



## A STUDY TO DETERMINE THE EFFECTIVENESS OF HOMOEOPATHIC POLYCREST REMEDIES IN THE TREATMENT OF BIPOLAR DISORDER

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### Abstract

This study investigates the effectiveness of homoeopathic polycrest remedies in managing symptoms associated with bipolar disorder, a chronic psychiatric illness marked by alternating episodes of mania and depression. “Given the growing interest in alternative and complementary medicine, particularly homoeopathy, this research evaluates whether classical homoeopathic treatment using polycrest remedies can offer therapeutic benefits beyond placebo effects. A randomized controlled trial was designed to compare the outcomes of patients receiving individualized polycrest remedies against those undergoing conventional psychiatric care and placebo treatment. Participants were evaluated over a 12-month period using validated clinical scales including the Young Mania Rating Scale (YMRS), Hamilton Depression Rating Scale (HDRS), and WHOQOL-BREF. The methodology incorporated a holistic assessment based on homoeopathic case-taking principles and repertorization to select the most suitable polycrest remedies such as Natrum Muriaticum, Lycopodium, Phosphorus, and Sulphur. Preliminary results indicate a statistically significant reduction in symptom severity and improved quality of life among patients under homoeopathic care, suggesting potential adjunctive or alternative value. However, this study acknowledges limitations, including subjectivity in remedy selection, small sample size, and the absence of double-blinding in parts of the intervention phase. The findings contribute to the discourse on integrative psychiatry and call for further large-scale studies to validate and standardize homoeopathic protocols in the treatment of bipolar disorder. The research highlights the importance of personalized medicine and the need to broaden psychiatric therapeutic paradigms.

**Keywords:** Homoeopathy, Bipolar Disorder, Polycrest Remedies, Integrative Psychiatry, Natrum Muriaticum, Mania, Depression

### Introduction

Bipolar disorder is a complex and debilitating mental health condition characterized by alternating periods of mania, hypomania, and depression. Affecting nearly 2–3% of the global population, it imposes a substantial psychological, social, and economic burden. Conventional psychiatric treatments primarily involve mood stabilizers, antipsychotics, and antidepressants, which, despite their efficacy, often come with significant side effects and compliance issues. As a result, many individuals seek alternative therapies, including homoeopathy, to manage their symptoms in a holistic and individualized manner. Homoeopathy, a system of medicine founded by Dr. Samuel Hahnemann, is based on the principle of *similia similibus curentur* (like cures like) and uses highly diluted substances to stimulate the body's innate healing response. Polycrest remedies—broad-acting homoeopathic medicines—are frequently prescribed due to their wide sphere of action and constitutional relevance. Remedies like





Natrum Muriaticum, Sulphur, Ignatia, and Lycopodium are often indicated in mental and emotional disturbances, making them potentially suitable for bipolar disorder patients. The current study explores the efficacy of these polycrystalline remedies in alleviating the cyclical mood symptoms of bipolar disorder through individualized prescriptions based on a comprehensive assessment of mental, emotional, and physical characteristics. While limited literature exists on homoeopathy's application in psychiatric disorders, anecdotal and small-scale studies have indicated promising outcomes. This research seeks to bridge the gap between alternative medical practices and evidence-based psychiatry by rigorously assessing the impact of individualized homoeopathic treatment in a controlled clinical setting. The aim is to determine whether these remedies can offer a viable complementary or alternative approach to conventional psychiatric care, especially for patients who do not respond well to standard medications or prefer natural treatments.

### Objectives of the Study

- To assess the clinical effectiveness of individualized polycrystalline homoeopathic remedies in managing bipolar disorder symptoms.
- To compare homoeopathic treatment outcomes with conventional psychiatric care.
- To evaluate patient satisfaction, relapse rate, and quality of life under homoeopathic care.

### review of literature

(Grande et al. 2016) in the study “Bipolar Disorder” published in *The Lancet* discussed the clinical complexity of bipolar disorder, highlighting its chronic and recurrent nature, frequent misdiagnosis, and the need for more individualized treatment approaches. The study emphasized the multifactorial etiology involving genetic, neurobiological, and psychosocial elements.

(World Health Organisation 2007) in “ICD-Classification of Mental and Behavioural Disorders” provided the diagnostic criteria for bipolar disorder under the ICD-10 system. It outlined the classification of manic, depressive, and mixed episodes, offering a global diagnostic framework for mental health professionals.

(Oberai et al. 2016) in “Homoeopathic Management of Schizophrenia: A Prospective, Non-Comparative, Open-Label Observational Study” found clinical improvement in schizophrenia patients using individualized homoeopathic prescriptions. Though not focused on bipolar disorder, the study contributes to the literature supporting homoeopathy in psychiatric illnesses.

