IJCRT.ORG

ISSN: 2320-2882



INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

A HOMOEOPATHIC APPROACH OF MOOD DISORDERS BY CROSS REPERTORISATION

¹Dr. ShagunTyagi, ²Dr. Rajni Sharma

¹M.D. (PGR), ²M.D. (PGR),

¹Department of Psychiatry

¹ Bakson Homoeopathic Medical College and Hospital, Greater Noida-201310, Uttar Pradesh, India.

ABSTRACT: Mood disorders are a major public health problem and are associated with considerable burden of disease, suicides, physical co morbidities, high economic costs, and poor quality of life. Approximately 30% to 40% of patients with major depression have only a partial response to available pharmacological and psychotherapeutic interventions. This is an article about Mood disorders focusing on classification, etiology, clinical type and homoeopathic medicines related to rubric of Sadness in different repertories by Cross Repertorization.

Keywords: Sadness, Depression, Mood Disorder, Homoeopathy.

INTRODUCTION:[1][2][3]

Mood disorders are a group of psychiatric illnesses, where mood is the primary disturbance, with the mood disturbance there are present of change in individual activity with some disturbance in thinking process and behavior. If these changes persist for some time, that impair communal, work related, interpersonal functioning. Mood disorders should be differentiated from temporary changes in mood, temporary changes is the response of environmental factors.

EPIDEMIOLOGY:

Mood disorder frequently develops in person who is living alone especially in women. It is present in 5 to 17% of general population. Most of the risk factor of mood disorders are stressful life, addiction, genetic factor. Annual prevalence rate of mood disorders is U.S. is 7.1% in adults. 32 year age group is most affected with this disease.

AETIOLOGY:

There are many factors which may be causes, Several biological and psychosocial factors have been involve in the genesis of mood disorders.

BIOLOGICAL FACTORS:

- ➤ Biogenic amines/neurotransmitters: Some studies indicate that, in the cases of depression noradrenergic and/or dopaminergic activity is diminish and this noradrenergic and/or dopaminergic activity is rise in hypomania and mania.
- > Cerebral structural abnormalities: Some study indicates that, in cases of Ventricular enlargement on magnetic resonance imaging (MRI), this is the common condition for bipolar disorder patients rather than patients who is suffering from depression.
- Neuroendocrine factors: It is hypothesized, that the main cause of depression is the Hyperactivity of the hypothalamo-pituitary-adrenal (HPA) axis.
- ➤ Other abnormalities: In depressed patients there is diminish the number of lymphocytes with natural killer T-cells in circulation.

GENETIC FACTORS:

Depressive disorders not have much more genetic transmission rather than bipolar disorder.

PSYCHOSOCIAL AND BEHAVIORAL THEORIES:

- Several psychosocial factors have been implicated in the etiology of mood disorders.
 - Person is having stressful life.
 - Loss of a loved one etc.

CLINICAL FEATURES:

A major depressive disorder is a course that is characterized by one or more depressive episodes without a history of manic, mixed or hypomanic episodes.

- Major depressive episode
- Manic episode
- Dysthymic disorder
- Cyclothymic disorder

Table 1 - Clinical Features of Depression

CHARACTERISTIC	CLINICAL APPEARANCE	
Mood	Depressed, miserable or irritable	
Talk	Impoverished, slow, monotonous	
Energy	Reduced, lethargic	
Ideas	Feelings of futility, guilt, self-reproach, unworthiness, hypochondriacally preoccupations, worrying, suicidal thoughts, delusions of guilt, nihilism and persecution	
Cognition	Impaired learning, pseudo dementia in elderly patients	
Physical	Early waking, poor appetite and weight loss, constipation, loss of libido, erectile dysfunction, fatigue, bodily aches and pains	
Behavior	Retardation or agitation, poverty of movement and expression	
Hallucinations	Auditory - often hostile, critical	

Common differential diagnoses of depressive illness:

Table 2 - Common differential diagnoses of depressive illness

Alcohol misuse	
Amphetamine (and derivatives) misuse and w	thdrawal
Borderline personality disorder	
Dementia	
Delirium	
Schizophrenia	
Normal and pathological grief	
ORGANIC (SECONDARY) AFFECTIVE	ILLNESS
Physical causes which are both necessary and	sufficient as a cause
Cushing's syndrome	
Thyroid disease (although sometimes depressi	on persists after treatment)
Hyperparathyroidism	
Corticosteroid treatment	
Brain tumor (rarely without other neurologica	signs)

HOMOEOPATHIC MANAGEMENT:

CROSS REPERTORIZATION:[4]

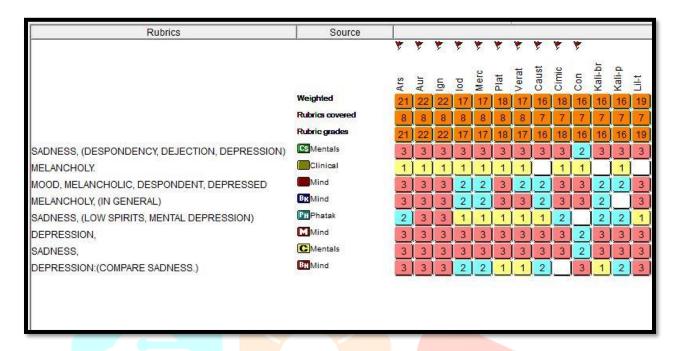


Figure 1 Cross Repertorization

HOMOEOPATHIC MEDICINE: [5][6][7][8]

Arsenicum Album, Aurum Metallicum, Ignatia Amara, Iodium, Mercurius Solubilis, platinum metallicum, Veratrum album, Causticum, Cimicifuga Racemosa, Conium maculatum.

