

Management of Paranoid Schizophrenia by Stramonium in LM Potency-A Case Report

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ABSTRACT:

Schizophrenia, a chronic mental disorder, disrupts thought processes, perceptions, emotions, and social interactions. Severity varies, with symptoms including hallucinations, delusions, reduced emotional expression, and cognitive difficulties. Global prevalence is 0.3% to 0.7%, emerging in late adolescence or early adulthood, slightly higher in males. Urbanization, migration, genetics, and environmental factors contribute, with varied rates influenced by culture. Recent studies estimate late-onset schizophrenia at 0.33%. Incidence of paranoid schizophrenia is 0.17 per 10,000 individuals, influenced by age and sex. A 47-year-old man attended Psychiatry OPD on May 19, 2023, with concerns of poor socialization, sleeplessness, fearfulness, work avoidance, a sensed presence, impending harm, auditory hallucinations, influence perception, and paranoid beliefs persisting for 6 months. Detailed case taking was done on the standardised performa and evaluation was one based on the Kentian method. The repertorization was done using the Synthesis Repertory in RADAR Opus software. Assessment incorporated both the Brief Psychiatric Rating Scale (BPRS) and the Scale for the Assessment of Positive Symptoms (SAPS) over a three-month period. Furthermore, the Modified Naranjo Criteria were applied to assess deeper into causal relationships. The use of homoeopathic LM potencies has demonstrated effectiveness in alleviating symptoms associated with paranoid schizophrenia.

KEY WORDS: BPRS, Homoeopathy, LM Potency, Paranoid Schizophrenia, SAPS.

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INTRODUCTION:

Schizophrenia, a widespread and complex mental disorder, has captivated researchers, clinicians, and society for centuries. It disrupts fundamental aspects of human perception, cognition, and behaviour, often leaving those affected and their loved ones grappling with numerous uncertainties [1]. This serious mental

disorder causes individuals to interpret reality abnormally, potentially resulting in a combination of hallucinations, delusions, and severely disordered thinking and behaviour, all of which impair daily functioning and can be disabling. Consequently, individuals with schizophrenia require lifelong treatment to manage its challenging and multifaceted

effects Paranoid schizophrenia, is most common type of Schizophrenia [2][3]

Kurt Schneider's first-rank symptoms in schizophrenia aid diagnosis with distinctive manifestations like thought echo, insertion/withdrawal, and broadcasting. Delusions of control, influence, or passivity, especially in body/limb movements, accompany hallucinatory voices. Culturally inappropriate delusions (e.g., superhuman abilities) and persistent hallucinations, combined with breaks in thought, incoherence, and catatonic behaviors, contribute to diagnostic criteria. Distinguishing "negative" symptoms (e.g., apathy, speech paucity) from depression or medication effects is crucial. Significant behavioral changes, marked by loss of interest, aimlessness, and social withdrawal, form part of schizophrenia's diagnostic framework^[4].

Schizophrenia is a pervasive global health issue that affects approximately 24 million individuals worldwide. Schizophrenia impacts approximately 24 million individuals globally, affecting 1 in 300 people (0.32%). Among adults, the prevalence increases to 1 in 222 people (0.45%). It is comparatively less common than many other mental disorders, typically manifesting during late adolescence and the twenties, with men often experiencing onset earlier than women. The disorder is closely linked to substantial distress and impairment across various life domains, including personal, family, social, educational, and occupational aspects. Tragically, individuals with schizophrenia face a 2 to 3 times higher risk of premature mortality compared to the general population. This increased vulnerability is frequently attributed to physical illnesses like cardiovascular, metabolic, and infectious diseases. A significant proportion of individuals with schizophrenia worldwide do not receive adequate mental

health care. Notably, about half of those in mental hospitals carry a diagnosis of schizophrenia, highlighting the pressing need for improved mental health support and accessibility^[5].

