Homoeopathic Psychiatry E- Magazine - 2025

(Journal of Psychiatry in Homoeopathy)

3rdEdition

featuring global theme

"Access to Services – Mental Health in Catastrophes and Emergencies"

Homoeopathic Psychiatric Association

Annual Publication

Cover Description

The cover of Homoeopathic Psychiatry E-Magazine 2025 embodies the global theme of World Mental Health Day 2025 – 'Access to Services – Mental Health in Catastrophes and Emergencies.'

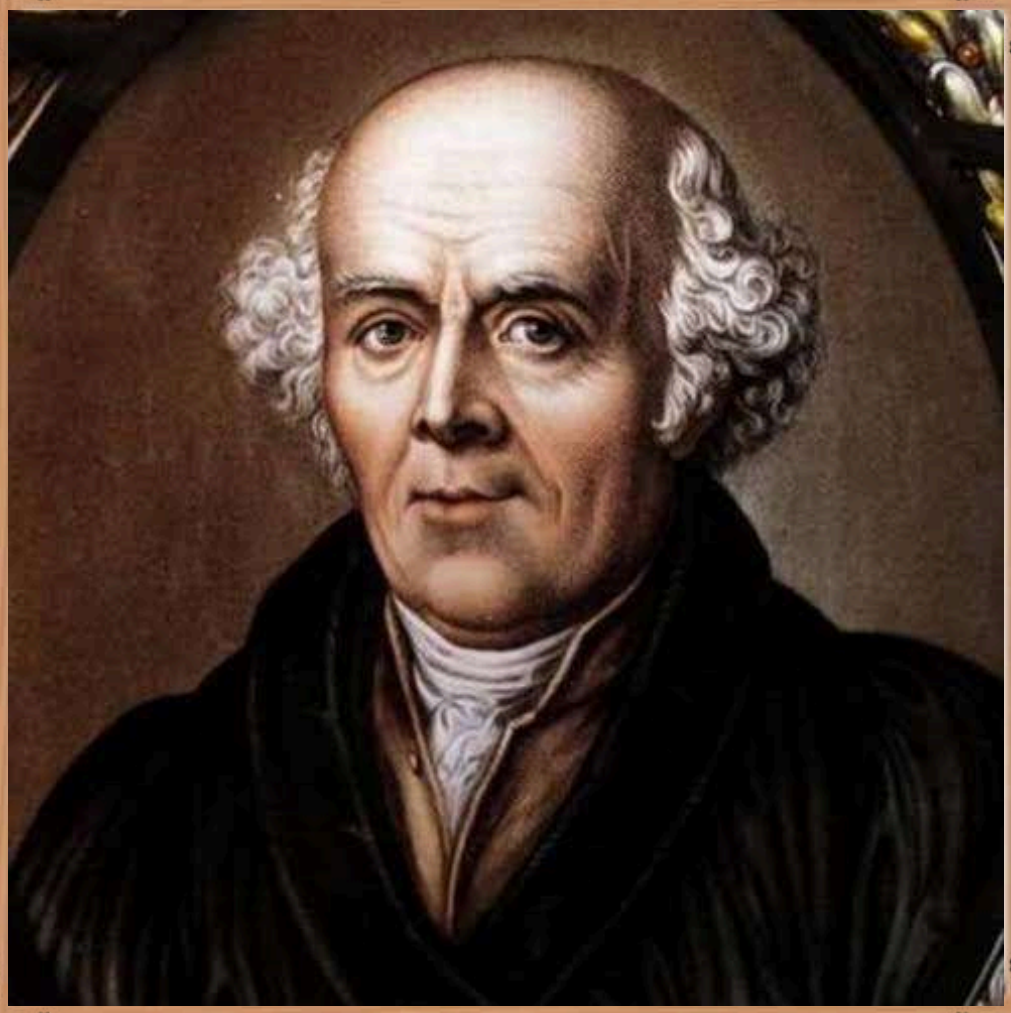
It is a canvas of contrasts – beneath, the scars of war and calamity mark the earth, a stark reminder of how both human-made and natural catastrophes tear at the fabric of life. Yet above this desolation, a tender vision shines through – a child, pure and unbroken, receives the world into her small hands. She does not carry the weight of destruction, but the promise of tomorrow. To place the earth in the hands of a child is to declare that, no matter the storms that rage, humanity's greatest duty is to preserve hope, safety, and a sound mind for the generations that follow.

The lightning and storm clouds are not just symbols of chaos – they echo the uncertainties of life when emergencies strike. But the reaching hand that offers care amidst this turbulence speaks louder: it is resilience, compassion, and the assurance that mental health services must remain accessible to all, especially in times when they are needed most.

This cover is both a reflection and a pledge – that whatever happens to this world, we dream of a future where every child inherits not only a safe earth, but also a healthy and happy mind. It mirrors the vision of the Homoeopathic Psychiatric Association, to weave together science, service, and empathy so that healing continues, even in the harshest of circumstances, lighting the way toward a more humane tomorrow.

Dr. Ramiz Ibrahim
Secretary
Homoeopathic Psychiatric Association

Dr. Christian Friedrich Samuel Hahnemann



10 April 1755 - 2 July 1843

(Meissen, Germany) (Paris, France)

In homage to the visionary healer, Dr. Christian Friedrich Samuel Hahnemann, the pioneer of Homoeopathy and a compassionate psychiatrist. His tireless dedication to holistic healing and unwavering commitment to mental well-being continue to resonate through the ages. Let us walk in his footsteps, merging science and compassion to nurture a healthier world.

Editor's Message

Dr. Ayisha E.K
BHMS, MD Psychiatry
Medical officer
Ayush primary Health Centre (Homoeoapthy)
Perumanna Klari.
Convenor, SADGAMAYA Project, APHC Veliyamkode

Dear Readers..

It is with great pride and heartfelt joy that I present to you the 3rd E-Magazine of the Homoeopathic Psychiatric Association – 2025, the annual publication devoted to the Journal of Psychiatry in Homoeopathy. This year's edition carries the global theme "Access to Services – Mental Health in Catastrophes and Emergencies", a subject that resonates profoundly with the challenges of our time.

The world around us continues to face disasters both natural and man-made - wars, epidemics, displacements, and calamities that shake human existence to its core. In such situations, mental health is often overlooked despite being among the most affected domains. Homoeopathy, with its holistic and individualized approach, offers gentle yet powerful healing in times of crisis, supporting psychological first aid and long-term recovery alike.

This 3rd edition is enriched with theme-based articles, original research, review papers, perspectives, and creative contributions from distinguished senior academicians as well as enthusiastic young scholars. Together, they provide a vibrant spectrum of knowledge, experience, and vision for the future of homoeopathic psychiatry.

I extend my sincere gratitude to all the contributors and reviewers who have poured their expertise and creativity into this work. A special appreciation goes to our younger generation of writers, whose participation symbolizes the continuity and growth of this discipline.

May this magazine serve as a platform for awareness, dialogue, and collaborative progress, reminding us that even amidst catastrophe, every human mind deserves understanding, empathy, and healing.

With warm regards,
Dr. Ayisha E. K.
Chief Editor
3rd E-Magazine of the Homoeopathic Psychiatric Association (2025)

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Introduction

Dear Readers,

With deep joy and renewed purpose, we present to you the 2025 edition of the Homoeopathic Psychiatric Association's E-Magazine. This year's publication is a reflection of our continuing journey in advancing Homoeopathic Psychiatry, while also aligning with the global vision of ensuring mental health for all, even in the most testing of times.

The theme of World Mental Health Day 2025 - "Access to Services – Mental Health in Catastrophes and Emergencies" - resonates profoundly with our mission. Around the world, natural disasters, wars, pandemics, and personal crises have left countless lives disrupted. Beyond the physical damage lies the invisible wound of the mind, often overlooked and unattended. Through this edition, we aim to highlight the urgent need for accessible, compassionate, and holistic mental health care, particularly in times when humanity is most vulnerable.

Since our inception in 2018, our association has been committed to integrating the principles of homoeopathy into psychiatry, recognizing that true healing cannot be confined to the body alone. Mental health, we believe, is central to the wholeness of life. By addressing not just symptoms, but the individuality of every person - their emotions, temperament, and life stories - Homoeopathic Psychiatry offers a path of care that is deeply human and profoundly holistic.

This year's magazine is not merely a collection of articles; it is a platform for voices, insights, and lived experiences that together weave a narrative of resilience, empathy, and innovation. Our contributors - doctors, researchers, and students — have come together to share knowledge that we hope will inspire, guide, and encourage practitioners and learners alike.

The Homoeopathic Psychiatric Association continues to grow stronger as a collective of dedicated minds and compassionate hearts. With the guidance of our advisors and the tireless efforts of our core team, we strive to expand awareness, education, and access to integrative mental health care across India and beyond. Each initiative, whether through research, publications, or outreach, brings us closer to a future where mental health is no longer stigmatized, but embraced as a vital part of well-being.

As you turn the pages of this edition, we invite you to engage with the stories and perspectives that reflect both the challenges of our times and the hope of what is possible. Together, let us envision and work towards a world where every child and every individual, despite catastrophes and crises, can inherit not only a safe earth but also a sound and happy mind.

With heartfelt gratitude to all contributors, members, and supporters, we dedicate this edition to the spirit of resilience and to the belief that healing is always possible when compassion leads the way.

Warm regards,
Dr. Ramiz Ibrahim
Secretary
Homoeopathic Psychiatric Association

MESSAGE

Dr K. P Thajuddin MD (Hom)
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Dear Readers,

It fills my heart with immense gratitude to connect with you once again through the Homoeopathic Psychiatric Association's annual E- magazine. This year, we come together under the global theme of "Access to Services – Mental Health in Catastrophes & Emergencies," a theme that holds profound relevance in today's world of uncertainty, displacement, and crises.

