Approach of Homoeopathy in-Psychiatric Illnesses Among Older People as Public Health Issues

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ABSTRACT :

Senescence or the ageing process is marked by gradual decline in the function of all systems of body such as cardiovascular, respiratory, genitourinary, endocrine and immune. Among them, psychiatric diseases like dementia, depression, alcoholism and paranoia are very common in patients older than 65 years of age. These effects are increasingly marked by the general loss of well-being in the elderly in western society, vertigo, syncope, hearing loss, elderly abuse, insecurity, loss of interest after retirement, spousal bereavement, disability and death of friends and relatives. So there is need to deal with grief over the loss of others and one's own situation. In Homoeopathy, so called mental diseases are one sided-diseases where patient's disposition of mind is to be noted along with the totality of symptoms in order to cure them with the most suitable remedy and psychotherapy.

Keywords: Psychiatric illnesses, old age, homoeopathy, anamnesis, psychological counselling, health promotion. anti-psoric treatment.

Abbreviations: WHO - World health organization, DALYs – disability adjusted life years, ECTs - electroconvulsive treatments, NPHCE – National programme for health care of the elderly, e.g. – example.

Introduction

Old age is that stage of life which is dominated by loss of function, decreased perception in all sensory fields, such as decline in new learning, facial recognition, and orgasm. Emotional and mental illnesses are common in elderly. Approximately over 20% of adults aged sixty & over suffer from mental disorders. According to WHO, mental and neurological disorders among older adults account for 6.6% of the total disability (DALYs) for this age group.1 Indian studies have reported that individuals of nuclear families are more susceptible to developing psychological problems than those of joint families because of breakdown in the traditional support system.[2]

Some sociological and psychological factors contribute for psychiatric illnesses in old age such as negative attitude develops due to sudden decrement in social position, power, income after retirement, from usual routine working life, loneliness resulting from death of one's spouse, friends or relatives, anxiety from rejection by children and sedentary lifestyle which aggravates the mental faculty. It is common to find people who complain of loneliness despite the constant presence of other residents. Women in old age are more prone to social insecurity, health problems, and greater emotional/financial insecurities. Lower levels of education are shown to be associated with higher rates of dementia and consequently more among females.[3] It was observed that the proportion of patients having geriatric psychiatric syndrome wad significantly high in males than females.[4]

Common psychiatric illnesses in old age[5,6,7,8]

- Dementia is characterised by deterioration in memory, thinking, behaviour and the ability to perform daily activities. There is evidence of nervous tissue dysfunction limited largely to the cerebral hemispheres. The most common cause of dementia is senile dementia of alzheimer's type, which accounts for about 40-50% of cases. The second common cause of dementia in old age is multi-infarct dementia, previously known as psychosis with cerebral arteriosclerosis. Hypertension or diabetes or both are frequently present. Some of the treatable causes of dementia are hypothyroidism, hypoparathyroidism, hepatic encephalopathy, multi-infarct dementia, vitamin B12 and folic acid deficiency, drug toxicity.
- Delirium implies an abrupt deviation from the

individual's usual state during which the affected person appears to some extent unaware of his or her circumstances or actions. Its incidence has been reported higher on acute geriatric services. The fully developed psychiatric picture of the confusional state is that of delirium with clouding of consciousness, short term memory disturbance, visual hallucinations, mood changes and ill behaviour. Acute stroke, drug intoxications, diabetic precoma, hypoglycemia, uraemia, hepatic failure and myxoedema may produce such confusional state.

