THE ROLE OF HOMOEOPATHIC MEDICINES IN THE TREATMENT OF SCHIZOPHRENIA - AN ANALYTIC REPORT **

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Abstract

50 cases of Schizophrenia (37 males, 13 females) spread into 4 sub groups which were treated in C.R.I. (H), Kottayam during the year 1988-90 have been analysed for their improvement index. The overall improvement noted in these cases are (i) Excellent 6 cases, (ii) Moderate 20 cases, (iii) Mild 6 cases. Group wise improvement is as (a) simple Schizophrenia (2/3), (b) Heberphrenic Schizophrenia (8/16), (c) Catatonic Schizophrenia 13/19) and (d) Paranoid Schizophrenia (9/12). The improvement is highly encouraging and it is suggested that further study including follow-up for a large number of cases treated in this hospital for so many years may be analysed.

Introduction

Amongst the functional psychoses, Schizophrenia has been widely studied and discussed subject both by the Psychologists and by the Psychiatrists. Besides its being most lingering, most dreaded and with indefinite prognosis it has been also misunderstood and misused. In the contemporary age, even the inconsistent behaviour of an individual or especially of a politician is being labeled as Schizophrenic. It has been defined vividly but the most comprehensive definition is "A clinical psychiatric syndrome characterized by cognitive slippage, hallucinations and delusions and often by general withdrawal from contact with the environment"[1].

About 4% of the white population and the 9% of the non-white population are diagnosed to have Schizophrenia as sometimes in one's life (Kramer. M 1975)[2]. The rate of first admission of Schizophrenia in a Mental hospital constitutes 35% of the total admissions and 50% of the resident population at any time[3]. American Health Information Foundation[4] (1960) found 24% of the first admissions and 46% of the resident population of Schizophrenics. However, the ECA study sponsored by National Institute of Mental Health (NIHM) found the incidence (total life time prevalence) from 1.0 to 1.9 per cent (Average prevalence for men 1.1. per cent and for women 1.9 per cent)[2].

Aetiologically, there is no controversy over the fact that heredity/genetic factors are responsible for nearly 46% to 60% of the Schizophrenic cases while Emil-kraepelin reported about 55% in the families of more than 1000 Schizophrenic persons[2], where as Price mentions the concordance rate for about 60% in the monozygotic and 10% in the dizygotics. Besides heredity/genetic, Sheldon and Kratstchmer[5] have emphasized upon the role of constitution in the development of Schizophrenia. Some biochemical factors like Serotonin, Mescaline, Taraxian, Ceruloplasmin etc. have been thought to be responsible for Schizophrenia. The socio-economic factors, as low social class, poverty, cultural conflicts and etc. have also been stressed upon besides the psychological factors like the parent-child relationship and pattern of rearing etc. as described under life experiences and the interaction of life experiences and heredity both[1,3,4]. The male sex[6] is more prone to this disorder and the adolescent age is more vulnerable and therefore the term, "Dementia Precox" was used for Schizophrenia in the earlier years of the development of psychopathology. As regards the prognosis, it is found that nearly 25% of the diagnosed population only are able to carry on the affairs of the life after recovery[7].

Aims and Objects

The aims and objects of this paper are thought to be of value because of the fact that although thousands and thousands of cases of Schizophrenia have been studied by the psychologists and psychiatrists and have been reported accordingly in volumes of texts, there is practically no authentic paper in Homoeopathy upon this subject where the real analysis of the cases actually treated under direct observation in IPD of a hospital has been reported. This paper aims at presenting a brief analysis of 50 cases of the Schizophrenia treated only Homoeopathically in the IPD of the Central Research Institute (H), Kottayam, during the period 1988-90.

Materials and Methods

The materials under this analytical report consists of 50 diagnosed cases of Schizophrenics

by a team consisting of a Homoeopath/Clinician/ psychologist and a psychiatrist as per (DSM-III) and treated in the Central Research Institute of Homoeopathy hospital at Kottayam, Kerala. Parameters adopted for selection of these cases have been rigidly followed in respect of the presence of the following factors (i) the age and mode of onset (ii) family history (iii) presence or absence of any traceable precipitant (iv) the symptoms syndrome with presence of (a) delusions, (b) hallucinations, (c) distortion of perception, conception and reaction to the stimulus (d) indifference towards self and the environment (e) flatness of mood and (f) prolonged duration of the illness.

