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## Homoeopathy in bipolar affective disorder: A review of research evidence

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### Abstract

**Background:** Bipolar affective disorder (BPAD) is an episodic, chronic psychiatric disorder characterized by fluctuations in mood state and energy. It affects more than 1% of the world's population. BPAD causes cognitive and functional impairment and raised mortality, particularly death by suicide. At present, although alternative therapies are not the first-line treatment of mood disorders, there is emerging evidence showing that such treatments are effective. **Objective:** The objective of this review is to synthesize existing research evidence and literature to determine the usefulness of homoeopathic medicines in the management of manic and depressive episodes of BPAD. **Materials and Methods:** Two authors performed the review processes independently. Articles published on BPAD between 2000 and 2022 in the English language in various peer-reviewed journals were included in the review. A comprehensive search using keywords was done in electronic databases, such as PubMed and Science Direct. The rubrics in the synthesis repertory corresponding to the diagnostic criteria as per the 10th revision of the International Classification of Diseases for Mania and Depression were repertorised to arrive at a group of homoeopathic medicines and their indications are discussed in detail. **Results:** A total of three articles were identified on BPAD and Homoeopathy. The most probable medicines indicated for the manic episode were *Agaricus muscarius*, *Anacardium*, *Belladonna*, *Hyoscyamus*, *Lachesis*, *Stramonium*, *Tarantula hispanica* and *Veratrum album*. **Conclusion:** There is a scarcity of literature to draw any conclusion on the role of Homoeopathy in BPAD. Prospective, controlled trials are necessary to evaluate the effectiveness of homoeopathic medicines in the management of BPAD.

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# Homoeopathy in bipolar affective disorder: A review of research evidence

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## Abstract

**Background:** Bipolar affective disorder (BPAD) is an episodic, chronic psychiatric disorder characterized by fluctuations in mood state and energy. It affects more than 1% of the world's population. BPAD causes cognitive and functional impairment and raised mortality, particularly death by suicide. At present, although alternative therapies are not the first-line treatment of mood disorders, there is emerging evidence showing that such treatments are effective. **Objective:** The objective of this review is to synthesize existing research evidence and literature to determine the usefulness of homoeopathic medicines in the management of manic and depressive episodes of BPAD. **Materials and Methods:** Two authors performed the review processes independently. Articles published on BPAD between 2000 and 2022 in the English language in various peer-reviewed journals were included in the review. A comprehensive search using keywords was done in electronic databases, such as PubMed and Science Direct. The rubrics in the synthesis repertory corresponding to the diagnostic criteria as per the 10<sup>th</sup> revision of the International Classification of Diseases for Mania and Depression were repertorised to arrive at a group of homoeopathic medicines and their indications are discussed in detail. **Results:** A total of three articles were identified on BPAD and Homoeopathy. The most probable medicines indicated for the manic episode were *Agaricus muscarius*, *Anacardium*, *Belladonna*, *Hyoscyamus*, *Lachesis*, *Stramonium*, *Tarantula hispanica* and *Veratrum album*. **Conclusion:** There is a scarcity of literature to draw any conclusion on the role of Homoeopathy in BPAD. Prospective, controlled trials are necessary to evaluate the effectiveness of homoeopathic medicines in the management of BPAD.

**Keywords:** Bipolar affective disorder, Depression, Homoeopathy, Manic episode, Review

## INTRODUCTION

Bipolar affective disorder (BPAD) is an episodic chronic disorder characterised by fluctuations in mood state and energy. It affects more than 1% of the population globally irrespective of nationality, ethnic origin or socioeconomic status. BPAD is one of the main causes of disability leading to cognitive and functional impairment with raised mortality, particularly due to death by suicide.<sup>[1]</sup> BPAD is characterised by recurrent (i.e. at least two) episodes in which the patient's mood and activity levels are disturbed significantly. This disturbance consists of an elevation of mood, increased energy and activity as in mania or hypomania, on some occasions and a lowering of mood and decreased energy and activity as in depression on other occasions. As patients who suffer only from repeated episodes of mania are comparatively rare and resemble those who also have at least occasional episodes of depression, in their family history, premorbid personality, age of onset and prognosis, such patients are also classified as Bipolar.<sup>[2]</sup>

There were 32.7 million cases of bipolar disorder globally in 1990 and 48.8 million in 2013; that is equivalent to a 49.1% increase in prevalent cases, which may be accounted for by an increase in population and ageing.<sup>[3]</sup> Psychosocial functioning is substantially reduced by BPAD and there is an associated loss of approximately 10–20 potential life years.<sup>[4]</sup> BPAD is a multifactorial illness with uncertain aetiology. There is evidence suggesting that the severity of bipolar is related to childhood emotional abuse and the degree of cannabis misuse.<sup>[5]</sup>

The criteria for Bipolar I disorder represent the modern understanding of the classic Manic-Depressive illness or affective psychosis which was described in the 19<sup>th</sup> century.

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Bipolar II disorder is when there is a lifetime experience of at least one episode of major depression and at least one hypomanic episode. Comorbidities are common with the most frequent disorders being anxiety disorders, disruptive impulse control or conduct disorder, substance use disorder, antisocial personality disorder, etc.<sup>[6]</sup> Mania can be viewed as a defensive reaction to depression, using manic defences such as omnipotence in which the person develops delusions of grandeur. A manic patient's ego may be overwhelmed by pleasurable impulses, such as sex or by feared impulses and aggression.<sup>[7]</sup> The course of mania tends to be highly recurrent and to alternate or be exhibited alongside depression, except when induced by treatment.<sup>[8]</sup> The illness is inherently complex and unpredictable, and diagnosis and treatment are both planned according to the context in which the disorder manifests.<sup>[9]</sup> Bipolar disorders substantially reduce the quality of life and psychosocial functioning and are associated with a loss of approximately 10–20 potential years of life.<sup>[4]</sup>

Typical antipsychotics may be more efficient compared with atypical antipsychotics; however, they may have unfavourable side effects.<sup>[10]</sup> Lithium is the gold-standard mood-stabilising agent for the treatment of people with bipolar disorders and has anti-manic, anti-depressant and anti-suicide effects. *Divalproex Sodium* and *Carbamazepine* are effective in the treatment of acute mania and *Lamotrigine* is effective at treating and preventing bipolar depression.<sup>[11]</sup> It is very important that clinicians and patients as well as caregivers are well informed about these risks when deciding to start maintenance treatment or not, following the onset of a single manic or mixed episode.<sup>[7]</sup> At present, although alternative medicine therapies are not the primary treatment of mood disorders, evidence could emerge in the future showing that such treatments are effective.<sup>[11]</sup>

An updated review method allows the inclusion of both experimental and non-experimental studies and has the potential to allow for diverse primary research methods.<sup>[12,13]</sup> Homoeopathy has synthesised evidence base in the treatment of psychiatric disorders such as schizophrenia<sup>[14]</sup>, autism<sup>[15]</sup>, depression<sup>[16]</sup> and attention deficit hyperactive disorder<sup>[17]</sup> but there is no coalesced information from published literature on the effectiveness of Homoeopathy in bipolar disorder. Hence, a detailed review of available literature for BPAD in Homoeopathy is the need of the hour.

