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HOMOEOPATHIC MANAGEMENT FOR OBSESSIVE-COMPULSIVE DISORDER: A CASE REPORT

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ABSTRACT

Introduction: Obsessive-compulsive disorder (OCD) is a prevalent psychiatric condition, marked by intrusive and distressing thoughts, images, or urges known as obsessions. These are often accompanied by repetitive behaviors or mental actions.

Case summary: 21-year-old female, K/c/o of Obsessive-compulsive disorder (OCD), presented with hand washing, changing clothes frequently and getting affected by skin disease which is triggered by a fear for 6 years. She developed intrusive sexual thoughts while visiting temples, along with suicidal ideation since last three years, though never attempted. Also experiences suppressed anger toward her father's behaviour and feelings of inadequacy. Homoeopathic individualization of treatment was continued, **Staphysagria 10M** was prescribed, which showed significant improvement over one year six months of duration.

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INTRODUCTION

Obsessive-Compulsive Disorder (OCD) is a common psychiatric condition, affecting approximately 1% to 3% of the global population. It is characterized by persistent, intrusive thoughts or mental images, known as obsessions, and repetitive behaviours or mental rituals, referred to as compulsions.[1,2,3] Obsessions often arise without a clear purpose and cause of significant distress, while compulsions are actions or mental acts that individuals feel driven to perform in order to alleviate the anxiety caused by these thoughts.[4] Many individuals with OCD either avoid situations that may trigger their compulsions or engage in ritualistic behaviours to manage their distress. [1]

According to the World Health Organization (WHO), obsessive-compulsive disorder (OCD) is recognized as one of the top 20 causes of illness-related to disability worldwide for individuals between 15 and 44 years of age. [5] Obsessive-compulsive disorder (OCD) affects an estimated 2-3% of the Indian population, mirroring global prevalence rates. The National Mental Health Survey (2015-16) reported a prevalence of around 0.8% at any given time; both urban and rural populations are significantly impacted by Obsessive Compulsive Disorder (OCD). [6] Due to such high rates, Obsessive-compulsive disorder (OCD) is labeled as a 'hidden epidemic'. [7] It may be more common among males during childhood but is more common among females in adolescence and adulthood. Males tend to report an earlier age of onset than females. [8]

Obsessive-Compulsive Disorder (OCD) profoundly impacts quality of life (QOL) across various domains, including social, occupational, and personal functioning. Individuals with obsessive-compulsive disorder (OCD) often report significantly lower Quality of Life (QOL), particularly in emotional aspects, with notable challenges in maintaining relationships, engaging in leisure activities, and performing at work. The disorder also contributes to heightened anxiety and depression, further reducing overall life satisfaction. [9] Due to the time-consuming and distressing nature of their compulsions, many individuals with obsessive-compulsive disorder (OCD) struggle to maintain employment and manage personal relationships, frequently leading to social isolation and decreased productivity. [10] There is evidence that even the treatment responders continue to experience poor Quality of life (QOL). [11]

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The precise cause of obsessive-compulsive disorder (OCD) is still unclear, though it is thought to arise from interplay of genetic and environmental factors. [12, 13] Strong evidence indicates that exposure to stressful or traumatic events can significantly influence both the onset and persistence of obsessive-compulsive disorder (OCD) symptoms.[14] Functional imaging studies have consistently identified hyperactivity in regions such as the Orbito-frontal cortex (OFC), anterior cingulate cortex (ACC), and caudate nucleus in individuals with obsessive-compulsive disorder(OCD). These observations are frequently interpreted as supporting the idea that abnormality in Cortico-basal ganglia - thalamocortical circuits, especially involving the Orbito-frontal Cortex (OFC) and anterior cingulated cortex (ACC) may be linked to obsessive-compulsive disorder (OCD). However, this interpretation is debated; as such hyperactivity may be a result of the symptoms rather than their cause. [15] While obsessive-compulsive disorder (OCD) symptoms typically respond well to treatment with medication and therapy, relapses are common when individuals experience external or environmental stressors. [16]

