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A CASE OF OTHELLO SYNDROME (A TYPE OF DELUSIONAL DISORDER) IN A WOMAN OF 54 TREATED WITH HOMOEOPATHY

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ABSTRACT

Background: Delusional disorder (DD) is a rare mental illness in which a person presents abnormal beliefs (delusions), but without other prominent psychotic symptoms like hallucinations, thought disorder, or significant flattening of affect. *Othello syndrome* is a delusional belief or overvalued idea that one's spouse or partner is being unfaithful. Homoeopathy has evidence base in certain mental health issues, but usefulness in rare psychiatric syndromes is yet to be explored.

Case Report: A female patient diagnosed as Othello syndrome treated by individualized homoeopathic approach in the Psychiatric ward of NHRIMH is presented. The case was assessed at baseline and follow up visits with Brown's assessment of Beliefs scale (BABS). The client was treated with infrequent repetition of *Arsenicum album* in centesimal scale and followed up for a period of 2 years. Baseline BABS score of 24 turned to 16 at the end of 1 month and 0 at the end of 6 months respectively and maintained up to the end of 2 years. The patient became functionally well with marked reduction of delusions.

Conclusion: Individualized Homoeopathic medicine is useful in the management of Othello syndrome (DD). Systematic research with larger numbers is necessary to confirm or refute this single case observation.

Key words: Delusional disorder, Othello syndrome, Brown's assessment of Beliefs scale (BABS), Individualized Homoeopathy, *Arsenicum album*

INTRODUCTION

Delusional disorder (DD) is a rare mental illness in which a person presents abnormal beliefs i.e delusions, but without other prominent psychotic symptoms like hallucinations, thought disorder, mood disorder, or significant flattening of affect. Delusional disorder with delusions of infidelity is also called *Conjugal paranoia*, when it is limited to the delusion that a spouse has been unfaithful. [1] [2]

Othello syndrome (OS), also called morbid jealousy is a delusional belief or overvalued idea that one's spouse or partner is being unfaithful. It may be present on its own or as a symptom of Schizophrenia, alcohol abuse or cocaine abuse. It is characterized by recurrent accusations of infidelity, searches for evidence, repeated interrogation of the partner, tests of their partner's fidelity, and sometimes stalking. It is highly dangerous when it leads to violence. [3] OS is demonstrated by Shakespeare's fictional character of that name describing individual with severe delusional jealousy. [4]

According to DSM V the lifetime prevalence of delusional disorder has been estimated around 0.2%. Delusional disorder, jealous type is probably more common in male than in females, but there is no major gender difference in the overall frequency of delusional disorder. [5] The sociodemographic profile of delusional disorder is consistent across various cultures and has high comorbidity [6] Family history of delusional disorder is seldom recorded. [7]

A **delusion** a fixed false belief based on an inaccurate interpretation of an external reality despite evidence to the contrary. The belief is not congruent with one's culture or subculture, and almost everyone else knows it to be false. [8] Some of the most frequently encountered types of delusions are: *Delusional jealousy* -that one's sexual partner is unfaithful; *Bizarre* - A delusion involving a phenomenon that is impossible, not understandable and unrelated to normal life; *Erotomaniac* - A delusion that another person, more frequently someone of higher status is in love with the individual; *Grandiose* - A conviction of great talent, discovery, inflated self-worth, power, knowledge or relationship with someone famous or deity; *Persecutory* - The central theme is being conspired against, attacked, harassed, obstructed in pursuit of long-term goals; *Somatic* - These involve bodily

functions and sensations; *Mixed* - No single theme is prevalent^[8] Delusions have appreciable presence in psychiatric conditions like delusional disorder, affective disorder, obsessive-compulsive disorder, borderline personality disorder, and dementia. ^[9]

