

SCHIZOPHRENIA, A PSYCHOTIC DISORDER – HAHNEMANIAN PERSPECTIVE

Dr. Ravi Jain

M.D (Hom.) Assistant. Prof. – Dept. of Practice of Medicine (FHS - Jayoti Vidyapeeth Women's University, Jaipur

Dr Hemant Vyas

M.D (Hom.) Asso. Prof. & HOD – Dept. of Surgery (FHS - Jayoti Vidyapeeth Women's University, Jaipur

Dr Astha Sikarwar

Assistant. Prof. – Dept. of Organon of Medicine & Homoeopathic Philosophy (FHS - Jayoti Vidyapeeth Women's University, Jaipur

Dr Pramila Kajla

Assistant Professor, Department of Physiology & Biochemistry (FHS - Jayoti Vidyapeeth Women's University, Jaipur)(FHS - Jayoti Vidyapeeth Women's University, Jaipur

Dr. Mona Pathak

Assistant Professor, Department of Pathology, (FHS - Jayoti Vidyapeeth Women's University, Jaipur

Abstract: The term schizophrenia is Greek in origin, and in the Greek meant "*split mind*". Schizophrenia affects around 1% of the world's population and it's really an alarming figure. Curability is limited in allopathic system of medicine and so it's time to demonstrate homoeopathy in psychotic disorders like schizophrenia and to help the humanity with its benefits.

Keywords: schizophrenia, homoeopathy, mental diseases

Introduction

Schizophrenia is a group of heterogeneous symptoms characterized by disturbance in language, perception, thinking, social activity, affect, and volition. The syndrome commonly begins in late adolescence and has an insidious onset. Schizophrenia is associated with suicide, with up to 1 in 10 patients taking their own lives.¹

Many studies have been done on schizophrenia and found that the curability is limited in allopathic system but as far as homoeopathy is concerned it treats the person as a whole, which means it deals with the person's body, mind, emotions and his diseased condition. It works on the person's own vital force towards equilibrium and healing. It also influences the brain chemistry and assists the patient in resuming psychological strength. The homoeopathic understanding of health considers that body and mind are dynamically interconnected and that both directly influence each other.

History of schizophrenia: This disorder was first time named "Dementia Praecox (premature dementia)" by Emil Kraepelin in 1896. Later Eugen Bleuler in 1911 renamed dementia praecox as "Schizophrenia" (meaning mental splitting). In 1959 Kurt Schneider described symptoms which were of great significance in making a clinical diagnosis of schizophrenia.²

Epidemiology: The spread of schizophrenia is universal. About 1% of the population world-wide is

affected. This disorder is more common in males compared to that of females. The incidence of schizophrenia is noticeably genetic. The children of one of the affected parent have approximately 10% risk of having schizophrenia, but approximately 50% of the monozygotic (identical) twins get affected with it.³

Aetiology:³

- Genetic contribution, probably involving many susceptibility genes
- Environmental risk factors include obstetric complications and urban birth
- Abnormalities in brain development
- Social stress
- Drugs which increases dopamine turnover and sensitivity

Signs and Symptoms: a gradual change in the person's personality is an indication of the onset of schizophrenia

- **Hallucinations-** The person has sensory perceptions without a stimulus. This may be visual, auditory, gustatory, tactile or olfactory.
- **Delusions-** These are false beliefs that conflict with the reality. These may be in the form of suspiciousness, directed against one or many people.
- **Other essential symptoms** to make a diagnosis of schizophrenia include disorganised speech or behaviour and negative symptoms like affective flattening, amotivation, alogia and apathy
- **Cognitive impairment** is characterised by deficits in attention, learning, memory and executive functions.⁴

International Classification of Diseases WHO (ICD-10) has given diagnostic guidelines

- Duration of symptoms should be at least one month or more
- One very clear-cut symptom or two or more symptoms if symptoms are not very clear
 - (a) Thought echo, thought insertion or thought withdrawal and thought broadcasting
 - (b) Delusions of control, influence, or passivity; or specific thoughts, actions or sensation, delusional perception
 - (c) Hallucination voices
 - (d) Persistent delusions
 - (e) Persistent hallucinations
 - (f) Breaks in interpolations in train of thoughts, resulting in incoherence or irrelevant speech or neologism
 - (g) Catatonic behaviour such as excitement, posturing, or waxy-flexibility, negativism, stupor
 - (h) Negative symptoms such as marked apathy, paucity of speech, blunting or incongruity of emotional responses, usually resulting into social withdrawal⁴

