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HOMOEOPATHIC MANAGEMENT OF ACUTE PSYCHOTIC SYMPTOMS

A CASE SERIES

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ABSTRACT

Psychotic symptoms are a combination of symptoms such as hallucinations, delusions, and confused thoughts. They can be a symptom of serious psychiatric disorders such as schizophrenia, bipolar disorder, delusional disorder, depression, or substance use disorder. Conventional medication and cognitive behavioural therapy are used to manage acute psychotic symptoms. Homoeopathy can also offer promising results for these symptoms, as evident from the previous studies. **Case Summary:** Five patients reported at the outpatient department with psychotic symptoms of various psychiatric disorders, were treated with individualized homoeopathic medicine. There is a paucity of studies on the efficacy of homoeopathy in the management of acute psychiatric conditions. This case series, which consists of 5 cases with psychotic symptoms, is managed exclusively by homoeopathy. The possible causal attribution of changes was clearly depicted by the Modified Naranjo Criteria. All five patients showed improvement, as evidenced by the BPRS assessment scales. These cases manifest the positive role of homoeopathic treatment in reducing the psychotic symptoms and reinstating the patient's insight. To bring out further robust evidence of homoeopathy in managing psychotic symptoms, extensive research studies are required.

KEYWORDS

Case series, Psychotic symptoms, Homoeopathy, Brief psychotic rating scale.

INTRODUCTION

Psychotic symptoms are manifested by dysfunction in cognition or perception, mainly delusions, and hallucinations [1]. They are seen when there is a loss of contact with reality. These appear when a person's thoughts and perceptions are disturbed which results in confusion about what is real and what is not. These symptoms include delusions, hallucinations, illusions, incoherent speech, and inappropriate affect.[2] Delusion is a false, unshakable belief that is out of keeping with the patient's social and cultural background and hallucination is a perception without an object whereas illusions are the misinterpretations of stimuli arising from an external object.[3] Psychosis is not a diagnosis, but it may be a symptom of a serious underlying illness,[4] The differential diagnosis of the underlying aetiology of psychotic symptoms is very vast and can be categorized into psychosis due to other primary psychiatric disorders, substance-induced psychotic disorders and psychosis secondary to an underlying medical condition.[5] Psychotic symptoms are found in several psychiatric disorders but majorly in Schizophrenia, Schizotypal, Psychosis NOS, Delusional disorder, and bipolar disorder with psychotic symptoms. Substance abuse, Delirium, Dementia, and Depression, are other disorders in which psychotic symptoms can be seen.[6,7]

Management of psychotic symptoms in conventional medicine is most commonly with antipsychotics. Frequently used medications are Fluphenazine, Haloperidol, Chlorpromazine (First generation anti-psychotics) and Clozapine, Aripiprazole, Risperidone, Quetiapine, Olanzapine, Ziprasidone (Second generation antipsychotics). Most of them work by blocking dopamine which normally is overactive in patients with psychotic disorders. Antipsychotic drug action can be seen within hours, and they can reduce agitation and confusion within a very short period. However, these medications when given for several weeks become fully effective in psychotic disorders.[8] These drugs after reaching the therapeutic level, help in reducing the most severe symptoms of psychotic disorders. While some people with severe psychotic disorders never experience total relief from these symptoms, many remain completely free of delusions or hallucinations as long as they continue taking these medications. [9] These medications are very useful and needed but are

also reported to have many side effects. Antipsychotics are not recommended as the risk of mortality is higher in patients who have suffered from stroke or dementia. Depressive features can occur due to side effects of antipsychotics.^[10] Evidence is emerging in regards to overestimation of the efficacy of antipsychotics and underestimation of the toxicity. Also, research shows the possibility of alternative treatments.^[11,12] This warrants the need for exploring alternative treatments in the management of disorders with psychotic symptoms.

Here we report a series of cases with Psychotic symptoms with varying clinical diagnosis, these episodes were the exacerbations of the chronic psychiatric condition present for many years. These cases were reported at the in-patient and out-patient department of National Homoeopathy Research Institute in Mental Health (NHRIMH).

These acute psychotic episodes were managed with homoeopathic medication alone because the patients were not on regular treatment of allopathic medication and were reluctant to take the allopathic medications. Through these cases we would like to explore the homeopathic management of acute psychotic episodes.

