

Behavioural Disorders

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Objectives: The objectives of the study were to identify a group of most useful homoeopathic medicines in the management of behavioural disorders and to identify their reliable indications, most useful potencies, frequency of administration and relationship with other medicines.

Methods: The study was carried out from 1984 to 2005. A total of 4179 patients were registered for the study, and 3424 patients had regular follow up for varying periods. Out of 16 clinical conditions of behavioural disorders specified in International Classification of Diseases (ICD-9), 13 clinical conditions such as Senile Dementia, Transient organic psychotic condition, Schizophrenia, Affective disorders, Paranoid disorders, Specific non-psychotic mental disorders following organic brain damage, Neurotic disorders, Personality disorders (Hysterical / Obsessive), Addictive disorders (Alcoholism), Disturbances of emotions specific to childhood and adolescence, Acute reaction to stress, Depressive neurosis and Psychosomatic disorders were studied. A detailed history of each case comprising of information from the patient and others including the family was taken. Each patient was prescribed medicine on his individual totality as per the homoeopathic principles.

Results: There were varying degrees of improvement; 1595 patients improved markedly, 766 patients moderately, 426 patients mildly, and 437 patients did not improve whereas 200 patients became worse. The more frequently indicated medicines were *Arsenicum album*, *Calcarea carbonica*, *Hyoscyamus niger*, *Ignatia amara*, *Lachesis*, *Natrum muriaticum*, *Nux vomica*, *Phosphorus*, *Pulsatilla*, *Stramonium*, *Sulphur* and *Tuberculinum*.

Conclusion: The objectives to identify the most useful medicines and their reliable indications have been achieved as the symptoms of used medicines given in the literature on which the prescriptions were based, were re-confirmed and verified in a number of patients.

Key words: homoeopathy; observational study; senile dementia; schizophrenia; affective disorders; paranoid disorders; neurotic disorders; psychosomatic disorders; personality disorders; addictive disorders; calcarea carbonicum; lachesis; nux vomica; pulsatilla; sulphur.

Introduction

Behavioural disorders include a broad range of conditions characterized by changes in thinking, mood, memory, intelligence, judgement and altered perception leading to abnormal talk and behaviour, and other psychopathological signs and symptoms that result in psycho-social dysfunctions and altered biological functions. These are the impairments that may result from

one or more of the inter-related factors like biological functions, psychodynamic adaptation, learned behaviour, social and environmental conditions. Although the clinical situation at a given time determines which area of dysfunction will be emphasized, proper patient care requires an approach that adequately evaluates all factors¹.

Psychiatric disorders of biological origin may be secondary to identifiable physical illness or caused by biochemical disturbances of the brain. A wide variety of psychiatric disorders (psychosis, depression, anxiety, delirium) as well as nonspecific symptoms are caused by organic brain disease or by derangement of cerebral metabolism resulting from illness, biochemical aberrations (neurotransmitter dysfunction), nutritional deficiencies or toxic agents. Learned behaviour is part of the pathogenetic mechanisms in all psychiatric disorders (patient may have learned that being sick is the only way to get attention). Altering such positive reinforcement may be critical in producing a change in behaviour. Social and environmental factors have always been considered of vital importance in the mental balance of the individual. The exigencies of everyday life contribute both to the development of a stable personality and to the deviations from the norm^{1,2}.

Surveys of mental morbidity carried out in various parts of the country suggest a morbidity rate of not less than 18-20 per 1,000 and the type of illness and their prevalence are very much the same as in other parts of the world. Behavioural disorders which are highly prevalent in society date back from 3rd millennium BC when the healing practices were done by priests³.

Dr. Samuel Hahnemann, first described the most humane method of treatment for mental patients and laid foundation stone for modern psychiatric management. But the most important work of Hahnemann as a psychiatrist was his concept of mental diseases and their classification, whereas in the modern classification of mental diseases, different disease conditions have similar clinical characters with overlapping of symptoms and the diagnosis becomes difficult in the absence of some first rank symptoms. This demerit of the disease wise classification of the mental illness is rectified by the method of classification given by Hahnemann. Another tremendous work done by Hahnemann in the field of psychiatry is the collection of thousands of mental symptoms during drug proving which is the unique feature of Homoeopathy⁴.

In the study conducted by Edwards⁵, it was found that homoeopathy was useful in relieving the behavioural and mental disturbances of animals.

Aims and Objectives

To evolve a group of most useful homoeopathic medicines in the management of behavioural disorders and to

identify their reliable indications, most useful potencies, frequency of administration and their relationship with other medicines.

Material and Methods

Study design

A systematic open, prospective, observational trial based on predefined parameters was undertaken from April 1984 to August 2005 in Central Research institute, Kottayam, Kerala, on various behavioural disorders mentioned in the *International Classification of diseases (ICD-9)*⁶. Out of 16 clinical conditions of behavioural disorders specified in ICD-9, 13 clinical conditions were studied; list of these clinical conditions are given in Table 1.

