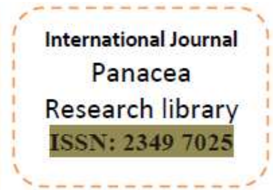

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EXPLORING SPIRITUAL GRANDIOSITY IN BIPOLAR MANIA: AN ANALYTICAL INSIGHT FROM A HOMOEOPATHIC CASE REPORT

[1]Dr. Shaik Abdul Haseena*, [2]Dr. V. Sravani, [3]Dr. K. Divya, [4]Dr Shreenath Rao,

[1]PG scholar, Dept of Psychiatry, JIMS Homoeopathic Medical College and Hospital, KNR University, Hyderabad, Telangana, India.

shaikhaseena2314@gmail.com 9491200986

[2]Assistant Professor, Dept of Psychiatry, JIMS Homoeopathic Medical College and Hospital, KNR University, Hyderabad, Telangana, India.

v.sravani54@gmail.com 8801213553

[3]Guide, Dept of Psychiatry, JIMS Homoeopathic Medical College and Hospital, KNR University, Hyderabad, Telangana, India

[4]HOD, Dept of Psychiatry, JIMS Homoeopathic Medical College and Hospital, KNR University, Hyderabad, Telangana, India

*Corresponding Author's Email ID: shaikhaseena2314@gmail.com

ABSTRACT

INTRODUCTION: Mania is a form of mood disorder initially, characterized by elevated mood, Insomnia, Increased libido and Grandiosity. More severe forms develop elation and grandiose delusions. **CASE SUMMARY:** This case report presents the psychiatric evaluation and Homoeopathic approach to a 43-year- old male patient exhibiting chronic psychotic symptoms in IPD characterized by grandiose delusions, restlessness, wandering behavior, and boastful speech. The patient, with a 3-year history of increased energy and erratic behavior, also demonstrated spiritual preoccupations, including beliefs of immortality and possessing cosmic powers. Notably, he reported repeated suicidal attempts, auditory hallucinations, and significant social withdrawal, accompanied by excessive spending and functional dependence. Young mania rating scale (YMRS) scored 34 at the time of admission. **VERATRUM ALBUM** 200 was prescribed initially. Overall improvement was noticed clinically and in YMRS 06 score after treatment. In this case, Individualized Homoeopathic treatment

has shown a positive role for the remission of manic episode with psychotic features with the support adjunctive therapy in the current episode.

Keywords: Grandiose Delusions, Spiritual Ideation, Homoeopathic Psychiatry, Mental Health

INTRODUCTION:

Mood can be defined as a pervasive and sustained emotion or feeling tone that influences a person's behavior and colours his or her perception of being in the world. Disorders of mood sometimes called affective disorders-make up an important category of psychiatric illness consisting of depressive disorder, bipolar disorder[1].

A manic episode is a distinct period of an abnormally and persistently elevated, expansive, or irritable mood lasting for at least 1 week or less if a patient must be hospitalized. A hypomanic episode lasts at least 4 days and is similar to a manic episode except that it is not sufficiently severe to cause impairment in social or occupational functioning, and no psychotic features are present. Both mania and hypomania are associated with inflated self-esteem, a decreased need for sleep, distractibility, great physical and mental activity, and overinvolvement in pleasurable behavior[1]. Bipolar disorder is common among primary care patients presenting with depression; it is often treated exclusively in primary care[2].

CASE REPORT:

Patient Information:

A 43-year-old male patient was brought to the outpatient department on 02 June,2025 by his father and brother. As the patient was agitated and restless, he was shifted directly to Inpatient unit with the following symptoms of Increased energy, with restlessness and Wandering behavior since 3 years with Boastful talk. Informant was his father and brother.

History of present illness:

Complaints started since 3 years, increased since 1 month with **increased psychomotor activity** characterized by excessive energy, restlessness, and wandering behavior. He could

not sit still and would walk continuously for long distances (up to 15 km daily). this restlessness has intensified, accompanied by frequent visits to parks and malls (3–4 times daily), followed by **fatigue and irritability.** A previous episode of similar restlessness occurred after his intermediate education when he stayed in a temple as a devotee, suggesting a **recurrent pattern**. Concurrently, the patient developed **grandiose delusions** **—** believing he possessed "some internal power" and could live for over 1000 years, claiming to be **immortal** and more powerful than God. He expressed **loss of faith in God** and **delusional sadness** about his inability to die. He avoided physical contact, fearing the "transfer of energy" to others. He also believed his "power increases daily" and that his anger could harm others.

