A Scoping review on the utility of homoeopathy in the management of Schizophrenia

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Abstract
Schizophrenia is a mental condition not only affecting routine of daily life but also the Quality of life with devastating consequences for affected individuals and their families. This review aims to detect the scope of homoeopathy in the management of schizophrenia. A search is done in search engines of Google Scholar, PubMed, Cochrane, CINAHL PsycINFO, Hom-Inform, etc in the English language from anytime. Identified articles on homoeopathy in schizophrenia is collected and summarised in this review. Though studies are scarce, the available data shows scope for future research in homoeopathy in schizophrenia.

Key-words: Homoeopathy, Brief Psychiatric Rating Scale (BPRS), Positive And Negative Symptom Scale(PANSS), Paranoid, Psychiatry, Schizophrenia, Scoping review

INTRODUCTION
Schizophrenic disorders are characterized by fundamental and characteristic distortions of thinking and perception, and by inappropriate or blunted affect. [1] In the DSM-5, to be diagnosed as having schizophrenia, a person must have two or more of the following symptoms and reduced social/occupational functioning: delusions, hallucinations, disorganized speech, disorganized or catatonic behavior, and negative symptoms. The duration of symptoms for the diagnosis is 6 months as per DSM-5. Whereas the presentation of symptoms for 1 month or more is enough for the diagnosis as per ICD 10 and ICD 11. [1,2,3] In addition, regarding required symptoms, the ICD-11 includes “experiences of influence, passivity or control” as one of the core symptoms, in contrast to the DSM-5.[3] There are different types of Schizophrenia based on the presentations described in Table no 1.

The lifetime prevalence of schizophrenia is estimated to be approximately 0.3–0.7%. However variations in prevalence have been reported across studies, which may be due to clinical and methodological difficulties, including diagnosis complexity, overlap with other disorders, and varying methodological approaches.[4]

In terms of sex differences in the incidence of schizophrenia, McGrath et al. reported that the median male/female rate ratio was 1.4, suggesting that more men are diagnosed with schizophrenia than women.[5]

Schizophrenia is typically diagnosed in the late teens to early thirties, and a recent meta-analysis found that the peak age for onset was 20.5 years. This study also showed that the proportion of patients with schizophrenia onset by 25 years of age was 47.4%. [6]
Despite the abundance of theories on genetic, neurodevelopment, structural abnormalities of the brain, and molecular and immunological factors, no causal evidence linking biomolecular factors to the etiology of schizophrenia has been found, leaving most questions about the molecular pathology underlying schizophrenia unresolved.[4]

Schizophrenia ranked the 12th most disabling disorder among 310 diseases and injuries globally.[7] Family caregivers of individuals with schizophrenia experience bio-psychosocial burdens as a result of caregiving.[8] Though recovery is certainly possible, Schizophrenia remains, however, a severe and complex mental disorder, exhibiting a limited change in prognosis despite >100 years of research and efforts to improve treatment.[9]

The goals in treating schizophrenia include targeting symptoms, preventing relapse, and increasing adaptive functioning so that the patient can be integrated back into the community.[10]

Though the latest generation of atypical antipsychotics can effectively address many of the symptoms experienced by individuals with schizophrenia, their use almost invariably leads to an array of treatment-emergent adverse events. These side effects, which can vary considerably between medications, substantially detract from patient-related quality of life and constitute an area of unmet need. [11]

Although antipsychotic medication is the mainstay of treatment for schizophrenia, not all patients respond to first-line antipsychotic treatment. These cases of treatment-resistant schizophrenia (TRS) are associated with high levels of functional impairment, healthcare usage, societal costs, and physical health comorbidity. [12][13][14][15]