- Depression is the most common affective disorder in old age. Risk factors in depression in late life are a past history of such a disorder, physical illness or chronic pain, recent adverse experiences, and the absence of a confinding relationship. A consistent finding in community surveys is that the complaint of loneliness is associated more with depression than with actual social isolation.
- Schizophrenia usually begins in late adolescence or young adulthood and persists throughout life. About 80% of suffering people show varying degrees of impairment by the age 65 such as emotional blunting, illogical thinking, eccentric behaviour and social withdrawal. Long-term hospitalization is required.
- Alcoholism may occur in response to loneliness, bereavement, occult depressive illness or other emotional, social or medical stresses and can contribute to cognitive decline and dementia, possibly because of its effects on key forebrain nuclei.
- Paranoid symptoms are more common in older age. Paranoid thinking resulting from depression, schizophrenia, organicity or personality conflicts. A complete physical examination is always necessary, that is, hearing loss, vision loss or concentration deficits - may trigger a paranoid reaction.
- Insomnia is one of the most common complaints of the old. Sleep is decreased especially in later part of night. It is likely to be a feature of psychiatric illnesses, such as depression and anxiety states. It is important to investigate underlying cause such as dyspnoea, pain, bladder or rectal discomfort, nocturia, etc.
- Psychiatric symptoms associated with other disorders: Depression can occur after stroke in brain and parkinson's disease. Depression and anxiety disorders following myocardial infarction or heart failure. Mood disorders, the most prevalent psychiatric complications of degenerative arthritis occur in upto 25% of patients. Thyroid diseases, malnutrition and anemia are relatively common in older adults and may be responsible for such psychiatric symptoms as lethargy, weakness, confusion and behavioural changes.
- Suicide risk : One third of elderly persons report loneliness as the principal reason for considering suicide. Approximately 10% of elderly persons with suicidal risk report financial problems, poor medical health or depression. Suicide victims, as a rule, use guns or hang themselves, whereas 70% of suicide attempters take a drug overdose and 20% cut or slash themselves.
- Drug effects may be long lasting and may induce depression (eg. antihypertensive), cognitive impairment (eg. sedatives), delirium and psychosis induced by antiparkinsons medications (eg. anticholinergics). or seizures (eg. neuroleptics).
- Somatic symptoms disorders are those physical symptoms resembling medical diseases are relevant to geriatric psychiatry because they are common among older people. More than 80% of older ones over 65 years of age have atleast one chronic illness, usually arthritis or cardiovascular problem and 20% have diabetes and other chronic illnesses that require medical attention.

Management

Most valuable indications in examination of the elderly are subjective symptoms of the patient. The physician must first gain the patient's confidence in a calm and sympathetic manner and should be free from prejudice. Physician should also inquire family, friends or relatives with or without the patient. In case of old age, especially, physician should explore the subtle signs of cognitive impairment, paranoid symptoms and course of illness. He should not reveal the information received from patient and also should not biased on relatives account and should discuss issues about which contradictory information was given, always respecting confidentiality.

Here comes the importance of anamnesis which includes history of presenting complaint, past psychiatric problems and treatment taken (names and dosage of drugs, number of ECTs). Family history is important in genetic disorders such as alzheimer's disease, Creutz-Feldt-Jakob, Huntington's and Pick's disease. Re-evaluate the patient alone with additional information to make the portrait of disease. Thoughts about

the meaning of suicide and life after death may reveal some information which patient cannot share directly. So the physician must bring out skillfully any of the causes of a disgraceful character which patient or his friends do not like to confess (obvious cause).

As mentioned by Master Hahnemann, one can think of somato-psychic origin in case of dementia and delirium, and abuse of alcohol under acute onset of exciting cause, and depression and paranoid symptoms under psychosomatic origin and treat them accordingly.[9]

Reportorial approach

Aggravation and Amelioration, OLD, Age, senility, agg., in: **Alum**, **Ambr**, **Ant-c**, **ARS**, **AUR**, **BAR-C**, **Carb-an**, **CON**, **Fl-ac**, **LACH**, **LYC**, **OP**, **SEC**, **Sulph**[10]

Stages of Life and Constitution, AGE, Old people, Depression: **Aur**[11]

Stages of Life and Constitution, AGE, Old people, Sleeplessness: **Acon**, **BAR-C**[11]

OLD, Age, senility: Aur, Bar-c, Lach, Lyc, Op[12]

OLD, Age, senility: *Ambr*, **Aur**, **Bar-c**, **Con**, *Lach*, **Lyc**, **Op**[13]

Therapeutics:

Totality of case is important but in clinical practice few homoeopathic remedies[14,15] which have the affinity to such cases may be kept in mind –

Ambra grisea : Adapted to patients weakened by age or overwork, who are anemic and sleepless. Great remedy for the aged with impairment of all functions, weakness, coldness and numbness usually of single parts, fingers, arms, etc. Thinking difficult in the morning with old people. Dread of people and desire to be alone. Cannot do anything in the presence of others. Cannot sleep from worry, must get up.

Anacardium occidentale: Senile dementia. Fixed ideas. Hallucinations; thinks he is possessed of two persons or wills. Anxiety when walking, as if pursued. Impaired memory. Absent mindedness. Very easily offended. Lack of confidence in himself or others. Suspicious.

Baryta carbonicum : Senile dementia, with loss of memory. Mental weakness. Lost confidence in himself. Confusion. Aversion to strangers. Childish; grief over trifles.