Diagnostic assessment

Based upon on the ICD 10 criteria, the given cases were diagnosed by our Psychiatrist at NHRIMH. Brief Psychotic Rating Scale (BPRS) is most widely used scale to assess the patients with psychotic symptoms^[13], so it has been applied in all the 5 cases, before and after the treatment of the acute episode.

CASE SUMMARIES

Case 1

A 30-year-old man came to the OPD on 11.03.2022 with complaints of sleeplessness, thoughtfulness, weeping tendency, increased anger, and loss of libido towards wife and anxiety while facing others from past 8 days. He was having a gay relationship for 4 months and he was anxious about this relationship. The idea that his male partner might show his messages on WhatsApp, and the notion that he is performing black magic against him. Fears that the partner might kill him. Patient was hearing the voice of his dead mother telling him that his male partner is going to kill him. He feels as if others are mocking him. In the

following days, he is feeling as if he has been ill and sometimes, he felt that his body is becoming like a snake. Complaints increased after some Pooja was performed for the cure of grandfather's illness a week back.

Mental Status Examination (MSE): Patient was depressed, reduced tone and rate of speech, rapport established, and reduced psychomotor activity. Thought content of delusion of persecution, reference and auditory hallucinations were present. Cognitive functions were good and insight was absent. Consulted with the psychiatrist and diagnosed as a severe depressive episode with psychotic symptoms. Patient was advised for IPD admission but as father was very old age did not want to stay in the hospital, and refused the admission. Explained all the consequences and advised them to come for admission at any time if not able to manage at home.

Repertorisation and Remedial Analysis

After repertorisation, the homoeopathic medication named Lachesis carried the highest marks. The final selection of medicine was done after consultation with Materia Medica, prescribed by taking into consideration of symptoms like prominent persecutory delusions, delusion of body becoming snake, fears death, total loss of sleep and the remedy Lachesis also covered his homosexuality.

Prescription and Administration

The medication Lachesis 0/3, 4 times a day has been given in aqua for 3 days.

Follow-Up and Outcome

Patient reported after 3 days, his anger reduced, sleep also improved. Thoughtfulness, anxiety, and fear of facing the crowd persisted. The fear of someone doing black magic against him was also there. So continued with Lachesis 0/3 in aqua once at a night daily and was advised to visit after 2 weeks.

After 2 weeks' thoughtfulness, anger and weeping tendency reduced markedly. Sleep improved. His grandfather died 2 weeks back, had anxiety while facing people coming for the funeral. Fearful that someone doing black magic against him was still there. Patient was

given placebo and advised to take Lachesis 0/3 in aqua one dose, if there is any increase in the symptoms.

Case 2

A 32-year-old female patient came to the OPD on 19/02/2022, she presented with the complaints of sleeplessness, changeable mood, increased thoughts of an ex-boyfriend and always searching for him on social media and sending messages to the person who looks like him. Thinks that the ex-boyfriend follows and watches her always. Lack of interest in everything and not doing any household activities. The total duration of the complaint was 8 years and aggravation from 1 week. The course was episodic. The complaints first appeared after a break-up with her boyfriend. Got married to another person in 2017, initial married life was good. But after 1 year of marriage complaints started. Had aversion to husband and lack of interest in everything. Started staying separately since 2021 due to these problems. All the complaints aggravated and she started to send money to people who look like her ex-boyfriend. She has a strong family history of psychiatric illness.

MSE: She was reserved, cooperative neatly dressed and had well-combed hair. The psychomotor activity was normal, and speech was normal. The mood was depressed both subjective and objective. Thought flow was increased with delusion of love. Insight was poor. Consulted with the psychiatrist and diagnosed as BPAD current episode severe depression with psychotic symptoms. The patient was admitted to IPD for observation.

Repertorisation and Remedial Analysis

After repertorisation, Natrum Muriaticum carried the highest marks. The Homoeopathic remedy was prescribed by taking into consideration of symptoms like suppressed anger, thoughts about the ex-boyfriend, patient was reserved by nature, and fastidious, with anticipatory anxiety and the dreams of lasciviousness was also covered by the prescribed remedy.

Prescription and Administration

Natrum Muriaticum 200/1 dose was prescribed.