Subtypes of Schizophrenia: Several subtypes of schizophrenia, based on the clinical picture are-

- **Paranoid type:** Delusions and auditory hallucinations are present.
- **Catatonic type:** The subjects are mostly immobile or exhibit purposeless movements.
- **Simple schizophrenia:** Insidious or progressive development of prominent negative symptoms
- **Undifferentiated schizophrenia:** Psychotic symptoms are present but are without sufficient symptoms to meet the criteria for any of subtypes
- **Hebephrenic schizophrenia:** Where thought disorder and flat affect both are present

- **Residual schizophrenia:** Prominent negative symptoms and positive symptoms are present at low intensity⁴

Treatment: The goals of care are to identify the illness early, treat the symptoms, prevent relapses and reintegrate the ill person in the community. The treatment of schizophrenia has three major components. First, there are medications to relieve symptoms and prevent relapse. Second, education and psychosocial interventions assist patients and families cope with the illness. Third, rehabilitation helps patients reintegrate into the community and regain occupational functioning.

- **Medical Treatment:** Anti-psychotic drugs help control acute symptoms and some symptoms of the chronic state too. Occasionally, electroconvulsive therapy or shock treatment (ECT) is given during an acute phase of schizophrenia.
- **Psychosocial Rehabilitation:** Psychosocial rehabilitation is an important component in the management of schizophrenia. It is a set of techniques aimed at reducing symptoms and decrease impact of illness, improve skills and capability of the person.⁴

Prognosis:

- Good prognosis –acute or abrupt onset
 - more than 35 years of age
 - Presence of stressor
 - predominant positive symptoms²
- Poor prognosis – insidious or gradual onset
 - less than 20 years of age
 - predominant negative symptoms
 - family history of schizophrenia²

Dr Hahnemann as a psychiatrist

In 1792, the Duke Ernst Von Sachsen-Gotha have heard about the good reputation of Samuel Hahnemann as a physician, and about his intention to devote himself to this kind of work, placed a wing of his hunting cottage. Being now provided with a chance of treating the insane under ideal conditions, Hahnemann acknowledged that for several years previously he had made a special study of “diseases of the most lingering and hopeless nature generally, and of hypochondria and insanity in particular.”

The patient was the one who had been suggested for treatment by the Duke, Klockenbring by name. This man was the author of highly susceptible disposition, having become insane through a malevolent attack made on him, apparently without any justification by a poet. His family physician in Hanover had done all in his potential to cure the patient. Alas in vain! Despite there was a clear interval at times, the fury of the illness was soon redoubled. In June 1792 Klockenbring was brought with an appropriate escort to Georgenthal. He kept on rambling and was excited for a quarter of an hour at a time. At one minute he spoke as a judge and at another he would recite as Agamemnon. He used to destroy anything that came to hand at that period. For the first week Hahnemann just observed the patient without giving any medical treatment till February of the following year he then treated him both psychically and by medicine finally he was restored. There was, further, no relapse, though Klockenbring’s death two years after his discharge was preceded by marked apathy.⁵

Homoeopathic Approach: As stated by Dr. Hahnemann, the mental diseases fall under chronic disease as *one sided disease (aphorism 210)*. To treat such conditions, the symptoms of the altered state of mind and disposition (aphorism 210), are to be observed carefully by the physician and to be taken from the patient's attendants beside that the other symptoms like physical generals, past and family history of patient, any drug abuse, his domestic position, social relations, occupational stress, symptoms of altered behavior in his childhood, parental disharmony, any birth trauma or any maternal stress during her pregnancy are to be taken into consideration.

The medicine prescribed must be capable of producing strikingly similar symptoms and especially an analogous disorder of mind and disposition (aphorism 220). Whatever the name of illness, the symptoms plays an important role in homoeopathic prescribing.⁶

Aphorism 215 : “Almost all so called mental and emotional diseases are nothing more than corporeal diseases in which the symptoms of derangement of mind and disposition peculiar to each of them is increased, while the corporeal symptoms decline”⁷

Miasmatic analysis: As stated by Dr. Hahnemann the mental diseases falls under the psora miasm. In aphorism 210, 222, 228 mental diseases are said to be psoric in origin and to be treated with antipsoric medicines.

