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Bipolar affective disorder managed with homoeopathy-A case report

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Abstract
Background: Bipolar Affective Disorder (BPAD) is a mood disorder characterised by repeated episodes of significant disturbance in patient's mood and activity levels. BPAD is associated with considerable burden of disease, suicides, high economic costs and poor quality of life. Complementary and alternative medicine has been used either alone or in combination with conventional therapies in patients with BPAD.
Case summary: A 49 years male patient was brought to Psychiatric OPD of National Homoeopathy Research Institute in Mental Health (NHRIMH) with symptoms of excessive and irrelevant talk, irritability, restless walking, quarrelsomeness, abusiveness and grandiose ideas. The case is diagnosed by the psychiatrist as BPAD current episode Manic with psychotic symptoms and admitted in the psychiatry ward. The severity assessment was done at baseline and weekly intervals with Young Mania Rating Scale (YMRS). The case responded positively when treated with centesimal doses of *Sulphur* by reduction in YMRS score of 52 to four at the end of first week and zero within in four weeks. The patient demonstrated continued improvement without relapses in any bipolar episodes for the next two years. No other therapies were given during the course in hospital or during observation period. The case demonstrates the usefulness of individualized homoeopathic medicine in management of BPAD.

Keywords: bipolar affective disorder (BPAD), mania, homoeopathy, *Sulphur*, young mania rating scale (YMRS)

Introduction
Bipolar Affective Disorder (BPAD) is characterised by repeated i.e. at least two episodes in which the patient's mood and activity levels are disturbed significantly, this disturbance consisting of an elevation of mood on some occasions and increased energy and activity i.e Mania or Hypomania and on other occasions of a lowering of mood and decreased energy and activityi.e Depression.As patients who suffer only from repeated episodes of mania are comparatively rare, and resemble those who also have at least occasional episodes of depression, suchpatients are also classified as Bipolar (F31.8) [1]
There were 32.7 million cases of bipolar disorder globally in 1990 and 48.8 million in 2013; equivalent to a 49.1% increase in prevalent cases, all accounted for by population increase and ageing. [2] BPAD substantially reduce psychosocial functioning and are associated with a loss of approximately 10-20 potential years of life. [3]
BPAD is a multifactorial illness with uncertain aetiology. There is evidence that severity of bipolar is related to childhood emotional abuse and the degree of cannabis misuse, suggesting a dose–response relationship. [4]
The Bipolar I disorder criteria represent the modern understanding of the classic manic-depressive disorder or affective psychosis described in nineteenth century. Bipolar II disorder requires lifetime experience of at least one episode of major depression and at least one hypomanic episode. Co-occurring disorders are common with the most frequent disorders being anxiety disorders, Disruptive impulse control or conduct disorder, substance use disorder etc. [5]
A manic patient's ego can be regarded as overwhelmed by pleasurable impulses, suchas sex, or by feared impulses, such as aggression. Mania can also be viewed as a defensive reaction to depression, using manic defences such as omnipotence in which the person develops delusions of grandeur.[6] Except when induced by time-limited treatment with a provoking agent, mania tends to be highly recurrent and to alternate or be exhibited alongside depression. [7]
Mania is challenging to treat. Typical antipsychotics may be more efficient compared with atypical antipsychotics, however, with unfavourable side effects. [8] It is important that clinicians, patients and their relatives are well informed about the high risks before the start of maintenance treatment or not, following onset of a single manic or mixed episode. [6]Currently, although Complementary and Alternative Medicine therapies are not the primary treatment of mood disorders, level 1 evidence could emerge in the future showing that such treatments are effective. [9]
Homoeopathy has evidence base in treatment of psychiatric disorders such as Schizophrenia, Depression, Autism etc., but there is paucity of published literature in the usefulness of homoeopathy in Bipolar disorder. Hence a case of "*Bipolar disorder, current episode Manic with psychotic symptoms*" is presented here.

