

Acute polymorphic psychotic disorder with symptoms of schizophrenia – A case report

Deepthi Gilla*, Sreeja K R Nair, Mohan N. Devasia

Department of Psychiatry, National Homoeopathy Research Institute in Mental Health, Kerala, India

Abstract

Introduction: Acute polymorphic psychotic disorder (APPD) with symptoms of schizophrenia is a rare psychiatric presentation with a rapidly changing and variable clinical state. There is much scope to explore the effectiveness of homoeopathy in acute psychotic disorders. Due to the rarity of its presentation, a case of APPD managed with homoeopathic medicines is reported here. **Case Summary:** A 49-year-old female was brought in a restrained state due to disorganized behaviour, violent anger with hurting tendency, irrelevant talk, bizarre delusions, and markedly variable perceptual disturbances. The case was diagnosed as APPD with symptoms of schizophrenia and the improvement was assessed with the brief psychiatric rating scale (BPRS). The case was treated with homoeopathic medicines in the in-patient unit of the National Homoeopathy Research Institute in Mental Health, Kottayam. The BPRS score at baseline of 91 turned to 18 (normal) on the fifth day with *Hyoscyamus 200* single dose and the patient was discharged with totally normal behaviour on the eighth day. The patient was given a dose of *Aurum sulph 200* as a constitutional remedy in the 2nd week after discharge. The remedy was infrequently repeated during monthly visits for up to 1 year. There was no relapse of psychotic episodes and there was good psychosocial adaptation. Future research based on well-planned study designs is necessary to establish the evidence. The likelihood of causality between intervention and outcome has been discussed as per Modified Naranjo Criteria for Homoeopathy.

Keywords: Acute polymorphic psychotic disorder, *Aurum sulph*, Brief psychiatric rating scale, Brief psychotic disorder, *Hyoscyamus*

INTRODUCTION

Psychosis is a symptom complex that may include hallucinations, delusions, disorders of thought, and disorganized speech or behaviour. Acute psychosis is primary if it is symptomatic of a psychiatric disorder, or secondary if caused by a specific medical condition.^[1] Psychosis is a common and functionally disruptive symptom of many psychiatric, neurodevelopmental, neurologic, and medical conditions and an important target of evaluation and treatment in neurologic and psychiatric practice.^[2]

Short-lived psychotic disorders are currently classified under ‘acute and transient psychotic disorders’ (ATPDs) in International Classification of Diseases (ICD)-10, and ‘brief psychotic disorder’ (DSM)-5.^[3] The defining clinical features of ATPDs (ICD-10: F23) are an acute onset and a duration of psychotic symptoms not exceeding 1–3 months.^[4] The ICD-11 and related health problems will move towards a narrower concept of ‘ATPDs’ characterized by the remnant

‘polymorphic psychotic disorder’ (APPD) of the current ICD-10 category, also including schizophrenic and predominantly delusional subtypes.^[5]

The prevalence rate of ATPDs varies from 3.9 to 9.6/100,000 populations.^[6] The incidence of ATPDs is 6.7/100,000 person-years, similarly high for both genders (IRR = 1.0; 0.9–1.1). Among the ATPD subtypes, the polymorphic psychotic disorder is more common in females (IRR = 1.4; 1.2–1.6) as opposed to those featuring schizophrenic symptoms, which tended to occur in younger males (IRR = 1.4; 1.2–1.7).^[2]

Although research on ATPDs is limited due to many reasons including a lack of harmony between the ICD and DSM

***Address for correspondence:** Deepthi Gilla,
Department of Psychiatry, National Homoeopathy Research Institute in
Mental Health, Kottayam, Kerala - 686 532, India.
E-mail: drdeepthigilla@gmail.com

Received: 29 June 2021; **Accepted:** 06 June 2022

Access this article online

Quick Response Code:

Available in print
version only

Website:
www.ijrh.org

DOI:
10.53945/2320-7094.1066

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

How to cite this article: Gilla D, Nair SKR, Devasia MN. Acute polymorphic psychotic disorder with symptoms of schizophrenia – A case report. *Indian J Res Homoeopathy* 2022;16(2):155-162.

diagnostic systems and clinician biases, available research data supports the validity of ATPDs as a distinct clinical entity. There is also evidence that ATPDs are different from schizophrenias or bipolar affective disorder on genetic, neuroimaging, neurophysiological, and immunological markers.^[7]

Brief psychiatric rating scale (BPRS) includes 18 domains with scores rating from 0 to 7.0-not assessed, 1-not present, 2-very mild, 3-mild, 4-moderate, 5-moderately severe, 6-severe, and 7-extremely severe. The reliability of the scale is good to excellent.^[8]

In the recent past, there are reports of cases of COVID-19 associated psychosis in patients with symptomatic COVID-19 and those in related quarantine. There is a scarcity of data available regarding the collateral effects of the coronavirus disease 2019 (COVID-19) infection on the onset of acute psychosis.^[9,10]

A few studies have shown the effectiveness of homoeopathic medicines in chronic psychotic conditions such as schizophrenia,^[11,12] schizoaffective disorder,^[13] and delusional disorders^[14]. Studies for the usefulness of homoeopathy in acute psychotic disorder were not found to be available, to the authors' knowledge to date. Therefore, a case of acute polymorphic psychotic disorder with symptoms of schizophrenia, which has been effectively treated with homoeopathic medication has been put forward in this paper.