## METHODS

A thorough search was made in an electronic database aimed to target the available literature Meta-analyses, Systematic reviews, Randomized control trials, Observational studies, Case reports, and Review articles related to BPAD and Homoeopathy from the period 1 January 2000 to 28 July 2022. The total number of hits received was 290; excluding non-peer-reviewed journals or possibly predatory journals, and duplications, only three papers were left for further review.

The search was limited to the English language only. Electronic scientific databases such as Science Direct, PubMed, Google Scholar and Wiley Online Library are searched for relevant literature. Search terms used for the review process were “Bipolar disorder” AND “Homoeopathy”, “Mania” AND “Homoeopathy”, “Manic episode” AND “Homoeopathy”, “Bipolar affective Disorder” AND “Homoeopathy”, “Manic depression” AND “Homoeopathy”, “Bipolar Depression” AND “Homoeopathy” and “Depression” AND “Homoeopathy”. Published literature is scarce on BPAD and Homoeopathy, although the existing ones showed positive inferences. The studies on mania in Homoeopathy with their indicated medicines are shown in Table 1. It is interesting to find that some common medicines such as *Anacardium*, *Lachesis* and *Nux vomica* came up in repertorisation of manic as well as depressive symptoms and probably most useful in the management of BPAD.

The flow chart of the review process has been presented in Figure 1. The review is restricted to publications from 2000 to 2022, the last date reviewed being 28 July 2022. Various homoeopathic Materia Medica text books<sup>[18-24]</sup> and Synthesis repertory<sup>[25]</sup> have been used to arrive at a group of medicines that could be useful in the management of bipolar disorder. Symptoms of mania with or without psychotic symptoms, hypomania and depression have been repertorised using Synthesis 9.0 in Radar opus software© which are presented in Figures 2-5. The medicines with indications both in manic and depressive episodes are given in Tables 2 and 3, respectively.

## RESULTS

The findings of the three case reports have been depicted in Table 1. In all three cases, individualised homoeopathic

**Table 1: Studies on Manic episode in Homoeopathy**

S. No.	Title	Type of study	Authors	Journal	Year of publication	Indicated Medicines	Outcome
1	Alternating Symptoms in the Homoeopathic Treatment of Bipolar Disorder. Platinum Metallicum: A Case Report.	Case report	Wheeler, M., Oskin, J., Langland, J	American Journal of Homeopathic Medicine	2015	<i>Platina</i>	Positive; no relapses after one year of follow-up
2	Usefulness of individualised homoeopathic medicine in Manic episode - A case report	Case report	Moorthi SK, Radhika P, Muralreedharan KC	Indian Journal of Research in Homeopathy	2021	<i>Lachesis</i> , <i>Lycopodium</i>	Brief Psychiatric Rating Scale of 38 turned to 0
3	Homoeopathic Treatment of a Case of Mania with Psychotic Features	Case report	Karunakara Moorthi S, Nitha M	Homeopathic Links	2022	<i>Sepia</i>	Young Mania Rating Scale of 36 turned to 0

medicines were found to be beneficial in cases of bipolar disorder and manic episodes.

### DISCUSSION

The literature seems to be scarce on the effectiveness of homeopathic medicines in BPAD, for both manic episodes and bipolar depression. There are a considerable number of studies on unipolar depression, the results of which may be generalized to some extent for treating depressive episodes of BPAD.<sup>[26-28]</sup>

There are no studies reporting the role of homeopathic medicines in manic episodes, and current evidence points to only three case reports.

In one of these three papers, *Platina metallicum* was prescribed because of its similarity to the characteristic symptoms of the case. Within two months of treatment, episodes of mania, depression, and anxiety stopped. After one year, the patient demonstrated continued improvement without relapses of bipolar episodes. This case presents an important example of *Platina's* alternating symptoms within its primary action, which makes it a valuable remedy in the homeopathic treatment of a bipolar disorder. In this case, there was no specific outcome measure such as a rating scale.<sup>[26]</sup> Another case report of a manic episode treated with individualised homeopathic medicines has shown a positive role in the remission of manic episodes with psychotic features without the support of adjunctive therapy or conventional medication