DD is often considered difficult to treat in the past, but DD even treatment-resistant, is now regarded as a treatable condition that responds to medication^[7] Homoeopathy has potential relevance to mental health issues ^[10] with evidence base in some of the psychiatric disorders such as Schizophrenia ^[11] Depression ^[12] OCD ^[13] Autism ^[14] ADHD ^[15] etc. The usefulness of Individualized Homoeopathic medicines in rare psychiatric syndromes is an area yet to be explored. Hence, a case of DD (Othello syndrome) has been reported based on a supplement (HOM-CASE) to the CARE clinical case reporting guideline. ^[16]

CASE REPORT

A female patient of 54 years was brought to the Psychiatry Out Patient Department of National Homoeopathy Research Institute in Mental Health (NHRIMH) by her husband and daughter with complaints of anger and aggressive behaviour towards husband due to suspicion of husband having relationship with other ladies, even with their younger daughter. She has recurrent hurting tendency towards husband by throwing chilli powder on his face and beating him on chest when he is sleeping. Complaints aggravated since 3 months.

History of presenting complaint: Complaint started gradually after her elder daughter eloped with her lover 8 years back. Then her neighbours told her about incidents of some girls who were trapped because of love marriages. Then she got really scared thinking that her daughter also got trapped. But her relatives communicated either sides and took initiative for the marriage. Patient behaved well towards her daughter and son in law. After they left home, she became suspicious and used to tell her husband that their daughter got trapped and will suffer in future. And she became anxious that her younger daughter will also get spoiled. But as she was functionally well at home, they didn't put much attention for her concerns. Gradually she developed suspicion towards her husband that he is also trying to trap other ladies. At the time of demonetization, when her husband discussed

about the need of exchange of currencies her suspicion towards husband became more and she quarrelled with him saying that his financial worries are because of his immoral relations. But when her husband and younger daughter scolded her for such talks, she started suspecting bad relation with husband and her younger daughter also and was repeatedly telling this. Husband and daughter suggested her to take a psychiatric consultation, then her suspicion about them became more and she rejected to take treatment. Few sessions of counselling were given, but were not beneficial. She told she could hear her neighbours talking about her husband's relation with daughter. Gradually she started physical violence towards husband and daughter. One day she hit her husband's chest strongly at night when he was sleeping. She threw chilli powder on husband's face many times and was not even allowing husband to talk with their daughter. All her complaints became worse in the past 3 months and she was showing more aggressiveness to husband and daughter. Off late she is carrying a knife and threatens to kill husband if he communicates with their daughter. So, she was brought to the OPD of NHRIMH.

History of Past illness: She had chickenpox few years back. Took allopathic treatment and relieved.

Family History: She has 10 siblings. Elder brother died in childhood due to Rabies. One brother was an alcoholic. One brother suffered from psychiatric ailments. One sister died due to Renal failure.

Personal History: *Birth History:* Nothing abnormal detected. *Educational History:* She passed Pre-degree Exams. She was academically good and active in co-curricular activities. She maintained good relationship with peer groups. *Occupational History:* She never opted for a job as she was more concerned about family. But she was very active in kudumbasree buissness and she became the convenor of kudumbasree unit. *Marital History:* She got married at 19 years of age with one of her relative. *Religious History:* She had wholistic beliefs in religion and used to go to Church and temple. But after elder daughter's marriage she stopped going to religious places.

Premorbid personality: She was extrovert and anxious in doing day to day activities. she was very affectionate and possessive towards husband and her children and was very sincere towards house-hold work and outside works. She was very fastidious in keeping the house and was not satisfied with anything or anyone. Always found fault with others. She was prudential and family describe her to be miserly in expenditure.

Physical Generals: She has moderate appetite and thirst. She has disturbed sleep with no particular dreams. Thermal reaction-Ambithermal, towards Chilly

Menstrual and Obstetric History: Menopause 3 years back. G₃P₃L₂A₀D₁.One male child died at 7 months due to unknown infection.