CASE REPORT

Patient information

A 49-year-old female was brought in a restrained state by her husband and sister to the psychiatry out-patient department (OPD) of National Homoeopathy Research Institute in Mental Health, Kottayam on November 7, 2019. As the patient was agitated and uncooperative, she was directly shifted to the in-patient unit. The informant was her husband with whom she was married for 20 years.

Presenting complaints

The patient presented with complaints of violent anger and hurting tendency, alternating with weeping and excessive religious talks. Sleeplessness, irrelevant talk, talking to self, and murmuring was also there. Occasionally, she showed fearful expressions with shrieking and groping.

History of present illness

Complaints started 5 days back with sleeplessness, increased praying, and excessive religious talk. The onset was abrupt, without any specific cause. The patient was weeping and wandering here and there at home, with irrelevant talk about the past events. She showed excessive guilt for her mistakes and was apologizing to her family for it. She imagined that somebody is coming to kill her and said she is communicating with her dead father, and receiving messages from him through the railing of the cot. She further said that she had three fetuses

in her womb and that she felt guilty about abortion in the past. She feared that she will be punished for her faults. She exhibited marked emotional turmoil, and transient feelings of happiness, alternating with irritability. Symptoms were unstable and changed every day. She was not given any other medication and was directly brought to the OPD.

History

There was no history of psychotic episodes or any other psychiatric illness. She had tinea capitis in childhood, which was managed with conventional medicine.

Life space investigation

It was elicited after patient developed insight, i.e., after one week of reporting. She was the third child of her parents. She had harmonious relations with her siblings. Her childhood was uneventful. No neurotic traits and behavioural problems were noted during childhood, as per the husband's narration (based on his discussion with the patient's siblings on phone). She was good at studies and was an extrovert, communicative person, who had many friends. She completed the general nursing course and worked as a Staff Nurse in Delhi for 1 year. After her marriage, she stopped her job but did not regret it. She was happy and satisfied in her married life. She was a fastidious, diligent, industrious, and highly responsible housewife, and had a son whom she brought up with affection and high moral values. She felt remorseful for an abortion induced after her first son, which she underwent as the kid was too small. She was sympathetic to the suffering of others and helped them as per her capacity. She was reported to be intolerant to injustice and raised her voice when she came across any. She had a hurried speech, was very sensitive to noise but liked to listen to music which relaxed her.

Physical generals

She had a good appetite and thirst and a sound sleep until 5 days ago when her complaints started. Perspiration was generalized and only on exertion. Bowels and bladder functions were normal. The patient was fond of sweets and had an aversion to eggs. Her menses were regular, painless, with normal flow. She had one induced abortion and 1 spontaneous abortion in the first trimester for unknown reasons in the past. Thermally, she was sensitive to heat.

Family history

There was a history of psychiatric illness, suicide, alcoholism, and absconding from the family. Her father had rheumatoid arthritis and died of valvular heart disease, and her mother had diabetes mellitus and hypertension.

Mental status examination

General appearance and behaviour

The patient was conscious, not cooperative, with poor interpersonal relations and lacked personal care. She was restless with a hypervigilant and hostile attitude. In between, she behaved as if frightened and agitated towards her husband and sister. Psychomotor activity was increased. Eye to eye contact was sporadic. Interpersonal relationship was poor. She

was irritable towards her husband with a hurting tendency. The speech was irrelevant, with normal rate but increased volume. Reaction time and tone were also increased. The mood was subjectively fearful but objectively, irritable, and suspicious. Affect was inappropriate, labile, incongruent, and broad-ranged. Flow of thought was increased, with poor association and logicity. In the thought content, there was an implausible bizarre delusion that she was getting messages from her dead father through the railing of her cot. Delusions of persecution and guilt (she said that she had done mistakes which are harmful to her family, she had two abortions, and she will be persecuted) were also noted. The somatic delusion that she had three fetuses in her womb was also found. Thought insertion thought withdrawal and thought broadcasting were not detected. In perceptual disorder, there was second person auditory hallucination (2PAH) when she heard the voice of her dead father. Orientation to time, place, and person was preserved. Attention and concentration could not be elicited. Memory, general information and intelligence, abstract thinking, and judgment also could not be elicited as the patient was not cooperative. Insight was poor, Grade 0.