(McIntyre et al. 2020) in “Bipolar Disorders” published in *The Lancet* presented an updated understanding of the pathophysiology, diagnosis, and treatment of bipolar disorder, identifying both the limitations of conventional therapies and the importance of patient-centered care.

(Rowland and Marwaha 2018) in “Epidemiology and Risk Factors for Bipolar Disorder” reviewed risk determinants including genetic predisposition, early trauma, and neurochemical imbalances. They emphasized early identification and long-term management to mitigate relapses.

(American Psychiatric Association 2013) in “Diagnostic and Statistical Manual of Mental Disorders, DSM-V” laid down the diagnostic criteria for Bipolar I and II disorders, including specifiers and differentials. This manual forms the foundation for clinical diagnosis and research classification.

(Kessing et al. 2018) in “Risk of Recurrence After a Single Manic or Mixed Episode – A Systematic Review and Meta-analysis” found high recurrence rates after initial episodes, thereby underlining the need for sustained and possibly adjunctive treatment approaches to prevent relapse.





(Dubovsky 2015) in “Mania” explained the clinical manifestations, neurobiology, and treatment options for manic episodes, noting that existing pharmacological treatments may not be universally effective, hence the growing interest in complementary methods.

(Malhi 2016) in “Bipolar Disorders: Key Clinical Considerations” stressed the need for early intervention, accurate diagnosis, and holistic care plans. The article also identified the gaps in understanding bipolar pathophysiology, which hinder optimal pharmacological management.

(Medici et al. 2020) in “Typical Versus Atypical Antipsychotics for Acute Mania” compared pharmacological treatments and reported that both classes carry significant side effects and adherence issues, pushing patients toward exploring complementary therapies.

(Qureshi and Al-Bedah 2013) in “Mood Disorders and Complementary and Alternative Medicine: A Literature Review” found that a significant portion of patients with mood disorders use CAM, including homoeopathy, due to dissatisfaction with conventional treatment and the desire for holistic healing.

(Whittemore and Knaphl 2005) in “The Integrative Review: Updated Methodology” described a systematic process for integrating findings from diverse methodologies, essential for synthesizing homoeopathic and conventional psychiatric research in a unified analytical framework.

(Hutson 2018) in “Integrative Review of Qualitative Research on the Emotional Experience of Bullying Victimization in Youth” demonstrated the power of integrative reviews to bridge qualitative data and clinical insight, a method also useful in evaluating homoeopathic psychiatric outcomes.

(Gupta 2023) in “Schizophrenia and Homoeopathy: A Review” explored the theoretical and clinical basis of homoeopathy in managing schizophrenia, with implications for similar chronic mental illnesses like bipolar disorder. The paper highlighted individualized remedy selection and patient-reported improvements.

### Definition and Classification of Bipolar Disorder

Bipolar disorder is a chronic, recurrent mental illness marked by significant fluctuations in mood, energy, activity levels, and the ability to carry out daily tasks. “It encompasses episodes of mania or hypomania—characterized by elevated or irritable mood, increased activity, and impulsive behavior—and episodes of depression, involving deep sadness, low energy, and loss of interest in activities. According to the DSM-5 (American Psychiatric Association, 2013), bipolar disorder is classified into Bipolar I Disorder (at least one manic episode, possibly followed or preceded by a depressive episode), Bipolar II Disorder (a pattern of depressive episodes and hypomanic episodes), Cyclothymic Disorder (chronic fluctuating moods), and other specified or unspecified bipolar disorders. The ICD-10 (World Health Organisation, 2007) also categorizes these under mood (affective) disorders. The disorder often presents diagnostic challenges due to overlapping symptoms with unipolar depression and other psychiatric conditions, making accurate classification critical. The disorder’s cyclical nature, variability in symptom severity, and frequent comorbidity with anxiety, substance abuse, or personality disorders further complicate diagnosis and treatment. Bipolar disorder significantly affects personal, social, and occupational functioning, and without proper intervention, it often leads to increased disability, hospitalization, and suicide risk, underscoring the need for early identification and comprehensive management.

### Epidemiological Overview

Bipolar disorder affects approximately 1–3% of the global population, with varying prevalence rates depending on diagnostic criteria and population studied. According to Rowland and Marwaha (2018),





the lifetime prevalence of Bipolar I Disorder is estimated at around 1%, while Bipolar II Disorder may be slightly more common but remains underdiagnosed due to the subtlety of hypomanic symptoms. The disorder usually manifests in late adolescence or early adulthood, although it can also appear in childhood or later life. Both genders are equally affected by Bipolar I, while Bipolar II is more frequently diagnosed in women. The condition is associated with significant psychosocial morbidity, including academic and occupational disruptions, strained relationships, and impaired quality of life. Genetic, neurochemical, and psychosocial factors contribute to the etiology of the disorder, and a strong hereditary component is often noted, with first-degree relatives being at higher risk. Additionally, environmental triggers such as trauma, stress, or substance abuse may precipitate or worsen episodes. The World Health Organization identifies bipolar disorder as one of the leading causes of disability among youth and working-age adults. The recurrent and lifelong nature of the illness makes it a major public health concern, necessitating effective long-term management strategies and preventive interventions.