Numerous research studies have highlighted the effectiveness of homeopathy in managing obsessive-compulsive disorder (OCD) and alleviating the intensity of its challenging symptoms [17- 20]

Homeopathy may influence neurobiological pathways in obsessive-compulsive disorder (OCD) by modulating **neuroplasticity, neurotransmitters, and psychoneuroimmunological responses**. Obsessive-compulsive disorder (OCD) is linked to hyperactivity in the **orbitofrontal cortex (OFC), anterior cingulate cortex (ACC), and cortico-basal ganglia circuit. [21, 22]** Homeopathic remedies might help restore neural balance by **regulating synaptic activity and oxidative stress markers,** promoting neuroplasticity. [23] Remedies like **Aurum metallicum and Anacardium orientale** are traditionally used for Obsessive-compulsive disorder (OCD) like symptoms and may impact **serotonergic and dopaminergic pathways**, similar to conventional treatments. [24, 25] Homeopathy has also demonstrated **anti-inflammatory effects**, potentially reducing neuroinflammation linked to obsessive-compulsive disorder (OCD). [26] Additionally, stress-related **HPA axis modulation** by remedies such as **Ignatia amara** may help manage symptom triggers [27] while bioenergetic theories suggest homeopathic effects on neural coherence, further research, including **functional neuroimaging studies**, is needed to validate these mechanisms. [28]

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The Obsessive-Compulsive Inventory-Revised (OCI-R) [29] is a questionnaire used to assess obsessive-compulsive disorder (OCD) symptoms and their severity. It includes a total score (based on specific items) that ranges from 0 to 60, where higher scores suggest more severe symptoms. A score of 12 or above generally indicates a likelihood of obsessive-compulsive disorder (OCD), as this cutoff point has been shown to be both sensitive (82%) and specific (83%) for diagnosis. Additionally, percentile rankings help compare a person's symptoms to those of others: a normative rank of 50 represents average symptom levels in the general population, while a clinical rank of 50 represents typical symptom severity within a diagnosed obsessive-compulsive disorder (OCD) group.

The OCI-R (Obsessive compulsive inventory – Revised) also has a specific Hoarding Subscale, with scores between 0 and 12, where a score of 6 or above suggests a likelihood of hoarding disorder. Moreover, the questionnaire breaks down symptoms into six subcategories, such as washing, obsessing, ordering, checking, and neutralizing, which allows for a more detailed look at specific types of obsessive-compulsive disorder (OCD) behaviors. This structure makes it easier to identify targeted treatments based on the unique symptom patterns of each person.

This clinical case report is presented to enhance understanding of homeopathic management of obsessive-compulsive disorder (OCD), demonstrating significant improvement in obsessive-compulsive disorder (OCD) symptoms achieved solely through homeopathic treatment.

PATIENTS INFORMATION

A 21years old female came to the outpatient department of Jims Homoeopathic medical college, Hyderabad on 13th April, 2023, complaining of repeatedly washing hands and changing her clothes due to fear of getting skin disease since 6years. From the past 3years she has Sexual thoughts while going to temples, seeing & praying to God. She has decided to suicide but never attempted. She also has feeling to urinate on God she is scared to go temples and fear that god will curse her. After taking allopathic medication for this it causes drowsiness throughout the day.

This Complaint started when the patient was studying in 8th class, one day she saw a girl who was having skin problem (Vitiligo), so after seeing that girl everyone was going away from that girl and were talking about that girl. Unknowingly she has touched that girl. Since then, started fear that if she gets that skin problem people will go away from her. She

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started repeatedly washing her hands. The patient felt dissatisfied after washing his hands and tried to wash his hands, This Continued many times a day with changing clothes frequently.