Diagnosis and assessment

The case was diagnosed as a brief psychotic episode initially and confirmed as acute polymorphic psychotic disorder with schizophrenia like symptoms (F23.1) as per ICD 10 by a consultant psychiatrist. Baseline assessment was done with the BPRS on the 1st day of admission and the total score was found to be 91 at the baseline.

Intervention and follow-ups

The patient was admitted to the in-patient unit under the psychiatry department with the consent of her husband. On the day of admission, the acute totality was erected and repertorised using RADAR 10.0 [Figure 1]. *Stramonium 30 C*, three doses were prescribed based on the sector totality. As there was no perceptible change after 1 day, a dose of *Stramonium 200* was given. However, since there was only mild relief for 2 days, *Hyosyamus 200 C*/1dose was given after reconsidering the sector totality including the rubrics ‘Delusions, changeable (*Hyos*¹)’ and ‘Gestures, Groping, as if (*Hyos*¹)’. There was a remarkable improvement after the administration of *Hyos* and on the eight day, she was discharged after observing her normal behaviour. As the patient was solely

on homeopathic medication since the admission, the result is likely to be attributable to the prescribed medicine.

During the follow-up visit 2 weeks after her discharge, the patient reported at the outpatient unit. *Aurum sulphuricum 200*/one dose was prescribed as the constitutional remedy after repertorisation of the symptoms, which was a synthetic prescription based on the premorbid personality of the patient [Figure 2]. As most of the constitutional symptoms such as industriousness, religiousness, fastidiousness, diligence, sympathetic, and better by music pointed to *Aurum metallicum*, but the patient is thermally hot, extroverted (metals are introverted) and highly communicative (sulphur), *Aurum Sulphuricum* is selected. As the condition of the patient was stable during the next visits, she was provided with placebo for the next sixth months. At the sixth month’s follow-up, as the patient expressed a mild suspicion that her neighbours were doing something against her, *Aurum sulph 200* was repeated, followed by placebo.

RESULTS

There was no homoeopathic aggravation observed in this case. There was a drastic change in the BPRS score from 91 at the baseline to the normal value of 18 within 5 days. The patient became normal in behaviour within one week of homoeopathic treatment during the hospital stay. Change in the scores of BPRS for one year is represented in Figure 3. The observations during follow-ups and the corresponding prescriptions are given in Table 1. Changes in the symptom domains after administering of medicines are given in Table 2. The constitutional homoeopathic treatment could manage acute psychotic episodes and no relapse was reported for more than a year. BPRS score was found to be stable with the normal value of 18 for 1 year after the episode. The likelihood of causality between intervention and outcome has been discussed as per Modified Naranjo Criteria for Homoeopathy (MONARCH) criteria in Table 3. A total score of 8/13 suggests a positive causal relationship between the intervention and the treatment outcome.

DISCUSSION

In the Organon of Medicine,^[16] Master Hahnemann has given us the guidelines for managing different types of mental diseases. In the case of insanity or mania that had suddenly broken out as an acute disease in the patient’s ordinary calm state, it almost always arises from internal psora, like a flame bursting forth from it, when it occurs in this acute manner he warns us that it should not be immediately treated with antipsorics. In the first place, we must manage it, with the remedies indicated for it, out of the proven medicaments in highly potentized, minute, homoeopathic doses, to subdue it so far that the psora shall for the time revert to its former latent state. He has given a few remedies for this purpose, which is *Aconite*, *Belladonna*, *Stramonium*, *Hyoscyamus*, and *Mercury*. In this case of acute insanity, the sector totality was covered by two medicines that

