Section A-Research paper

AN OVERVIEW OF THE NEEDS AND STRATEGIES FOR MANAGING GERIATRIC DEPRESSION BY HOMOEOPATHY

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ABSTRACT:

Depression occurs without a history of manic, mixed, or hypomanic episode. Depression episode must last at least 2 weeks, and typically a Person with a diagnosis of a depression may experience at least four Symptoms; from a list that includes changes in appetite and weight, changes In sleep and activity lack of energy, feeling of guilt, problems thinking and Making decision, and recurring thoughts of death or suicide. Dr. Hahnemann has also paid attention towards mental illness and he was the first physician who told mentally ill patient sick individual who requiring empathy and proper Medical care. According to him, mind and body are not two separated Entities. Also master had treated many patients having mental illness and he has described this as psycho – somatic disorders. Somato – psychic disorder, Emotional diseases and mental diseases of doubtful origin and management of these disorder he had described in §210-230.i.e. friendly exhortation, sensible advice etc[1].

KEY WORDS: Geriatric depression, Homoeopathy, Mental diseases

OBJECTIVES:

- Homoeopathic management in depression in geriatric age group.
- Sympathetic care and support in prolong suffering in somato – psychic as well as psycho- somatic disorder.

INTRODUCTION:

Geriatric word derived from greek word ‘geron’ means ‘old man’ and iatros refers to physician thus refers to treating or healing older people. Older people may have coexisting chronic medical diseases and disabilities, may take many medications , and may show cognitive impairment .[1]

Laboratory and imaging studies can help clinicians establish a diagnosis and detect treatable condition,especially disorders that might otherwise be regarded as part of normal aging [8]

A complete psychiatric history includes preliminary identification (name, age, sex, marital status), chief complaint, history of previous illness, personal

history and family history. Medication review of medications (including over-the-counter ,medications) that the patient is currently using or has used in the recent past is also important.[1]

The prevalence of major depressive disorder among person aged 65 Years or older was estimated to be 1.4 percent in women and 0.4 percent in Men with an overall prevalence of 1 percent.[7]

Geriatric depression is under recognized. Another reason is that older Person emphasize somatic symptoms and underreport depressed mood. Approximately 11 percent of depressed geriatric patients who use primary are services receive adequate antidepressant treatment, psychotherapy or Electroconvulsive therapy , while 34 percent receive inadequate treatment And 55 percent receive no treatment.[9]

AETIOLOGY AND RISK FACTOR:

- Family history
- Major life changes
- Biological contributors
- Other medical conditions
- Psychosocial contributors (i.e. social isolation)
- Sleep disturbances
- Exposure to certain pharmacologic agents (Medications such as Reserpine or beta-blockers Amphetamine, Abused substances such as cocaine, narcotics and alcohol)[8]

ATYPICAL PRESENTATION

Many of these patients present often somatic complaints, such as

- Fatigue
- Headache
- Abdominal Distress

- Change in weight
- Irritability, sadness or low mood.
- Elderly personsmay present with
- Confusion
- General decline in functioning. [8]

DIAGNOSIS BASED ON:

- Patient's self-reported experiences
- Mental status examination
- Behavior reported by relatives or friends[8]

INVESTIGATION FINDINGS:

- Sleep EEG abnormalities are evident in 40%-60% of outpatients and in up to 90% of inpatients with this disorder.
- Hormonal Disturbances:
  - Elevated glucocorticoid secretion (e.g., elevated urinary free cortisol levels)
  - Growth hormone, thyroid-stimulating hormone and prolactin responses to various challenge tests.
  - Functional Brain Imaging shows: Increased blood flow in limbic and paralimbic regions[8]

DIAGNOSTIC CRITERIA OF DEPRESSION:

- Diagnostic and statistical manual of mental disorders, 5th edition (DSM-V)
  - The DSM – 5 depression categories most relevant to this are : Major depressive disorder (single episode), major depressive disorder(recurrent)

A. Five(or more) of the following symptoms have been present During the same 2 week period and represent a change from Previous functioning: the symptoms is either (a)Depressed mood or b) loss of interest or pleasure
   1. Depressed mood most of the day, nearly every day , as indicated by either subjective report (e.g., feels sad, empathy, hopeless) or

observation made by others (e.g., appears tearful) ,Markedly diminished Interest or pleasure in all, Activities most of the day, nearly every day (as indicated by either subjective account or observation).

2. Significant weight loss when not dieting or weight gain (change of more than 5% of body weight in a month), or decreased or Increased in appetite nearly every day.
3. Insomnia or hypersomnia nearly every day.
4. Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feeling of Restlessness or being slowed down).
5. Fatigue or loss of energy nearly every day.
6. Feeling of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day.
7. Diminished ability to think or concentrate or indecisiveness, nearly every day.
8. Recurrent thought of death, recurrent suicidal ideation without a Specific plan, or a suicide attempt or a specific for committing Suicide.

B. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

C. The episode is not attributable – to the physiological effects of a Substance or to another medical condition.

Note: criteria A- C represent a major condition.

D. The occurrence of major depressive episode is not better explained by schizoaffective disorder, other specified and unspecified Schizophrenia spectrum and other psychotic disorders.