Patients with a familial history of schizophrenia, even including siblings, have demonstrated a heightened correlation between stress levels and the overall score on the Scale for the Assessment of Positive Symptoms. ^{[6][7]}

The fundamental aspect of different theories elucidating the pathophysiology of schizophrenia is centered on dysregulation in neurotransmission. These theories mainly focus on the disruption of neurotransmitter balance, including dopamine, serotonin, and glutamate, indicating an overabundance or inadequacy. Moreover, certain theories implicate aspartate, glycine, and gamma-aminobutyric acid (GABA) as factors contributing to the observed neurochemical imbalance in schizophrenia. ^[8]

The frequent repetition, minimal aggravation, and the use of minimal material doses associated with LM potencies contribute to a unique therapeutic profile that aims for quicker recovery. ^[9]

While conventional approaches primarily rely on antipsychotic medications, this case report aims to contribute to the existing literature by presenting a detailed account of a patient diagnosed with acute paranoid schizophrenia who underwent homoeopathic treatment. The report seeks to shed light on the effectiveness of homoeopathic interventions, providing insights into the holistic management of symptoms, improvement in the patient's overall well-being, and the potential role of homoeopathy in the broader spectrum of psychiatric care. Through this exploration, we aim to enrich the understanding of homoeopathic principles and their

applicability in addressing the multifaceted challenges presented by acute paranoid schizophrenia

Paranoid schizophrenia, as outlined in the diagnostic criteria of ICD-10, DSM-5, and ICD-11, is characterized by features including delusions, hallucinations, disorganized speech, and negative symptoms. A key diagnostic requirement in both ICD-10 and DSM-5 is the persistence of these symptoms for a continuous duration of at least 6 months, with DSM-5 further specifying that at least 1 month of this period should involve active-phase symptoms. ICD-11 introduces a dimensional approach, recognizing a spectrum of symptom severity within schizophrenia spectrum and other primary psychotic disorders. Core psychotic symptoms remain central to the diagnosis across all three systems, highlighting the importance of sustained symptomatology for an accurate understanding of paranoid schizophrenia.^{[10][11][12]}

In a recent case series by Moorthi et al. explored the use of homoeopathy as an adjunctive treatment for schizophrenia. This study suggested a beneficial impact of homoeopathic treatment for schizophrenia, as it appeared to diminish psychotic symptoms, enhance patient insight, and enable a reduction in conventional medication^[13]. In a case report authored by Jayashree et al., which chronicles the treatment of paranoid schizophrenia with homeopathy within a psychiatry ward. The findings of the case report indicate a positive influence of homoeopathic medicine, emphasizing its efficacy in managing paranoid symptoms. This positive outcome was attributed to the meticulous selection of potency in the treatment process^[14]. Deepthi et al. published a case study on Paranoid Schizophrenia treated with Individualized Homoeopathy, highlighting the effectiveness of

homoeopathic treatment in managing schizophrenia^[15]. The administration of centesimal potencies was noted in all the aforementioned case reports. This case report highlights the efficacy of LM potency in the management of schizophrenia, a field having limited published studies.

MATERIALS AND METHODS:

Baseline investigations were done to rule out possibility of any other disorders. Detailed case taking was done on the standardised performa and evaluation was one based on the Kentian method^[16]. Totality of symptoms was erected then and the repertorization was done using the Synthesis Repertory in RADAR Opus software^[17]. Stramonium, the most indicated remedy was given in 0/1 potency in aqua. Severity of the condition was assessed with two rating scales such as Brief Psychiatric Rating Scale (BPRS) and the Scale for the Assessment of Positive Symptoms (SAPS) over a three-month period^{[18][19]}. Furthermore, the Modified Naranjo Criteria were applied to assess deeper into causal relationships^[20]. Follow up was assessed in a week initially, after 2 weeks on second visit and then monthly once up to 6 months. LM potency of Stramonium was gradually raised to higher according to susceptibility of the patient.