He described taking "cosmic energy from nature" to "protect women," demonstrating **expansive and magical thinking**. Additionally, he exhibited **financial recklessness**, spending about five hundred daily without consideration of consequences.

PAST HISTORY:

The patient has a **history of a single episode of hearing of voices**, reporting that a goddess (Ammavaru) had entered his body to protect women. He also has a **history of four suicidal attempts** using various methods, though the exact timings are not recalled: once by drowning after consuming a complete strip of tablets, followed by attempts through ingestion of liquid mosquito repellent (*All Out*), hair dye, and finally by self-inflicted cuts on the left forearm (multiple hesitation cuts noted).

FAMILY HISTORY: There was a history of psychiatric illness, suicide in family. Mother had an unspecified psychiatric illness and died by suicide (hanging) during the patient's intermediate studies. Father has diabetes, a history of thyroidectomy, and prostate enlargement. Both elder sister and younger brother healthy. Step mother suffers from diabetes.

PERSONAL HISTORY: Appetite: Good satisfactory**,** Thirst**:** Consumes water from unhygienic places since turning spiritual Believing nothing can affect him. Desires: Cool Drinks, Addictions: Coffee 3 per day. Bowels and bladder functions were normal. sleep decreased with early morning awakenings.

Life Space Investigation: It was elicited after 3 weeks of reporting of the patient and details confirmed with the informant. The patient hails from a wealthy background.

Prenatal, Natal & Postnatal History:

Uneventful.

Premorbid Personality

Childhood:

Due to his mother's psychiatric illness and lack of nearby English-medium schools, the patient was placed in a hostel along with his siblings from the first grade. He had limited emotional bonding with his parents and displayed a quiet, introverted, and well-behaved nature.

Adolescence:

Academically bright and disciplined, he secured a state rank in the 10th standard and scored 82% in Intermediate. Peers nicknamed him *"Gautam Buddha"* for his calm and silent demeanor. His mother died by suicide when he was intermediate. Father remarried six months later. The patient felt neglected by his stepmother and withdrew emotionally, though he remained focused on academics in hopes of securing an MBBS seat

Reaction to Mother's Death

The patient exhibited **emotional detachment**, showing no visible distress at the time. He mistook his mother's body for someone resting due to illness and learned of her death only the next day.

Morbid personality:

Two years after intermediate education, emotional detachment intensified. He failed to achieve his academic goal, leading to hopelessness, and suicidal ideation. He made multiple suicide attempts.

Spiritual Conversion

Following academic disappointment, he immersed himself in spirituality, staying in Association with an organized spiritual–religious group" and Brahmacharya centers as a devotee. He adopted an ascetic lifestyle — eating twice daily, sleeping on the floor, and reading the *Bhagavad Gita*. Over time, he became disillusioned by the hypocrisy he observed

there. Behavioral issues, restlessness, and wandering led to complaints from temple authorities, after which he returned home.

Adulthood:

Post-mother's demise, he stayed with his stepmother, who grew fearful of his erratic behavior. Later he worked briefly as a supervisor in his father's business, then shifted to new place, where he now lives with his younger brother. He remains unemployed, socially withdrawn, and financially reckless, spending excessively on gifts. He exhibits grandiose delusions and mystical beliefs, claiming to possess cosmic energy, immortality, and divine power to protect women. He avoids touch, fearing loss of energy, and neglects hygiene, relying solely on water for cleansing. He asserts that his internal power grows daily, that anger can harm others, and that he can survive without food, "just by breathing air." He denies having any illness, expresses disinterest in life, and claims superiority to God.

MENTAL STATUS EXAMINATION:

The patient appeared to be domineering and was kempt. Well established Rapport. His psychomotor activity was increased. He had increased rate of speech with loud volume, boastful talk. His flow of thoughts was increased. His thought contents were Grandiose delusions — Immortality, internal energy, divine missions "All Energy is within me I can do anything and everything" He did not have any perceptual disturbances. His attention and concentration were good, and well oriented with time and place, person. He has good memory, abstract thinking and intact test and social judgement. His insight was Grade 0.

Diagnosis and assessment: The case was diagnosed as a mania with psychotic symptoms (F- 30.2) as per ICD 10 based on the symptomatology[3]. Baseline assessment was done with the YMRS on the 1st day of admission was 34 reduced to 06 after intervention.