Follow-Up and Outcome

In the following days, sleep improved and the weeping tendency was reduced. Occasionally had sexual dreams and increased thoughts about the ex-boyfriend. Gradually the complaints have reduced. The patient was discharged with improvement after 21 days.

The next follow up was after 10 days and the patient improved well. Increased thoughtfulness, weeping tendency, changeable mood, and lack of interest in doing things have reduced. Repeated Natrum muriaticum 200/1 dose. BPRS score was applied at baseline and at the time of discharge which showed marked reduction in the scoring.

Case 3

A 43-year-old female came for a consultation on 18/04/2022 with complaints of irrelevant talk, talking only in English, singing songs, increased anger and abusive talk especially towards her husband and younger daughter, anxiety and restlessness in the crowd, increased religiosity and grandiosity. Self-talking and self-laughing were also there. Appetite and sleep were also reduced. Making noises in church and public places. On interrogation, the husband told that the complaints first appeared 7 years back after a fright. Had no complaints before that and was happy with husband. She got scared after seeing some face (she says spirit) at night. Got frightened and started screaming with trembling. Taken to Kottayam medical college and given allopathic medicines. After that she became normal. For past 2-3 years she was having episodes of increased anger and abusive talk towards her husband, increased talkativeness and religiosity. The above complaints are from past 1 month. The mother also had unknown psychiatric illness.

MSE: She was conscious, cooperative, neatly dressed and had well-combed hair. Psychomotor activity was increased. The speech was increased in rate, volume and tone. The mood was irritable. Thought flow also increased with the contents of grandiosity. Hallucinatory behaviour. Well oriented to time, place, and person. Memory is also good. Poor attention and concentration. Poor insight and complete denial of the illness. Consulted with the psychiatrist and diagnosed as BPAD current episode manic with psychotic symptoms.

Repertorisation and Remedial Analysis

After repertorisation, the medicine with the highest grade was Stramonium. Stramonium was prescribed taking into consideration the causative factor, anger, abusive talk, loquacity, and increased religiosity.

Prescription and Administration

Stramonium of 200 potency, 2 doses, was prescribed weekly once.

Follow-Up and Outcome

In the second visit of the patient after 2 weeks, her anger, abusive talk, increased religiosity, and grandiose ideas were reduced markedly. Shown anger towards husband on and off. The appetite and sleep also improved. Placebo was prescribed with Stramonium 200, 1 dose was prescribed as S.O.S.

Case 4

A 51-year-old female came to OPD on 22/12/2021 with the complaints of self-talking, suspiciousness towards her husband, saying that her husband has an affair, difficulty in recognising husband and son on and off, saying that her husband is the servant of her house, says that she has 90 siblings and she is 8500 years old, anger and hurting tendency towards the husband, abusive towards neighbours and misidentifying neighbours as relatives. When she sees movie actors on TV, she says that they are persons who conspire against her. When something falls on the roof or yard of her house, she says that some people were throwing these things into her house to harm them and when she saw a crow, she said 'that is the woman who bewitched me.' Sleep is also disturbed. All the complaints are present for 15 years, got admitted two times for the same and aggravation from past 1 month. The course was continuous. One of her cousin's sisters had a psychiatric illness.

MSE: She was conscious, cooperative, easily offended, well dressed, hair properly combed. EEC is maintained and IPR is changeable. Psychomotor activity was normal. The speech also increased in rate, volume, and tone. Affect is appropriate and labile. Changeable mood, subjectively suspicious and objectively irritable. Thought flow increased with illogical and

irrelevant talks with Neologisms. Delusion of persecution, bizarre delusion, the delusion of infidelity and grandiosity was present. Memory, attention and concentration, judgement and insight were poor. Consulted with a psychiatrist, diagnosed as Paranoid Schizophrenia, and admitted to IPD.

Repertorisation and Remedial Analysis

After repertorisation, the medicine with the highest grade was Nuxvomica. The final selection of medicine was done after consultation with Materia Medica. Nuxvomica was prescribed taking into consideration of symptoms like self-talking, censorious, increased irritability and anger contradiction from, easily getting offended and mocking others sarcastically.

Prescription and Administration

Prescribed Nuxvomica in 30th potency, one dose at night.

