

Empirical Investigation of Stramonium's Role in Reducing Hallucinations

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Abstract

Background: Hallucinations are perception-like experiences occurring without an external stimulus and may arise in psychiatric, neurological, substance-related, sleep-related, and other clinical contexts. The submitted dissertation describes Stramonium as a homeopathic remedy traditionally associated with fear, terror, and vivid hallucinations, while also noting the limited empirical literature evaluating it.

Objective: To document clinical changes in hallucination-related symptoms and associated psychological features among five patients who received individualized homeopathic treatment with Stramonium.

Methods: A clinical case-series design with an observational pre-post framework was used. Five patients presenting with hallucinations and attending an outpatient clinic in Bengaluru between January 2025 and January 2026 were selected purposively. Participants underwent detailed case-taking, mental status examination, homeopathic repertorization, remedy selection, and follow-up assessment. Descriptive statistics were used because of the small sample size.

Results: The five documented cases included three males and two females, with ages reported between 20 and 75 years in the study summary. The source tables describe visual hallucinations in all five cases, with associated fear, anxiety, sleep disturbance, headache, or other symptoms. Follow-up records document reduction in hallucination intensity/frequency and improvement in associated distress, sleep, behaviour, or general well-being in the selected cases. All five cases were described as clinically improved.

Conclusion: The case series documents a pattern of clinical improvement temporally associated with individualized Stramonium treatment. However, the sample was small, purposively selected, lacked a control group, and relied primarily on clinical observation. The findings are therefore preliminary and hypothesis-generating and cannot establish causal efficacy. Larger controlled studies using validated outcome measures are required.

Keywords: hallucinations; visual hallucinations; Stramonium; homeopathy; case series; psychological assessment; clinical observation.

1. Introduction

Hallucinations are perception-like experiences that occur in the absence of an appropriate external stimulus while being experienced with the clarity and impact of real perception. They differ from illusions, in which an existing external stimulus is misinterpreted. Hallucinations may occur in auditory, visual, tactile, olfactory, and gustatory modalities.

The submitted dissertation emphasizes that hallucinations are not restricted to a single diagnostic category.

y. They may occur in schizophrenia and other psychotic disorders, mood disorders with psychotic features, trauma-related conditions, substance-induced states, neurological disorders, sensory impairment, sleep disturbance, and other circumstances. Their clinical meaning therefore depends on the individual's broader medical, psychological, and social context.

From a psychological perspective, the dissertation discusses several explanatory approaches. Cognitive accounts emphasize abnormalities in reality monitoring, source attribution, attention, memory, and metacognitive beliefs. Neuropsychological approaches associate hallucinations with altered activity in perceptual and language-related systems. Trauma-based models describe increased vulnerability following adverse experiences, while dopamine-related models propose that abnormal salience attribution may contribute to psychotic symptoms.

Hallucinations vary in frequency, duration, intensity, modality, content, emotional impact, insight, and degree of control. These dimensions are clinically relevant because two individuals with the same modality of hallucination may differ substantially in distress, functional impairment, and associated risk. The source manuscript also notes that management of hallucinations generally requires a comprehensive and multidisciplinary approach. Conventional interventions may include pharmacological treatment, psychological interventions such as cognitive behavioural therapy for psychosis, psychoeducation, family interventions, and psychosocial rehabilitation. The present case series addresses a complementary/homeopathic clinical context rather than replacing established psychiatric assessment or treatment.

2. Hallucinations: Clinical and Psychological Context

2.1 Clinical characteristics

The source document identifies five major sensory modalities: auditory, visual, tactile, olfactory, and gustatory. Auditory hallucinations are frequently reported in schizophrenia-spectrum disorders. Visual hallucinations may occur in neurological conditions, delirium, dementia, substance-related states, and other settings. Tactile hallucinations may include sensations of insects crawling, burning, electric shocks, or being touched. Olfactory and gustatory hallucinations may be associated with neurological or psychiatric conditions.