Figure 1: Flow chart of the review process

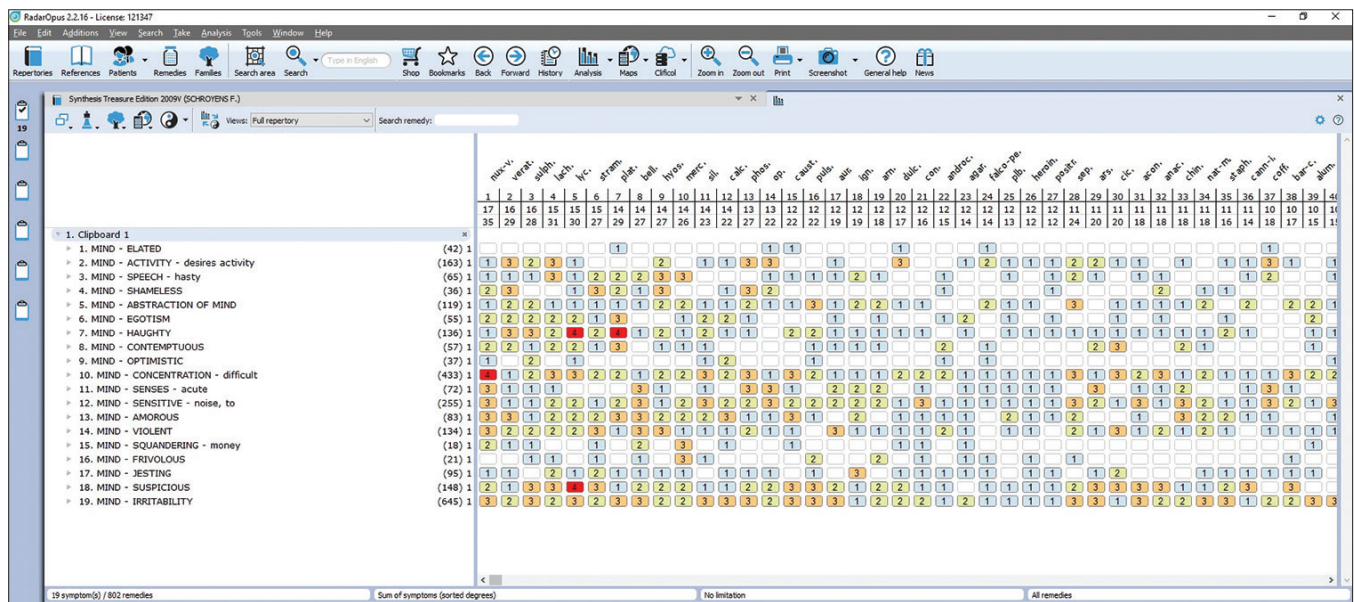


Figure 2: Repertorisation chart of symptoms of mania without psychotic symptoms

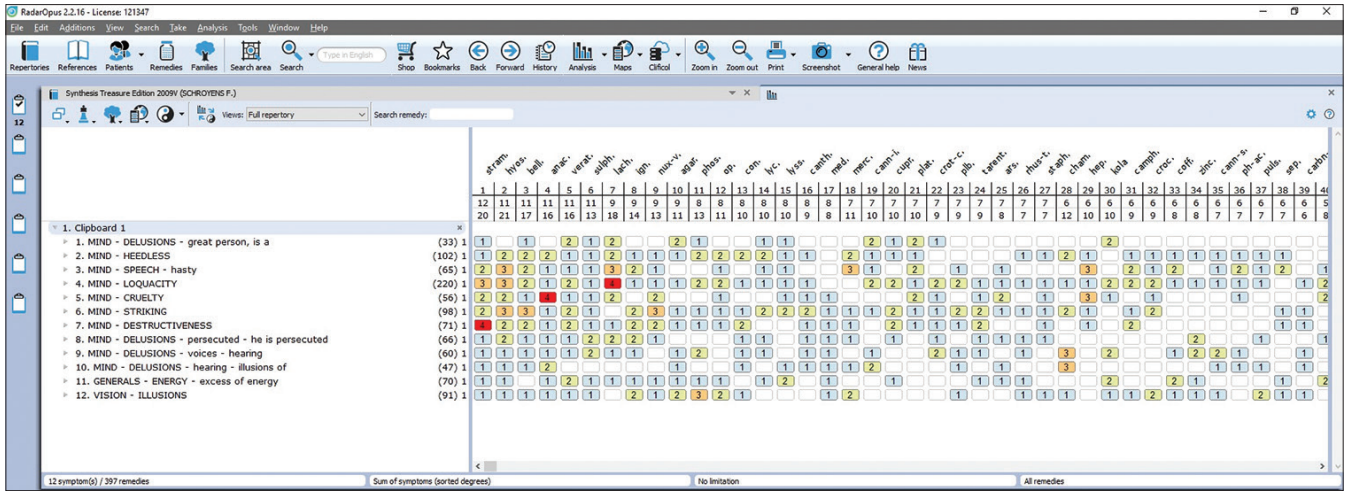


Figure 3: Repertorisation chart of symptoms of mania with psychotic symptoms

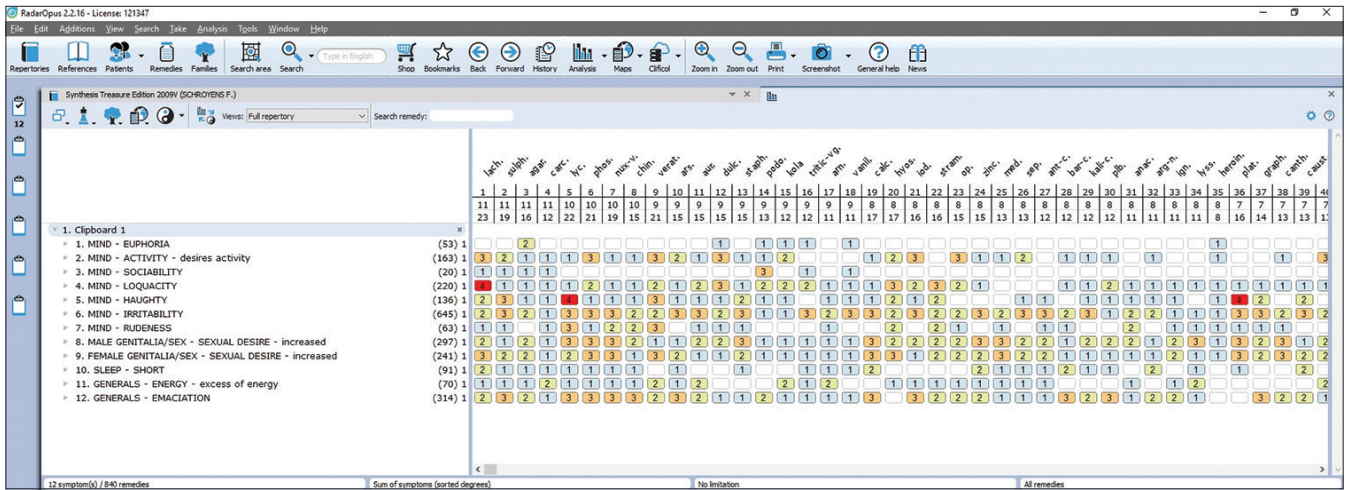


Figure 4: Repertorisation chart of symptoms of hypomania

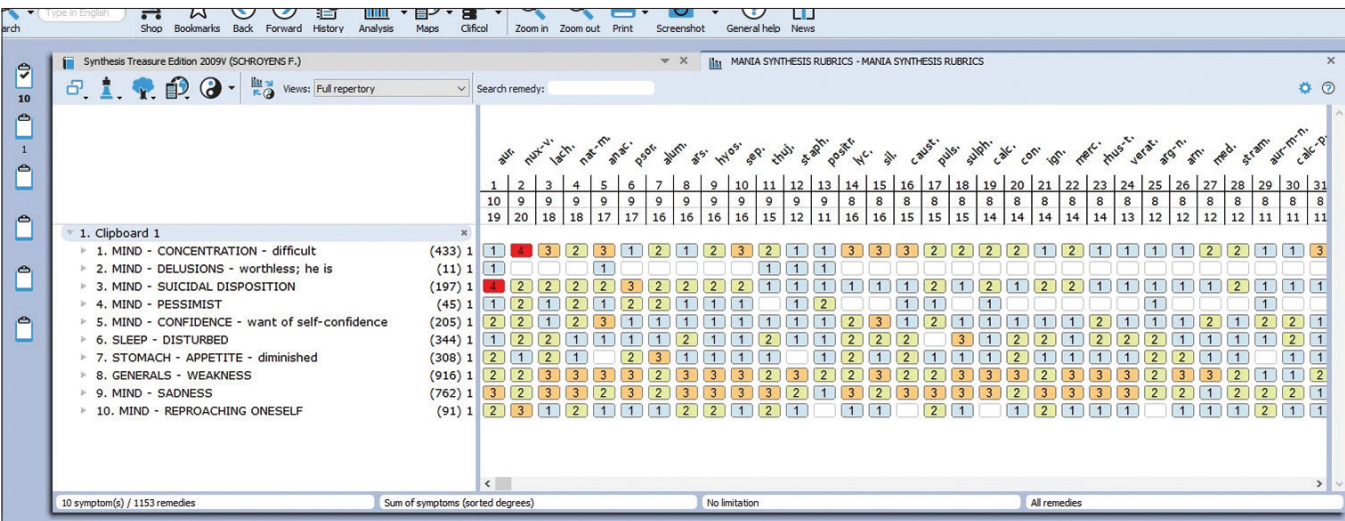


Figure 5: Repertorisation chart of symptoms of depression

in that episode. *Lachesis* was given in repeated doses followed by *Lycopodium* in this case and a total YMRS score of 38 turned 0 after 2 months.<sup>[27]</sup> To rule out, if it is not temporary natural remission but a treatment outcome, a clinical trial with a better study design needs to be conducted. Longitudinal studies are necessary to find relapses, if any after homoeopathic intervention. The third case of BPAD reported was a case of mania with psychotic features treated initially with *Carcinosinum* without response but responded well to *Sepia officinalis*. The outcome of this case which had a baseline score of 36 shows that the individualised homoeopathic treatment for mania with psychotic features saw full remission for one year without the support of any adjunctive therapy or conventional medication.<sup>[28]</sup> Longer follow-up period to find out relapses of BPAD; is necessary. A possibility of publication bias should be ruled out before considering the generalized inference, as all three articles were individual case reports and carry a significant risk of selection and reporting bias. There are no reported controlled trials and longitudinal studies on BPAD.

