

Clinical Research

Effect of Similimum in Acute Mania

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Abstract

To show that treatment based on *Similia Similibus Curentur* is most effective in the management of acute manic episode and the most important basis of prescription is the acute mental generals. Prescribing on acute mental generals is most effective in the management of acute manic episodes.

Introduction

Mania is one of the least common of the major psychoses, **but a large proportion of the patient admitted in Mental hospitals consists of patients with acute mania or manic phase of the MDP, because these patients are presented with violent and aggressive behaviour** and they need to be kept in safe custody to avoid danger to themselves and others¹. This condition is a combination of elation and energy; it may progress to exhaustion and disaster so that patients need emergency treatment and for this physical restraintment may or may not be necessary. This condition is always recurrent² and the acute condition is to be managed without delay and when the aggression settles, treatment should be directed to the primary condition. In modern medicine, major tranquilisers like Chlorpromazine and Haloperidol are given to alleviate the acute condition, but it is frequently seen that patients report with frequent relapse in spite of continuous prophylactic medication or immediately after withdrawing the drugs. Though the out look for the patients with recurrent mania has improved with the treatment to certain extent

by modern medicines, but even on a long term regimen those patients have the liability to dispute of life at intervals of mania. There are 4 types of mania viz. **Hypomania, Acute mania, Delusional mania and Delusions mania**. But it is impossible to treat any form of Acute mania, hypomania or delusions mania effectively without admission to hospitals³ and that is why there were many mental asylums in the past and many mental health institutions at present in our country.

The CCRH has undertaken a project on '**Behavioural Disorders**' at Central Research Institute for Homoeopathy, Kottayam, the only Institute in India, where mental patients are being treated homoeopathically. All types of mental patients including Schizophrenics, Manics, Depressive patients etc. are being treated here. Mostly admitted patients are manics and schizophrenics but other patients with depression and paranoid disorders also seek admission to this Institute. Here all patients are treated with homoeopathic medicines alone with appropriate psychological advise after withdrawing the previous drugs.

This short scientific paper is based on the cases of mania treated with homoeopathic remedies in CRI(H), Kottayam.

Aims and Objectives

The aims of this study:

- i) To show that Acute mania is well managed with homoeopathic medicines

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- ii) To find out the most effective basis of prescription in the management of Acute mania

Materials and methods

80 cases of Acute mania consisting of 48 males and 32 females⁷ (Table-1) were randomly selected from those manic cases admitted in the IPD of Central Research Institute for Homoeopathy, Kottayam, (Kerala) during the period between 1994-2000, and having regular follow-up. Those cases with at least two years continuous follow up only are included in this study. Both Males and Females in all age groups are present in these 80 cases. The age of the patients ranges from 9 years-80 years. These patients were having the duration of complaints ranging from 1 week to 30 years. Naturally, they might have come after long term regular or irregular treatment from other systems of medicine. Majority of these patients had frequent and irregular recurrent episodes of mania. The intensity of the disease was moderate to severe and in many occasions physical restraintment was necessary for the safety of the others and the patient himself.

The method of study was purely clinical as these patients were treated in the IPD and in that violent stage any psychological advice was of no use. Therefore, **only medicinal treatment was given and any result obtained was due to the action of the medicine alone.** Immediately after the admission disease diagnosis and therapeutic diagnosis were done after taking detailed case history in all cases by observing the activities of the patients, interrogating the relatives of the patients and from the information collected from the staff on Ward Duty. Disease diagnosis was done on the basis of the **diagnostic criteria for mania – DSM III-R** as given below:

Diagnostic Criteria DSM III-R Mania

1. Elated mood
2. Gradeosity-inflated self esteem which may be delusional

3. Sleep disturbance- decreased need for sleep
4. Loquacity- talkative than usual
5. Flight of ideas or subjective feeling that thoughts are racing
6. Destructibility- inordinate attention to unimportant things-attention too easily drawn to unimportant things.
7. Over activity- physical restlessness at work, socially or sexually
8. Excessive involvement in activities that have a high risk or painful consequences- e.g. Reckless driving, inflicting injuries on self, sexual indiscretions etc.

But the therapeutic diagnosis was done strictly on individualization. The selected drugs were given in sugar of milk dry on the tongue. In certain cases medicines were administered forcefully after physical restraintment. Different potencies were used in different cases and the repetition of the doses was done as and when needed when the symptoms called for the same. **In certain cases with the first dose itself the excitement came down but in some other cases more than one dose was necessary.** In between the doses placebo was given in the form of sugar of milk.