2.2 Dimensions relevant to assessment

- Frequency: occasional, intermittent, or continuous experiences.
- Duration: brief episodes or persistent experiences.
- Intensity: mild, moderate, or severe.
- Modality and content: auditory, visual, tactile, olfactory, or gustatory; neutral, pleasant, threatening, persecutory, religious, or bizarre.
- Emotional impact: distress, fear, anxiety, comfort, or relative emotional neutrality.
- Insight and control: recognition of the experience as unreal and the individual's ability to cope with or disengage from it.

2.3 Psychological impact

The dissertation describes persistent hallucinations as potentially associated with anxiety, depression, fear, helplessness, impaired self-esteem, social withdrawal, occupational difficulties, sleep disturbance, and reduced quality of life. It also emphasizes that command or persecutory experiences may require careful risk assessment.

2.4 Management context

The source review describes antipsychotic medication, cognitive behavioural therapy for psychosis, family psychoeducation, and psychosocial rehabilitation as established approaches discussed in the broader literature. The present study does not compare Stramonium with these interventions and should not be interpreted as demonstrating superiority or equivalence.

3. Stramonium and the Research Rationale

Stramonium is prepared from *Datura stramonium*. The submitted dissertation reviews classical homeopathic materia medica descriptions in which Stramonium is associated with intense fear, fear of darkness or being alone, violent excitement, vivid frightening hallucinations, religious themes, loquacity, and alternating excitement or behavioural disturbance.

The dissertation cites classical sources including Kent, Boericke, and Clarke and notes that these descriptions derive primarily from homeopathic provings and clinical observations rather than modern controlled clinical trials. This distinction is important when interpreting the current case series.

3.1 Empirical evidence and research gap

According to the source review, empirical investigation of homeopathy in mental-health conditions remains limited, with methodological concerns including small samples, lack of placebo controls, inadequate blinding, and heterogeneous interventions. The dissertation specifically identifies a paucity of systematic studies evaluating Stramonium for hallucinations.

The stated research gap is therefore twofold: first, limited empirical evidence concerning Stramonium in hallucination-related presentations; and second, limited integration of psychological assessment with individualized homeopathic case management.

3.2 Research problem

The dissertation frames the research problem as whether Stramonium, administered in controlled homeopathic dilutions, is associated with reduction in the frequency and severity of hallucinations in selected individuals. Because the actual study was a five-case observational case series rather than a placebo-controlled trial, the publication manuscript reports the observed clinical course without treating the design as evidence of comparative efficacy.

3.3 Objectives

- To examine clinical changes in hallucinatory symptoms through a case-based clinical study.
- To document changes in cognitive, perceptual, emotional, and associated clinical functioning following administration of Stramonium.

4. Review of Literature

The source dissertation reviews psychological models of hallucinations and selected empirical literature. Bentall's cognitive account emphasizes reality-monitoring deficits, while Morrison's work is discussed in relation to intrusive thoughts and metacognitive beliefs. Howes and Kapur's dopamine-related account is presented as an explanation involving abnormal salience attribution. Read and colleagues are cited regarding associations between trauma and psychotic symptoms. Jardri and colleagues are cited for neuroimaging findings involving auditory and language-processing regions.

The review also describes hallucinations across schizophrenia, bipolar disorder, major depressive disorder with psychotic features, trauma-related conditions, and substance-induced psychosis. It notes

that conventional management includes antipsychotic medication and psychological and psychosocial interventions, with variable individual response.

4.1 Homeopathic literature reviewed in the dissertation

The dissertation identifies Stramonium, Hyoscyamus, Belladonna, Veratrum album, and Lachesis among remedies described in classical homeopathic literature for psychotic or hallucinatory presentations. Stramonium is highlighted for presentations characterized by terror, vivid frightening imagery, and behavioural excitement.

4.2 Evidence limitations identified by the source

The source explicitly acknowledges that the empirical evidence supporting homeopathic treatment of hallucinations is limited. The present manuscript retains that qualification. Classical descriptions of a remedy are not equivalent to evidence from randomized controlled trials, and improvement observed in an uncontrolled case series cannot by itself determine whether the intervention caused the change.

