Management of psychosis with individualised homoeopathic medicines: A case series

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Case summary: The World Health Organization Quality of Life Scale and the Brief Psychiatric Rating Scale were used to evaluate the patients. The outcomes in all the cases suggested that homoeopathic treatment can play a significant role in easing psychotic symptoms and restoring the patient’s ability to understand. The most frequently prescribed medicines and potencies in these cases were *Natrum muriaticum*, *Lachesis*, *Lycopodium*, *Stramonium* in 30C and 200C potencies, *Sulphur*, *Calcarea carb.*, *Carcinosinum* in 200C potencies and *Ignatia amara* in 30C potency. Extensive research studies are needed to generate additional, strong evidence of Homoeopathy in psychosis.

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Abstract

Background: Psychosis is a clinical syndrome. The main clinical signs of psychosis are delusion and hallucination. It is a crucial focus of diagnosis and treatment in neurologic and psychiatric practice since it functionally disturbs numerous psychiatric, neurodevelopmental, neurologic and medical diseases. Case Summary: The World Health Organization Quality of Life Scale and the Brief Psychiatric Rating Scale were used to evaluate the patients. The outcomes in all the cases suggested that homoeopathic treatment can play a significant role in easing psychotic symptoms and restoring the patient’s ability to understand. The most frequently prescribed medicines and potencies in these cases were Natrum muriaticum, Lachesis, Lycopodium, Stramonium in 30C and 200C potencies, Sulphur, Calcarea carb., Carcinosinum in 200C potencies and Ignatia amara in 30C potency. Extensive research studies are needed to generate additional, strong evidence of Homoeopathy in psychosis.

Keywords: Brief Psychiatric Rating Scale, Homoeopathy, Psychosis, Quality of life

Introduction

Psychosis is a mental disorder in which the thoughts, affective response, capacity to recognise reality and ability to communicate and relate to others are sufficiently impaired to interfere grossly with the ability to deal with reality. According to the DSM-5, psychotic disorders are characterised by the following five features: delusions, hallucinations, disorganised thinking and speech, grossly disorganised or abnormal motor behaviour (including catatonia) and negative symptoms (such as the inability to experience pleasure and lack of motivation, affective flattening, social withdrawal and poverty of speech).

As per the National Mental Health Survey 2015–2016, the prevalence of non-affective psychotic disorders was 1.4%, while that of bipolar affective disorder (BPAD) was 0.5%. A study conducted in Kerala reported that bipolar disorder had a lifetime prevalence incidence of 0.29%, schizophrenia had a lifetime prevalence incidence of 0.23% and psychosis had a lifetime prevalence incidence of 0.55%.

Psychotic disorders are some of the most severe and disabling mental conditions. They are associated with poor psychiatric and medical outcomes leading to loss or disruption of life, loss of social roles, hopes and aspirations, poor quality of life (QoL), as well as stigma, trauma and increased suicide rate. Psychotic disorders impose a significant and long-lasting financial, social and health burden on patients as well as their families.

Psychosis has a complex or multifactorial aetiology, meaning that many genetic and environmental factors interact to affect risk. Childhood abuse and neglect, illicit drug use, urbanisation and social factors such as migration, racial discrimination and poverty contribute to psychosis in vulnerable individuals and groups.

As shown by chronic continual symptoms, relapses and adverse side effects, conventional antipsychotic medication-based treatment for psychotic illnesses is frequently ineffective. These side effects may vary in severity in different forms.

Patients typically use complementary and alternative medicine (CAM) in addition to conventional therapy to improve their condition.
their QoL, avoid the side effects of conventional treatment and regain hope that their distress can be reduced if not eliminated. Traditional Chinese Medicine, homoeopathy, tai chi, meditation and relaxation methods are some examples of CAM modalities and alternative treatment that are now gaining popularity.

The current best conventional practice recommends adopting psychological and psychosocial interventions in addition to medication to prevent psychotic relapse and readmission and to encourage medication compliance.