The cases under this study-report have been treated mostly on the principles of similia similibus and in potencies ranging from 30 to 10M of the indicated remedies. Very rarely the mother tincture of an indicated remedy was administered (especially Hyoscyamus) The parameters for the assessment of improvement are:

1. The term "**Cure**" is not used because of the indefinite prognosis depending upon the future reaction of the patient against unforeseen circumstances and lack of follow up.

2. "**Excellent**" improvement has been defined in terms of total absence of delusions, hallucinations and reactions with reversion towards the sociable character.

3. "**Moderate**" improvement has been used in cases where the indifference to self and environment has disappeared alongwith decrease or absence of hallucinations and partial relief from delusions.

4. "**Mild**" improvement where the above order is found in partial degree only but the general outlook, attitude and the reaction of the patient has positive improvement.

5. "**Not improved**", where there has been no change at all in the complaints since the date of admission, till the end of treatment.

6. "**Worse**", the term has been used in cases where the patient has progressed into severe catatonic stage like Schizophrenic stupor.

The method adopted is the case study method/clinical method and is limited to the effects of the Homoeopathic treatment only.

Observations

A glimpse of Table-I, IIA and IIB and IIC illustrates the following observations regarding the distribution of the disorder in our population. They describes the aetiological factors. It may be observed that:

i) All these 50 cases have been discussed under the following subgroups:

    a) Simple Schizophrenia
    b) Hebephrenic Schizophrenia
    c) Catatonic Schizophrenia
    d) Paranoid Schizophrenia

ii) As per the age group, there is no case in the "childhood" where as in "adolescence" there are 2 males and 1 female with Hebephrenic Schizophrenia. In "adult" there are 1 male and female each in simple Schizophrenia, 7 males and 3 females in Hebephrenic Schizophrenia and 8 males and 1 female in Catatonic Schizophrenia. In "middle age" 3 males in Hebephrenic group, 8 males and 1 female in catatonic group and 6 males and 2 females in paranoid Schizophrenia, where as in "old age" 1 male in simple Schizophrenia 1 male in catatonic Schizophrenia and 2 males and 4 females in paranoid Schizophrenia.

iii) The socio-economic status of these 50 cases is as follows : "low income" group has 29 males and 10 females, "middle income" group has 7 males and 3 females where as "high income" group has zero.

iv) The educational status of these 50 cases is as follows : 4 males and 2 females are uneducated, 28 males and 8 females are under educated, 5 males and 3 females are educated and none is highly educated.

v) The occupational status of the sample is as follows : 19 males and 9 females are jobless or idle. 16 males and 4 females are unskilled labourers where as 2 males are skilled labourers.

The range of duration of illness amongst these 50 cases varied from 2 months to 25 years.

The details of the duration of illness is shown in Table-IIA.

The causative factors as collected from the case sheets are detailed in Table IIB where the maximum is hereditary factors and minimum is the interaction of both hereditary factors and life experiences. Life experiences or learned behavioural factors lie in between.

The past treatment undertaken by the patients are detailed in Table IIC. All 50 patients came in this hospital after treatment with Modern Medicine, for varying periods. Out of these 50 patients 27 underwent Electric Convulsive Therapy (ECT). The number of electric convulsive shocks given to the patients varied from 3 to 20.

Results of Treatment

The period of treatment, improvement index, the medicines indicated and found effective are all exhibited in IIIA, IIIB, IVA and IVB respectively.

These patients had been under treatment in the IPD of this hospital for 2 weeks to 40 weeks. The maximum improvement by the treatment was noted among the adults (13 out of 21) and middle age (11 out of 18) where as the least was in adolescence (1 out of 3) on the whole 32 out of 50 patients improved to various degrees. Classification wise the catatonic variety and the paranoid variety have better improvement rate (13 out of 19 and 9 out of 16).

