Remission of Schizoaffective Disorder Using Homeopathic Medicine: 2 Case Reports

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ABSTRACT

Context • Research on the schizophrenia spectrum is primarily focused on pharmaceutical interventions, although alternative treatments have been gaining increasing popularity in recent years because patients are seeking treatments that are effective and have reduced side effects. A significant body of evidence already exists supporting the effectiveness of homeopathy to treat a wide array of illnesses.

Objective • The research team intended to demonstrate the need for using both alternative and conventional treatments to improve clinical outcomes in the treatment of schizoaffective disorder.

Design • The research team performed 2 case studies.

Setting • The study took place at Arizona Natural Health Center (Tempe, AZ, USA), an outpatient clinic where Dr Tara Peyman worked as a naturopathic doctor from 2008 to 2014.

Participants • The participants were a 23-y-old female (case 1) and a 34-y-old female (case 2), both of whom had been diagnosed with schizoaffective disorder of the bipolar type.

Intervention • Individualized homeopathic treatment was initiated for the 2 patients, who previously had received medication of atypical antipsychotics and mood stabilizers.

Outcome Measures • A Likert scale was used to evaluate the intensity of each patient's symptoms at each follow-up, based on self-reporting, using a scale from 1 to 10, with a score of 10 being the highest.

Results • During the course of treatment, both patients’ symptoms normalized, and they regained their ability to hold jobs, attend school, and maintain healthy relationships with their families and partners while requiring fewer pharmaceutical interventions.

Conclusions • The 2 current case reports demonstrate a successful integrative approach to the treatment of schizoaffective disorder. They illustrate the value of individualized homeopathic prescriptions with proper case management in the successful treatment of that disorder. Future large-scale, double-blind, placebo-controlled studies should investigate individualized homeopathic treatments for mental health concerns, because the diseases cause great economic and social burden. (Altern Ther Health Med. 2018;24(2):50-56.)

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Schizoaffective disorder is a chronic, severe, and disabling syndrome that combines the symptoms of schizophrenia and a mood disorder, either bipolar disorder or depression. A devastating and all-encompassing condition that causes distress to individuals and their families, and communities, it often results in difficulty maintaining relationships and employment. In fact, the direct and indirect costs of schizophrenia—including psychiatric hospitalizations, pharmaceutical management, and loss of work by the individual and his or her caretakers—was estimated to be $62.7 billion in the United States in 2002.1

Schizophrenia occurs in 1% of the general population, affecting 2.4 million Americans.2 The characteristics of schizophrenia include positive symptoms, such as delusions, hallucinations, and disorganized speech as well as negative symptoms, such as flat affect, avolition, and impairments in
cognition, including attention, memory, and executive functions. Conventional treatment of schizophrenia and schizoaffective disorders include antipsychotic drugs, which are effective at reducing positive symptoms, including delusions and hallucinations, but do little to improve the cognitive and negative symptoms that patients with schizophrenia experience and that occasionally result in severe side effects, including seizures, weight gain, and neutropenia.4-6

In addition to the symptoms of schizophrenia, patients with schizoaffective disorder experience symptoms of mood disorders, including bipolar disorder or depression. Bipolar disorder, also referred to as manic-depressive disorder, results in unusual shifts in mood within a period of time, moving from depressive states to manic states with dramatic shifts in energy levels and sleep patterns that often result in an inability to carry out day-to-day tasks.7 Previous studies have shown that homeopathic treatments can be as effective as conventional treatments for treating various health concerns, including psychiatric conditions, without adverse side effects.8 The following cases reflect those findings and demonstrate the need for using both alternative and conventional treatments to improve clinical outcomes in the treatment of schizoaffective disorder.

METHODS

The study took place at Arizona Natural Health Center (Tempe, AZ, USA), an outpatient clinic where Dr Tara Peyman worked as a naturopathic doctor from 2008 to 2014.

Participants

Case 1. RT, a 23-year-old female, had been diagnosed by a previous psychiatrist with schizoaffective disorder of the bipolar type. All of RT’s mental health problems began after disappointment in a romantic relationship in her teens. She became very jealous and depressed, and these reactions later turned into an obsessive manic psychosis. During her psychotic episodes, RT experienced delusions of persecution and beliefs that her neighbors were possessed by the devil. She would be highly irritable, pacing from physical agitation and wanting to dance to lively music every day to relieve her restless energy. She became very hypersexual during psychosis as well and had obsessive sexual thoughts.