Case History
A 49- years old male patient was brought to the psychiatry out-patient department of NHRIMH by his wife and sister with complaints of increased and irrelevant talk, changing subjects frequently, abusiveness and irritability. The patient says that he is a great person and he is a god. The patient was found to be quarrelsome with neighbours, walking restlessly here and there and bathing frequently at night. He

has reduced sleep but feels very active in the day time inspite of that. He has fear that someone will hurt his son, so he is constantly holding his son. He has impulsive spending sprees, buying many things for his son. All the complaints aggravated in the past 3 weeks.

History of present illness

The precipitating factor for the current episode is after a dispute with neighbours and during the quarrel they threw a stone at his son, who got injured. Behavioural changes started after the quarrel. Symptoms actually started eight years back at the time of his wife's second delivery. He sat near the mortuary to take liquor and was frightened seeing a shadow, as if he saw some dead body came alive. Then he ran away and got into an auto and told that driver about this, who gave him a cross. After that incident he showed similar abnormal behaviour, but became alright after few days. Six years back, he had some financial problems and when asked formoney,he used to get angered. At that time,he had increased talks, restless walks, loud talks, throwing things, suspiciousness towards wife and neighboring ladies, and he used to lie down on floor. He took treatment from medical college hospital and admitted there for 4 weeks. That episode lasted for two and half months. Then he stopped medication. He was doing fishing in between and was normal for three years. Two years back again complaints started as not attending job, increased involvement in social activities, irresponsible at home, loquacity and suspicious towards wife. Again, he was admitted in medical college hospital for 2 months. Then he was almost normal for two years but showing depressive features like lack of interest in work, anhedonia and withdrawing from others. And the current episode started 3 weeks back as increased anger, loud talks, not allowing his family members to go out and saying that he is a divine embodiment. He is telling neighbours not to worship Gurudevan and Jesus, instead worship his photo. Now he is asking for the cross which he got 8 years back and he says it should be there with his son for his safety. He became physically restless, using abusive words, shouting at others, throwing stones at animals and quarrelsome with family members. Drinking alcohol on and off and complaints worse after drinking. As it was difficult to manage him at home, he was brought to the hospital.

Past history

Chickenpox- 10 years back, treated with Conventional medicines.

Family history

He has one sibling, who is apparently healthy**.** His father had habit of Alcoholism and Smoking and died from Cancer of stomach.Mother has Hypertension.

Personal history

Educational History: he studied up to 10th standard, then he completed IIT.

Occupational History: He worked as X-ray welding technician at Mumbai for 1 year. Then he went to Dubai and worked there for 4 years. For Sister's marriage, he came back and after that he went to Dubai. There he started alcoholism and quarreled with another worker and was in jail and he lost his job. And he started business here last month.

Marital status: he is married and has 2 children.

Religious history: Average level of participation in religion. Now he is advising others to worship him.

Habits and addictions: He had habit of taking alcohol, started at 24 years of age when he was working as x-ray welding technician at Dubai. At that time, he had severe body pain, eye strain and to get rid of that he started intake. Habit of smoking occasionally.

Premorbid Personality

He is very affectionate, extroverted and a cheerful person. He is money minded and had habit of gambling. He loves animals and has a pet cat. He used to work as tourist guide, just as a hobby. He is very courageous and captured several snakes and is interested in fishing.

Physical generals

He sleeps for 3-4 hours at night, no particular dreams. Desires- Sweets +++, says he can't take much now due to dental caries. Intolerance to peas, which cause flatulence. Thermal Reaction- Hot patient.

Physical Examination

Medium built, well nourished. Nothing abnormal was detected in General Physical Examination.

Mental Status Examination

General appearance and behaviour: The client is conscious, well kempt, talkative with excessive narration, talks with gestures of hand, easily distracted and irritated from nearby sounds. Psychomotor Activity is increased. There is pressure of speech and increased in rate, volume and tone. His affect is appropriate and mood is cheerful. The flow of thoughts is increased, there is flight of ideas and circumstantiality in the form of thought. The content of thought is with grandiose delusion as he described himself as great as a guru and god. Delusion of Infidelity and persecutory delusions are present. There are no perceptual disorders. He is well oriented with good memory. His attention is poor as he is getting easily distracted from the surroundings. His intelligence, abstract thinking and judgement are adequate. He has no insight (Grade 0)

Diagnosis: Case is diagnosed as Bipolar Affective Disorder, Current Manic Episode with Psychotic Symptoms [F 31.2] as per ICD-10 by the Consultant Psychiatrist.