4.3 Hypotheses

Null hypothesis (H0): There is no improvement in the severity and frequency of hallucinations or associated psychological symptoms following treatment with Stramonium in the selected cases.

Alternative hypothesis (H1): Treatment with Stramonium is associated with improvement in the severity and frequency of hallucinations and associated psychological symptoms in the selected cases.

5. Materials and Methods

5.1 Research design

The study employed a clinical case-series design using an observational pre–post framework. Each participant was assessed at baseline and during follow-up. The design was intended to document individual clinical trajectories rather than to provide a controlled estimate of treatment efficacy.

5.2 Setting and study period

The participants attended the outpatient department of Avani Clinic and Pharma, Seegehalli, Bengaluru, Karnataka. The dissertation states that the study period extended from January 2025 to January 2026.

5.3 Participants

Five patients presenting with hallucinations were included. The study summary reports three male and two female participants. The case records included adults with different occupations and clinical contexts.

5.4 Inclusion criteria

- Age 18 years and above.
- Presentation with hallucinations irrespective of gender.
- Clinical totality indicating Stramonium as the selected homeopathic remedy.
- Willingness to participate and provide informed consent.
- Completion of the prescribed follow-up period.

5.5 Exclusion criteria

- Severe neurological disorders affecting perception.
- Severe cognitive impairment preventing psychological assessment.
- Concurrent use of another homeopathic constitutional remedy during the study period.
- Discontinuation of treatment or failure to attend follow-up.

5.6 Sampling

Purposive sampling was used. Participants were selected on the basis of hallucination-related presentation and individualized homeopathic case analysis.

6. Assessment and Procedure

6.1 Clinical case record

A structured case-record proforma was used to document demographic information, medical and psychiatric history, family history, mental generals, physical generals, sleep and dreams, characteristic symptoms, modalities, and follow-up observations.

6.2 Mental Status Examination

The dissertation reports assessment of appearance, behaviour, speech, mood, thought, perception, insight, judgment, and emotional state at visits. Changes in these domains were documented during follow-up.

6.3 Clinical outcome assessment

Clinical progress was monitored through the reported frequency and intensity of hallucinations, emotional state, sleep, behaviour, social interaction, and overall functional improvement. The study also used individualized homeopathic case analysis and repertorization to support remedy selection.

6.4 Treatment procedure

Patients meeting the stated criteria were informed about the study, and written informed consent was obtained. Each participant underwent detailed case-taking, mental status examination, assessment of hallucination-related symptoms, homeopathic repertorization, and remedy selection. The dissertation states that Stramonium was prescribed in the selected potency according to classical homeopathic principles.

The case records report Stramonium 1M, three drops twice daily before food for three days, followed by review. Subsequent follow-up intervals varied according to the individual case. The manuscript reproduces these treatment details as documented in the source and does not independently validate the clinical appropriateness of the regimen.

6.5 Follow-up

At follow-up, changes in hallucination severity, psychological status, behaviour, emotional functioning, sleep, cognition, and general well-being were recorded. The five cases were subsequently summarized collectively.

7. Statistical Analysis and Ethical Considerations

7.1 Statistical analysis

Because the study included only five clinical cases, the primary analysis was descriptive. The dissertation specifies use of frequency, percentage, mean, median, standard deviation, and percentage improvement where applicable. Categorical outcomes were summarized as numbers and percentages of patients showing improvement, no change, or worsening.

The percentage improvement was defined in the source as: (number of patients showing improvement / total number of patients) $\times$ 100. Individual case outcomes were also considered separately. No inferential statistical significance testing was used, and the dissertation appropriately states that the sample size and uncontrolled design do not support definitive conclusions about efficacy.

7.2 Ethical considerations

The source states that participants were informed about the nature, purpose, procedures, potential benefits, and potential risks of participation and that written informed consent was obtained. Participation was voluntary, with the stated right to withdraw without affecting clinical care.