Discussions

The study of 50 cases presented in this paper is confirmative as regards the distribution pattern of the aetiological factors like heredity, learned experiences, socio-economic status, age, sex and occupation. When we see our results of treatment we find that out of 50 patients, 6(M4 + F2) have excellent improvement , 20 (M16 + F4) have moderate improvement and 6 (M4 + F2) have mild improvement, where as only 18(M13 + F5) have no improvement, none got worse during the period of treatment. The improvement index is highly encouraging especially in the context to the longer duration of the suffering and prolonged allopathic treatment even with the number of shocks (ECT) exceeding the recommended limit of 10, and the fact that the cases having been either declared incurable or the family members having no satisfaction with the previous treatment, had come to us as a last resort. The patients even with excellent improvement, discharged from our hospital may have recurrence but this is not the theme of this paper.

Conclusion

1.   The improvement found in the patients of Schizophrenia is highly encouraging and we can deduce that Homoeopathic medicines can come forward as the most subtle, gentle and nontoxic substitute against other modes of harmful treatment.

2.   The most effective medicines depending upon the symptomatology are Sulphur (200,1000,10M), Natrum muriaticum (200,1000), Stramonium (30, 200, 1000), Nux vomica (30, 200, 1000) and Hyosyamus (30, 200, 1000). Here also, our findings are in conformity with the Homoeopathic philosophy and Organon where Sulphur is mentioned as the medicine of the "Ragged philosopher" which depicts the stage of the indifference and apathy to self and the environment, which is an important symptom of Schizophrenia.

References

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2.   Ibid. p.579.
3.   Anamalai University (1989): Lectures on Clinical Psychology & Mental Hygiene : p.71 – A.U; T.N.
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6.   See ref. no.3 p.78.
7.   Scott, Sir R.B. (edt): 1973: Price's Text Book of Practice of Medicine. 11th ELBS edn. p.1358.
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TABLE - 1

CLINICAL TYPES OF 50 CASES OF SCHIZOPHRENIA

	Sex		Age Group					Socio-economic status			Educational Status				Occupational Status			
	M	F	Child Hood	Adolescence	Adult hood	Middle Age	Old Age	Low income group	Middle income group	High income group	Uneducated	Under educated	Educated	Highly educated	Idle	Labour	Skilled	Professional
1 Simple Schizophrenia	2	1	-	-	2	-	1	2	1	-	1	1	1	-	3	-	-	-
					1+1		1+0	1+1			1+0	0+1	1+0		2+1			
2 Hebephrenic Schizophrenia	12	4	-	3	10	3	-	13	3	-	1	13	2	-	11	4	1	-
				2+1	7+3	3+0		11+2			1+0	11+2	0+2		8+3	3+1	1+0	
3 Catatonic Schizophrenia	17	2	-	-	9	9	1	16	3	-	1	14	4	-	10	9	-	-
					8+1	8+1	1+0	14+2	3+0		1+0	13+1	3+1		8+2	9+0		
4 Paranoid Schizophrenia	6	6	-	-	-	6	6	8	4	-	3	8	1	-	4	7	1	-
						4+2	2+4	3+5	3+1		1+2	4+4	1+0		1+3	4+3	1+0	

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TABLE - II(A)
CLINICAL HISTORY
DURATION OF ILLNESS

	Upto 5 years					6 years to 10 years					11 years to 15 years				
	Child Hood	Adole-scence	Adult hood	Middle Age	Old Age	Child Hood	Adole-scence	Adult hood	Middle Age	Old Age	Child Hood	Adole-scence	Adult hood	Middle Age	Old Age
1 Simple Schizophrenia	-	-	1 / 1+0	-	1 / 1+0	-	-	1 / 1+0	-	-	-	-	-	-	-
2 Hebephrenic Schizophrenia	-	3 / 2+1	7 / 5+2	-	-	-	-	3 / 2+1	-	-	-	-	-	2 / 2+0	-
3 Catatonic Schizophrenia	-	-	8 / 7+1	6 / 6+0	1 / 1+0	-	-	-	1 / 1+0	-	-	-	-	-	-
4 Paranoid Schizophrenia	-	-	-	1 / 0+1	2 / 0+2	-	-	-	3 / 3+0	2 / 1+1	-	-	-	1 / 1+0	-