Miasmatic Diagnosis: The Dominant Miasm is Sycosis.

Assessment: The severity assessment was done at baseline and everyday upto 1 week and every week up to discharge and monthly intervals with Young Mania Rating Scale (YMRS). The baseline YMRS score is 52.

Intervention: *Sulphur* is selected on the basis of repertorization. (Refer Figure no.1)*Lycopodium* and *Veratrum album* which are scoring high in the repertorial totality are excluded in reference to materia medica. As *Lyco.* Is not courageous, which is a marked symptom in this patient. The patient has strong craving for sweets whereas *Verat.* Has craving for sour things, dominantly syphilitic and thermally chilly, ruled out. Single dose of *Sulphur 200*

is prescribed on the first day after admitting in the ward. No other therapies were given during the course in hospital or during observation period.

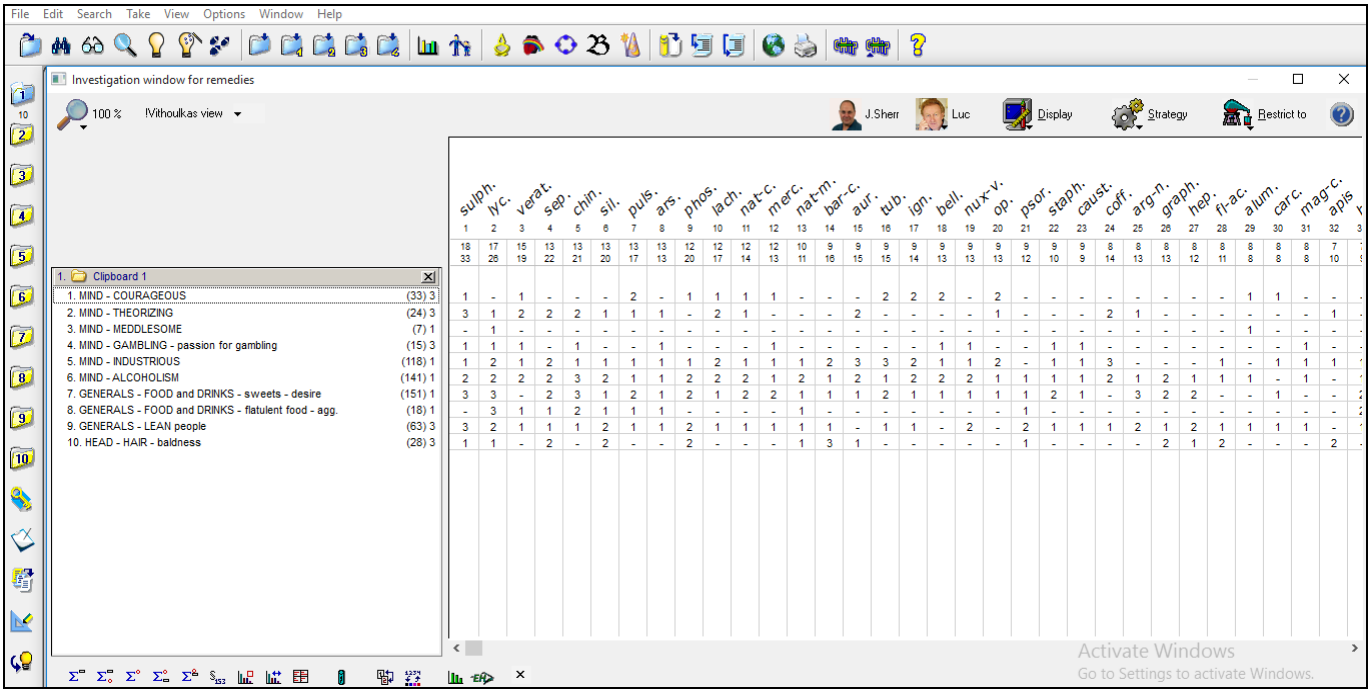

Fig 1: Repertory Chart of the case

Result

The case responded positively when treated with Centesimal doses of Sulphur with reduction in YMRS score of 52 at baseline which turned to four at the end of first week and zero within in four weeks. Changes in YMRS scores over a period of 1 year are shown in Figure no.2.