Follow-Up and Outcome

In IPD regular follows-ups, the patient has improved gradually. Self-laughing and self-talking were reduced, but the anger and irritability persisted. Potency was increased to 200 and given Nuxvomica 200, 1 dose per week. Gradually the anger and abusive talk reduced, suspiciousness about the husband is persisting, Misidentifying the neighbours as relatives and while watching TV, she says that her sister's children are acting in the movie. Nuxvomica potency was raised to 1M and 1 dose was given. The patient got discharged with improvement after 4 weeks. BPRS scales was applied at the time of admission and at the time of discharge, showed marked decrease in the scores.

Case 5

A 39-year-old married male came to NHRIMH on 17/01/2021 with the complaints of sleeplessness, increased anger towards wife and other family members, hurting tendency, destructiveness, increased religiosity and loquacity. The complaint first appeared 16 years back when patient was 21 years of age. The course was episodic and got admitted 2 times for the same. 2months back, patient's father died whom he loved the most. When father was

in hospital, patient was with him for long time. 9 days after father's death, patient shifted from his father's house as he couldn't see the house without his father. Due to this he and his family are staying in Kurichy and his children couldn't go to school. Says they will go back but not able to keep thinking about father in everything. Since 1 week he has increased religiosity, loquacity, increased anger with shouting loudly, wandering walks, sleeplessness and suspiciousness towards wife and says that she has done something with his mobile phone, so that he can't call his relatives. Has threatening talk and says he would commit suicide and put up a chair and cloth on fan to threaten wife. In past he has history of seizure from birth to 9 years of age and had habit of taking alcohol from 16 years of age and stopped 8 years back.

MSE: Patient was not cooperative, Psychomotor activity was increased; Speech also increased with irrelevant talk. Mood was irritable both subjective and objective. Thought flow was increased with contents of hopelessness and suspiciousness. Had grade 3 insight. Consulted with the psychiatrist and diagnosed as BPAD mania with psychotic symptoms and admitted in IPD.

Repertorisation and Remedial Analysis

After repertorisation, the medicine with the highest grade was Stramonium. The final selection of medicine was done after consultation with Materia Medica prescribed taking into consideration of symptoms like loquacity, increased religiosity, hurting tendency and anger.

Prescription and Administration

Stramonium 1M/1d was given.

Follow-Up and Outcome

On regular follow up in IPD, the complaint reduced markedly. There was marked reduction in BPRS scores compared to the baseline scores. Patient got discharged with the improvement after 2 weeks.

Views: Full repertory Search remedy:

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
6	6	5	5	5	5	5	4	4	4	4	4	4	4	4	4	4
12	8	9	9	8	7	5	9	9	8	8	7	7	7	7	7	7

4. Clipboard 4

- 1. MIND - DELUSIONS - persecuted - he is persecuted (66) 1
- 2. MIND - FEAR - death, of (257) 1
- 3. MIND - OFFENDED, EASILY (135) 1
- 4. MALE GENITALIA/SEX - SEXUAL DESIRE - diminished (191) 1
- 5. MIND - HOMOSEXUALITY (24) 1
- 6. SLEEP - SLEEPLESSNESS - insane people, in (10) 1

Figure 2: Case 1 repertorisation

Views: Full repertory Search remedy: as

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
7	7	6	6	6	6	6	6	6	5	5	5	5	5	5	5	5	5
14	12	11	10	10	10	10	8	7	8	8	7	6	6	6	5	5	5

6. Clipboard 6

- 1. MIND - AILMENTS FROM - anger - suppressed (50) 1
- 2. MIND - RESERVED (135) 1
- 3. MIND - FASTIDIOUS (77) 1
- 4. MIND - OBSTINATE (158) 1
- 5. MIND - ANXIETY - anticipation; from (80) 1
- 6. DREAMS - LASCIVIOUS (28) 1
- 7. GENERALS - FOOD AND DRINKS - meat - aversion (228) 1

Figure 3: Case 2 repertorisation

Limit the analysis to a view: Full repertory Search remedy:

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
6	6	6	6	5	5	5	5	5	5	5	5	5	5	5	4	4	4	4
13	13	10	7	10	10	10	9	9	8	8	7	7	6	6	9	8	8	8

4. Clipboard 4

- 1. MIND - AILMENTS FROM - fright (86) 1
- 2. MIND - ABUSIVE (108) 1
- 3. MIND - ANXIETY - crowd; in a (20) 1
- 4. MIND - FEAR - thunderstorm, of (57) 1
- 5. MIND - RELIGIOUS AFFECTIONS - ... (82) 1
- 6. MIND - SINGING (116) 1