CASE SUMMARY:

Patient information:

A 47-year-old married man brought by a relative to the psychiatry outpatient department of (OPD) of National Homoeopathy Research Institute in Mental Health (NHRIMH), Kottayam on May 19, 2023, with concerns about poor socialization, sleeplessness, fearfulness, avoidance of work, a sense of a presence beside him, a feeling of impending harm, auditory hallucinations involving neighbours speaking to him, a perception of

being under the influence of his neighbours, and a belief that others are constantly discussing and observing him. All the complaints have been present for 6 months.

History of present illness:

The patient resides with his sister, who is coping with a psychiatric condition, and he takes sole responsibility for her care. Six months ago, his sister's symptoms worsened, becoming challenging to handle at home. Consequently, he relocated her to a charitable trust for mentally ill patients. Subsequently, living alone, he experienced a distressing incident where he believed his neighbour was plotting to harm him. He reported this to the local police, but upon investigation, it was determined to be a misunderstanding on his part. Over time, his complaints intensified.

Past illness

History of chickenpox 20 years back and took conventional treatment.

Family history`

Both of his parents have passed away. His father died from a cardiac arrest, while his mother succumbed to old age. His only sister is living with schizophrenia.

Life space investigation

He was born as the younger child in his family. His father worked as a coolie, and his mother was a housewife. He pursued his education until the 9th standard but had to discontinue due to financial constraints. Subsequently, he began working as a coolie. At the age of 27, he got married and has one child. However, due to his sister's psychiatric condition, his wife and child have been residing separately for 16 years. During this time, he stayed with his sister and took care of her very well.

Premorbid personality

Fear of darkness

Fastidious

Desire Company

Physical generals

Has reduced Appetite and thirst

Desire milk

Perspiration is reduced

Sleeplessness.

Mental status examination

General appearance & behaviour: conscious & cooperative but displays poor personal care and grooming, open frank, help-seeking, rapport established. Eye-to-eye contact was maintained, and interpersonal relationship was good. Psychomotor activity was reduced, speech parameters, including rate, volume and tone, were all reduced, and reaction time was increased. The individual's affect was considered appropriate and stable, although their mood was reported as depressed. Thoughts revealed an increased flow with the delusion of control as if as if he is under the control of his neighbours; delusion of persecution, feeling as if someone is coming to torture him; delusion of reference, says that others talking about him. Auditory hallucination 3PAH hearing voices of his neighbour. Orientation: To time, place and person is preserved. Memory (Immediate, recent and remote) Adequate. Attention & concentration are sustained and maintained. General information & intelligence are deemed adequate as per age and education. Abstract thinking is normally maintained. Judgment, including social judgment and test judgment, is considered adequate. However, insight is reported as absent.

Diagnosis and assessment

The consultant Psychiatrist verified the diagnosis as Paranoid Schizophrenia (F20.0) in accordance with the ICD-10 criteria. The severity of the condition was gauged using the 18-point Brief Psychiatric Rating Scale (BPRS). The assessment of the outcome hinged on examining the alteration in BPRS scores, specifically by comparing the initial scores on admission with those

documented at the time of discharge. This methodology offers a quantitative metric to assess the efficacy of the treatment and the overall advancement of the patient throughout the care period.

FIRST PRESCRIPTION:

The evaluation of symptoms employed Kent's method, and the totality was constructed and subjected to

repertorization using RADAR 10 (Synthesis) repertory. The rubrics considered and the repertorial totality can be referenced in Figure no.1. Based on the overall symptoms, a seven-dose prescription of Stramonium 0/1 in Aqua was recommended daily for one week, along with sac lac. The medication, obtained from HOMCO (Kerala State Homoeopathic Pharmacy), was dispensed from the pharmacy of NHRIMH.