The belief in Complementary and Alternative Medicine (CAM) and the use of CAM treatments are prominent all over the globe. In India, CAM treatments are part of public health care. Seven out of 10 diseases recognized as a national health burden are in the category of most commonly reported diseases at the homeopathy wellness centers. [16] The prevalence of people using homeopathy for their treatment is increasing.[17] A few studies have shown the effectiveness of homoeopathic medicines in chronic psychotic conditions.[18][19][20][21] Homoeopathic medicines in high dilutions, prescribed by trained professionals, are probably safe and unlikely to provoke severe adverse reactions.[22] There are reviews on homoeopathy in different psychiatric conditions like depression,[23][24][25] anxiety disorders[26], and autism spectrum disorders[27]. In this review, we aim to explore the potential scope of homeopathy in the management of schizophrenia, as this area remains relatively unexplored.
Table no 1. Types of Schizophrenia and their clinical features [1]

<table>
<thead>
<tr>
<th>No</th>
<th>Type of schizophrenia</th>
<th>Clinical presentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Paranoid schizophrenia</td>
<td>Commonest type. Stable paranoid delusions are accompanied by hallucinations, particularly of auditory variety and perceptual disturbances. Disturbances of affection, volition, speech, and catatonic behavior are not prominent</td>
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<tr>
<td>2</td>
<td>Hebephrenic schizophrenia</td>
<td>Affect is shallow and inappropriate often accompanied by giggling or self-satisfied, self-absorbed smiling, lofty manner, grimaces, mannerisms, pranks, and hypochondriacal complaints. Tendency to remain solitary, behavior seems empty of purpose and feeling</td>
</tr>
<tr>
<td>3</td>
<td>Catatonic schizophrenia</td>
<td>Prominent psychomotor features such as stupor, automatic obedience, and negativism. Constrained attitudes and postures may be maintained for a long period (waxy flexibility)</td>
</tr>
<tr>
<td>4</td>
<td>Undifferentiated schizophrenia</td>
<td>Show the diagnostic criteria of schizophrenia but exhibit features of more than one category</td>
</tr>
<tr>
<td>5</td>
<td>Residual schizophrenia</td>
<td>A chronic stage in the development of a schizophrenic disorder in which there has been a clear progression from an early stage of psychotic symptoms diagnostic of schizophrenia to a later irreversible stage with negative symptoms.</td>
</tr>
<tr>
<td>6</td>
<td>Simple schizophrenia</td>
<td>Insidious but progressive development of oddities of conduct, inability to meet the demands of society, and decline in total performance. Psychotic symptoms are less.</td>
</tr>
</tbody>
</table>

MATERIALS AND METHODS

A search was done in Google Scholar, PubMed, Cochrane, CINAHL PsycINFO, and Hom-Inform with keywords “Schizophrenia, Homoeopathy, psychiatry, delusions, auditory hallucinations, CAM. Articles in the English language in all journals till 2023 were collected. Reports of dissertations and unpublished manuscripts were excluded. Clinical studies, Case reports, case series, and analytical reports were all included.
RESULTS

A total of 12 articles were found after the exclusions. Three non-comparative prospective studies, one analytical report, one review, one retrospective analysis, two case series, and four case reports were identified. Researchers couldn’t identify control studies in schizophrenia. Types of publications and the outcome along with the socio-demographic data are shown in Table No. 2. Individual papers are critically described in the discussion section.

Table 2 [28-36]