REPERTORIAL TOTALITY[4]

S.NO	SYMPTOM	INTERPRETATION INTO RUBRIC
1.	Boastful Talk	MIND-BOASTER
2.	Suicidal disposition	MIND-SUICIDAL disposition
3.	Wandering behaviour	MIND-WANDERING-desire to wander
4.	Desires cool drinks	GENERALS- FOOD AND DRINKS-desire- cooldrinks

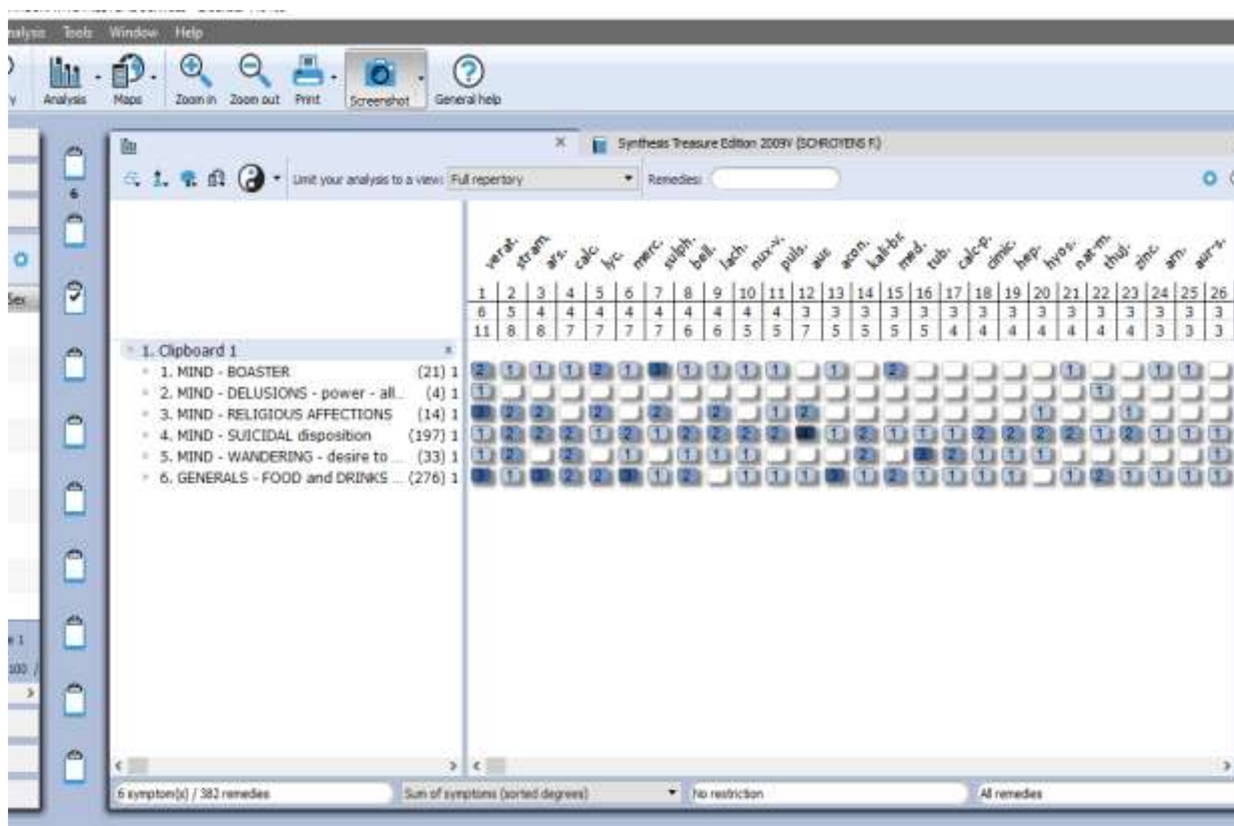

FIG.1 REPERTORIAL SHEET

TABLE 1- FOLLOW UP

S.NO	DATE	SYMPTOMATOLOGY	PRESCRIPTION
1	02 JUNE 202	Difficulty in maintaining Rapport during the first visit Increased psychomotor activity excessive energy, restlessness, wandering behaviour YMRS-34	Not sure about Prescription SL for 2 days
2	05 JUNE 202	Irritability Restlessness Boastful Talk Delusion of power Reduced sleep only about 2-3 hrs YMRS-34	Veratrum album 200 Single dose Sac Lac was prescribed for 3 weeks.
3	30 JUNE 202	Rapport established well Mild reduction in irritability Less restlessness Still maintains delusion of power but intensity decreased. Sleep improved from 5-6 hrs. YMRS-26	Didn't not prescribe any medication Sac Lac was prescribed for 3 weeks