Study sample

A sample of 4179 patients comprising of 2787 males and 1392 females, of the age group of 7 years to 65 years were screened from the general OPD. Patients registered for the study complained of behavioural

Table 1: Clinical conditions

Clinical conditions of behavioural disorders	No. of patients enrolled
Senile Dementia	198
Transient Organic Psychotic Condition	4
Schizophrenia	785
Affective disorders	936
Paranoid disorders	137
Specific non-psychotic mental disorders following organic brain damage	11
Neurotic disorders	649
Personality disorders (Hysterical/Obsessive)	79
Addictive Disorders (Alcoholism)	88
Disturbances of emotions specific to childhood and adolescence	210
Acute reaction to Stress	28
Depressive neurosis	27
Psychosomatic disorders	1027

disorders for a minimum of 1 month to a maximum of 35 years. Out of 4179 patients registered for the study, 3424 patients were followed up for varying period. Patients of chronic psychosis and severe violence did not report after a brief follow up, hence they were dropped out. Unmanageable violent patients and those above 80 years were excluded from the study.

Homoeopathic prescription

A predefined format was adopted for collection and analysis of the data. All the patients registered were diagnosed on the basis of clinical signs and symptoms, but in case of psychosomatic disorders, a few clinico-pathological findings were also considered for diagnosis. Patients were classified under mild, moderate and severe intensity, according to the predefined parameters discussed under respective conditions.

A detailed history of each case comprising of information from the patient and others including the family was taken and the symptoms were carefully evaluated for determining the prescribing totality. Medicine was selected on the basis of *miasmatic background*, predisposing and precipitating factors, generalities, modalities, presenting complaints, constitutional features and repertorial totality. In some patients, however, prescriptions were based on characteristic symptoms or keynote. The repertorisation was done after identifying the correspondencing rubrics. Patients were given treatment for a period ranging from 15 days to 38 months.

Parameters followed for outcome assessment

Marked improvement

Complete disappearance of the altered biological functions along with improvement in the associated mental functions and the capacity to maintain normal daily activities during the period of study.

Moderate improvement

Complete disappearance of the altered biological functions but persistence of some altered mental functions which characterize the disease under study but his/her daily activities were not disturbed during the period of the study.

Mild improvement

Complete disappearance of the altered biological functions with persistence of all altered changes in the mental functions and disturbances in the daily activities.

No Improvement

No change in the condition of the patient after treatment for a considerable period.

Worse

Increase in the intensity of the disease despite treating for a considerable period.

Dropped out

Patients who were excluded from the study due to various reasons such as unmanageable violence, serious systemic illness and poor compliance by the patients.

These criteria were followed for Transient organic psychotic condition, Affective disorders, Specific non-psychotic mental disorders following organic brain damage, Neurotic disorders, Personality disorders (hysterical / obsessive), Disturbances of emotions specific to childhood and adolescence, Acute reaction to stress, Depressive neurosis and Psychosomatic disorders. Whereas specific criteria as mentioned below were followed for Senile dementia, Schizophrenia, Paranoid disorders and Addictive disorders.

Senile Dementia

Assessment of Intensity

Mild: Patients with disturbance in memory and talk but not disoriented.

Moderate: Patients with loss of memory, severe disturbance in thoughts & contents, disordered talking and occasionally disoriented.

Severe: Severely disoriented with memory loss, disorder of thoughts & contents and disturbances in talking.

Assessment of Improvement

Marked Improvement: Complete removal of the disorientation and other abnormal behavioural symptoms with no recurrence.

Moderate Improvement: Complete removal of abnormal behavioural symptoms except disorientation which is partially improved.

Mild Improvement: Improvement in the abnormal behavioural symptoms with no change in disorientation.

Schizophrenia

Assessment of Intensity

Mild: Patients of simple and residual Schizophrenia, no disturbance in biological functions.

Moderate: Patients with delusion, personality disturbance, disturbance in biological functions, less communicative and less sociable.

Severe: Patients with delusion, hallucination, personality disturbance, disturbance in biological functions, not communicative, not sociable, not in touch with reality, severe cognitive disturbances.

Assessment of Improvement

Marked improvement: Complete removal of the abnormal biological symptoms (disturbances in sleep, appetite, thirst, bowel, bladder and sexual functions) and psychotic symptoms with no recurrence but defect in the socialization persists in a perceptible manner.

Moderate Improvement: Complete removal of the abnormal biological symptoms with persistence of some residual psychotic symptoms and lack of socialization.

Mild Improvement: All the psychotic symptoms persist with lack of socialization but the abnormal biological symptoms undergo varying degrees of improvement.

Paranoid Disorders

Assessment of Intensity

Mild: Non-bizarre delusions with no disturbance in biological functions and day-to-day activities.

Moderate: Non-bizarre delusions with disturbances in biological functions and familial relationships.

Severe: Non-bizarre delusions, frequent violence due to delusions, defective family functions and

paranoid ideas but no defect in the personal and biological functions.