E. There has never been a manic episode or a hypomanic episode.

Note: This exclusion does not apply if all the manic like or Hypomanic like episodes are substances induced or are attributable – To the physiological effects of another medical condition.[2]

- **THE MOST COMMON TREATMENTS FOR DEPRESSION ARE:**
    - PsychotherapyBased on……
      Theories of personality,
      Interpersonal communication and Learning.
    - Medication
    - Electroconvulsive therapy: Recommended for cases of severe major depression which have not responded to antidepressant medication or less often, psychotherapy or supportive interventions. ECT can have a quicker effect than antidepressant therapy and thus may be the treatment of choice in emergencies.
    - Cognitive behavioral therapy: Research has shown that it is the best treatment for depression, as compared to medication and other forms of psychotherapy.[8]

HOMOEOPATHIC CONCEPT AND MANAGEMENT OF DEPRESSION:

In Homoeopathy we give equal importance to physical and mental symptoms. According to Dr.Hahnemann mental disease is a one – sided disease where the symptom is derangement of mind and disposition. The disease is psoric in origin and chronic in nature, in corporeal diseases the condition of disposition and mind is always altered.

HAHNEMANN'S CLASSIFICATION OF MENTAL DISEASES

1. Somato – psychic type (§216); it appear with the decline of corporeal diseases which threatens to be fatal.

2. Acute mental state caused by some exciting factor(§221).

3. Mental diseases of doubtful origin (§ 224).

4. Psycho- somatic type (§225); arising from prolonged emotional Causes.

 Mental diseases developed from suppression or metastasis of Physical diseases. In this type physical symptoms were prominent at the beginning, but later the mental symptoms intensified. And then physical symptoms Improve to health and the diseases getone sided in mental plane. i.e. Suppuration of lung. Childbirth becomes transformed into insanity, mania or Melancholia.

 Mental diseases developed suddenly from fright, vexation, and abuse of liquor here the mental diseases suddenly break out from the explosion of Latent psora. This disease is also called acute emotional disease. I.e. insanity, Mania suddenly appears after fright, vexation.

 Mental disease developed from some maintaining cause i.e. faulty education, bad habits, corrupt morality, neglect of the mind,Suppression, ignorance.

 Diseases appearing from some emotional upsetthis result from continued anxiety, worry, vexation, and fear. [3,4]

MANAGEMENT OF DEPRESSION GIVEN BY MASTER HAHNEMANN

 Try to know symptoms of corporeal diseases previously present inPatient from attendant, then form totality of symptoms of remnantCorporeal disease along with present symptoms of mind and dispositionobserved by the physician.[mental diseases arisingFrom corporeal disease].

 In acute appearance of mental diseases due to exciting factor:We should give acute medicine having high potency.

 Mental diseases of doubtful origin:

In cases of doubtful of origin master has advised following norms:

- friendly exhortation
- Consolatory argument
- Serious representation
- Sensible advice

- Improve mental diseases of psychic cause by Consolation and counseling

 Treatment based on cause identified through case taking

  Also patient should advised proper diet and regimen

 Some manifestation of symptoms are due to latent psoric miasm and need antipsoric treatment (§ 227)

 Minute doses of the homoeopathic remedy will accomplish more than allopathic medicine persistently administered (§230)[3,4]

After case taking, the symptoms determinant will be done on whether they are peculiar or common. In some cases question arises is he intoxicatedor delirious, or is there breaking down of the brain or insanity?, These will Be acknowledged by attendants of patient.

The minimum of the best question to be asked a patient when the time Is limited. Rare, strange and peculiar symptoms indicated by the patient, with their modalities and related phenomena and the making more precise of The minimum symptoms for which the consultation was made. According to §118, The substitution of one remedy for another(surrogates) cannot Be thought of, or entertained in homoeopathy. In every case individualize Things widely dissimilar in one way, yet similar in other way.[6]

Miasmatic analysis:

In mental diseases dominant miasm is psora but in geriatric patients who have somato- psychic diseases may have sycotic miasm or syphilitic Miasm or complex miasm in the background.

PSORA:

The basic psoric condition of deficiency or lack is felt, quiet logically, In somatic area also; the bruising pains which make the subject sluggish, Indolent , easily exhausted , always desiring more rest , to lie down, to sleep Longer, so no refreshing awakening in the morning

- Depression, Anxiety, Despondency, Hopelessness with fear of self preservation.
- Timidity with fatigue and vanishing of thoughts and sadness.

- Never satisfied with his conditions in life.
- Thinks something serious would take place.
- Melancholy with anxiety and palpitation and nervousness often follow the awakening.
- Delusion of all kinds may lead to depression.
- Depression < during the day time,
  around full moon and
  at the approach of menses
- Psoric patients suffer from a depression of spirits in which they burst out crying to relieve the condition as they are unaccustomed to silent grief.

SYCOSIS:

- Depression with anxiety and anger. Patient may maintain a smiling exterior despite of depression.
- Keep his mind from others so hardly detail about cause of depression, suspicious. He broods over things. Self-condemning. Fixed ideas.
- Cannot detail his complaints out of fear that he will not give it correctly and may forget something.
- Sycosis coupled with Psora is the basis of criminal insanity and suicides.
- Depression < during weather changes.

SYPHILIS:

- Depression with impulsive attitude for self-destruction. Very much indifferent to everything.
- Mentally dull, stupid and especially stubborn.
- Wanting in attention and comprehension.
- Hardly detail his troubles. Depressed but keep troubles to themselves and sulk over them.
- Absolute pessimistic outlook in all aspects of life.
- Depression ultimately leads to commit suicide in almost all the cases.
- Depression usually < night.[5,8]

THINGS TO MAKE AWARE THE PATIENT WHILE MANAGING DEPRESSION

- Reduce or eliminate the use of alcohol or drugs.
- Exercise / engage in some form of physical activity (if he/she can perform).
- Eat a proper, well balanced diet.
- Obtain an adequate amount of sleep.
- Seek emotional support from family and friends.
- Focus on positive aspects of life.[8]

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