Past History

The Patient was suffering with PCOD from past 1year, taking allopathic Medication for the same.

Family History

Father was Diabetic and also suffering from renal calculi. Mother was apparently healthy. Paternal grandfather was diabetic and grandmother was apparently healthy.

Personal History: Nothing significant.

Life space investigation

Patient hails from middle socio-economic status; she was the youngest child in the family. During childhood, her father used to drink alcohol and beat her mother. She used to get angry but couldn't do much in that situation. Patient was interested in sports, when she was in 1stclass; she was playing with her friends. Some people said that she is doing wrong with the boy (sexual) and was making fun of her. But she has done nothing but still feels a lot about that incident.

Since 3yrs she is getting sexual thoughts on seeing God. Whenever she gets those thoughts, she feels these are wrong and will be able to get rid of these thoughts by suicide but never attempted it. She has never shared her condition to the parents & friends as she thinks that they will criticize her. She used to say that she is suffering from headache and used to visit hospitals. She shared her condition only with her fiancé with whom she is going to marry as she doesn't want to hide anything from him.

She has anger and anxiety about "why she is only suffering". When anyone contradicts her gets anger but never expresses. Whenever she wants to do anything regarding taking decisions her parents will not support her. For an instance she wanted to do a beautician course but her parents did not accept her. Whenever she gets angry there is trembling of the body.

Generally, she Desires Company Cannot goes anywhere alone but when she gets those thoughts doesn't feel like talking to anyone. Want to become a beautician in future, as she is interested in hairstyle making and Mahanadi designing.

Physical generals:

The patient's appetite has decreased because of the thoughts, Desire for fruits

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especially apples and grapes, Meat. Aggravation from sweets causes headache. Hunger aggravation causes anger, riding aggravation causes vomiting.

Clinical Findings

The mental status examination was done and she was found to be well-Oriented with time, place and person. She established good rapport with the physician and maintained his eye to eye contact. Her interpersonal relationship appeared satisfactory. She has obsessive and compulsive thoughts, without any other perceptual disorder. No abnormality was found in her psychomotor activity. She had good social judgment, had a true emotional insight, good memory, intelligent and good concentration with sound attention.

Therapeutic intervention

The symptoms narrated by the patient as well as the bystander and also those observed by the Physician himself were considered and analyzed to find the most suitable remedy with the help of repertorization. An individualized homoeopathic medicine was administered to the patient. Based on the incident which occurred during her childhood when someone criticized her, so considering Sensitive to criticism was taken. She never thought of telling her compulsive thoughts to anyone except her fiancé because of her delusion that she will be criticized by the family members and neighbors. She gets anger on father as he drinks and beats her mother, but never expresses. So it was ailments from anger suppressed. There is a marked desire for fruits &meat. Fasting makes her complaints aggravation, the feature of trembling of the whole body when she is angry. So considering all the above symptoms, after repertorization Staphysagria 10M was prescribed. The reportorial chart is shown in Figure 1.

