www.ijacare.in ISSN: 2457-0443

INTERNATIONAL JOURNAL OF AYUSH CASE REPORTS (IJA-CARE)

Role of Homoeopathy in the Management of IDD with Psychosis - A Case Report

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Abstract:

Intellectual Development Disorder (IDD) is the impairment of general mental capacities, which affects an existent's functioning in everyday life. Individualities with IDD have an advanced threat of psychiatric diseases than individualities with intelligence in the normal range. In this case report shows the usefulness of individualized Homoeopathic medicine in the management of Intellectual Development Disorder (IDD) with Psychosis. The primary objective of this case report is to determine the role of Individualized homoeopathic medicine in management Intellectual Development Disorder with psychosis. A case of Intellectual Development Disorder with psychosis reported in the National Homoeopathy Research Institute in Mental Health (NHRIMH) Psychiatry OPD treated by Individualized Homoeopathic medicine is presented in this case report. The case was assessed with the Behavior Problems Inventory (BPI-01) on every 2 months. Baseline BPI-01 which indicates the greater frequency and severity of Behavioral Problems had turned gradually reduced. Patient had marked improvement in behavioral problems as well as the symptoms of the Psychosis. Thus the Individualized Homoeopathic medicine is useful in the management of Intellectual Development Disorder with psychosis without any adverse events.

Key words: Baryta Carbonica**,** Behavior Problems Inventory (BPI-01), Homoeopathy, Intellectual Development Disorder, Psychosis.

Received: 02.12.2021 Revised: 20.12.2021 Accepted:23.12.2021 Published: 25.12.2021

Quick Response code

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Introduction:

Intellectual disability (Intellectual Development Disorder) (ID/IDD) is a disorder with onset during the development period that includes both intellectual and adaptive functioning deficits in conceptual, social, and practical domains. [1] Affected persons possess very limited communication abilities and capacity for acquisition of academic skills is restricted to basic concrete skills. They may also have co-occurring motor and sensory impairments and typically require daily support in a supervised environment for enough care. [2]

The term intellectual disability is the equivalent term for the ICD-11diagnosis of intellectual developmental disorder. According to the severity, IDD divided into Mild, Moderate, Severe, and Profound. Overall, males are more likely than females to be diagnosed with both mild and severe forms of intellectual disability [1] compared with the general population; people with ID have a higher prevalence of psychiatry disorders ranging from 10% to 80%. The coexistence of psychiatric disorders occurring in people with ID is not uncommon. [3]

Psychosis has high point prevalence, and higher incidence in adults with intellectual disabilities than that reported for the general population. The aetiological basis for this has been undetermined. The rate for full remission from episodes of psychosis is low.[4] it has been demonstrated that both intellectual disabilities and psychosis can arise from a common cause, such as genetic disorders e.g. Prader-Willi syndrome, [5-6] velo-cardio-facial syndrome [7], and possibly central nervous system injury e.g. meningitis and pregnancy and birth complications. [8]

Psychosis is a mental disorder in which the thoughts, affective response, ability to recognize reality, and ability to communicate and relate to others are sufficiently impaired to interfere grossly with the capacity to deal with reality: the classical characteristic of psychosis is impaired reality testing, hallucination, delusion, and illusions. [9] The incidence of psychotic disorders varies across replicable demographic, geographical, and social characteristics. Men and young people appear to have an excess risk. Socioeconomic deprivation, inequality, and instability are also associated with increased incidence.[4]

Symptoms of psychosis occur in a wide range of mental disorders and show a high degree of interindividual variability between persons with different mental disorders, and a high degree of intraindividual variability over time. Symptoms of psychosis are usually embedded in the wider clinical picture of the mental disorder, which may include symptoms of mania and depression. [10]

As per the date, in homoeopathy, there is no such evidence-based study conducted in the Management of IDD with Psychosis. So this case report is intended to share the scope of homoeopathy for patients diagnosed with Intellectual Development Disorder (IDD) coexisting with Psychosis. In this case, improvement of the patient is assessed with The Behavior Problems Inventory (BPI-01). The Behavior Problems Inventory (BPI-01) is a 52-item respondent-based behavior rating instrument for self-injurious, stereotypic, and aggressive/destructive behavior in mental retardation and other developmental disabilities. These three Items are rated on a frequency scale and a severity scale. [11]

Case History:

A 43-year-old man native of North Kerala with the diagnosis of Mental retardation, Psychosis, Epilepsy got admitted to the IPD of our institution with the following alternation of mind as self-talk, self-laugh, hearing voices, abusive talk, disorganized behavior (wasting water, wasting food), destructive tendency, feels other persons teasing him, keeps mouth opened, wandering tendency from home but returns by him, handling genitals, increased Salivation. Considering the entire above complaints consultant Psychiatrist diagnosed as Intellectual disability (Intellectual Development Disorder) (ID/IDD) with psychosis. As narrated by the patient and bystander, he was very naughty from childhood and disobedient to elders. Also, he had shown a wandering tendency from childhood onwards. When he was 8year old His younger sister was born. He was shocked to see the baby. He ran away from the hospital and was hiding behind the gates.

The complaints were started when the patient was in 5th standard as some abnormal behavior at school like throwing stones at

girls, abusiveness. He started to take allopathic medicines from 5th Standard from famous hospitals inside and outside Kerala. But there is no improvement in complaints. At the age of 35 he got the certificate for the persons with disabilities form the government of Kerala.at that time he was examined and diagnosed as permanent mental retardation with 70% disability. He believes that his mother gave him some medicines for his naughtiness and made him mentally ill. He had a history of seizures at 15 years of age and he is under allopathic medication. His mother was suffering from Bronchial asthma, Hypertension and Hyperlipidemia. His Father had hypertension and cardiac complaints. Paternal aunty and uncle had psychiatric complaints. No history of suicide or substance abuse in the family.

He was born as the second son of his parents. His mother got pregnant when his elder brother was 8month old. She wanted to have an abortion because she could not breast feed her elder son. His milestones were normal. He was breastfed up to 2 years. Since his mother was working, he was brought to us by his grandmother. He was very naughty from childhood. He was disobedient to the elders, and showed a wandering tendency. He had never shown any attachment towards anyone. He started schooling at when he was 7 years old. He was naughty at school. His parents were working as teachers. He was studying at the same school his mother used to work at. Mother used to feel ashamed of his behavior and tells it in front of others. He was dull in mathematics and average in other subjects. There were many complaints about him at school, so he stopped studying at 7th standard. 15 – 30 years he attended a craft center. A girl was ready to marry him. She stayed with them for 4 months. But he didn't like to touch girls, so she went back. He believes that his mother gave him some medicine for his naughtiness and made him mentally ill. He had a hurting tendency from childhood onwards. Not ready to believe others. He was interested in drawing; showed interest in speaking to others. His appetite was good. Thirst increased. He has to strain in order to pass stool even if soft stool. He had increased perspiration, and good sleep while taking the allopathic tablet. Prefer to lie on sides or on back. He prefers sour and pungent chicken, aversion to idly and dosa. He was thermally –chilly. He has a hardness of hearing.

Methodology/ Treatment given:

The patient came to the OPD with symptoms of psychosis. it was diagnosed by our consultant Psychiatrist. Totality of the case was obtained from the detailed case taking. After the detailed case taking Repertorisation was done using Synthesis repertory. It is based on Kent's philosophy of general to particular. [12] Repertorial chart is shown in figure 1. Baryta carbonica came first in the repertorization chart also considering intellectual sphere, started the treatment with Baryta carbonica. As he had psychotic symptoms, he was admitted to the IPD on 12-03-2019 and given a dose of Baryta carbonica. After the adequate repetition of the Baryta carbonica he became better in his behavior, hurting tendency, destructive tendency so he was discharged on 29-03-2019. Hence, further he continued his consultation visits in OPD.

Assessment of the patient was done by Behavior problem inventory (BPI-01) on every 2 months. The Behavior Problems Inventory-01 (BPI-01) is an informant-based behavior rating instrument for intellectual disabilities on three types of behavior problems such as self-injurious behaviors, stereotyped behaviors and aggressive/destructive behaviors was done. It shows significant improvement in the symptoms within 4 months of intervention. Mental status examination of the patient depicted in the table 2.

Mental Status Examination: The Mental Status Examination of the patient at the time of baseline, 6 month and after treatment is mentioned in Table 1.