According to Aphorism 221 of the Organon of Medicine,<sup>[29]</sup> 'insanity or mania (caused by fright, vexation, the abuse of spirituous liquors, etc.) has suddenly broken out as an acute disease in the patient's ordinary calm state, although it almost always arises from internal psora, like a flame bursting forth from it, yet when it occurs in this acute manner it should

not be immediately treated with antipsoric, but in the first place with medicines indicated for it out of the order class of proved medicaments (e.g., *Aconite*, *Belladonna*, *Stramonium*, *Hyoscyamus*, *Mercury*, etc.) in highly potentized, minute, homoeopathic doses, to subdue it so far that the psora shall for the time revert to its former latent state'. Medicines such as *Belladonna*, *Hyoscyamus*, *Stramonium*, *Veratrum album*,<sup>[19]</sup> *Staphysagria*, *Lachesis*, *Medorrhinum* and *Ignatia*<sup>[20]</sup> are found to be indicated in the management of mania with Homoeopathy, but strict individualisation is the key to any successful homoeopathic prescription. Complementing with constitutional, deep-acting and miasmatic medicines during the remission phase is pivotal for achieving long-lasting results and preventing relapses.

The medicines that came up in the repertorisation of the rubrics corresponding to the symptoms of manic episodes in Synthesis repertory 9.0 version using Radar opus software are *Nux vomica*, *Veratrum album* and *Sulphur* in mania without psychotic symptoms, *Stramonium*, *Hyoscyamus* and *Belladonna* (Nash's trio<sup>[23]</sup> of maniacal medicines) in mania with psychotic symptoms and *Lachesis muta*, *Sulphur* and *Agaricus muscarius* in Hypomania.<sup>[21]</sup> The medicines indicated in the repertorization of depressive symptoms are *Aurum metallicum*, *Natrum mur*, *Nux vomica*, *Psorinum*, *Ars. alb.*, etc. The other indicated medicines and symptom- indications in mania and depression are discussed in Tables 2 and 3, respectively.

**Table 2: Medicines indicated in manic episode with indications from Materia medicas**

S. No.	Medicine	Indications
1	<i>Belladonna</i>	Active mental symptoms. Delusion. Sees devils, and phantoms. <sup>[21]</sup> Prone to visions, hallucinations, and psychic phenomena. Violence. Assertive, fiery type unstable. Explosive temper. Delusions- sees specters, spirits. Prone to paranoia. <i>Bell.</i> is the most liable of the potentially psychotic types to remain stable and sane. Tendency to daydream. Moments of ecstasy, rage, sexual arousal, and intellectual inspiration. Stocky and muscular hallucinations; sees monsters and hideous faces. <sup>[18]</sup> Unwilling to talk. Perversity along with tearfulness is presented. All senses are acute. Changeable temperament. Acutely alive and has subjective visual impressions and fantastic illusions. During delirium sees frightful images. Become furious with rage. Often bites and strikes with a desire to escape. <sup>[19]</sup>
2	<i>Stramonium</i>	Violence in the mental state. Destructive and show malicious behaviour. Self-destructivity, strike, and shriek with cursing and tearing. Chronic and relapsing mania. Onset may be because of fright, emotional shock, fevers causing brain pathology and also head injury. <sup>[22]</sup> Fear of the dark, cemeteries, tunnels, closed places, large bodies of water and dogs. Spasms in eyes, neck, and limbs. <i>Stramonium</i> is the most violent than <i>Belladonna</i> and finally <i>Hyoscyamus</i> . Beseeking and ceaseless talking will be there. Loquacious, laughing, singing swearing, praying, rhyming, etc., can be there. Rapid change of mood. Delusions about his identity can be seen. He may think of himself as tall and double and also says that a part is missing. Religious mania. Solitude or darkness is unbearable. <sup>[19]</sup> Delirium with a desire to escape. <sup>[18]</sup> Fixed ideas. Delusions of fancy in the form of grandiosity because the patient feels that everything around them is small, and he is very large. <sup>[20]</sup>
3	<i>Hyoscyamus</i>	Mania is more passive in quality. He is more preoccupied with an internal state. Sits alone and talks to himself. Talks with imaginary people. More in mania of aged people. The basic disturbance is jealousy and suspicion. Troubled over simple and relatively harmless things. Erotic mania. The person becomes shameless, exposes his or her genitals plays with the genitals. Constant reference to sexual subjects in speech, singing, and cursing. Control over the bowel and bladder is lost. Erotic psychosis. Great hilarity; inclined to laugh at everything. <sup>[22]</sup> Very suspicious. Talkative with lascivious mania jealousy and foolishness. <sup>[19]</sup> Rage, with a desire to strike and to kill. Fear of being poisoned. Talks more than usual in a hurried manner. Unfortunate love with jealousy, rage, and incoherent speech. Peevish and quarrelsome humour with a desire to strike and to kill. <sup>[20]</sup>
4	<i>Veratrum album</i>	Hyperactivity because of an overactive mind. Compared to <i>Stramonium</i> , they are not much destructive. Confused about his identity. They may show excessive stamina though actual physical strength is not increased. Critical, censorious hysterical or insane women with intense premenstrual symptoms. Angular face, strong and straight nose, eyes tend to look intense or manic, the body is usually taut and wiry. Stupor with mania and melancholia with sullen indifference. Useful in puerperal mania. Wanders from home aimlessly. Delusions of impending misfortunes. Mania with a desire to cut and tear things. <sup>[19]</sup> Attacks of pain with delirium drive the patient to madness. Cursing, howling all night. Manic Depressive Psychosis, the manic phase is generally more prominent than depression. Despair over his salvation. Dogmatism. A very rigid type psychologically, and this is reflected in his voice. Pushy, overconfident manner of speech. The tendency toward religious fanaticism. <sup>[22]</sup> Haughty, rudeness, quarrelsome, offended easily, a propensity to be aimlessly busy, mania-erotic, refuses to eat, restlessness-anxious, despair of his recovery, and anxiety about salvation. Exhorts to repent, preaches with an exalted state of religious frenzy. Abusive, biting, delirium-raging. <sup>[21]</sup>

(Contd...)