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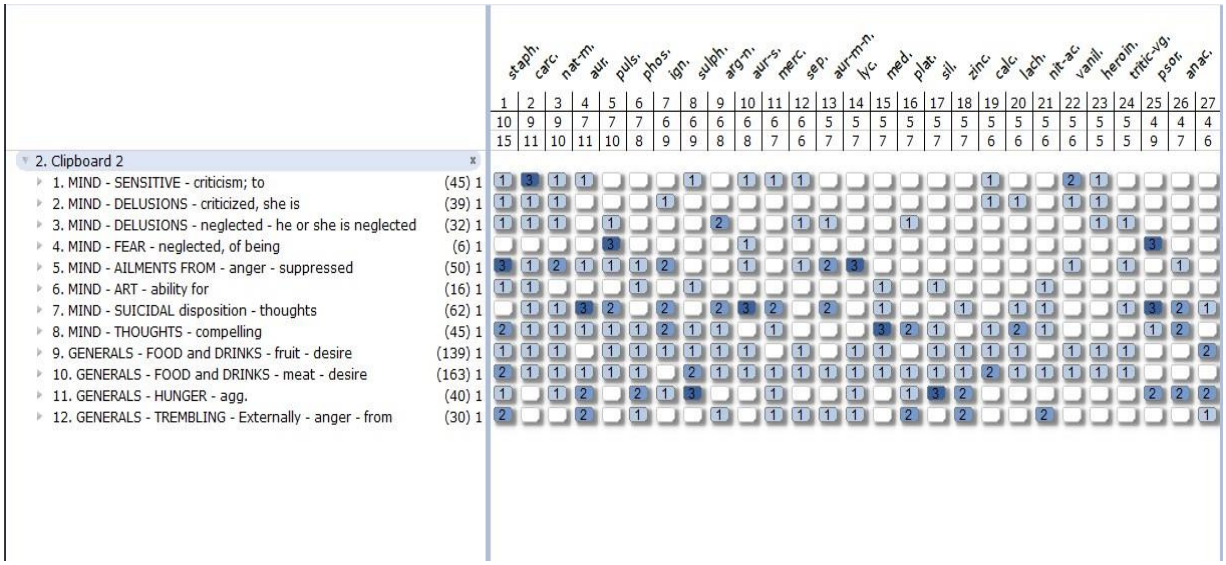

FIGURE 1: Reportorial Chart

Follow-up and outcomes

A follow-up of the case and assessment of the scale was carried out every month for 6 months. The follow-up of the case is depicted in Table 1. Significant improvement in the symptoms was observed; with homoeopathic medicines. The Causal attribution determined using the NovoPsych gave a score of 28, as indicated in Table 2.

DISCUSSION

The case is strictly adhered to HOM-CASE guidelines. Mostly Psychosomatic conditions are significant contributors to obsessive-compulsive disorder (OCD). It is essential to focus on the psychological trauma that leads to the patient's fixed ideas. Here the patient is suffering from obsessive-compulsive disorder (OCD) often acknowledge that persistent emotions are the root cause of her fixed thoughts.

Homeopathy, however, follows the principle of individualization, which emphasizes that each person is unique in their mental state, physical symptoms, behaviour, habits, sleep patterns, occupation, and more. These distinct characteristics form the essential foundation for a homeopathic prescription.

In this case, after a thorough case-taking and repertorization, *Staphysagria* was selected and prescribed. The patient showed some initial improvement with Staphysagria 10M/1 dose, followed by Sac Lac three weeks. However, during first follow-up, following symptoms observed: preoccupied with sexual matters, frequent changing of clothes and compulsive hand washing remained unchanged. Appetite showed no improvement, while fear

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of contamination had diminished slightly. Hunger tolerance also remained the same. Recognizing that the chosen remedy was appropriate but improvement was partial. Thus, the potency was changed from 10M to Millesimal scale. *Staphysagria* was prescribed in 0/1, 1 dose was prescribed for three weeks. Patient started improvement in all the areas from time to time. Medicine was fixed but doses increased gradually from 0/1 to 0/11 within 18months of follow-ups (Table No: 1).

It signifies Homoeopathic individualized medicines are effective to improve the behavioural changes in obsessive compulsive disorder along with the quality of life (Table 2: Novopsych scale).

