

# A Case of Brief Psychotic Disorder and its Homoeopathic Management

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## Abstract

Brief Psychotic Disorder may appear in adolescence or early adulthood, with the average age at onset being in the late 20s or early 30s. Individuals with Brief Psychotic Disorder typically experience emotional turmoil or overwhelming confusion. They may have rapid shifts from one intense affect to another. Although brief, the level of impairment may be severe, and supervision may be required to ensure that nutritional and hygienic needs are met and that the individual is protected from the consequences of poor judgment, cognitive impairment, or acting on the basis of delusions. There appears to be an increased risk of mortality (with a particularly high risk for suicide), especially among younger individuals<sup>1</sup>. A case of brief Psychotic episode admitted at NHRIMH (former CRIH), Kottayam and treated with *Phosphorus* is reported here.

## Keywords

Brief psychotic disorders, Homoeopathy, Case taking, Individualistic treatment, Phosphorous.

## Introduction

The essential feature of Brief Psychotic Disorder [DSMV 298.8 (F23)] is a disturbance that involves the sudden onset of at least one of the following positive psychotic symptoms: delusions, hallucinations, disorganized speech (e.g., frequent derailment or incoherence), or grossly disorganized or catatonic behaviour. An episode of the disturbance lasts at least 1 day but less than 1 month, and the individual eventually has a full return to the pre-morbid level of functioning. The disturbance is not better accounted for by a Mood Disorder with Psychotic Features, by Schizo affective Disorder, or by Schizophrenia and is not due to the direct physiological effects of a substance

(e.g., a hallucinogen) or a general medical condition (e.g., subdural hematoma).

## Diagnostic criteria for 298.8 Brief Psychotic Disorder:

- A. Presence of one (or more) of the following symptoms: (1) delusions (2) hallucinations (3) disorganized speech (e.g., frequent derailment or incoherence) (4) grossly disorganized or catatonic behaviour.
- B. Duration of an episode of the disturbance is at least 1 day but less than 1 month, with eventual full return to pre-morbid level of functioning.
- C. The disturbance is not better accounted for by a Mood Disorder with Psychotic Features, Schizoaffective Disorder, or Schizophrenia and is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition.

## Specify if:

With Marked Stressor(s) (brief reactive psychosis): if symptoms occur shortly after and apparently in response to events that, singly or together, would be markedly stressful to almost anyone in similar circumstances in the person's culture.

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Without Marked Stressor(s): if psychotic symptoms do not occur shortly after, or are not apparently in response to events that, singly or together, would be markedly stressful to almost anyone in similar circumstances in the person's culture.

**With Postpartum Onset: if onset within 4 weeks postpartum<sup>1</sup>**

Specific laboratory studies for brief psychotic disorder do not exist. The history, the physical examination and laboratory tests can help differentiate this condition from psychotic disorder secondary to general medical condition, delirium and various other disorders. No imaging studies are required for diagnosis; though CT, MRI and EEG may be considered for assessing possible medical causes of psychosis<sup>2</sup>.

**Case History**

A man of age 27yrs was brought to hospital and presented with complaints of irrelevant talk, sleeplessness, suspiciousness, visual and tactile hallucinations and fear of death for the past 3 days. Patient was apparently normal a week back; he was undergoing a training programme on communication skills and spoken English then. 6 days back he called his parents and told them that he was appreciated for his performance. He was very happy and was having grandiose talks like he could be able to make more money by giving similar training to other candidates, citing example of few trainers in Western countries making millions of money within hours and he was in an ecstatic state. 3 days back his trainer had informed

his father telephonically about the change in his behaviour and had advised to take him to the hospital.

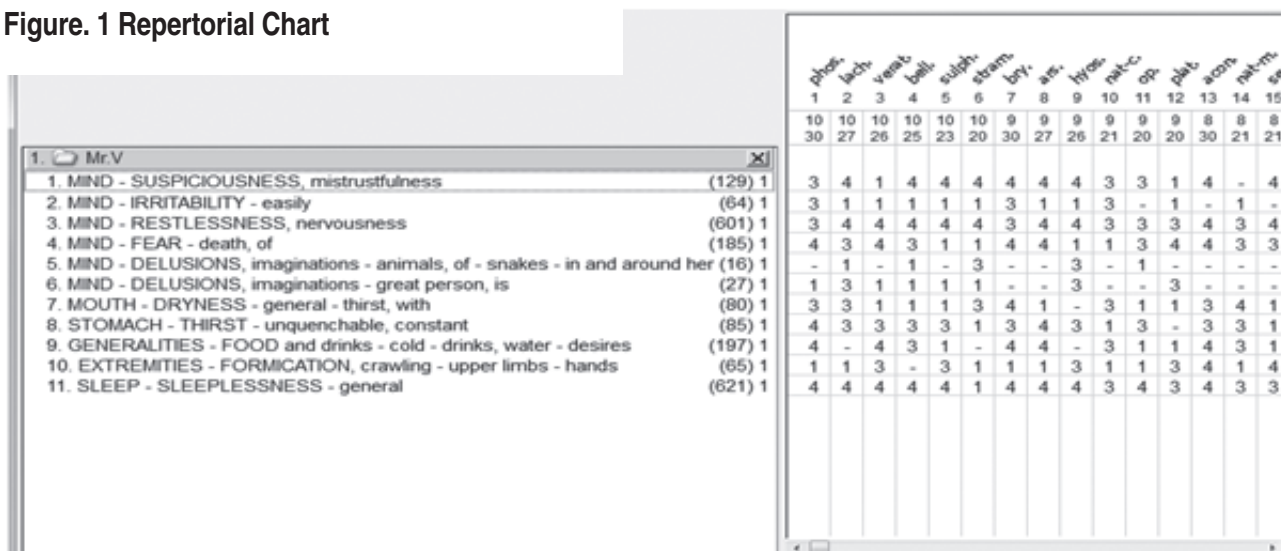
When parents met him he was crying, talking irrelevantly, had fear of death at night, visual hallucinations of snake, protruding his tongue like snakes and sleepless. Next day he was delusive and started giving speech as if people were in front of him, later at night he became violent and broke lights. He was initially treated in a private hospital and later he was brought to the Institute under sedation. He had no H/O head injury/abuse of alcohol or drugs and was not taking any medication. He had no family history of psychiatric illness or seizures.