Table 1: Follow up and outcome assessment:

Date of visit	Follow Up	Medicine with doses, repetition	BPI-01					
			Self-injurious behavior		Stereotyped behavior		Aggressive/ Destructive Behavior	
			Sum of Frequency scores	Sum of severity scores	Sum of Frequency scores	Sum of severity scores	Sum of Frequency scores	Sum of severity scores
12-03-2019	As per the Reportorial totality with consultation of Materia Medica.	Baryta carb 30 /1dose BT_3 (1-1-1)	15	6	15	12	18	19
30-04-2019	Salivation - reduced Thoughtfulness –reduced Delusion of reference - reduced	Baryta carb 0/3 15 dose alternate days BT_3 (1-1-1)						
30-05-2019	Tendency to hurting-nil Tremor –nil Salivation-nil Self-talk and laugh-reduced Hurting tendency - nil	Baryta carb 200/ 2dose 15 days gap SL 10dose/once in 3days gap BT_3 (1-1-1)	11	4	15	11	10	13
2-7-2019	Abusive- nil Tremor- Nil Salivation-nil Self-talk and laugh-reduced	Carcinosinum 1M/1dose SL/10dose Once in 3days BT_3 (1-1-1)						
25-7-2019	Delusion Mock Reference – reduced Salivation –	SL /10 Dose once in a 3 days BT_3 (1-1-1)	4	3	7	7	3	9

	nil Abusive- reduced Self-talking and laughing -Nil							
28-08-2019	Destruction tendency – reduced Tremor – reduced Salivation- nil Tendency to hurt- Nil Abusive- reduced	Baryta carb 200 1dose stat + 2 dose sos BT_3 (1-1-1)						
1-10-2019	Self-talk and self-laugh- reduced Tendency to hurt – reduced	Baryta carb 200/2dose (sos) SL 8 dose /BD weekly BT_3 (1-1-1)	0	0	0	0	1	1
2-11-2019	Hurting – Nil Tendency to violent Threatening- Nil Suspicious- reduced Sociable - Improved	Baryta carb 200/2dose (sos) SL 10 dose /3days alternate BT_3 (1-1-1)						
5-12-2019	Hurting tendency – reduced, Use abusive words, Anger- increased Always desire to go out, Self-laughing	Baryta carb 1M/ 1dose (sos) SL 10 dose /3days alternate BT_3 (1-1-1)	0	0	0	0	1	1

	present, Become violent occasionally, thinks that others are making fun of him,							
2-1-2020	Anger – reduced .occasionally present, Hurting tendency – reduced Always desire to go out. Become violent occasionally, thinks that others are making fun of him.	Baryta carb 1M/ 1dose (sos) SL 10 dose /3days alternate $BT_{3\,(}$1-1-1)						
6-2-2020	Hurting – Nil Become violent 3times.(loud talking, Push the chairs)sensitive to noise	Baryta carb 1M/ 1dose (sos) SL 10 dose /3days alternate $BT_{3\,(}$1-1-1)	0	0	0	0	1	1
5-3-2020	Anger – occasionally Hurting- nil Drooling of saliva, Abusive – occasionally , self-laugh self-talk-reduced	Nitric Acid 200 /1dose SL 9dose /3days alternate Rub (3-3-3)						

21-04-2020	Delusion he is mocked, self-talk – occasionally, Tremor of palms – reduced, salivation – reduced. Tendency to touch genitals-nil	Baryta carb 1M/ 1dose SL 10 dose /3days alternate $BT_{3\,(}$1-1-1)	0	0	0	0	2	1
25-5-2020	No destructiveness Hurting tendency to father. Self-talk-reduced	Baryta carb 10M/ 1dose SL 10 dose /3days alternate $BT_{3\,(}$1-1-1)	0	0	0	0	1	1

Table 2: Mental Status Examination:

DOMAINS	**Time of admission**	**6th Month**	**End of one year**
General Appearance and Behavior	Uncooperative and rapport was poor. Scar on middle of forehead.	Cooperative and rapport was poor.	Cooperative and established rapport.
Psychomotor Activity	Adequate	Adequate	Adequate
Eye to Eye contact	Sporadic	Maintained	Maintained
Speech	Reduced	Adequate	Adequate
Affect	Inappropriate	Appropriate	Appropriate
Mood	Irritable	Irritable	Stable
Thoughts	Nil	Nil	Nil
Perceptual Disorder	Delusion of reference, Hearing voice	Delusion of reference, Hearing voice	Nil
Illusions	Nil	Nil	Nil
Orientation to time, place and person	Oriented	Oriented	Oriented
Memory	Average	Average	Average
General information and intelligence	Average	Average	Average
Attention and Concentration	Average	Average	Average
Abstract Thinking	Poor	Poor	Poor
Judgment	Good	Good	Good
Insight	Grade 3	Grade 6	Grade 6

