



A STUDY ON EXAM RELATED ANXIETY IN ADOLESCENCE AND ITS HOMOEOPATHIC APPROACH

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ABSTRACT

Adolescence is the period from the beginning of sexual maturity (puberty) to the completion of physical growth. A period of transition from childhood to adulthood. (Sharma 1996). The World Health Organization has defined "adolescents" as persons in the 10 to 19 year age group. (Chaturvedi et al., 2008)

Today India has the largest population of adolescents in the world constituted 20 percent of the world's 1.2 billion adolescents. (Herald Dec can, February 26, 2011) India is being home to 243 million adolescent individuals over 1081 million of the total population. This is the generation which will shape India's future. One of the most important commitments a country can make for its future economic, social, and political progress and stability is to address the health and development-related needs of its adolescents.

Despite the multitude of factors which can influence the development of adolescents, their mental well-being is crucial. Adolescents must learn how to cope with psychological stress, handle peer pressure, deal with their emotions, resolve conflicts, build bridges with friends and family, develop self-confidence, safeguard themselves from high pressure as well as cope with other stresses like academic competition.

Considering the large number of adolescents in our country, the study thus evokes an urgent need to stimulate an action to identify those at risk and those who need treatment among the adolescent student populace. The evidence in literature from cross-cultural studies both supports and challenges the hypothesis that adolescence is a difficult period in development.

Aim To study the prevalence and nature of psychological disturbances in adolescents and there by creating awareness about the nature of mental health and hygiene & To motivate adolescents to seek early help when in difficulties and also to understand the corresponding homoeopathic remedies in various psychological disturbances.

KEY WORDS: PSYCHIATRY , ANXIETY DISSORDER, HOMOEOPATHY, ANXIETY, EXAM FEAR

Adolescence is the period from the beginning of sexual maturity(puberty) to the completion of physical growth.. The term adolescence is derived from the Latin word —adolescere meaning to grow, to mature. It is marked by the physiological signs and surging sexual hormones of puberty.

Adolescence is a transitional period in which peer relationships deepen, autonomy in decision-making grows, and intellectual pursuits and social belonging are sought. It is a time of exploration and making choices, a gradual process of working toward an integrated concept of self. Adolescents can best be described as works in progress, characterized by increasing ability for mastery over complex challenges of academic, interpersonal, and emotional tasks, while searching for new interests, talents, and social identities. (Kaplan HI, BJ. Sadock, 1997)

STAGES OF ADOLESCENCE

Early Adolescence (12 to 14 years of age)

Early adolescence is the period in which the most striking initial changes are noticed physically, attitudinally, and behaviorally. (Sadock, et.al. 2005)

Middle Adolescence (14 to 16 years of age)

During the middle phase of adolescence, adolescents' lifestyles may reflect their efforts to pursue their own stated goals of being independent. Their abilities to combine abstract reasoning with realistic decision-making and the application of social judgment is put to the test in this phase of adolescent development (Kaplan HI, BJ. Sadock, 1997)

Late Adolescence (17 to 18 years of age)

Late adolescence is a time when continued exploration of academic pursuits, musical and artistic tastes, athletic participation, and social bonds leads a teen toward greater definition of self and a sense of belonging to certain groups or subcultures within mainstream society. (Sadock, et.al. 2005)

CURRENT STATUS OF ADOLESCENCE

A recent survey conducted shows that one in every four collegians suffer from some degree of depression. Fourteen in every 100 thought about suicide. In 2007 Maharashtra accounted for 12.4% of suicides, the highest in the country. The youth had listed family pressure as the biggest weight on their shoulders. Peer pressure and academics followed. (Iyer Malathy, 10th Jan., 2010)

An increased incidence of psychiatric disorders in children exposed to markedly adverse circumstances of family life, including difficult socio-economic conditions, has led to the concept of the child at risk for psychiatric disorders. Vincent and Rosenstock's study of inpatient adolescents showed that prior to hospitalization; those with psychiatric disorders had suffered more stressful events than those with physical disorders. On the other hand, Hudgens noted a relationship between a group of personal stressors and depression in adolescents with medical disorders. (Aggarwal et.al., 2007) The prodrome of schizophrenia is nonspecific and it may be extremely difficult to clinically distinguish it from a host of other disorders which are classically present in adolescents. (Banerjee et.al., 2008)

According to World Health Report (2000), 20% of children and adolescents suffer from a disabling mental illness worldwide and suicide is the third leading cause of death among adolescents. In a collective expert report, on mental illness in children and adolescents, the incidence of anxiety

disorders was 5%, hyperactivity 1-2%, mood disorder 3%, and autism and schizophrenia 1%. In another study, incidence of somatoform disorders was reported to be 12% and 7% among adolescents. (Malhotra Savita, et.al., 2009) Further research study is essential to explore the prevalence of nature of psychological disturbance in adolescents.

FACTORS RESPONSIBLE FOR VARIOUS DISTURBANCES IN

ADOLESCENTS

Several risk factors described for mental disorders in adolescence have been categorized as individual determinantssuch as gender, temperament and neurobiological risks, disabilities etc.