Assessment of Improvement

Marked improvement: Complete removal of the persistent delusional ideas and the biological symptoms with no recurrence.

Moderate improvement: Complete removal of the abnormal biological symptoms with partial improvement in the delusional ideas.

Mild improvement: Complete improvement in the abnormal biological symptoms but no change in the delusional ideas.

Addictive Disorders (Alcoholism)

Assessment of Improvement

Marked improvement: Complete abstinence from usage of alcohol with removal of all related psychological and physical symptoms with no use of alcohol during the period of study even when the patient is exposed to the previous environment.

Moderate Improvement: Complete removal of all the psychological and physical symptoms with occasional use of alcohol.

Mild Improvement: Occasional intake of alcohol with recurrence of psychological and physiological symptoms.

Observations

Patients of all age groups (Table 2), having behavioural disorders for more than a month to less than 35 years (Table 3) were registered for the study. Miasmatic background of these patients was assessed and psora was found to be the dominant miasm in maximum number of patients, followed by mixed miasm (Table 4). Predisposing (Table 5) and precipitating factors (Table 6) responsible for the development of behavioural disorders were also assessed. Patients were diagnosed on the basis of clinical as well as pathological findings (Table 7), whereas the intensity of disease (Table 8) was assessed as per the predefined criteria. Medicines were prescribed on the basis of tenets of homoeopathy (Table 9) and patients were followed up for variable period (Table 10).

Table 2: Age profile

Age group (in years)	Total	Male	Female
< 8	56	36	20
8 - < 10	132	87	45
10 - < 15	278	203	75
15 - < 20	409	259	150
20 - < 25	470	302	168
25 - < 30	573	365	208
30 - < 35	475	323	152
35 - < 40	481	352	129
40 - < 45	355	232	123
45 - < 50	297	198	99
50 - < 55	209	146	63
55 - < 60	163	83	80
> 60	281	201	80

Table 3: Duration of complaints

Group	Total	Male	Female
< 2 months	109	61	48
2 months < 3 months	101	72	29
3 months < 6 months	167	102	65
6 months < 1 year	390	256	134
1 year < 2 years	450	250	200
2 years < 3 years	299	208	91
3 years < 5 years	864	607	257
5 years < 10 years	756	488	268
10 years < 15 years	443	352	91
15 years < 20 years	288	205	83
20 years < 25 years	140	74	70
25 years < 30 years	94	70	24
> 30 years	78	46	32

Table 4: Miasmatic factors

	Total	Male	Female
Psora	2850	1861	989
Sycosis	422	270	152
Syphilis	231	173	58
Mixed	676	483	193

Table 5: Predisposing factors

	Total	Male	Female
Heredity	968	518	450
Life experiences			
• Stress problems	1231	495	736
• Family interaction and neglect	519	291	228
• Broken relationship	496	283	213
• Socio-economic factors	452	258	194
• Fright	301	179	122
• Personality disorders	252	145	107
• Recent set back in the family	185	101	84
• Alcoholism	164	164	0
• Financial loss	156	103	53
• Death of the dearest	116	76	40
• Drug abuse	49	49	0
• Metabolic disturbances	39	19	20
• Endocrine dysfunctions	24	2	22
• Moving house	13	8	5

Table 6: Precipitating factors*

	Total	Male	Female
• Emotional stress	1565	631	934
• Other environmental factors	528	286	242
• Fright	287	156	131
• Withdrawal of anti-psychotic medicines	164	94	70
• Intoxication	122	120	2
• Infections and other diseases	86	44	42
• Endocrine disturbances	37	10	27
• Metabolic disturbances	35	15	20
• Physical trauma	21	14	7

*No precipitating factors could be elicited in 579 cases.

Table 7: Basis of diagnosis

	Total	Male	Female
• Clinical history and symptoms only	4027	2702	1325
• Pathological findings only	43	20	23
• Both clinical history & pathological findings	109	65	44

Table 8: Intensity of disease

	Total	Male	Female
Mild	1151	722	429
Moderate	1763	1439	324
Severe	1265	626	639

Table 9: Basis of prescription

	Total	Male	Female
• Causation			
i. Predisposing	190	123	67
ii. Precipitating	333	245	88
iii. Miasmatic	151	74	77
• Generalities	1156	665	491
• Modalities	283	180	103
• Presenting complaints	612	386	226
• Constitutional	236	167	69
• Repertorial Totality	831	662	169
• Others: - Keynote	387	285	102

Table 10: Duration of treatment

Duration (in months)	Total	Male	Female
< 1	139	107	32
1 < 2	355	277	78
2 < 3	590	396	194
3 < 6	405	306	99
6 < 9	637	499	138
9 < 12	522	326	196
12 < 18	478	304	174
18 < 24	503	312	191
24 < 30	437	224	213
> 30	113	36	77

Results

Response to treatment of all the patients (n = 3424) of behavioural disorders are summarized in Table 11.