Confidentiality and privacy were addressed by excluding direct identifiers from the manuscript and using case numbers or pseudonyms where necessary. Sensitive psychological information was to be reported in a manner that protected participant dignity. Identifiable photographs or other potentially identifying materials were to require additional consent.

The dissertation further states that clinical care remained the primary consideration and that clinically significant deterioration or adverse events were to be addressed through appropriate medical or psychiatric referral and management. The findings were intended to be reported without fabrication, falsification, or selective reporting.

Before journal submission, the authors should add the name and approval/reference number of the relevant ethics committee or institutional review board if such approval was obtained. If no formal ethics approval was obtained, the journal's requirements should be followed and the manuscript should state this accurately.

8. Results

The study included five participants. The demographic and clinical summaries below are reproduced from the dissertation's results section.

Variable	Frequency	Percentage
Total participants	5	100%
Male	3	60%
Female	2	40%
Age range reported in study summary	20–75 years	—

Table 1. Demographic characteristics of participants.

Case	Primary hallucination	Baseline severity	Associated symptoms
1	Visual	Moderate	Decreased appetite
2	Visual	Severe	Fear and apprehension
3	Visual	Moderate	Insomnia, headache
4	Visual	Moderate	Paraplegia
5	Visual	Severe	Fear and anxiety

Table 2. Clinical characteristics before treatment.

Case	Before treatment	After treatment	Outcome recorded
1	Moderate	Mild	Marked improvement
2	Severe	Moderate	Significant improvement
3	Moderate	Mild	Significant

			improvement
4	Moderate	Mild	Significant improvement
5	Severe	Mild	Marked improvement

Table 3. Clinical outcome after treatment.

Across the five case records, the reported direction of change was toward reduced hallucination intensity or frequency, with improvements in associated fear, anxiety, sleep, behaviour, or general well-being. Because the source does not provide a standardized numeric baseline and endpoint score for each participant, these results should be understood as descriptive clinical observations rather than quantified treatment effects.

9. Case 1 – Priya S.

Demographic profile: 35-year-old homemaker from Seegehalli Gate, Bengaluru; consultation recorded on 10 February 2025.

Presenting complaints

The patient reported decreased appetite and fatigue for approximately one month, together with visual experiences of dead people and dark or shadowy figures appearing to crawl through the window. The experiences were reported as particularly troublesome at night and when the patient was alone. Marked fear, shouting, calling the attendant, and repeated requests to close doors and windows were documented.

Clinical features

Physical generals included decreased appetite, thirst, disturbed sleep with sudden awakening and fear, normal perspiration, satisfactory stool, yellowish urine, and a hot thermal state. Morning fatigue was prominent. Mental features included fear and apprehension, increased dependence on an attendant for reassurance, preoccupation with the perceived figures, and increased fear at night and when alone.

Characteristic symptoms

- Visual hallucinations of dead people and shadowy/crawling figures.
- Perception that figures were approaching or entering through the window.
- Marked fear with shouting and reassurance-seeking.
- Aggravation at night and when alone.
- Disturbed sleep with startling and screaming.

Intervention and follow-up

The record states that Stramonium 1M was prescribed as three drops twice daily before food for three days, with review after one week.

At the first recorded follow-up, the patient reported improved appetite, reduced fear, better general well-being, less dependence on the attendant, some improvement in sleep, and reduced hallucinatory experiences. At the subsequent follow-up documented in the source, the patient and attendant reported that the visual experiences had subsided, fear and shouting were absent, sleep and appetite had improved, fatigue was reduced, and the patient appeared calmer.

Interpretation: This case record describes temporal improvement across several domains. The uncontrolled design does not establish that Stramonium alone caused the changes.

10. Case 2 – Mr. Suresh J.

Demographic profile: 45-year-old carpenter from Rajajinagar; consultation recorded on 20 March 2025.

Presenting complaints and history

The patient was brought by his wife with approximately two months of seeing dark or black objects and shadow-like figures, particularly at night. He described the figures as approaching or moving toward him, especially when alone, and experienced intense fear and apprehension. The history in the source associates onset with occupational and family stress.