**Table 2: (Continued)**

S. No.	Medicine	Indications
5	<i>Lachesis muta</i>	The main idea is overstimulation. The primary target is circulation. Aggravation from sleep, morning, heat, after entering the shower, very hot room, before menses, suppression of discharges, lying on the left side. Intelligent. Easy flow of ideas with overstimulation of the sexual sphere which makes a lascivious person. Masturbatory activities. Amativeness and jealousy are marked. Nocturnal delusion of fire. <sup>[20]</sup> Religious insanity. Time sense is lost. Great loquacity. Sad in the morning. Not interested in their business. Always want to be somewhere. Mental labour is best performed at night. <sup>[19]</sup> One of the self-centred individuals. Talkativeness when sexual desire is suppressed. Too much occupied with religious affections. <sup>[22]</sup>
6	<i>Tarantula hispanica</i>	Insanity occurs as paroxysms. Presses her head and pulls her hair. Threatening manners and speech. Restlessness of the legs. Mocking laughter and joy expressed on her face. Her eyes staring and wide open, sees small figures hovering before her eyes, and moves her hands. Great excitement is caused by music. Hysteria: with bitter belching; aggravated by moaning, ameliorated by sighing, with repeated yawning. There can be visions of monsters, insects and animals. The colours red, yellow, green and particularly black, produce heavy mist before the eyes. <sup>[21]</sup> They may complain of seeing strangers in the room. Great taciturnity and irritability; the desire to strike himself and others. Maniacally happy mood. Sings until voice gets hoarse and exhausted. Nervous laughing with screaming. Desire to take things that do not belong to her. Indifference, disgust, and sadness from morning to 3 p.m. were marked. Prefer to be alone without lights. Must constantly busy herself or walk. Sensitive to music. <sup>[20]</sup> Fear of impending calamity. Little intelligence and poor memory Sudden alteration of mood. <sup>[19]</sup>
7	<i>Sulphur</i>	Rags seem beautiful. He may have a delusion that he is immensely wealthy <sup>[18]</sup> They are busy all the time. Grown-up people show childish behaviour. Very selfish with no regard for others. Religious melancholy. Irritable and depressed. <sup>[22]</sup>
8	<i>Nux vomica</i>	Thoughtful and sorrowful humour. Inclination to weep but cannot do so. Hypochondriac humour of persons of sedentary habits, and of those who dissipate at night, with abdominal sufferings. Inclined to find fault and scold. An insane desire to kill her husband when alone with him. Urge for suicide, but is afraid to die. The fits of anger occur at night and especially in the morning. Mental symptoms can be accompanied by palpitation of the heart, nausea, and vomiting. Chilliness can be present after anguish which can be alternated with heat. Great sensitiveness to least pain, to least smell, noise or movement. <sup>[20]</sup> Uncontrollable irritability and cries. Timidity, mistrust, and suspicion, with wavering and indecision. Fear and anxiety for getting married. Every harmless word offends; every little noise frightens; fiery and excited temperament. <sup>[19]</sup> Ill humour, vexation, and breaking out in acts of violence. Extravagant and frantic actions sometimes with murmuring. <sup>[22]</sup>
9	<i>Anacardium orientale</i>	Fixed ideas as if he is possessed of two persons or wills. While walking fear that someone following them. Tendency to use violent language with melancholy and hypochondriasis. <sup>[18]</sup> Absent-mindedness. Suspiciousness and very easily offended. Lack of confidence in himself or others. Can hear distant voices and voices of dead persons. Absence of all moral restraint. Fear and mistrust of the future, with discouragement and despair. <sup>[20]</sup> Lack of ideas and memory. Irresistible desire to blaspheme, and to swear. Moral sentiments are absent <sup>[19]</sup> shows awkward manners with sensation as if mind and body are separated. Disposition to laugh at serious things and become serious over laughable things. <sup>[20]</sup>
10	<i>Agaricus muscarius</i>	Ecstasy with inclination to make verses and to prophesy. Furious mania with a great display of strength. Embraces companions and kisses their hands which alternates with vexation. Aversion to the conversation. Great loquacity; sings, and talks, but does not answer questions. Knows no one, and throws things at the nurse. <sup>[20]</sup>

**Table 3: Medicines indicated in depressive episodes with indications**

S. No.	Medicine	Indications
1	<i>Aurum metallicum</i>	Hopeless and despondent. Great desire to commit suicide. Seeks opportunity for self-destruction. Worthless feeling and feeling of self-condemnation. Profound despondency with high blood pressure. A thorough disgust for life. Talks about committing suicide. Become peevish at least contradiction. Anthropophobia. Difficulty to do things fast. Worse from sunset to sunrise. <sup>[19]</sup> Complaints after grief, fright, anger, disappointed love, contradictions and reserved displeasure. Hysterical laughing and crying alternately. An irresistible impulse to weep. Wish to see their relations and shows nostalgia. Imagines he has lost the affection of his friends. Finds obstacles everywhere. Inclination to jump from heights. Feels that all are against them and life is not desirable. Finds pleasure only from the thought of death. Ill humour and aversion to the conversation. <sup>[20]</sup> Adapted to nervous hysterical women, girls at puberty and pining boys. Weeping, praying and self-reproaching from heart disease. The least noise makes them afraid. Thinks she has neglected things such as her friends and her duties. The future looks dark for them. <sup>[24]</sup> Imagines he cannot succeed in anything, and he does everything wrong, he is in disunion with himself. He imagines that he deserves reproach as a consequence of having neglected something. He is wholly evil and has sinned away his day of grace. Not worthy of salvation. He is absorbed in himself and sits and broods over the thoughts. Thinks he is totally unfit for this world. Looks on the dark side of everything. Constantly expecting bad news. It is suitable for the most profound states of melancholy and depression where the patient sits silent and says nothing. When disturbed he is aroused to great anger and violence. <sup>[21]</sup>
2	<i>Ignatia amara</i>	Changeable mood. Silent brooding with sighing and sobbing. Congestive headache following anger or grief. <sup>[19]</sup> Ailments from fright, worry, disappointed love, jealousy. Inclination to grief without saying anything about it. Anger followed by quiet grief and sorrow. Dreams of fixed ideas with restless sleep at night. <sup>[20]</sup> A profound influence on the emotional element and coordination of functions is interfered with and expressed as erratic, contradictory, paradoxical mental and physical effects that change rapidly. Ailments from emotions, grief, chagrin, worry, fright, and shock after losing persons or objects that were very dear. frequent sighing. Inward weeping. Thinks she has neglected her duty. Fear of robbers at night. No one can do things fast enough for her during menses. <sup>[24]</sup> Wants to be alone. Amiable disposition if feeling well. The slightest emotion disturbs them. Suitable for nervous hysterical females of a mild but easily excited nature. <sup>[23]</sup> <i>Ignatia</i> will quiet the patient for their present moment and if she dwells upon the cause and the state keeps recurring <i>Natrum Mur</i> will finish up the case. <sup>[21]</sup>

(Contd...)