<table>
<thead>
<tr>
<th>No</th>
<th>Authors</th>
<th>Type of article</th>
<th>Participants</th>
<th>Intervention</th>
<th>Follow up time</th>
<th>Tools used</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Oberai P, Gopinadhan S, Sharma A, Nayak C, Gautam K. (2016)</td>
<td>A prospective non-comparative, open-label observational study</td>
<td>171 patients between 20 and 60 years of age, Those on antipsychotics were allowed to continue with homoeopathy</td>
<td>1 year</td>
<td>1.BPRS, 2. Clinical Global Impression (CGI) scale</td>
<td>A significant difference (P = 0.0001, P &lt; 0.05) in the mean scores of BPRS, using paired t-test was observed at the end of the study</td>
<td></td>
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<tr>
<td>2</td>
<td>Balachandran VA (1996)</td>
<td>Analytical report</td>
<td>50 cases of schizophrenia in the age group 20-50 years, Homoeopathic medicines</td>
<td>Irregular</td>
<td>Not mentioned</td>
<td>According to the authors, 60% of the cases showed moderate to marked improvement</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Jayakumar M, KS Lalitha (2019)</td>
<td>Prospective clinical study without control group</td>
<td>Patients above 15 years of age presenting with the symptoms of Paranoid</td>
<td>6 months</td>
<td>BPRS</td>
<td>Pre-post BPRS analysis showed a significant score reduction of – 966 (BPRS total before is 2307 &amp; after is 1341)</td>
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<tr>
<td></td>
<td>Authors</td>
<td>Type</td>
<td>Number of Cases</td>
<td>Intervention</td>
<td>Duration</td>
<td>Symptoms Assessed</td>
<td>Details</td>
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<tr>
<td>4</td>
<td>Moorthi SK, Devasia MN (2022)</td>
<td>Case series</td>
<td>5 cases</td>
<td>Add on therapy to conventional medicine</td>
<td>&gt; 1 year</td>
<td>1. Positive &amp; negative symptom scale (PANSS) 2. Brief Psychiatric Rating Scales (BPRS) 3. Glasgow antipsychotic side effect scale</td>
<td>The baseline &amp; end score of PANSS in 5 cases are 84-38, 58-42, 79-34, 118-59 &amp; 69-49. BPRS score changes are 52-23, 42-18, 44-23, 71-32 and 39-27 respectively in the 5 cases</td>
</tr>
<tr>
<td>5</td>
<td>Gilla D, Akhila N Raj (2022)</td>
<td>Case series</td>
<td>2 cases</td>
<td>Individualized homoeopathic treatment</td>
<td>2 years</td>
<td>PANSS</td>
<td>In 1st case PANSS score of 135 at baseline turned to 30 (Normal) within 4 months and was maintained for the next 24 months of the observation period. 2nd case 157 to 30 within 3 months</td>
</tr>
<tr>
<td>6</td>
<td>Moorthi SK, Radhika P, Pertin S, Mohan ND (2022)</td>
<td>Case report</td>
<td>A 33-year-old woman Under conventional medicine</td>
<td>Individualized homoeopathic medicine as add-on therapy</td>
<td>1 year</td>
<td>1. PANSS 2. Glasgow antipsychotic side effect scale</td>
<td>PANSS score changed from 88 to 37 at the end of the year</td>
</tr>
<tr>
<td>7</td>
<td>Gilla D, Mohan ND, Sreelakshmy SR (2022)</td>
<td>Case report</td>
<td>37-year-old female</td>
<td>Single dose of Natrum Mur</td>
<td>2 years</td>
<td>CGI-SCH</td>
<td>Baseline CGI-SCH scores in domains of severity of illness and degree of change were 29 and 20, respectively, which reduced to 5 (normal) in both domains by 4 months and remained the same for the next 2 years.</td>
</tr>
</tbody>
</table>
Janagam J, S VanmaniKanal, Mohan ND (2022)

Case report  
34-year-old male  
Homoeopathic medicine only  
3 years  
1. PANSS  
2. BPRS  
There was a drastic change in the PANSS from 110 baseline to 31. BPRS score from 68 at the baseline to the normal value of 19.

Janagam J, Mohan ND (2021)

Case report  
47-year-old male patient with paranoid schizophrenia  
Homoeopathic medicine alone  
1 year  
BPRS  
Baseline BPRS score of 86 turned gradually to a subclinical range of 24 in one month.