Figure 4: Case 3 repertorisation

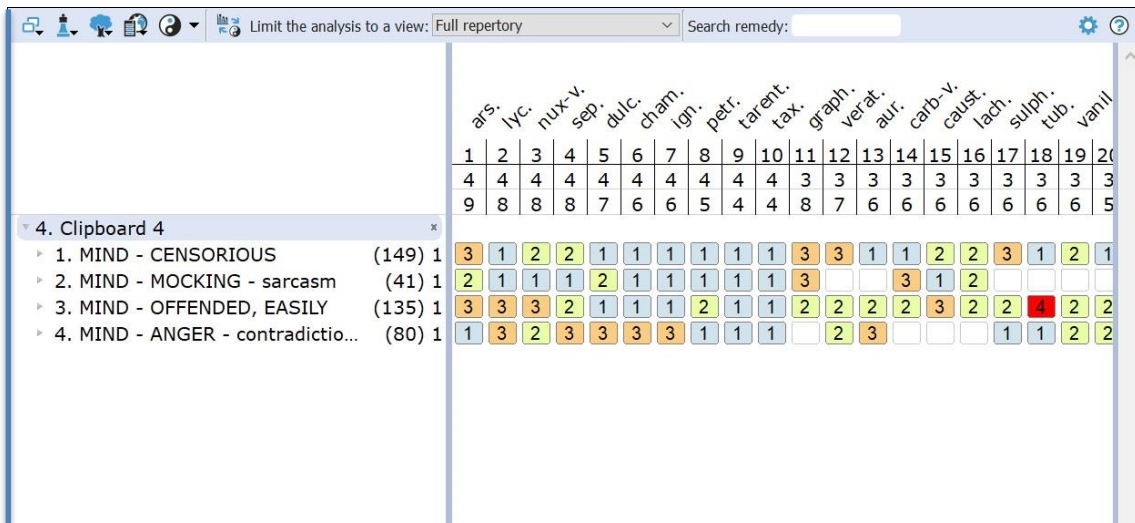


Figure 5: Case 4 repertorisation

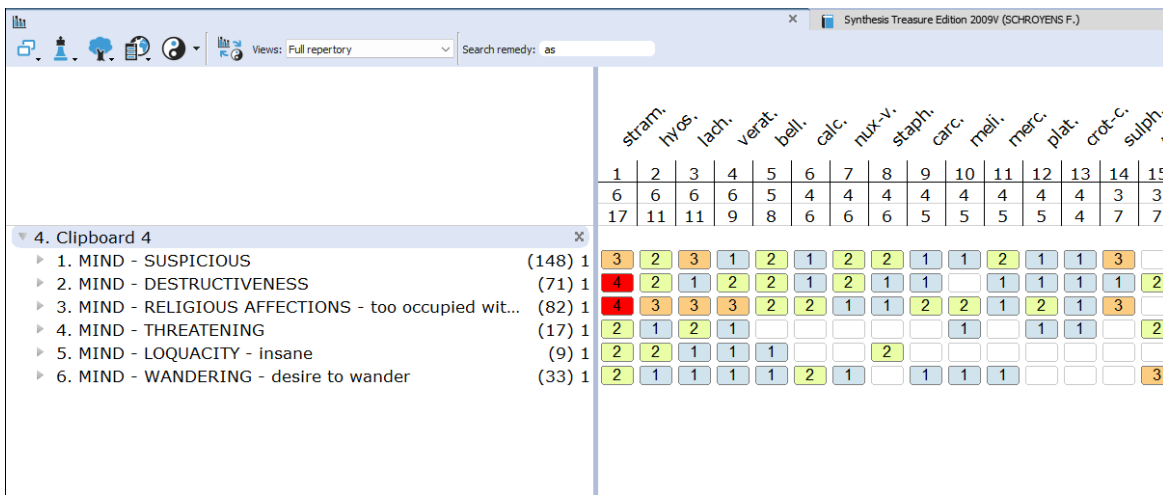


Figure 6: Case 5 repertorisation

OUTCOMES

The demographic data of the cases have been described in Table no. 1. Diagnosis of each case along with the duration of the reduction in the psychotic symptoms reflected in the same table. The rubrics considered for prescribing and the repertorization charts are displayed in Figures 2 to 6. Final selection of medicine was based on totality of symptoms, and reference to materia medica on the principle of individualization. Selected medicines were prescribed in moderate to higher potencies. Medicines were dispensed from the pharmacy of NHRIMH. The severity of the symptoms in the patients taken for the study, was assessed with Brief psychiatric rating scale applied before and after the treatment. The

scores have been reduced after the treatment and representation of score is shown in the fig. 1 & table 2.