All these patients were given treatment in the IPD for varying period and each patient was observed for at least two months for any immediate recurrence. All these patients were given same type of diet and **they were advised to strictly avoid tea, coffee, tobacco and other medicines.** When the acute manic excitement was relieved, these patients were further treated with deep acting anti-miasmatic remedies to prevent further episodes as these acute mania are the outburst of latent miasms⁸. In certain

cases, drugs which were found useful to relieve the acute excitement were still found useful to prevent further episodes also. These patients were also advised to report once in a fortnight in person after being discharged from the hospital.

Results

The result obtained in the study are given in Tables I-XI. Though different medicines were prescribed in different cases, the most useful and frequently occurred basis for prescription to control the acute manic excitement has been found out in this study.

Table-I

Total number of cases

Total	Male	Female
80	48	32

Table-II

Age of the patients: Min. 9 years, Max. 80 years

Age Groups	T	M	F
5 years to 10 years	1	1	0
10 years to 15 years	1	0	1
15 years to 20 years	8	3	5
20 years to 25 years	11	7	4
25 years to 30 years	18	11	7
30 years to 35 years	11	10	1
35 years to 40 years	8	4	4
40 years to 45 years	6	3	3
45 years to 50 years	6	2	4
50 years to 55 years	2	0	2
55 years to 60 years	0	0	0
60 years and above	8	7	1

Table-III

Age of the patients: Min. 1 week, Max. 30 years

Groups	T	M	F
Upto 5 years	37	21	16
5 years to 10 years	21	11	10
10 years to 15 years	9	8	1
15 years to 20 years	4	3	1
20 years to 25 years	4	1	3
25 years to 30 years	1	1	0
30 years and above	4	3	1

Table-IV

Intensity of disease

Intensity	T	M	F
Mild	0	0	0
Moderate	24	16	8
Severe	56	32	24

Table-V

Duration of treatment: Min. 3 days, Max. 5 months

Groups	T	M	F
Upto 1 week	2	0	2
1 week to 2 week	19	16	3
2 week to 3 week	34	18	16
3 week to 4 week	7	3	4
4 week to 5 week	8	5	3
5 week to 6 week	2	1	1
6 week to 7 week	2	1	1
7 week to 8 week	2	2	0
8 week to 9 week	2	1	1
9 week to 10 week	0	0	0
10 weeks and above	2	1	1

Table-VI
Basis of prescription

Basis of prescription	Prescribed			Found effective		
	T	M	F	T	M	F
Acute mental generals	55	34	21	50	31	19
Acute Repertorial totality	13	5	8	13	5	8
Emotional causations	2	1	1	2	1	1
Others:						
Physical generals	7	5	2	6	5	1
Modalities	0	0	0	0	0	0
Concomitants	2	2	0	2	2	0
Key notes	1	1	0	1	1	0

Table-VII
Improvement indices

	T	M	F
Marked	54	35	19
Moderate	20	10	10
Mild	4	1	3
Not improved	1	1	0
Aggravated	1	1	0

Table-VIII
Symptomatic improvement

Diagnostic symptoms	Relieved			Mitigated			Not imprvd.			Aggvtd.		
	T	M	F	T	M	F	T	M	F	T	M	F
Elation	65	40	25	11	6	5	3	1	2	1	1	0
Grandeosity	64	40	25	11	6	5	4	1	3	1	1	0
Sleeplessness	76	46	13	2	0	2	1	1	0	1	1	0
Loquacity	64	39	25	13	7	6	2	1	1	1	1	0
Flight of ideas	69	42	27	7	4	3	3	1	2	1	1	0

Diagnostic symptoms	Relieved			Mitigated			Not imprvd.			Aggvtd.		
	T	M	F	T	M	F	T	M	F	T	M	F
Distractibility	55	34	21	20	12	8	4	1	3	1	1	0
Increased activities	61	37	24	15	9	6	3	1	2	1	1	0
Excessive involvement in activities	62	38	24	14	8	6	3	1	2	1	1	0

Table-IX

Recurrence of the complaints for the next 2 years after the relief of acute episode

Recurrence	T	M	F
No recurrence	62	39	23
Once in two years	4	1	3
Twice in two years	4	3	1
Thrice in two years	0	0	0
Four times in two yrs.	2	0	2
> four times in two yrs.	8	5	3

Table-X

Improvement scores given in statistical analysis

Moderate to marked improvement	Scores
Within a period of 1 week	10
Within 1 week to 2 weeks	5
Within 2 weeks to 3 weeks	3
Within 3 weeks to 4 weeks	1
More than 4 weeks	0