Out of 3424 patients followed up, 1595 patients had no recurrence of complaints, 766 patients had recurrence with less intensity, 437 patients with same intensity whereas 200 patients had recurrence with increased intensity; 426 patients were static after considerable change. In this study, behavioural disorders were found prevalent in all age groups but more prominently seen in the group of 25-30 years (14%) and males (67%) were more commonly affected (Table 2).

Psora (68%) was the commonest miasmatic factor (Table 4). Emotional causes were found to precipitate the disease while stress was the predisposing cause in the development of behavioural disorders (Table 5 & 6).

Improvement status of patients enrolled under 13 clinical conditions of behavioural disorders is listed below.

1. *Senile Dementia*: Out of 198 patients registered under this condition, 24 patients dropped out and 174 patients were followed up. 101 patients showed varying degrees of improvement, 38 patients did not improve whereas 35 patients became worse (Table 11). Details of medicines found useful are listed in Table 12.
2. *Transient Organic Psychotic Condition*: Out of four patients registered under this condition, one case dropped out and three patients were followed up. All the three patients showed improvement of varying degrees. Arnica Montana was found useful in two patients whereas Phosphorus in one case.
3. *Schizophrenia*: Out of 785 patients registered under this condition, 201 patients dropped out and 584 patients were followed up; 370 patients showed varying degrees of improvement, 152 patients did not improve whereas 62 patients became worse (Table 11). Details of medicines found useful are listed Table 13.
4. *Affective Psychosis*: Out of 936 patients registered under this condition, 180 patients dropped out and 756 patients were followed up; 663 patients showed varying degrees of improvement, 53 patients did not improve whereas 40 patients became worse (Table 11). Details of medicines found useful are given in Table 14.

Table 11: Response to treatment

Clinical conditions of Behavioural disorders	Improvement			Not improved	Worse
	Marked	Moderate	Mild		
• Senile dementia	60	30	11	38	35
• Transient organic psychotic condition	1	1	1	–	–
• Schizophrenia	170	106	94	152	62
• Affective Psychosis	457	152	54	53	40
• Paranoid disorders	52	43	15	8	3
• Specific non-psychotic mental disorders following organic brain damage	3	3	1	–	–
• Neurotic disorder	326	164	51	5	16
• Personality disorder	34	10	7	12	0
• Addictive disorders	32	22	10	15	0
• Disturbances of emotions specific to childhood and adolescence	61	44	41	18	0
• Acute reaction to stress	6	5	2	3	1
• Depressive Neurosis	7	5	3	2	7
• Psychosomatic Disorder	386	181	136	131	36
Total	1595	766	426	437	200

Table 12: Medicines administered and found useful in Senile Dementia

Medicines & potencies administered	No. of patients	
	Prescribed to	Useful in
Anacardium orientale 30C, 200C	8	3
Argentum nitricum 30C, 200C	36	18
Calcarea carbonica 30C, 200C, 1M	43	23
Nux vomica 30C, 200C, 1M	38	15
Sulphur 200C, 1M	28	19
Syphilinum 1M	24	12
Tuberculinum, 200C, 1M	21	11

5. *Paranoid disorder*: Out of 137 patients registered under this condition, 16 patients dropped out and 121 patients were followed up; 110 patients showed varying degrees of improvement, 8 patients did not improve whereas 3 patients became worse (Table 11). Details of medicines found useful are listed in Table 15.
6. *Specific non-psychotic mental disorders following organic brain damage*: Out of 11 patients registered under this condition, 4 patients dropped out and 7 patients were followed up. All the 7 patients showed improvement of varying degrees. Details of medicines found useful are listed in Table 16.
7. *Neurotic Disorder*: Out of 649 patients registered under this condition, 87 patients dropped out and 562 patients were followed up; 541 patients showed varying degrees of improvement, 5 patients did not improve whereas 16 patients became worse (Table 11). Details of medicines found useful are listed in Table 17.

Table 13: Medicines administered and found useful in Schizophrenia

Medicines & potencies administered	No. of patients	
	Prescribed to	Useful in
Argentum nitricum 200C, 1M	16	7
Arsenicum album 200C, 1M	28	12
Calcarea carbonica 30C, 200C, 1M	22	10
Cannabis indica 1M	21	12
Conium maculatum 30C, 200C	6	3
Hyoscyamus niger 30C, 200C, 1M	57	31
Ignatia amara 200C, 1M	42	21
Lachesis 30C, 200C, 1M	42	18
Lycopodium 30C, 200C, 1M	35	18
Natrum muriaticum 30C, 200C, 1M	84	36
Nux vomica 30C, 200C, 1M	46	13
Phosphorus 200C, 1M	72	34
Psorinum 200C, 1M	29	12
Pulsatilla 30C, 200C, 1M	32	18
Sepia 200C, 1M	21	10
Staphisagria 200C, 1M	34	12
Stramonium 200C, 1M	46	11
Sulphur 200C, 1M	152	92