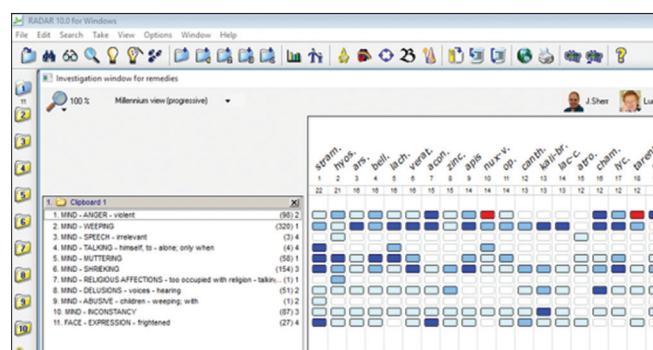


Figure 1: Acute repertorisation chart

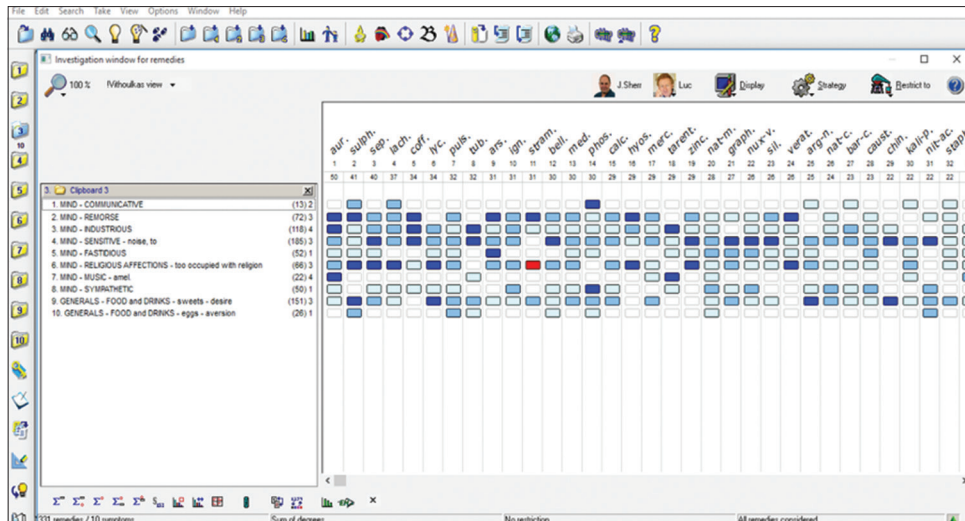


Figure 2: Repertorisation sheet of the case: Constitutional totality

Table 1: Follow-up of the case

Day/Week/Month	Observation	BPRS	Prescription
Day 1 (day of admission)	Brought restrained, due to agitation and hurting tendency toward self and others. Irrelevant talks, delusions of persecution and guilt, Auditory hallucination of father's voice. Bizarre delusion of getting a message from dead father in heaven. Self-talks, murmuring, screaming, and weeping with an occasionally frightened attitude.	91	<i>Stramonium</i> 30/3 doses-4 th hourly
Day 2	Very mild improvement in behavior, irritability was reduced slightly, but symptoms are constantly changing.	81	<i>Stramonium</i> 200/1 dose
Day 3	Status quo. Changeable delusions with groping gestures with hands.	79	<i>Hyoscyamus</i> 200/1dose
Day 4	Marked relief of symptoms PMA (Psychomotor activity) is reduced. EEC (Eye to eye contact)-maintained. IPR (Interpersonal relationship) with husband improved. Occasional psychotic symptoms. Mood stable, appropriate affect, insight-improved. Assisted care, cooperative attitude.	32	Sac Lac (SL)
Day 5	Remarkable improvement. generals: good. No psychotic symptoms. Good insight.	18	SL
Day 6	Better in general. Self-care. Sociability improved.	18	SL
Day 7	Better in general.	18	SL
Day 8	Asymptomatic.	18	SL-1 week. discharged.
2 nd week after discharge	Mild suspiciousness with occasional uncooperativeness. Disturbed sleep.	20	<i>Aurum sulph</i> 200/1 dose
1 st month	Better in general. Sleep improved. Suspicion- relieved	19	SL
2 nd month	Better in general	18	SL
3 rd month	Better in general	19	SL
6 th month	Mild suspiciousness toward neighbors. Generals-good. Fear of darkness and dogs off late. (old symptom)	19	<i>Aurum Sulph</i> 200/1dose
9 th month	Better in general	18	SL
12 th month	Better in general	18	SL

BPRS: Brief psychiatric rating scale

were suggested by Hahnemann, *Stramonium*, and *Hyoscyamus*, and the case responded well to *Hyos*.

In the management of acute conditions, Dr. Hahnemann has suggested frequent repetitions as per the demand of the case.^[16] In this case, accordingly, *Stramonium* 30 was given initially in repeated doses. However, the prescribed medicine provided a very mild relief and there was a frequent change of symptoms, such as change in delusions and a new objective symptom had developed, that is, peculiar gesture as if groping. The remedy for these characteristic symptoms as per the synthesis repertory was only *Hyoscyamus* (*Hyos*). A single dose of *Hyos* could bring

the patient to a calm state. This shows that a single dose of well-selected similimum can work well in acute conditions also. The single remedy rubric had relevance in the selection of similimum, if the said symptom is characteristic, even though the remedy is mentioned as grade 1. *Stramonium* has more marked fears, violence, and suspicion than *Hyoscyamus*, which has changeable delusions and excessive talking on religious matters [Figure 1].