Table-XI

Drugs found useful to manage acute mania

Name of drug	Potency	No. of cases prescribed			No. of cases found effective		
		T	M	F	T	M	F
Arsenic album	30, 200	7	6	1	6	5	1
Belladonna	200, 1M, 10M	22	15	7	19	14	5
Calcarea carb.	200	1	1	0	1	1	0
Croc.	30, 200	1	0	1	1	0	1
Elaps. cor.	30, 200	1	1	0	1	1	0
Graphites.	200	1	0	1	1	0	1
Hyoscyamus.	30, 200	2	0	2	1	0	1
Ignatia.	30, 200, 1M	12	3	9	12	3	9

Name of drug	Potency	No. of cases prescribed			No. of cases found effective		
		T	M	F	T	M	F
Lachesis.	30, 200	3	0	3	3	0	3
Nat. mur.	30, 200, 1M	5	2	3	4	2	2
Nuxvomica	200, 1M	8	8	0	8	8	0
Phosphorus	30, 200, 1M	11	6	5	10	6	4
Pulsatilla	30, 200, 1M	5	2	3	5	2	3
Stramomium	30, 200, 1M	7	4	3	6	3	3
Sulphur	30	1	1	0	1	1	0
Veratrum alb.	200	2	1	1	1	0	1

Discussion

The analysis of the results obtained shows that mania can occur in any age group. It is an accepted fact that mania can occur even in childhood and shows symptoms similar to those found in adult⁹. **In this study it is found that very young as well as aged are affected with mania (Table-II).**

The Table-VI shows the basis of prescriptions used to manage the acute excitement of the patient. It has been found in this study that the most used basis of prescription is acute mental generals. Medicines were given to 55 cases out of 80 on this basis, out of which 50 improved in moderate to marked degree. This may be due to the fact that in all chronic diseases with acute exacerbations, the acute phase is to be managed by drugs selected on acute totality. According to Dr. Hahnemann, the acute mania should not be immediately treated with deep acting anti-miasmatic remedies, but in the first place remedies indicated for it (the acute symptoms) in highly potentised form¹⁰ should be given and then by deep acting remedies. In this study, majority were prescribed on acute mental generals, because these symptoms are more prominent in acute

mania and therefore, 90% of the cases prescribed on this basis were improved. **Thus it is assumed that prescribing on acute mental generals is much more effective (than other basis) in Acute mania.** The table on basis of prescription shows that the cases which were prescribed on other basis also improved but the author wants to highlight that **the mostly used and most effective basis of prescription in Acute mania is acute mental generals.**

The Table-VII on improvement indices shows that 74 out of 80 cases had marked to moderate improvement. **Out of these 74 cases, 54 improved markedly and that is within two weeks of time** (refer Table-V). But Dr. Talcott mentioned that whatever medicine we choose in most favourable circumstances, we should not expect any rapid results; it takes 3-6 months to relieve mania¹¹. In our study most of the patients improved within 2-3 weeks. This may be due to the reason that those days lower dilutions were used but in our study we used higher dilutions ranging from 30-10M. The table on improvement indices shows the efficacy of homoeopathic treatment in the management of acute mania. To confirm the result, a symptomatic assessment on improvement also has been done (refer Table-

VIII) and this shows that almost all symptoms considered for the diagnosis have been relieved in majority of the cases.

Though the aims and objectives of this paper do not include the details on the most efficacious drugs for the treatment of mania, for academic purpose the same has also been done, but the results show that any drug which corresponds to the symptoms of the patients can be used (Refer Table-XI). This is contrary to what is mentioned in our literature that "in case of Acute mania our choice will always lie among the three remedies- Bell., Stram. and Hyos." But later on, three other remedies such as Phos., Verat. alb. and Cantharis were also added to this group. Regarding the potency of the drug used it has been found that as in any other disease conditions any potency can be used. In this study potencies ranging from 30-10M were used.

The Table-IX showing the recurrence of the complaint is very important. As mentioned in the paragraph of materials and methods, each case was followed for the next two years after the complete relief of the acute excitement. In this follow up study it has been found that in 62 cases 'no recurrence' was reported. This is a major achievement. During these two years other deep acting anti-miasmatic remedies were given to prevent further outburst of acute mania. There are cases in which further episodes occurred after two years and there are many other cases under follow-up without any recurrence.

Conclusions

- (i) Mania can occur in individuals of all age groups from childhood to old age.
- (ii) The most frequently found and most effective basis of prescriptions to manage acute manic episode is acute mental generals- the most prominent mental symptoms of the patient.

- (iii) Treatment with remedies having symptoms similar to that of acute totality is very effective in relieving acute manic excitements because 74 out of 80 cases improved within a short period, the majority within two weeks.
- (iv) Any drug which covers the acute mental symptoms is effective in managing acute mania.
- (v) Same remedy not only does relieve the acute excitement but also prevents further episodes.

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