Table 1: Summary of the Cases

Case No	Age / Sex	Marital status	Occupation	Diagnosis (ICD-10)	Remedy	Potency	Duration of reduction
1	30/ M	Married	Govt. work - clerk	Severe depressive episode with psychotic symptoms (F32.2)	Lachesis	0/3	4 weeks
2	32/ F	Married	Post office staff	BPAD current episode severe depression with psychotic symptoms (F31.3)	Natrum Muriaticum	200	4 weeks 3 days
3	43/ F	Married	House wife	BPAD current episode manic with psychotic symptoms (F 31.1)	Stramonium	200	2 weeks
4	51/ F	Married	House wife	Paranoid Schizophrenia (F20.0)	Nux Vomica	1M	4 weeks
5	39/ M	Married	Private job	BPAD- mania with psychotic symptoms (F31.1)	Stramonium	1M	2 weeks

Table 2: BPRS symptom wise scoring of the patient before and after the treatment

Domain	Case I		Case II		Case III		Case IV		Case V	
	Before Rx	After Rx	Before Rx	After Rx	Before Rx	After Rx	Before Rx	After Rx	Before Rx	After Rx
1.Somatic concern	6	1	4	1	4	2	4	2	1	1
2.Anxiety	7	3	4	1	4	2	3	1	5	3
3.Emotional withdrawal	4	2	4	3	5	1	5	2	1	1
4.Conceptual disorganization	7	1	1	1	5	1	5	2	1	1
5. Guit feeling	5	2	4	1	2	1	4	3	1	1
6.Tension	7	1	4	1	4	1	1	1	3	2
7.Manners & Posturing	7	1	1	1	1	1	3	2	3	1
8.Gradiosity	4	1	1	1	5	1	3	3	2	1
9.Depressive mood	7	3	5	2	4	2	1	1	3	2
10.Hostility	5	1	1	1	4	1	5	3	4	2
11.Suspiciousness	7	4	4	2	4	1	5	4	6	4
12.Hallucinatory Behaviour	4	1	1	1	5	2	5	1	1	1
13.Motor Retardation	4	1	3	1	1	1	1	1	1	1
14.Uncooperativeness	3	1	1	1	5	1	5	1	3	2
15.Unusual thought content	6	1	3	3	4	1	5	2	1	1
16.Blunted Affect	3	1	1	1	4	1	4	1	2	1
17.Excitement	4	1	2	1	4	1	3	1	5	3
18.Disorientation	4	1	1	1	3	1	3	1	1	1
Total	85	27	45	24	68	22	65	32	44	29