General physical examination: Nothing abnormal was detected

Mental status examination:

General appearance and behavior: Patient is conscious, uncooperative and unkempt with poor personal care. Suspicious look and quarrelsome attitude towards husband and daughter but is responding well to interviewer. **EEC** (eye to eye contact): Maintained; **PMA** (Psychomotor activity): Normal, **IPR** (Interpersonal relationship): Poor. **Speech:** Relevant. Volume: Normal, Rate: Normal, Tone: Normal. **Mood:** irritable, labile. **Affect:** Appropriate; **Thought:** *Flow:* Increased, *Form:* NAD (flight of ideas, prolixity, circumstantiality, tangentiality, illogicality or irrationality not detected), *Content:* Delusion of Infidelity, *Possession of thought:* thought echo, thought broadcasting, thought insertion or thought withdrawal not detected. **Perceptual disorders:** Occasional Auditory hallucinations that neighbours are talking about her husband's relationship with other ladies. **Orientation:** To time, place and person is preserved. **Memory:** Immediate, recent and remote: Adequate. **Attention & concentration:** Sustained and maintained. **General information & intelligence:** Adequate as per age and education. **Abstract thinking:** Normally maintained. **Judgment:** Social judgment and test judgment: Adequate. **Insight:** Complete denial of illness.

DIAGNOSIS AND ASSESSMENT:

Case was diagnosed as **Delusional Disorder (F22.0- Othello syndrome)** as per ICD-10 by the Consultant Psychiatrist. Patient was admitted in the in-patient ward because of potential threat to husband. The severity of delusional beliefs was assessed at baseline with BABS.

INTERVENTION AND MANAGEMENT:

The case was taken in a prescribed Case Recording Form (CRF). Totality was erected based on the available symptoms after analysis and evaluation according to Kent’s method. Symptoms were repertorized in RADAR 10 (Synthesis). (Refer repertorial totality in Figure no.1) Based on the totality of symptoms, a single dose of *Arsenicum album 30* was prescribed on the first day (20-12-2018). The medicine which was procured from HOMCO (Kerala State Homoeopathic Pharmacy) was dispensed from the pharmacy of NHRIMH.

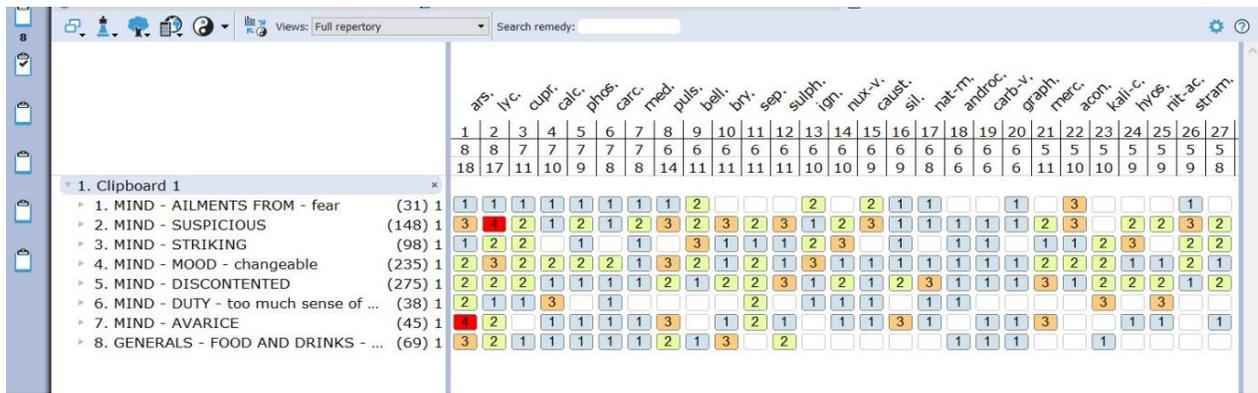


Figure no- 1.0 Repertorization Chart

RESULTS:

No homoeopathic aggravation was observed in this case after the administration of *Arsenicum album 30*. There was significant reduction in BABS score along with general improvement of the patient in the consecutive follow up visits. Pictorial representation of the BABS scores in the follow-ups is shown in Figure no. 2.0. Changes in different symptom domains of BABS are shown in figure no. 3.0. The observations during follow –up and the corresponding prescriptions are shown in Table no.1.0. after 6 months of regular homoeopathic treatment, there was remarkable improvement and she became functionally

well with improved inter-personal relationship. The case was observed for 2 years in the OPD and there was no relapse. Patient didn't receive any other medicine or any specific behavioral therapy except for a general counselling from the physician, hence the results are attributable to the effect of *Arsenicum album*, which has been represented according to modified Naranjo criteria in table no.2.

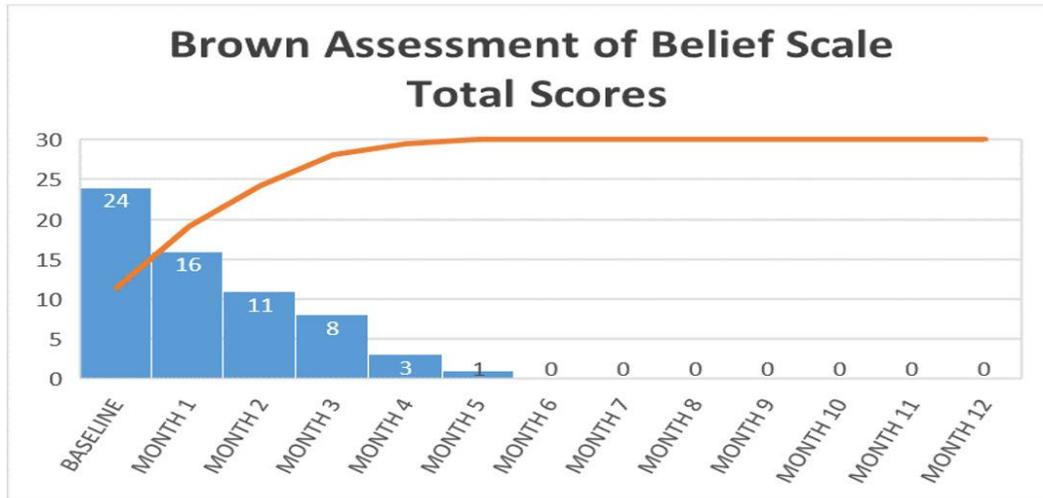


Figure no. 2.0 – Changes in Total scores of Brown Assessment of Belief Scale (BABS)

Figure no. 2.0 – Changes in Total scores of Brown Assessment of Belief Scale (BABS)

Table no. 1.0- Follow up of the case

Date	Observation	Treatment
21/12/2018	Mild improvement. Anger reduced. Speech relevant. Mood- irritable. Personal care -poor. Suspicion+ Poor appetite.	<i>Sac Lac</i>
22/12/2018	Anger toward daughter, Destructive tendency reduced, mood- irritable, Less social and communicable, Need compulsion to do daily routine.	<i>Sac Lac</i>
23/12/2018	Anger decreased, Destructive tendency-nil, suspicious. Thoughtful, mood- irritable, Want to go home.	<i>Sac Lac</i>

