

Usefulness of individualised homoeopathic medicine in Manic episode - A case report

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Abstract

Introduction: Mania is a form of mood disorder initially, characterised by elevated mood, insomnia, increased libido and grandiosity. More severe forms develop elation and grandiose delusions. **Case Summary:** A patient reported in the Out Patient Department with symptoms of increased delusions for 3 weeks. The consultant psychiatrist diagnosed it as a case of bipolar affective disorder, current episode manic with psychotic features. Young mania rating scale (YMRS) scored 38 at the time of admission. *Lachesis mutus* 200 was prescribed initially and later *Lycopodium clavatum* 200 was prescribed, as the symptom picture changed. Overall improvement was noticed clinically and in YMRS after treatment. In this case, individualised homoeopathic treatment has shown a positive role for the remission of manic episode with psychotic features without the support adjunctive therapy or conventional medication in the current episode.

Keywords: Bipolar affective disorder-Manic episode, Delusion, Homoeopathy, Lachesis, Lycopodium, Mania, Mental diseases, Psychiatry, Young's Mania Rating Scale

INTRODUCTION

Mania is defined by a euphoric, expansive or irritable mood that is accompanied by a marked increase in energy lasting at least 1 week and present most of the day, nearly every day. The following symptoms must be present to make a diagnosis of mania. They serve as the basis for the two most widely used criteria sets, namely Diagnostic Statistical Manual-5 and International Classification of Diseases-10.^[1,2]

Prominent symptoms of mania include euphoric, expansive, or irritable mood, excessive energy/activity, decreased need for sleep, racing thoughts/flight of ideas, rapid speech, grandiosity, impulsivity, distractibility and mood lability.^[3]

Bipolar 1 disorder is defined as having a clinical course of one or more manic episodes and sometimes, major depressive episodes. A variant of bipolar disorder characterised by the episodes of major depression and hypomania rather than mania is known as Bipolar II disorder.^[4]

Current overall prevalence of any mental disorder in India is 11.36%, this includes schizophrenia and other psychotic disorders, depressive disorders, bipolar affective disorder (BPAD), neurotic and stress-related disorders and alcohol and other substance

disorders. The prevalence of severe mental disorders is 0.44% for schizophrenia and other psychotic disorders, 0.19% for bipolar disorders and 0.17% for severe depression with psychotic symptoms. Severe mental disorders are also more common in men than women.^[5] Mania without major depression, with prevalence rates of 1.7–1.8, is even more common than schizophrenia.^[6] Hanwella and de Silva extracted three factors in a sample of 131 patients referred to as “elated mania” (elated mood, language abnormalities/thought disorder, increased sexual interest and poor insight), “irritable mania” (irritability, increased motor activity/energy and disruptive aggressive behavior) and “psychotic mania” (abnormal thought content, impaired self-care, poor sleep and speech abnormalities).^[7]

Even though the published literature proving the usefulness of homoeopathy on manic episode is sparse, a retrospective

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study has proved the effectiveness of homoeopathic medicine in BPAD, manic type.^[8] The study had also brought out the frequently indicated medicines for mania.

Here, we present a single case of mania episode, in which we were able to ameliorate the symptoms of the present episode with homoeopathic medicines only, within a short duration. Before reporting to us, there was a history of an episode around 3 years back after which the patient had discontinued all the medications.

PATIENT INFORMATION

A 55-year-old male patient presented to the Outpatient Department (OPD) of National Homoeopathy Research Institute in Mental Health (NHRIMH), Kottayam, along with an attendant with the following symptoms:

- Increased religiosity
- Singing and dancing
- Sleep disturbance
- Loud talking
- Belief that others owe him money and that he was being cheated
- Tendency for wandering away from home
- Belief that he was *Mahadevan* (a form of God)
- Gesturing with hands. Religious gestures
- Increased self-esteem. He interfered compulsively in other's matters
- Suspiciousness (believed that his brother was having immoral relationship with several women).

All these complaints had appeared around 3 weeks before reporting.

History of present illness

The patient's complaints had started 20 years back, after he broke a fasting ritual (i.e., a Hindu ritual in which the person does not partake any food or water for a set number of days, or limiting oneself to specific vegetarian meal during the day; also abstaining from any type of stimulant. The ritual is been considered sacred in their culture. If it is interrupted, it is believed to bring misfortune). He began to show disoriented behaviours such as unusual anger, eating soil and weeping tendency. This disorientation lasted only for a day. No treatment was taken. (This can be considered as the beginning of illness as reported by the patient's attendant).

