Individualized homoeopathic management in neurological and psychiatric maladies: A report of eleven cases

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Abstract
Today, it is assumed that all psychological issues (and vice-versa) have psychological solutions only. But that isn’t true. Many conventional medicine practitioners also prefer homoeopathic therapeutics for such cases. Due to the stressful lifestyle and other causes, a large population was affected by neurological and psychiatric maladies in developed countries and, it has risen as prominent cause of morbidity. These case studies were conducted with aimed to explore the therapeutic efficacy of homoeopathy in management of neurological and psychiatric maladies. The author concluded the beneficial effect of Homeopathy in the management of neurological and psychiatric maladies. This findings maybe support other homeopathists to treat other future referrals who will not willing to take allopathic medicine, due to its side effect.

Keywords: Argentum nitricum, Arsenic, Calcarea carbonicum, Carcinoscinum, Datura stramonium, Gelsemium sempervirens, Homoeopathy, Ignatia, Lycopodium clavatum, Natrum muriaticum, Sulphur.

Introduction
Neurological maladies are diseases of the brain, spine and the nerves that connect them. On the other hand, the hallmarks of psychiatric disorders are disturbed behaviour and emotional state. Undoubtedly, the frequent co-occurrence of the psychiatric with neurologic indications should not come as surprise.¹ According to WHO reports Geneva 2001, neurological disorders pose a high burden on worldwide health and, today, about 450 million people suffer from such conditions.² Numerous etiological factors are associated in pathogenesis of neurological and psychiatric maladies (NPM) including lifestyle-related causes, infections, genetics, nutrition-related causes, environmental influences and physical injuries, yet it is still challenging to interpret critical sole cause. Some NPM including headache syndromes, seizures and epilepsy, cerebrovascular accident, dementia, Alzheimer's disease, Parkinson's disease, myasthenia gravis, ataxia, head injury, brain tumours, multiple sclerosis, meningitis, encephalitis, anxiety and panic disorder, obsessive-compulsive disorder and schizophrenia are the most commonly encountered challenges faced by physician in routine practice.³

Due to lack of awareness regarding other alternatives, medications are a vital part of treatment for most people with NPM even if, they often have serious side effects, especially when given over long periods, and the additional fact that they do not cure mental illness. Nowadays, complementary and alternative medicines (CAMs) are extensively used in developed countries⁴ and, their use has grown since the 1990s.⁴ From which, homoeopathy is the longest established CAMs to have arisen in Europe and founded by Samuel Hahnemann.

Homoeopathy can be a beneficial treatment alternative in NPM as it treats the patient holistically taking mind and body into account.⁵ Furthermore, it is being known for having no side effect.⁶ Of a homoeopathic perspective, the prevalence of NPM in our society isn't just the consequence of living in a fast-paced, stressful society, but also because our medical care system has effectively suppressed various physical illnesses. Homoeopaths affirm that by treating symptoms as “causes” rather than as “effects”, whereas, conventional medicine masks the symptoms without curing the underlying disease process. It hypothesises that worse still, the treatment and suppression of symptoms force the disease process more profound into the organism so that it then manifests in more severe physical pathology and more serious psychological disorders.⁷

The management of NPM has become a growing challenge globally in recent years, and it has emerged as one of the leading causes of morbidity.³ Herein, eleven cases of neurological and psychiatric maladies managed with homoeopathically are presented.

Case Analysis
A series of 11 cases of NPM presented that were treated with individualized homoeopathic treatments that depended on plant, animal, or mineral compounds (Table 1). In total, five women and six men were included in the present case studies, with a mean age of 27.6 years. In all patients, past medical history and family history was non-contributory and, physical examination and systemic examination were unremarkable. Each patient was managed according to the laws of traditional homeopathy.⁷ According to these laws; an in-depth interview with the patients and their guardians was conducted after enrolment and, was reported in a case record proforma. After getting complete details regarding the case, repertorization was done based on the totality of symptoms (Fig. 1-11). The final prescription was based on the individualization of the patient, after consulting Materia Medica. In most 4 out of the 11 cases, more than one homoeopathic remedy was prescribed and was utilized sequentially (Table 1). General comfortless from the
complaint and reduction in suffering in neurological and psychiatry indispositions were used as measures to assess improvement after treatment. Based on the mental and physical state of the patient, treatment response was classified as recovered, improved and not improved. Patients were followed-up during treatment for a mean time of 91.3 days.