**DISCUSSION**

The current review correlates with the existing literature supporting that Schizophrenia is least explored in homoeopathy.[37] Oberoi et al, studied 19 patients had schizophrenia of mild intensity, 96 of moderate, and 56 of severe intensity according to BPRS scores at baseline. After treatment, 67.8% (n = 116) of patients shifted to mild intensity, 17.5% (n = 30) to moderate, and only 14.62% (n = 25) were to severe intensity. Five patients became non-schizophrenic. Patients who were on antipsychotic drugs along with homoeopathic medicines showed marked to moderate improvement while those who were on homoeopathic medicines alone, showed moderate to marked improvement. Thirteen remedies were most commonly indicated and found useful in treating schizophrenic patients. Of these Sulphur, Lycopodium clavatum, Natrum muriaticum, Pulsatilla nigricans and Phosphorus were chiefly indicated and showed varying degrees of improvement. The dosage of antipsychotic medicines was tapered in 9 patients and withdrawn in 17 patients at per discretion of the treating psychiatrist. The study reflects the positive role of homoeopathic medicines in the management of patients suffering from schizophrenia.[28]

In a study by Balachandran V A cases were brought after ECT. So symptoms were masked. To get a clear picture they were kept in the indoor department for a long period. A daily clinical symptomatology assessment was made on these cases giving due importance to symptomatology, personality changes, and capability in social adjustments. Sulphur was found effective in 15 cases, Pulsatilla and Lachesis in 7 cases each. Nux vomica, Stramonium, and Tarentula hispanica responded equally. All these medicines were given in high potencies except Tarentula hispanica which gave good results in low potency. From the response to the drug therapy, it is evident that the polychrest remedies are more useful than other short-acting remedies.[29] Assessment tools were not used in this study and no statistical analysis was done. Follow-ups also different for cases.
In a clinical study on paranoid schizophrenia by Jayakumar M et al found Natrum muriaticum, Sepia officinalis, Aurum metallicum, Hyoscyamus, and Sulphur to be the most useful medicines. But this study showed a short time follow-up. No particular sampling procedures were adopted in this study. The remedy selection in individual cases was based on the analysis of symptomatology such as causative factors, qualified mental, and physical generals, concomitants, characteristic particulars, repertorial references, and other Materia Medica sources. Various potencies ranging from 200C to 1M have been used in this study. Out of 30 cases, complaints markedly improved in 15 cases, moderately in 8 cases, mild improvement in 4 cases, and 3 cases were not improved.[30]

In another study at Central Research Institute (CRI) (H), Kottayam fifty cases of schizophrenia including both sexes were spread into four subgroups and were treated with homeopathy. 2 out of 3 cases of simple schizophrenia, 8 out of 16 hebephrenic schizophrenia, 13 out of 19 catatonic schizophrenia, and 9 out of 12 paranoid schizophrenia cases showed improvement. The most effective medicines were found to be Sulphur (200, 1000, 10M), Natrum mur (200, 1000), Stramonium (30, 200, 1000), Nux vomica (30, 200, 1000), and Hyoscyamus (30, 200, 1000).[38]

A case series by Moorthi et al shows the role of a single medicine with a minimum dose in bringing out functional improvement (4 cases) and symptomatic improvement (5 cases) in schizophrenia patients who were already under conventional medication for a long period without much improvement. This case report showed 4 cases of paranoid schizophrenia and a case of undifferentiated schizophrenia. Natrum mur, Lycopodium, Sulphur, and Veratrum album were shown their utility. The case that did not improve functionally could be due to the symptoms’ severity as per the author. On the reappearance of symptoms in between the treatment, the potency of homoeopathic medicines was raised or an intercurrent was prescribed, without increasing the dose of conventional medicines. Within a short period, it was possible only to reduce the dosage of conventional medicines and not to withdraw it. [31]

A case of paranoid schizophrenia and a case of catatonic schizophrenia were treated with homoeopathic medicine and are presented in a case series by Gilla et al. Lycopodium, Ignatia, and Phosphorus were the remedies used in these two cases. Antipsychotic medicine was tapered and stopped finally in the 1st case. There is a reduction of positive, negative, and general symptoms along with good psycho-social adaptation. [32]

Homoeopathic medicines Stramonium and Calc carb were found beneficial in a case where the patient could stop her antipsychotic medicine within 9 months of treatment. [33]