A previous episode had occurred 3 years back, in December 2016, when the patient was running an art and crafts stall near a temple. One day, on hearing the sound of drum from the temple, he started dancing. After reaching home, he started behaving in a strange manner as observed by the family; he said that his rented house was under the influence of 'black magic' and there was some evil force in his house. He became fearful, started to dig the floor, as if to find out something from there. He began having petty quarrels with the neighbours. He was seen without dress and was clad in a bed sheet. He was admitted to a hospital and was on conventional treatment for 15 days.

When his symptoms improved during hospitalisation and treatment, he got discharged. However, on reaching home, he developed talkativeness, religiousness, increased appetite, habit of cleaning public places and wandering tendency. He was brought to the OPD of NHRIMH, Kottayam, in February 2017. He continued to take homoeopathic medication along with the already prescribed allopathic medicines. After 6 weeks of treatment, symptoms got remitted and he was discharged. He voluntarily discontinued all medications after few days.

Thereafter, in December 2019, the patient's brother brought him to NHRIMH OPD with above-mentioned presenting complaints. The exact onset of this episode was not known. The patient had been abstaining from all the medications since April 2017.

Family history

No family history of any psychiatric illnesses, epilepsy, suicide, mental retardation and absconding in the patient's family.

Personal history

He smoked around 30 cigarettes/day. He also had habit of betel chewing and occasional intake of alcohol. He had suffered from pneumonia and tuberculosis in the year 2005.

Sexual and marital history

He got married in 1993; had frequent discords and used to physically abuse his wife. He used to beat her after having sexual intercourse. He was suspicious that wife was having immoral relationship with other men. Hence, the wife was living separately since 4–5 years (as narrated by patient's brother).

Life space investigation

The patient was brought up by his mother, residing in Southern India, while his father was away in the Gulf region. He started schooling at 5 years of age and studied up to 6th grade. There was no history of unusual behavioural changes at school.

He was more attached to his sister in childhood. He belonged to the family of goldsmiths and started making ornaments at 12 years of age, but he was irresponsible in his work. He did not have any savings and spent money lavishly. The patient had domineering nature from childhood itself. Excessive religious inclination ran in the family as reported by the attendant.

He drew pictures of gods and goddesses and sold them. He made sculptures and gave it to others without taking money in return. He used to work in a private firm, of photo framing.

He was disrespectful towards elders, often engaging in contradictory arguments. He quarrelled with everyone, irrespective of his relation with them. He took all the hard earned money of his brother (around 35 sovereigns), spent it lavishly and did not bother to give it back. Whenever the patient was denied financial help, he developed hatred towards them; and never returned the money that was lent to him. After his sister got married, his relationship with her got worse because of a property-related issue. The patient's father had left their home, because of his son's misbehaviour.

His son died in a road traffic accident, 3 years back, at the age of 20 years.

Premorbid personality

The following personality traits were notable as per clinical observation and information given by the attendants. The patient had feelings of hatred towards others, often physically injuring people. He seemed to be jealous of others prosperity. He had a bossy nature. He could not manage finances; he did not care to save money. He had uncivil behaviour, for example, scratched genitalia in public.

Physical generals

He had desire for cold food, tea⁺⁺, sweets and seafood.

Thermally, he was a hot patient.

Mental status examination

The patient appeared to be domineering and was poorly kempt. The long black *tilak* on his forehead reflected his religious inclination. He showed religious gestures like throwing holy water on every one, constantly chanted. He had flowers kept behind his ears.

Rapport was easily established. His psychomotor activity was slightly increased. He had increased rate of speech with loud volume. His flow of thoughts was increased and had tangentiality. His thought contents were delusion of infidelity (suspicious of brother having immoral relationship with other ladies; he also had suspicious beliefs about his

wife having extramarital relations as mentioned earlier), delusion of grandiosity (he believed that he was a form of God), and delusion intuition. He did not have any perceptual disturbances. His attention and concentration were poor, but was well oriented with time and place. He had good memory, poor abstract thinking and impaired test and social judgement. His insight was absent.

DISCUSSION AND CONCLUSION

It was a case diagnosed with BPAD-current episode Manic with psychotic symptoms (F31.2) and the treatment of single episode of the disease is presented here. BPAD is recurring and potentially disabling illness. Early recognition and proper intervention in the acute episode are extremely essential. If left untreated, an episode of mania might persist for several months and can escalate into delirium, catatonia and even death through dehydration and exhaustion. In the extreme, mania is a medical emergency requiring rapid intervention.^[9]

The case falls under the second category of Hahnemannian classification of mental disorders mentioned in *Organon of Medicine*.^[10] Master Hahnemann mentions that it should be treated in an acute manner, followed by an antipsoric medicine. A similar treatment strategy has been followed in managing this patient.