Table 1: Summary of homoeopathic treatments and outcome in 11 patients with NPM

<table>
<thead>
<tr>
<th>Case No.</th>
<th>Age/sex</th>
<th>Presenting complaints</th>
<th>Associated complaints/Disease diagnosis</th>
<th>Causative factor</th>
<th>Miasm</th>
<th>Homeopathic Remedies</th>
<th>Follow up</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>27/M</td>
<td>One-sided severe headache followed by vomiting later ending with gastric troubles and nervous during the conversation</td>
<td>Burning in the stomach with eructation, motion sickness, repeated cold and coryza and flatulence</td>
<td>Mental stress</td>
<td>Fundamental: Psora-sycosis Dominant: Psora-sycosis</td>
<td>Argentum nitricum 200/1 dose/30 days, Rescue remedy/4TDS/30 days</td>
<td>180 days</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Disease diagnosis: Migraine</td>
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<td></td>
<td>The patient showed an initial increase in headache and reduced mental symptoms. Similar treatment was repeated at 2nd follow-up visit for the status quo. The patient was improved.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>16/M</td>
<td>Headache form 4 months especially start during the afternoon, heaviness felt in vertex, pulsating pain in occipital and vomiting absent</td>
<td>Recurrent cold and coryza since four months start with sneezing, watery coryza, red eyes, and dry cough, recurrent diarrhea diarrhea for 2 months and greenish, watery, and very offensive stools.</td>
<td>Stress</td>
<td>Fundamental: Psora Dominant: Psora</td>
<td>Sulphur 200/1 dose/30 days</td>
<td>150 days</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Disease diagnosis: Cluster headache</td>
<td></td>
<td></td>
<td>Again 2 episodes of severe headache came and similar treatment was repeated at the 3rd follow-up visit.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>53/F</td>
<td>Trembling of hands since last 3 years and unable to hold things/write/sign any documents.</td>
<td>Occasional bleeding and burning in rectum, occasional stomatitis, teeth caries and mild hearing problem</td>
<td>Mental stress</td>
<td>Fundamental: Psora-sylphils Dominant: Psora-sylphils</td>
<td>Ignatia 200/1 dose/30 days 2nd follow-up visit: Natrum muriaticum/200/1 dose/30 days</td>
<td>180 days</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Disease diagnosis: Parkinson’s disease</td>
<td></td>
<td></td>
<td>Ignatia was best indicated based on the totality. Natrum muriaticum was used as intercurrent at 2nd follow up visit. The patient improved with the elimination of symptoms.</td>
<td></td>
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<tr>
<td>4.</td>
<td>40/M</td>
<td>Two episodes of the sudden loss of consciousness for 10-15 seconds on arising from bed in the morning today and day before yesterday.</td>
<td>Burning at the mid-chest, frequent eructations and addicted to tobacco chewing</td>
<td>Bad habits and mental stress</td>
<td>Fundamental: Psora Dominant: Psora</td>
<td>Lycopodium clavatum 200/1 dose/15 days</td>
<td>45 days</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Disease diagnosis: Transient ischemic attack</td>
<td></td>
<td></td>
<td>The case didn’t require another dose in between due to improvement. The patient was improved.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>16/M</td>
<td>Frequent episodes of epileptic fit since last 3-4 yrs taking regular allopathic medicines, stammering and cries loudly after convulsions &lt;Night, during sleep &gt;Warmth and clinging to mother.</td>
<td>Nil</td>
<td>Not found</td>
<td>Fundamental: Psora-sylphils Dominant: Psora-sylphils</td>
<td>Datura stramonium 200/1 dose/15 days</td>
<td>75 days</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Disease diagnosis: Convulsions/seizures</td>
<td></td>
<td></td>
<td>After the first dose, there was a marked improvement. However, the status quo was observed after 15 days of 1st follow-up. Similar treatment was repeated at 2nd follow up visit and the patient was improving but somehow then he did not appear for follow-ups.</td>
<td></td>
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<tr>
<td>6.</td>
<td>42/F</td>
<td>Difficulty in walking/speech/writing since last 3 yrs &lt; in winters and cold &gt;In hot weathers and warmth, to and fro movement of the neck while walking, get exhausted very easily and often incontinence of urine as if no control over it.</td>
<td>Unsatisfactory bowels, Premature greying of hairs</td>
<td>Mental stress</td>
<td>Fundamental: Psora-sylphils Dominant: Tubercular</td>
<td>Gelsemium sempervirens 200/1 dose/15 days Rescue remedy/15 days</td>
<td>105 days</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Disease diagnosis: Cerebellar Atrophy</td>
<td></td>
<td></td>
<td>The patient has relapse of his symptoms on the basis of which dose was repeated again at the 3rd follow-up visit. The patient was improving within outwards with the elimination of symptoms but dropped out without informing.</td>
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<tr>
<td>7.</td>
<td>24/F</td>
<td>Frequent attacks of one-sided pulsating headache in vertex with nausea especially during exams</td>
<td>Nothing specific</td>
<td>Mental stress</td>
<td>Fundamental: Psora-sycosis Dominant: Psora-sycosis</td>
<td>Lycopodium clavatum 200/1 dose/15 days</td>
<td>45 days</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Disease diagnosis: Migraine</td>
<td></td>
<td></td>
<td>The patient recovered fully with satisfaction.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>27/M</td>
<td>The constant fear that he</td>
<td>Sometimes headache</td>
<td>Fears</td>
<td>Fundamental: Sulphur</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Disease diagnosis: Obsessive compulsive disorder