TABLE - II(A)
CLINICAL HISTORY
DURATION OF ILLNESS (Continued)

	16 years to 20 years					21 years to 25 years					26 years and above				
	Child Hood	Adole-scence	Adult hood	Middle Age	Old Age	Child Hood	Adole-scence	Adult hood	Middle Age	Old Age	Child Hood	Adole-scence	Adult hood	Middle Age	Old Age
1 Simple Schizophrenia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2 Hebephrenic Schizophrenia	-	-	-	-	-	-	-	-	1 / 1+0	-	-	-	-	-	-
3 Catatonic Schizophrenia	-	-	-	1 / 1+0	-	-	-	-	1 / 0+1	-	-	-	-	-	-
4 Paranoid Schizophrenia	-	-	-	1 / 0+1	2 / 1+1	-	-	-	-	-	-	-	-	-	-

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TABLE - II(B)
CLINICAL HISTORY
A E T I O L O G Y

	Heredity					Learned behaviour (Life experienced)					Interaction of both heredity and life experiences				
	Child Hood	Adole-scence	Adult hood	Middle Age	Old Age	Child Hood	Adole-scence	Adult hood	Middle Age	Old Age	Child Hood	Adole-scence	Adult hood	Middle Age	Old Age
1 Simple Schizophrenia	-	-	1 (1+0)	-	-	-	-	1 (1+0)	-	1 (1+0)	-	-	-	-	-
2 Hebephrenic Schizophrenia	-	1 (1+0)	7 (6+1)	-	-	-	-	1 (0+1)	3 (3+0)	-	-	2 (1+1)	2 (1+1)	-	-
3 Catatonic Schizophrenia	-	-	2 (2+0)	4 (3+1)	-	-	-	7 (6+1)	4 (4+0)	-	-	-	-	1 (1+0)	1 (1+0)
4 Paranoid Schizophrenia	-	-	-	3 (2+1)	2 (2+0)	-	-	-	2 (0+2)	2 (0+2)	-	-	-	2 (2+0)	1 (0+1)

TABLE - II(C)
CLINICAL HISTORY
Previous treatment

	Allopathic					Homoeopathic					Ayurvedic				
	Child Hood	Adole-scence	Adult hood	Middle Age	Old Age	Child Hood	Adole-scence	Adult hood	Middle Age	Old Age	Child Hood	Adole-scence	Adult hood	Middle Age	Old Age
1 Simple Schizophrenia	-	-	2 (1+1)	-	1 (1+0)	-	-	-	-	1 (1+0)	-	-	-	-	-
2 Hebephrenic Schizophrenia	-	3 (2+1)	10 (7+3)	3 (3+0)	-	-	1 (0+1)	1 (1+0)	-	-	-	-	1 (1+0)	1 (1+0)	-
3 Catatonic Schizophrenia	-	-	9 (8+1)	9 (8+1)	1 (1+0)	-	-	-	1 (1+0)	1 (1+0)	-	-	-	1 (1+0)	-
4 Paranoid Schizophrenia	-	-	-	6 (4+2)	6 (2+4)	-	-	-	1 (1+0)	-	-	-	-	3 (2+0)	2 (0+2)

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TABLE - III(A)
PRESENT TREATMENT AND RESULT

