

Homoeopathic Management of Bipolar Affective Disorder with Comorbid Eczema- A Case Report

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ABSTRACT:

Bipolar affective disorder (BPAD), also known as manic-depressive illness, is a complex mental disorder characterized by episodes of depression, hypomania/mania, and mixed episodes, with inter episodic recovery. Here we present a case of BPAD with comorbid eczema of a 52-year-old female with eczematous skin lesions on the medial side of the right leg with sleeplessness, slowness in doing daily chores, absent-mindedness, and anxiety with palpitations for the last 30 years. A diagnosis of BPAD with comorbid eczema was made. The case was treated with the *homoeopathic similimum Ignatia* followed by its chronic *Natrum Muriaticum*. There was a marked improvement of the symptoms within 3 months. The change in mental symptoms was assessed with the Hamilton Depression rating scale and Young Mania rating scale. The patient is in a stable condition for the last 11 months. These findings show that a cure can be achieved with the *homoeopathic similimum* selected on the basis of the totality of symptoms.

KEYWORDS: Bipolar Affective Disorder, Eczema, Homoeopathy, Ignatia, Natrum Muriaticum.

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INTRODUCTION:

Bipolar affective disorder (BPAD), also known as manic-depressive illness, is a complex mental disorder characterized by episodes of depression, hypomania/mania, and mixed episodes, with inter episodic recovery. [1] It has polygenic inheritance and family, twin, and adoption studies suggest a genetic predisposition to the disease. The common age of onset is within 15–40 years with a mean of 25 years. It is associated with a 20–25% risk of a tendency towards

suicide if left untreated. [2] BPAD has a lifetime prevalence of 0.4% to 1.6%. Research suggests that it is a familial illness with a heritability of 59 to 87%. [3] There is no study to evaluate the prevalence rates of BPAD in India. [1] BPAD is often associated with comorbid disorders such as anxiety disorders, attention-deficit hyperactivity disorder, conduct disorders, and oppositional defiant disorder. [4]

Eczema is a chronic inflammatory skin disease secondary to an impaired skin

barrier. It affects between 10-30% of children and usually presents between birth to 5 years of age. But in 20-30% it can continue onto adulthood.^[5] It is characterized by intense itching, dry skin, inflammatory skin lesions, and has an immense impact on the quality of life. ^[6] Genetic predisposition and a combination of allergic and non-allergic factors play an important role in determining disease expression.^[7] It affects up to 3% of adults, and its prevalence is increasing in low-income countries. ^[8] Skin damage, soreness, loss of sleep and the social stigma of skin disease, frequent visits to doctors, and the need to constantly apply moisturizers all add to the burden of disease.^[7]

CASE REPORT:

A 52-year-old female patient presented to the OPD of the National Homoeopathy Research Institute in Mental Health, Kottayam with symptoms of sleeplessness, over talkativeness, irritability, slowness in doing daily chores, absent-mindedness, and anxiety with palpitations. She has also been suffering from itching eruptions in the medial side of the right leg more towards evening for the last 1 year.

History of presenting complaints:

The complaints started 30 years back at the age of 22 as vacant staring, loss of appetite, reduced mingling with others, and depressed mood when she was pregnant with her first child. Gradually there were changes in the sleep pattern too. She had been on allopathic medications for 20 years but the complaints were only temporarily relieved and would recur. So, she stopped the medicines 5 years back.

Eczema on the medial side of the right leg appeared 1 year back. She had a similar complaint 10 years before and was relieved with conventional topical medications.

In past history, she had dermatitis in childhood and hepatitis at the age of 6 and was treated with traditional medicine. In family history, her father was under psychiatric treatment for aggressive and violent behaviour. Paternal uncle suffered from epilepsy.

Physical generals:

Her appetite and thirst were moderate and she had a desire for pungent things and salty foods. There's an aversion to sour foods. The bowels and bladder were regular. Sleep was reduced and she used to wake up often at night and couldn't go to sleep thereafter. The menstrual cycle is irregular for the last five months.

