A Clinical Study on Paranoid Schizophrenia and Its Homoeopathic Management

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Abstract:

Objectives: To clinically evaluate and study of paranoid schizophrenia and to study about the rate of improvement after giving the Homoeopathic similimum in Paranoid Schizophrenia cases.

Materials and Methods: A prospective clinical study without control group was conducted in patients who reported in outpatient and Inpatient department of Vinayaka Mission's Homoeopathic Medical College and Hospital. Patients above 15 years of age presenting with the symptoms of Paranoid Schizophrenia were screened for inclusion and exclusion criteria. The symptoms of each patient were repertorized, and medicine was initially prescribed in 200c potency after reference with Materia Medica. Patients were followed up to a minimum period of 6 months. Outcome of treatment was assessed with Brief Psychiatric Rating Scales (BPRS).

Results: Out of 35 patients, 30 cases completed minimum follow-up period of 6 months were analyzed by using Statistical method. Significant difference (P = 0.0001, P < 0.05) in the mean scores of BPRS, using paired t test was observed at the end of the study. Natrum muriaticum, Sepia officinalis, Aurum metallicum, Hyoscyamus and Sulphur were found to be the most useful medicines in treating Paranoid Schizophrenic patients.

Conclusion: The Statistical analysis of before and after BPRS proved that, homoeopathic medicine is effective in the treatment of Paranoid Schizophrenia.

Key words: Brief Psychiatric Rating Scale, Homoeopathy, Paranoid, Psychiatry, Schizophrenia.

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I. Introduction

Schizophrenia is arguably most puling of the psychiatry syndromes and consists of variable, but profoundly disruptive, psychopathology that involves cognition, perception and other aspects of behaviour since its early description by Kraeplin, the concept of schizophrenia has undergone considerable modification to become the disorder it is today. The symptoms of schizophrenia are generally noted to fall into three independent clusters that are positive symptoms, negative symptoms and disorganization in thought and behaviour.¹

Over the years there are mainly five types of schizophrenia, among one of the subtypes of schizophrenia is paranoid type of schizophrenia is characterized mainly by the presence of delusions of persecution or grandeur. The illness appears earlier in men (in the late teens or early twenties) then in women (who are affected in the twenties to early thirties). Many of them are disabled. They may not be able to hold down jobs or even perform tasks as simple as conversations. Some may be so incapacitated that they are unable to do activities most people take for granted, such as sharing or preparing a meal. Many are homeless. Some recover enough to live a life relatively free from assistance.²

Homoeopathy treats the person as a whole, which means that it focuses on the patient's body, mind, emotions and the pathological condition. Homoeopathic treatment is the most curative, non-toxic, gentle and modern treatment. In view of the fact that it works with the person's own vital force towards equilibrium and healing, it will influence the brain chemistry and assist the patient in resuming psychological strength and symmetry. Homoeopathic treatment might have a better chance to relieve the symptoms of Paranoid Schizophrenia giving the patient an improved awareness of their disease and a deeper self-consciousness, thus contributing to permit the patient a healthier life quality.³

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II. Materials and Methods

Source of data:

This study of Paranoid Schizophrenia was conducted in patients who reported to outpatient department, Inpatient department and peripheral centers of Vinayaka Mission's Homoeopathic Medical College and Hospital.

Sample size:

A total number of 30 cases were screened above 15 years of age for study. The diagnosis were made on basis of strong clinical presentation, examination finding as well as investigations, if required. The cases were selected for the study after fulfilling the inclusion as well as exclusion criteria. The case selection is done by purposive sampling.

Research design:

A prospective clinical study design without control group.

Inclusion criteria:

- 1. Above 15 years of Age.
- 2. Both males and females.

Exclusion criteria:

- 1. Patients with active treatment for any other chronic disease.
- 2. Patients with organic mental disorders.

Intervention:

A detailed case history will be taken as per the performa prepared for the topic. Therapeutic management is on the basis of homoeopathic totality. Sample size will be 30 in number; no particular sampling procedures shall be adapted. Once the data was recorded, it was processed as per the guidelines adapted in the standardized case record of Vinayaka Mission's Homoeopathic Medical College and Hospital. A totality of symptoms was erected in each case, taking in consideration of personality assessment and as per the principles of Homoeopathy. A remedy was selected for each after referring to Homoeopathic Materia Medica and Various repertories. Therapeutic plan was evolved individually for each as per the SCR guidelines. The cases were followed up to a minimum period of 6 months. After following up cases the inferences were drawn by analysis of the outcome.

The method used in the study was a clinical method for confirmation and the results obtained has been scientifically analyzed and evaluated.⁴ There were no controls used in the study and the patients were treated both in outpatient and inpatient basis. Investigations were not done in all the cases since the clinical history and the examination findings were sufficient to arrive at a diagnosis. The remedy selection in individual cases was based on the analysis of symptomatology such as causative factors, qualified mental, physical generals, concomitants, characteristic particulars, reportorial references and other Materia Medica sources. Various potencies ranging from 200C – 1M have been used in this study. Repetition and potency regulation, mostly in ascending potencies was used based on Homoeopathic posology. No concomitant therapy such as allopathic treatment or any other was used. Subjects, who were on other therapy already, were asked to discontinue the same. Placebo administration was done in some cases. If the patient's condition becomes severe or deteriorated, it was referred to conventional or other treatment.

Outcome Measures:

BPRS, the most widely used rating scale in psychiatry containing of 24 items rated NA (Not Assessed) to 7 (Extremely severe), was used to verify the status at the baseline and each follow-up visits. The result was analyzed on the basis of changes in BPRS Scores. Changes was calculated by using formula and the changes were graded as Marked improvement, Moderate improvement, Mild improvement and No improvement.