Duration of treatment

	1 day to 5 weeks					6 weeks to 10 weeks					11 weeks to 15 weeks				
	Child Hood	Adole-scence	Adult hood	Middle Age	Old Age	Child Hood	Adole-scence	Adult hood	Middle Age	Old Age	Child Hood	Adole-scence	Adult hood	Middle Age	Old Age
1 Simple Schizophrenia	-	-	1 0+1	-	-	-	-	-	-	-	-	-	1 1+0	-	-
2 Hebephrenic Schizophrenia	-	-	5 4+1	2 2+0	-	-	1 0+1	2 1+1	-	-	-	1 1+0	-	1 1+0	-
3 Catatonic Schizophrenia	-	-	2 2+0	4 3+1	1 1+0	-	-	3 3+0	4 4+0	-	-	-	1 1+0	-	-
4 Paranoid Schizophrenia	-	-	-	1 0+1	4 3+1	-	-	-	3 3+0	-	-	-	-	1 0+1	-

TABLE - III(A)
PRESENT TREATMENT AND RESULT

Duration of treatment

	16 weeks and above				
	Child Hood	Adole-scence	Adult hood	Middle Age	Old Age
1 Simple Schizophrenia	-	-	-	-	-
2 Hebephrenic Schizophrenia	-	1 1+0	3 2+1	-	-
3 Catatonic Schizophrenia	-	-	4 3+1	-	-
4 Paranoid Schizophrenia	-	-	-	1 0+1	2 0+2

TABLE - III(B)

PRESENT TREATMENT AND RESULT

IMPROVEMENT

	Cured	Excellent					Moderate					Mild				
		Child Hood	Adole-scence	Adult hood	Middle Age	Old Age	Child Hood	Adole-scence	Adult hood	Middle Age	Old Age	Child Hood	Adole-scence	Adult hood	Middle Age	Old Age
1 Simple Schizophrenia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2 Hebephrenic Schizophrenia	-	-	1 0+1	1 1+0	-	1 1+0	-	-	3 2+1	1 1+0	-	-	-	1 1+0	-	-
3 Catatonic Schizophrenia	-	-	-	-	-	-	-	-	6 6+0	5 5+0	-	-	-	2 1+1	-	-
4 Paranoid Schizophrenia	-	-	-	-	1 1+0	1 0+1	-	-	-	3 2+1	2 0+2	-	-	-	1 1+0	1 0+1

TABLE - III(B) Continued

PRESENT TREATMENT AND RESULT

IMPROVEMENT

	Cured	Not Improved					Worse				
		Child Hood	Adole-scence	Adult hood	Middle Age	Old Age	Child Hood	Adole-scence	Adult hood	Middle Age	Old Age
1 Simple Schizophrenia	-	-	-	1 0+1	-	-	-	-	-	-	-
2 Hebephrenic Schizophrenia	-	-	2 2+0	4 3+1	2 2+0	-	-	-	-	-	-
3 Catatonic Schizophrenia	-	-	-	3 2+1	3 2+1	-	-	-	-	-	-
4 Paranoid Schizophrenia	-	-	-	-	1 0+3	2 2+0	-	-	-	-	-

TABLE - IV(A)

MEDICINES INDICATED AND FOUND EFFECTIVE (Sex wise)

...00, 1M, 10M		Nat. Mur.-200, 1000				Stramonium-30,200,1M				Nux.Vom.-2000, 1000				Hyos.-30, 200, 1M			
Female		Male		Female		Male		Female		Male		Female		Male		Female	
*I	*E	*I	*E	*I	*E	*I	*E	*I	*E	*I	*E	*I	*E	*I	*E	*I	*E
-	-	1	1	-	-	2	-	-	-	-	-	-	-	-	-	-	-
2	2	3	3	1	1	3	2	2	-	3	-	1	-	3	-	1	-
1	-	4	2	-	-	3	1	1	1	8	3	1	-	4	1	1	-
2	1	-	-	1	-	3	2	-	2	2	-	-	-	1	1	1	1

*I = Indicated
*E = Effective

TABLE - IV(A) (Continued)

MEDICINES INDICATED AND FOUND EFFECTIVE (Sex wise)

200, 1000		Bells.-30, 200, 1M				Lachesis-200, 1M				Coffea-30, 200				Medorrhinum-1M			
Female		Male		Female		Male		Female		Male		Female		Male		Female	
*I	*E	*I	*E	*I	*E	*I	*E	*I	*E	*I	*E	*I	*E	*I	*E	*I	*E
1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	6	-	2	-	2	-	1	-	1	1	1	-	-	-	-	-
-	-	5	1	1	-	-	-	1	-	-	-	-	-	-	-	-	-
1	1	2	-	1	-	-	1	4	1	-	-	-	-	1	1	1	1