**Table 3: (Continued)**

S. No.	Medicine	Indications
3	<i>Natrum muriaticum</i>	Ill effects of grief, fright, anger, etc., Depression, particularly in chronic diseases. Aggravation from consolation. Irritable, awkward, and hasty. Want to be alone and cries. Tears with laughter. Worse from music, noise, mental exertion, talking. <sup>[19]</sup> Tired of life. Joyless, taciturn. Anthropophobia. Indifferent with laconic speech. Hatred to offended persons. Laughs so immoderately at something not ludicrous that tears come into her eyes and she looks as if she had been weeping. <sup>[20]</sup> Dwells on past unpleasant memories. Thinks he is pitied for his misfortune and weeps. Clinging ideas prevent their sleep and evoke revenge in their mind. Reserved and easily angered. Company distresses. Extremely forgetful with aversion to men. <sup>[24]</sup> Consolation aggravates and a fluttering of heart follows. Dreams of robbers in the house but on waking do not believe until a search is made to prove the fact. <sup>[23]</sup> Hysterical conditions of mind and body. Weeping alternating with laughing. No matter how cheering the circumstances are she cannot bring herself into the state of being joyful. Benumbed to impressions. Melancholy and tearfulness sometimes bring on anger. Appears to bid for sympathy and is mad when it is given. Headache occurs with this melancholy. She walks on the floor in rage. Cannot meditate, forgets what she is going to say, and loses the thread of what she is reading or hearing. Aversion to bread, fat, and rich things. She is unable to control her affections and falls in love with a married man. <sup>[21]</sup>
4	<i>Psorinum</i>	Melancholy with hopelessness and despair of recovery. Religious with suicidal tendencies. The patient wants to be kept warm. Prefer warm clothing even in summer. Extreme sensitivity to cold. Profuse sweat with a filthy smell. <sup>[19]</sup> Peevishness and lachrymation. Alternates suddenly with liveliness. Wishes to die in spite of the best hope. Ailments from emotions and mental labour. <sup>[20]</sup> Fear of fire, being alone; and of becoming insane. Feels restless for days before a thunderstorm. <sup>[24]</sup> Eating relieves. Perspiration has a carrion-like odour. <sup>[23]</sup> He thinks he is going to the poor house and that he has sinned away his day of grace. It is a fixed idea during the day and he dreams about it at night. He takes no joy in his family. Feels that things are not for him. Want to be alone and do not like to be washed. Despair with itching though there is no eruption. <sup>[21]</sup>
5	<i>Alumina</i>	Fear of losing reason. Confusion of their personal identity. Hasty and hurried. Time passes slowly. Worse in the morning upon awakening and better as the day advances. Suicidal tendency when seeing a knife or blood. Abnormal cravings for chalk, charcoal, dry food, and tea grounds. Potatoes disagree. <sup>[19]</sup> Suited to persons of sedentary habits with diminished animal heat. Involuntary tears. Anxiety as if they were threatened with some fatal accident or have done some crime. An hour seems like half a day. Taking everything in a bad part. Sensation is as if self-consciousness is outside the body. <sup>[20]</sup> Disturbance in consciousness with reality and judgment. Premature old age with debility. Illusions of being larger. Hasty but slow of execution. So makes mistakes in speaking and writing. When he sees or states something, he has the feeling as though another person had said or seen it or as though he was placed in another person and could see only then. Sensation as if he would fall forward which he greatly fears. <sup>[24]</sup> The patient is unable to effect a decision. In a dazed condition of mind, he makes mistakes in writing and speaking, and uses the wrong words. Difficulty to follow the train of thought. Wants to get away from this place hoping that things will be better. Most of the mental symptoms come in the morning on awakening. <sup>[21]</sup>
6	<i>Sepia officinalis</i>	Indifferent to those loved best. Aversion to their occupation and family. Irritable and easily offended. Dreads to be alone. Very sad. Weeping while telling symptoms. Miserly. Yellow complexion, bearing-down sensation, especially in women. Worse at forenoons and evenings. Washing and laundry work make them worse. Aggravation from a thunderstorm and felt better from exercise. <sup>[19]</sup> Sadness and dejection with tears. Excessively nervous; sensitive to least noise. Great uneasiness about her domestic affairs. Quarrelsome and caustic disposition. Makes mistakes in speaking and writing. Unfitness for intellectual labour. The heavy flow of ideas and language coming slowly. <sup>[20]</sup> Wants to commit suicide. She says and does strange things. Nobody knows what she will do next. Constantly worries, frets, and cries about her real or imaginary illness. Weeps when telling her symptoms. Takes pleasure in teasing others. Feels unfortunate without cause. Sits quietly and answers either with yes or no. Women hate men and men hate women. <sup>[24]</sup> Empty All gone sensation. Adapted to women of dark hair and rigid fibre. Mild and easy disposition. Complaints particularly in pregnancy, child bed, and while nursing. <sup>[23]</sup> Sepia is suited to tall, slim women with the narrow pelvis and lax fibres and muscles. The remedy seems to abolish the ability to feel natural love, to be affectionate. Answers questions in monosyllables when pressed to answer. <sup>[21]</sup>
7	<i>Arsenicum album</i>	Great anguish and restlessness compelling them to change place continually. Fears, of death and being left alone. Great fear, with cold sweat. Thinks it is useless to take medicine. Suicidal. Hallucinations of smell and sight. Despair drives him from place to place. Miserly, malicious, selfish, lacks courage. <sup>[19]</sup> Melancholy, sometimes of a religious character. He finds no rest, esp. at night, with anguish. Inclination to suicide or excessive fear of death, which he sometimes believes to be very near. Too great sensibility and scrupulousness of conscience, with gloomy ideas, as if one had offended the entire world. <sup>[20]</sup> Fastidious and fault-finding. Fear of financial loss. During violence, he pulls hair and bites his nails. Fears he has murdered somebody. <sup>[24]</sup> Attacks of anxiety drive him out of bed at night. Often the first beneficial effect to be observed in cases calling for this remedy is that the anxiety grows less, the patient lies still, his pain is not so much less, but it does not make him so restless; he can bear it better. <sup>[20]</sup> Cadaveric odors are characteristic. <i>Arsenic</i> patients do commit suicide. It is a remedy full of suicidal tendencies. <sup>[21]</sup>
8	<i>Lachesis muta</i>	Sadness more in the morning. No desire to mix with the world. Restless and uneasy; does not wish to attend to business; wants to be off somewhere all the time. Jealous. Mental labour is best performed at night. Derangement of the time sense. Loquacity <sup>[19]</sup> great tendency to give way to sorrow, to look upon the dark side of everything, and to think of oneself as persecuted, hated, and despised by acquaintances. Dread of death of going to bed and of being poisoned. <sup>[20]</sup> Frequently jumping from one subject to another. Compelling delusions. Thinks herself under superhuman control and she is dead and preparations are being made for her funeral. Complaints at climaxis. The least touch of clothes worsens. Also, from sleep <sup>[24]</sup> aggravation after sleeping. must loosen everything. Left-sided affections generally. Great physical and mental exhaustion; trembling in the whole body; would constantly sink from weakness. <sup>[23]</sup> When taking a warm bath, or applying warm water to places that are inflamed, his mental symptoms are aggravated. The face is spotted or purple and the eyes are engorged. The mind is tired. Apprehension of the future. Thinks she is going to have heart disease and is going insane, and that people are contriving to put her in an insane asylum. Imagines her relatives are trying to poison her and she refuses to eat. <sup>[21]</sup>

(Contd...)