On admission his physical examination revealed no abnormalities and a detailed neurological examination proved to be negative. Mental status examination revealed grandiose delusions, negativism, anxiety and irritability. He was prescribed "Phosphorus 30" considering the following rubrics:

- Suspiciousness
- Irritability
- Restlessness
- Fear of death
- Delusions of snakes around him
- Dryness of mouth with great thirst
- Desire for package cold water
- Sleeplessness
- Formicating sensation on hands

The reportorial result that followed using Complete Repertory (Radar 10) is shown in Figure.1

**Figure. 1 Repertorial Chart**



## Treatment

It is clinically imperative to prevent patients from harming themselves or others; thus, brief hospitalization is necessary, potentially including brief seclusion or restraint for aggressive patients. Phosphorous in 30<sup>th</sup> potency and later in 200<sup>th</sup> potency was prescribed to the patient during his hospital stay. He improved rapidly; negativism resolved, delusions and hallucinations could

not be elicited, he was pleasant, and his behaviour was appropriate. He was sent home with advice to continue the medicines and to come for review after 1 month. He was brought for follow up after 1 month of discharge; he maintained stable mood and appropriate behaviour and his family members confirmed it. A detailed account of the treatment course in the hospital is given in table 1.

**Table 1: Treatment course in hospital**

Date	Symptoms	Medicine	Potency	Repetition
25.01.2015 to 26.01.2015	Irrelevant talks, sleeplessness, visual and tactile hallucinations, fear of death, Spits, dull, late and disturbed sleep	Placebo		TDS
27.01.2015	Dull, suspicious of food and water, thirsty, wants package cold water. Slept well	Phosphorous	30	BD
28.01.2015	Cheerful, told that he felt better, slept well	Placebo		TDS
29.01.2015	Dull, anxious, slept after 11.30p.m	Phosphorous	30	OD
30.01.2015	Dull, anxious, feels better	Placebo		TDS
31.01.2015	Changeable mood, easily angered, less suspicious, slept well	Placebo		TDS
01.02.2015	Less irritable, less suspicious, cheerful, slept well	Placebo		TDS
02.02.2015	Less suspicious, cheerful, slept well	Placebo		TDS
03.02.2015 to 08.02.2015	Normal talk and behaviour, cheerful, slept well	Placebo		TDS
09.02.2015	Obstinate, slight changeable mood noted, patient was discharged as considerable improvement was noted.	Phosphorous	200	4 Doses/ Weekly 1 Dose OD

## Discussion

Epidemiologically the occurrence of brief psychotic episode is rare<sup>3</sup>. The cause of brief psychotic disorder is unknown. Patients who have a personality disorder may have a biological or psychological vulnerability for the development of psychotic symptoms. Psychodynamic formulations have emphasized the presence of inadequate coping mechanisms and the possibility of secondary gain for patients with psychotic symptoms. Additional psychodynamic theories suggest that the psychotic symptoms are a defence against a prohibited fantasy, the fulfilment of an unattained wish, or an escape from a stressful psychosocial situation. In homoeopathy, the choice of remedy is based on a consideration of the totality of an individual's symptoms and circumstances, including personality, behaviours, fears, responses to the physical environment, food

preferences and so on<sup>5</sup> and based on which patient was prescribed 'Phosphorous' initially in 30<sup>th</sup> potency and later raised to 200<sup>th</sup> potency.

Homoeopathic remedies will enhance suppressed inner capabilities; shape the inborn behaviours with the existing circumstances getting rid of mental negativities, and restore wellbeing. Treatment will help a patient stabilize emotions, attain mental peace and bring eventual happiness. Homoeopathic remedies help develop a better sense of right and wrong and help a patient go back to living a more normal life<sup>6</sup>.

Early diagnosis and treatment can help get the person's life, family, and other relationships back on track as quickly as possible. Well-designed studies are required for establishing effectiveness and efficacy of homoeopathy in treating the condition.

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