4	28 JULY 202	Well established rapport social interaction improved delusional content less frequent no new delusions formed Appetite and hygiene improved [now uses soap while bathing] Spending behavior reduced. YMRS SCORE:18	Didn't not prescribe any medication Sac Lac was prescribed for 3 weeks
5	18 AUG 202	Reports calmness of mind Sleep normalized (7) hrs, no early awakenings Expresses insight that may be my energy is na strength, not divine YBRS-10	Veratrum album 200 repeatec once in 15 days in a month
6	15 SEP 2025	Completely reduced Boastful Talk Cooperative, no grandiose ideas No Irritability Maintains social interaction, good hygiene, stable mood Insight partially developed 3/5 YMRS score: 08	Sac Lac was prescribed fo month
7	20 OCT 202	Boastful talk -Nil Irritability-Nil Sleep improved YBRS-06	Sac Lac was prescribed fo month

TABLE 2 - MENTAL STATUS EXAMINATION

S.NO	DOMAINS	BASELINE	AFTER 2nd MONTH	AFTER 4 MONTHS
1.	General Appearance and behaviour	Exaggerated concern or preoccupation with appearance and dress. Rapport Easily established Aggressiveness, ETEC initiated and maintained	Exaggerated concern or preoccupation with appearance and dress. Rapport Easily established Cooperative ETEC initiated and maintained	Well established rapport ETEC initiated and maintained
2.	Psychomotor Activity	Uncoordinated physical activity. Fidgety, Wandering behaviour	Fidgety reduced	Normal

3.	Speech	Pressured, T/T/V: Increased Relevant, coherent Excessively loud-Intensity of speech is louder than required, Reaction time: Decreased	Pressured, T/T/V:Increased Relevant, coherent	T/T/V: Normal Reaction time: Normal
4.	Mood	Elevated Irritable	Elevated	Stable
5.	Affect	Appropriate	Appropriate	Appropriate
6.	Thought	Pressured speech Delusion of grandiose ability	Pressured speech Delusion of grandiose ability Intensity decreased	NAD
8.	Orientation to time, place, person	Well-Oriented	Well-Oriented	Well-Oriented
9.	Memory	Intact	Intact	Intact
10.	Attention and Concentration	Good	Good	Good
11.	Intelligence	Good	Good	Good
12.	Abstract Thinking	Good	Good	Good
13.	Judgement	Intact	Intact	Intact
14.	Insight	Absent	Grade 3	Grade 6

Table: 3 Young Mania Rating Scale (YMRS) – Domain-wise Scores[5]

S. No	YMRS Domain	Baseline (Admission)	After Treatment (Follow-up 1)	After Treatment (Follow-up 2)
1	Elevated Mood	4	2	0
2	Increased Motor Activity / Energy	5	3	1

S. No	YMRS Domain	Baseline (Admission)	After Treatment (Follow-up 1)	After Treatment (Follow-up 2)
3	Sexual Interest	2	1	0
4	Sleep	4	2	0
5	Irritability	5	3	1
6	Speech (Rate & Amount)	4	2	1
7	Language–Thought Disorder	4	2	1
8	Content (Grandiosity, Delusions)	6	2	1
9	Disruptive–Aggressive Behaviour	3	1	0
10	Appearance	2	0	0
11	Insight	1	0	1
—	**Total YMRS Score**	**34**	**18**	**06**