The patient was under homoeopathic treatment only, from

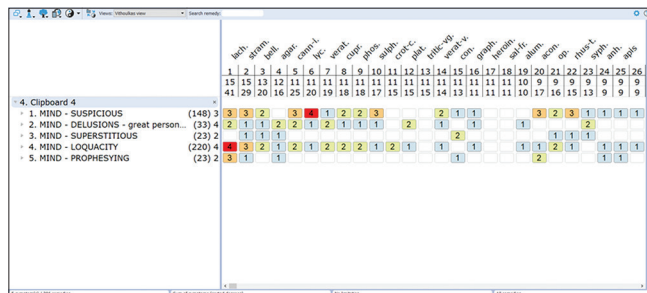


Figure 1: Repertorial analysis as on 31-12-2019

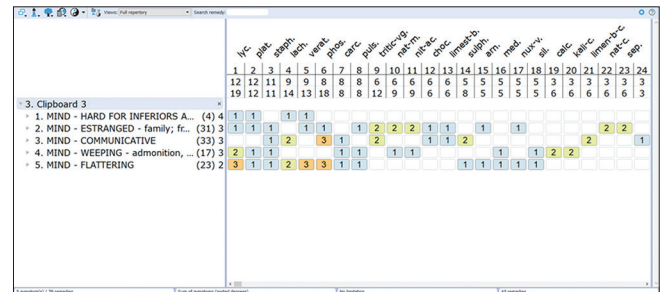


Figure 2: Repertorial analysis as on 23-1-2020



Figure 3: Patient's art: A Picture depicting Lord Krishna and Lord Buddha



Figure 4: Patient's art: A Picture depicting Kathakali and Butterfly

the day of admission to the in-patients department (IPD), i.e., from 31-12-2019 onwards. He was admitted with severe manic symptoms and had poor insight. Since he was not cooperative, he was made to stay in an isolated cabin.

On the day of admission, the more prominent manic symptoms of the patient were used for repertorisation [Figures 1 and 2]. Remedies such as *Lach*, *Belladonna* and *Agaricus muscaris* came up. *Lachesis 200C* was selected after referring *Materia Medica*. *Lach* was selected for the patient because it seemed to cover the prominent symptoms of the patient like talkativeness,

suspiciousness, religiosity and grandiose ideas, than other drugs in the repertorial chart. The intuition which the patient carried is one of the prominent feature of *Lach*. Moreover, the patient was not having the furious mania and hurting tendency of *Belladonna* and *Stramonium*.

The prescribed medicine was repeated after 3 days, as per the instructions given in *Organon of Medicine* aphorism 247.^[10]

Slight improvement was observed in his condition, and the patient was further put on placebo. Symptomatic improvement

Table 1: Follow up

Date of prescription	Prescription based on	Medicine prescribed	Changes in symptomatology
December 31, 2019	Repertorial totality	Lach 200/1 dose	NA
January 1, 2020		Placebo	Talking and laughing with himself: Reduced Delusion persists Grandiosity-persists Sleep: 2-3 h Irrelevant talk Religious talk, abusive
January 2, 2020		Placebo	Talking and laughing with himself : Reduced Delusion persists Grandiosity-persists Sleep: 2-3 h Irrelevant talk Religious talk, abusive
January 4, 2020	Repertorial totality	Lach 200/1 dose	Talking and laughing with himself : Reduced Delusion persists Grandiosity-persists Sleep: 2-3 h Irrelevant talk Religious talk, abusive
January 5, 2020		Placebo	Talking and laughing with himself: Not present Delusion persists Grandiosity-persists Sleep: 2-3 h Irrelevant talk Religious talk, abusive
January 6, 2020		Placebo	Talking and laughing with himself: Not present Delusion-reduced Grandiosity-reduced Sleep: 2-3 h Irrelevant talk-nil Religious talk, abusive
January 9, 2020		Placebo	Sleep - sound and other symptoms are reduced well
January 23, 2020	Repertorial totality	Lyc 200/1 dose	Showing superiority to his brother. Demanding various things from him, pleasing behaviour with doctors and seems better; well kempt. Tendency to hurt his brother
January 24, 2020		Lyc 200/1 dose	Showing superiority to his brother. Demanding things from him, pleasing behaviour. Tendency to hurt his brother
January 18, 2020		Placebo	Symptoms improved
January 15, 2020		Placebo	Mild symptoms present
January 27, 2020		Placebo	Asymptomatic; showing remission
March 13, 2020		Placebo	Asymptomatic. Discharged with advice to follow up in OPD further
June 23, 2020-November 19, 2020	The patient is reporting for regular OPD follow-ups. There has been no further manic episode. He has been fully functional socially and occupationally. Since Lyc was selected as his constitutional medicine, it was prescribed on and off during minor mood changes to prevent deterioration into a manic episode		