Over the past year, our association has taken meaningful strides to grow beyond borders and strengthen our role in advancing homoeopathic psychiatry. The inauguration of our official website during the World Mental Health Day 2024 celebration marked a turning point, providing a digital platform that connects students, professionals, and the public to resources in homoeopathy and mental health. Alongside, our second annual magazine was released, echoing our commitment to knowledge-sharing and awareness.

Some of our noteworthy milestones include:

- The launch of our digital platform, extending our reach to thousands of professionals and students across India.
- Successful poster-making competitions and academic programs that engaged youth and encouraged creative perspectives on mental health.
- Continued efforts in clinical meetings, publications, and outreach programs, fostering collaborative learning.
- Strengthened collaborations with NHRIMH and CCRH to pave the way for impactful research in homoeopathic psychiatry.

As we reflect on this year's theme, it is evident that mental health services are often the most vulnerable during catastrophes and emergencies. Through our initiatives, we aim to ensure that compassion, accessibility, and holistic approaches remain central to mental health care—even in the most challenging circumstances.

This magazine is not just a collection of articles, but a beacon of hope and resilience. Each contribution reflects our shared belief that healing is possible when care is accessible, inclusive, and humane.

To our members, I extend my heartfelt appreciation for your tireless dedication. To our readers, I invite you to walk with us in this journey—towards a future where no one is left behind, where mental health care is available even amidst crises, and where homoeopathy continues to play a vital role in healing lives.

HOMOEOPATHIC PSYCHIATRY E-MAGAZINE 2025

Warm regards,
Dr. K. P. Thajuddin
President, Homoeopathic Psychiatric Association

MESSAGE

Dr Rema Ramkumar
BHMS MD Psychiatry
Cheif Consultant Remedy Homoeopathy
Speciality Clinic, Senior Consultant at Psychiatry
Speciality Clinic AIHMS
Thrissur, Kochi.

Dear Members and Colleagues,

It is a privilege to address you once again as the Vice President of the Homoeopathic Psychiatric Association of Kerala. Each year, our journey together in the field of homoeopathic psychiatry continues to inspire me with its spirit of innovation, compassion, and resilience.

This year's theme, "Access to Services – Mental Health in Catastrophes & Emergencies," reminds us of the urgent responsibility we hold as healers. In times of war, natural disasters, and social crises, mental health needs often go unseen, yet they are among the most vital. Homoeopathy, with its holistic and individualized approach, offers a pathway to care that is compassionate, affordable, and accessible—even in the most challenging circumstances.

Over the past year, our association has celebrated significant milestones—the launch of our official website, the release of our second annual magazine, academic programs, poster competitions, and strengthened collaborations with national research institutions. These achievements reflect our united efforts to create a stronger foundation for homoeopathic psychiatry in India.

As we reflect on this progress, let us remember that our true success lies in reaching those who need us most. I encourage every member to contribute actively—whether through clinical insights, research, or student mentorship—so that we continue to build a culture where mental health care is accessible in all settings, including times of catastrophe.

Together, let us ensure that this journal is not just a collection of articles, but a voice of resilience, healing, and hope. May it inspire us all to broaden our horizons and uphold our mission of holistic mental health for individuals and communities.

With warm regards,
Dr. Rema Ramkumar
Vice President
Homoeopathic Psychiatric Association, Kerala

MESSAGE

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To,
Dr. Ayisha E K,
Chief Editor,
E- Magazine
Homoeopathic Psychiatric Association,
Kerala.

Dear Dr. Ayisha,

It is with great satisfaction that I am writing to you to compliment you and the Homoeopathic Psychiatric Association, Kerala for its persistence in bringing forth the Annual issue for the last 2 years. I am sure that this indicates the energetic involvement of all the members of the organization to contribute to the growth of knowledge in this rapidly upcoming field.

This year the World Mental Health Day is being observed with a unique theme of ensuring access to Psychiatric services during Catastrophies and Emergencies. Homoeopathy has a great deal to offer in natural calamities as our own experience has indicated in epidemics, earthquakes and floods. Man-made emergencies as war and strife are also places where we can make a difference since Homoeopaths are available everywhere.

I am sure that the forthcoming issue will throw light on these aspects and will guide the profession to come to the help of those who are direly affected. My best wishes to all.

Thanking you for this opportunity.

Yours sincerely,

Dr. K. M. Dhawale
Chairman, Scientific Advisory Board, CCRH, New Delhi
Director, Dr. M. L. Dhawale Memorial Homoeopathic Institute.

MESSAGE

Dr.K.C.Muraleedharan
Asst.Director (H)/Admin In charge
Central Council for Research in Homoeopathy
Delhi

Dear Members of the Homoeopathic Psychiatric Association,

It is indeed heartening to see the Homoeopathic Psychiatric Association taking remarkable strides in addressing one of the most vital needs of our time — mental health. Your association's commitment to integrating the compassionate principles of homoeopathy with the understanding of the human mind reflects a vision that is both humane and holistic.

In a world where emotional well-being is often overshadowed by the pressures of modern life, your efforts to bring awareness, care, and healing through homoeopathic psychiatry stand as a beacon of hope. The initiatives you undertake not only strengthen professional knowledge but also reaffirm faith in the power of gentle, individualized healing.

May your continued work inspire many more to approach mental health with empathy, scientific spirit, and dedication to humanity. Wishing the Association and its members great success in all your noble endeavours.

Dr K C Muraleedharan
Asst.Director (H)/Admin In charge
Central Council for Research in Homoeopathy
Delhi

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MESSAGE

Dr. Umesh Akkaladevi
MD Director

Dear Dr. Ayisha EK and the Homoeopathic Psychiatric Association,

Greetings! It is a true honor to contribute a message for the 3rd Annual Homoeopathic Psychiatry E-Magazine.

At Hamsa Homeopathy Medical College, Hospital & Research Centre, we are dedicated to advancing the field of Homoeopathic Psychiatry. This dedication has been the driving force behind our efforts on World Mental Health Day (WMHD) for the past few years.

In 2022, embracing the theme "Make Mental Health & Well-Being for All a Global Priority," Hamsa organized a National Seminar that brought together practitioners, students, and advocates to discuss the pivotal role of Homoeopathy in achieving global mental well-being. The following year, on WMHD 2023, centered on "Mental health is a universal human right," we hosted another successful National Seminar to explore how our holistic science can uphold this fundamental right for all individuals.

Building on this momentum, I am pleased to announce that Hamsa will be organizing a National Workshop on Psycho Education for Homoeopathy Doctors this year. The timing is crucial, as the theme for WMHD 2025 is 'Access to Services - Mental Health in Catastrophes and Emergencies'.

This theme underscores the critical need for all Homoeopathy practitioners to learn and understand the importance of mental health in emergencies. Psycho-education is not just an added skill—it is a vital tool for us to effectively support individuals facing mental distress during crises, ensuring that mental health services are accessible when they are needed most.

The Homoeopathic Psychiatric E-Magazine is an invaluable platform for knowledge-sharing and professional growth. I congratulate you on its upcoming edition and look forward to its release.

With warm regards and best wishes for a successful publication.

Dr. Umesh Akkaladevi
Director,
Hamsa Homeopathy Medical College, Hospital & Research Centre
Telangana
Hyderabad
01/10/2025

MESSAGE

Dr. R.Sitharthan,
Principal, Professor & HOD,
Department of Practice of Medicine,
National Homoeopathy Research Institute in Mental Health, Kottayam. Phone:9443203174.

Psychiatry is an important branch of medical treatment for mental, behavioral and emotional disorders which helps individuals to regain a good mental health with improvement in their overall well-being. It promotes sharing of knowledge from “bench-to-bedside”, develops public health strategies on mental illness and reduces the falsehood, distortion of mental disorders.

Homeopathy is a system that integrates the mental and emotional abnormalities of an individual through a holistic approach. This field focuses on interconnection between persons physical and mental health by individualized homeopathic treatments in combination with counseling.

A Psychiatry magazine always play a crucial role in spreading the updated latest diagnostic methods, research and advanced treatments in mental health care system which encourages the scientific understanding in between the health care professionals and public. Till now there is lacking in scientific evidence based proof for homoeopathy in psychiatric disorders.

I hope that this “Homeopathic Psychiatry E - Magazine 2025” will enlighten and enhance the knowledge of psychiatry among public and medical health care professionals. I congratulate the entire team who had brought this with tireless effort and wish them a great success.

MESSAGE

Dr. Nimi Mole K L
Principal In-charge
Govt. Homoeopathic Medical College
Calicut

It gives me immense pleasure to witness the growing recognition of Homoeopathic Psychiatry as a dedicated specialty. The efforts of the Homoeopathic Psychiatric Association in creating awareness, building academic platforms, and inspiring young doctors and students are truly commendable.

The initiative of bringing out such a thoughtful and high-quality magazine deserves special appreciation.

A community of Homoeopathic Psychiatry like this is truly remarkable. Even for general homoeopaths, such a collective serves as a valuable support and resource, helping us approach mental health care with clarity and confidence. The association is playing a pivotal role in showing how homoeopathy can contribute meaningfully to psychiatry, while inspiring students and practitioners alike.

I congratulate the entire team for their dedication and encourage them to continue this mission with the same spirit, so that the benefits of Homoeopathic Psychiatry reach society at large.