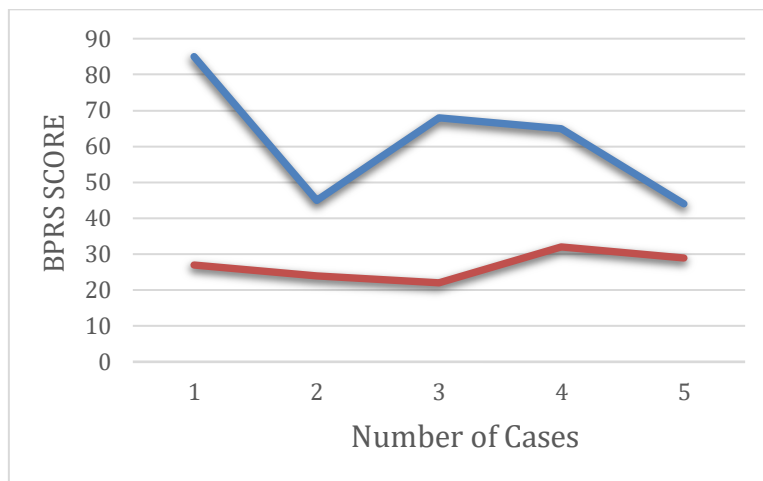


Fig 1: Trend line decline in the scores of BPRS Before and After in the Cases

DISCUSSION

Management of psychiatric conditions with Homoeopathy is found to be effective with the recent advances in the research community. There is yet a lot to be explored in this regard. Especially when a patient has psychotic symptoms the scope is known to be less for any alternative treatments with the research to date.^[14] Few studies have shown reduction in psychotic symptoms in many disorders like schizophrenia, BPAD, Depression etc. In a study by Jayakumar et.al., on the management of homoeopathy in paranoid schizophrenia, they used BPRS to assess the score and found homoeopathic management to be effective.^[15] Similarly in another study in patients suffering from schizophrenia, homoeopathy was found to be effective in reducing the BPRS score.^[16]

These studies are concurrent with the data from these 5 cases where the BPRS scores reduced significantly after exclusive homoeopathic intervention in patients with Psychotic symptoms. All the 5 Cases that showed psychotic symptoms with various diagnoses were taken in the study, which was shown in table no. 1. Each case took a different duration in subsiding the intensity of symptoms and the duration is mentioned in Table 1. All 5 cases showed a reduction in psychotic symptoms in a 2-weeks to 4-weeks period.

In the above five cases, there was a considerable reduction in the psychotic symptoms as well as in the general well-being of the patients after homoeopathic intervention. As the patients were not taking any other treatment or specific behavioural therapies during this acute episode, the causality for the sustained improvement can be attributed to the

prescribed homeopathic medicines. Modified Naranjo Criteria scores given in table no.3, reflect that there is a probability that the improvement in the patients can be attributed to the homeopathic medicines administered. This reaffirms the importance of the individualisation approach of homeopathy in treating psychotic symptoms.

Table 3. Modified Naranjo Criteria Homeopathy (MONARCH) of cases

Domain		Case 1	Case 2	Case 3	Case 4	Case 5
1	Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2	+2	+2	+2	+2
2	Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?	+1	+1	+1	+1	+1
3	Was there a homeopathic aggravation of symptoms?	0	0	0	0	0
4	Did the effect encompass more than the main symptom or condition (i.e., were other symptoms, not related to the main presenting complaint , improved or changed)?	+1	+1	+1	+1	+1
5	Did overall well-being improve? (Suggest using a validated scale or mention about changes in physical, emotional, and behavioral elements)	+1	+1	+1	+1	+1
6 A	<i>Direction of cure</i> : did some symptoms improve in the opposite order of the development of symptoms of the disease?	0	0	0	0	0
6 B	<i>Direction of cure</i> : 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?	0	0	0	0	0
7	Did “old symptoms” (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	0	0	0	0	0
8	Are there alternative causes (i.e., other than the medicine) that—with a high probability—could	+1	+1	+1	+1	+1

	have produced the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)					
9	Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination , etc.)	+2	+2	+2	+2	+2
1 0	Did repeat dosing, if conducted, create similar clinical improvement?	0	0	0	0	0
Total		8	8	8	8	8

The founder of homoeopathy Master Hahnemann, in aphorism 221, stated that if insanity or mania which is caused by fright, vexation and abuse of spirituous liquors has suddenly broken out as an acute disease, even though it almost always brings out the internal psora, yet when it occurs in this acute manner it should not be immediately treated with antipsoric, but with the remedies indicated for it like Aconite, Belladonna, Stramonium, Hyoscyamus, mercury, etc. in highly potentized, minute, homoeopathic doses. This helps to subdue it so that the psora shall for the time revert to its former latent state.^[17] Dr J. T. Kent, a stalwart in homoeopathy advises the acute attack to be treated separately without mixing them with chronic symptoms when the acute disease presents itself.^[18]

As per the above literature, these five cases were treated with indicated individualised homoeopathic remedies like Lachesis, Natrum muriaticum, Stramonium, and Nuxvomica. In case No.2 there was a deviation in the physical generals during an acute episode so it was considered in the totality. In case No. 4, the patient was given 30th potency but when it increased to 200th potency, showed good improvement, this speaks about the moderate to higher potencies are useful in treating acute episodes in psychiatric illnesses.