24/12/2018	Anger and irritability reduced, suspiciousness reduced, Destructive tendency reduced, Delusion of infidelity reduced.	<i>Sac Lac</i>
25/12/2018	Moderate improvement. Anger reduced, want to go home, changeable mood , appetite: improved.	<i>Sac Lac</i>
26/12/2018	Anger reduced, obstinacy reduced, delusion –nil, personal care- satisfactory	<i>Sac Lac</i>
27/12/2018	Better in general, personal care: satisfactory	<i>Sac Lac</i>
3/01/2019	Better in general , Stable mood, Delusion-nil	<i>Sac Lac</i>
10/01/2019	Mild suspiciousness reappears. Anger and abusiveness towards daughter. Changeable mood, Delusion of infidelity+ Sleep- disturbed	<i>Ars alb30/1 dose</i>
17/01/2019	Suspiciousness reduced Anger and irritability reduced, No self talk and mood is stable Delusion of infidelity reduced, Generals-good	<i>Sac Lac</i>
24/01/2019	Anger reduced, Suspiciousness towards husband, Delusion of infidelity persist. Generals -good	<i>Ars alb 200/1 dose</i>
24/02/2019	Better in general, Anger reduced, Delusion -nil	<i>Sac Lac- Discharged.</i>
24/03/2019	Generally feeling better, Does her duties satisfactorily No anger and hurting tendency, Mood : pleasant	<i>Sac lac</i>
15/04/2019	Better in general. Suspiciousness-nil, Anger and irritability –nil. Delusion-nil, Hurting tendency-nil. Generals good	<i>Sac lac</i>
6/05/2019	Slowness of activities, general weakness, Personal care satisfactory, Suspiciousness-nil, Anger and irritability – nil, Delusion-nil, Hurting tendency-nil, Insight present	<i>Sac lac</i>
8/06/2019	Amelioration followed by aggravation. Weakness of memory+ Slowness of activities persist. Suspiciousness-	<i>Ars alb 200/1 dose</i>

	nil, Anger and irritability-nil	
8/07/2019	Better in general, Memory improved, Slowness of activities -reduced, Personal care- satisfactory. Doing Regular routine and daily household activities.	<i>Sac lac</i>
3 /08/2019	Better in general. Personal care satisfactory. Delusion-nil. Anger -nil, Suspiciousness-nil. C/o bodyaches.(old symptom)	<i>Sac lac</i>
05/09/2019	Better in general. Pain all over the body reduced. Slowness in answering to questions, Personal care satisfactory.	<i>Sac lac</i>
08/10/2019	Feeling better. Slowness of activities -reduced. Pain all over the body reduced. Personal care satisfactory. Delusion-nil, Hurting tendency -nil.	<i>Sac lac</i>
21/11/2019	Feeling better. Personal care satisfactory. Generals-good	<i>Sac lac</i>
20/12/2019	Feeling better , regular routine activities.	<i>Sac lac</i>
07/03/2020	General improvement of the patient	<i>Sac lac</i>
30/06/2020	General improvement	<i>Sac lac</i>
24/09/2020	Telephonic interview: no issues	
21/12/2020	Telephonic interview: no issues	

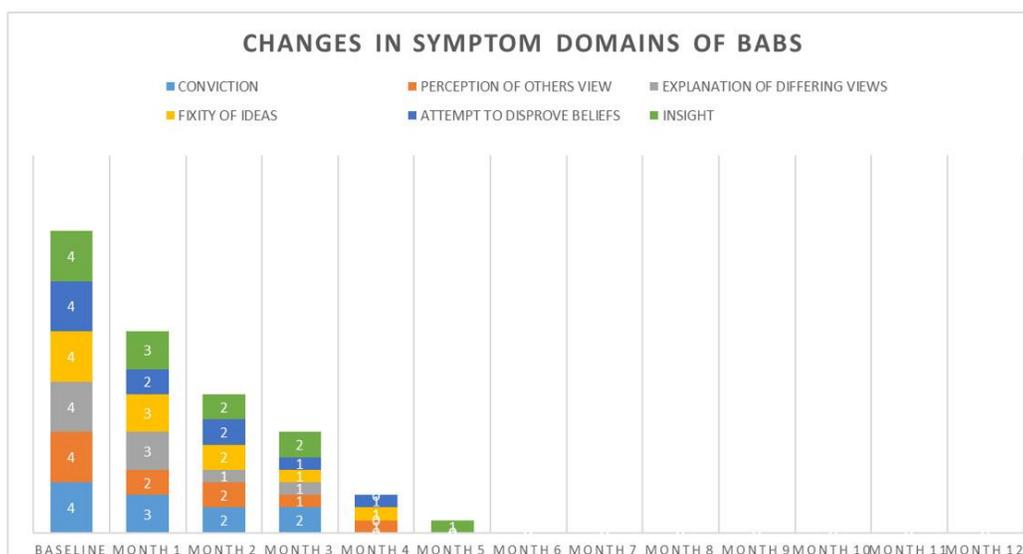


Figure no. 3.0 – Changes in various symptom domains of BABS scale

Figure no. 3.0 – Changes in various symptom domains of BABS scale

Table no.2 Modified Naranjo Criteria (as proposed by HPUS Clinical Data Working Group) :