**Table 3: (Continued)**

S. No.	Medicine	Indications
9	<i>Anacardium orientale</i>	Lack of confidence in himself or others. Suspicious. Hears voices far away or of the dead. Tendency to use violent language. Impaired memory. Very easily offended. Profound melancholy and hypochondriasis. Empty feeling in the stomach; eating temporarily relieves all discomfort. <sup>[19]</sup> Anthropophobia. Fear and mistrust of the future, with discouragement and despair. Disposition to take to contradict, and to fly into a rage. Fixed ideas that he is double, that there is no reality in anything, all appear like a dream, that a stranger is constantly by his side, her husband is not her husband, her child is not hers. Then pushes them away. Irresistible desire to blaspheme, and to swear. Sensation as if the mind were separated from the body. <sup>[20]</sup> Apprehends trouble from everything. Senseless talk. Takes everything in bad parts. Suicidal tendency by shooting. <sup>[24]</sup> Feels as if he had two wills, one commanding, the other forbidding, to do things. Suspects everyone and everything around him; when walking he felt anxious, as if someone were pursuing him. <sup>[23]</sup> Dullness and sluggishness of the mind prevail. He is in a continuous controversy with himself. Irresolution marks his character. Bad effects of mental excitement. Consequences of fright and mortification. <sup>[21]</sup>
10	<i>Nux vomica</i>	Very irritable and sensitive to all impressions. Cannot bear noises, odours, light, touch, etc., Time passes too slowly. Even the least ailment affects her greatly. Disposed to reproach others. Sullen, fault-finding. <sup>[19]</sup> Thoughtful and sorrowful humour, sometimes with an inclination to weep, without being able to do so. Hypochondriac humour of persons of sedentary habits, and of those who dissipate at night, with abdominal sufferings. A desire for solitude, repose, and tranquillity, with repugnance to the conversation. Sensibility is so great that music even causes tears to flow. <sup>[20]</sup> Suicidal and homicidal impulses. Fear of knives and fears that she should kill herself or others. For very particular, careful, zealous persons, inclined to get excited or angry, spiteful, malicious disposition, mental workers or those having sedentary occupations. <sup>[24]</sup> They are never contented, never satisfied. The woman has impulses to destroy her husband or to throw her child into the fire. <sup>[21]</sup>

An effort has been made to compile the indications of the shortlisted medicines from various source books to understand the range of symptoms the homoeopathic medicines cover in this condition. This can also give a brief overview of the next level of literary and clinical research to the researchers interested in taking up this condition for future study.

There are studies and case reports in favour of homoeopathic utility in unipolar depression.<sup>[30]</sup> However, they do not specifically mention bipolar depression. A systematic review of 2005 concluded that the evidence for the effectiveness of homoeopathy in depression is limited due to a lack of clinical trials of high quality. Further research is required and should include well-designed controlled studies with sufficient numbers of participants. Studies on bipolar depression are necessary to generalise the results to BPAD patients.

Although the identified literature shows the potential utility of homoeopathic medicines in BPAD, prospective, interventional trials with a rigorous study design including a control group are warranted to find out the effectiveness of homoeopathic medicines in reducing the symptoms of manic episodes of BPAD.

## CONCLUSION

Homoeopathy has the potential to manage BPAD as evidenced by the vast literature on indicated medicines in materia medica and repertories. There is a scarcity of literature to draw any conclusion on the role of homoeopathy in the management of BPAD. Well-planned research studies are necessary to determine the usefulness of homoeopathic medicines in the management of BPAD. Prospective, controlled trials with rigorous study designs and well-calculated sample sizes are the need of the hour.

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## L'homéopathie dans le trouble affectif bipolaire : une revue des données de recherche

**Contexte:** Le trouble affectif bipolaire (TAB) est un trouble psychiatrique épisodique et chronique caractérisé par des fluctuations de l'humeur et de l'énergie. Il touche plus de 1 % de la population mondiale. Le TAB provoque des troubles cognitifs et fonctionnels et augmente la mortalité, en particulier le décès par suicide. À l'heure actuelle, bien que les thérapies alternatives ne constituent pas le traitement de première intention des troubles de l'humeur, de nouvelles preuves montrent que ces traitements sont efficaces.

**Objectif:** L'objectif de cette revue est de synthétiser les données de recherche et la littérature existantes pour déterminer l'utilité des médicaments homéopathiques dans la prise en charge des épisodes maniaques et dépressifs du TAB. **Matériel et méthodes:** Deux auteurs ont effectué les processus de revue de manière indépendante. Les articles publiés sur le TAB entre 2000 et 2022 en anglais dans diverses revues à comité de lecture ont été inclus dans la revue. Une recherche exhaustive à l'aide de mots-clés a été effectuée dans des bases de données électroniques, telles que PubMed et Elsevier. Les rubriques du répertoire de synthèse correspondant aux critères diagnostiques selon la 10e révision de la Classification internationale des maladies pour la manie et la dépression ont été répertoriées pour arriver à un groupe de médicaments homéopathiques et leurs indications sont discutées en détail. **Résultats:** Au total, trois articles ont été identifiés sur le BPAD et l'homéopathie. Les médicaments les plus probablement indiqués pour l'épisode maniaque étaient *Agaricus muscarius*, *Anacardium*, *Belladonna*, *Hyoscyamus*, *Lachesis*, *Stramonium*, *Tarantula hispanica* et *Veratrum album*. **Conclusion:** Il existe peu de littérature pour tirer une conclusion sur le rôle de l'homéopathie dans le BPAD. Des essais prospectifs contrôlés sont nécessaires pour évaluer l'efficacité des médicaments homéopathiques dans la prise en charge du BPAD.

## Homöopathie bei bipolarer affektiver Störung: Eine Überprüfung der Forschungsergebnisse

**Hintergrund:** Bipolare affektive Störung (BPAD) ist eine episodische, chronische psychiatrische Störung, die durch Stimmungsschwankungen und Energieschwankungen gekennzeichnet ist. Mehr als 1 % der Weltbevölkerung sind davon betroffen. BPAD verursacht kognitive und funktionelle Beeinträchtigungen und eine erhöhte Sterblichkeit, insbesondere durch Selbstmord. Obwohl alternative Therapien derzeit nicht die Erstbehandlung von Stimmungsstörungen sind, gibt es neue Beweise dafür, dass solche Behandlungen wirksam sind. **Ziel:** Das Ziel dieser Überprüfung ist es, vorhandene Forschungsergebnisse und Literatur zusammenzufassen, um die Nützlichkeit homöopathischer Arzneimittel bei der Behandlung manischer und depressiver Episoden von BPAD zu bestimmen. **Materialien und Methoden:** Zwei Autoren führten die Überprüfungsprozesse unabhängig voneinander durch. Artikel zu BPAD, die zwischen 2000 und 2022 in englischer Sprache in verschiedenen von Experten begutachteten Zeitschriften veröffentlicht wurden, wurden in die Überprüfung aufgenommen. Es wurde eine umfassende Suche mit Schlüsselwörtern in elektronischen Datenbanken wie PubMed und Elsevier durchgeführt. Die Rubriken im Syntheserepertoire, die den Diagnosekriterien gemäß der 10. Revision der Internationalen Klassifikation der Krankheiten für Manie und Depression entsprechen, wurden reperiortiert, um eine Gruppe homöopathischer Arzneimittel zu erhalten, und ihre Indikationen werden ausführlich erörtert. **Ergebnisse:** Insgesamt wurden drei Artikel zu BPAD und Homöopathie identifiziert. Die wahrscheinlichsten für die manische Episode indizierten Arzneimittel waren *Agaricus muscarius*, *Anacardium*, *Belladonna*, *Hyoscyamus*, *Lachesis*, *Stramonium*, *Tarantula hispanica* und *Veratrum album*. **Schlussfolgerung:** Es gibt zu wenig Literatur, um Schlussfolgerungen zur Rolle der Homöopathie bei BPAD zu ziehen. Prospektive, kontrollierte Studien sind notwendig, um die Wirksamkeit homöopathischer Arzneimittel bei der Behandlung von BPAD zu bewerten.

