



A CLINICAL STUDY ON GERIATRIC DEPRESSION AND ITS HOMEOPATHIC MANAGEMENT

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Abstract: Elderly people who suffer from geriatric depression often struggle to carry out their everyday activities on a regular basis. The constitutional study was carried out to gauge the degree of depressive disorders among the elderly. The Geriatric Depression Scale (GDS) was employed to assess the case both prior to and following treatment. Only thirty instances were collected and used for the study. The Homoeopathic Medical College & Hospital at Vinayaka Mission served as the source of the data for this study. The psychiatric departments of IP and OP were examined. The data collected prior to and following the treatment was analysed using the signed Wilcoxon rank test. The ICD-10 diagnostic standards are used to assess if geriatric depression is present in each of the thirty cases.

Keywords: Geriatric, homoeopathy, depression, elderly.

REVIEW:

GERIATRIC DEPRESSION:

It's possible for elderly patients to have a past of depressive disorders, and that depression itself was triggered by a different medical issue. Depressive disorder is the most debilitating mental illness among elderly people, second only to memory loss in terms of frequency. Psychomotor slowness, frequent somatic symptoms, and a high percentage of thoughts of suicide or behaviours are characteristics of geriatric depression, which sets it apart from depressive disorders in other age groups.

CAUSES OF GERIATRIC DEPRESSION:

Many significant changes in life occur as one ages, which may increase the likelihood of sadness.

1. **Health problems:** Being sick and unable to function, having excruciating or ongoing pain, experiencing cognitive decline, and having surgery or illness negatively impact your self-perception can all contribute to depression ^[8].
2. **Loneliness and isolation:** Depressive disorder can be triggered by a variety of situations, such as living alone, losing social ties due to deaths or relocations, becoming unwell and unable to drive, or having less mobility.
3. **Diminished feeling of purpose:** Getting older can lead to a loss of belonging, position, confidence, and financial security. It also increases the risk of depression.

4. **Fears:** These include worries about money, health, abuse, and neglect, as well as the dreaded thought of dying or dying away.
5. **Recent bereavements:** Losing a partner or spouse, as well as friends, family, and pets, can often trigger depression in older adults ^[1].

SYMPTOMS OF DEPRESSION IN ELDERLY:

When comparing the symptoms of depressive disorders in seniors to those of younger individuals, individual differences may occur. Common warning signs to watch out for consist of:

- A lingering feeling of dejection, emptiness, or melancholy.
- A loss of interest in past interests in hobbies ^[2].
- A change in appetite, weight gain or loss, and trouble falling asleep.
- Fatigue, a decrease in vitality, or a lack of motivation.
- Cognitive impairments, like difficulty concentrating or making decisions.
- Somatic complaints, such as headaches, gastrointestinal issues, or unresolved aches and pains.
- A decrease in social engagement and disengagement from the community.
- Suicidal thoughts or a death obsession ^[7].

EPIDEMIOLOGY:

Depression is one major mental health condition that is not yet recognised as a serious public health concern. Depression affects roughly 322 million people worldwide. As of 2015, depression accounted for 7.5% of all disabilities worldwide and played a major role in the approximately 800,000 suicides that occur each year ^[3]. The 2011 the nation Census shows that 8.6% of the populace is over 60. By 2050, this percentage is anticipated to increase to 19%. Geriatric depression is more common in medical settings than in the general community. 10%–12% of hospitalised patients as well as 12%–14% of assisted living facility residents suffer from major depression. Together, these results demonstrate that older individuals are more probable to suffer from depression and that the the field of epidemiology of the illness varies amongst nations and regions ^[6].

RISK FACTORS:

- Single
- Poor Relationship
- Poor social support
- Significant other psycho-social stressors
- Self esteem
- Childcare stress
- Life Stress
- Marital relationship (window/divorced)
- Fear of death
- Living alone
- History of suicide attempts
- Effects of medications
- Ruminative personality traits
- Recent loss of loved ones
- Substance abuse, Changes in society

AETIOLOGY:

- Social and psychological risk factors include decreased interpersonal and physical activity as well as grief over a partner's death. Comorbidities and age-related disorders: endocrine disorders, Parkinson's disease, heart disease, cerebrovascular diseases, Sleep disorders: stress and insomnia are more common as people age^[4].
- Memory loss: common in the elderly, can lead to mild cognitive impairment. Family history: lack of attention or lack of particular concern and struggles as a cause of suicidal ideation continuous alcohol consumption and drug misuse, Previous mental health history: mental health symptoms and approaches to treatment^[5].
- Symptoms of neurosis: a number of symptoms may be present together. Significant life events, physical ailments, loneliness, poor self-care, and an insecure personality style are some additional symptoms.

OBSERVATIONS AND RESULT

Data from VMHMC&H's outlying centres, as well as the OP and IP department, were collected and checked for geriatric depression. These cases were observed and investigated for a period of six months. The inclusion criteria included seniors that experience depressive episodes and were between the ages of 60 and 80. Patients with organic psychological disorders related to psychiatry and those undergoing ongoing therapy for other chronic illnesses were excluded based on specific criteria. The prevalence of etiological variables and constitutional homeopathic medications served as the study's foundation.