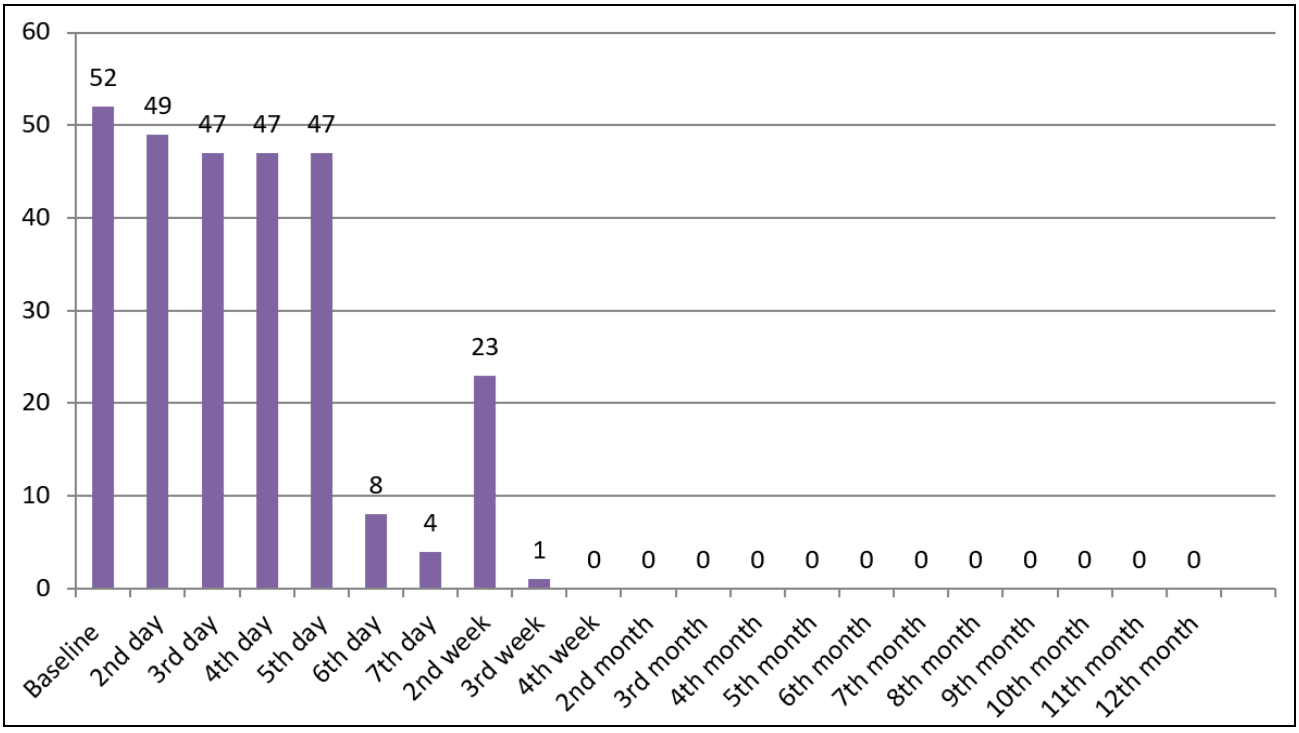

Fig 2: YMRS Scores

The patient demonstrated continued improvement without relapses in manic episodes for the next two years. No other therapies were given during the course in hospital or during observation period. The observations made during the follow up visits and the corresponding prescriptions given are shown in Table no.1. Modified Naranjo criteria for Homoeopathy[10] was used for assessing causal attribution of clinical outcome to homeopathic intervention and the total score of 9 suggests high probability of causality. Refer Figure no.3