It was suggested in the management of such mental diseases to provide an antipsoric, though the patient has recovered from an acute mental or emotional disease to prevent another similar attack.^[15] In this case also, after the management of the acute

Table 2: Changes in BPRS scores in each symptom domain

Symptom domain of BPRS	At baseline	At the end of 1 month	Day on which the complaint resolved
Somatic Concern	Mild	Not present	3
Anxiety	Severe	Not present	4
Emotional Withdrawal	Extremely severe	Not present	5
Conceptual Disorganization	Extremely severe	Not present	5
Guilt feeling	Moderately severe	Not present	4
Tension	Extremely severe	Not present	5
Mannerism and posturing	Not present	Not present	Not present
Grandiosity	Mild	Not present	4
Depressed mood	Extremely severe	Not present	4
Hostility	Extremely severe	Not present	5
Suspiciousness	Extremely severe	Not present	5
Hallucinatory behavior	Extremely severe	Not present	5
Motor Retardation	Not present	Not present	Not present
Uncooperativeness	Extremely severe	Not present	4
Unusual thought content	Extremely severe	Not present	5
Blunted affect	Not present	Not present	Not present
Excitement	Extremely severe	Not present	4
Disorientation	Not present	Not present	Not present

BPRS: Brief psychiatric rating scale

Table 3: Causal attribution of changes after homeopathic intervention evaluated as per MONARCH Criteria^[15]

Criteria	Yes	No	Not sure or N/A	Justification
1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2	-1	0	There was marked improvement in the symptoms following homeopathic intervention
2. Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+1	-2	0	Improvement started from the next day of intervention
3. Was there a homeopathic aggravation of symptoms? (need to define in glossary)	+1	0	0	No aggravation
4. Did the effect encompass more than the main symptom or condition, i.e., were other symptoms ultimately improved or changed?	+1	0	0	Appetite, sleep and other generals also improved after medication
5. Did overall wellbeing improve? (suggest using a validated scale or mention about changes in physical, emotional and behavioural elements)	+1	0	0	Overall wellbeing of patient improved.
6A. Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	0	0	Not observed
6B. Direction of cure: Did at least one of the following aspects apply to the order of improvement in symptoms: - From organs of more importance to those of less importance? - From deeper to more superficial aspects of the individual? - From the top downwards?	+1	0	0	Not observed
7. Did "old symptoms" (defined as non-seasonal and noncyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	+1	0	0	Fear of darkness, fear of dogs- old symptoms appeared during the course of treatment and reduced eventually.
8. Are there alternate causes (other than the medicine) that – with a high probability – could have caused the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)	-3	+1	0	No
9. Was the health improvement confirmed by any objective data? (e.g., laboratory test and clinical observation)	+2	0	0	Not observed
10. Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	0	Yes

MONARCH: Modified Naranjo Criteria for Homoeopathy

psychotic state, the patient was treated with her constitutional remedy, *Aurum Sulph* and it proved affection in preventing further attacks.

Previous empirical investigations have shown that the patients with a diagnosis of APPD have a favorable prognosis, but also a high risk of relapses (58–77%). The diagnostic stability in

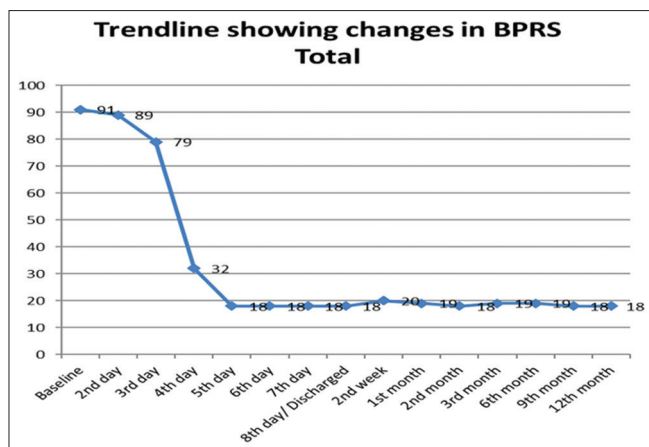


Figure 3: Changes in brief psychiatric rating scale scores

the further course of illness seems to be low (34–73%) with a frequent diagnostic change to schizophrenia and affective disorders being observed.^[5] In this case, there was no relapse or a diagnostic change after homeopathic intervention.

There was general improvement in the condition of this case with good psychosocial functioning after administration of homeopathic medicines. Applying MONARCH criteria into psychiatric cases are a difficult phenomenon as getting objective evidence and presenting it may not be always ethical or rational. Yet old psoric symptoms like fear of dogs and fear of darkness are observed to reappear after the (p) sycotic and syphilitic symptoms reduced in this case.

A prospective, non-comparative, and open-label observational study conducted to evaluate the usefulness of homeopathic intervention in Schizophrenia, in untreated cases and antipsychotic treatment-resistant cases concluded a positive role of homeopathic medicines in the management of patients suffering from schizophrenia as measured by BPRS.^[11] The study reports positive outcomes in chronic cases of schizophrenia, the current case also reports a positive outcome in acute psychotic schizophrenia-like disorder, as measured by BPRS.