Life space investigation:

She was born as the eldest child of her parents. She was brought up with stringent rules. Her childhood was troublesome due to frequent and intense conflicts between her parents. Father was suffering from some psychiatric complaints and was under treatment. He used to become very violent and aggressive for harmless matters and was an alcoholic. The constant stress leads to poor academic performance and failure for pre-degree. Got married at the age of 18 years. There were discords with her mother-in-law and she was stressed as the mother-in-law was not caring and supportive. She has a son and daughter. Son got married one year back and 3 months before he shifted to his wife's house as there were issues between the patient and daughter-in-law. She says she is completely neglected by her son and that leads to the aggravation of complaints.

Premorbid personality:

Since childhood, she is easily angered. She was very quarrelsome with her younger brothers. All through her childhood felt like she was never loved enough by her parents.

She's anxious at trifles and feels that she has a lower threshold for handling pressures. In school, she had many friends and was lively.

Regionals: Pain in the right knee joint < sitting, Numbness of fingers.

Mental generals: Easily angered, fear of snakes, anxious about trifles, neglected feeling, weeping easily.

General physical examination: Patient is thin and moderately nourished, No pallor, cyanosis, icterus, clubbing, edema, or lymphadenopathy, Temperature: 97° F., Height: 162 cm, Weight: 63 kgs, Pulse rate: 76bpm, Respiratory cycle: 16 pm. BP- 120/80 mm of hg.

On examination of the skin, there were brown patches with crusting over the medial aspect of the right lower limb. The surrounding skin was dry and rough.

Mental status examination:

The patient was cooperative. Rapport was easily established. EEC was maintained. Increased rate of speech with irritability. Was well oriented with time and place. Affect was appropriate. Memory intact, good abstract thinking, and good test and social judgment. Intellectual insight regarding the illness.

Investigations:

Scale used- Hamilton Depression Rating Scale^[9] and Young Mania Rating Scale^[10]. It was used at the baseline and follow-ups to assess the severity of the symptoms.

Clinical Diagnosis: The consultant psychiatrist diagnosed a case with BPAD-current mixed episode (F31.6).

Analysis of the case:

After analyzing the symptoms the characteristic mental generals, physical generals, and particular symptoms were considered for framing the totality. The symptoms, ailments from being neglected angered easily, anxiety about trifles, fear of snakes, desire for pungent things and salty food, aversion to sour foods, and itching eruptions over the legs were taken for *repertorisation* (Fig 1). *Repertorization* was done with *RADAR OPUS, Synthesis Treasure Edition*. On miasmatic evaluation, the predominant *miasm* was *psora*^[11]

TREATMENT AND FOLLOW-UP:

After considering the *repertorial totality* and *miasmatic analysis*, *Ignatia 1M*/ 1 dose was prescribed on 08/06/2020 considering the recent emotional disturbances and aggravation of complaints thereafter. There was a marked improvement in the BPAD symptoms of the patient after administering *Ignatia*. (Table 1).

The improvement was assessed with the use of the Hamilton Depression rating scale and Young Mania rating scale in the presence of the psychiatrist (Table 2).

Natrum Muriaticum 1M was then prescribed as the constitutional and complementary medicine considering the symptoms such as anxiety about trifles, anger easily, weeping tendency, desire for salty foods, and neglected feeling after consulting the *materia medica*.^[12-14] After giving the remedy, there was a remarkable improvement in the BPAD symptoms and eczema. (Table 1)

Table 1: Timeline and follow up of case:

Follow-up date	Indications for prescription	Medicine with doses
13/07/2020	Talkativeness reduced. Anxiety with palpitations reduced. Weeping tendency reduced. Irritability mildly increased. Sleeplessness persists. Wakes up after 3-4 hours of sleep. Cannot sleep thereafter. Pain in the right knee joint persists. Numbness of fingers persists. Itching eruptions over the medial side of the right leg persists. (Fig-2)	Ignatia 1M/ 1 dose
03/08/2020	Mild increase in psychomotor activity. Talkativeness reduced Anxiety with palpitations reduced. Irritability and easily angered reduced. No weeping tendency Sound sleep. Pain in the right knee joint persists. Numbness of fingers reduced. Itching eruptions over the medial side of the right leg persists.	Ignatia 1M/ 1 dose
28/09/2020	Irritability and anger have not improved since the previous visit. Over talkativeness reduced. Psychomotor activity normal Anxiety with palpitations reduced Sound sleep. Pain in right knee joints persists. Numbness of fingers reduced. Itching eruptions over the medial side of the right leg persist as before.	Natrum Mur 1M/ 1 dose
23/10/2020	Irritability – Nil. Easily angered reduced. Stable mood. Sound sleep. Pain in the right knee joint persists. Numbness of fingers reduced Itching eruptions over the medial side of the right leg reduced than before. (Fig-3)	Sac lac/ 1 dose
20/11/2020	Easily angered reduced than before. Palpitations when anxious. Stable mood. Sound sleep. Pain in right knee joint reduced. Numbness of fingers reduced.	Natrum Mur 1M/ 1 dose