NA: Not available, OPD: Outpatient department

Table 2: Young Mania Rating Scale^[9]

Domains	Date and scoring severity							
	December 31, 2019	January 4, 2020	January 11, 2020	January 18, 2020	February 1, 2020	February 15, 2020	February 29, 2020	February 14, 2020
Elated mood	1	1	0	0	0	1	0	0
Increased motor activity-energy	1	0	0	0	0	0	0	0
Sexual interest	0	0	0	0	0	0	0	0
Sleep	2	1	0	0	0	0	0	0
Irritability	6	4	2	0	0	0	0	0
Speech (rate and amount)	8	6	6	4	2	2	0	0
Language thought disorder content	3	3	1	1	1	0	0	0
Disruptive-aggressive behaviour	8	8	6	2	2	2	0	0
Appearance	4	4	2	0	0	0	0	0
Insight	1	0	0	0	0	0	0	0
Total score	4	4	3	3	3	2	0	0
	38	31	20	10	8	7	0	0

was obtained within 3 weeks, but the episode did not get full remission. After the reduction of symptoms, he had become cooperative and was brought to psychiatric IPD ward for further management. He was eventually seen to be open to mingle with everyone properly.

As we know, mental diseases belong to the class of one-sided diseases; only few symptoms were present initially. Later on, when the patient regained his clear conscious, the case was taken more precisely again and repertorisation was done. *Lycopodium* 200C was selected after referring to the *Materia Medica*. This was based on the prominent features like praising the consulting doctors, casting down nature towards his brother, tendency to weep easily, demanding nature and thermally hot.

The details of prescription of medicines and follow up are depicted in the timeline shown in Table 1. The diagnostic assessment done by Young's Mania Rating Scale (YMRS) is shown in Table 2.

While undergoing individualised homoeopathic treatment, patient regained his insight into his illness, which was totally incapacitated by the illness. He was seen to draw mystical pictures in IPD [Figures 3 and 4], after the remission of symptoms.

In this case, we can find that the earlier episode (in 2016) had lasted for about 5 and ½ months, even though both conventional and homoeopathic treatments were given. The present episode had duration of 3 weeks when he was brought to our hospital. He had prominent manic symptoms with psychotic features of profound severity, on admission. Through proper case taking and selection of remedy, we were able to bring remission within 2 months with homoeopathic treatment alone. This is also evident from the effect on YMRS.

This case gives us new insight and confidence into the treatment of manic episode exclusively with homoeopathic remedies but as the disease is episodic and chronic it needs

long term follow up. Large scale clinical trials involving similar cases would be helpful in proving the effectiveness of homoeopathy in manic episodes.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given his consent for his images, paintings and other clinical information to be reported in the journal. The patient understands that name and initials will not be published and due efforts will be made to conceal identity, but anonymity cannot be guaranteed.

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Conflicts of interest

None declared.

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उन्माद प्रकरण में वैयक्तिक होम्योपैथिक दवा की उपयोगिता : एक केस रिपोर्ट

प्रस्तावना : उन्माद एक प्रकार का मनोदशा दोष है जो प्रारंभिक तौर पर बौद्धिक स्तर पर बदले हुए स्वभाव, अनिद्रा, बढ़ी हुई कामेच्छा और प्रभावकारिता से वर्णित होता है। ज्यादा गंभीर स्थितियों में उत्साह और दिखावटी भ्रमासक्तियाँ विकसित होती हैं। **केस सारांश :** एक रोगी ने ओपीडी में 3 हफ्तों तक बढ़ी हुई भ्रमासक्तियों वाले लक्षणों के बारे में प्रतिवेदित किया। परामर्शदाता मनोचिकित्सक ने इसे द्विवधुवी भावात्मक दोष, मौजूदा उन्माद घटना समेत मनोरोगी लक्षणों के मामले के तौर पर पहचाना। अल्पवयस्क के उन्माद कोटि-मापक (वाईएमआरएस) ने भर्ती के समय पर 38 अंक दर्ज किए। प्रारंभिक अवस्था में लैकेसिस म्यूटस 200 निर्धारित की गई तथा बाद में लाइकोपोडियम क्लेवेटम 200 निर्धारित की गई थी, क्योंकि लक्षण का रूप बदल चुका था। वाईएमआरएस में कुल मिलाकर उपचार के बाद सुधार देखा गया था। इस केस में, वैयक्तिक होम्योपैथिक चिकित्सा ने मौजूदा घटना में अनुबद्ध चिकित्सा या परंपरागत इलाज की सहायता के बगैर उन्माद घटना के साथ मनोरोगी लक्षणों को खत्म करने में सकारात्मक भूमिका दर्शायी है।