Emergency departments are frequently faced with managing agitated patients experiencing episodes of acute psychosis. Effective, efficient handling of these conditions, is crucial in maintaining a safe environment.^[17] Years ago, Master Hahnemann suggested treating the violent, insane, maniac, and melancholic only in an institution especially arranged for their treatment, but not within the family circle of the patient.^[16] National Homeopathy Research Institute in Mental Health, Kottayam, is an institution especially functioning for mentally ill patients with all the facilities to provide relief to even the most acute psychiatric emergencies.

The strength of this case report is confirmatory diagnosis done by a qualified psychiatrist and severity assessment with BPRS, a universally accepted rating scale. The limitation of this case

report is lack of objective evidence which is difficult to get in psychiatric cases.

CONCLUSION

This case report illustrates the usefulness of homeopathy in acute psychotic disorders like APPD. Well-planned studies with appropriate designs are necessary to explore the effectiveness of homeopathic medicines in ATPDs.

Declaration of patient's consent

An informed consent was received from the patient's husband and from the patient for publication of the case report, provides the identity of the patient is not revealed.

Financial support and sponsorship

Nil.

Conflicts of interest

None declared.

REFERENCES

- Griswold KS, Del Regno PA, Berger RC. Recognition and differential diagnosis of psychosis in primary care. *Am Fam Physician* 2015;91:856-63.
- Arciniegas DB. Psychosis. *Continuum (Minneapolis)* 2015;21:715-36.
- Castagnini AC, Fusar-Poli P. Diagnostic validity of ICD-10 acute and transient psychotic disorders and DSM-5 brief psychotic disorder. *Eur Psychiatry* 2017;45:104-13.
- Jager M, Riedel M, Möller HJ. Acute and transient psychotic disorders (ICD-10: F23). Empirical data and implications for therapy. *Nervenarzt* 2007;78:745-52.
- Castagnini A, Foldager L, Berrios GE. Acute polymorphic psychotic disorder: Concepts, empirical findings, and challenges for ICD-11. *J Nerv Ment Dis* 2018;206:887-95.
- Farooq S. Is acute and transient psychotic disorder (ATPD) mini schizophrenia? The evidence from phenomenology and epidemiology. *Psychiatr Danub* 2012;24: S311-5.
- Malhotra S, Sahoo S, Balachander S. Acute and transient psychotic disorders: Newer understanding. *Curr Psychiatry Rep* 2019;21:113.
- Sadock BJ, Sadock VA, Ruiz P. *Synopsis of Psychiatry*. 11th ed. Gurgaon: Wolters Kluwer (India) Pvt. Ltd.; 2015. p. 33.
- Smith CM, Komisar JR, Mourad A, Kincaid BR. COVID-19-associated brief psychotic disorder. *BMJ Case Rep* 2020;13:e236940.
- Finatti F, Pigato G, Pavan C, Toffanin T, Favaro A. Psychosis in patients in COVID-19-related quarantine: A case series. *Prim Care Companion CNS Disord* 2020;22:20102640.
- Oberai P, Gopinadhan S, Sharma A, Nayak C, Gautam K. Homeopathic management of Schizophrenia: A prospective, non-comparative, open-label observational study. *Indian J Res Homoeopath* 2016;10:108-18.
- Rieberer G. Who's that talking? *Homeopathy* 2002;91:106-8.
- Grise DE, Peyman T, Langland J. Remission of schizoaffective disorder using homeopathic medicine: 2 case reports. *Altern Ther Health Med* 2018;24:50-6.
- John GJ, Kumar A, Bhaskar A. Delusion and depression: A case report. *Int J Homoeopath Sci* 2019;3:86-8.
- Lamba CD, Gupta VK, Van Haselen R, Rutten L, Mahajan N, Molla AM, et al. Evaluation of the modified naranjo criteria for assessing causal attribution of clinical outcome to homeopathic intervention as presented in case reports. *Homeopathy* 2020;109:191-7.
- Hahnemann S. *Organon of Medicine*. 5th, 6th ed. New Delhi: B Jain Publications; 2006. p. 272.
- Jensen LA. Managing acute psychotic disorders in an emergency department. *Nurs Clin North Am* 2003;38:45-54.