**Dominant:** Psora-sycosis

**Fundamental:** Psora-sycosis

**Treatments:** Arsenic/200/1dose/15 days

The patient improved gradually and finally recovered.

### Disease diagnosis: Schizophrenia

**Fundamental:** Psora-sycosis

**Dominant:** Psora-sycosis

**Treatments:** Arsenic/200/1dose/30 days

The patient required another dose of arsenicum album and rescue remedy at 1st follow-up visit for the diarrhea started. But she left the treatment without informing.

### Disease diagnosis: Migraine and recurrent upper-respiratory tract infection

**Fundamental:** Psora-syphilis

**Dominant:** Psora-syphilis

**Treatments:** Carcinoscinum/200/1dose/30 days

The patient required another dose of arsenicum album and rescue remedy at 1st follow-up visit for the diarrhea started. But she left the treatment without informing.

### Repertorization Result:


**Fig. 1:** Repertorization chart for migraine
**Reportorial Result:** Ars 14/7, Sulph 15/7, Arg-n 15/6, Chin 13/6, and Hep 9/6.

**Fig. 2:** Repertorization chart for cluster headache


Advised to have green tea daily which helps to reduce tremors in Parkinson’s disease.

**Fig. 3:** Repertorization chart for Parkinson’s disease
**Reportorial Result:** Ars 12/6, Lyco 14/6, Caust 5/5, Kali-c 9/5 and Merc 7/5.

**Fig. 4:** Repertorization chart for transient ischemic attack

**Reportorial Result:** Stram 8/5, Ars 5/4, Lyco 4/4, Cham 5/3 and Gels 3/3

**Fig. 5:** Repertorization chart for convulsions/ seizures
**Reportorial Result:** Alum 8/6, Gels 13/6, Nux-V 8/6, Arg-N 11/5, Caust 8/5, Con 9/5

**Fig. 6:** Repertorization chart for cerebellar atrophy

**Reportorial Result:** Lyco 8/5, Ars 7/4, Merc 5/4, Nux-V 8/4, Aur 5/3

**Fig. 7:** Repertorization chart for migraine

**Reportorial Result:** Sulphur 5/4, Rhus-tox 3/3, Ars 4/2, Calc-carb 2/2.

**Fig. 8:** Repertorization chart for obsessive-compulsive disorder
**Reportorial Result:** Ars 9/5, Anac 7/4, Bry 8/4, Ign 7/4, Lyco 10/4, Nux-Vom 6/4.