*I = Indicated
*E = Effective

TABLE - IV(A) (Continued)

MEDICINES INDICATED AND FOUND EFFECTIVE (Sex wise)

*I = Indicated
*E = Effective

		Staphysagria-1000				Crocus-200				Pulsatilla-200,				Sepia-1000			
		Male		Female		Male		Female		Male		Female		Male		Female	
		*I	*E	*I	*E	*I	*E	*I	*E	*I	*E	*I	*E	*I	*E	*I	*E
1	Simple Schizophrenia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2	Hebephrenic Schizophrenia	2	-	-	-	-	-	-	-	-	-	1	-	1	-	1	-
3	Catatonic Schizophrenia	1	1	-	-	-	-	-	-	-	-	1	-	-	-	1	-
4	Paranoid Schizophrenia	-	-	-	-	1	1	1	1	1	-	1	-	-	-	-	-

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TABLE - IV(B)

MEDICINES INDICATED FOUND EFFECTIVE (Age wise)

		Sulphur-200, 1000, 10M									Natrum Mur.-200, 1000									Stramonium-30, 200, 1000								
		Child hood		Adole- sence		Adult hood		Middle age		Old age		Child hood		Adole- sence		Adult hood		Middle age		Old age		Child hood		Adole- sence		Adult hood		Middle age		Old age	
		*I	*E	*I	*E	*I	*E	*I	*E	*I	*E	*I	*E	*I	*E	*I	*E	*I	*E	*I	*E	*I	*E	*I	*E	*I	*E	*I	*E	*I	*E
1	Simple Schizophrenia	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	1	-	-	-	1	1
2	Hebephrenic Schizophrenia	-	-	1	-	7	4	3	1	-	-	-	-	-	-	4	4	-	-	-	-	-	-	2	1	2	1	1	-	-	-
3	Catatonic Schizophrenia	-	-	-	-	4	1	5	4	-	-	-	-	-	-	4	2	-	-	-	-	-	-	-	-	2	-	2	1	-	-
4	Paranoid Schizophrenia	-	-	-	-	-	-	4	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	2	2

*I = Indicated
*E = Effective

TABLE - IV(B) (Continued)

MEDICINES INDICATED FOUND EFFECTIVE (Age wise)

		Nux Vomica-30, 200, 1000									Hyosyamus-30, 200, 1000									Ignatia-200, 1000								
		Child hood		Adole- sence		Adult hood		Middle age		Old age		Child hood		Adole- sence		Adult hood		Middle age		Old age		Child hood		Adole- sence		Adult hood		Middle age		Old age	
		*I	*E	*I	*E	*I	*E	*I	*E	*I	*E	*I	*E	*I	*E	*I	*E	*I	*E	*I	*E	*I	*E	*I	*E	*I	*E	*I	*E	*I	*E
1	Simple Schizophrenia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-
2	Hebephrenic Schizophrenia	-	-	1	-	1	-	2	-	-	-	-	-	1	-	2	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-
3	Catatonic Schizophrenia	-	-	-	-	5	-	3	1	1	-	-	-	-	-	3	-	2	2	1	-	-	-	-	-	-	-	1	-	-	-
4	Paranoid Schizophrenia	-	-	-	-	-	-	1	1	1	1	-	-	-	-	-	-	1	1	1	1	-	-	-	-	-	-	-	-	1	1

*I = Indicated
*E = Effective

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TABLE - IV(B) (Continued)

MEDICINES INDICATED FOUND EFFECTIVE (Age wise)