Titre: Trouble psychotique polymorphe aigu avec symptômes de schizophrénie - Rapport de cas

Résumé : Introduction: Le trouble psychotique polymorphe aigu (TPPA) avec des symptômes de schizophrénie est une présentation psychiatrique rare dont l'état clinique change rapidement et est variable. Il existe de nombreuses possibilités d'explorer l'efficacité de l'homéopathie dans les troubles psychotiques aigus. En raison de la rareté de sa présentation, un cas de trouble psychotique aigu traité avec des médicaments homéopathiques est rapporté ici. **Résumé du cas:** Une femme de 49 ans a été amenée en état de contrainte en raison d'un comportement désorganisé, d'une colère violente avec tendance à blesser, de propos non pertinents, de délires bizarres et de troubles de la perception très variables. Le cas a été diagnostiqué comme APPD avec quelques symptômes de schizophrénie et l'amélioration a été évaluée avec la Brief Psychiatric Rating Scale (BPRS) au départ. Le cas a été traité avec des médicaments homéopathiques dans l'unité des patients hospitalisés du National Homeopathy Research Institute in Mental Health, Kottayam. Le score BPRS au départ de 91 est passé à 18 (normal) le cinquième jour avec Hyoscyamus 200 en dose unique et le patient est sorti de l'hôpital avec un comportement totalement normal le huitième jour. Le patient a reçu une dose d'Aurum sulf 200 comme remède constitutionnel au cours de la deuxième semaine après sa sortie. Le remède a été répété peu fréquemment lors de visites mensuelles pendant un an. Il n'y a pas eu de rechute des épisodes psychotiques et il y a eu une bonne adaptation psychosociale. De futures recherches basées sur des conceptions d'études bien planifiées sont nécessaires pour établir les preuves. La probabilité de causalité entre l'intervention et le résultat a été discutée selon les critères de MONARCH.

Titel: Akute polymorphe psychotische Störung mit Symptomen einer Schizophrenie – ein Fallbericht

Abstrakt: Einleitung: Die akute polymorphe psychotische Störung (APPD) mit Symptomen einer Schizophrenie ist eine seltene psychiatrische Erscheinung mit einem sich schnell ändernden und variablen klinischen Zustand. Es gibt viel Spielraum, um die Wirksamkeit der Homöopathie bei akuten psychotischen Störungen zu erforschen. Aufgrund der Seltenheit seines Erscheinungsbildes wird hier über einen Fall von APPD berichtet, der mit homöopathischen Arzneimitteln behandelt wurde. **Zusammenfassung der Fälle:** Eine 49-jährige Frau wurde aufgrund desorganisierten Verhaltens, heftiger Wut mit verletzender Tendenz, belanglosem Reden, bizarren Wahnvorstellungen und deutlich unterschiedlichen Wahrnehmungsstörungen in einen verhaltenen Zustand gebracht. Der Fall wurde als APPD mit einigen Symptomen von Schizophrenie diagnostiziert und die Verbesserung wurde mit der Brief Psychiatric Rating Scale (BPRS) zu Studienbeginn bewertet. Der Fall wurde mit homöopathischen Arzneimitteln in der stationären Abteilung des National Homeopathy Research Institute in Mental Health, Kottayam, behandelt. Der BPRS-Score zu Studienbeginn von 91 änderte sich am fünften Tag mit Hyoscyamus 200-Einzeldosis auf 18 (normal) und wurde am achten Tag mit völlig normalem Verhalten entlassen. Der Patientin wurde in der zweiten Woche nach der Entlassung eine Dosis Aurum sulph 200 als Konstitutionsmittel verabreicht. Das Mittel wurde bei monatlichen Besuchen für bis zu 1 Jahr selten wiederholt. Es gab keinen Rückfall von psychotischen Episoden und es gab eine gute psychosoziale Anpassung. Zukünftige Forschung auf der Grundlage gut geplanter Studiendesigns ist notwendig, um die Evidenz zu erbringen. Die Wahrscheinlichkeit einer Kausalität zwischen Intervention und Ergebnis wurde gemäß den MONARCH-Kriterien diskutiert.

शीर्षक: सिज़ोफ्रेनिया के लक्षणों के साथ तीव्र बहुरूपी मनोवैज्ञानिक विकार – विषय अध्ययन

