



A Retrospective Study On The Effectiveness Of Stramonium In Schizophrenia

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Abstract: Schizophrenia is a mental condition that is affecting approx. 1.0 percent of the worldwide population, with devastating consequences for affected individuals and their families. Homoeopathy could be an effective alternative mode of treatment and can minimize the consequences of it. This study is done to have a brief review of the condition of Schizophrenia and to evaluate the role of Homoeopathy as an alternative mode of treatment in patients suffering from this condition. The research is performed as an retrospective study by searching Pubmed, IJRH, ISOR-JDMS, WHO, and Medscape databases. Reference books related to medicine and homoeopathy were also reviewed. The search used the keywords like Schizophrenia, Homoeopathy, psychiatry, hallucinations, paranoia, ICD-10, DSM-5, etc. This study is conducted at Peripheral Health Centres, Karode centre for Mentally ill women, EMMAUS Rehabilitation centres at Ummancode, Mekkamandapam and also at the OPD for Psychiatry in Sarada Krishna Homoeopathic Medical College, Kulasekharam. Schizophrenia alters the thinking, feeling and behavior of affected person and is presented in form of delusion, hallucination with social withdrawal. Homoeopathy can be an alternative mode of treatment to not only help in improving this condition but also treat the same. There are not much studies that has been conducted to evaluate the role of Homoeopathy in schizophrenia. Out of few, one study has suggested improvement in the symptoms of paranoid schizophrenia using Brief Psychiatric Rating Scale (BPRS) score system. Schizophrenia is a psychiatric condition not only affecting routine of daily of life but also the Quality of life. Homoeopathy is a non-toxic, gentle, permanent treatment which is based on totality of symptoms (TOS) and individualization. In the process of construction of TOS and individualization, more importance is given to mental symptoms. As again pschizophrenia is a psychiatric condition which affects the mental process of patient, Homoeopathy can be used as an effective method of treatment but to establish the efficacy of it, more studies including randomized controlled trials are suggested analytical framework contains.

Index Terms - Schizophrenia, Homoeopathy, BPRS scale, individualization.

I. INTRODUCTION

Schizophrenia is one of the most complex and disabling diseases to affect mankind. It is a debilitating mental illness that affects 1 percent of the population in all cultures. It affects equal numbers of men and women, but the onset is often later in women than in men. ^[1] It is characterized by positive and negative symptoms. Positive symptoms include hallucinations, voices that converse with or about the patient, and delusions that are often paranoid. Negative symptoms include flattened affect, loss of a sense of pleasure, loss of will or drive, and social withdrawal. Both types of symptoms affect patients' families; therefore, it is important for physicians to provide guidance to all persons affected by the disease. Psychosocial and family interventions can improve outcomes ^{[2][3]}. Medications can control symptoms, but virtually all antipsychotics have neurologic or physical side effects (e.g., weight gain, hypercholesterolemia, diabetes).

There is a 10 percent lifetime risk of suicide in patients with schizophrenia. thus it is a common, severe mental illness that most clinicians will encounter regularly during their practice. Relatively little is known about its nature and its origins, and available treatments are inadequate for most patients. ^[4]

Homeopathy, with the concept of individualisation and holistic approach has its own advantages in treating the cases of schizophrenia. Even before Hahnemann developed the homeopathic science, he made important contributions to mental health care. In the late 1700s insanity was considered the possession of demons. The insane were regarded as wild animals, and treatment was primarily punishment^[5]. Hahnemann was one of the few physicians who perceived mental illness as a disease that required humane treatment. He opposed the practice of chaining mental patients, granted respect to them, and recommended simple rest and relaxation.

The purpose of this study is to bring to the limelight the effectiveness of Homeopathic medicine Stramonium in treating schizophrenia. The early treatment of such schizophrenic patients ensures the social well being of the individual in a non-toxic, gentle and permanent way based on totality of symptoms and individuality.

II. MATERIALS AND METHODS

2.1 METHODOLOGY

The study is designed to be conducted at Peripheral Health Centres, Karode centre for Mentally ill women, EMMAUS Rehabilitation centres at Ummancode, Mekkamandapam and also at the OPD for Psychiatry in Sarada Krishna Homoeopathic Medical College, Kulasekharam. The study population will comprise of 30 cases based on the inclusion and exclusion criterias.