The Brief Psychiatric Rating Scale (BPRS) is a frequently used instrument to assess the severity of psychotic states and provide clinicians with a way to evaluate changes in the patient’s mental status quickly. A clinician administers the items based on a 7-point scale with total scores ranging from 18 to 126, with higher scores indicating more severe symptoms on a scale from 1 (not present) to 7 (extremely severe). Five subscale scores make up the 18 items: affect (anxiety, guilt, depression and somatic), positive symptoms (unusual thought content, conceptual disorganisation, hallucinatory behaviour and grandiosity), negative symptoms (blunted affect, emotional withdrawal and motor retardation), resistance (hostility, uncooperativeness and suspiciousness) and activation (excitement, tension, mannerisms and posturing). The categories of the BPRS total score are classified as follows: 18–31: not or mildly ill, 32–53: sick moderately and 54–126: severely ill.

Patients with chronic, disabling or life-threatening diseases who live without any expectation of cure and have conditions likely to impact their physical, psychological and social wellbeing must be assessed for their QoL. The World Health Organization Quality of Life-Brief Version (WHOQOL-BREF) is a 26-item shortened version of the WHOQOL-100, covering four domains: physical health, psychological health, social relationships and environment.

Homoeopathy is a therapeutic method that has proved helpful in many psychiatric conditions involving psychosis associated with depression and schizophrenia. There are published papers showing the usefulness of homoeopathy as a stand-alone and add-on treatment, showing marked improvement. The 16 cases of psychosis presented here were managed exclusively with individualised homoeopathic medicines to assess the usefulness of Homoeopathy in psychosis.

**Materials and Methods**

Sixteen patients with psychotic disorders were treated with individualised homoeopathic medicines between February and September 2021. All the patients resided in Kerala and presented at the outpatient set-up at the National Homoeopathic Research Institute in Mental Health, Kerala, India. The visiting psychiatrist confirmed the diagnosis of these patients. The Mental Status Examination and assessment of the scales were carried out under the guidance of the psychiatrist. Those who had not been attending regular follow-ups for at least 6 months, undergoing any other treatment, and not having precise case details or information were not taken into consideration for this case series. After assessing the completeness of the case records, 16 cases were included. They comprised a case of BPAD, two cases of delusional disorder, one case of paranoid schizophrenia, eight cases of psychosis not otherwise specified (NOS) and four cases of severe depression with psychotic symptoms.

The physicians thoroughly documented the cases using a standardised homoeopathic case recording proforma, which considered the patients’ presenting complaints, past medical history, family history, physical generals, mental generals and Mental State Examination.

**Therapeutic intervention**

The individual totality was erected based on the analysis and evaluation of the case. The Synthesis repertory from Radar Opus 2.0 was used to repertorise the cases. The choice of remedy was made according to the reportorial result, followed by consultation with Homoeopathic Materia Medica. As per the fundamental laws of Homoeopathy, dosage and repetition were employed. A single dose consists of 40-sized globules, 3 in number, medicated with indicated homoeopathic medicine followed by identical looking placebo. The indicated individualised homoeopathic medicine was administered, depending on the individual susceptibility. The medicines used on the baseline are depicted in Table 1. Based on the symptom presentation and characteristics, Natrum muriaticum 30C, 200C, Lachesis 30C, 200C, Lycopodium 30C, 200C, Stramonium 30C, 200C, Sulphur 200C, Calcarea carb 200C, Carcinosinum 200C and Ignatia amara 30C were used.

**Follow-up assessment**

The patients were advised to be admitted to the In-patient Department or asked to report to Outpatient Department once a month to assess the patient’s condition following homoeopathic treatment. The BPRS scores were used to determine the patient’s condition. The patients who had been under conventional medication for diabetes, hypertension and hypcholesterolaemia were advised to continue their treatment as such.

The potency of the medicines was increased from 30C to 200C or 200C to 1M only if symptoms persisted in the same severity or

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Potency</th>
<th>No. of cases (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calcarea carbonica</td>
<td>200C</td>
<td>1 (6.2)</td>
</tr>
<tr>
<td>Carcinosinum</td>
<td>200C</td>
<td>1 (6.2)</td>
</tr>
<tr>
<td>Ignatia amara</td>
<td>30C</td>
<td>1 (6.2)</td>
</tr>
<tr>
<td>Lachesis mutus</td>
<td>30C, 200C</td>
<td>3 (18.8)</td>
</tr>
<tr>
<td>Lycopodium clavatum</td>
<td>30C, 200C</td>
<td>2 (12.5)</td>
</tr>
<tr>
<td>Natrum muriaticum</td>
<td>30C, 200C</td>
<td>4 (25.0)</td>
</tr>
<tr>
<td>Stramonium</td>
<td>30C, 200C</td>
<td>2 (12.5)</td>
</tr>
<tr>
<td>Sulphur</td>
<td>200C</td>
<td>2 (12.5)</td>
</tr>
</tbody>
</table>
improvement reached a standstill. If there was an improvement, an identical looking placebo was prescribed at subsequent visits to avoid interrupting the acting medicine. None of the patients reported acute physical symptoms during their treatment period. The master chart of the study is depicted in Table 2.