सार: परिचय: सिज़ोफ्रेनिया के लक्षणों के साथ तीव्र बहुरूपी मनोवैज्ञानिक विकार (एपीपीडी) तेजी से बदलते और परिवर्तनीय नैदानिक स्थिति के साथ एक दुर्लभ मनोवैज्ञानिक स्थिति है। तीव्र मनोवैज्ञानिक विकारों में होम्योपैथी की प्रभावशीलता का पता लगाने के लिए बहुत गुंजाइश है। इसकी स्थिति की दुर्लभता के कारण, होम्योपैथिक दवाओं के साथ प्रबंधित एपीपीडी का एक विषय अध्ययन यहां बताया गया है। **विषय सारांश:** एक 49 वर्षीय महिला को अव्यवस्थित व्यवहार, चोट पहुंचाने की प्रवृत्ति के साथ हिंसक क्रोध, अप्रासंगिक बात, विचित्र भ्रम और स्पष्ट रूप से परिवर्तनीय अवधारणात्मक गड़बड़ी के कारण एक संयमित स्थिति में लाया गया था। मामले को सिज़ोफ्रेनिया के कुछ लक्षणों के साथ एपीपीडी के रूप में निदान किया गया था और आधार रेखा पर संक्षिप्त मनोरोग रेटिंग स्केल (बीपीआरएस) के साथ सुधार का आकलन किया गया था। इस मामले का इलाज कोट्टायम के मानसिक स्वास्थ्य में राष्ट्रीय होम्योपैथी अनुसंधान संस्थान की इन-पेशेंट इकाई में होम्योपैथिक दवाओं के साथ किया गया था। 91 की आधार रेखा पर बीपीआरएस स्कोर ह्योसायमस 200 एकल खुराक के साथ पांचवें दिन 18 (सामान्य) में बदल गया और आठवें दिन पूरी तरह से सामान्य व्यवहार के साथ छुट्टी दे दी गई। रोगी को छुट्टी के बाद दूसरे सप्ताह में एक घटक उपचार के रूप में ऑरम सल्फ 200 की एक खुराक दी गई थी। उपचार को कभी-कभी 1 वर्ष तक मासिक आगमन के दौरान दोहराया गया था। मनोवैज्ञानिक लक्षण का कोई पुनरुत्थान नहीं था और अच्छा मनोवैज्ञानिक-सामाजिक अनुकूलन था। सुप्रयोजित अध्ययन डिजाइनों के आधार पर भविष्य के शोध साक्ष्य स्थापित करने के लिए आवश्यक है। नारंजो मानदंड के अनुसार हस्तक्षेप और परिणाम के बीच कारण की संभावना पर चर्चा की गई है।

Título: Trastorno Psicótico Polimórfico Agudo con Síntomas de Esquizofrenia – Informe de Caso

Resumen: Introducción: El trastorno psicótico polimórfico agudo (APPD) con síntomas de esquizofrenia es una rara presentación psiquiátrica con un estado clínico variable y en rápido cambio. Hay mucho margen para explorar la efectividad de la Homeopatía en los trastornos psicóticos agudos. Debido a la rareza de su presentación, se reporta aquí un caso de APPD manejado con medicamentos homeopáticos. **Resumen del caso:** Una mujer de 49 años fue traída en un estado restringido debido a un comportamiento desorganizado, ira violenta con tendencia doliente, conversación irrelevante, delirios extraños y perturbaciones perceptuales marcadas variables. El caso fue diagnosticado como APPD con algunos síntomas de Esquizofrenia y la mejoría fue evaluada con la Escala de Calificación Psiquiátrica Breve (BPRS) al inicio del estudio. El caso fue tratado con medicamentos homeopáticos en la unidad de pacientes internados del Instituto Nacional de Investigación de Homeopatía en Salud Mental, Kottayam. La puntuación de la BPRS al inicio del estudio de 91 se convirtió en 18 (normal) el quinto día con la dosis única de Hyoscyamus 200 y se dio de alta con un comportamiento totalmente normal el octavo día. El paciente recibió una dosis de Aurum sulph 200 como remedio constitucional en la segunda semana después del alta. El remedio se repitió con poca frecuencia durante las visitas mensuales de hasta 1 años. No hubo recaída de episodios psicóticos y hubo buena adaptación psicosocial. Es necesario realizar investigaciones futuras basadas en diseños de estudios bien planificados para establecer la evidencia. La probabilidad de causalidad entre la intervención y el resultado se ha discutido según criterios MONARCAS.

标题: 伴有精神分裂症症状的急性多态性精神病-一例报告

摘要: 引言: 具有精神分裂症症状的急性多态性精神病 (APP) 是一种罕见的精神病表现, 具有快速变化和可变的临床状态. 有很大的空间来探讨顺势疗法在急性精神病性疾病的有效性. 由于其展示的罕见性, 这里报道了一例用顺势疗法药物管理的应用程序.

个案摘要: 一名49岁的女性由于行为紊乱, 带有伤害倾向的暴力愤怒, 无关紧要的谈话, 奇怪的妄想和明显可变的感知干扰而处于克制状态. 该病例被诊断为具有精神分裂症某些症状的应用程序, 并在基线时使用简要精神病学评级量表 (BPRS) 评估改善情况. 该病例在科塔亚姆国家心理健康顺势疗法研究所的住院部用顺势疗法; 顺势疗法药物治疗. 基线91的BPRS评分在第5天以[医]舌下200单剂量转为18 (正常), 第8天以完全正常的行为出院. 患者在出院后的第二周给予奥鲁姆200剂量作为宪法补救措施. 在长达1年的每月访问期间, 该补救措施经常重复. 没有精神病发作的复发, 并且有良好的心理-社会适应. 基于精心策划的研究设计的未来研究是建立证据的必要条件. 根据君主标准讨论了干预和结果之间因果关系的可能性.