At the time of her intake at the research team’s clinic, she had experienced an acute manic state that had been 2 months in duration, with pressured speech, grandiose ideas, and paranoid delusions of persecution. Her first psychotic episode had occurred 3 years before the start of that manic state. Past medical interventions had included several in-patient psychiatric hospitalizations and treatment with ziprasidone, asenapine, and risperidone. At the time of intake, she was unemployed and living with her parents as a result of her severe symptomatology. She had no known family history of mental illness and was not currently using recreational drugs or alcohol. Her medications at the time of intake included 500 mg of valproic acid and 20 mg of olanzapine, both QHS.

Case 2. SL, a 34-year-old female, had been diagnosed by a previous psychiatrist with schizoaffective disorder of the bipolar type. SL had started to experience psychosis when very young that had begun at the age of 6 years. It had started with voices arguing in her mind. Those voices caused an inability to focus in school and feelings of shame and sadness. She cycled through episodes of depression and periods of psychosis. At her worst, she would scream from frustration, strike herself, and pull her hair. Her mental symptoms were accompanied by a sensation of heat all over her body and extreme hypersensitivity to noise, odors, and light. She also developed throbbing, squeezing headaches in her forehead that caused intolerance of sunlight.

She had a history of nearly constant, terrifying auditory hallucinations of various people fighting with one another. She had experienced sexual and emotional abuse as a child and had a family history of depression. At the time of intake, she was unemployed full-time and was in a long-term relationship. She reported drinking 1 to 4 alcoholic drinks at a time, once per week. She denied any history of cigarette smoking or recreational drug use. Her medications at the time of intake included 300 mg of lamotrigine QHS, 30 mg of aripiprazole QD, 4 mg of perphenazine QD, and 300 mg of gabapentin up to 3 times per day, as needed for anxiety.

Procedures

For both patients, individualized homeopathic medicine was prescribed based on the specific nature of the symptoms of each case of schizoaffective disorder. The research team obtained a detailed history for each patient and used the fundamental principle of homeopathic medicine—Similia Similibus Curentur or let “likes be treated by likes”—to match each woman’s specific symptoms of disease to a substance in nature that could cause those same symptoms when administered in high doses to a healthy person.10

Follow-ups were performed at 1 week, 4 weeks, 6 weeks, 2 months, 3 months, 5 months, 10 months, 15 months, 18 months, 22 months, 23 months, 25 months, 28 months, 31 months, 34 months, 36 months, 38 months, 40 months, 43 months, 44 months, 45 months, 46 months, and 47 months after starting the initial homeopathic treatment protocol. During follow-up visits, the original symptoms were reviewed and assessed to determine whether there had been improvement per the patient’s report. Treatment was adjusted if there was a determination that symptoms had stopped improving, which was determined to be necessary on an average of every 3 months during the course of treatment. Follow-ups were performed at 3 weeks, 6 weeks, 7 months, 8 months, 10 months, 11 months, and 13 months after starting the homeopathic treatment protocol. During follow-up visits, the original symptoms were reviewed and assessed to determine whether there had been improvement per the patient’s report. Treatment was adjusted at 8 months, 10 months, 11 months, and 13 months, due to a determination that symptoms had improved and yet progressive improvement had stopped at those times.
Intervention

Case 1. Based on RT’s specific presentation, the research team gave her homeopathic *Hyoscyamus* 6C QD. The patient reported that she had discontinued the valproic acid and olanzapine when initiating the homeopathic treatment despite having been instructed by the practitioner to continue her pharmaceutical protocol. Subsequently, the pharmaceutical interventions were not reinstated due to her continued improvement using homeopathic treatments only. The potency of the *Hyoscyamus* was increased to 30C QD after 2 months of treatment and to 200C QD at 11 months of treatment, when her symptoms stopped improving at the 6C QD and 30C QD, respectively. Those protocols were based on the teachings of posology by Kent.11

Case 2. Based on SL’s specific presentation, she was given homeopathic belladonna 30C QD. The patient continued her pharmaceutical interventions during the homeopathic treatment. Within the first month of treatment, she reported that she required less gabapentin due to decreased anxiety and improved sleep. The potency of the belladonna was increased during treatment to 200C QD when her symptoms had stopped improving at the 30C QD, at 5 months of treatment. All other pharmaceuticals were continued at the same dosage as reported at the initiation of treatment.

Outcome Measures

A Likert scale was used to evaluate the intensity of symptoms at each follow-up, based on self-reporting, using a scale from 1 to 10, with a score of 10 being the highest.
Case 1. The patient completed scales for depression, manic restlessness, paranoia, irritability, jealousy, and headaches.