Follow-up Criteria:

1) Fear of contamination
2) Imagination of insults
3) Dwells on sexual matters.
4) Frequent washing and changing of clothes.
5) Lack of confidence
6) Great indignation.
7) Grieves about the consequences.
8) Sensitiveness.
9) Appetite.
10) Suicidal thoughts.
11) Trembling.
12) Headache.
13) Hunger Aggravations

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Follow-Up Date	Symptoms	Prescription	Novopsych
13 April 2023	C/o Dwells on sexual matters, Frequent changing of clothes and washing of hands. Imagines insults. Fear of contamination.Appetite reduced due to continues thoughts. Great indignation about the things done by others or by himself; Grieves about the consequences. Very sensitive to what others say about her. Lack of Self Confidence. Suicidal thoughts. Anger leading to trembling. Sweet causes headache. Cannot tolerate the hunger leading to anger.	1) Staphysagria 10M/ 2Doses HS. 2) Rubrum TID/ 1 month	32
04 May 2023	C/o Dwells on sexual matters reduced by 20%. Frequent changing of clothes and washing of hands reduced by half. Appetite has improved. Fear of contamination has reduced. Suicidal thoughts have reduced. Hunger tolerance reduced mildly. Fear and irritability has been reduced during thoughts.	1) Phytum 2Doses/ HS. 2) Rubrum TID/ 1 month	28
15 June 2023	C/o Dwells on sexual matters same. Frequent changing of clothes and washing of hands same. No improvement in the Appetite. Fear of contamination has reduced. Hunger tolerance same.	1) Staphysagria 0/1, 1 dose, 1 teaspoonful of medicine daily Early morning Empty stomach. 2) Rubrum TID/ 1	28

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		month	
25 Aug 2023	C/o Dwells on sexual matters reduced by 50%. Frequent changing of clothes and washing of hands reduced by 70%. Appetite has much improved. Lack of confidence has improved. Suicidal thoughts have reduced.	1) Staphysagria 0/2, 1 dose OD,1 teaspoonful of medicine daily Early morning Empty stomach. 2) Rubrum TID/ 1 month	26
31Oct 2023	C/o Dwelling on sexual matters has reduced by 70%. Frequent changing of clothes and washing of hands reduced by 90%. Confidence has improved to convince parents about her ambition to become hairstylist. Hunger leading to anger has improved.	1) Staphysagria 0/3, 1 dose OD, 1 teaspoonful of medicine daily Early morning Empty stomach. 2) Rubrum TID/ 1 month	23
28 Nov 2023	C/o Grieves about the consequences has reduced by 50%. Anger leading to trembling has reduced by 40%.	1) Staphysagria 0/4, 1 dose OD, 1 teaspoonful of medicine daily Early morning Empty stomach. 2) Rubrum TID/ 1 month	20

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17Jan 2024	C/o Sweet causes headache better by 90%. Hunger leading to anger has much improved.	1) Staphysagria 0/5, 1 dose OD, 1 teaspoonful of medicine daily Early morning Empty stomach. 2) Rubrum TID/ 2weeks.	14
27 Mar 2024	C/o Dwelling on sexual matters and Frequent changing of clothes and washing of hands – Nil. Fear of contamination – Nil. Suicidal thoughts very less recurrence All the generals are good.	1) Staphysagria 0/6, 1 dose OD, 1teaspoonful of medicine daily Early morning Empty stomach. 2) Rubrum TID/ 2weeks.	8
28th May 2024	C/o Dwelling on sexual matters – Nil. Frequent changing of clothes and washing of hands – Nil. Fear of contamination – Nil. Suicidal thoughts – Nil. H/o fever last weeks with nausea and vomiting. All the generals are good	1) Staphysagria 0/7, 1 dose OD, 1 teaspoonful of medicine daily Early morning Empty stomach. 2) Rubrum TID/ 2weeks.	4