Table 1: Observations and prescriptions during the follow-up visits

Date	Observation	Prescription
2nd day	Loquacity, boasting, Weeping and says that he has done only one mistake in his life that he got married, He wants to meet an advocate. Speech-increased rate and volume, Irrelevant Mood-irritable, Delusion of grandiosity, Infidelity, Persecutory ideas persist. Craving for alcohol.	*Rubrum*
3rd day	Sleep – sound, Increased talk persist, Delusion of grandiosity, persecution persist. Poor interpersonal relationship	*Rubrum*
4th day	Sleep- disturbed, Easily angered, Loquacity ++ Delusion of grandiosity and infidelity persist. Quarrelling with nursing staff. Craving for alcohol.	*Sulphur 200- 1 dose*
5th day	Status quo. Loquacity persist, Philosophical talk, Theorizing, Argumentative, poor insight, Delusions persist, Disturbed Sleep. Mood- irritable. Poor personal care. Craving for alcohol- reduced.	*Sulphur 1M- 1dose*
6th day	Talk- relevant but increased in quantity and volume, Delusion of grandiosity reduced, Delusion of infidelity present. Refreshed sleep, Mood-Cheerful	*Rubrum*
7th day 21/5/2019	Excessive talk reduced, Refreshed sleep, Delusion of grandiosity and persecution reduced. Delusion of infediltiy- reduced. Personal care- better	*Rubrum*
2nd week (11th day)	Irritable off late. Delusion of Grandiosity and infedility- occasionally. Interpersonal relationship -poor. Quarrelling with wife and fellow patients.	*Sulphur 1M- 1dose*
3rd week	Talk relevant, volume – normal. Delusions – reduced remarkably.Craving for alcohol- nil. C/o Toothache (Old symptom)	*Rubrum*
4th week	Normal talk. Pleasant mood, Delusions-nil. Good interpersonal relationship. Personal care-satisfactory. Discharged with marked improvement.	*Rubrum*
2nd month	Loquacity reduced, Anger and irritability reduced. Delusion of grandiosity -nil, Mood –stable Personal care- satisfactory	*Rubrum*
3rd month	Loving toward wife and children, mood-stable. Going to job regularly, generals-good.	*Rubrum*
4th month	Patient is stable, functionally well. Off from alcohol since 4 months. Personal care satisfactory	*Rubrum*
5th month	Asymptomatic. Euthymic mood	*Rubrum*
6th month	Asymptomatic. Euthymic mood	*Rubrum*
7th month	Asymptomatic. Euthymic mood. Mild itching with prickly heat on chest and back. (old Symptom)	*Rubrum*
8th month	Asymptomatic. Euthymic mood	*Rubrum*
9th month	Asymptomatic. Euthymic mood	*Rubrum*
10th month	Asymptomatic. Euthymic mood	*Rubrum*
11th month	Asymptomatic. Euthymic mood	*Rubrum*
12th to 24th month	Telephonic assessments were done Patient is stable	No relapse of manic episode

Modified Naranjo Criteria as proposed by IHPUS Clinical Data Working Group (status December 2015)

CRITERIA	YES	NO	NOT SURE or N/A
1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2 ✓	-1	0
2. Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+1 ✓	-2	0
3. Was there an aggravation of symptoms? (need to define in glossary)	+1	0 ✓	0
4. Did the effect encompass more than the main symptom or condition, i.e. were other symptoms ultimately improved or changed?	+1 ✓	0	0
5. Did overall wellbeing improve? (suggest using validated scale)	+1 ✓	0	0
6. (A) Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1 ✓	0	0
6. (B) Direction of cure: Did at least two of the following aspects apply to the order of improvement of symptoms: - from organs of more importance to those of less importance - from deeper to more superficial aspects of the individual - from the top downwards	+1 ✓	0	0
7.Did "old symptoms" (defined as non-seasonal and noncyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	+1 ✓	0	0
8. Are there alternate causes (other than the medicine) that – with a high probability – could have caused the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)	-3	+1 ✓	0
9. Was the health improvement confirmed by any objective data? (E.g. lab test, clinical observation, etc.)	+2	0 ✓	0
10.Did repeat dosing, if conducted, create similar clinical improvement?	+1 ✓	0	0

Maximum score =13

Minimum score= -3

Total Score = 10

Fig 3: Causal attribution according to Modified Naranjo Criteria

Discussion

Individualised homoeopathic treatment with Sulphur has shown a positive role for the remission of manic episode in BPAD without any other supportive therapy or conventional medication in this case.