RAM KRISHNA COLLEGE OF HOMOEOPATHY AND MEDICAL SCIENCES

(RAM KRISHNA DHARMARTH FOUNDATION UNIVERSITY)

(Approved by Ministry of Ayush, Govt of India, Central Council of Homoeopahty, New Delhi and Department of Ayush, Govt of M.P.) A Unit of RKDF University, Bhopal

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It is with immense pride and pleasure to write a message for the Kerala Homoeopathic Psychiatric Association's third annual E-Magazine

Warm Greetings to All

As you all know the theme for World Mental Health Day 2025 is "Access to services-mental health in catastrophes and emergencies". World Mental Health Day is an opportunity for us all to talk about mental health and consider how, together, we can help everyone have better mental health. Mental health has been a more prominent part of public conversation and consciousness. This theme focuses on making sure that mental health services are accessible to everyone, especially during times of crisis and disaster.

Many communities especially, in low-resource settings lack adequate mental health services during crises like pandemics, natural disasters, conflicts etc and access decline further. So the theme calls for strengthening the availability, reach and inclusivity of mental health care. It includes ensuring that services remain available even when infrastructures are disrupted and vulnerable populations can still receive support when they need it most. Emergences often trigger or worsen psychological distress like grief, anxiety, isolation and trauma. So, it emphasizes the need to integrate mental health into disaster preparedness and response planning.

In a nutshell, mental healthcare must be available, affordable and inclusive, especially during crises. Mental health needs spike during disasters, systems must be in place to respond swiftly and compassionately.

I wish all success to this esteemed e-magazine. With best wishes for all future endeavors of Homoeopathic Psychiatric Association, Kerala.

Principal
Ram Krishna College of Homoeopathy and Medical Sciences, Bhopal

MESSAGE

Prof (Dr) N.D. Mohan MD
Psychiatrist
National Homoeopathic Research Institute In Mental Health, Kottayam

Dear Doctors,

I wish to express my heartfelt appreciation to all the members of esteemed Doctors Association for your unwavering dedication, compassion and service to society. Your commitment to excellence in patient care, continuous learning and professional ethics is truly inspiring.

Together we uphold the values of our noble profession and make a lasting difference in the lives we touch. Thank you for your tireless efforts and for standing united as a beacon of hope and healing.

Warm regards
Prof (Dr) N.D. Mohan MD

MESSAGE

Dr. Dinesh R S.
Psychiatrist
Mental health centre, peroorkada
Thiruvananthapuram

Dear Doctors,

The year 2024 stands as the hottest ever recorded, with global warming crossing 1.5°C, leading to unprecedented natural disasters and humanitarian crises worldwide. Climate change and conflicts have displaced millions, leaving nearly 300 million people in need of urgent aid for food, shelter, and healthcare.

The theme of World Mental Health Day 2025, "Access to Services – Mental Health in Catastrophes and Emergencies," reminds us that mental health care must remain accessible even in the most challenging circumstances. Disasters, both natural and man-made, have blurred boundaries — from the floods and landslides in India to the ongoing crises in Gaza, Sudan, Syria, Ukraine, and Afghanistan. Each catastrophe leaves behind not only physical destruction but deep psychological wounds.

Studies reveal that around 20% of disaster-affected populations experience major mental health conditions such as acute stress, PTSD, anxiety, and depression. India reports a 72% treatment gap, while 10.6% of its population faces at least one major mental health problem. Kerala alone recorded 10,972 suicides in 2023, with a rate of 30.6 per lakh population — a stark reminder of our growing need for accessible and compassionate care.

Improving mental health access through primary health integration, psychological first aid, community support, and telemedicine can make a significant difference. As we face growing global challenges, let us reaffirm our collective commitment to building a world where mental health care is not a privilege of peace, but a lifeline in every crisis.

Advisor
Homoeopathic Psychiatric Association

MESSAGE

Dr. Nazeer E,
Social Scientist, Director
Centre for Social Sciences Education and Research, Thiruvananthapuram

I am delighted to learn that the Homoeopathic Psychiatric Association is bringing out the 3rd Annual Edition of its E-Magazine on the occasion of World Mental Health Day 2025. This initiative has become a vital platform for disseminating knowledge, creating awareness, and fostering dialogue in the field of Homoeopathic Psychiatry.

The chosen theme, “Access to Services – Mental Health in Catastrophes and Emergencies”, is especially relevant in the present times. Disasters, whether natural or man-made, leave lasting psychological effects on individuals and communities. Ensuring timely access to mental health services in such circumstances is essential for healing, resilience, and social well-being. The holistic approach of Homoeopathy, with its emphasis on the individual as a whole, can play an important role in complementing mental health interventions and reaching communities in need.

I sincerely appreciate the efforts of the Homoeopathic Psychiatric Association in highlighting these concerns and offering a thoughtful platform for practitioners, students, and the wider public. May this E-Magazine continue to inspire collaboration, compassion, and innovation in advancing the cause of mental health. I extend my best wishes to the editorial team, contributors, and readers for the success of this edition.

With regards,
29.09. 2025

MESSAGE

Dr. K. S. Lalithaa
Professor & Head
Department of Psychiatry
Vinayaka Mission Homoeopathic Medical College & Hospital, Salem

It is a privilege to extend my felicitations to the Homoeopathic Psychiatric Association on the release of the 3rd Annual Homoeopathic Psychiatry E-Magazine on the occasion of World Mental Health Day 2025. The chosen theme, "Access to Services – Mental Health in Catastrophes and Emergencies," resonates deeply with the challenges of our time. Disasters, pandemics, and humanitarian crises often leave behind invisible scars on the human mind, demanding timely, compassionate, and accessible interventions.

Homoeopathic Psychiatry, with its emphasis on the individual as a whole and its capacity to address both acute trauma and long-standing psychological imbalances, is uniquely positioned to contribute in such contexts. Our materia medica abounds with remedies that reflect the very states of shock, fear, despair, and resilience seen in survivors of catastrophes. Integrating these insights with contemporary psychiatric understanding allows us to build a bridge between science and healing, tradition and modern need.

This E-Magazine is more than a publication; it is a call to action. It inspires practitioners, educators, and students to reaffirm their commitment to mental health, to innovate in practice, and to ensure that even in the most adverse circumstances, care remains within reach of every individual. I congratulate the editorial team for curating such a timely edition and for fostering a culture where homoeopathic psychiatry is recognized as both scientifically relevant and humanely indispensable.

With best wishes for its continued impact and success,

MESSAGE

Dr. Girish Navada U. K.
Professor & Head
Department of Psychiatry
Father Muller Homoeopathic Medical College
& Hospital, Mangalore

It is a matter of great joy that the Psychiatry E-Magazine, published by the Homoeopathic Psychiatric Association, is being released on the occasion of World Mental Health Day 2025 with the theme “Access to Services – Mental Health in Catastrophes and Emergencies.”

Mental health challenges are magnified in times of catastrophe—whether natural disasters, public health crises, or humanitarian emergencies. While physical wounds often receive immediate attention, the silent psychological scars remain hidden, neglected, and at times, lifelong. The theme for this year rightly calls upon us to ensure that access to mental health care becomes a fundamental right, not a privilege limited by circumstance.

As professionals, educators, and caregivers, it is our responsibility to build systems that are responsive, inclusive, and resilient, ensuring continuity of care even amidst disruption. Homoeopathy, with its emphasis on holistic healing and person-centered care, has a unique contribution to make in addressing the trauma, grief, and psychological impact of crises.

I congratulate the Homoeopathic Psychiatric Association for this timely initiative. May this E-Magazine serve not only as a platform for sharing knowledge and clinical insights, but also as a reminder of our collective mission—to stand beside the vulnerable, to advocate for accessible services, and to nurture hope in the face of adversity.

Let us join hands to build a future where no individual’s mental health is forgotten in times of emergency.

MESSAGE

Dr. Diana R
Associate Professor & HOD, Dept. of Psychiatry
Academic Committee Head, Homoeopathic Psychiatry Association
Sarada Krishna Homoeopathic Medical College, Kulasekharam, Tamil Nadu

Dear Friends,

It is with immense pleasure that I convey my greetings through the third edition of the Annual E-Magazine of our Homoeopathic Psychiatry Association. The field of Homoeopathy in Psychiatry is one of profound responsibility, where every effort we make touches not only the health but also the hopes of individuals as well as their families.

I deeply value the sincerity and dedication with which our fraternity strives to integrate scientific understanding with the art of healing. Each step we take towards advancing knowledge, refining clinical skills, and upholding humane values strengthens our shared mission. Let us continue to work together with vision and compassion, so that our discipline may grow as a source of strength, comfort, and transformation in the lives of those we serve.

As the Academic Committee Head, I take great pride in witnessing the collective academic enthusiasm and innovative spirit that continues to enrich our association and inspire future generations.

With best wishes

MESSAGE

Dr Manu Manjith S.
Lyricist, Malayalam Film Industry
Assistant Professor, Dept of Psychiatry
Father Muller Homoeopathic Medical College & Hospital, Mangalore

Dear Doctors,

As a proud member of this association, It is a privilege to pen this message for our esteemed magazine, a reflection of the collective spirit and dedication of the Homoeopathic Psychiatrists of Kerala. First of all let me congratulate the editorial board and all those hard works behind this magazine. This platform stands as a testament to our shared mission of advancing mental health care through the unique and holistic lens of homoeopathy.

As practitioners at the intersection of mind and medicine, we are witnessing a crucial shift—where the world increasingly recognises the importance of mental well-being and the role of integrative approaches in achieving it. Homoeopathy, with its individualized, non-invasive, and holistic philosophy, is uniquely positioned to contribute meaningfully to modern psychiatric care.

In recent years, we have also seen encouraging advancements in homoeopathic research related to mental health. Studies exploring the effectiveness of individualized remedies in conditions such as anxiety disorders, depression, OCD, ADHD, and trauma-related illnesses have begun to build a more evidence-informed foundation for our practice.

Let us remain committed—to scientific integrity, compassionate care, and lifelong learning. Together, let us build a community that is not only curative but also transformative.