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11th June 2024	C/o Dwelling on sexual matters – Nil. Frequent changing of clothes and washing of hands – Nil. Fear of contamination – Nil. Suicidal thoughts – Nil. All the generals are good.	1) Staphysagria 0/8, 1 dose OD, 1 teaspoonful of medicine daily Early morning Empty stomach. 2) Rubrum TID/ 2weeks.	0
30th July 2024	C/o Dwelling on sexual matters – Nil. Frequent changing of clothes and washing of hands – Nil Fear of contamination – Nil. Suicidal thoughts – Nil. All the generals are good.	1) Staphysagria 0/9, 1 dose OD, 1 teaspoonful of medicine daily Early morning Empty stomach. 2) Rubrum TID/ 2weeks.	0
29th Aug 2024	C/o Dwelling on sexual matters – Nil. Frequent changing of clothes and washing of hands – Nil. Fear of Contamination – Nil. Suicidal thoughts – Nil. All the generals are good.	1) Staphysagria 0/10, 1 dose OD, 1 teaspoonful of medicine daily Early morning Empty stomach. 2) Rubrum TID/ 2 Weeks.	0
27th Oct 2024	C/o Dwelling on sexual matters – Nil. Frequent changing of clothes and washing of hands – Nil.	1) Staphysagria 0/11, 1 dose OD, 1	0

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	Fear of Contamination – Nil Suicidal thoughts – Nil. All the generals are good.	teaspoonful of medicine daily Early morning Empty stomach. 2) Rubrum TID /2 weeks	

TABLE 1: Follow-up

		Not at all	A little	Moderately	A lot	Extremely
1	I have saved up so many things that they get in the way.	0	1	2	3	4
2	I check things more often than necessary.	0	1	2	3	4
3	I get upset if objects are not arranged properly.	0	1	2	3	4
4	I feel compelled to count while I am doing things.	0	1	2	3	4
5	I find it difficult to touch an object when I know it has been touched by strangers or certain people.	0	1	2	3	4
6	I find it difficult to control my own thoughts.	0	1	2	3	4
7	I collect things I don't need.	0	1	2	3	4
8	I repeatedly check doors, windows, drawers, etc.	0	1	2	3	4
9	I get upset if others change the way I have arranged things.	0	1	2	3	4
10	I feel I have to repeat certain numbers.	0	1	2	3	4
11	I sometimes have to wash or clean myself simply because I feel contaminated.	0	1	2	3	4
12	I am upset by unpleasant thoughts that come into my mind against my will.	0	1	2	3	4
13	I avoid throwing things away because I am afraid I might need them later.	0	1	2	3	4
14	I repeatedly check gas and water taps and light switches after turning them off.	0	1	2	3	4
15	I need things to be arranged in a particular way.	0	1	2	3	4
16	I feel that there are good and bad numbers.	0	1	2	3	4
17	I wash my hands more often and longer than necessary.	0	1	2	3	4
18	I frequently get nasty thoughts and have difficulty in getting rid of them.	0	1	2	3	4

TABLE 2: The Obsessive-Compulsive Inventory-Revised Score

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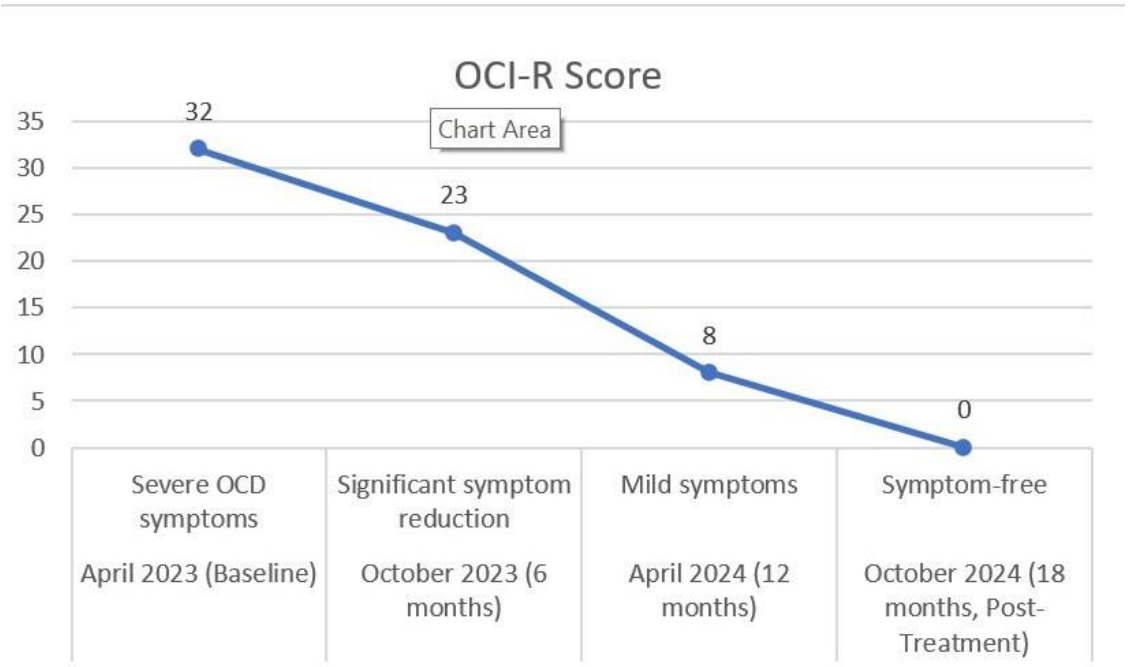
The numbers in bold font represent the option selected