*I = Indicated
*E = Effective

Belladonna-30, 200, 1000

	Childhood *I	Childhood *E	Adolescence *I	Adolescence *E	Adulthood *I	Adulthood *E	Middle age *I	Middle age *E	Old age *I	Old age *E
1 Simple Schizophrenia	-	-	-	-	-	-	-	-	-	-
2 Hebephrenic Schizophrenia	-	-	3	-	4	1	-	-	-	-
3 Catatonic Schizophrenia	-	-	-	-	3	1	2	-	-	-
4 Paranoid Schizophrenia	-	-	-	-	-	-	1	-	-	2

Lachesis-200, 1000

	Childhood *I	Childhood *E	Adolescence *I	Adolescence *E	Adulthood *I	Adulthood *E	Middle age *I	Middle age *E	Old age *I	Old age *E
1 Simple Schizophrenia	-	-	-	-	-	-	-	-	-	-
2 Hebephrenic Schizophrenia	-	-	-	-	-	-	-	-	-	-
3 Catatonic Schizophrenia	-	-	-	-	-	1	2	-	-	-
4 Paranoid Schizophrenia	-	-	-	-	-	-	1	-	3	1

Coffea-200

	Childhood *I	Childhood *E	Adolescence *I	Adolescence *E	Adulthood *I	Adulthood *E	Middle age *I	Middle age *E	Old age *I	Old age *E
1 Simple Schizophrenia	-	-	-	-	-	-	-	-	-	-
2 Hebephrenic Schizophrenia	-	-	-	-	-	-	-	-	-	-
3 Catatonic Schizophrenia	-	-	-	-	-	-	-	-	-	-
4 Paranoid Schizophrenia	-	-	-	-	-	-	1	-	1	1

TABLE - IV(B) (Continued)

MEDICINES INDICATED FOUND EFFECTIVE (Age wise)

*I = Indicated
*E = Effective

Medorrhinum-1000

	Childhood *I	Childhood *E	Adolescence *I	Adolescence *E	Adulthood *I	Adulthood *E	Middle age *I	Middle age *E	Old age *I	Old age *E
1 Simple Schizophrenia	-	-	-	-	-	-	-	-	-	-
2 Hebephrenic Schizophrenia	-	-	-	-	-	-	-	-	-	-
3 Catatonic Schizophrenia	-	-	-	-	-	-	-	-	-	-
4 Paranoid Schizophrenia	-	-	-	-	-	-	1	1	-	-

Staphysagria-100

	Childhood *I	Childhood *E	Adolescence *I	Adolescence *E	Adulthood *I	Adulthood *E	Middle age *I	Middle age *E	Old age *I	Old age *E
1 Simple Schizophrenia	-	-	1	-	-	-	-	-	-	-
2 Hebephrenic Schizophrenia	-	-	-	-	1	-	-	-	-	-
3 Catatonic Schizophrenia	-	-	1	-	1	1	-	-	-	-
4 Paranoid Schizophrenia	-	-	-	-	-	-	1	1	-	-

Crocus sativus-200

	Childhood *I	Childhood *E	Adolescence *I	Adolescence *E	Adulthood *I	Adulthood *E	Middle age *I	Middle age *E	Old age *I	Old age *E
1 Simple Schizophrenia	-	-	-	-	-	-	-	-	-	-
2 Hebephrenic Schizophrenia	-	-	-	-	-	-	-	-	-	-
3 Catatonic Schizophrenia	-	-	-	-	-	-	-	-	-	-
4 Paranoid Schizophrenia	-	-	-	-	-	-	1	1	-	-

TABLE - IV(B) (Continued)

MEDICINES INDICATED FOUND EFFECTIVE (Age wise)

*I = Indicated
*E = Effective

	Pulsatilla-200, 1000										Sepia-200, 1000									
	Child hood		Adole- sence		Adult hood		Middle age		Old age		Child hood		Adole- sence		Adult hood		Middle age		Old age	
	*I	*E	*I	*E	*I	*E	*I	*E	*I	*E	*I	*E	*I	*E	*I	*E	*I	*E	*I	*E
1 Simple Schizophrenia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2 Hebephrenic Schizophrenia	-	-	-	-	1	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-
3 Catatonic Schizophrenia	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-
4 Paranoid Schizophrenia	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-

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