	Itching eruptions over the medial side of the right leg slightly increased.	
11/01/2021	Easily angered- Nil. Anxiety with palpitations reduced. Stable mood. Sound sleep. Pain in the right knee joint persists. Numbness of fingers relieved. Itching eruptions over the medial side of the right leg reduced. (Fig-4)	Sac lac/ 1 dose
30/04/2021	Stable mood. No anxiety, irritability, absent-mindedness, or over-talkativeness. Sound sleep. Pain in right knee joint reduced. Numbness of fingers relieved. Itching eruptions over the medial side of the right leg got relieved.	Sac lac/ 1 dose
23/07/2021	General improvement of the patient. Stable mood. Generals: Good Itching eruptions over the medial side of the right leg were relieved. (Fig-5) Pain in the right knee joint better.	Sac lac/ 1 dose
21/01/2022	General improvement of the patient. Stable mood. Generals: Good Itching eruptions over the medial side of the right totally disappeared (Fig-6) Pain in right knee joint reduced.	Sac lac/ 1 dose

Table 2: Scoring of Hamilton Depression rating scale and Young Mania Rating Scale

Follow up Date	HDRS	YMRS
08/06/2020 (Baseline)	14	16
13/07/2020	9	9
03/08/2020	4	6
28/09/2020	3	4
23/10/2020	3	2
20/11/2020	2	2
11/01/2021	1	0
30/04/2021	0	0
23/07/2021	0	0
21/01/2022	0	0

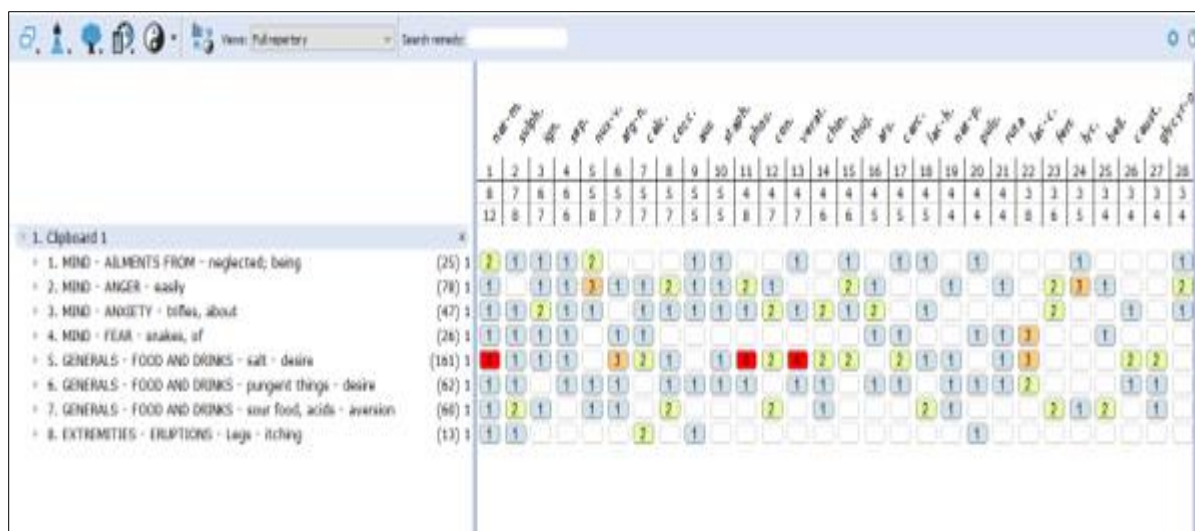


Fig 1: Repertorisation chart



Fig 2: Lesions over the medial side of the right leg at the beginning of the treatment (On 8/6/2020)



Fig 3: Improvement in the lesions over the medial side of right leg during the course of the treatment (On 23/10/2020)