![Weighted Rubrics](image)

**Fig. 9:** Repertorization chart for schizophrenia

**Reportorial Result:** Ars 11/5, Carc 13/3, Nat-Mur 9/5, Nux-Vom 8/5, Aur 5/4.

![Weighted Rubrics](image)

**Fig. 10:** Repertorization chart for metastatic brain tumor

**Reportorial Result:** Calc-C 13/6, Carc 6/6, Nat-M 7/6, Puls 12/6, Ars 9/5. Bell 7/5

![Weighted Rubrics](image)

**Fig. 11:** Repertorization chart for migraine and recurrent upper-respiratory-tract infection
Discussion
Though Homoeopathy has been found useful for the patients of NPM over the years, however, scientific evidence is still lacking. Previously reported studies have centred on the particular ailment from this class that mentioned earlier.8,9 To the date, no research has been performed to include the broad condition from this class. Thus, we opened the entryway for researchers to conduct a related study with a large population as these case studies were restricted by a small sample size.

Stress (either physical or mental) is the most common ailments in most of the cases. It was observed to be a causative factor in all age groups and especially affecting males than females. Patients affected by both psychologically and neurological disturbances vice-versa. Homoeopathy is an art and science. It is science because it is based on the therapeutic law of nature i.e. “similia similibus curantur” and it is an art because to arrive at totality and to get simillimum drug, it needs skill.10 The homoeopathic medicines such as Aconite, Agaricus, Argentum nigrum, Belladonna, Calcarea carbo, Carcinosinum, Gelsemium sempervirens, Ignatia, Kali arsenicum, Kali phosphoricum, Lachesis, Lycopodium clavatum, Nux vomica, Opium, Phosphorus, Pulsatilla, Silica, Spigelia, Stramonium and Sulfur were found to be most useful for NPM yet choices of drug is depend upon ailments from this category and totality of symptoms.11

Case record proforma is the most important aspect of homoeopathy practice. To get the complete picture of the patient, the search was made for knowing the life space of the patient which gives the idea of the true picture of his/her disposition and mental state. This understanding helps for defining the patient and mental state of the patient, i.e. individual constitution of the patients. It also helps to know if any emotions are playing any role in the development of the disease. The past and family history were carefully recorded to know the miasmatic influence and for selection of the simillimum. The cases were repertorised from complete repertory with the help of cara software. The doses were selected according to the susceptibility and miasm at the mental and physical levels. In this study miasm assessed mainly on the basis of the signs & symptoms of the individual. In the present study, both single miasm and mixed miasmatic cases are found. In most of the cases, psora [4(36.4%)] is found to be dominant miasm followed by psora-sycosis [3(27.3%)] and psoro-syphilis [3(27.3%)]. Tubercular [1(9.1%)] was found to be rare miasm.

The entire patient showed improvement in their complaint after mean 91.3 days, which was encouraging. Improvement was seen in 6(54.5%) and recovery was seen in 2(18.2%) of cases and, 3(27.3%) of cases were dropped out. During the study, none of the patients showed any side effect. This further justifies that in NPM, homoeopathic remedies can be a good substitute of the allopathic drugs as it does not cause any side effect9 or drug resistance, which is usually observed in allopathic remedies.12

Most of the patients of NPM often report relapse12 (WHO), and it occurs soon after the withdrawal of drugs. However, in the present study, where patients were treated with homoeopathic remedies, relapse was found in five cases which were managed with another dose of similar remedies.

Conclusion
This case studies highlights the decisive role of homoeopathic medicines in the management of patients suffering from NPD.

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Conflicts of interest
Authors report no conflict of interest.

Abbreviations
CAMs: Complementary and alternative medicines
NPM: Neurological and psychiatric maladies

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Hetal Jariwala D et al. Individualized homoeopathic management in neurological…. 