Oblitération de Ranula avec traitement homéopathique: un rapport de cas

Le Introduction: Le ranula est un léger gonflement translucide qui se produit dans le plancher de la bouche et qui cause généralement une légère gêne au patient. Les modalités thérapeutiques conventionnelles vont de l'injection d'agents sclérosants à diverses techniques chirurgicales. Seuls quelques cas documentés avec une prise en charge non chirurgicale sont disponibles sur la recherche documentaire, car la chirurgie est considérée comme le pilier de cette affection clinique. **Résumé des cas:** Il s'agit d'un cas d'enfant de sexe féminin présentant un gonflement kystique indolore du côté droit du plancher de la bouche d'une durée de 3 mois et un autre gonflement kystique indolore plus petit sur le côté intérieur de la lèvre inférieure droite. Le diagnostic clinique révèle que la masse kystique dans le plancher de la bouche est une simple ranula. Après avoir individualisé le cas, le médicament homéopathique Ambra grisea 30 a été prescrit et dans les 2 à 3 mois, la ranula a été effacée. Les autres petits gonflements kystiques ont également disparu simultanément.

Eliminación de Ranula con tratamiento homeopático: Un informe de caso

Introducción: La ranula es una hinchazón translúcida suave que se produce en el suelo de la boca que generalmente causa molestias leves al paciente. Las modalidades terapéuticas convencionales van desde la inyección de agentes esclerosantes hasta diversas técnicas quirúrgicas. En la búsqueda bibliográfica solo se encuentran disponibles pocos casos documentados con tratamiento no quirúrgico, ya que la cirugía se considera el pilar de esta afección clínica. **Resumen del caso:** Este es un caso de una niña con una hinchazón quística indolora en el lado derecho del piso de la boca de 3 meses de duración y otra hinchazón quística indolora más pequeña en el lado interno del labio inferior derecho. El diagnóstico clínico revela la masa quística en el piso de la boca como una simple ránula. Después de individualizar el caso, se prescribió la medicina homeopática Ambra grisea 30 y dentro de los 2-3 meses se obliteró la ránula. La otra hinchazón quística más pequeña también desapareció simultáneamente.

Auslöschung von Ranula mit homöopathischer Behandlung: Ein Fallbericht

Einführung: Ranula ist eine weiche durchscheinende Schwellung, die im Mundboden auftritt und dem Patienten normalerweise leichte Beschwerden bereitet. Konventionelle therapeutische Modalitäten reichen von der Injektion von sklerosierenden Mitteln bis hin zu verschiedenen chirurgischen Techniken. Nur wenige dokumentierte Fälle mit nicht-chirurgischem Management sind auf Literatursuche verfügbar, da Chirurgie als die Hauptstütze für diesen klinischen Zustand angesehen wird. **Fall-Zusammenfassung:** Dies ist ein Fall eines weiblichen Kindes mit einer schmerzlosen, zystischen Schwellung auf der rechten Seite des Mundes von 3 Monaten Dauer und einer weiteren kleineren schmerzlosen zystischen Schwellung auf der Innenseite der rechten Unterlippe. Die klinische Diagnose zeigt die zystische Masse im Mundboden als einfache Ranula. Nach der Individualisierung des Falles wurde das homöopathische Arzneimittel Ambra grisea 30 verschrieben und innerhalb von 2-3 Monaten wurde Ranula ausgelöscht. Die andere kleinere zystische Schwellung verschwand auch gleichzeitig.

用同源疗法消灭拉努拉：病例报告

介绍：Ranula是一种柔软的半透明肿胀，发生在口腔的地板上，通常会对患者造成轻微的不适。常规治疗方式范围从硬化剂的注射到各种手术技术。只有少数记录在案的病例与非手术管理是可行的文献检索，因为手术被认为是这种临床条件的支柱。案例摘要：这是一个女性孩子的情况下，在3个月持续时间的口腔地板右侧无痛，囊性肿胀，另一个较小的无痛囊性肿胀在右下唇的内侧。临床诊断显示，作为一个简单的ranula在口腔的地板囊肿质量。个体化的情况下后，顺势疗法药物 Ambra grisea 30 被规定，并在2-3个月内，ranula被抹杀。其他较小的囊肿也同时消失。