Warm regards.

INDIAN HOMOEOPATHIC MEDICAL ASSOCIATION (IHMA)

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Indian Homeopathic Medical Association

Dear Doctors,

It is with immense pleasure that I convey my warm greetings and best wishes to all those associated with this inspiring publication. This magazine stands as a reflection of the dedication, academic enthusiasm, and collective vision of the Homoeopathic Psychiatrists of Kerala who are working tirelessly to strengthen the field of mental health through the lens of homoeopathy.

In an age when mental health challenges are increasingly recognized as central to overall well-being, the contribution of homoeopathy has gained renewed importance. Our system, rooted in individualisation and holistic understanding, offers a compassionate and comprehensive approach to care-addressing not just the illness, but the person in totality.

I deeply appreciate the sincere efforts of the editorial team, contributors, and organisers for bringing forth such a meaningful initiative. May this publication continue to inspire thought, encourage collaboration, and serve as a valuable resource for practitioners and students alike.

With best wishes for continued success,

Dr. Parimal Chatterji

President

Indian Homoeopathic Medical Association

Dr Parimal Chatterji P
State President
IHMA Kerala

Dr Ashref Zohail C P
State General Secretary
IHMA Kerala

MESSAGE

Dr. Kochurani Vargheese
President
Institution of Homoeopaths Kerala (IHK).

It gives me immense happiness to extend my heartfelt felicitations to the Homoeopathic Psychiatric Association on the occasion of their 3rd Annual E-Magazine 2025 and the Third Annual Poster Making Competition in connection with World Mental Health Day 2025.

The chosen theme, “Access to Services – Mental Health in Catastrophes and Emergencies,” is highly relevant and timely, reminding us of the growing need to prioritize mental health support, especially during crises. By encouraging creativity and academic contributions from students and professionals, this initiative is not only spreading awareness but also nurturing the next generation of compassionate homoeopaths dedicated to Psychiatry.

On behalf of the Institution of Homoeopaths Kerala(IHK), I extend my best wishes for the grand success of these programs. May your noble efforts continue to inspire, strengthen our community, and highlight the vital role of Homoeopathy in mental health care.

With warm regards and prayers for success,

HPA 2025

2025 ANNUAL REPORT

Prepared by

Dr. Ramiz Ibrahim
Secretary
Homoeopathic Psychiatric Association

Homoeopathic Psychiatric Association

Annual Report - 2024 - 2025

It gives me immense pride to present the Annual Report of the Homoeopathic Psychiatric Association for the year 2024–2025. This year has been one of steady growth, meaningful outreach, and visible impact, both within Kerala and beyond.

World Mental Health Day 2024 was a remarkable milestone for our association. On this occasion, **Dr. K. C. Muraleedharan**, Assistant Director (H) & Officer In-Charge, National Homoeopathy Research Institute in Mental Health (NHRIMH), Kottayam, inaugurated our official website- ***www.homoeopsychiatry.com***, marking a new chapter in our journey. He also released what we proudly consider our master work - the second annual magazine, globally themed

"It's Time to Prioritize Mental Health in the Workplace."

True to its theme, our members ensured that mental health was actively addressed in workplaces across different sectors. A theme-based promotional video was also released, and our doctors conducted sessions in schools, special schools, and professional spaces, spreading awareness and offering guidance. Notably, through the invitation of Dr. Sinsen's Academy, some of our members even extended their expertise internationally, taking sessions for doctors in the USA and other countries. This global participation reflected not only the strength of our association but also the growing recognition of homoeopathic psychiatry as a relevant and evolving field in mental health.

During the year, the committees of our association underwent some changes to streamline our activities. The Coordination Committee was merged with others, and more faculty doctors joined the Academic Committee, enriching it with experience and guidance. The Social Media Committee grew stronger and more enthusiastic, producing promotional videos and drawing more members to engage with the public. Our association continues to be a team effort where students and practicing doctors alike contribute their skills and energy.

Membership has also seen growth. A lot new members joined this year, while more homoeopathic psychiatry doctors from neighboring states expressed their wish to be a part of our association. Their recognition of us as a community built specifically for homoeopathy in psychiatry reflects our unique position as a standalone association dedicated to this speciality. This wider acceptance highlights the need for such a platform with a strong legal and professional framework.

Although time constraints and busy schedules limited our monthly meetings, we were still able to conduct more than three online meetings, several core committee meetings, and one memorable offline meeting at Kochi, where **Dr. Dinesh R. S** (Psychiatrist, Dept. of Health services, Kerala) honored us as our Chief Guest. Many of the committee discussions, even when not formally minuted, were crucial in drafting letters, representing our cause to authorities, and ensuring that the voice of homoeopathic psychiatry was heard in the right forums.

Our achievements this year go beyond meetings. Several motivational sessions, training programs, and awareness talks were held in workplaces, schools, and special schools. In addition to our annual magazine, a number of our member's articles were published in national journals, bringing our work into wider professional circles. We also collaborated with private clinics, laboratories, blood banks, and fellow associations, extending our impact beyond our own network. As always, we celebrated World Mental Health Day with a poster-making competition, which gained attention and participation from across India, showcasing the creative engagement of our community.

Research & Publications

Research and publications remain at the heart of our progress. One of the most remarkable milestones was achieved by our senior faculty, **Dr. M. Gnanaprakasham**, Associate Professor, Department of Psychiatry, NHRIMH, Kottayam, who secured his **PhD in Homoeopathy** for his pioneering research on ***"Effectiveness of Individualised Homoeopathic Intervention in the Management of ADHD Children Using Biomarkers and Standard Questionnaire: A Single Arm Placebo-Controlled Randomized Trial."*** This achievement not only brings prestige to our association but also stands as a landmark in homoeopathic psychiatry, demonstrating its scientific rigor and potential to address complex conditions such as ADHD.

Notably, **Dr. Sreeja K R** published an exploratory case series on the '***Applicability of the Similia principle in managing symptoms caused by prolonged use of antipsychotic drugs***' in **American Journal of Homoeopathy**. Two of our members, **Dr. Ayisha E. K.** and **Dr. Ameena S**., were honored with the **Best MD Dissertation Award** by the Central Council for Research in Homoeopathy for their outstanding studies on **Generalized Anxiety Disorder** and **Obsessive-Compulsive Disorder**, respectively. Such recognitions reinforce our conviction that homoeopathic psychiatry is gaining scientific depth and credibility.

Advocacy and Policy

Our advocacy efforts have also borne fruit. Members of our association now represent for AYUSH in the Kerala State Mental Health Authority (KSHMA), adding the wisdom of over 15+ years of experience to the state's policy framework. We have consistently submitted representations for appointing qualified homoeopathic psychiatry doctors in National AYUSH Mission (NAM) and National Health Mission (NHM) projects. The academic committee has actively engaged with education boards, suggesting changes in the homoeopathic psychiatry syllabus, which were welcomed. Significantly, we succeeded in requesting the withdrawal of the outdated provision of Assistant Professor post under Department of Organon or Medicine in the MSR drafts, affirming that homoeopathic psychiatry stands as an independent discipline.

Community Outreach

Community outreach has remained a strong expression of our values. Our doctors responded during times of landslides and flood affected areas, and visited the Wayanad landslide relief camps to provide mental health support. Many members also undertook personal initiatives to extend relief and awareness programs, showing that our presence is not confined to academic or clinical spaces but deeply rooted in the well-being of society.

Challenges & Opportunities

As we look back, I see not just challenges but opportunities we have embraced. One of the major concerns we continue to face is the presence of unqualified practitioners claiming authority in psychiatry, which misguides students and confuses patients. While we have remained patient out of respect, this has now become a matter of public concern, and we are prepared to take it forward to higher authorities if required.

Our students, in particular, need to recognize their own capabilities instead of feeling pressured, harassed, or restricted by faculty who may not hold proper qualifications. They can always seek our support, and through our association, we are ready to extend their concerns to bodies like the NCH or CCRH, ensuring that their voices are heard and their rights are protected.

Another challenge has been the limited opportunities for postgraduate students to gain exposure in institutions like NIMHANS. We are advocating for structured postings that will allow them to experience integrative psychiatry and expand their research opportunities. We are also committed to documenting the success stories of our members, ensuring that clinical evidence strengthens our specialty for the next generation.

Conclusion

This year, our journey reflects not just survival but steady progress. The association has grown in membership, in recognition, and in the range of activities we have undertaken. Both our students and our practicing doctors remain active and committed, building this association step by step into a strong, independent, and respected community. With research, advocacy, and outreach at the core of our work, we continue to move forward with clarity and conviction.

As Secretary, I extend my heartfelt gratitude to all members - senior doctors, practicing clinicians, and students - whose dedication fuels this journey. Together, we are ensuring that homoeopathic psychiatry is not only recognized but also respected as an essential contributor to holistic mental health.

Thank You

Our Members

Currently, our association proudly comprises a total of 60 doctors. Out of that officially, 21 doctors registered as Regular members, and 11 doctors registered as Associate Members & 2 doctors registered as student members.

Regular Members:

1. Dr. Thajuddin K. P.
2. Dr. Sreeja K. R.
3. Dr. Tinu Mathews
4. Dr. Anu Upendranath
5. Dr. Rema A.
6. Dr. Manu Manjith S.
7. Dr. Hasan Jawahar K.
8. Dr. Jithin M. Ouseph
9. Dr. Ramiz Ibrahim
10. Dr. Akhila A. L.
11. Dr. Neethu Raj
12. Dr. Justina M. Steefan
13. Dr. Ayisha E. K.
14. Dr. Freeda M. Joseph
15. Dr. Keerthy P. V.
16. Dr. Shifa K.
17. Dr. Deepak K. P.
18. Dr. Ameena S.
19. Dr. Basil Kurian Jose
20. Dr. Fasila Aliyar
21. Dr. Lalitha K. S.

