bella, hyos**

Mind – IMPULSE; morbid - run away – **calcarea carb**

Mind – MANIA –laughing and gaiety; with – **crocus**

##### *Kent's repertory<sup>[8]:</sup>*

Mind - DELUSION – separated from world –**ancar**

Mind - DELUSION - voices – hearing – voice command to crime – **Lachesis**

Mind –RESTLESSNESS – alternate with delirium – nat - mur

Mind – VIOLENT – alternate with laughing – **stram**

**Homeopathic Management**<sup>[11]</sup>

- **Arsenic Album:** intermingled with fear, impulse with suicidal inclination, sudden freak, and mania. Anxiety, restlessness, and fear of the worst outcomes. Delusions of various kinds of insanity; in the more active form. Loathing life, and wants to die, but does not commit suicide.
- **Belladonna:** Sudden onset of intense symptoms, including hallucinations and delirium. Violence runs all through the mental symptoms. Wild, and full of imagination, sees ghosts and spirits. Horrible dreams; screams during sleep. Sensitive to light, to noise, to touch, to jar.
- **Hyoscyamus Niger:** Suspicion runs through sickness; it runs through mania in insanity, suspicion of everybody refusing to take. Imagined that his all - close ones turned against him make a conspiracy.
- **Lachesis mutans:** Great loquacity. Restless and uneasy; does not wish to attend to business; wants to be off somewhere all the time. Jealous Suspicious; nightly delusion of fire.
- **Stramonium** - changeable disposition: alternating anticipation of death and rage; laugh aloud and groaning. Attack of rage with beating and striking person. Loquacious delirium and mania. Delusion about his identity.
- **Aurum Met** – Intense sadness, and hopelessness along with predominating suicidal thoughts. There is a desire to die, and such people constantly talk of self - destruction and suicide

- [6] BalachandranVA. Homeopathic management of schizophrenia –An analytical report. CCRH Quarterly Bulletin 1996
- [7] ROLE OF HOMOEOPATHY IN PSYCHIATRYV. A. Batachandran CCRH Quarterly Bulletin Vol. r 6 (1&2) 1994.
- [8] J. T. Kent, AM. MD, lectures on homeopathic Materia medica, Indian Edition, New Delhi, Indian books and periodicals publishers.
- [9] Comparison of Miasm by Phyllis Speight,
- [10] Schroyens F, editor. Textbook of repertory language: For essential synthesis. Aberdeen, Scotland: Homeopathic Book; 2007
- [11] Boericke W. Pocket Manual of Homeopathic Materia Medica. New Delhi, India: B Jain; 2008
- [12] Hahnemann Samuel. Organon of Medicine. Translated by Dudgeon R. E, Boericke William. Combined 5<sup>th</sup> & 6<sup>th</sup> ed. New Delhi: B Jain; 2018

**3. Conclusion**

Homeopathic treatment of schizophrenia is based on the prognosis of the signs and symptoms, if homeopaths can diagnose its earlier manifestation priorly the change of reverse is a possible course of disease without deteriorating the health of the patient. Homeopathy is a holistic approach that proves to be the most significant, valuable system of medicine to cure mental diseases immensely. Homeopathy management can help effectively in managing schizophrenia and relapses can be prevented.

**References**

- [1] Harrison G, Hopper K, Craig T, Laska E, Siegel C, Wanderling J. Recovery from psychotic illness: a 15 - and 25 - year international follow - up study. Br J Psychiatry 2001; 178: 506 - 17.
- [2] Institute of Health Metrics and Evaluation (IHME). Global Health Data Exchange.
- [3] WHO. ICD-10, International Statistical Classification of Diseases and Health Related Problems. 10th Revised Edition. Vol.1. Geneva. WHO; 2004
- [4] Jaeschke K et al. Global estimates of service coverage for severe mental disorders: findings from the WHO Mental Health Atlas 2017 Glob Ment Health 2021
- [5] Janardhan NK, Gopinathan S, Pramanik MS, Shaw R, Balachadran VA, Kurup TN, et al. Behavioral Disorders. Series I.: Clinical Research Studies; Clinical Research Studies; New Delhi; central council for research in Homoeopathy