The cases will be selected based purposive sampling where patients fulfilling the ICD 10 Diagnostic Criteria for Research shall be enrolled for the study. The cases is diagnosed by a Psychiatrist before considering for the study. After taking written informed consent from the Legal Guardian, the case is taken up for the study. A detailed case-taking is done for the collection of history and symptomatology. A baseline assessment followed by medication i.e Stramonium 30 and repeated or raised to a higher potency as the situation demands. Regular follow-up at an interval of one month for assessing the improvement in the patient.

The Brief Psychiatric Rating Scale (BPRS) was developed as a measurement instrument to assess the change (i.e., improvement or deterioration) in psychopathology in a wide variety of severe psychiatric disorders, namely depression with psychotic symptoms, bipolar affective disorder, and schizophrenia (Overall and Gorham, 1962; Shafer, 2005). In addition, a combination of BPRS items was used to infer recovery in patients with schizophrenia (Andreasen et al., 2005). Due to its psychometric properties, the BPRS has the potential to accurately assess symptomatology in non-psychotic disorders. Several clinical studies have used the BPRS to quantify psychopathology and evaluate intervention effectiveness in heterogeneous diagnostic populations

The BPRS consists of 18 items measuring the following factors: (1) anxiety, (2) emotional withdrawal, (3) conceptual disorganization, (4) guilt feelings, (5) tension, (6) mannerisms and posturing, (7) grandiosity, (8) depressive moods, (9) hostility, (10) suspiciousness, (11) hallucinatory behavior, (12) motor hyperactivity, (13) uncooperativeness, (14) unusual thought content, (15) blunted affect, (16) somatic concern, (17) excitement, and (18) disorientation. It uses a seven-item Likert scale with the following values: 1 = "not present", 2 = "very mild", 3 = "mild", 4 = "moderate", 5 = "moderately severe", 6 = "severe", 7 = "extremely severe". The test is administered in tandem with a series of interviews conducted by at least two clinicians to ensure interrater reliability of the assessment. ^{[2][3]}

2.2 ELIGIBILITY CRITERIA

2.2.1 INCLUSION CRITERIA:

- Age group: 18-60 years
- Cases with consent from legal guardian.
- Diagnosed cases confirmed by a Psychiatrist.

2.2.2 EXCLUSION CRITERIA

- Patients below the age of 18 years and above the age of 60 years.
- Individuals with psychiatric Co-morbidities or severe systemic illnesses.
- Who refuse to give consent
- Patients with suicidal/ homicidal tendencies

2.3 STUDY DESIGN:

Single arm, prospective interventional clinical trial. Before and after study design.

2.4 SAMPLING:

30 Cases shall be enrolled by purposive sampling of cases of Schizophrenia.

2.5 ETHICAL ISSUES IF ANY:

Not applicable

2.6 OUTCOME ASSESSMENT

The effectiveness of Stramonium in treating Schizophrenia is assessed by BPRS scale before and after treatment .

2.7 STATISTICAL TECHNIQUES AND DATA ANALYSIS

Data are represented in pie charts, bar diagrams and tables.

III.OBSERVATIONS AND RESULTS

30 cases of Schizophrenia have been analysed and on analysis it is estimated that the predominant age group affected is 25-35 years. This is represented in figure 1.

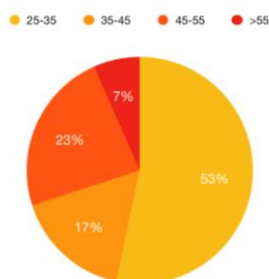


fig 1. age groups affected

It has been analysed that schizophrenia tends to run in families. This retrospective study shows 37% of the cases have positive family history as represented in figure 2.

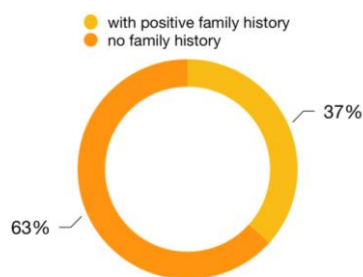


fig. 2 Relation with family

Schizophrenia is a multifactorial disease, with both genetic and environmental contributions likely playing an important role in the contribution of the symptoms. This retrospective study shows the common Etiology of the disease as depicted in figure 3.

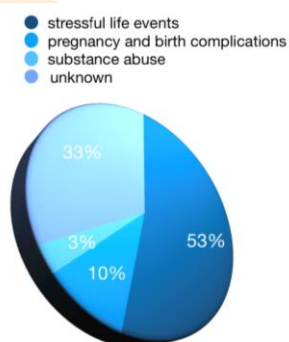


fig 3. distribution of etiology

Schizophrenic patient tend to have associated comorbidities. This retrospective study shows a positive association with diabetes mellitus type 2, coronary artery disease , altered bowel movements, DUB etc., This is illustrated in figure 4.