Associate Members:

1. Dr. Mridul A. S.
2. Dr. Revathi Ravikumar
3. Dr. Liza K. B.
4. Dr. Anna Alex
5. Dr. K. Madhavi Priyanka
6. Dr. Sakthi Silvan
7. Dr. Arya B. Prasad
8. Dr. Aiswarya J.
9. Dr. Rehna Rahim
10. Dr. P. Mounika
11. Dr. C. Lavanya

Student Members:

1. Dr. Jino Saira Koshy
2. Dr. Aparna P R

Access to Mental Health Services in Catastrophes and Emergencies

Introduction

On July 30, 2024, Wayanad in Kerala witnessed India's worst-ever landslide, devastating the villages of Punchirimattam, Chooralmala and Mundakkai. Kerala woke up to a panic-hit morning on July 30 as news channels started airing shocking stories of hundreds of people trapped in the mud and even more missing or already presumed dead.

In the wake of catastrophes - whether natural disasters, armed conflicts, pandemics, or humanitarian crises—the physical destruction is often visible and immediate. However, the psychological and emotional wound on individuals and communities is equally profound, though frequently overlooked. Access to mental health

In Mundakkai was isolated for hours as the sole bridge that connected the village to nearby Chooralmala and the rest of the world was destroyed in the landslide that had set off a fresh, furious river stream. The "new" river of debris gobbled up everything that stood in its way, including the Vellarmala Government Vocational Higher Secondary School in Chooralmala.The scale of destruction was unimaginable, with over 231 people confirmed dead, while body parts of 218 others have been recovered.

services during and after such emergencies is not just a matter of public health—it is a human right and a critical component of long-term recovery.

The Mental Health Impact of Emergencies

Catastrophic events significantly increase the risk of mental health conditions such as:

- Post-Traumatic Stress Disorder (PTSD)

- Anxiety and panic disorders
- Depression
- Adjustment disorders
- Substance abuse

People already living with mental health conditions may see their symptoms worsen, especially when treatment is disrupted or unavailable. Vulnerable groups—children, elderly, people with disabilities, and those with pre-existing mental health disorders—face disproportionate risks.

Barriers to Access Mental Health Services

During emergencies, several factors hinder access to mental health care:

1. Collapse of Health Infrastructure

Hospitals and clinics may be damaged or overwhelmed, reducing their capacity to provide even basic services.

2. Shortage of Mental Health Professionals

Even in stable conditions, many regions face a shortage of trained mental health workers. Emergencies exacerbate this gap.

3. Stigma and Cultural Beliefs

In many communities, stigma around mental health can discourage people from seeking help or acknowledging their needs.

4. Logistical and Security Challenges

In conflict zones or disaster areas, safety concerns, destroyed roads, or displacement can make access nearly impossible.

5. Lack of Integration into Emergency Response

Mental health is often treated as a secondary concern, with most resources going toward physical health, food, and shelter.

Strategies for Improving Access

To ensure access to mental health services during emergencies, several strategies must be implemented:

1. Integrate Mental Health into Emergency Response Plans

Mental health and psychosocial support should be a core component of disaster preparedness and humanitarian aid frameworks.

2. Train Non-Specialists

Training community health workers to deliver basic mental health support, expanding the reach of services.

3. Establish Mobile and Remote Services

Mobile clinics, telehealth, and digital platforms can bridge gaps in service delivery, especially in remote or conflict-affected areas.

4. Community-Based Support Systems

Building local capacity through peer support groups, culturally appropriate counseling, and community outreach helps normalize mental health care and fosters resilience.

5. Address Stigma through Education

Raising awareness about mental health, using local languages and culturally relevant messaging, can reduce stigma and encourage help-seeking behavior.

6. Ensure Continuity of Care

It is essential to provide ongoing mental health support long after the immediate crisis ends, as psychological trauma can surface or persist for months or years.

International Frameworks and Examples

Organizations like the World Health Organization (WHO), International Federation of Red Cross and Red cross

and Red Crescent Societies (IFRC), and UNICEF have developed guidelines for mental health support in emergencies. Notable frameworks include:

- Inter-Agency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support in Emergency Settings
- Sphere Handbook: Humanitarian Charter and Minimum Standards

Successful examples include:

- Rwanda post-genocide: A national trauma recovery program that integrated mental health into primary care.
- Syrian refugee camps: Use of trained community health workers to deliver psychosocial support.
- Post-tsunami Sri Lanka: Deployment of local religious and community leaders to provide culturally informed counselling.

Homoeopathy: Has shown some evidences in the management of PTSD during COVID 19[1][2].Arsenicum album, Pulsatilla, Calc carb, Lachesis, Ignatia are suggested to heal such conditions. [3]

Conclusion

Access to mental health services is a life-saving intervention during catastrophes and emergencies. As the frequency and intensity of crises increase globally due to climate change, political instability, and pandemics, integrating mental health into emergency response is not optional—it is essential.

Governments, humanitarian organizations, and communities must work together to ensure that psychological well-being is treated with the same urgency and commitment as physical health.

Reference

1. Ponnam HB. Optimization of Homoeopathy in the management of Post-Traumatic Stress Disorder, the aftermath of COVID-19 pandemic: Clinical Case Series: Homoeopathy in the management of PTSD. International Journal of High Dilution Research-ISSN 1982-6206. 2022 Aug 12;21(cf):46-66.
2. Mahajan N, Mahajan A, Salodiya S, Singh AK. Role of Homoeopathy in Management of Post Traumatic Stress Disorder (PTSD) Post COVID 19.
3. Moorthi S, Radhika P, Muraleedharan K. Psychological implications during the outbreak of COVID-19 and its homoeopathic management. Indian Journal of Research in Homoeopathy. 2020;14(2):136-42.

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Access to Mental Health Services in Catastrophes and Emergencies: The Role of Homoeopathy in Psychological First Aid.....

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Introduction:

Catastrophes and emergencies like earthquakes, floods, pandemics, wars or accidents are not just physical crises, they are also mental health crises. Survivors face sudden loss, displacement, fear and trauma. In such times, access to professional mental health services is often severely restricted due to infrastructural breakdowns, shortage of trained personnel, stigma and prioritizations of physical health over emotional care. Yet, untreated psychological trauma can leave lasting scars, manifesting as post-traumatic stress disorder (PTSD), chronic anxiety, depression or psychosomatic illnesses.

Homoeopathy with its holistic and individualized approach offers a unique role in emergency mental health care. Remedies are safe, cost-effective, easy to transport, non-addictive, and can be administered even in resource – limited settings. In acute psychological first aid, bridging the gap where conventional psychiatric services are unavailable.

This article explores the challenges of accessing mental health services in crises, highlights the potential of Homoeopathy in emergency situations, and presents a framework for integrating Homoeopathy into disaster preparedness.

Mental Health Burden in Catastrophes:

When disaster strike, the first focus is on saving lives and providing food, shelter and medical aid. Mental health is often neglected, yet its impact is profound. Studies have shown that:

- · 30-50% of disaster survivors experience acute stress reactions.
- · 10-20% may develop PTSD within months if untreated.
- · Children and elderly populations are especially vulnerable, with long term effects on emotional development or cognitive decline.
- · Frontline workers and healthcare professionals also experience "secondary trauma" from prolonged exposure to human suffering.

The invisibility of psychological wounds often leads to delayed intervention. In many communities, stigma around mental health further reduces help-seeking behavior. Therefore, solutions that are immediate, acceptable and low cost are crucial.

Barriers to Access Mental Health Care in Emergencies:

Shortage of trained professionals - Psychiatrists, psychologists and counsellors are rarely available in emergency camps.
Infrastructure collapse – Communication lines, hospitals, and clinics may be destroyed

- Stigma – Many survivors may avoid conventional psychiatric help due to cultural or social perceptions.
- Cost and logistics – Transporting psychotropic medicines to disaster-hit areas is often difficult.
- Focus on physical survival – Psychological needs are often considered secondary.

This is where Homoeopathy can serve as a low-resource, community-friendly and integrative approach to mental health support.

Homoeopathy as Psychological First Aid:

Homoeopathy is based on the principle of individualization and addresses the mind-body connection holistically. During crises, remedies can be prescribed for acute stages of mind that emerge suddenly, often with great intensity. Some key aspects that make Homoeopathy relevant include:
1. Portability
2. Safety
3. Accessibility
4. Holistic healing

Homoeopathic Remedies in Emergency Situations:

While each case must be individualized, certain remedies have shown particular utility in acute crisis situations:
1. Aconitum napellus – Sudden panic, fear of death, restlessness after shock (e.g. Earthquake survivors)

1. Arnica montana – Physical trauma combined with mental shock, refusal to be touched.
2. Ignatia amara – Acute grief, sobbing, silent suffering, emotional suppression after loss of loved ones.
3. Arsenicum album – Intense anxiety, restlessness, fear of being alone, insecurity in displaced survivors.
4. Opium – State of stupor, insensibility after fright, inability to process shock.
5. Stramonium – Night terrors, fear of darkness, violence and post-traumatic delirium (especially in children)
6. Phosphorus – Anxiety with desire for reassurance, fear of being left alone, hypersensitivity to external impressions.

The Gaps and Fillings that we Need:

1. Wayanad Landslide (Aug 2024)

What was done:

· A 121-member Mental Health Disaster Management team – including psychiatrists, clinical psychologists, social workers and counsellors was deployed immediately. Help desks were set up across hospitals and relief camps to provide psychosocial support, with priority given to children, pregnant women, the elderly and those with addiction issues. A 24-hour toll-free helpline was activated to extend support beyond physical locations.