Treatment: Dr. Hahnemann since ages described the treatment of mental diseases in aphorisms 210-230 which includes supportive psychotherapy and constitutional antipsoric medicine.

➤ Treatment of chronic mental diseases

In aphorism 220 he states that “thus constructed the complete picture of the disease, for which, in order to effect the homeopathic cure of the disease, a medicine capable of producing strikingly similar symptoms, and especially an analogous disorder of the mind, must be sought for among the antipsoric remedies, if the psychological disease have already lasted sometime.”⁷

➤ Treatment of acute mental diseases

In aphorism 221 he states that “If, however, insanity or mania have suddenly broken out as an acute disease in the patient's ordinary calm state, although it almost always arises from internal psora, like a flame bursting forth from it, yet when it occurs in this acute manner it should not be immediately treated with antipsorics, but in the first place with remedies indicated for it out of the other class of proved medicaments in highly potentized, minute, homeopathic doses, in order to subdue it so far that the psora shall for the time revert to its former latent state, wherein the patient appears as if quite well.”⁷

In aphorism 222 he states “such a patient, who has recovered from an acute mental or emotional disease by the use of these non-antipsoric medicines, should never be regarded as cured; on the contrary, no time should be lost in attempting to free him completely, by means of a prolonged antipsoric treatment”⁷

In aphorism 223 he states that “if the antipsoric treatment be omitted, then we may almost assuredly expect, from a much slighter cause than brought on the first attack of the insanity, the speedy occurrence of a new and more lasting and severe fit”⁷

Attribute of physician while taking psychotic case: Dr. Hahnemann told us how a physician should act or conduct himself while taking a psychotic case in aphorisms 228 and 229.

(a) To furious mania – we must oppose calm intrepidity and cool, firm resolution

(b) To doleful (expressing sorrow), querulous (complaining in whining manner) lamentation – a mute display of commiseration (the feeling of expression of pity and sorrow) in looks and gestures.

- (c) To senseless chattering – a silence not wholly inattentive
- (d) To disgusting and abominable conduct (causing disgust or hatred) – and to conversation of a similar character – total inattention.
- (e) We must merely endeavor to prevent the destruction and injury of surrounding objects, without reproaching the patient for his acts
- (f) Everything must be arranged in such a way that the necessity for any corporeal punishments and tortures whatever may be avoided.
- (g) Contradiction, eager explanations, rude corrections and invectives, as also weak, timorous yielding, are quite out of place with such patients; they are equally pernicious modes of treating mental and emotional maladies.
- (h) The physician and keeper must always pretend to believe them to be possessed of reason.
- (i) All kinds of external disturbing influences on their senses and disposition should, if possible, be removed; there are no amusements for their clouded spirit, no salutary distractions.⁷

Homoeopathic Medicines for Schizophrenia

The treatment of a case of Schizophrenia should be done on the basis of individuality of the person after complete case taking administering the dose based on Homoeopathic principles of single, simple minimum dose sufficient enough to produce effective change in the nature of the individual curatively. Some common medicines indicated in Schizophrenia with their indications includes:

1. **Absinthium:** Sudden and severe giddiness, delirium with hallucinations and loss of consciousness. Nervous excitement and sleeplessness. Hallucinations. Frightful visions. Loss of memory. Forgets what has recently happened. Wants nothing to do with anybody. Brutal.
2. **Anacardium Orientale:** impaired memory, depression, and irritability; diminution of senses - smell, sight, hearing. Fear of examination in students. Aversion to work; lacks self-confidence; irresistible desire to swear and curse. Fixed ideas. Hallucinations; thinks he is possessed of two persons or wills. Anxiety when walking, as if pursued. Profound melancholy and hypochondriasis, with tendency to use violent language. Brain-fag. Absent mindedness. Very easily offended. Malicious; seems bent on wickedness. Lack of confidence in himself or others. Suspicious. Clairaudient, hears voices far away or of the dead. Senile dementia. Absence of all moral restraint.
3. **Baryta Carbonica:** Child backward mentally and physically dwarfish. Diseases of old men when degenerative changes begin. Loss of memory, mental weakness. Irresolute. Lost confidence in himself. Senile dementia. Confusion. Bashful. Aversion to strangers. Childish; grief over trifles.
4. **Belladonna:** -Patient lives in a world of his own, engrossed by specters and visions and oblivious to surrounding realities. Visual hallucinations. He is acutely alive and crazed by a flood of subjective visual impressions and fantastic illusions. Hallucinations; sees monsters, hideous faces. Delirium; frightful images; furious; rages, bites, strikes; desire to escape. Loss of consciousness. Disinclined to talk. Perversity, with tears. Acuteness of all senses. Changeableness.
5. **Hyoscyamus Niger:** Disturbs the nervous system profoundly. mania of a quarrelsome and obscene character. Inclined to be unseemly and immodest in acts, gestures and expressions. Very talkative, and persists in stripping herself, or uncovering genitals. Is jealous, afraid of being poisoned. Its symptoms also point to weakness and nervous agitation. very suspicious. Talkative, obscene, lascivious mania, uncovers body; jealous, foolish. Great hilarity; inclined to laugh at