Results from meta-analyses for assessing the risk of recurrence after a single manic or mixed episode showed a 1-year rate of recurrence of 35% (95% confidence interval [CI]: 30-41%) in adults. The current case shows a positive outcome with homoeopathic treatment without any relapse even after 2 years. [10]

Hahnemann's directions to holistic approach and the totality of characteristic symptoms (Aphorism 153) in organon has been considered for prescription in this case. According to Aphorism 221, describing *insanity or mania (caused by fright, vexation, the abuse of spirituous liquors, etc.) have suddenly broken out as an acute disease in the patient's ordinary calm state… when it occurs in this acute manner it should not be immediately treated with antipsoric, but in the first place with remedies indicated for it out of the order class of proved medicaments (e.g., aconite, belladonna, stramonium, hyoscyamus, mercury, etc.) in highly potentized, minute, homoeopathic doses, in order to subdue it so far that the psora shall for the time revert to its former latent state*. In this case the patient had recurrent episodes of mania, and there is no much violence or aggression in the current episode, hence treated directly with anti-psoric treatment and the outcome is favourable. But it would be an ideal practice to start with Apsoric remedies and give Anti-psoric during remission.

Sulphur, *The King of Antipsorics* is a remedy indicated in studies on Schizophrenia [2], Depression [11], Autism [12] and other psychiatric conditions including Mania in this case. This underscores the Hahnemann's concept of Psoric origin of all mental diseases according to aphorism 210, which is yet to be confirmed by systematic research [13].

A case report of manic episode treated with individualised homoeopathic treatment has shown a positive role for the remission of manic episode with psychotic features without the support adjunctive therapy or conventional medication in the current episode. *Lachesis* was given in repeated doses followed by *Lycopodium* in this case and total YMRS score of 38 turned 0 after 2 months. [14]The current case correlates with the above results in bring out the favourable improvement of the patient (YMRS score of 52 turned to 0 within a month).

A case of BPAD was prescribed *Platina metallicum* because of its similarity to the distinctive (characteristic) symptoms. Within two months of treatment, episodes of mania, depression, and anxiety had stopped. After one year, the patient demonstrated continued improvement without relapses in bipolar episodes. This case presents an important example of *Platina* alternating symptoms within its primary action, which makes it a valuable remedy in the homoeopathic treatment of bipolar disorder. [15]Another case of Mania treated with *Melilotus alba* has been reported. [16]

Medicines like *Belladonna, Hyoscyamus, Stramonium, Veratrum album,* [17] *Staphysagria, Lachesis, Medorrhinum, Ignatia*[18] etc. are usually indicated in the management of Mania with Homoeopathy, but the principle of individualization is the key to any homoeopathic prescription to achieve positive results.

Lithium has traditionally been the drug of choice for the treatment of Manic episode (acute phase) as well as for the prevention of further episodes in Bipolar Mood Disorder. [19]. Homoeopathic use of *Lithium carb* in potentized doses would be the scope of future research.

In a retrospective study of 30 cases of Mania conducted by Moorthi *et al*, Friedman test showed that the YMRS total score has significantly reduced from 37.87±3.58 to 22.30±12.35over 4 weeks. Post Hoc analysis done by applying Wilcoxon Signed rank test showed that there is significant reduction in the YMRS total score from first week onwards (z=- 2.443, p=0.015). [20]Prospective, interventional trial with control group is warranted to find out the effectiveness of homoeopathic medicines in reducing the symptoms of manic episodes of BPAD.

Conclusion

BPAD is a chronic relapsing grave psychiatric disorder that affects the patient, family and society at large. Individualized homoeopathic treatment can reduce the symptoms of Manic episode as well as prevent relapses of manic as swell as depressive episodes or increase the period of remission. Prospective, controlled trials are warranted to find out the effectiveness of homoeopathic medicines in the management of BPAD.

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Ethical Consideration

An informed consent was obtained from the patient and the care-giver to publish the case report with assurance of maintaining anonymity.

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