Fig 4: Improvement in the lesions over the medial side of right leg during the course of the treatment (On 11/01/2021)



Fig 5: Improvement of the lesions over the medial side of the right leg during the course of the treatment (On 23/07/2021)



Figure-6: lesions over the medial side of the right leg after completion of the treatment (On 21/01/2022)

RESULTS AND DISCUSSION:

There was a marked improvement in the patient's mental symptoms after the administration of *Ignatia 1M*, which was repeated at regular intervals. The basis of the prescription was the recent emotional stress the patient was going through. The constant feeling of not being loved and the neglected feeling she was facing led to the selection of *Ignatia*. The improvement was assessed with the use of the Hamilton Depression Rating Scale and Young Mania rating scale. The mental symptoms were improved in 3 months but the skin symptoms persisted. Later *Natrum Muriaticum 1M* was prescribed considering the totality of symptoms after *repertorisation* [15,16] and also as a chronic

and complementary remedy of *Ignatia*. The skin symptoms were relieved completely and the patient was further monitored without any recurrence of symptoms.

CONCLUSION:

This case shows the positive role of *homoeopathy* in the management of bipolar affective disorder with comorbid eczema with individualized *homoeopathic* medicines.

LIMITATION OF STUDY:

This is a single case report and more studies are needed for the generalization of results.

CONSENT OF PATIENT:

Informed consent was obtained from the patient for publication of the results of the treatment.

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REFERENCES:

1. Shah N, Grover S, Rao GP. Clinical Practice Guidelines for Management of Bipolar Disorder. *Indian J Psychiatry*. 2017;59(1): S51-S66.
2. Radhakrishna U, Senol S, Herken H. et al. An apparently dominant bipolar affective disorder (BPAD) locus on chromosome 20p11.2-q11.2 in a large Turkish pedigree. *Eur J Hum*. 2001;9:39-44.
3. Merizalde B. Bipolar Disorders: A Presentation of Three Cases. *American Journal of Homeopathic Medicine*. 2003. 96(4).
4. Gautam S, Jain A, Gautam M, Gautam A, Jagawat T. Clinical Practice Guidelines for Bipolar Affective Disorder (BPAD) in Children and Adolescents. *Indian J Psychiatry*. 2019;61(2):294-305.
5. Raveendran R. Tips and Tricks for Controlling Eczema. *Immunol Allergy Clin North Am*. 2019;39(4):521-533.
6. Van Zuuren EJ, Fedorowicz Z, Christensen R, Lavrijsen A, Arents BWM. Emollients and moisturisers for eczema. *Cochrane Database Syst Rev*. 2017;2(2):CD012119.
7. Hoare C, Li Wan Po A, Williams H. Systematic review of treatments for atopic eczema. *Health Technol Assess*. 2000;4(37):1-191.
8. Nutten S. Atopic dermatitis: global epidemiology and risk factors. *Ann Nutr Metab*. 2015;66(1):8-16.
9. Hamilton MM. A rating scale for depression. *J Neurol Neurosurg Psychiatry*. 1960;23(1):56-62.
10. Young RC, Biggs JT, Ziegler VE, Meyer DA. A rating scale for mania: reliability, validity, and sensitivity. *Br J Psychiatry*. 1978;133: 429-435.
11. Banerjee SK. Miasmatic prescribing. B.Jain Publishers. New Delhi. Second extended edition. 2017
12. Boericke W. Boericke's New Manual of Homoeopathic Materia Medica with Repertory. B. Jain Publishers. New Delhi. Third Revised & Augmented Edition. 2010
13. Bailey PM. Homeopathic Psychology Personality Profiles of the major constitutional remedies. B Jain regular. New Delhi. First edition. 2007.
14. Vithoulkas. The essence of Materia Medica. B. Jain publishers. New Delhi. Second Indian edition. 2009
15. Rana DK, Villan J, Deepak KP. Homoeopathic management of depression with comorbid eczema: A case report. *International Journal of Homoeopathic Sciences* 2020; 4(4): 212-215
16. Bagdi N, Ram H. A case report for successful treatment of atopic dermatitis (AD) with a Constitutional homoeopathic medicine Natrum muriaticum. *International Journal of Homoeopathic Sciences* 2020; 4(2): 46-51

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