Table 1: Timeline and Follow-up of the case:

Date	Observations	Prescription
26/05/23	Fearfulness reduced Delusions of control and reference are reduced than before. Delusion of persecution is present. Auditory Hallucination persists. Personal care is improved. Sleep is improved. Not going for a job	Rx, 1. Stramonium 0/2 / 7D (1-0-0) 2. BT(1g)/ (1-0-1) for 2 week
07/06/23	Hearing voices that others are talking to him is persisting Delusion of reference and control is reduced Fearfulness at night is reduced Delusion of persecution is reduced Sleep is improved than before Not going for work	Rx, 1. Stramonium 0/3 / 15 D on alternate days (1-0-0) 2. BT1 / (1-0-1) for 1 month
17/7/2023	The patient is improving. Sleep became normal Delusion of control and reference is reduced Delusion of persecution is reduced Auditory hallucination is reduced. Socialisation improved Not going to work Generals : Normal	Rx, 1. Stramonium 0/4 / 15 Doses on alternate days(1-0-0) 2. BT1 / (1-0-1) for 1 month
17/08/23	General improvement of the symptom No fearfulness Started going for work regularly Hearing of voices is reduced Delusion of control and reference is reduced. Generals: Normal	Rx, 1. Sac Lac / 8D,(1-0-0)2D/week 2. BT(1g) / (1-0-1) for 1 month
20/09/23	General improvement present	Rx,

	No fearfulness No auditory hallucination No delusion of control and references. No delusion of persecution Going for work regularly	1. Sac Lac / 8D,(1-0-0)2D/week 2. BT(1g) / (1-0-1) for 1 month
18/10/23	No particular complaints present. Going for job regularly Generals: Normal	Rx, 1. Sac Lac / 8D,(1-0-0)2D/week 2. BT(1g) / (1-0-1) for 1 month

Table-2: Changes in Brief psychiatric rating scale:

Symptoms	First visit	Third month	Sixth month
Somatic Concern	2	1	1
Anxiety	7	4	1
Emotional withdrawal	3	1	1
Conceptual Disorganization	7	4	1
Guilty feeling	2	1	1
Tension	7	4	1
Mannerism and Posturing	1	1	1
Grandiosity	1	1	1
Depressive mood	6	4	1
Hostility	7	4	1
Suspicious	7	3	1
Hallucinatory Behavior	7	3	1
Motor Retardation	5	2	1
Uncooperativeness	4	2	1
Unusual thought content	7	4	1
Blunted affect	3	1	1
Heightened emotional tone, agitation, increased reactivity	4	2	1
Confusion or lack of proper association for person, place or time.	4	2	1
Total Score	84	44	18

Table-3: Changes in SAPS scale:

Domains of the SAPS scale	1 st month	3 rd month	6 th month
1.Hallucinations			
AuditoryHallucinations	5	3	0
Voicescommenting	0	0	0
VoicesConversing	5	3	0
Somaticor TactileHallucinations	0	0	0
OlfactoryHallucinations	0	0	0

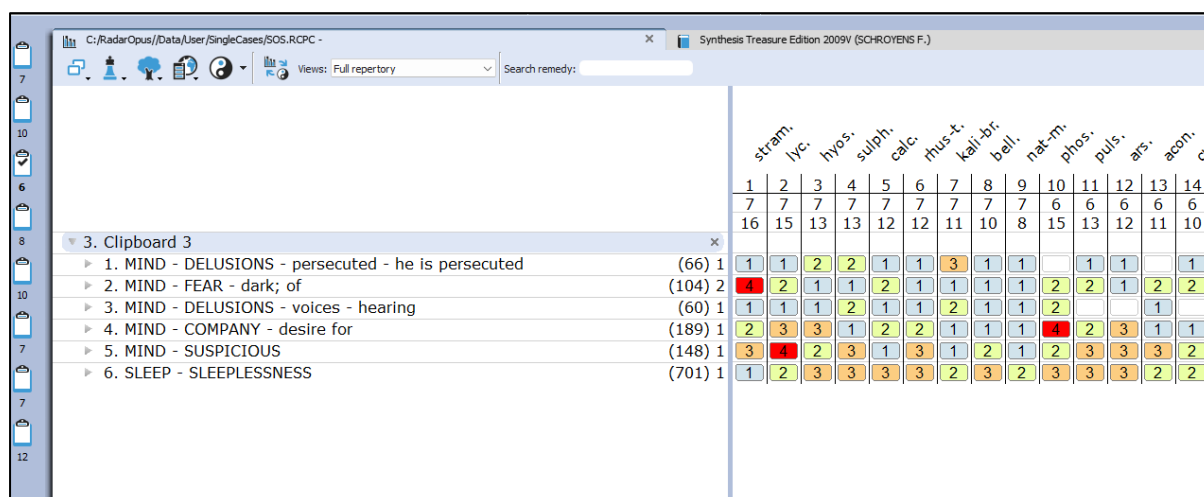
INTERNATIONAL JOURNAL OF AYUSH CASE REPORTS (IJA-CARE)