The Indian Medical Association (IMA) established a temporary polyclinic with telemedicine services and a support cell of mental health experts to address probable PTSD among survivors.

Amrita Hospital's clinical psychology team conducted group intervention sessions focusing on stress, anxiety, grief, trauma recovery and resilience – employing psychoeducation, emotion regulation, grounding methods, and meditation among affected community women.

What persisted as Gaps:

One-year post-tragedy, an NGO survey of 552 survivors found that 58% reported ongoing mental health issues, yet 8.3% had received no support.

Another assessment revealed over one-third of survivors continued to suffer sleep disturbances and trauma. Worsening factors included financial instability, inadequate rehabilitation, and bureaucratic hurdles

Other Recent Calamities in India

Northern India Flash Floods & Landslides (Monsoon 2025). Relentless tragic storms triggered widespread floods and landslides across Uttarakhand, Himachal Pradesh, Jammu & Kashmir, Punjab, and Delhi.

Psychological Needs – What's often Missing:

· While physical rescue operations receive prime focus, psychological first aid for survivors addressing acute stress, trauma and anxiety, often remains remarkably underprioritized.

There's a critical absence of structured, immediate psychosocial intervention for both survivors and frontline responders.

No dedicated mental health deployment has been widely reported for these broader crises.

Where Homoeopathy could have Supplemented or Filled Gaps:

Homoeopathy offers unique advantages in emergencies, particularly when infrastructure or expert resources are limited.

Benefits:

Portability & Accessibility – Remedies are compact, lightweight and can be carried by relief workers or even distributed via community kits.

Safety & Non-addictive – Homoeopathic remedies carry no risk of dependence or serious side effects.

· Holistic & Immediate Emotional Relief: Suitable for acute conditions like shock, panic, grief, insomnia and anxiety.

Intervention Examples:

1. Homoeopathic Kits tailored for disaster settings with emergency medicines
2. Community Level Training: Educating community health workers or volunteers in basic psychological first aid using homoeopathic responses could provide immediate support where professional mental health services aren't available.
3. Mobile Relief Integration: Homoeopathic practitioners could accompany mobile medical camps in flood or landslide affected zones to deliver emotional first aid wherever survivors gather.
4. Bridging Long Term Psychological Care: Homoeopathy could serve as an accessible,

longer-term follow-up for those still reporting trauma months later, especially in communities where access to counselling or psychotherapy remains limited.

Integration of Homoeopathy into Disaster Relief:

To maximize impact, Homoeopathy must not remain isolated but be integrated into emergency healthcare systems. Some strategies include:

1. Preparedness Kits
2. Training Programs
3. Community Outreach
4. Collaboration with NGO's
5. Research and Documentation

Advantages over Conventional Psychiatric Approaches In Emergencies:

· No dependence or withdrawal issues
· Easy storage and long shelf life
· Can be given alongside conventional medical treatment without interaction risks
· Addresses not only the mental but also the physical trauma

Future Perspectives:

As disasters both natural and man-made become more frequent, mental health must be treated as a core pillar of humanitarian aid. Homoeopathy, with its accessibility and holistic philosophy, has the potential to become a valuable tool in global disaster preparedness. By integrating homoeopathy into national emergency frameworks, training community workers and documenting outcomes, we can ensure that survivors not only live but also health emotionally.

Conclusion

In catastrophes and emergencies, the mind often suffers silently while the body receives immediate attention. Neglecting mental health in such contexts can lead to long-term consequences for individuals and communities. Homoeopathy with its gentle yet profound action, offers a bridge to accessible psychological first aid. Remedies like Aconite, Arnica, Ignatia, and Arsenicum can ease acute shock, fear and grief preventing deeper psychiatric disorders from taking root.

By incorporating Homoeopathy into emergency relief strategies, we can provide survivors with not only safety and shelter but also emotional resilience and hope.

"A TRUE STEP TOWARD HOLISTIC HEALING IN TIME OF CRISES"

Bibliography

1. World Health Organization (2019). Mental health in emergencies. World Health Organization.

2. North, C. S., &Pfefferbaum, B. (2013). Mental health response to community disasters: A systematic review. JAMA, 310(5), 507-518.

3. Bryant, R.A (2019). Post-traumatic stress disorder: A state-of-the-art review of evidence and challenges. World Psychiatry, 18(3), 259-269.

.

4. Nayak, C., et al. (2020). Homoeopathy for COVID-19: A systematic review and meta-analysis. Journal of Integrative Medicine, 18(6), 473-481.

5. Kayne, S., & (2013). Homoeopathy and disaster relief. Natural Pharmacy.

6. Rajan, S., & Bagchi, A. (20110. Homoeopathy in disaster management: A case-based approach. Indian Journal of Research in Homoeopathy, 5(2), 26-33

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Access to Mental Health Services During Emergencies - A Student's Perspective

Introduction

"Disasters shatter homes, communities and lives but the deepest wounds are often invisible." There is no health without mental health at time of catastrophes and emergencies, this truth becomes painfully clear. According to WHO, mental health is a state of well-being where an individual realizes their own abilities, can cope with the normal stresses of life, can work productively, and is able to contribute to their community.

When catastrophe strikes – whether a sudden natural disaster, a large-scale industrial accident, armed conflict, or a global pandemic – the immediate focus is often rightly on rescue, shelter, food, water and physical healthcare.ing and undermines community recovery.

Yet mental health and psychosocial needs are an equally essential dimension of the humanitarian response. Psychological distress, grief, acute stress reactions and longer-term disorders such as depression and post-traumatic disorder (PTSD) are common after emergencies, and failure to provide timely, accessible mental-health services increases suffer

This article examines what "access to services" means for mental health in catastrophes and emergencies, surveys common barriers, highlights effective approaches and operational guidance, and offers recommendations for policymakers, responders and health systems.

Why Mental Health Matters in Emergencies

Emergencies multiply risk factors for mental-health problems such as exposure to life threatening events, loss of loved ones, forced displacement, economic collapse, disruption of social networks and the stress of recovery all elevate psychological burden. While many people demonstrate resilience, a substantial minority develop clinically significant disorders or prolonged functional impairment.

longitudinal and systematic reviews of disaster-exposed populations show increased prevalence of PTSD, depression, anxiety and other mental health conditions in the years following disasters, and that some effects can persist long after the acute phase. Timely mental- health care mitigates suffering, prevents chronic problems, and supports the social and economic recovery of communities.

What "Access to Services" Includes

"Access" is multi-dimensional. It does not simply mean the physical presence of a clinic. In humanitarian and public-health literature access to mental-health services is typically understood in terms of these components:

Availability – are appropriate services and trained personnel present in the affected area?

Accessibility – can people reach services physically (transport, safety), legally and economically. Are services offered in languages and formats people can use

Acceptability – do services align with cultural beliefs and reduce stigma so people are willing to use them.

Quality – are interventions evidence-based, safe and delivered by appropriately trained staff or supervised lay-workers

Continuity – can services provide ongoing care when needed rather than short, one-off interventions.

Access therefore means connecting people to the right type of support (from psychological first aid to specialist psychiatric care), delivered in the right way and at the right time.

The Common Service Models used in Emergencies Humanitarian responses typically deploy a layered, multi-sectoral model for mental health and psychological support (MHPSS), recommended in international guidance: 1) Basic services and security – ensuring safety, shelter, food and medical care; addressing immediate stressors that exacerbate distress.

2) Community and family support – strengthening social networks, community activities and culturally appropriate rituals that promote coping and collective healing. 3) Focused non-specialized services – trained but non-specialist providers offering brief psychosocial support, problem-solving or structured interventions (e.g., cognitivebehavioural techniques adapted for non-specialists).

4) Specialized services – clinical assessment and management for severe mental disorders, including psychiatric care and psychological therapies delivered by specialists.

This layered approach (sometimes pictured as tiers) emphasis that the majority of psychosocial needs can and should be met through community supports and non-specialist interventions, with referral pathways to specialist care for the smaller number with severe or persistent disorders. International guidelines from the Inter-Agency Standing Committee (IASC) and UN agencies formalize this framework.

Barriers to Access Mental-Health Services in Catastrophe

Multiple, interacting barriers prevent people from obtaining mental-health support during crises:
1) Physical and logistical barriers Disasters damage often destroys health infrastructure and roads; clinics may close or be repurposed for acute medical care. Remote, displaced or insecure populations (e.g., in conflict zones) may be unreachable for months.

2) Human resources and capacity There is a chronic global shortage of mental-health professionals, especially in low- and middle-income countries and emergencies amplify that shortage when local staff are also affected by the crisis. Training non-specialists is essential but takes planning and resources.

3) Economic and legal barriers Out-of-pocket costs, lost income and the need to prioritise subsistence needs reduce the ability to seek care. In some contexts, legal barriers (e.g., lack of documentation for refugees) impede service use.
4) Stigma and cultural mismatch Mental-health stigma discourages help-seeking. Services modelled on Western psychiatric concepts may be perceived as irrelevant or threatening in some cultures. Acceptability requires cultural adaptation and community engagement.)

Communication and information gaps People may not know what services exist or how to access them; disrupted telecommunications in disasters make outreach and referral challenging.

6) Continuity of care Short-term humanization projects often stop after the emergency phase, leaving people who need long-term care without follow-up. Integrating MHPSS into routine health systems improves continuity.
Understanding these barriers helps planners target interventions that truly increase access rather than simply setting up temporary clinics.

Evidence-Based and Promising Strategies to Improve Access

Integrate mental health into disaster preparedness and health systems Mental-health services should be part of preparedness planning (stockpiling psychotropic medicines, training staff, clear referral pathways). Embedding MHPSS within primary care and emergency health services increase availability and continuity. The IASC and UNHCR operational guidance emphasize integration into existing health structures rather than parallel systems.