Episodes were reported mainly between approximately 9 PM and midnight, especially in quiet surroundings. Associated responses included palpitations, sweating, a strong urge to leave the room, repeated calling of family members, checking locks, and sleeping with lights on. The wife described increased talkativeness and rapid speech while he discussed the perceived figures.

Physical and mental features

Physical generals included decreased appetite, thirst with small sips when the mouth was dry, disturbed sleep with sudden awakening and fear, characteristic perspiration odour, satisfactory stool, hot thermal state, and reduced general energy. On mental status observation, he was cooperative but restless, looked toward the door and surrounding areas, had mildly increased psychomotor activity, and spoke spontaneously with increased quantity and occasional rapidity. Mood was described as afraid and worried; affect was anxious and apprehensive.

Intervention and follow-up

The source records Stramonium 1M, three drops twice daily before food for three days, followed by review after one week.

At the first follow-up, sleep quality had improved, sudden awakening and startling had reduced, fear was slightly improved, and the general condition was described as improving. At the later follow-up, the patient and wife reported considerable reduction in the frequency and intensity of visual hallucination-like experiences, reduced fear and shouting, continued improvement in sleep, improving appetite, and better general well-being.

Interpretation: The case documents improvement over successive follow-ups, while causality remains uncertain because there was no comparison condition.

11. Case 3 – Sangeetha

Demographic profile: 28-year-old single female, gym trainer, from Nagarabavi; consultation recorded on 25 March 2025.

Presenting complaints

The patient reported seeing her recently separated boyfriend despite his physical absence, accompanied by recurrent and distressing visual experiences. She also reported hearing his voice as though he were talking to her. These experiences had been present for approximately two weeks.

Associated psychological concerns included fear about continuing and progressing in her career, worry that others would learn about the breakup, concern about what others might think or say, and suspiciousness that people might be talking about her behind her back. A severe left-sided headache had been present for approximately one week.

Physical and mental features

Physical generals included disturbed and non-refreshing sleep, decreased appetite, reduced thirst, constipation, and mental and physical fatigue. The patient was conscious and oriented to time, place, and

person. Attention and concentration were described as affected by recurrent hallucinations and preoccupation. Thinking was predominantly occupied with the perceived experiences and concerns regarding career and future. Insight into the unreal nature of the hallucinations was described as reduced or fluctuating.

Emotionally, the patient was distressed following the separation, anxious about her future, and concerned about social judgment. Suspiciousness concerning the intentions and conversations of others was documented.

Intervention and follow-up

The record states that Stramonium 1M was prescribed as three drops twice daily before food for three days, with review after ten days.

At the documented follow-up on 5 April 2025, the frequency and intensity of both visual and auditory hallucinations had reduced, as had associated distress. Sleep, appetite, thirst, bowel regularity, and general physical condition were reported as improved. The patient appeared calmer and more comfortable.

Interpretation: The case illustrates improvement in both perceptual and associated emotional/physical complaints during follow-up. The source does not provide a standardized numerical hallucination score.

12. Case 4 – Kalayya

Demographic profile: 52-year-old married male, plumber, from Machohalli; consultation recorded on 23 May 2025.

Presenting complaints and clinical context

The patient was bedridden because of paraplegia of the lower limbs for approximately two months. For approximately one month, he reported recurrent visual experiences of an individual approaching him while carrying a knife and intending to kill him. The episodes produced intense fear and shouting despite the absence of an actual person.

Physical generals included disturbed sleep with awakening from fear, decreased appetite and hunger, reduced thirst, sometimes-constipated stool, and general mental and physical fatigue. The source also records hypertension under medication and a recent hospitalization associated with paraplegia.

Mental and characteristic features

Marked fear of being attacked or killed was associated with the visual experiences. The patient reacted defensively and shouted during episodes. The hallucinated person was perceived as real during the episode. The source did not provide other abnormalities of memory, orientation, attention, or judgment.

- Visual hallucination of a person who is not present.
- Perception of being approached or attacked.
- Hallucination involving a person with a knife.
- Fear of being killed.
- Shouting during hallucination episodes.
- Imaginary threat perceived as real.

