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SCHIZOPHRENIA AND HOMOEOPATHY: A LITERATURE REVIEW

Dr. Vaidehi Kumari Gupta[1], Dr. Sarita Anju[2]

[1]PG Scholar, Department of Practice of Medicine, R.B.T.S. Government Homoeopathic Medical College & Hospital, Muzaffarpur, Bihar, India

[2]PG Scholar, Department of Materia Medica, R.B.T.S. Government Homoeopathic Medical College & Hospital, Muzaffarpur, Bihar, India

*"If you talk to God, you are praying; if God talks to you, you have schizophrenia.-**Thomas Szasz**"*

Abstract: Homoeopathy is an excellent medical science for all types of psycho-somatic and psychological disorders as it works beautifully on mind. Holistic approach of homoeopathy is its uniqueness which considers the whole man is diseased not only the individual part. Detailed case taking and individualisation helps to find the nearest similimum of each individual case of schizophrenia, by which alone the cure is to be accomplished. Homoeopathy believes the mind and body are interconnected and psychological symptoms chiefly determine the selection of homoeopathic remedy. Homoeopathy offers a gentle way toward the health of the entire individual including mind.

Keywords: Schizophrenia, Homoeopathy, Mental disease

INTRODUCTION

The word schizophrenia was evolved from the Greek words *skhizein means* 'split' and *phren* that means 'mind'. Literally it means 'split mind', also named as 'split personality disorder' or 'multiple personality disorder'. Schizophrenia, also called dementia praecox is a severe mental disorder, characterized by profound disruptions in thinking, affecting language, perception, and the sense of self, with psychotic experiences, begins in late adolescence or early adulthood, more commonly in male. Factors associated with schizophrenia include genetic factors, obstetric complications, and social stress. It can impair functioning through the loss of an acquired capability to earn a livelihood, or the disruption of studies.(1)

AETIOLOGY

- Genetic factors-
  - It is observed in ~6.6% of all first-degree relatives of an affected proband.
  - If both parents are affected, the risk for offspring is 40%.
  - Twins-
    - monozygotic twins - 50%(2)
    - dizygotic twins - 10%
- Obstetric complications
- **Urban birth**-Urban birth is associated with an increased risk of developing schizophrenia. Exposures underlying the urban birth risk factor have included infectious agents, low prenatal vitamin D, toxins associated with pollution, and stress.(3)
- **Winter birth**-The children born during winter have a 10% higher risk. A lack of Sunlight during the shorter days of winter can lead to vitamin D deficiency, which alters the development of a child's brain in the mother's womb and after birth.(4)
- Increasing parental age
- Brain imaging techniques have identified subtle structural abnormalities, including an enlargement of the lateral ventricles and an overall decrease in brain size (by about 3% on average), with relatively greater reduction in temporal lobe volume (5–10%).
- Episodes of acute schizophrenia may be precipitated by social stress and cannabis, which increase dopamine turnover and sensitivity.
- Early developmental insults

TYPES OF SCHIZOPHRENIA

ICD-10 Classification-
Version: 2019
Chapter: V
Title: Mental and behavioural disorders (F00-F99)

F20 Schizophrenia

F20.0 Paranoid schizophrenia - Usually occurs in later age groups and more often seen in males, with delusions of persecution, grandiose and hypochondriacal delusions may also occur and the personality is well preserved.

F20.1 Hebephrenic (Disorganised) schizophrenia - Hallucination and delusion are very prominent, may be meaningless giggles and self-satisfied smile incoherence or silly affects.

F20.2 Catatonic schizophrenia - Usually seen in adults, may be outbursts of excitement to a stage of depression and stupor with rigidity and mutism. Disturbances in behaviour and motor phenomena are dominant, and may develop homicidal or suicidal tendencies.

F20.3 Undifferentiated schizophrenia - Symptoms are not so much specific as to include them in other categories.

F20.4 Post-schizophrenic depression - A depressive episode, which may be prolonged, arising in the aftermath of a schizophrenic illness, symptoms either "positive" or "negative", must still be present but they no longer dominate the clinical picture, associated with an increased risk of suicide.

F20.5 Residual schizophrenia - Milder signs like eccentric behaviour, social withdrawal are present, commonly with history of past episodes.

F20.6 Simple schizophrenia - Gradual loss of interest to the surrounding and in course of time the patient withdraws himself from reality and lives in a world of fantasy.

F20.8 Other schizophrenia

- Cenesthopathic schizophrenia
- Schizophreniform:
  - Disorder NOS (Not otherwise specified)
  - Psychosis NOS

F20.9 Schizophrenia, unspecified (5)

EPIDEMIOLOGY

Onset:

It affects about 20 million people worldwide (6), typically begins in late adolescence or early adulthood, more common in men.