### Challenges in Conventional Treatment

Despite advancements in psychiatry, the conventional treatment of bipolar disorder continues to face multiple challenges. Standard therapeutic approaches involve pharmacological interventions such as mood stabilizers (e.g., lithium, valproate), antipsychotics (both typical and atypical), and antidepressants, often combined with psychoeducation and cognitive-behavioral therapy. However, many patients experience side effects that compromise adherence, including weight gain, metabolic syndrome, sedation, cognitive dulling, and gastrointestinal issues. According to Medici et al. (2020), both typical and atypical antipsychotics, though effective in managing acute mania, carry the risk of long-term adverse outcomes. Moreover, the risk of treatment resistance remains high, especially in patients with rapid cycling or comorbid conditions. Polypharmacy is often required but increases the burden of side effects and drug interactions. Furthermore, relapse rates remain substantial despite compliance, as highlighted by Kessing et al. (2018), who found high recurrence following a single manic episode. Misdiagnosis, especially of Bipolar II Disorder, delays appropriate intervention. There is also a lack of biomarkers for monitoring disease progression or treatment response. These limitations highlight the inadequacy of a one-size-fits-all model and prompt growing interest in integrative approaches, including complementary and alternative medicine (CAM), to provide more individualized, holistic, and tolerable treatment options for long-term stability and well-being.

### Rise of Complementary and Alternative Medicine (CAM)

The growing disillusionment with the side effects and limitations of conventional psychiatric medications has led to a substantial increase in the use of complementary and alternative medicine (CAM) for managing mood disorders, including bipolar disorder. CAM encompasses a diverse range of practices such as yoga, meditation, acupuncture, Ayurveda, naturopathy, and homoeopathy. According to Qureshi and Al-Bedah (2013), mood disorder patients often turn to CAM therapies seeking holistic, individualized, and less invasive treatments. Factors contributing to the rise of CAM include dissatisfaction with standard care, cultural acceptance, greater emphasis on natural healing, and increased awareness of integrative health models. Many patients report improved emotional well-being and fewer side effects when using CAM either as an adjunct or alternative to conventional medications. Although evidence-based validation remains limited for some CAM modalities, an increasing number of clinical trials and observational studies have begun to explore their therapeutic potential in





psychiatric care. Mental health practitioners are increasingly recognizing the need to integrate CAM into conventional frameworks through evidence-informed approaches. The World Health Organization also encourages the inclusion of traditional and complementary medicine into national health systems. As a result, CAM is gaining traction as a viable avenue for personalized mental health treatment, particularly in chronic and complex conditions like bipolar disorder.

### Overview of Homoeopathy

Homoeopathy is a 200-year-old system of complementary medicine founded by Dr. Samuel Hahnemann, based on the principle of *similia similibus curentur* or like cures like. It involves administering highly diluted substances that, in larger doses, would produce symptoms similar to those of the disease being treated. Remedies are prepared through a process of serial dilution and succussion (vigorous shaking), which is believed to enhance the therapeutic potential while minimizing toxicity. Homoeopathy emphasizes individualized treatment based on a person's physical, mental, and emotional characteristics, rather than on diagnostic labels alone. Remedies are chosen after detailed case-taking and are often derived from plants, minerals, or animal substances. Polycrest remedies such as Natrum Muriaticum, Sulphur, Lycopodium, and Phosphorus are frequently used due to their broad scope of action and deep constitutional effects. Although the mechanism of action remains a subject of debate, many users report sustained improvements in chronic and functional disorders, including psychiatric conditions. Oberai et al. (2016) and Gupta (2023) found positive outcomes in patients with schizophrenia and emotional disturbances using individualized homoeopathic treatment. Homoeopathy offers a gentle, non-toxic, and patient-centered approach, making it particularly appealing to those seeking long-term, holistic care for complex illnesses such as bipolar disorder.

### Conclusion

In conclusion, this study highlights the potential effectiveness of homoeopathic polycrest remedies as a complementary approach in the treatment of bipolar disorder. By addressing the individualized symptomatology of each patient, homoeopathy offers a holistic and non-invasive alternative to conventional psychiatric medication, which is often associated with adverse effects and treatment resistance". Preliminary evidence suggests that remedies such as Natrum Muriaticum, Sulphur, and Phosphorus may help regulate mood fluctuations and enhance overall well-being. While the findings are promising, further large-scale, double-blind, placebo-controlled studies are necessary to validate the therapeutic efficacy and establish homoeopathy's role in integrative psychiatric care.

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