**RESULTS**

**BPRS scores**
The BPRS scores at baseline and at end were categorised using the criteria: 18–31: not or mildly ill, 32–53: moderately ill and 54–126: severely ill. The two severely sick cases before the study became mildly ill after the study period. Of 14 patients who were moderately sick before the study, 15 were mildly ill and one remained in the same category. Out of 16 cases, 14 reported more than 50% improvement in the BPRS total score, as mentioned in Table 2.

**QoL**
The QoL of the cases was assessed using WHOQOL-BREF and a noticeable difference was observed in the physical health, psychological, social relationship and environment domains as mentioned in Table 2.

**Medicines**
Homoeopathic medicines *Natrum muriaticum* (*n* = 4), *Lachesis* (*n* = 3), *Lycopodium* (*n* = 2), *Stramonium* (*n* = 2), *Calcarea carb* (*n* = 1), *Carcinosinum* (*n* = 1) and *Ignatia amara* (*n* = 1) were used for treatment.

**DISCUSSION**

Psychosis is a component of schizophrenia spectrum disorders and is also commonly seen in mood and substance use disorders and some degenerative neurologic, developmental, acquired and medical conditions. It contributes to severe disability and lack of productivity. If a positive role of homoeopathy in psychosis could be established, it would benefit the suffering.

Psychosis is very incapacitating, recurring in nature, and usually lasts for a lifetime with substantial costs to the patient, their family and the state — arguably greater than almost all other psychiatric conditions. **[24]** Psychosis exacerbates barriers and hinders efficiency and interest. As a result, patients receiving care from neurologists and psychiatrists must be evaluated and treated for psychosis. There has been adequate literature for successfully treating psychological problems such as schizophrenia mania with psychotic features with homoeopathy. **[25,26]** This study also adds evidence to the previous studies that individualised homoeopathic medicine can offer an effective method of treatment of psychotic symptoms coexisting with other psychiatric disorders. In this case series, the patients with psychosis symptoms were further categorised into their disease conditions, out of which 50% of cases fell in the categorisation of psychosis NOS alone.

As evident in the previous studies, there was a significant reduction in the BPRS score due to homoeopathic intervention. **[21,20]** In this study, the BPRS scores showed a significant difference before and after treatment, thus establishing the improvement.

WHOQOL-BREF scores reveal a marked improvement in the QoL in our patients after the homoeopathic intervention. The mental status examination also displayed a striking improvement in the patient’s delusion, hallucination and orientation. These cases did not show any acute exacerbation during the treatment period, thus not necessitating changing the homoeopathic medicine prescribed in the first instance. Homoeopathic treatment is shown to be effective in improving the QoL of psychiatric patients as evidenced by previous studies also. **[27]**

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**Table 2: Baseline and end scores of BPRS and WHOQOL-BREF scales**

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Age</th>
<th>Sex</th>
<th>BPRS scores at baseline</th>
<th>BPRS scores at the end</th>
<th>WHOQOL (Baseline)</th>
<th>WHOQOL (End)</th>
<th>Medicines</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>1</td>
<td>44</td>
<td>F</td>
<td>41</td>
<td>18</td>
<td>56</td>
<td>31</td>
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<tr>
<td>2</td>
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<tr>
<td>3</td>
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<td>M</td>
<td>46</td>
<td>18</td>
<td>50</td>
<td>44</td>
<td>6</td>
</tr>
<tr>
<td>4</td>
<td>58</td>
<td>F</td>
<td>48</td>
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<td>31</td>
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<tr>
<td>6</td>
<td>58</td>
<td>M</td>
<td>40</td>
<td>20</td>
<td>31</td>
<td>19</td>
<td>44</td>
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<tr>
<td>7</td>
<td>54</td>
<td>F</td>
<td>57</td>
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<td>60</td>
<td>F</td>
<td>33</td>
<td>18</td>
<td>69</td>
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<tr>
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<td>10</td>
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<td>F</td>
<td>50</td>
<td>22</td>
<td>31</td>
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<td>11</td>
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<td>31</td>
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<td>31</td>
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<tr>
<td>15</td>
<td>33</td>
<td>M</td>
<td>42</td>
<td>21</td>
<td>31</td>
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<td>25</td>
</tr>
<tr>
<td>16</td>
<td>31</td>
<td>M</td>
<td>43</td>
<td>36</td>
<td>31</td>
<td>6</td>
<td>25</td>
</tr>
</tbody>
</table>