2) Scale through task-sharing and training non-specialists Training community health workers, nurses and lay-counsellors to deliver structured psychosocial interventions and to identify referrals dramatically expands coverage.

3) Use Psychological First Aid (PFA) widely PFA is a practice, evidence-informed approach to supporting people immediately after a crisis focusing on safety, stabilization, practical needs and connecting people to services. PFA training for first responders, volunteers and community leaders increases early access to supportive care. WHO offers field guides and facilitator manuals for PFA. 4) Leverage digital and tele-mental health The COVID-19 pandemic accelerated tele-mental-health adoption, with multiple studies showing teletherapy's feasibility and effectiveness when infrastructure allows. Telehealth helps reach dispersed, quarantined or physically inaccessible populations, and supports supervision of non-specialists. However, digital divides (connectivity, device access, digital literacy) must be addressed.

50 Community-based psychosocial supports Community activities, peer support and culturally rooted practices promote recovery and reduce stigma. Engaging existing community structures (schools, faith groups, traditional healers) improve acceptability and reach.

6) Mobile clinics and outreach When facilities are damaged or populations displaced, mobile health teams and outreach can bring MHPSS to shelters, camps and temporary settlements. These teams are most effective when they are part of an overall referral system.

7) Ensure medicines and clinical care for severe disorders People with psychosis, bipolar disorder, severe depression or severe substance-use problems need reliable access to psychotropic medicines and specialist care. Stock management and integration into primary-care pharmacies are practical priorities.

Case Examples and Lessons Learned

2004 Indian Ocean Tsunami: Large-scale responses highlighted the need for community-based supports and long-term care, and many survivors experienced prolonged distress requiring ongoing services. Studies from tsunami-affected regions documented psychiatric morbidity years after the event and emphasized the importance of follow-up care.

COVID-19 pandemic: The global shift to tele-mental-health allowed continuity of care when in-person services were restricted. Reviews show tele-mental health can be effective and safe, but access was uneven, exposing digital-equity problems.

The pandemic also revealed the importance of integrating MHPSS in public-health responses and supporting frontline health workers. These examples show that while short-term emergency interventions are important planners must also design for medium- and long-term needs.

Measuring Access and Outcomes

To know whether access is improving, programmes should monitor measurable indicators: number of people reached, demographic breakdown (age, gender, displacement status), types of services used, referral rates from non-specialists to specialists, continuity of care metrics (follow-up visits), and client-reported outcomes (symptom reduction, functioning). Quality assurance – supervision, fidelity checks for psychological interventions, and feedback from affected communities are also essential. International tools and guidance (IASC, Sphere, UNHCR) provide frameworks for monitoring and minimum standards.

Policy and Funding Imperatives

Improving access requires commitments at multiple levels:
National health policy: Include MHPSS in national disaster plans, budgets, and health benefit packages; remove legal and financial barriers for displaced people.
Donor funding: Allocate sustained funding to MHPSS beyond short grant cycles; fund capacity building and integration into primary care.
Workforce development: Invest in training, supervision and mental-health

cadres that can be mobilized during emergencies.

Equity lens: Prioritise vulnerable groups (children, elderly, refuges, people with preexisting mental disorders, frontline workers) and ensure services are linguistically and culturally appropriate.

Practical Checklist for Responders

1) Include MHPSS in emergency preparedness drills and SOPs.
2) Train frontline staff and volunteers in PFA and basic psychological support.
3) Set up referral pathways linking community support to specialist care.
4) Ensure a stock of essential psychotropic medicines and protocols for their use.
5) Deploy mobile/outreach teams for displaced and remote populations.
6) Use telehealth where feasible; pair with local support to overcome digital divides.
7) Monitor service coverage, equity and outcomes; solicit community feedback.

Conclusion

"Access to services – Mental health in catastrophes and emergencies" is a call to action: mental-health care must be treated as indispensable to humanitarian response and to resilient recovery. Access is more than physical proximity; it requires culturally acceptable, affordable, quality care integrated into health systems and community life. Evidence and operational guidance (IASC, WHO, UNHCR, Sphere) converge on practical strategies – preparedness, task-sharing, psychological first aid, telehealth, and community engagement – that expand access even when resources are constrained.

Real progress, however, depends on political will, sustained funding, and the inclusion of mental health in all phases of disaster planning and response. By prioritizing mental health, responders support not only individual healing but the long-term social and economic recovery of entire communities.

"Rebuilding after catastrophe is not only about bricks and roads – it is about restoring minds and hopes."

References

1. Inter-Agency Standing Committee (IASC). IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. Geneva: IASC; 2007.
2. World Health Organization, War Trauma Foundation, World Vision International. Psychological First Aid: Guide for Field Workers. Geneva: WHO; 2011.
3. World Health Organization. Psychological First Aid: Facilitator's Manual for Orienting Field Workers. Geneva: WHO; 2013.
4. Sphere Association. The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response. 4th ed. Geneva: Sphere; 2018.
5. United Nations High Commissioner for Refugees (UNHCR). Operational Guidance on .

Mental Health and Psychosocial Support Programming in Refugee Operations. Geneva: UNHCR; 2013

6. Tol WA, Barbui C, Galappatti A, Silove D, Betancourt TS, Souza R, et al. Mental health and psychosocial support in humanitarian settings: linking practice and research. Lancet. 2011;378(9802):1581–91.

7. Goldmann E, Galea S. Mental health consequences of disasters. Annu Rev Public Health. 2014; 35:169–83.

8. Pfefferbaum B, North CS. Mental health and the Covid-19 pandemic. N Engl J Med. 2020;383(6):510–2.

9. Wind TR, Rijkeboer M, Andersson G, Riper H. The Covid-19 pandemic: The 'black swan' for mental health care and a turning point for e-health. Internet Interv. 2020; 20:100317

10. Roberts B, Browne J. A systematic review of factors influencing the psychological health of conflict-affected populations in low- and middle-income countries. Glob Public Health. 2011;6(8):814–29.

11. Van Ommeren M, Hanna F, Weissbecker I, Ventevogel P. Mental health and psychosocial support in humanitarian emergencies. East Mediterr Health J. 2015;21(7):498–502.

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EXPLORING THE ROLE OF HOMOEOPATHY IN PTSD

Challenges and Insights in Treatment – A Case Report

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Abstract

Post-Traumatic Stress Disorder (PTSD) is a disabling mental health condition that emerges following exposure to traumatic events such as violence, sexual assault, disasters, or combat. Symptoms include flashbacks, intrusive memories, nightmares, avoidance of reminders, negative mood, hyperarousal, and sleep disturbances.

The prevalence of PTSD increased dramatically during COVID-19 in India, from 0.2% (NMHS 2015–2016) to 28.2%, highlighting an urgent mental health challenge.

This case report demonstrates the successful use of homeopathic remedies - Natrium mur and Stramonium - in a young female with PTSD, with significant improvement confirmed using the PCL-5 scale and Modified Naranjo Criteria.

Introduction

PTSD affects approximately 6% of the global population at some point, with women nearly twice as likely as men to develop it due to greater exposure to events like sexual assault. Veterans are also at higher risk. PTSD impacts social, occupational, and family functioning and often coexists with depression, substance use disorders, and other anxiety disorders.

Neurobiology reveals abnormal hypothalamic-pituitary-adrenal axis function, with low cortisol and elevated CRF, leading to sympathetic overactivation and heightened arousal. Changes in neurotransmitter systems - reduced GABA and serotonin, increased glutamate -contribute to hypervigilance, dissociation, and intrusive memories.

Key words: Homoeopathy; Natrium Mur; Posttraumatic Stress Disorder; PTSD; Stramonium

Risk factors include prior trauma, childhood abuse, injury, lack of social support, and additional stress after trauma. Protective factors include social support, adaptive coping strategies, and acceptance of traumatic events.

Conventional treatments such as SSRIs and cognitive behavioral therapy are effective but not universally tolerated. Homeopathy offers a holistic, individualized approach addressing physical, mental, and emotional aspects, making it a potential complementary therapy.

Materials and Methods

Detailed case taking was conducted using the Kentian method. Totality of symptoms was repertorized using RADAR Opus software. Natrium mur 30 was initially prescribed, potency adjusted based on severity, and Stramonium LM potency was introduced for recurrence of symptoms. Severity was measured using PTSD Checklist for DSM-5 (PCL-5) before treatment, at 6 months, and 1 year. Modified Naranjo Criteria were applied to confirm causal attribution.

Case Summary

Patient: 21-year-old female presented on Dec 8, 2022, with auditory hallucinations ("man talking"), intrusive memories, fearfulness, frightful dreams, anxiety, suicidal thoughts, palpitations, and chest heaviness. Symptoms began 4 months earlier following attempted sexual abuse by a relative.

Clinical Course:

Initial phase: Natrum mur 30 was given daily, improving sleep, appetite, and general well-being.

Follow-up: Potency was escalated to 200 and later 1M due to symptom recurrence triggered by crowds.

Relapse management: Stramonium 0/3 was started on alternate days, later titrated up to 0/6, resulting in sustained remission.

Counseling: Daily reassurance and counseling improved emotional stability and confidence.

Outcome: After one year of follow-up, patient remained asymptomatic, attending classes regularly, and performing academically.

Table No: 1 – FOLLOW-UP

Date	Symptoms (Brief)	Prescription
1/2/2023	Fear after seeing crowd in class,	Natrum mur 200/4d (1-0-1) × 2 days
3/2/2023	Slight relief, minor auditory & visual	Natrum mur 1M/1d (1-0-0)
10/2/2023	Relapse after temple visit, fear, ↓ interest	Stramonium 0/3/100ml (alt.
26/9/2023	7 months normal; relapse since 2 days	Stramonium 0/3/100ml (alt.
26/10/2023	Mild relapse: occasional voices, ↓	Stramonium 0/6/100ml, 3ml
23/11/2023	No symptoms, attended trip,	SL
23/12/2023	No symptoms, attending classes,	SL

Results

PCL-5 score declined from 91 (baseline) → 40 (6 months) → 20 (1 year), indicating marked symptom reduction. Modified Naranjo Criteria score (+10) confirmed strong causal link between homeopathic intervention and clinical improvement.