Case 2. The patient completed scales for auditory hallucinations, self-harming behavior, hypersensitivity to light and noise, sleep disturbance, and headaches.

RESULTS

Case 1. Figure 1 shows the progression and improvement of RT’s symptoms at each follow-up visit. All of her symptoms, including headaches, improved dramatically within the first month of treatment. By the third month of treatment, she reported that her depression, paranoia, and restlessness had completely resolved.

At the 11-month follow-up, the potency of her homeopathic remedy was increased due to a slight relapse related to depression. After increasing her potency to Hyoscyamus 200C, all of her resolved symptoms remained in remission, and the depression resolved within the following 3 months and remained resolved through the following 5 months of treatment. At 11 months of treatment, she was 6 months pregnant, working 2 jobs, and able to move into her own apartment. The patient did not experience a relapse of symptoms following the birth of her child and remained in remission. A timeline of the treatment protocol and progression for RT is shown in Figure 2.

Since the research team submitted the initial case report, RT has continued to react positively to Hyoscyamus after going up in potency to 1 M and 10 M during the past several months at the first sign of relapse. During the nearly 3 years of homeopathic treatment, the young woman went from living with her mother and being unable to work and to maintain relationships due to her illness, to moving into her own apartment, starting a stable full-time job, being in a stable relationship, giving birth to a healthy baby boy, and at the current time being happily pregnant with her second child and planning to publish a book.

Case 2. Figure 3 shows the progression and improvement of symptoms of SL at each follow-up. Within 1 month of treatment, her auditory hallucinations had been reduced by 60% and her self-harming behavior had completely resolved. After 5 months of treatment, she experienced a relapse of symptoms, including auditory hallucinations and hypersensitivity to noise and light and, therefore, the potency of her homeopathic remedy was increased to belladonna 200C QD.

The intensity of her symptoms was self-reported on a scale of 1 to 10 related to auditory hallucinations, self-harming behavior, hypersensitivity to light and noise, sleep disturbance, and headaches, with 10 being the highest score.
Figure 3. Timeline of Treatment Recommendations and Clinical Findings for a 34-year-old Female (Case 2) Through 6 Months of Treatment

Figure 4. Timeline of Treatment Recommendations and Clinical Findings for a 34-year-old Female (Case 2) Through 6 Months of Treatment

Initiation of belladonna 30C QD in conjunction with current medications: Lamotrigine 300 mg QHS, Aripiprazole 30 mg QD, Perphenazine 4 mg QD, and gabapentin up to 3 times/day as needed for anxiety.

Requiring less frequent dosage of gabapentin. Begin belladonna 200C QD and all other current medications.

Continue belladonna 30C QD and all other current medications.

Continue belladonna 200C QD and all other current medications.

Auditory hallucinations: 2/10 Self-harming behavior: 0/10 Hypersensitivity to noise & light: 0/10 Sleep disturbance: 0/10 Headaches: 0/10

Auditory hallucinations: 8/10 Self-harming behavior: 4/10 Hypersensitivity to noise & light: 7/10 Sleep disturbance: 0/10 Headaches: 3/10

Auditory hallucinations: 10/10 Self-harming behavior: 9/10 Hypersensitivity to noise & light: 9/10 Sleep disturbance: 7/10 Headaches: 9/10
After 6 months of treatment, the patient reported that her father had died the previous week, but her psychotic symptoms had continued to improve during that week despite the increased stress. In addition to the improvement in her symptoms, she also had experienced an 80% improvement in her headaches and had a 50% reduction in her hypersensitivity to light and noise.

A timeline of SL's treatment protocol and progression is shown in Figure 4. She was unable to continue with further follow-up treatment due to limited funds and lack of insurance coverage of naturopathic appointments. However, she scheduled a follow-up when her symptoms had worsened due to acute symptoms of grief approximately 2 months after her father passed. She was switched from belladonna 200C QD to ignatia 30C QD based on the symptoms of globus hystericus and acute grief. After 2 months on the ignatia 30C QD, her acute symptoms had resolved. She was then prescribed belladonna 1M QD based on her chronic picture and her state further stabilized, with decreased delusional thoughts, hair pulling, headaches, and hypersensitivity to light and noise. She is now happily engaged to her partner of 4 years.