CRITERIA	YES	NO	NOT SURE or N/A
1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	✓ +2	-1	0
2. Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	✓ +1	-2	0
3. Was there an aggravation of symptoms? (need to define in glossary)	+1	✓ 0	0
4. Did the effect encompass more than the main symptom or condition, i.e. were other symptoms ultimately improved or changed?	✓ +1	0	0

5. Did overall wellbeing improve? (suggest using validated scale)	✓ +1	0	0
6. (A) Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	0	0
6. (B) Direction of cure: Did at least two of the following aspects apply to the order of improvement of 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
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
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
9. Was the health improvement confirmed by any objective data? (E.g. lab test, clinical observation, etc.)	+2	✓ 0	0
10. Did repeat dosing, if conducted, create similar clinical improvement?	✓ +1	0	0

Total score =9

DISCUSSION

Literature points prevalence of delusion disorder more in males, but in a study conducted in North India with eighty-eight subjects, the sample consisted predominantly of female subjects (55.7%). Most of the total subjects in the study were married and had

19

favorable social functioning. [8] The current case is also a female patient with good social functioning.

Brown Assessment of Beliefs Scale (BABS) is a reliable and valid instrument for assessing delusional in a number of psychiatric disorders. This scale may help clarify whether delusional and non-delusional variants of disorders constitute the same disorder as well as whether delusional affects treatment outcome and prognosis. [17]

Arsenicum album is a polychrest remedy which is found useful in conditions ranging from coryza to cancer. The remedy has become popular as immune-booster in the prevention of Covid-19. In the current case, the remedy is found useful in the management of psychiatric illness such as DD also. It stresses the role of individualization in homoeopathy irrespective of the nosological diagnosis. [18]

Some of the characteristic mental symptoms of *Arsenicum album* depicted in different materia medica include Anxiety with restlessness, Great fear with cold sweat, Miserly, Malicious, Selfish, Sensitive to disorder and confusion. [19] Suspicious. Violence [20] Rage, had to be chained. Quarrelsome, Talking and quarrelling in sleep. Dissatisfied and angry whole day. Obstinacy, Avarice, Inclined to malice and satire. [21] Arsalb is found useful in a patient with these indications.

Totality of symptoms is the guiding principle in prescribing a similimum in any case of disease. It is not the numerical totality but the sum total of the characteristic symptoms of disease. Presenting symptoms in a psychiatric condition may be most of the time common symptoms of that disease condition, but are considered for individualization when they are the prominent and persistent. *Arsenicum album* is selected in this case as it covers both the disease symptoms like suspicion as well as striking which is not the case with every patient who is delusive. Other constitutional symptoms of the patient like avarice, discontentment, duty boundedness and physical generals were included in erecting the totality to arrive at the similimum.

To the authors' knowledge till date, no study has been published regarding the management of DD with Homoeopathic medicine. Research studies are suggestible in the

future with appropriate study designs to explore the effectiveness of homoeopathy in psychiatric conditions such as DD and Othello syndrome.

CONCLUSION

This case report generates a preliminary evidence for beneficial effect of Individualized Homoeopathic medicine in management of Othello Syndrome. Systematic research with larger numbers is necessary to confirm or refute this single case observation in DD.

ETHICAL CONSIDERATIONS

The patient's husband gave consent for publication of the case with assurance of maintaining anonymity of the case.

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CONFLICTS OF INTEREST: None declared.

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