- everything. Delirium, with attempt to run away. Low, muttering speech; constant carphologia, deep stupor.
6. **Nux Moschata:** Strange feeling, with irresistible drowsiness. General inclination to become unconscious during acute attacks. Changeable; laughing and crying. Confused, impaired memory. Bewildered sense, as in a dream. Thinks she has two heads.
 7. **Nux Vomica:** - Very irritable: sensitive to all impressions. Ugly, malicious. Cannot bear noises, odors, light, etc. Does not want to be touched. Time passes too slowly. Even the least ailment affects her greatly. Disposed to reproach others. Sullen, fault-finding. Irritable, nervous system, hypersensitive and over-impressionable.
 8. **Pulsatilla Pratensis:** Mild, gentle yielding disposition. Sad cries readily. Weeps when talking, changeable, contradictory. Timid, irresolute. Fear in the evening of being alone, ghosts. Likes sympathy. Easily discouraged. Religious melancholy. Highly emotional.
 9. **Staphysagria:** Nervous affection with marked irritability. Impetuous, violent outbursts of passion, hypochondriacal, sad. Very sensitive to what others say about her. Dwells on sexual matters. Prefers solitude. Peevish. Child cries for many things and refuses them when offered.
 10. **Veratrum album:** Behavior disorder- schizophrenia. Melancholy, with stupor and mania. Sits in a stupid manner, notices nothing. Sullen indifference. Frenzy of excitement; shrieks, curses. Aimless wandering from home. Delusions of impending misfortunes. Mania, with a desire to cut and tear things.

Conclusion: Homoeopathic treatment is based on individualistic and holistic approach so, it does not treat the particular diseases but treats interior of man. Homoeopathy is based on the fact that the person emotional and mental life experience cannot be isolated and that prolonged, unresolved emotions lead to physical reaction. Therefore, Homoeopathic treatment has a better chance to relieve the symptoms of Schizophrenia giving the patient an improved awareness of the disease and a deeper self-consciousness, thus contributing to enable the patient a healthier life quality.

Reference:

1. Kasper D L, Braunwald E, Fauci A S, Hauser, Longo, Jameson. Harrison's principles of internal medicine. 19th ed. USA: Mc Graw Hill; 2015: 2720-1
2. Ahuja Niraj. A Short Textbook of Psychiatry. 7th ed. Jaypee Brothers. New Delhi, 2011: 54, 62
3. Colledge Nicki R, Walker Brian R, Ralston Stuart H. Davidson's Principle and Practice of Medicine. 22nd Edi. Edinburgh: Churchill Livingstone Elsevier; 2014: 247-8
4. Munjal YP, Sharma SK, Agarwal AK, Singal RK, Gupta P, Kamath SA, Shah SN. API text book of medicine. 9th ed. Mumbai: The Association of physicians of India; 2012: 1652-6
5. Hobhouse Rosa Waugh. Life of Christian Samuel Hahnemann. B Jain Publishers (p) Ltd; New Delhi: 85-99
6. Sarkar BK. Hahnemann's Organon of Medicine. 9th revised edition. New Delhi. Birla Publications, 2011: 413-4
7. Hahnemann Samuel. Organon of medicine. 6th ed. New Delhi: B Jain publishers Pvt Ltd; Reprint 1998: 250, 253-5, 257-9
8. New Manual of Homoeopathic Materia Medica & Repertory by William Boericke. Augmented Edition. B Jain Publishers (p) Ltd; New Delhi