In India with a prevalence of 0.5% for current and 1.4% for lifetime experience, the prevalence of Schizophrenia and other Psychotic disorders was significant. The rate among males was slightly higher than those among females (0.5% in males vs. 0.4% in females). Compared to other age groups, 40-49 age groups (0.6%) had a higher prevalence for current experience of Schizophrenia and other Psychotic disorders. The rates for current experience were higher for urban metro residents (0.7%) than for others.

Mental morbidity Schizophrenia and other Psychotic disorders by:

- **Age -** Low prevalence rates were reported in the 18-29 age groups, followed by a rising trend with increasing age. A bimodal distribution was noted with a second peak at 60 and above age groups.
- **Gender -** The prevalence rates were reported to be higher in males for psychotic disorders.
- **Place of residence -** Highest in the urban metro areas, low in the urban non metro and rural areas.
- **Across NMHS (National Mental Health Survey) states -** Any psychosis (including schizophrenia) was high in the state of West Bengal (1.26%) and in most of the states it ranged 0.3% to 0.5%. (7)

SYMPTOMS

- **Hallucination:** hearing, seeing or feeling things that are not there
- **Delusion:** fixed false beliefs or suspicions not shared by others in the person's culture and that are firmly held even when there is evidence to the contrary
- **Abnormal behaviour:** disorganised behaviour such as wandering aimlessly, mumbling or laughing to self, strange appearance, self-neglect or appearing unkempt
- **Disorganised speech:** incoherent or irrelevant speech
- **Disturbances of emotions:** marked apathy or disconnect between reported emotion and what is observed such as facial expression or body language.

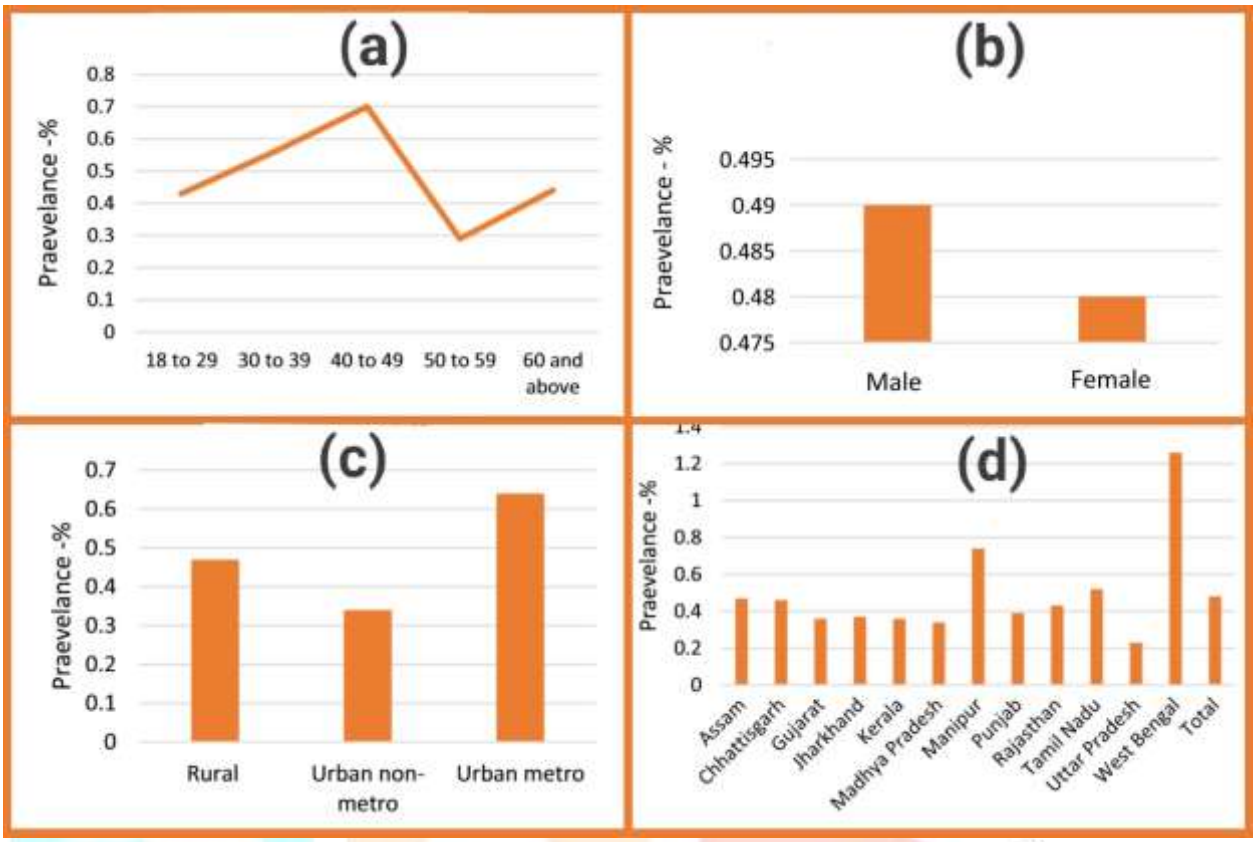

Fig., Mental morbidity by (a) age, (b) gender, (c) place of residence, and (d) across NMHS states

DIAGNOSIS

Schizophrenia usually presents with an acute episode and may progress to a chronic state.