Table – 1: Incidence of GD Based On Etiology

Etiological factors	No. of cases	Percentage
Family issues	5	16.67%
Financial issues	8	26.67%
Abandoned	1	3.33%
Health issues of self	2	6.67%
Lack of support	6	20.00%
Marital conflict	3	10.00%
Death of the loved ones	5	16.67%
	30	100.00%

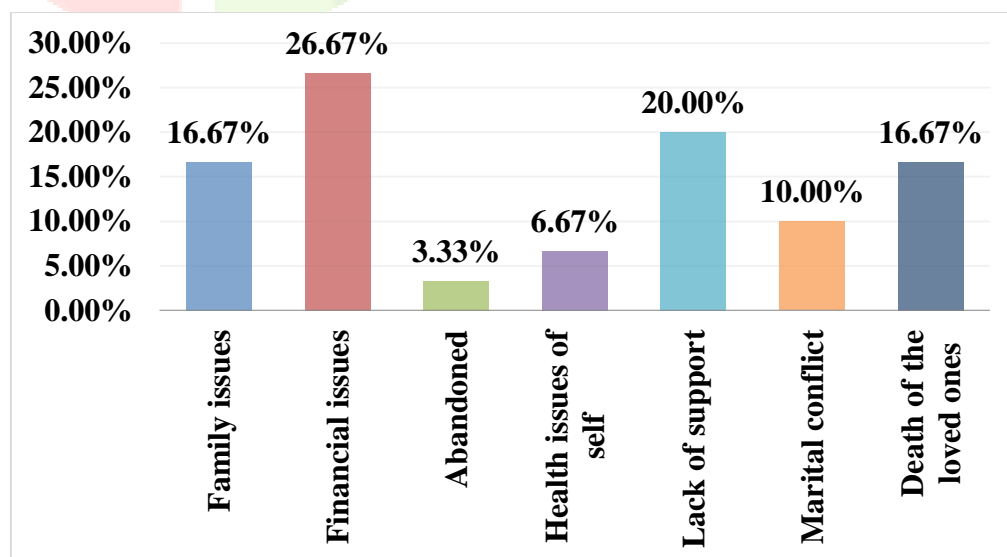


Chart – 1: Incidence of GD Based On Etiology

According to the data above, the most frequent causes of GD are financial problems in 8 cases (26.67%), a lack of assistance in 6 cases (20%), family problems and death of a loved one in each of 5 cases (16.67%), conflict between spouses in 3 cases (10%), one case (3.33%) of child health problems, and two cases (6.67%) of self-health problems.

Table – 2: Data of Constitutional Medicines Prescribed In This Geriatric Depression Study

Medicine Name	No. of Patients	Percentage
ARSENICUM ALBUM	12	40.00%
IGNATIA	10	33.3%
AURUM METALLICUM	2	6.7%
CARBO VEGETABILIS	2	6.7%
NATRUM MURIATICUM	2	6.7%
	30	100.0%

The table shows that ARSENICUM ALBUM is successful in 12 cases (40.00%), IGNATIA is effective in 10 cases (33.3%), AURUM METALLICUM, CARBO VEGETABILIS, NATRUM MURIATICUM is effective in 2 cases (6.67%), respectively.

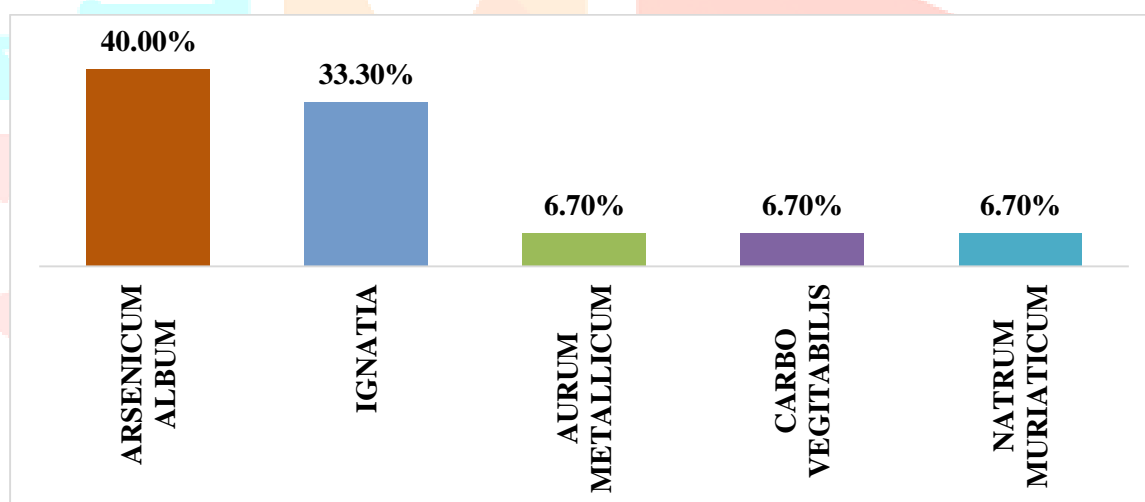


Chart – 2: Data of Constitutional Medicines Prescribed In This Geriatric Depression Study

CONCLUSION

The research's conclusions included the following: a noteworthy proportion of 9 (30.00%) subjects fell between the ages of 63 and 65. It affected both men and women. Separated was found to be the main factor related to elderly depression. This was followed by spouse division, bad news, interpersonal issues, humiliation, anxiety issues, concern for a loved one, psychosocial loss, and separated. The most often prescribed medications were ARSENICUM ALBUM, which worked in 12 cases (40.00%), IGNATIA, which worked in ten instances (33.3%), AURUM METALLICUM, CARBO VEGETABILIS, and NATRUM MURIATICUM, which worked in 2 cases (6.67%), and so on. This study highlights the wide range of applications for homoeopathy in the management of elderly depression. The drugs were administered in accordance with the reportorial results' general recommendations. A constitutional study was conducted based on the patient's unique circumstances. The Wilcoxon method was employed to examine the outcomes. The test was rejected, along with its null hypothesis.

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