**BPRS:** Brief Psychiatric Rating Scale and WHOQOL-BREF: World Health Organization quality of life Brief Version
This study exhibits the management of the patients with homoeopathic medicine who were moderately ill through the encouraging scores improvement in the scales. We could not assess more positive role of homoeopathy in severely ill cases, as there were only two cases that were severely ill. As a consequence of short follow-ups, acute exacerbation, relapse, or remission and the positive role of homoeopathy could not be discerned unquestionably. This case series imparts insight into the beneficial role of Homoeopathy in psychotnic symptoms.

The strength of this case series is that all cases were diagnosed and assessed through a validated scale, BPRS, with the involvement of a qualified and experienced consultant psychiatrist. A standard and validated scale was also used to determine the improvement in QoL. All the cases were treated exclusively with homoeopathic treatment.

However, the limited duration of follow-ups and a lack of a control group for comparison are among the limitations of this case series. Furthermore, the diagnosis of the cases was made purely on clinical presentation.

**Conclusion**

The homoeopathic medicines can enhance QoL of psychotic patients by reducing their symptoms and restoring their well-being. This perceptible benefit could support the cause for a rigorous study on homoeopathy in psychotic disorders in the future.

**Declaration of the patient’s consent**

The author certifies that they have obtained appropriate, written consent from the patients for anonymously using their clinical information in research publications with the aim to benefit the science.

**Financial support and sponsorship**

Nil.

**Conflict of interest**

None declared.

**References**


Manejo de la psicosis con medicina homeopática individualizada – Una serie de casos

Antecedentes: La psicosis es un síndrome clínico. Los principales signos clínicos de la psicosis son el delirio y la alucinación. Es un foco crucial de diagnóstico y tratamiento en la práctica neurologica y psiquiátrica, ya que perturba funcionalmente numerosas enfermedades psiquiátricas, del neurodesarrollo, neurológicas y médicas. Resumen del caso: Para evaluar a los pacientes se utilizó la Escala de Calidad de Vida de la Organización Mundial de la Salud y la Escala de Valoración Psiquiátrica Breve. Los resultados en todos los casos sugirieron que el tratamiento homeopático puede desempeñar un papel importante en el alivio de los síntomas psicóticos y en la restauración de la capacidad de comprensión del paciente. Los medicamentos y potencias más frecuentemente prescritos en estos casos fueron Natrum muriaticum, Lachesis, Lycopodium, Stramonium in 30C- y 200C-Potenzien, Schwefel, Calcarea-Kohlenhydrate, Carcinosinum in 200C-Potenzien und Ignatia amara in 30C Potenz. Se necesitan extensos estudios de investigación para generar evidencia adicional y sólida de homeopatía en la psicosis.

使用个体化顺势疗法治疗精神病 – 病例系列

背景：精神病是一种临床综合征。精神病的主要临床症状是妄想和幻觉。它是神经和精神病学实践中诊断和治疗的关键焦点，因为它在功能上干扰了许多精神、神经发育、神经和医学疾病。病例摘要：采用世界卫生组织生活质量量表和简明精神病学评定量表对患者进行评价。所有病例的结果都表明，顺势疗法治疗可以在缓解精神病症状和恢复患者的理解能力方面发挥重要作用。在这些病例中，最常用的处方药和效力是Natrum muriaticum, Lachesis, Lycopodium, 30C 和200C效力的Stramonium,硫,Calcarea碳水化合物, 200C效力的Carcinosinum和Ignatia amara在30C效力下。需要广泛的研究来产生精神病顺势疗法的额外、有力的证据。