Follow-Up Date	Symptom Status	OCI-R Score
April 2023 (Baseline)	Severe OCD symptoms	32
October 2023 (6 months)	Significant symptom reduction	23
April 2024 (12 months)	Mild symptoms	8
October 2024 (18 months, Post-Treatment)	Symptom-free	0

TABLE 3: Comparative Assessment of OCI-R Scores (Baseline to Post-Treatment)

Key Observations:

- **At baseline (April 2023),** the patient exhibited severe OCD symptoms with an OCI-R score of **32**.
- **After six months (October 2023),** the score reduced to **23**, showing improvement in obsessive thoughts, compulsions, and associated distress.
- **By twelve months (April 2024),** the OCI-R score dropped to **8**, indicating a shift to **mild symptoms.**
- **At eighteen months (October 2024),** the patient achieved an OCI-R score of **0**, signifying complete remission of OCD symptoms.



GRAPH 1: Reduction in OCI-R Scores over time.

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Obsessive-Compulsive Disorder (OCD) in the Context of Hahnemann's Classification of Mental Diseases [30, 31]

Samuel Hahnemann, in ***The Organon of Medicine***, classified mental diseases under three miasms: Psora, Sycosis, and Syphilis**.** Among these, Psora is the root cause of most chronic diseases, particularly those affecting the mind. OCD, with its intrusive thoughts and compulsions, aligns with Psora**,** which manifests as hypersensitivity, anxiety, suppressed emotions, and an exaggerated sense of responsibility (Hahnemann, 1810, §80-82).

ASPECT	OBSERVATIONS IN THE CASE	PSORIC CHARACTERISTICS (HAHNEMANN'S THE ORGANON)
Mental Fixation and Over-Sensitivity	Persistent dwelling on sexual matters, excessive washing, and fear of contamination.	Exaggerated reaction to internal conflicts, hypersensitivity to external influences (§215).
Emotional Sensitivity	Indignation, grief over consequences, extreme sensitivity to criticism.	Psoric individuals are highly sensitive to external influences (§215).
Suppressed Emotions Leading to Somatic Complaints	Loss of appetite, headaches from sweets, hunger-induced anger.	Internalized stress manifests as physical ailments (§210).
Psychological Distress	Suicidal thoughts, lack of confidence, emotional turmoil.	Psoric miasm leads to mental restlessness and emotional suffering (§210).
Gradual Improvement with Homeopathic Treatment	Progressive reduction in intrusive thoughts, compulsions, and emotional distress.	Individualized homeopathic intervention facilitates miasmatic cure.

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Prescribed Remedy	***Staphysagria*** (for suppressed emotions, indignation, obsessive tendencies).	Aligns with the Psoric nature of OCD, aiding in emotional release and symptom resolution.