- 1. Arsenicum Album: Person is very restlessness both physically and mantally, Changes place continually, Suicidal. Melancholy, sometimes of a religious character, sadness, care, chagrin, cries and complaints. Fear of left alone, always desire for company. Anxiety of conscience, as if a crime had been committed. The Arsenic patient sees the world as scary, chaotic.
- 2. Aurum Metallicum: Patient has feeling of culpability and utter worthlessness. Most of time talks about committing suicide. Great fear of death. Mental derangements. Melancholy, with inquietude and desire to die. Hopeless. Suicidal; desperate; disposed to jump from heights; to dash himself into a chair. Sad, feels that all is against her and life is not desirable, and the thought of death alone gives pleasure.
- **3. Ignatia Amara:** Patient of ignatia has some type of symptoms like as Changeable mood; introspective; silently brooding. Very sad, with tearful. Not communicate with the new person early. Taciturn, with continuous sad thoughts; still, serious melancholy, with moaning. Sadness and concentrated sorrow, with sighing. Very anxious person. Have no patient.
- 4. **Iodium:** Patient of iodium becomes anxious in quiet condition. Present anxiety and depression, no reference to the future. Patient has sudden impulse to run and to do some violent thing, to do murder. Very Forgetful. Wants' to busy. Fear of people. Has Suicidal tendency. Patient has some type of illusions of moral feeling.
- 5. Mercurius Solubilis: Person is very much anguish, restlessness (constantly change his place). Agitation, with fear of losing the reason. Patient has excessive internal torment especially in evening or at night. Patient has some type of mania like as postpartum mania; wants to throw child on fire. The person of mercurius solubilis has impulse to kill anyone contradicts him. Person is very angry and violent in nature, which come on little things.
- 6. **Platinum metallicum:** Person has impulse to kill anyone. Very arrogant. When mental symptoms develop in platinum patient all physical symptom disappear. Very sad patient, easily weep, sadness present especially in evening. During time of weeping loudly cries for help. Patient thinks that she

- stands alone in the earth. Great fear of death, with trembling, palpitation of heart, and obstructed respiration. Distraction and forgetfulness. The Platinum woman has the feeling of being very small, of having to grow really large in order to survive.
- **7. Veratrum Album:** Person is melancholy, has some mania. Sits in a stupid manner, Head hanged down, sits brooding in silence, and notices nothing. Person tired from life, but fear to die; amativeness; haughtiness; delirium; madness; sensitiveness; very weak memory. Melancholy, sadness, and easily weep.
- 8. **Causticum: Person is very** sad with no hope. Very sympathetic. All complaint come from long-lasting grief, sudden emotions. Melancholy and vexatious thoughts, weeps day and night. Fear, which increase at night.
- **9.** Cimicifuga Racemosa: Patient of cimicifuga has so much depression, with dream of evil. Constant talking.
- **10. Conium maculatum:** Person is very calm and tranquil; mental process is very slow. Inability to think. Loss of consciousness.

CONCLUSION:

Homoeopathy offer wonderful result in the cases of Mood Disorder. These are only the top most remedies found through cross Repertorization, but other homoeopathic medicines (similimum) can also be used for best Result.

REFERENCES:

- 1. Sainani G.S., Abraham, Dastur F.D., Abraham P, Dastur FD, Joshi VR, et al. A.P.I. Text Book of Medicine. 6th Edition. Association of Physicians of India Mumbai, 1999.
- 2. Kumar P. and Clark M. Clinical Medicine. 8th Edition. Publisher Elsevier, 2012.
- 3. Sekhon S, Gupta V. Mood Disorder. StatPearls. National Library of Medicine. 2022 may 8.
- 4. Computer Repertory: CARA Professional (Version 1.4)
- 5. Boericke OE. Boericke's New Manual of Homoeopathic Materia Medica with Repertory. New Delhi: B. Jain Publisher, Third revised & augmented edition, 2008
- 6. Clarke JH. A Dictionary of Practical Materia Medica, Similia (Version 2.31)
- 7. Sankaran R. The Soul of Remedies. Homoeopathic medical publishers. 2017.
- 8. Phatak SR. Materia Medica of Homoeopathic Medicines, 2nd Edition Reprint Edition, B. Jain Publisher Pvt. Ltd, New Delhi, 2005.