8. **Personality Disorder (Hysterical/Obsessive):** Out of 79 patients registered under this condition, 16 patients dropped out and 63 patients were followed up; 51 patients showed varying degrees of improvement, whereas 12 patients did not improve (Table 11). Details of medicines found useful are listed in Table 18.
9. **Addictive Disorders (Alcoholism):** Out of 88 patients registered under this condition, 9 patients dropped out and 79 patients were followed up; 64 patients showed varying degrees of improvement whereas

Table 14: Medicines administered and found useful in affective Psychosis

Medicines & potencies administered	No. of patients	
	Prescribed to	Useful in
Arsenicum album 200C, 1M	35	34
Belladonna 30C, 200C, 1M	208	86
Cocculus indicus 30C, 200C	9	5
Gelsemium 200C, 1M	20	15
Hyoscyamus niger 30C, 200C, 1M	88	54
Ignatia amara 30C, 200C, 1M	115	76
Lachesis 30C, 200C, 1M	48	48
Natrum muriaticum 30C, 200C, 1M	46	39
Phosphorus 30C, 200C, 1M	32	23
Pulsatilla 30C, 200C, 1M	109	96
Sepia 30C, 200C, 1M	60	41
Staphisagria 30C, 200C, 1M	16	16
Stramonium 30C, 200C, 1M	104	86
Sulphur 200C, 1M	22	20
Tarentula hispanica 200C, 1M	24	24

Table 15: Medicines administered and found useful in Paranoid disorders

Medicines & potencies administered	No. of patients	
	Prescribed to	Useful in
Hyoscyamus niger 30C, 200C, 1M	49	42
Lachesis 30C, 200C, 1M	12	10
Natrum muriaticum 30C, 200C	28	22
Platina 30C, 200C	3	1
Pulsatilla 30C, 200C, 1M	10	5
Stramonium 200C, 1M	25	22
Sulphur 30C, 200C, 1M	10	7

Table 16: Medicines administered and found useful in Specific non-psychotic mental disorders following organic brain damage.

Medicines & potencies administered	No. of patients	
	Prescribed to	Useful in
Arsenicum album 200C, 1M	1	1
Calcarea carbonica 30C, 200C	4	2
Phosphorus 200C, 1M	3	2
Sulphur 1M	3	2

Table 17: Medicines administered and found useful in Neurotic disorder

Medicines & potencies administered	No. of patients	
	Prescribed to	Useful in
Arsenicum album 30C, 200C, 1M	61	56
Calcarea carbonica 200C, 1M	89	72
Kali carbonicum 200C, 1M	39	34
Lachesis 200C, 1M	47	39
Nux vomica 30C, 200C,	71	69
Phosphorus 30C, 200C, 1M	61	46
Pulsatilla 30C, 200C, 1M	97	81
Silicea 200C, 1M	57	46
Sulphur 30C, 200C, 1M	83	64
Tuberculinum 200C, 1M	44	34

15 patients did not improve (Table 11). Details of medicines found useful are listed in Table 19.

10. *Disturbances of Emotions specific to Childhood and Adolescence:* Out of 210 patients registered under this condition, 46 patients dropped out and 164 patients were followed up; 146 patients showed varying degrees of improvement whereas 18 patients did not improve (Table 11). Details of medicines found useful are listed in Table 20.

11. *Acute reaction to stress:* Out of 28 patients registered under this condition, 11 patients dropped out and

Table 18: Medicines administered and found useful in Personality disorder

Medicines & potencies administered	No. of patients	
	Prescribed to	Useful in
Calcarea carbonica 30C, 200C, 1M	11	6
Graphites 200C, 1M	7	7
Hyoscyamus niger 200C, 1M	17	10
Natrum muriaticum 200C, 1M	16	11
Sepia 200C, 1M	11	5
Sulphur 200C, 1M	9	7
Tarentula hispanica 200C, 1M	8	5

Table 19: Medicines administered and found useful in Addictive disorders

Medicines & potencies administered	No. of patients	
	Prescribed to	Useful in
Arsenicum album 200C, 1M	25	20
Lachesis 200C, 1M	04	04
Lycopodium clavatum 200C, 1M	06	05
Nux vomica 30C, 200C	19	14
Sulphur 200C, 1M	34	21

Table 20: Medicines administered and found useful in disturbances of emotions specific to childhood and adolescence

Medicines & potencies administered	No. of patients	
	Prescribed to	Useful in
Calcarea carbonica 30C, 200C, 1M	39	27
Sulphur 200C, 1M	61	42
Syphilinum 200C, 1M	44	30
Tarentula hispanica 200C, 1M	20	13
Thuja occidentalis 200C, 1M	14	9
Tuberculinum 200C, 1M	32	25

17 patients were followed up; 13 patients showed varying degrees of improvement, 3 patients did not improve whereas one case became worse (Table 11). Details of medicines found useful are listed in Table 21.