**DISCUSSION**

The 2 cases presented demonstrate the effectiveness of integrative medicine using individualized homeopathic treatments for patients with schizoaffective disorder of the bipolar type. Unfortunately, homeopathic medicine has experienced great opposition because of its unorthodox approach of using extremely diluted substances applied via the law of similars. The minimal doses used in homeopathy are obtained through a process called potentization or dynamization that uses sequential, agitated dilutions of natural substances developed by Hahnemann. Hahnemann's dynamization gained the support of physics when the thermoluminescence emitted by ultra-high dilutions of sodium chloride and lithium chloride was specific to the crude salts initially dissolved, despite their dilution beyond Avogadro's number. Those experiments demonstrated that homeopathic preparations do contain the specific imprint of the natural substances from which they are prepared, despite no longer containing a single molecule of the original substance.

In addition, several benchtop studies by Chikramane et al and Bell et al, which used electron microscopy, have validated that ultra-high dilutions of substances, via Hahnemann’s method of potentization and agitation, retain the source material's nanoparticles, despite dilution past Avogadro's number. The mechanism proposed (ie, that the nanoparticles persist in serial agitations and dilutions) has recently been published in a US chemistry journal.

Although theories exist regarding the mechanism by which homeopathic medicines cause a reaction at such small doses, including the promising nanoparticle theory of Bell, a definitive answer has yet to be found. Another possible explanation for the ability of an ultra-high dilution of substances to cause such profound shifts in the human organism involves hormesis. *Hormesis* is a term used by avant-garde toxicologists to refer to a biphasic dose response to a natural agent in which a small input of a substance can create an effect opposite that of a high dose of the same substance, in a kind of adaptive stress response or modest overcompensation. Recent findings have shown that the cellular signaling pathways and molecular mechanisms that mediate those responses can result in an increase in the cell's production of cytoprotective and restorative proteins, including growth factors and antioxidant enzymes.

The basic pharmacodynamics of the primary and secondary reactions to medications may be an even better demonstration of the mechanism of the law of similars than hormesis is to illustrate the homeostatic response to medications in the modern era. Many pharmaceutical medications—such as β-blockers, proton pump inhibitors (PPIs), and opiates—demonstrate the phenomenon. A primary action of the drug on the body occurs, and a secondary and equal, but opposite, homeostatic reaction of the organism occurs when the drug is stopped, including rebound hypertension when stopping β-blockers, rebound acidity when stopping PPIs, and rebound pain when stopping opiates.

Thus, any medicine with accurately observed substance effects can be applied via similars or via opposites depending on the intention of the prescriber. Allopathic medicine involves treating diseases with substances that produce effects opposite to those produced by the disease, whereas homeopathy involves treating diseases with substances that produce effects similar to those produced by the disease but in doses so small that the body's natural healing secondary response is activated.

Toxicological reports of atropa belladonna have demonstrated that the alkaloids in the plant cause psychosis, including auditory hallucinations, violent agitation, fever, mydriasis, photophobia, and other anticholinergic symptoms. Because SL (case 2) shared symptoms similar to belladonna poisoning, she was able to obtain nearly complete resolution of her symptoms when treated with ultra-high dilutions of belladonna. Those dilutions stimulated her body to react against a small yet powerful input, resulting in the resolution of her existing belladonna-like symptoms.

In the same way, RT (case 1) shared symptoms similar to *Hyoscyamus* poisoning, which produces a slightly different type of psychosis than belladonna, including symptoms of jealousy and hyperactivity. Because homeopathic principles are based on like cures like, she was given homeopathic *Hyoscyamus* instead of any of the other homeopathic remedies that treat various types of psychosis.

Homeopathy has been anecdotally shown to provide cost-effective, safe, and promising treatments, but more large-scale, rigorous studies must be done to validate homeopathy in the greater medical community. The current dramatic case reports support the concept that individualized homeopathic treatment for mental illness can be
recommended to patients with positive clinical outcomes as long as proper case-taking and adequate follow-up, with necessary adjustments, occur based on changes in the patient's state.

The allopathic treatment of psychiatric conditions leaves much to be desired for the patients and their families because the patients are often left in a state of sedation due to the strength of their antipsychotic medications or are left with significant symptomatology remaining from their conditions in addition to the side effects of their prescribed medications.

CONCLUSIONS

The 2 current case reports demonstrate a successful integrative approach to the treatment of schizoaffective disorder. They illustrate the value of individualized homeopathic prescriptions with proper case management in the successful treatment of that disorder. Future large-scale, double-blind, placebo-controlled studies should investigate individualized homeopathic treatments for mental health concerns, because the diseases cause great economic and social burden.

AUTHOR DISCLOSURE STATEMENT

The research team has no financial or personal conflicts of interest that are associated with the data presented.

REFERENCES