Statistical Analysis:

Statistical analysis was done by using paired 't' test. Repeated measures ANOVA test was used to compare the changes in BPRS scores at various time points during the study. The test statistic 't' follows patient's t distribution with n-1 (29) degrees of freedom. Here, tabled value of 't' at 5% level of significance is 2.045 and 1% level of significance is 2.756 for 29 degrees of freedom. Since the calculated value is 15.63 which are greater than the table at 5% & 1%, we reject null hypothesis. Friedman & McNemar test was used for data analysis of each symptom and a P < 0.05 was considered as significant.

III. Results

Out of 30 patients studied, number of male cases was 17 (56.67%) and female cases were 13 (43.33%). Out of 30 patients studied, the maximum prevalence of Paranoid Schizophrenia was noted in age groups 15 to 25 (30%).

Table 1: Sex wise distribution of Paranoid Schizophrenia

S. No	Sex	No. of Patients	Percentage
1.	Male	17	56.67%
2.	Female	13	43.33%
	Total	30	100%

Out of 30 cases, the fundamental miasms are 16 cases (53.33%) have Sycosis, 6 cases (20%) have Psora, 5 cases (16.67%) have Syco-Syphilis, 2 cases (6.67%) have Syphilis, 1 case (3.33%) has Psoro-Sycosis in nature.

Out of 30 cases, the dominant miasms are 21 cases (70%) have Sycosis, 4 cases (13.33%) have Syco-Syphilis, 3 cases (10%) have Syphilis, 2 cases (6.67%) have Psoro-Sycosis.

Out of 30 cases studied 15 cases (50%) showed marked improvement, 8 cases (26.67%) showed moderate improvement, 4 cases (13.33%) showed mild improvement and 3 cases (10%) showed no improvement. Significant reduction in BPRS scores was observed within 3 months.

Table 2: Distribution of Results of Homoeopathic treatment for Paranoid Schizophrenia

S. No	Result	No. of Patients	Percentage
1.	Marked Improvement	15	50%
2.	Moderate Improvement	8	26.67%
3.	Mild Improvement	4	13.33%
4.	No Improvement	3	10%
	Total	30	100%

All 30 cases in this study required a constitutional remedy. The study showed Natrum muriaticum has a significant effect in 6 cases (20%), Sepia was used in 4 cases (13.33%), Aurum metallicum, Hyoscyamus, Sulphur was used in 3 cases each (10%), Lachesis, Lycopodium, Pulsatilla, Stramonium was used in 2 cases each (6.67%), Anacardium, Calcarea phos, Thuja was used in 1 each case (3.33%).

Figure 1: Distribution of medicines used on the basis of constitution

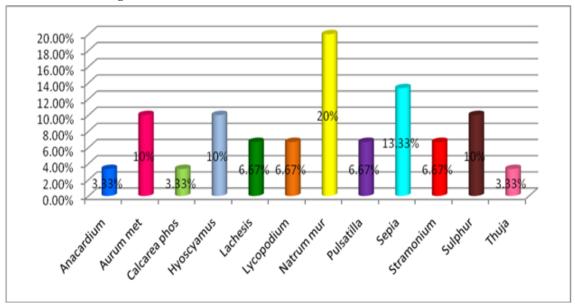


Table 3: Comparison of BPRS Score at Before and After Homoeopathic treatment

Case No	X	Y	Z = X - Y	Z - Z	$(\mathbf{Z} - \overline{\mathbf{Z}})^2$
1.	81	40	41	8.8	77.44
2.	71	54	17	-15.2	231.04
3.	82	39	43	10.8	116.64
4.	82	48	34	1.8	3.24
5.	76	37	39	6.8	46.24
6.	76	34	42	9.8	96.04
7.	77	68	9	-23.2	538.24
8.	76	47	29	-3.2	10.24
9.	76	57	19	-13.2	174.24
10.	80	38	42	9.8	96.04
11.	82	73	9	-23.2	538.24
12.	66	39	27	-5.2	27.04
13.	77	38	39	6.8	46.24
14.	75	42	33	0.8	0.64
15.	84	40	44	11.8	139.24
16.	71	41	30	-2.2	4.84
17.	83	62	21	-11.2	125.44
18.	64	34	30	-2.2	4.84
19.	74	35	39	6.8	46.24
20.	75	44	31	-1.2	1.44
21.	80	61	19	-13.2	174.24
22.	76	40	36	3.8	14.44
23.	72	38	34	1.8	3.24
24.	69	40	29	-3.2	10.24
25.	85	44	41	8.8	77.44
26.	81	36	45	12.8	163.84
27.	85	39	46	13.8	190.44
28.	88	41	47	14.8	219.04
29.	71	60	11	-21.2	449.44
30.	72	32	40	7.8	60.84
	2307	1341	966		3686.8

IV. Discussion

Homoeopathy has been found useful in the treatment of paranoid schizophrenia over the years. The number of patients taken for the study was 30. The patients were observed for the period of 6-8 months. All the patients were treated with constitutional remedies in this study. Complaints markedly improved in 15 cases, moderately in 8 cases, mild improvement in 4 cases and 3 cases were not improved. From the analysis of the above results obtained it is obvious that the homoeopathic medicines are very effective in the treatment of Paranoid Schizophrenia. The present study had some limitations too. It will be always to keep control (placebo) group simultaneously to verify the effectiveness of treatment.

V. Conclusion

The study provides evidence to say that, there is significant reduction of symptoms suffering from Paranoid Schizophrenia, assesses by Brief Psychiatric Rating Scale (BPRS) score after giving homoeopathic treatment. Therefore, homoeopathic treatment is effective in cases of Paranoid Schizophrenia. Randomized controlled trials are suggested to assess the efficacy of homoeopathic medicine.

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