VisualHallucinations	0	0	0
GlobalRatingof Hallucinations	5	3	0
2.Delusions			
PersecutoryDelusions	5	2	0
Delusionsofjealousy	0	0	0
Delusionsof GuiltorSin	0	0	0
GrandioseDelusions	0	0	0
Religious Delusions	0	0	0
Somatic Delusions	0	0	0
Delusions of Reference	5	2	0
Delusions of Being Controlled	5	2	0
Delusions of Mind Reading	5	2	0
Thought Broadcasting	0	0	0
Thought Insertion	0	0	0
Thought Withdrawal	0	0	0
Global Rating of Delusions	5	3	0
3. Bizarrebehavior			
Clothing and Appearance	5	3	0
Social and Sexual Behavior	4	2	0
Aggressive and Agitated Behavior	2	1	0
Repetitive or Stereotyped Behavior	0	0	0
Global Rating of Bizarre Behavior	4	2	0
4. Positive formal thought disorder			
Derailment	0	0	0
Tangentiality	0	0	0
Incoherence	5	2	0
Illogicality	5		

		2	0
Circumstantiality	0	0	0
Pressure of Speech	0	0	0
Distractible Speech	0	0	0
Changing	0	0	0
Global Rating of Positive Formal Thought Disorder	4	2	0
Total	69	34	0

Table:4-Modified Naranjo criteria:

Sl no	Modified Naranjo criteria	Yes	No	Not sure
1	Was there an improvement in the main symptom or condition for which the medicine was prescribed?	+2		
2	Did the clinical improvement occur within a plausible time frame relative to the drug intake?	+1		
3	Was there an initial aggravation of symptoms?	0		
4	Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?	+1		
5	Did overall well-being improve? (suggest using validated scale)	+1		
6	Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease? Direction of cure: Did at least two of the following aspects apply to the order of improvement of symptoms: <ul style="list-style-type: none"> From organs of more importance to those of less importance? From deeper to more superficial aspects of the individual? From the top downwards? 		0	
7	Did "old symptoms" (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?		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)		+1	
9	Was the health improvement confirmed by any objective evidence? (e.g., laboratory test, clinical observation, etc.)	+2		
10	Did repeat dosing, if conducted, create similar clinical improvement?	+1		
	Total	9		



	stram.	lyc.	hyos.	sulph.	calc.	rhus-t.	kali-br.	bell.	nat-m.	phos.	puls.	ars.	acon.	cup.
1	1	1	2	2	1	1	3	1	1	1	1	1	1	1
2	1	1	1	1	2	1	1	1	1	2	2	1	2	2
3	1	1	1	2	1	1	2	1	1	1	1	1	1	1
4	2	3	3	1	2	2	1	1	1	2	3	1	1	1
5	3	4	2	3	1	3	1	2	1	2	3	3	3	2
6	1	2	3	3	3	3	2	3	2	3	3	3	2	2