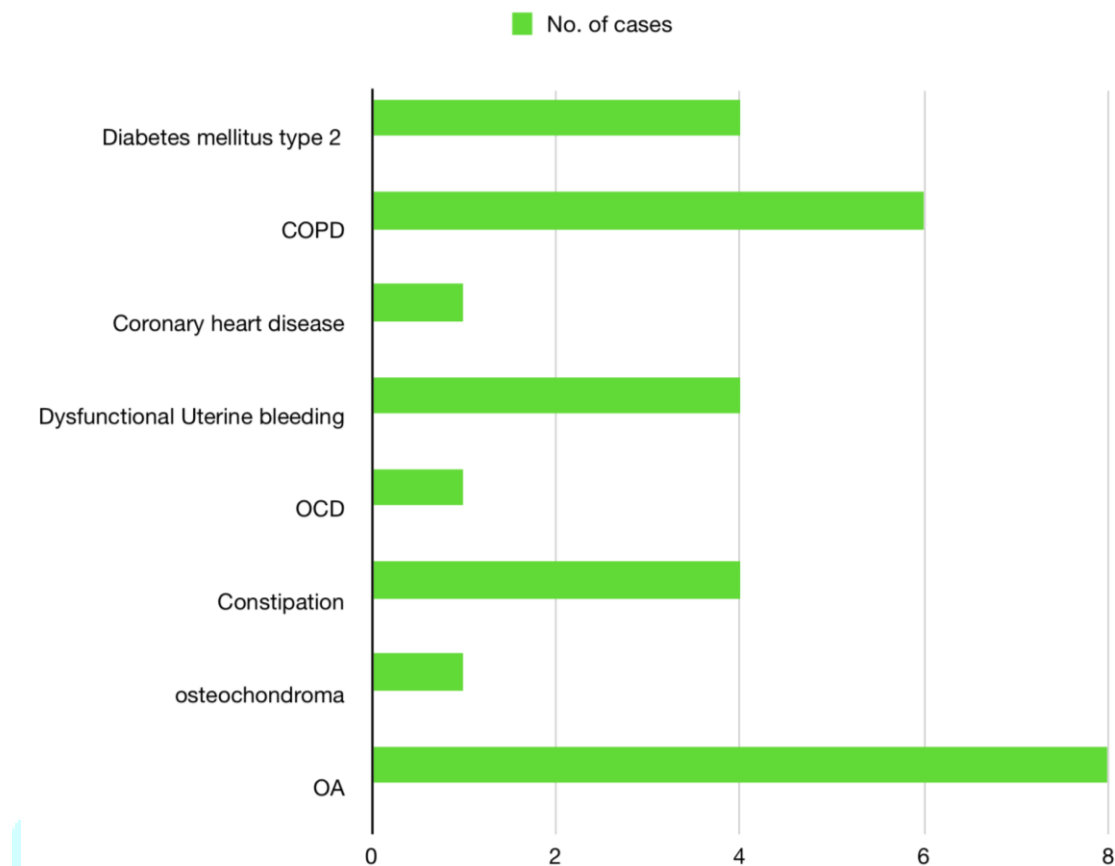


fig 4 . Associated comorbidities

This study focused a 18 item Brief Psychiatric Rating Scale for quantification of schizophrenic states before and after treatment. The analysis showed a marked decrease in the score after treatment with stramonium in