Patients may present with-

- **Positive symptoms**-
  - Conceptual disorganization
  - Delusions
  - Hallucinations
- **Negative symptoms-**
  - Loss of function,
  - Anhedonia
  - Decreased emotional expression
  - Impaired concentration
  - Diminished social engagement

The patient must have at least two of these for a 1-month period and continuous signs for at least 6 months to meet formal diagnostic criteria.

MIASMATIC ANALYSIS

Psora

- Anxious, filled with forebodings
- Fear of death or of illness, thinks his case is incurable
- Mental depression, despondency
- Timidity with a sense of fatigue
- Easily frightened, often by trivial things
- Changeable in mood
- All round restlessness, he is never satisfied with the existing state of things
- In delusions or mania there is no end to his words
- Mental delusions of all kinds.

Sycosis

- Oppression and anxiety when weather changes.
- Fits of anger
- Suspicious, the suspicion extends to the point where he doesn't trust himself, and he must go back and repeat what he has done or said
- Jealousy to friends
- Forgets words, sentences and previous lines that just read
- Momentary loss of thought

Syphilis

- Dull
- Oppression and anxiety at night
- Restless
- Driven out of bed inducing symptoms of suicide
- Mentally dull, heavy, stupid and especially stubborn, sullen, morose and usually suspicious
- Fixed ideas.
- Slow in reaction
- Close mouthed fellow.
- Depressed
- Idiocy

Pseudo Psora

- Slow in comprehension
- Dull
- Unable to keep a line of thought
- Unsocial, keeps to himself and becomes sullen and morose(8)

REPERTORIAL ANALYSIS

The symptoms in RADAR 10.0, Shroyens, F.Synthesis Repertory 9

- Mind: answers- incoherently
- Mind: company- aversion to
- Mind: Delusions
- Mind: Delusions- appreciated, she is not
- Mind: Delusions- influence; one is under a powerful
- Mind: Delusions-persecuted-he is persecuted
- Mind: Delusions- superhuman is – control is under superhuman
- Mind: Delusions- voices hearing
- Mind: forgetful- words while speaking, of
- Mind: Gestures makes- automatic
- Mind: Gestures makes – strange attitudes and positions
- Mind: Indifference
- Mind: Indifference- appearance to his person
- Mind: Schizophrenia
- Mind: speech- abrupt
- Mind: speech- affected
- Mind: speech- disconnected
- Mind: speech- foolish
- Mind: speech- incoherent
- Mind: suspicious
- Mind: Thoughts- compelling
- Mind: Thoughts- persistent (9)