This case series throws light on the homoeopathic approach in the management of patients with psychotic symptoms, who have been under antipsychotic medications for many years. It is commonly seen that patients or caregivers intend to taper the dosage of conventional medications either due to side effects, treatment resistance or financial reasons. Analogous situations were found in these 5 cases where the patient stopped the conventional medication, homoeopathic intervention not only reduced their psychotic symptoms but proved to be cost-effective also.

CONCLUSION

Individualisation is defined as a process of differentiating one person from others by some peculiar or unique features and a remedy is given accordingly. This article represents case reports of five such cases improved with an individualised homoeopathic approach, where medicines were given in moderate to higher potencies, depending upon the need of the case. Homoeopathy not only showed promising results by improvement in patients' symptoms but evidence in the form of decrease in the BPRS scores, justifies the reduction in the psychotic symptoms. It can be concluded that homoeopathic therapy may reduce the burden of mental illness and may be considered as a viable treatment in reducing the psychotic symptoms.

Even though psychotic symptoms were reduced, long-term follow-ups are mandatory to discontinue the medications and prevent the relapse. To bring out further robust evidence for the use of homoeopathy for psychotic symptoms, more extensive research is needed with a large sample size and controls.

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Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent.

Conflicts of interest

There are no conflicts of interest.

REFERENCES

1. Lieberman JA, First MB. Psychotic disorders. *New England Journal of Medicine*. 2018 Jul 19;379(3):270-80.
2. National Institute of Mental Health (NIMH). 2022. What is Psychosis? Available at: <https://www.nimh.nih.gov/health/topics/schizophrenia/raise/what-is-psychosis>.
3. Casey P, Kelly B. *Fish's clinical psychopathology: signs and symptoms in psychiatry*. Cambridge University Press; 2019 Jun 13.

4. Webster R, Holroyd S. Prevalence of psychotic symptoms in delirium. *Psychosomatics*. 2000 Nov 1;41(6):519-22.
5. Etlouba Y, Laher A, Motara F et al. First presentation with psychotic symptoms to the emergency department. *The Journal of Emergency Medicine*. 2018 Jul 1;55(1):78-86.
6. World Health Organization. *The International Statistical Classification of Diseases and Health Related Problems ICD-10: Tenth Revision. Volume 1: Tabular List*. World Health Organization; 2004 Dec 31.
7. American Psychiatric Association. *Diagnostic and statistical manual of mental disorders (DSM-5®)*. American Psychiatric Pub; 2013 May 22.
8. Seeman P. Atypical antipsychotics: mechanism of action. *Focus*. 2004 Jan;47(1):27-58.
9. Gonzales M. Treatment for Psychotic Disorders - The Recovery Village Drug and Alcohol Rehab. 2022. <https://www.therecoveryvillage.com/mental-health/psychosis/treatment/>
10. Niraj Ahuja. *A short textbook of psychiatry*. 7th ed. New Delhi: Jaypee Brothers Medical Publishers(P) Ltd; 2011. p.175-198.
11. Morrison AP, Hutton P, Shiers D, Turkington D. Antipsychotics: is it time to introduce patient choice?. *The British Journal of Psychiatry*. 2012 Aug;201(2):83-4.
12. Read J, Williams J. Positive and negative effects of antipsychotic medication: an international online survey of 832 recipients. *Current Drug Safety*. 2019 Nov 1;14(3):173-81.
13. Leucht S, Kane JM, Kissling W, Hamann J, Etschel E, Engel R. Clinical implications of Brief Psychiatric Rating Scale scores. *British Journal of Psychiatry*. 2005;187(4):366-371.
14. Rotella F, Cassioli E, Falone A, Ricca V, Mannucci E. Homeopathic remedies in psychiatric disorders: a meta-analysis of randomized controlled trials. *Journal of clinical psychopharmacology*. 2020 May 1;40(3):269-75.
15. Jayakumar, M. A Clinical Study on Paranoid Schizophrenia and Its Homoeopathic Management. *IOSR Journal of Dental and Medical Sciences (IOSR-JDMS)*. 2019;18(5):52-56
16. Oberai P, Gopinadhan S, Sharma A, Nayak C, Gautam K. Homoeopathic management of Schizophrenia: A prospective, non comparative, open label observational study
17. Hahnemann S, *Organon of Medicine*, 5th ed. Translated by R. E. Dudgeon, B. Jain Publishers (P)Ltd;2000
18. Kent JT. *Lectures on homoeopathic philosophy*. B. Jain publishers; 2003.