Family determinants including family's structure, its functioning, parenting styles, attachment patterns, parental mental health, physical abuse and punishment etc; and social and community determinantssuch as socioeconomic deprivation, ecological factors, conflict and war etc.

Temperament has also been considered to be one of the important vulnerability factors for psychiatric disorder. (Malhotra Savita, et.al., 2009) and **personality traits** are considered risk factors for drug use, and, in turn, the psychoactive substances impact individuals' traits. (Terracciano Antonio et.al., 2007)

The Eysenck theory produces four main types of personality, which he said resembled Galen's Four Temperaments:

- unstable-introverted (emotional-introverted) = melancholic
- unstable-extraverted (emotional-extraverted) = choleric
- stable-introverted (unemotional-introverted) = phlegmatic
- stable-extraverted (unemotional-extraverted) = sanguine

Temperament is that aspect of four personalities that is genetically based, inborn, therefrom birth or even before. (Humranwala Parinaaz, 2005)

TEMPERAMENT

Temperament is a psychological and biological organization peculiar to the individual including one's character or personality dispositions which influence the manner of thought and action and general view of life (Humranwala Parinaaz, 2005). The Four Temperaments, also known as the Four Humors, is arguably the oldest of all personality profiling systems, and It is fascinating that there are so many echoes of these ancient ideas found in modern psychology.

HOMOEOPATHIC REMEDY OF DIFFERENT TEMPERAMENT PREDOMINANTLY

Sanguine- Arnica Cannabis Indica China Hyoscyamus Kali Iodatum Palladium Phosphorus Tarantula Hispanica Tuberculinum

Melancholic- Aurum Metallicum Carcinocin Ignatia Natrum Muriaticum Natrum Carbonicum Natrum Sulphuricum Silicea Staphysagria

Choleric- Anacardium Drosera Ferrum Metallicum Hepar Sulphuricum Lycopodium Mercurius Solubilis Nux Vomica Platinum Veratrum Album

Phlegmatic- Alumina Baryta Carb Calc Carb Capsicum Graphitis Kali Silicata Opium Pulsatilla Sepia

HOMOEOPATHIC LITERATURE

Homoeopathic literature review on the psychological disturbance in adolescence is limited. Hence this would be one of the first of its kind in the Homoeopathic literature.

Method of collection of data

A cross sectional survey was conducted amongst the adolescents attending junior college to explore the prevalence and nature of psychological disturbances followed by a prospective cohort study to examine the efficiency of homoeopathic intervention in exam related anxiety state.

- Random selection of three colleges were selected from Palghar-Boisar.

A-college, B-college and C-college.

- Approached the Principal and managements of respective colleges and explained the aims and objectives behind the studies.
- Permissions were signed to undertake the study in the college premises.
- Teachers of the individual colleges were oriented regarding the process of study and the beneficial effects to the students.
- GHQ28 questionnaire was administered to all the students after attending the orientation programme. (Annexure-A)
- Feedbacks were taken from the student after filling up the questionnaire in written with suggestions.
- Analysis of the GHQ28 questionnaire was done using Goldberg's method. Students scoring 4 and above points are considered to be positive for the study. (Richard et. al., 1975) As the sample size was large, 9 and above points were considered as a cut-off point. (Alastair et. al., April 1987)
- Students who ever scored positive 9 and above points in the GHQ28 questionnaire were selected as a sample for study.
- Positively scored students were further screened to explore the nature of psychological disturbance and to study the homoeopathic correspondence.
- Homoeopathic medicines were prescribed for exam related anxiety to overcome the state as per the need of an individual student and follow ups taken individually with the specific criteria.
- Volunteer students scoring positive in the questionnaire was defined for further exploration of the psychological disturbance. Homoeopathic correspondences for such cases were studied.
- Understanding of the person with the help of Eysenck's Personality dimensions was used in all the screened cases.
- Co-relation with the personality trait and temperament was applied to study the higher correspondence.

Analysis of GHQ28 questionnaire

The four sub-scales, each containing seven items, are as follows:

- A—somatic symptoms (items 1-7)
- B—anxiety/ insomnia (items 8-14)
- C—social dysfunction (items 15-21)
- D—severe depression (items 22-28)

There are no thresholds for individual sub-scales. Individual sub-scales are used for providing individual diagnostic or profile information. For identifying the case with GHQ-28, the total of the sub-scales is used. (Lamarche et al., 1975)

Analysis was done by Goldberg's method GHQ scoring (0-0-1-

1). The individual whose scores 4 points and above is positive for the study and considered to be having some kind of psychological disturbance. The study was shortlisted with nine as cut-off point.