TREATMENT

HOMOEOPATHIC TREATMENT

1. **LACHESIS MUTUS:** Fear, and presentiment of death. Discouragement; distrust; easily affected to tears. Mental dejection and melancholy, with apprehension, uneasiness about one's malady, great tendency to give way to sorrow, to look upon the dark side of everything, and to think oneself persecuted, hated and despised by acquaintances. Dread of death; fears to go to bed; fear of being poisoned. Thinks she is someone else; in the hands of a stronger power; that she is dead and preparations are being made for her funeral; that she is nearly dead and wishes someone would help her off.
2. **HYOSCYAMUS NIGER:** Desire to run away from the house at night. Fear of being betrayed or poisoned. Unfortunate love with jealousy, with rage and incoherent speech. Peevish and quarrelsome humour. Rage, with desire to strike and to kill. Wandering thoughts. Perversion of every action.-Mania, with loss of consciousness; or with buffoonery and ridiculous gestures. Lascivious mania, and occasional mutterings; uncovers his whole body.
3. **BARYTA CARBONICA:** Lachrymose disposition. Repugnance to strangers or to society; Mistrust; want of self-confidence. Scrupulous, irresolute, suspicious temper, with mistrust of one's self.-Fear and cowardice. Incessant activity.-Great weakness of memory.
4. **STRAMONIUM:** In young people, who are sometimes hysterical, showing the following condition: praying and singing devoutly, beseeching, entreating, &c. The patients can't bear solitude or darkness, if they are left alone or are in a dark room.
5. **PLUMBUM METALLICUM:** Silent melancholy and dejection. Anxiety, with restlessness and yawning. Weariness and dislike of conversation and labour. Discouragement. Weariness of life. Slow of perception; increasing apathy. Unable to find proper words while talking. Imbecility. Delirium; alternating with colic. Fury. Frantic delirium (bites, strikes), sometimes with demented aspect. Dread of assassination, poisoning; thinks every one about him a murderer.
6. **PLATINA:** Thinks she stands alone in the world. Great fear of death, which is believed to be very near. If all persons approaching were demons. Pride and self-conceit, with contempt for others, even for those who are usually most beloved and respected. Impulse to kill her own child; her husband. Incoherency of speech. Delirium, with fear of men, often changing, with over-estimation of oneself. Mania: with great pride; with fault-finding.
7. **CALCAREA CARBONICA:** Despair in consequence of the impaired condition of the health; or hypochondriacal humour, with fear of being ill or unfortunate, of experiencing sad accidents, of losing the reason, of being infected by contagious diseases. Discouragement and fear of death. Indifference, apathy, and repugnance to conversation. Tendency to make mistakes in speaking, and to take one word for another. She fears she will lose her understanding, or that people will observe her confusion of mind. Loss of sense and errors of imagination. Delirium with visions of fires, murders, rats and mice.
8. **KALI BROMATUM:** Had to be told the word before he could speak it. Writing almost unintelligible from omission of words or parts of words; words repeated or misplaced. Mentally dull, torpid; perception slow, answers slowly. Fears to be alone. Hallucinations of sight and sound, with or without mania, precede brain and paralytic symptoms. Delirium, with delusions; thinks he is pursued; will be poisoned; is selected for Divine vengeance; that her child is dead, &c. Delirium active; horrid illusions. All sorts of fearful delusions; walks the room groaning, bemoaning his fate; full of fear; unsteady.
9. **CANNABIS INDICA:** Hallucinations and imaginations innumerable. Constant fear of becoming insane. Fear of approaching death. Sudden loss of speech; begins a sentence but cannot finish it. Stammering and stuttering. Hallucinations; tendency to become furious.
10. **MEDORRHINUM:** Forgetfulness: of names; later of words and initial letters. Loses constantly the thread of her talk. Thinks someone is behind her, hears whispering; sees faces that peer at her from behind bed and furniture. Suicidal. Is in a great hurry; when doing anything is in such a hurry that she gets fatigued.(10)

PSYCHOLOGICAL TREATMENT

Psychological treatment, including general support for the patient and his or her family, is now seen as an essential component of the therapeutic plan. CBT (Cognitive Behavioural Therapy) may help patients to cope with treatment-resistant symptoms. There is evidence that person and/or family education reduces the rate of relapse.

SOCIAL STATUS

Stigma, discrimination and violation of human rights of people with schizophrenia is common. This turn limited access to general health care, education, housing and employment.

MANAGEMENT

Schizophrenia is treatable. Treatment with homoeopathic medicines and psychosocial support is effective.

PROGNOSIS:

- About one-quarter of those who develop an acute schizophrenic episode have a good outcome.
- One-third develops chronic schizophrenia, and the remainder recovers after each episode but suffer relapses.
- Most will not work or live independently.(11)
- About 10% of schizophrenic patients commit suicide.
- **Mortality:** People with schizophrenia are 2 - 3 times more likely to die early than the general population. (12) This is often due to physical illnesses, such as cardiovascular, metabolic and infectious diseases.

DISABILITIES:

Schizophrenia is associated with considerable disability which may affect educational and occupational performance, resulting from the impairment of mental or emotional functions which significantly interferes with the performance of major life activities, such as learning, working and communicating with each other. Understanding the distribution and severity of disabilities among different mental disorders is useful for planning treatment and rehabilitation services. Disability among respondents with mental morbidities is assessed by using the Sheehan Disability Scale.

The **Sheehan Disability Scale (SDS)** is a composite of three self or interviewer rated items designed to measure the extent to which three major domains (work, social life, and family life) of an individual's life is impaired. The rating is to what extent 1) work, 2) social life or leisure activities, and 3) home life or family responsibilities are impaired by the person's illness on a 10-point visual analog scale. Based on the response to the 10-point scale, disability was re-grouped into 5 categories (No Disability, Mild (Score 1-3), Moderate (Score 4-6), Marked (Score 7-9) and Extreme disability (Score 10). All individuals scoring more than 0 were grouped as 'Disability Present'. The 3 items can be summed into a single dimensional measure of global functional impairment that ranges from 0 (unimpaired) to 30 (highly impaired).(7)

REHABILITATION

Schizophrenia typically strikes in early adulthood, individuals with the disorder often benefit from rehabilitation to help develop life-management skills, complete vocational or educational training, and hold a job.(13)

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