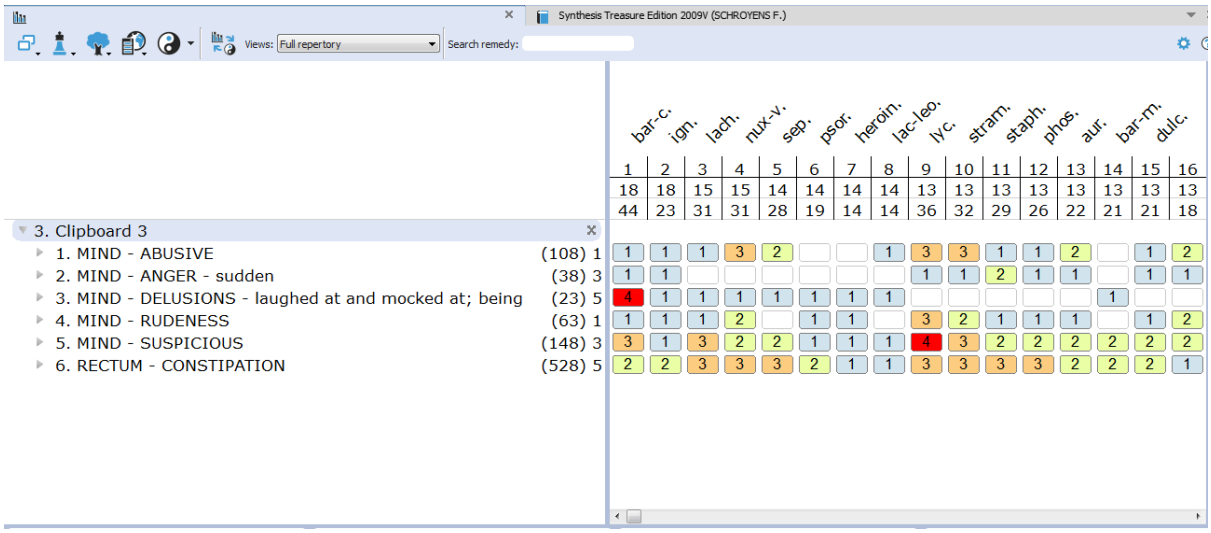

Fig-1: Repertorisation chart

Result and Discussion:

One year follow-up of the behavioral problems of the IDD and symptoms of the Psychosis with the help of individualized Homoeopathic medicine along with the assessment done using BPI-01 is depicted in Table-1. The mental status examination for the period of 1year is depicted in Table -2. Both showed significant improvement in the Behavioral problems of IDD and the symptoms of the Psychosis. However, this case report shows that the behavioral problems of an IDD patient can be reduced to some extent, even if it cannot be completely cured, which can be clearly understood from the improvement in the Behavior problem inventory (BPI-01. Thus, the results show that the role of homeopathy in the management of IDD with psychosis is without any adverse events. However, from this single case report we cannot conclude. In order to conclude further research studies to be needed in the same field with more cases. So far, in homoeopathy, there is no such evidence-based study conducted in the Management of IDD with Psychosis. But most of the studies which were done in psychiatry with homoeopathic treatment have shown efficacy and this case also evidenced the same. So we are opening up the path for the possibility of the role of homoeopathy in the management of IDD with Psychosis.

Conclusion:

This case report thus shows the positive role of the Individualized Homoeopathic treatment in behavioural problems of the IDD and symptoms of the Psychosis.

Limitation of Study

This is a single case report. Well-designed studies may be taken up for further validation of results. In future, case series can be recorded and published to establish the effectiveness of Individualized Homoeopathic medicine in cases of IDD with Psychosis.

Patients consent:

The Written Informed Consent was obtained from the reliable informer of the patient to publish his anonymized case.

Acknowledgement:

The authors thankful to Dr. B S J Rajakumar officer in-charge, Dr K C Muraleedharan Medical Superintendent and Dr. N. D. Mohanan, H.O.D Dept of psychiatry, National Homoeopathy Research Institute in Mental Health, Kottayam. They are also obliged to the

participant and the care givers for their valuable inputs which made the study possible.

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Conflict of interest: Author declares that there is no conflict of interest.

Guarantor: Corresponding author is guarantor of this article and its contents.

Source of support: None

How to cite this article:

Karunakara Moorthi.S. Manu Chandran KC. Role of Homoeopathy in the Management of IDD with Psychosis - A Case Report. Int. J. AYUSH CaRe. 2021; 5(4):306-314.