## द्विध्रुवी भावात्मक विकार में होम्योपैथी: शोध साक्ष्य की समीक्षा

**पृष्ठभूमि:** द्विध्रुवी भावात्मक विकार (BPAD) एक एपिसोडिक, क्रोनिक मनोरोग विकार है, जिसकी विशेषता मूड की स्थिति और ऊर्जा में उतार-चढ़ाव होना है। यह दुनिया की 1% से अधिक आबादी को प्रभावित करता है। BPAD संज्ञानात्मक और कार्यात्मक हानि और मृत्यु दर, विशेष रूप से आत्महत्या से मृत्यु का कारण बनता है। वर्तमान में, हालांकि वैकल्पिक उपचार मूड विकारों का पहला उपचार नहीं है, लेकिन ऐसे उभरते हुए सबूत हैं जो दिखाते हैं कि ऐसे उपचार प्रभावी हैं। **उद्देश्य:** इस समीक्षा का उद्देश्य BPAD के उन्मत्त और अवसादग्रस्तता प्रकरणों के प्रबंधन में होम्योपैथिक दवाओं की उपयोगिता निर्धारित करने के लिए मौजूदा शोध साक्ष्य और साहित्य को संश्लेषित करना है। **सामग्री और विधियाँ:** दो लेखकों ने स्वतंत्र रूप से समीक्षा प्रक्रियाएँ कीं। समीक्षा में विभिन्न सहकर्मी-समीक्षित पत्रिकाओं में अंग्रेजी भाषा में 2000 और 2022 के बीच BPAD पर प्रकाशित लेख शामिल किए गए। इलेक्ट्रॉनिक डेटाबेस, जैसे PubMed और Elsevier में कीवर्ड का उपयोग करके एक व्यापक खोज की गई। उन्माद और अवसाद के लिए रोगों के अंतर्राष्ट्रीय वर्गीकरण के 10वें संशोधन के अनुसार नैदानिक मानदंडों के अनुरूप सिन्थिसिस रिपोर्टरी में रूब्रिक्स को होम्योपैथिक दवाओं के एक समूह पर पहुंचने के लिए रिपरटोराइज्ड किया गया और उनके संकेतों पर विस्तार से चर्चा की गई। परिणाम: बीपीएडी और होम्योपैथी पर कुल तीन लेखों की पहचान की गई। उन्मत्त प्रकरण के लिए संकेतित सबसे संभावित दवाएं *एगारिकस मस्केरियस*, *एनाकार्डियम*, *बेलाडोना*, *हायोसायमस*, *लैकेसिस*, *स्टैमोनियम*, *टारेंटुला हिस्पैनिका* और *वेराटम एल्बम* थीं। **निष्कर्ष:** इस समीक्षा द्वारा बीपीएडी में होम्योपैथी की भूमिका पर निष्कर्ष निकालने के लिए साहित्य की कमी पाई गई। बीपीएडी के प्रबंधन में होम्योपैथिक दवाओं की प्रभावशीलता का मूल्यांकन करने के लिए संभावित, नियंत्रित परीक्षण की आवश्यकता है।

## Homeopatía en el trastorno afectivo bipolar: una revisión de la evidencia de la investigación

**Antecedentes:** El trastorno afectivo bipolar (TABP) es un trastorno psiquiátrico crónico episódico caracterizado por fluctuaciones en el estado de ánimo y la energía. Afecta a más del 1 % de la población mundial. El TBP causa deterioro cognitivo y funcional y eleva la mortalidad, en particular la muerte por suicidio. En la actualidad, aunque las terapias alternativas no son el tratamiento de primera línea de los trastornos del estado de ánimo, existe evidencia emergente que muestra que dichos tratamientos son efectivos. **Objetivo:** El objetivo de esta revisión es sintetizar la evidencia de investigación y la literatura existentes para determinar la utilidad de los medicamentos homeopáticos en el manejo de los episodios maníacos y depresivos del TBP. **Materiales y métodos:** Dos autores realizaron los procesos de revisión de forma independiente. Se incluyeron en la revisión artículos publicados sobre TBP entre 2000 y 2022 en idioma inglés en varias revistas arbitradas. Se realizó una búsqueda exhaustiva utilizando palabras clave en bases de datos electrónicas, como PubMed y Elsevier. Las rúbricas del repertorio de síntesis correspondientes a los criterios diagnósticos según la décima revisión de la Clasificación Internacional de Enfermedades para Manía y Depresión fueron repertoriadas para llegar a un grupo de medicamentos homeopáticos y sus indicaciones se discuten en detalle. **Resultados:** Se identificaron un total de tres artículos sobre TBP y homeopatía. Los medicamentos más probables indicados para el episodio maníaco fueron *Agaricus muscarius*, *Anacardium*, *Belladonna*, *Hyoscyamus*, *Lachesis*, *Stramonium*, *Tarantula hispanica* y *Veratrum album*. **Conclusión:** Existe escasez de literatura para sacar alguna conclusión sobre el papel de la homeopatía en el TBP. Se necesitan ensayos prospectivos y controlados para evaluar la efectividad de los medicamentos homeopáticos en el manejo del TBP.

## 双相情感障碍中的 势 法：研究 据 述

**背景：**双相情感障碍（BPAD）是一种 作性、慢性精神障碍，其特征是情 状 和能量波动。它影响了世界上超过 1% 的人口。BPAD 会 致 知和功能障碍，并增加死亡率，尤其是自 死亡。目前，尽管替代 法不是情 障碍的一 治 方法，但有新出 的 据表明这种治 方法是有效的。**目 的：**本 述的目的是 合 有的研究 据和文献，以确定 势 法 物在 BPAD 躁狂和抑郁 作管理中的有效性。**材料和方法：**两位作者独立 行了 查过程。 查包括 2000 年至 2022 年期 在各种同行 期刊上以英 表的 于 BPAD 的文章。使用 字在 子数据 （例如 PubMed 和 Elsevier）中 行了全面搜索。根据国 疾病分类第 10 次修 版躁狂症和抑郁症的 断 准，对 合目录中的 行了 ，得出了一 势 法 物，并 了它的适 症。**果：**共确定了三篇 于 BPAD 和 势 法的文章。最有可能用于治 躁狂 作的 物是蘑菇、腰果、 茄、莨菪、蛇麻、曼陀 、**西班牙狼蛛和藜芦**。**：**目前缺乏 于 势 法在 BPAD 中的作用的文献。需要 行前瞻性、对照 来 估 势 法 物在 BPAD 治 中的有效性。