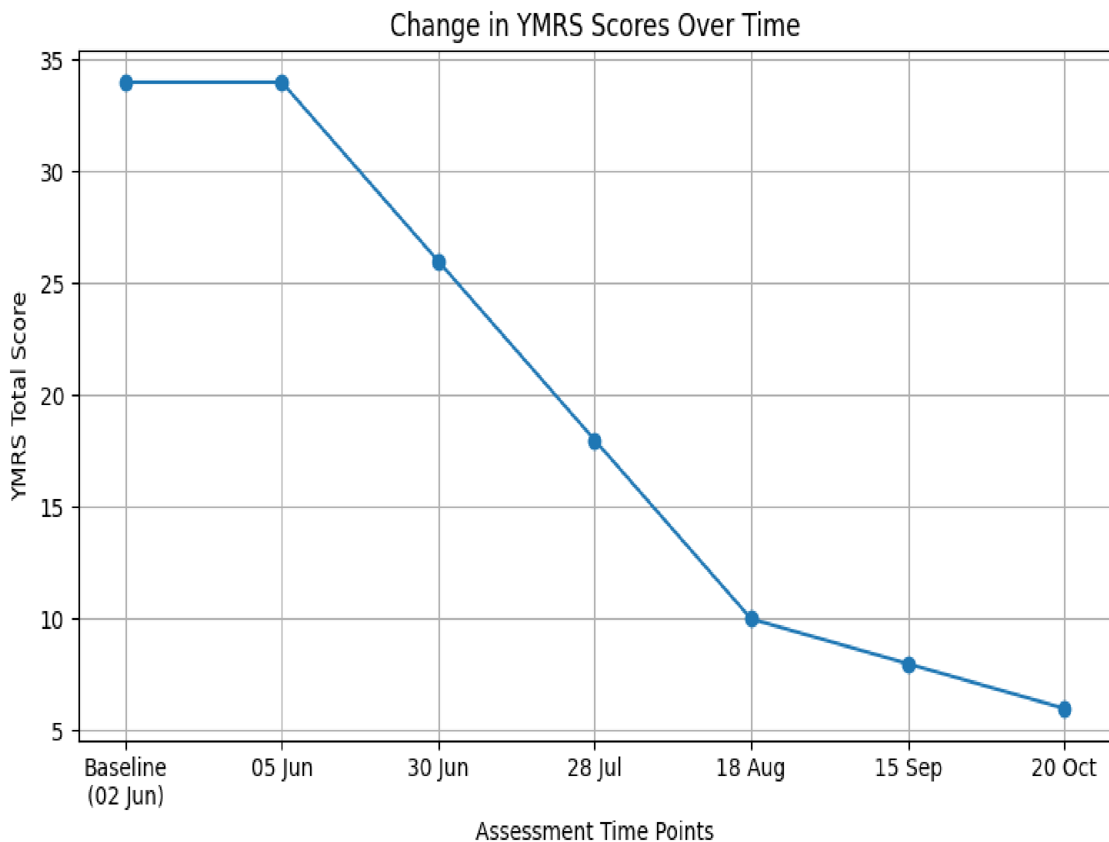

FIG:2 CHANGES IN YMRS SCORE OVER TIME

FIG. 3 ASSESSMENT BY MODIFIED NARANJO CRITERIA (MONARCH) SCORE[6]

S.NO DOMAINS	Yes	No	Not Sure or N/A
Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+1		
Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+1		
Was there an aggravation of symptoms? *(See Section 10 Glossary of Terms for definition)*	+1		
Did the effect encompass more than the main symptom or condition, i.e. were other symptoms ultimately improved or changed?	+1		
Did overall wellbeing improve? *(suggest using validated scale)*	+1		
(A) *Direction of cure:* Did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1		
(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		
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	
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)	+1		
Was the health improvement confirmed by any objective data? (E.g. lab test, clinical observation, etc.)	+1		
Did repeat dosing, if conducted similar clinical improvement?	+1		

TOTAL SCORE: 10

DISCUSSION AND CONCLUSION:

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

The case falls under mental diseases of emotional origin according to Hahnemannnian classification of diseases. hence it should be treated in antipsoric treatment. On the day of admission, the more prominent manic symptoms of the patient were used for repertorisation. Remedies such as veratrum album stramonium, nux vomica came up. *Veratrum album* 200C was selected after referring Materia Medica. After repertorising with synthesis repertory totality was formed using YMRS SCALE. Slight improvement was observed in his condition, and the patient was further put on placebo. Symptomatic improvement. While undergoing individualized homoeopathic treatment, patient regained his insight into his illness, which was totally incapacitated by the illness Large scale clinical trials involving similar cases would be helpful in proving the effectiveness of homoeopathy in manic episodes.

Declaration of patient's consent

An Informed Consent was obtained from the patient, provides the identity of patient is not revealed.

Conflicts of Interest

None Declared

Financial Support and sponsorship

Nil

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