CONCLUSION

1. **Prevalence rate of 49 % of psychological disturbances** amongst the adolescents attending junior college irrespective of the stream and sexes was present.
2. With positive scoring of 9 and above, **36 % of the high prevalence rate was screened to explore the prevalence and nature of various psychological disturbances** in them.
3. Mood affections, Anxiety features, Somatization, Inattentiveness-Hyperactivity, Impulsive reactions and Substance use especially alcohol was identified as the predominant nature of psychological disturbance amongst the adolescents. Most of the students were identified with the combined features of psychological disturbances with variable presentation.
4. There was a certain difference in the occurrence of illness between the science and commerce students. Science students showed more of mood affections whereas commerce students showed more of anxiety related symptoms. Somatic complaints were more predominant in science students than commerce students. Substance use was common in both but was more prevalent among commerce students.
5. Gender difference in the occurrence of the illness shows higher prevalence of panic features in males and generalized anxiety feature in females, manic features in males whereas depressive features in females. Higher prevalence of inattentiveness hyperactivity, impulsive reactions amongst males and somatic complaints in females. Use of substance is prevalent amongst males whereas absent in females.
6. There was not any significant disparity between in the occurrence of psychological disturbances between the three selected colleges.
7. Homoeopathic intervention was done for a cohort of 43 students who were in need to overcome exam related anxiety state. Aethusa, Kali Phosphoricum, Gelsemium, Lycopodium and Silicea were prescribed as per the indication. Follow up shows effective action of all the homoeopathic medicines and students experienced less distress after intervention.
8. Further analysis with the follow up is suggestive of prominent action of Aethusa and Gelsemium for somatic complaints of abdominal pain. Kali Phosphoricum was effective for nervousness and exhaustion during exam phase. Lycopodium significantly improved the intellectual functioning and confidence amongst the students. Silicea was able to effectively control the endocrinal features of palpitation, perspiration and chilliness before performance.
9. Homoeopathic correspondence for individual case was studied with personality and temperament understanding.

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Name:
Date:

Annexure-A

THE GENERAL HEALTH QUESTIONNAIRE

GHQ28
David Goldberg

Please read this carefully.

We should like to know if you have had any medical complaints and how your health has been in general, *over the past few weeks*. Please answer ALL the questions on the following pages simply by underlining the answer which you think most nearly applies to you. Remember that we want to know about present and recent complaints, not those that you had in the past.

It is important that you try to answer ALL the questions.

Thank you very much for your co-operation.

Have you recently

A1	been feeling perfectly well and in good health?	Better than usual	Same as usual	Worse than usual	Much worse than usual
A2	been feeling in need of a good tonic?	Not at all	No more than usual	Rather more than usual	Much more than usual
A3	been feeling run down and out of sorts?	Not at all	No more than usual	Rather more than usual	Much more than usual
A4	felt that you are ill?	Not at all	No more than usual	Rather more than usual	Much more than usual
A5	been getting any pains in your head?	Not at all	No more than usual	Rather more than usual	Much more than usual
A6	been getting a feeling of tightness or pressure in your head?	Not at all	No more than usual	Rather more than usual	Much more than usual
A7	been having hot or cold spells?	Not at all	No more than usual	Rather more than usual	Much more than usual
B1	lost much sleep over worry?	Not at all	No more than usual	Rather more than usual	Much more than usual
B2	had difficulty in staying asleep once you are off?	Not at all	No more than usual	Rather more than usual	Much more than usual
B3	felt constantly under strain?	Not at all	No more than usual	Rather more than usual	Much more than usual
B4	been getting edgy and bad-tempered?	Not at all	No more than usual	Rather more than usual	Much more than usual
B5	been getting scared or panicky for no good reason?	Not at all	No more than usual	Rather more than usual	Much more than usual
B6	found everything getting on top of you?	Not at all	No more than usual	Rather more than usual	Much more than usual
B7	been feeling nervous and strung-up all the time?	Not at all	No more than usual	Rather more than usual	Much more than usual

Please turn over

Have you recently

C1	been managing to keep yourself busy and occupied?	More so than usual	Same as usual	Rather less than usual	Much less than usual
C2	been taking longer over the things you do?	Quicker than usual	Same as usual	Longer than usual	Much longer than usual
C3	felt on the whole you were doing things well?	Better than usual	About the same	Less well than usual	Much less well
C4	been satisfied with the way you've carried out your task?	More satisfied	About same as usual	Less satisfied than usual	Much less satisfied
C5	felt that you are playing a useful part in things?	More so than usual	Same as usual	Less useful than usual	Much less useful
C6	felt capable of making decisions about things?	More so than usual	Same as usual	Less so than usual	Much less capable
C7	been able to enjoy your normal day-to-day activities?	More so than usual	Same as usual	Less so than usual	Much less than usual
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D1	been thinking of yourself as a worthless person?	Not at all	No more than usual	Rather more than usual	Much more than usual
D2	felt that life is entirely hopeless?	Not at all	No more than usual	Rather more than usual	Much more than usual
D3	felt that life isn't worth living?	Not at all	No more than usual	Rather more than usual	Much more than usual
D4	thought of the possibility that you might make away with yourself?	Definitely not	I don't think so	Has crossed my mind	Definitely have
D5	found at times you couldn't do anything because your nerves were too bad?	Not at all	No more than usual	Rather more than usual	Much more than usual
D6	found yourself wishing you were dead and away from it all?	Not at all	No more than usual	Rather more than usual	Much more than usual
D7	found that the idea of taking your own life kept coming into your mind?	Definitely not	I don't think so	Has crossed my mind	Definitely has

A

B

C

D

Total