Fig-1: Repertorization chart

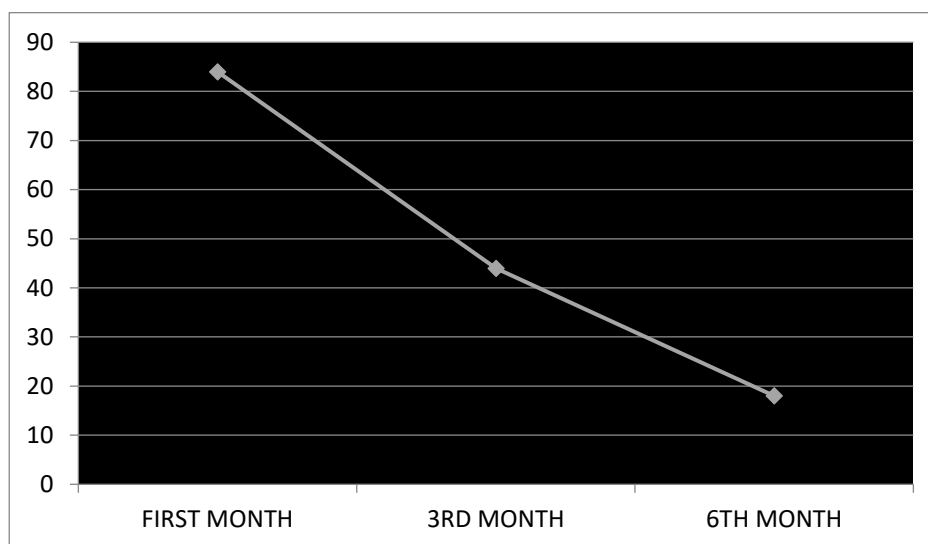


Fig- 2: Change in SAPS score

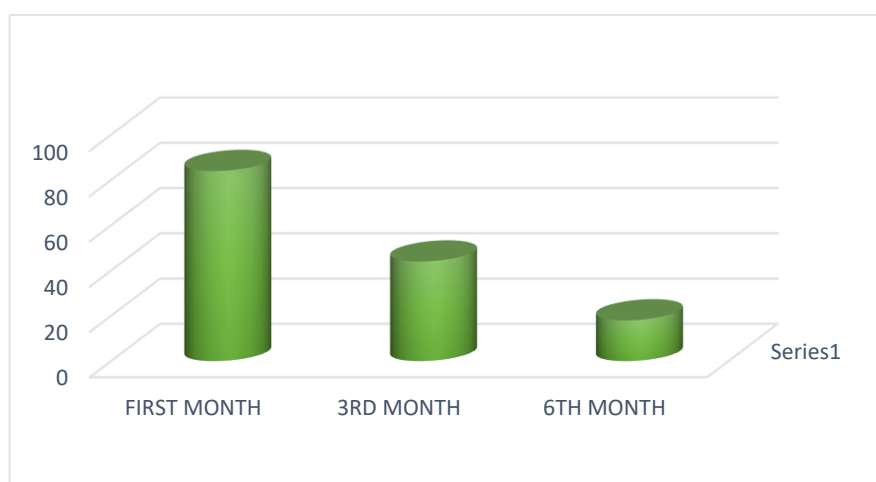


Fig- 3: Change in BPRS score

RESULTS:

The patient initially presented with significant delusions, including delusions of control, reference, and persecution, accompanied by auditory hallucinations. Within the first week of treatment, a notable improvement in symptoms and general well-being was observed. Subsequent follow-up visits demonstrated progressive amelioration, allowing the patient's relatives to manage him effectively without the need for inpatient treatment. Remarkably, the patient resumed work within three months of homoeopathic intervention and no Homoeopathic aggravation was noted. Consistent reductions in BPRS (Brief Psychiatric Rating Scale) scores and SAPS (Scale for the Assessment of Positive Symptoms) scale scores were observed each month, reflecting the overall improvement in the patient's condition during follow-ups. Detailed observations and corresponding prescriptions are presented in Table 1, while BPRS scores from follow-ups are outlined in Table 2, and SAPS scale scores are provided in Table 3.