A case with paranoid schizophrenia was prescribed a single dose of Natrum carbonicum 200C and repeated only once after 8 months when sleep disturbance demanded repetition. Case obtained relief with a reduction in the score of scale within 4 months and remained stable for 2 years. [34]

A case report by Janagam J, Arsenic album single dose in higher potency 1M was prescribed upon the totality which showed a gradual improvement of symptoms of a male patient, followed with constitutional medication Natrium muriaticum 30 one dose. After discharge whenever exacerbation occurred Arsenicum album 10 m was given followed by constitutional medicine. [35]

Another case of paranoid schizophrenia was treated by homoeopathic remedy alone. Stramonium 200 was given a single dose during the hospital stay followed by Stramonium 1m after 9 days. Remarkable improvement was reported from the very next day. Improvement in sleep was the first change after medicine. Within a week psychotic symptoms also reduced.[36]

A retrospective analysis using the Outcome Related to Impact on Daily Living scale was done by Nikumbh et al to find the experience of homoeopathic treatment of psychiatric inpatients. An
excellent response to homoeopathic intervention was obtained for several clinical conditions like alcohol withdrawal, conversion disorder, suicide attempts, anxiety disorders, depressive disorders, and somatoform. The rate of improvement in schizophrenia and epilepsy was lower.[39]

A clinical case of schizophrenia specified the type of hallucinations corresponding to Alumina (Aluminumoxidatum). This case report concludes that this remedy is to be considered particularly in the context of hallucinations.[40]

Paranoid schizophrenia is the most commonly discussed category in the available literature. Hebephrenic, residual, and simple schizophrenia are the least discussed. While positive symptoms reflect an excess or distortion of normal function (delusions, hallucinations, disorganized behavior), negative symptoms refer to a diminution or absence of normal behaviors related to motivation and interest (avolition, anhedonia, asociality) or expression (blunted affect, alogia). Negative symptoms are a core component of schizophrenia and they account for a large part of the long-term morbidity and poor functional outcome in patients with the disorder.[41] Several validated and well-established assessment tools are available. They include PANSS, the Scale for the Assessment of Negative Symptoms (SANS), the Scale for the Assessment of Positive Symptoms (SAPS), and the 16-item Negative Symptom Assessment (NSA-16).[41][42] BPRS was developed as a measurement instrument to assess the change in psychopathology in a wide variety of severe psychiatric disorders, namely depression with psychotic symptoms, bipolar affective disorder, and schizophrenia.[43] BPRS is used for assessment in most of the available articles though it is not specific for schizophrenia. Schizophrenia is represented in only Murphy's repertory and synthesis repertory. In Murphy's repertory, a number of remedies are represented for schizophrenia under the rubrics Catatonic( 9 remedies), hebephrenic(10 remedies), and paranoid( 49 remedies).[44] Synthesis repertory also shows many rubrics in schizophrenia such as – ‘acute’, ‘beginning’, ‘catatonic’, ‘children in’, ‘hebephrenia’, and ‘paranoid’. Though remedies like Anacardium, China, and Rhus tox are well-represented for paranoid schizophrenia, their use is not studied in the available literature. Rare remedies like serum anti-colibacilinum (schizophrenia-beginning), anhalonium lewinnii, haloperdolum (Schizophrenia- acute) are represented as single remedies under some rubrics.[45] How effective they are in clinical practice is yet to be confirmed by controlled studies in the future. Our results show that there has been a slow increase in the number of new publications on Homeopathy and schizophrenia since 2021 [31-36, 39, 40,46] As most of them are case reports and case series, there is a clear need for randomized, double-blind, controlled clinical trials to assess the effectiveness of homeopathy in schizophrenia.

CONCLUSIONS

The current evidence base supporting the utility of homeopathy in schizophrenia is quite limited, despite some positive findings in the available literature. To assess the effectiveness of homeopathic approaches in treating schizophrenia, researchers must conduct well-designed, randomized controlled double-blind clinical trials.

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