12. *Depressive Neurosis*: Out of 27 patients registered under this condition, 3 patients dropped out and 24 patients were followed up; 15 patients showed varying degrees of improvement, 2 patients did not improve whereas 7 patients became worse (Table 11). Details of medicines found useful are listed in Table 22.

13. *Psychosomatic Disorders*: Out of 1027 patients registered under this condition, 157 patients dropped out and 870 patients were followed up. 703 patients showed varying degrees of improvement, 131 patients did not improve whereas 36 patients became worse (Table 11). Various diseases studied under psychosomatic disorders with medicines found useful are detailed in Table 23.

Mild to moderately violent patients responded well to homoeopathic medicines selected on the basis of acute totality and aetiology. The medicines which were found useful in acute violent episodes were *Belladonna*,

Table 21: Medicines administered and found useful in acute reaction to stress

Medicines & potencies administered	No. of patients	
	Prescribed to	Useful in
<i>Ignatia amara</i> 1M	12	6
<i>Natrum muriaticum</i> 200C	10	4
<i>Pulsatilla</i> 200C	6	3

Table 22: Medicines administered and found useful in Depressive Neurosis

Medicines & potencies administered	No. of patients	
	Prescribed to	Useful in
<i>Gelsemium</i> 200C, 1M	13	8
<i>Pulsatilla</i> 200C	12	6
<i>Sulphur</i> 1M	2	1

Hyoscyamus niger, *Ignatia amara*, *Nux vomica*, *Pulsatilla* and *Stramonium*. Despite certain limitations, mild to marked degree of improvement was observed in 80% of the patients.

Indications of the medicines found most useful*

Arsenicum album

- Very useful in obsessive compulsive neurosis, hypomanic state, anxiety disorders, alcoholic dependence and mental disorders recurring annually.
- Very anxious with fear of death or fear of being alone.
- Delusions of persecution, paranoid ideas and suspiciousness.
- Self destructiveness, inflicts injuries on his own body with suicidal tendency.
- Patient mentally and physically restless, changes places frequently.
- Very clean and tidy.
- Desires alcohol.

Belladonna

- Violent behaviour, irritability and rage.
- Fear of black objects.
- Destructiveness, throwing things.
- Increased psychomotor activities.
- Clapping hands and laughing frequently without reason.
- Spits at others near him.
- Visual hallucinations of black creatures.

Calcarea carbonica

- An important medicine for attention deficient hyperkinetic syndrome in obstinate, irritable, sweaty, fatty and flabby children.
- Very useful in schizophrenia and depression especially in obese patients.
- Uncontrollable excitement and violent behaviour on least contradiction.
- Sudden change of mood, grandiose talks, sensitive to noise.
- Lazy, sluggish and sedentary habits.
- Eats frequently and voraciously, does not satiate.

*Indications of those medicines have been mentioned which were found useful in more than 50 patients.

Table 23 Clinical conditions of Psychosomatic disorders and most common useful medicines

Psychosomatic disorders	No. of cases	Most common medicines found useful
• Bronchial Asthma	232	<ul style="list-style-type: none"> • Arsenicum album (68/21)* • Kali carbonicum (15/10) • Natrium sulphuricum (29/15) • Sulphur (54/30)
• Essential hypertension	165	<ul style="list-style-type: none"> • Apis mellifica (17/8) • Arsenicum album (11/6) • Lycopodium (17/8) • Phosphorus (20/8) • Sulphur (12/7)
• Hyperthyroidism	147	<ul style="list-style-type: none"> • Calcarea carbonica (13/8) • Iodum (12/9) • Psorinum (11/6) • Rhus toxicodendron (10/7) • Silicea (10/7) • Thuja (11/8) • Thyroidinum (14/8)
• Diabetes mellitus	145	<ul style="list-style-type: none"> • Calcarea carbonica (24/11) • Lycopodium (20/8) • Natrium muriaticum (21/8) • Pulsatilla (14/7) • Silicea (12/7) • Thuja (6/6)
• Allergic rhinitis	103	<ul style="list-style-type: none"> • Baryta carbonica (5/4) • Graphites (12/7) • Kali carbonicum (9/5) • Natrium arsenicum (7/5) • Sulphur (10/6) • Tuberculinum (18/8)
• Acid peptic disease	50	<ul style="list-style-type: none"> • Abies nigra (2/2) • Abies concolor (4/2) • China officinalis (8/3) • Kali carbonicum (6/3) • Pilea vomica (3/2) • Phosphorus (4/3) • Sulphur (6/3)
• Migraine	80	<ul style="list-style-type: none"> • Belladonna (6/4) • Cinnamon (8/4) • Pulsatilla (9/5) • Rhus toxicodendron (10/5) • Silicea (14/7)
• Rheumatoid arthritis	49	<ul style="list-style-type: none"> • Lachesis (9/7) • Rhus toxicodendron (10/5) • Sulphur (17/10)
• Psoriasis	24	<ul style="list-style-type: none"> • Calcarea carbonica (5/3) • Sulphur (6/3)
• Others (Obesity, impotency, Irritable bowel syndrome)	22	-

*First figure in parenthesis indicates no. of cases prescribed in and second figure denotes found useful in

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- Lack of concentration and confidence.
- Restless, sluggish and obstinate.
- Filthy and careless in nature.