Intervention and follow-up

The record states that Stramonium 1M was prescribed as three drops twice daily before food for three days, with review after ten days.

At the first follow-up, intensity and frequency of visual hallucinations were reported to have improved, episodes were less distressing, shouting had reduced, and sleep was better and more restful. At the

subsequent follow-up, the previously reported visual hallucinations were recorded as absent, the patient was calm and comfortable, and general well-being was improved.

Interpretation: The record documents a progressive reduction in hallucination-related distress and subsequent absence of the reported hallucinations during the recorded follow-up period.

13. Case 5 – Ranganath

Demographic profile: The case is identified as Ranganath, a retired teacher from Seegehalli Gate. The source gives age as 70 years in the demographic section and 72 years in the history; this discrepancy should be verified against the original clinical record before publication. Consultation is recorded as 4 July 2025.

Presenting complaints

The patient reported recurrent visual experiences of dark, shadow-like figures appearing to crawl from the corners of the room. These experiences were perceived as real and were associated with marked fear, anxiety, apprehension, and episodes of screaming.

Physical and mental features

Physical generals included normal appetite, thirstiness, constipation, regular bladder function, disturbed and non-refreshing sleep, no significant abnormality in perspiration, and a hot thermal preference.

Mental features included marked fear during the visual experiences, anxiety and apprehension, a sense of being threatened by the perceived figures, and an intense emotional response resulting in screaming. Behaviour was reactive to the visual experiences. The patient interpreted the dark shadow-like figures as an external threat. The source states that further assessment of orientation, memory, attention, insight, judgment, and thought content was required.

Characteristic symptoms

- Visual hallucinations of dark or shadow-like figures.
- Figures appearing to crawl from room corners.
- Fear, anxiety, and marked apprehension.
- Screaming in response to the perceived threat.

Intervention and follow-up

The record states that Stramonium 1M was prescribed as three drops twice daily before food for three days, with review after ten days.

At the first follow-up on 9 July 2025, the intensity and frequency of the visual experiences were reported to have reduced, with decreased fear, anxiety, apprehension, and screaming. Sleep and general well-being were improved and the patient appeared calmer. At the second follow-up on 15 July 2025, the visual hallucinations were documented as absent, associated fear and anxiety had subsided, and no further screaming was reported.

Interpretation: The documented trajectory shows improvement across perceptual, emotional, behavioral, and general domains.

14. Discussion

This case series documents five patients presenting with hallucination-related complaints who received individualized Stramonium treatment and were followed clinically. In the source data, all five cases showed improvement in the recorded outcome status. The most consistently documented change was

reduction in the intensity or frequency of visual hallucinations, with accompanying improvement in fear, anxiety, sleep, behaviour, or general well-being in several cases.

The clinical presentations were heterogeneous. Four cases prominently involved frightening visual experiences of shadowy or threatening figures, while one case involved both visual and auditory experiences associated with a recent interpersonal separation. One patient had paraplegia and another had a recent psycho social stressors. Such heterogeneity supports the importance of describing individual cases rather than assuming a single mechanism or clinical pathway.

The findings are compatible with the classical homeopathic description of Stramonium presented in the dissertation, particularly the recurring combination of frightening perceptual experiences and intense fear. However, compatibility with a traditional materia medica description is not evidence that the remedy caused the clinical improvement.

Several alternative explanations remain possible. Symptoms may fluctuate spontaneously, the clinical context may change during follow-up, supportive care or reassurance may contribute to improvement, and regression toward the mean may occur after a period of severe symptoms. The study did not include a placebo or untreated comparison group, did not standardize concurrent care, and did not use a validated numerical hallucination scale in the reported results.

From a psychological perspective, the cases illustrate the importance of assessing the phenomenology of hallucinations together with emotional response, sleep, behaviour, insight, functional impact, and contextual stressors. The case series therefore provides descriptive clinical material that can generate hypotheses for more rigorous future research.

