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Original Research

To find out about sociodemographic profile of cases with psychiatry signs and symptoms and miasmatic distribution.

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ABSTRACT

Introduction: More than one lakh lives are lost every year due to suicide in India. The treatment of mental health disorders, such as, depression, grief, nervousness and phobia are a significant feature of the practice caseload of homoeopathic practitioners. The present study is undertaken to study sociodemographic profile of patients with psychiatry symptoms and miasmatic distribution amongst them. **Material and Methods:** The present prospective study was carried at Sriganaganagar Homoeopathic Medical College, Hospital and Research Institute, Sriganaganagar. Study among 30 patients suffering from manifestation of depression with a suicidal disposition aged between 25-35 years. Proper case taking was achieved according to the standard case-taking proforma. Analysis, assessment and repertorisation of the totality of symptoms using synthesis repertory was done with help of computer-aided (digital) repertory. **Results:** Among the studied cases, 17 were in age group of 31-35 years and 13 were in 25-30 years. 16 were woman and 14 were male, 26 were Hindu by religion and four were Muslims. Regarding economic status, 2 belonged to lower class, three to lower- middle, 14 to middle and 11 to higher class. 2 had kaccha house and 28 had pucca house. Distribution of patients with psychiatry symptoms according to miasmatic distribution found that 23 showing psora, 5 sycosis and 2 syphilis as miasmatic expression. **Conclusion:** Depression in youth is gaining proportion in these times and hence a proper evaluation of the factors triggering these series of events needs to be done. Besides depression leading suicidal thoughts is even more alarming. The anxiety related to work and family were major factor in considering the progress of the disease. The role of stress needs to be carefully evaluated to bring out meaningful results. These factors want to be evaluate further for seeing the effects of these factors on the health status of the patient.

Keywords: Depression; homoeopathy; miasm; mental disorders

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INTRODUCTION

More than one lakh lives are lost each year due to suicide in India. In the last three decades (from 1975 to 2005), the suicide rate elevated by 43%. The rates were about the same in 1975 and 1985; from 1985 to 1995 there used to be an increase of 35% and from 1995 to 2005, the increase was 5%. However, the male-female ratio has been stable at around 1.4 to 1.1¹ India ranks forty third in descending order of rates of suicide with a rate of 10.6/100,000 mentioned in 2009 (WHO suicide rates).² It is estimated that by the year 2020 if current tendencies for demographic and epidemiological transition continue, the burden of depression will increase to 5.7% of the total burden of disease and it would be the second main cause of disability-adjusted life years (DALYs), only to ischemic coronary heart

disease.³ The treatment of mental health disorders, such as, depression, grief, anxiousness and phobia are a significant feature of the practice caseload of homoeopathic practitioners. There is a lack of high quality clinical trials and incorporation of preference arms or uncontrolled observational studies have been suggested to be methodologically suitable for further studies in this direction.⁴ However, major questions regarding the effectiveness and appropriate role of Homoeopathy in the management of depression are still unanswered.⁵ In view of this, present study is undertaken to study sociodemographic profile of patients with psychiatry symptoms and miasmatic distribution among them visiting Sriganaganagar Homoeopathic Medical College, Hospital and Research Institute, Sriganaganagar.

MATERIAL AND METHOD

The present prospective, randomized, single blind, placebo controlled parallel design study was carried at Sriganganagar Homoeopathic Medical College, hospital and Research Institute, Sriganganagar. Study among 30 patients from Indoor Patient Department (I.P.D.) and Outdoor Patient Department (Ethical clearance was obtained from the Ethical Committee of the Sriganganagar Homoeopathic Medical College, Hospital and Research Institute, Sriganganagr. Inclusion criteria was patient suffering from manifestation of depression with a suicidal disposition aged between 25-35 years. Patients having any other complications were excluded from the study. Extensive search and study of different books and journals with special reference to Synthesis Repertory were carried out. Exhaustive information from the Internet according to availability was gathered. Patients with minimum suffering from different diseases were selected. Proper case taking was done according to the standard case-taking proforma. Relevant investigation was carried as per need of inclusion and exclusion criteria. Analysis, evaluation and repertorisation of the totality of symptoms using synthesis repertory was done with help of computer-aided (digital) repertory. Medicine was chosen on the basis of nearest similitum and consultation of materia medica. Potency, dose and repetition were strictly arranged following strict Homoeopathic Principle. Statistical analysis of the result was once conducted by way of using different standard statistical methods (where applicable).