Hyoscyamus niger

- Found useful in severe manic episodes especially in females and in schizophrenia with sexual preoccupation.
- Found useful in paranoid disorders and the patient is suspicious and religious.
- Hysterical patients especially in females with sexual excitement.
- Sexually excited, patient desires to expose, sings and talks lasciviously.
- Religious mania; having auditory hallucination of conversation with God.
- Abusive, violent.
- Shameless, exposing genitals.
- Auditory hallucinations.
- Alternate laughing and weeping.
- Fear of persecution and being poisoned.
- Loquacious and continuously talking day and night.

Ignatia amara

- Found useful in acute psychotic episodes in females with depression and hysterical neurosis and in oversensitive women who become emotionally ill with least stress.
- Weeping from simple causes and not consolable.
- Indecisive.
- Easily indignant.
- Constantly sighing and not communicative.
- Restless and nervous.
- Delusions of persecution with fear of being alone.
- Changeable or swinging emotions.
- Attention seeking and over demanding.
- Always dwells on past unpleasant happenings with guilt.
- Melancholic, sad, tearful, depressed.
- History of mental worry, silent grief.
- Least contradiction aggravates the complaints.
- Very impressive and perfect.

Kali carbonicum

- Changeable mood.
- Depression with cough.
- Complaints of pain in extremities which shifts rapidly.
- Sneezing worse from exposure to dust.

- Dyspnoea worse at 2-4 am.
- Cough after eating.

Lachesis

- Mental symptoms aggravate during sleep.
- Irrelevant talks, jealous, changeable mood, religious mania.
- Talkative, incoherent speech, talks different subjects at a time.
- Suspicious, irritable, abusive.
- Delusion as if somebody is standing nearby, delusion of snakes.
- Grandiose talks.

Natrum muriaticum

- Complaints after longstanding mental grief and disappointment.
- Found useful in most of the long continued, deep rooted anxiety disorders, depression and schizophrenia.
- Dull, depressed, gloomy, melancholic and easily worried.
- Alternate excitement and depression.
- Nervous patients, with weeping tendency without cause.
- During emotional upset patient wants to weep but cannot weep.
- Consolation and contradiction aggravates.
- Desires solitude, sits alone and weeps but dislikes to be spoken to.
- Dissatisfied in every way.
- Difficult concentration, disoriented.
- Indifferent, irritable, oversensitive, sexually excited.
- Sudden excitement with irritability.
- Sleepless due to fear of thieves or of unknown cause.

Nux vomica

- Irritable, quarrelsome, anxious, wants to commit suicide.
- Cannot tolerate contradiction.
- Oversensitive to noise, sleeplessness.
- Fear of unknown reason.
- Kleptomania, fear of unknown reason.
- Destructiveness, anger, contradiction aggravates.
- History of drug addiction, desire to take alcohol.

Phosphorus

- An important medicine for schizophrenia.

- Desires to be magnetized.
- Absent minded and careless about the surroundings.
- Loses thread of talk.
- Grandiose talks and delusions of wealth.
- Delusions of persecution, fears to be alone, always desires company.
- Auditory hallucination, talks to self and shows gestures; laughs involuntarily.
- Tactile hallucination, crawling sensation all over the body.
- Intolerance of contradiction.
- Oversensitive to all impressions.
- Fear of unknown reason, fear of thunderstorm, anxious about future.
- Melancholic and sad.
- Increased sexual passion but conceals the desire.
- Restless, with marked debility, unwilling to talk.

Pulsatilla nigricans

- This is one of the very important medicines for the treatment of Schizophrenia as the pre-morbid personality is same as that of the general mental picture of Pulsatilla.
- Depressive episodes, weeps easily but consolable.
- Found useful in hysterical neurosis and in paranoid disorders.
- Patient who desires company when well but sits alone and becomes less sociable during illness.
- Tearful with least cause; causeless weeping associated with major psychological illness which responds to consolation.
- Changeable mood: sudden outbreak of anger with least cause in Schizophrenics.
- Hysteric personality but responds to consolation.
- Easily worried and victims of silent grief.
- Very mild persons who become very violent during episodes.
- Paranoid ideas, suspicious generally.
- Absent minded, careless and inattentive.
- Lack of self confidence.
- Suddenly changes from gloominess to talkativeness.

Stramonium

- An important medicine for the management of manic episodes, paranoid disorders, senile dementia and addictive disorders.

- In manic episodes patient is restless, talking continuously about the same subject, praying, singing, laughing and dancing with visual hallucinations of frightful objects.
- In paranoid disorder patient is very religious and feels under control of superhuman power.
- In senile dementia, patient is talkative and concentrates on one subject, the complaints aggravate at night, patient needs company and light at night due to delusions.
- Most useful in addictive disorders (Cannabis and Alcohol).
- Great desire for tobacco and other addictive substances.