TABLE 4: Psoric Influence in the Case Study.

This case highlights OCD as a predominantly Psoric disorder, driven by emotional suppression, sensitivity, and mental fixation. Hahnemann emphasized addressing the miasmatic origin of chronic mental diseases rather than just symptoms (§221, The Organon). An individualized homeopathic approach targeting Psora led to significant long-term improvement, reinforcing his principles in chronic disease management.

Comparison of ICD-11 and DSM-5 Criteria for OCD in Relation to the Present Case [32, 33, 34, 35]

Obsessive-Compulsive Disorder (OCD) is classified under both **ICD-11** and **DSM-5**, with some key differences in their diagnostic criteria. The ICD-11 code for Obsessive-Compulsive Disorder (OCD) is 6B20. In this case, the patient presented with compulsive hand washing, excessive fear of contamination, distressing religious and sexual obsessions, and associated emotional distress**,** which align with both classification systems.

Criteria	ICD-11 (2022)	DSM-5 (2013)	Application to the Present Case
Core Symptoms	Recurrent obsessions and/or compulsions that cause significant distress or impairment in daily life.	Presence of obsessions (intrusive thoughts, urges) and/or compulsions (repetitive behaviors or mental acts) that are time-consuming and cause distress.	The patient experiences persistent obsessive fears (contamination, religious guilt, intrusive sexual thoughts) and compulsive behaviors (excessive hand washing, changing clothes frequently), leading to significant distress**.**
Obsessions & Compulsions	Recognized as excessive or unreasonable, yet difficult to control.	Recognized as excessive/unwanted, but difficult to resist. Insight levels vary.	The patient acknowledges the irrationality of her thoughts but struggles

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			to suppress them.
Insight Levels	Ranges from good to poor.	Categorized as good/fair, poor, or absent insight (OCD with delusional beliefs).	The patient demonstrates good insight, recognizing her fears as irrational but still experiencing severe distress.
Compulsions	Repetitive behaviors (e.g., washing, checking) or mental acts (e.g., praying, counting) aimed at reducing anxiety.	Similar definition; compulsions are performed to reduce distress, not in a logically connected way.	The patient engages in compulsive hand washing and changing clothes due to an intense fear of contamination**.**
Associated Emotional Distress	Often accompanied by anxiety, depression, or emotional suppression.	Symptoms cause distress and interfere with daily life; often coexists with anxiety or depression.	The patient exhibits anxiety, suppressed anger, and depressive tendencies**,** leading to suicidal thoughts**.**
Cultural & Religious Context	Acknowledges the influence of cultural beliefs, especially in religious or moral obsessions.	Includes religious and sexual obsessions but with less emphasis on cultural context.	The patient's religious obsessions (fear of divine punishment, intrusive sexual thoughts in temples) align more closely with ICD-11's cultural sensitivity**.**
Exclusion Criteria	Not due to substance use, medication, or another psychiatric disorder.	Not better explained by another disorder (e.g., GAD, psychotic disorders).	The patient's symptoms are not due to substance use or psychosis**,** confirming a primary OCD diagnosis**.**

TABLE 5: Comparison of ICD-11 and DSM-5 Criteria for OCD

CONCLUSION:

This case study highlights the potential of individualized homeopathic treatment in managing Obsessive-Compulsive Disorder (OCD), demonstrating significant symptom reduction and improved quality of life. The patient's OCI-R score decreased from 32 to 0, showing sustained progress with Staphysagria over 18 months. Homeopathy may influence neuroplasticity, neurotransmitters, and emotional resilience, making it a valuable complementary approach alongside conventional treatments. This case reinforces the need for further research to explore homeopathy's role in psychiatric care, particularly in treatment-resistant cases.

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DECLARATION OF PATIENT CONSENT

The patient has given his written informed consent to publish his anonymised case.

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