15. Findings and Implications

15.1 Principal findings

- Five participants were included; the study summary reports three males (60%) and two females (40%).
- All five cases were described as having visual hallucinations; one case additionally included auditory hallucinations.
- Baseline severity was recorded as moderate in three cases and severe in two cases in the study table.
- All five cases were recorded as improved at follow-up.
- The documented improvements included reduced hallucination intensity/frequency and, in several cases, reduced fear, anxiety, shouting, disturbed sleep, or emotional distress.
- The case records did not report serious adverse effects attributable to the treatment during the observation period.

15.2 Clinical implications

The cases demonstrate a structured approach to documenting perceptual symptoms through detailed case-taking and repeated follow-up. In a clinical context, hallucinations should be assessed for medical, neurological, psychiatric, substance-related, and safety-related causes, and patients with significant risk or deterioration should receive appropriate specialist evaluation.

15.3 Psychological implications

The cases support the practical value of documenting the emotional and behavioral consequences of hallucinations rather than recording perception alone. Sleep, anxiety, fear, social functioning, insight, and coping responses can materially affect the patient's clinical experience.

15.4 Research implications

The case series can serve as preliminary descriptive material for future research. A subsequent study should use validated symptom measures, standardized diagnostic assessment, predefined outcomes, systematic recording of concurrent treatments, and a comparison condition. Larger samples would allow more informative estimation of variability and treatment response.

16. Limitations and Recommendations

16.1 Limitations

- The sample consisted of only five participants, limiting generalizability.
- Purposive sampling may introduce selection bias.
- There was no control, placebo, or comparison group; therefore causality cannot be established.
- The follow-up period was limited and does not establish long-term maintenance or relapse outcomes.
- The case-series design cannot separate treatment effects from spontaneous symptom fluctuation, contextual change, or other influences.
- The reported outcome assessment was primarily clinical/descriptive rather than based on standardized numerical hallucination scores.
- The cases were clinically heterogeneous and included different medical and psycho social contexts.
- The source document contains internal inconsistencies that require verification before submission, including the timing of at least one follow-up entry and the age reported for Case 5.

16.2 Recommendations for future research

- Conduct larger prospective studies with clearly defined diagnostic and eligibility criteria.
- Use validated hallucination and psychosis symptom measures at baseline and follow-up.
- Include an appropriate comparison group and, where feasible, randomized controlled methodology.
- Record concurrent psychiatric, psychological, medical, and supportive interventions.
- Use longer follow-up to evaluate durability and relapse.
- Conduct multicentre research to improve external validity.
- Pre-register outcomes and analysis plans where appropriate.
- Obtain and report formal ethics approval or exemption details according to journal requirements.

16.3 Publication-readiness checks

Before submission, the author should verify all patient ages, consultation and follow-up dates, treatment instructions, ethics approval information, consent documentation, diagnostic assessments, and the identity of the psychological assessment instrument referred to in the dissertation. The journal's specific reporting checklist should also be applied.

17. Conclusion

This clinical case series describes five patients with hallucination-related presentations who received individualized Stramonium treatment in a homeopathic outpatient setting. The documented follow-up records show improvement in hallucination-related symptoms and associated psychological or general complaints across the five cases.

The observations are clinically descriptive and may be useful for generating hypotheses regarding individualized homeopathic management of hallucination-related presentations. They do not, however, establish that Stramonium caused the observed improvements. The absence of a control group, very

small sample size, purposive sampling, heterogeneous presentations, limited standardized measurement, and potential confounding factors substantially restrict causal interpretation.

Future research should move from descriptive case series toward adequately designed prospective comparative studies incorporating standardized diagnostic procedures, validated symptom measures, transparent reporting of concurrent treatments, longer follow-up, and appropriate statistical methodology. Such studies would provide a stronger basis for determining whether the observations reported in this case series are reproducible.

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19. Note: Reference details above are based on the bibliography supplied in the dissertation. Before journal submission, each bibliographic entry should be checked against the original publication and formatted according to the target journal's reference style.
20. End of 20-page publication manuscript.