Sulphur

- An important medicine for schizophrenic disorders especially when the individual is irritable, disobedient, quarrelsome, selfish, less social, reserved, careless about personal things, lazy, indulges in addictive substances and has irregular food habits etc.
- Persecutory delusions, delusions of wealth, auditory hallucinations etc.
- Pre-occupied with his own fancies.
- One of the best medicines for childhood behavioural disorders especially in depression, scholastic backwardness, autism etc. Child is very irritable, aggressive, quarrelsome, lazy, introvert, kleptomaniac, highly selfish, jealous, careless etc. More useful in filthy, lean children with history of mismanaged skin conditions.
- Menopausal depression with irregular and protracted menses, burning sensation all over the body and vertex.
- Acts best as an *intercurrent medicine* in episodic and recurrent psychological conditions.

Tarentula hispanica

- An important medicine in acute manic episodes and in hypomanic stage especially in females.
- In manic episodes patient is very restless mentally and physically, runs and dances; tears things and clothes and sometimes throws things away; becomes irritable and threatens others but will not hurt; very industrious; shameless, and becomes nude.
- In hypomanic stage the patient is euphoric, elated

and workaholic. Doing something repeatedly, neatly and in order but hasty in nature.

Tuberculinum

- Frequently indicated in mentally retarded children who are lean but mentally aggressive, quarrelsome, impulsive, timid, fearful and prone to recurrent respiratory infections.
- Irritable, obstinate, lazy and peevish children.
- Timid children who desire company.
- Fear of domestic animals.
- Oversensitive to noise and all mental impressions.
- Irritable, aggressive, impulsive and destructive in nature.
- Great tendency to hurt others.
- When irritable uses obscene words.
- Wandering habits, desires to travel.

Discussion

Behavioural disorder is a social as well as economic burden, as it is more prevalent in the productive age of life. This study shows that well selected homoeopathic medicines, may combat many problems of behavioural disorders.

In our study homoeopathic medicines were found useful in relieving different conditions of behavioural disorders. Similar results were found by Davidson⁷. The most frequently indicated medicines were *Arsenicum album*, *Belladonna*, *Calcarea carbonica*, *Gelsemium*, *Hyoscyamus niger*, *Ignatia amara*, *Lycopodium clavatum*, *Natrum muriaticum*, *Nux vomica*, *Phosphorus*, *Pulsatilla*, *Sepia*, *Stramonium*, *Sulphur*, *Tarentula hispanica* and *Tuberculinum*. These medicines were found useful in relieving the symptoms of various behavioural disorders ranging from mild to marked degrees. Reliable indications of these medicines were also identified.

Potencies ranging from 30 to 10M were found useful. However, it was observed that potencies like 30 and 200 were more useful than higher potencies.

There was no recurrence of the complaints in nearly half of the patients after homoeopathic treatment.

In schizophrenia *Hyoscyamus niger*, *Ignatia amara*, *Natrum muriaticum*, *Phosphorus* and *Sulphur* were found

useful in alleviating the symptoms. Our results are in agreement with those of Smith⁸.

The importance of this study is more significant due to the fact that almost all patients came to the institute after having tried with other methods of treatment. This study could find important medicines for the management of behavioural problems.

Conclusion

The primary objectives of the present study to identify the most useful medicines, their reliable indications and most useful potency have been achieved as the symptoms of used medicines given in the literature on which the prescriptions were based were re-confirmed and verified in a number of patients. However, the other objective like relationship with other medicines could not be achieved.

Multi-centric study, with well defined parameters and statistical tools for each clinical condition, is required.

References

1. Kaplan Harold I, Sadock Benjamin J; Comprehensive Text Book of Psychiatry, Volume I & II, 5th edition Baltimore, Williams & Wilkins, 1992.
2. Macleod J, Edwards C, Boucher I; Davidson's Principles and Practice of Medicine; 15th edition Edinburgh, Churchill Livingstone, 1988.
3. Richard Hael; Samuel Hahnemann, his life and work Vol. II; Reprinted 1985; B.Jain Publishers, New Delhi 33
4. Sarkar BK; Organon of Medicine; 6th Indian edition. M. Bhattacharya & Co. (P) Ltd, Calcutta; 1980.
5. Edwards JN; Behavioural and Mental Disturbances of Animals; Homoeopathy; 1995 feb; 45 (1): 2-6.
6. WHO, ICD-9, Classification of Mental and Behavioural Disorders; Clinical Descriptions and Diagnostic Guidelines. World Health Organization. Geneva.
7. Davidson JR et al; Homoeopathic treatment of depression and anxiety; Altern Ther Health Med; 1997 Jan; 3 (1): 46-9.
8. Trevor smith; A homoeopathic approach to schizophrenia; Br Homoeopathic J; 1979 Jan; 63 (1): 20-8.