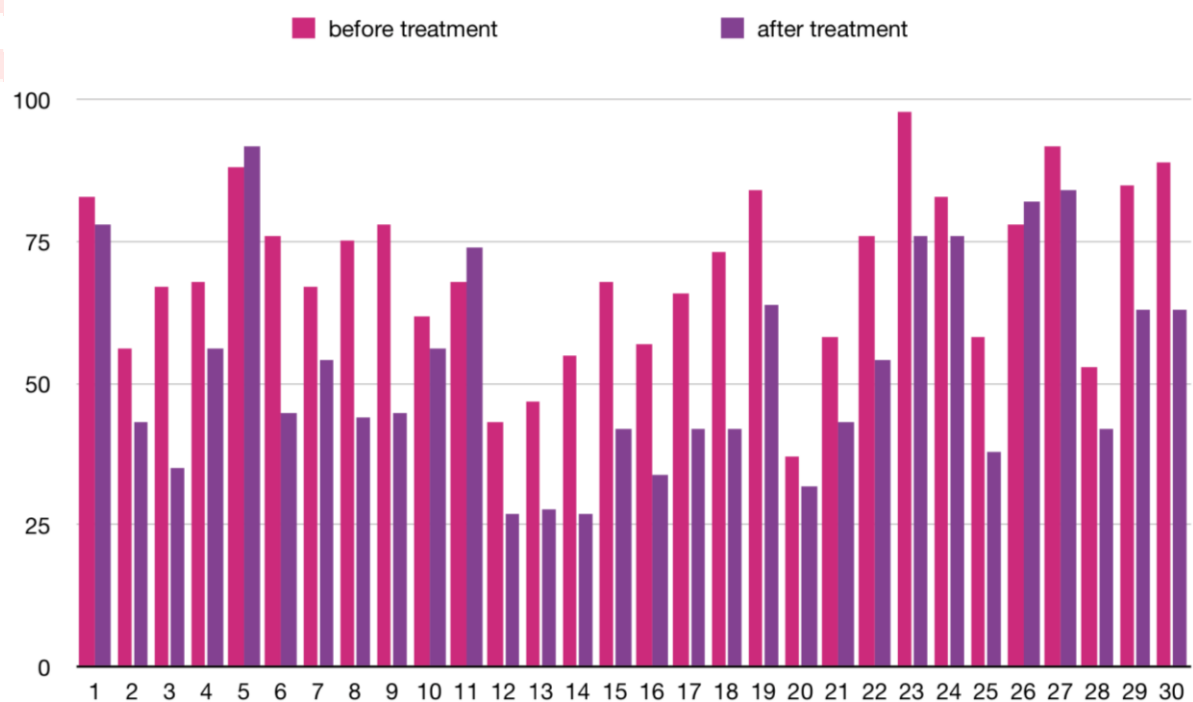


fig 5. BPRS score before and after treatment

various potencies. This is illustrated in figure 5.

IV. DISCUSSION AND RESULTS

Schizophrenia, have a typical age of onset in late adolescence. Late adolescence may reflect a critical period in brain development making it particularly vulnerable for the onset of psychopathology. This study revealed 53% of population involved was between 25-35 years of age group. The etiology of schizophrenia is related to genetic predisposition and environmental factors acting in the early stages of life. Environmental risk factors impair gene expression during brain development by affecting epigenetic regulation and inducing an abnormal trajectory of brain maturation. Thus, the identification of Epigenetic mechanisms altered during schizophrenia development might be an important target for schizophrenia prevention. Research suggests that a combination of genetic factors and aspects of a person's environment and life experiences may play a role in the development of schizophrenia. These environmental factors that may include living in poverty, stressful or dangerous surroundings, and exposure to viruses or nutritional problems before birth. The common trigger factors includes 53% stressful life events, 10% LBW, 3% with substance abuse

It has also been shown that some early onset cases are familial variant of the adult-onset schizophrenia with strong genetic liability. Because early-onset cases show clinical, cognitive, genetic and neurobiologic continuity with adult-onset schizophrenia but with enduring clinical morbidity and psychosocial disability, it is necessary to identify families with early onset disease. Doing so might be able to identify cases with poor psychosocial performance and appropriate intervention done to ameliorate it. This retrospective study shows 37% of the cases showed positive family history.

Schizophrenic patients tend to develop physical complaints at a later, more serious stage. They also have a significantly higher incidence of type 2 diabetes mellitus, coronary heart disease and chronic obstructive pulmonary disease than the whole population. They are also associated with substantial psychiatric comorbidity including substance use disorders, bipolar, personality and depressive disorders, which were the most common disorders associated with schizophrenia

V. CONCLUSION

Schizophrenia has typical onset at late adolescence age group of 25-35 years. It shows positive family history, which is associated with early onset schizophrenia. Comorbidities of schizophrenia includes CAD, DM type 2, COPD, DUB, altered bowel movements. It is associated with psychiatric comorbidities such as OCD also. Treatment of schizophrenia with various potencies of stramonium as needed showed a marked improvement as assessed using BPRS scale.

This study uses small sample size which reduces statistical power, limits generalizability, and increases bias risk. Lack of Control Group makes it difficult to attribute outcomes solely to Stramonium due to confounding factors. This study relies on incomplete or inconsistent historical data, with potential recall bias. Varying dosages and subjective responses complicate standardization and result interpretation. Thus, more detailed studied in future is needed.

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