Conium maculatum : Especially for diseases of old men; old maids; old bachelors; with rigid muscular fibre; persons with light hair who are easily excited; strong persons of sedentary habits. It corresponds to the debility, hypochondriasis, urinary troubles, weakened memory, sexual debility found here. Memory weak, unable to sustain any mental effort. Dreads being alone, yet avoids society.

Crotalus horridus : Incipient senile dementia, forgetful of figures, names and places, or he imagines himself surrounded by foes or hideous animals, antipathy to his family. Delirium of typhus and delirium tremens. Confused speech; disconnected answers, with coldness of skin and rapid pulse. Marked indifference, seems only half alive; utter apathy. Sadness, her thoughts dwell on death continually. Depression, anxiety and lowness of spirits. Melancholy, with timidity, fear; anxiety; weeping; or snappish temper.

Lachesis mutus : Very important during the climacteric and for patients of a melancholic disposition. Women who have not recovered from the change of life "have never felt well since that time." Great loquacity. Delirium tremens with much trembling and confusion. Sad in the morning; no desire to mix with the world. Mental labour best performed at night. Euthanasia. Suspicious; nightly delusion of fire.

Ignatia amara : Mentally, the emotional element is uppermost, and co-ordination of function is interfered with. Hence, it is one of the chief remedies for hysteria. Rapid change of mental and physical condition, opposite to each other. The remedy of great contradictions. Bad effects of anger, grief, or disappointed love. Changeable mood; introspective; silently brooding. Sighing and sobbing. Cannot bear tobacco. Pain is small, circumscribed spots. *Natrium muriaticum* : Psychic causes of disease; ill effects of grief, fright, anger, etc. Depressed, particularly in chronic diseases. Marked disposition to weep; sad weeping mood, without cause , but consolation from others < her troubles. Sleepy in forenoon. Nervous jerking during sleep. Dreams of robbers. Sleepless from grief.

Aurum metallicum : Old people with weak vision, tired of life. Ailments from fright, anger, contradictions, mortification, vexation, dread, or reserved displeasure. Over-sensitive to pain, smell, taste, hearing, touch. Feeling of self-condemnation and utter worthlessness. Profound despondency, with increased blood pressure, with thorough disgust of life, and thoughts of suicide. Constant rapid questioning without waiting for reply.

Causticum : Broken down seniles. Sad, hopeless. Intensely sympathetic. Ailments from long-lasting grief, sudden emotions. Manifests its action mainly in chronic rheumatic, arthritic and paralytic affections, indicat-

ed by the tearing, drawing pains in the muscular and fibrous tissues, with deformities about the joints.

Hyoscyamus niger : Delirium, with restlessness, jumps out of bed, tries to escape; makes irrelevant answers; thinks he is in the wrong place; talks of imaginary doings, but has no wants and makes no complaints. Fears : being alone; poison; being bitten; being sold; to eat or drink; to take what is offerred; suspicious, of some plot. It causes a perfect picture of mania of a quarrelsome and obscene character. Very suspicious. Intense sleeplessness. Lascivious mania.

Syphilinum : Loss of memory; cannot remember names of books, persons or places; arithmetical calculation difficult; remembers everything previous to his illness. Hereditary tendency to alcoholism. Pains from darkness to daylight; decrease and increase gradually. Apathetic; feels as if going insane or being paralyzed. Fears the night, and the suffering from exhaustion on awakening. Hopeless; despairs of recovery. Linear pains from temple across, or from eyes backward; cause sleeplessness and delirium at night.

Treatment and care strategies[1,16,17]

- Health promotion which involves those living conditions and environments that support wellbeing and allow older people to lead a healthy life.
- Early diagnosis, identification and treatment of accompanying physical illness such as dementia and delirium are reversible if diagnosed accurately and treated timely.
- In case of hypochondriacs, repeated physical examinations help to reassure patient that they do not suffer from a fatal illness and should avoid high risk diagnostic procedures unless indicated.
- Social programmes targeted at vulnerable groups - rural populations, who live alone, who suffer from a chronic or relapsing physical or mental illness, for example – NPHCE.

Conclusion :

The mental health needs of older people are substantial. We should keep older people at their own home and provide them home-help aid services like physical, occupational, speech therapy and psychotherapy. By improving interpersonal relationships, psychotherapy increases self esteem and decreases feelings of loneliness, helplessness and anger. Homoeopathy is not dependent on nosological diagnosis. The fundamental cause in so-called mental diseases is always psora, so anti-

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