RESULTS

Among the studied cases (table 1), 17 were in age group of 31-35 years and 13 was in 25-30 years. Sixteen were woman and 14 were male, 26 were Hindu by religion and 4 were Muslims. Regarding economic status, 2 belonged to lower class, 3 to lower- middle, 14 to middle and eleven to higher class. 2 had kaccha house and 28 had pucca house. Table 2 shows distribution of patients with psychiatry symptoms according to miasmatic distribution with 23 showing psora, 5 sycosis and 2 syphillitis as miasmatic expression

Table 1:Distribution of patients with psychiatry symptoms according to sociodemographic profile

Parameters		No. of patients (n=30)
Age	25-30 years	13
	31-35 years	17
Gender	Male	14
	Female	16
Religion	Hindu	26
	Muslim	4
	Sikh	0
	Christian	0
Economic status	Lower	2
	Lower- Middle	3
	Middle	14
	Higher	11
Habitat	Kaccha	2
	Pucca	28

Table 2: Distribution of patients with psychiatry symptoms according to miasmatic distribution

Miasm	No. of patients (n=30)
Psora	23
Sycosis	5
Syphilis	2

DISCUSSION

In terms of sociodemographic variables studies have shown that depression is more common in female subjects, in subjects from poor economic background those who are divorced or widowed, those living in nuclear families and urban areas. Studies have also shown that depression is more common in low social class, unemployed condition, low educational level, in subjects living in nuclear family or in this living alone.

Factors like rapid social change, stressful work conditions, gender discrimination, social exclusion, unhealthy lifestyle, risks of violence, physical ill-health and human rights violations have been implicated as reasons for rapidly growing burden of mental disorders.⁶In the existing study, going through the cases, elaborate the presentation of the problem and how they can be managed efficaciously using homoeopathic medicines For example, in one case of a 27 years old man, complained of depression since the past two months. This sadness was following a failure in business in which he had failed miserably and lost so much money. This depression was accompanied with suicidal thoughts and the thoughts were persistent in nature. The case was analysed along with other symptoms collected from him during recording case and there reportorial analysis suggested Aurum metallicum. Adolescent and youth suicide attempts occur due to psychosocial stressors rather than due to the past or on-going mental health disorders with above personality traits suggest poor coping skills and resilience taken to deal with stressful situations via younger people.

Dr.Hahnemann noticed that miasms can be obtained during one’s lifetime and their effects were then passed from one generation to the next generation by means of inheritance. He concluded that miasms are fundamental reason of all diseases. The miasmatic expression varies from person to person and miasms make the person predisposed to various disease. Dr. Hahnemann identified three miasms, namely psora, syphilis and sychosis. He incorporated this theory in Organon of Medicine and mentioned that miasms are the dynamic morbidic forces that pollute the human organism leading to unhealthy tendencies and different diseases.^{7,8}

Thoughts of ending a person's own life, or of killing one's self, are also known as suicidal thoughts or suicidal ideation. Some people may plan out suicide attempts, whereas others are impulsive and in the moment analyzing the relevance of stress factor and its complication with other factors were the limiting factors in this study and it was seen that stress of work coupled with anxieties of family life were equally important. Sakin of sky⁹ studied the current evidence base for the clinical care of suicidal patients: strengths and weaknesses and concluded that there is evidence that optimal care can make a difference and reduce suicide.

CONCLUSION

Depression in adolescence is gaining proportion in these times and hence applicable evaluation of the factors triggering these series of events needs to be done. Besides depression leading suicidal thoughts is even more alarming. Suicide is on the rise in the youth and the main reason in lack of adaptability to the stress of the life in the modern times. Moreover the anxiety related to work and family were primary factor in considering the progress of the disease. The role of stress needs to be carefully evaluated to bring out meaningful results. These factors need to be evaluating further for seeing the consequences of these factors on the health status of the patient.

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