DISCUSSION:

This case report sheds light on the promising role of Homoeopathy in the management of schizophrenia. The positive effects seen in this case, particularly in alleviating the core symptoms of paranoid schizophrenia through use of LM potencies, prompt a closer examination of the therapeutic potential of homoeopathic interventions. The observed improvement in the patient's overall well-being, as measured by BPRS and SAPS, suggests that homoeopathy may offer to a holistic treatment approach for schizophrenia. By considering the totality, Stramonium was the first remedy in the repertorization list. During the visit, the prominent symptom the patient expressed was an

intense fear of darkness, and he couldn't sleep at night. Stramonium received the highest mark in the Synthesis Repertory for that particular symptom. Based on this, Stramonium 0/1 was prescribed, which showed marked improvement in his symptoms within just one week. Subsequently, the potency was increased from 0/1 to 0/4 in the following follow-up visit as the psychotic symptoms persisted. The patient improved significantly, with complete amelioration of the psychotic symptoms by the third month. After that, only placebos were given for the next two months. There was a marked improvement in adaptive functioning, and the patient re-engaged in his work, demonstrating good tolerance to work pressure.

The research conducted by Oberai et al. highlights the beneficial impact of homoeopathic medicines in the treatment of schizophrenia, particularly in patients concurrently using antipsychotic medication^[21]. In the present case report, the patient exclusively received homoeopathic medication, devoid of any other pharmaceutical intervention, demonstrating its effectiveness in managing symptoms.

A study investigated family structure-related factors as potential risk factors for schizophrenia. If a sister of a patient had been previously diagnosed with schizophrenia long ago, this information aligns with the broader context of familial connections explored in the literature. The findings could provide insights into how such family structures might influence the risk of schizophrenia in subsequent generations. It adds to the understanding of familial patterns and contributes to the ongoing discourse on genetic and environmental factors influencing the development of schizophrenia within families.^{[6][7]}

The administration of LM potencies in the presented case brought about a more rapid cure and a notable improvement in overall well-being. Remarkably, the ability to repeat the doses on a daily basis was achieved without inducing aggravation. This observation aligns with the characteristic features attributed to LM potencies, emphasizing their potential for gentle yet effective action.^[22]

Currently, there is limited published research works on employing LM potencies for Paranoid Schizophrenia management. Future studies with suitable designs are recommended to explore the potential efficacy and safety of LM potencies in treating this type of schizophrenia. While Hahnemann discovered LM potencies as hidden treasures in the 6th edition of *Organon*, their acceptance in research studies is not widespread. Further investigation is essential to comprehend the benefits and efficacy of LM potencies in Paranoid Schizophrenia management.^[23]

The Modified Naranjo criteria yielded a total score of 9, signalling a robust likelihood of a causal relationship between the prescribed medicine and reported health improvement. Key contributors to this score include a significant alleviation of the main symptom within a plausible timeframe, enhancing overall well-being. The direction of cure and the medication's broad impact on multiple symptoms reinforce the likelihood of causality. Objective evidence, such as lab tests, confirmed health improvement, while repeated dosing consistently yielded clinical benefits. Even when considering alternative causes, the cumulative score of 9 strongly suggests a compelling connection between the prescribed medicine and positive health outcomes, succinctly affirming the reliability of the Modified Naranjo criteria.^[20]

CONCLUSION:

This case report shows promising role into the potential effectiveness of homoeopathic interventions in managing paranoid schizophrenia using LM potencies. The observed positive outcomes, especially in alleviating the core symptoms and enhancing the overall well-being of the patient, as assessed by BPRS and SAPS, indicate that homoeopathy could offer positively to the holistic approach in managing an acute phase of paranoid schizophrenia. While these findings show promise, it is crucial to undertake longitudinal Randomized Controlled Trials (RCTs) and consider systematic reviews and meta-analysis studies for scientific validation of these results.

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Informed Consent

Consent has been obtained from the patient

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