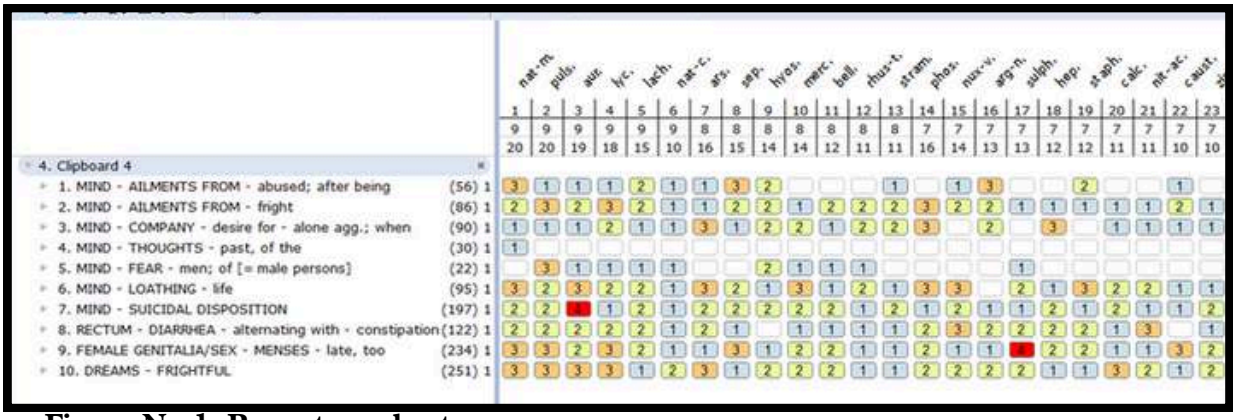
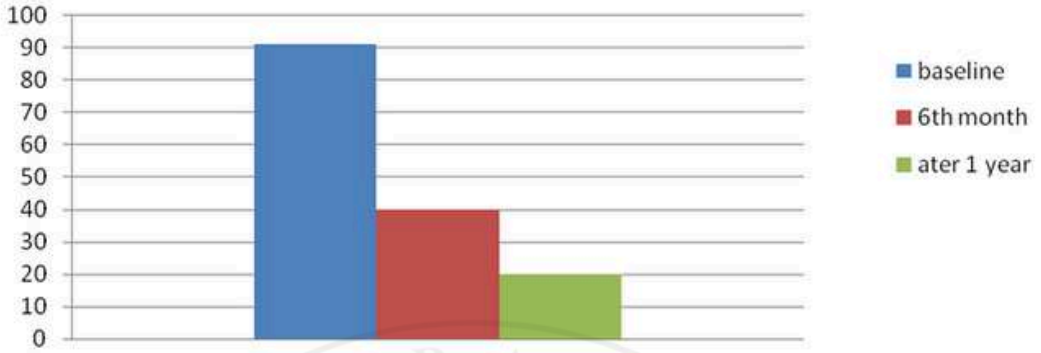


Figure No 1: Repertory chart

Table No:2-PTSD Checklist for DSM-5 (PCL-5)			
In the past month, how much were you	**Baseline**	**6th month**	**After 1 year**
1. Repeated, disturbing, and unwanted	5	3	1
2. Repeated, disturbing dreams of the stressful	5	3	1
3. Suddenly feeling or acting as if the stressful	5	2	1
4. Feeling very upset when something reminded you of the	5	2	1
5. Having strong physical reactions when	5	1	1
6. Avoiding memories, thoughts, or feelings	5	3	1
7. Avoiding external reminders of the	5	3	1
8. Trouble remembering important	5	2	1
9. Having strong negative beliefs about	5	4	1
10. Blaming yourself or someone else for the	5	2	1
11. Having strong negative feelings such as	5	1	1
12. Loss of interest in activities that you used	5	1	1
13. Feeling distant or cutoff from other	4	2	1
14. Trouble experiencing positive	4	2	1
15. Irritable behavior, angry outbursts, or	4	1	1
16. Taking too many risks or doing things	3	1	1
17. Being "superalert" or watchful or on	2	1	1
18. Feeling jumpy or easily startled?	5	2	1
19. Having difficulty concentrating?	5	2	1
20. Trouble falling or staying asleep?	4	2	1
Total	**91**	**40**	**20**

Figure No:2-Changes inPTSD Checklist for DSM-5 (PCL-5) before and after treatment



SL NO	Table No:3-MODIFIED NARANJO CRITERIA	YES	NO	NOT SURE
1	Was there an improvement in the main symptom or condition for which the Homeopathic medicine was prescribed?	+2		
2	Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+1		
3	Was there an initial aggravation of symptoms?	+1		
4	Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?	+1		
5	Did overall well-being improve? (suggest using a validated scale)	+1		
6	Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease? Direction of cure: did at least two of the following aspects apply to the order of improvement of symptoms: – from organs of more importance to those of less importance? –from deeper to more superficial aspects of the individual? – from the top downwards?	+1		
7	Did "old symptoms" (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?		0	
8	Are there alternate causes (other than the medicine) that—with a high probability—could have caused the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)		0	
9	Was the health improvement confirmed by any objective evidence? (e.g., laboratory test, clinical observation, etc.)	+2		
10	Did repeat dosing, if conducted, create similar clinical improvement?	+1		
Total		10		

Discussion

This case illustrates the fluctuating nature of PTSD, where even minor triggers (e.g., crowds) precipitated reliving episodes. Natrum mur effectively managed initial trauma-related symptoms, while Stramonium controlled persistent fear and hallucinations. This individualized prescription strategy aligns with homeopathy's holistic approach and literature supporting its use in trauma-related disorders.

Clinical studies report promising results: significant improvements in CAPS-5 and MONARCH scores in PTSD patients treated with homeopathy during COVID-19, symptom relief in chronic cases, and improved sleep, anxiety, and irritability in veterans. However, evidence remains limited and larger RCTs are required.

Challenges

- **Diagnostic difficulty: Overlap with major depression delayed diagnosis.**
- **Delayed onset: Symptoms emerged months after trauma, complicating intervention.**
- **Social stigma: Delayed help-seeking and worsened symptoms.**
- **Risk of re-traumatization: Required sensitive therapeutic handling.**
- **Research gap: Limited large-scale studies on homeopathy in PTSD.**

Conclusion

This case highlights that individualized homeopathic treatment can significantly reduce PTSD symptoms and improve quality of life. Early diagnosis, careful remedy selection, and ongoing follow-up are crucial.

Further research, including randomized controlled trials and systematic reviews, is essential to validate and standardize homeopathic management in PTSD.

References

1. *American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders (DSM-5). 5th ed. Washington, D.C.: APA; 2013.*
2. *Sadock BJ, Sadock VA, Ruiz P. Kaplan & Sadock's Synopsis of Psychiatry. 11th ed. New Delhi: Wolters Kluwer Pvt. Ltd.; 2018:407.*
3. *World Health Organization. The ICD-10 Classification of Mental and Behavioral Disorders. Delhi: A.I.T.B.S. Publishers & Distributors; 2007.*
4. *Singh SP, Khokhar A. Prevalence of Posttraumatic Stress Disorder and Depression in General Population in India During COVID-19 Pandemic Home Quarantine. Asia Pacific Journal of Public Health. 2021;33(1):154–156. doi:10.1177/1010539520968455.*
5. *National Institute of Mental Health (NIMH). Post-Traumatic Stress Disorder (PTSD). [Internet]. Bethesda (MD): National Institute of Mental Health (US). Available from: https://www.nimh.nih.gov/health/publications/post-traumatic-stress-disorder-ptsd.*
6. *United States Department of Veterans Affairs. Common Reactions After Trauma. PTSD:*

Impact of Maternal Stress and Chronic Illness on Early Childhood Development: A Case of a 3-Year-Old with Speech Delay, Recurrent Infections, and Kawasaki Disease – A Homoeopathic Perspective

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Abstract:

Maternal stress and chronic illness have profound impacts on early childhood development. This case study explores a 3-year-old child presenting with speech delay, recurrent infections, and a history of Kawasaki disease. Clinical evaluation revealed normal gross motor milestones but delayed speech and social development. Immunological assessment suggested susceptibility to recurrent infections. Maternal psychosocial factors were contributory. The child was treated with individualized homoeopathic therapy, including *Silicea 200C*, alongside supportive care to address dysbiosis and strengthen immunity. Over a 6-month follow-up, the child demonstrated improved speech, reduced infection frequency, and better social interaction. This case highlights the role of holistic homoeopathic interventions in managing complex pediatric developmental issues influenced by maternal stress and chronic illness

Keywords:

Childhood development, maternal stress, Kawasaki disease, recurrent infections, homoeopathy, Silicea, dysbiosis, speech delay

Introduction:

Early childhood is a critical period of neurodevelopment and immune system maturation. Maternal stress and chronic illness can significantly affect child development, including speech, social behavior, and immunity. Kawasaki disease, an acute vasculitis, may further complicate growth and immune responses.

Homoeopathy offers a holistic approach aimed at stimulating the child's vital force and improving overall health.

Aim:

To explore the effects of maternal stress and chronic illness on a 3-year-old child's development and assess the impact of individualized homeopathic treatment on clinical outcomes.

Case Presentation:

- **Patient Details:** 3-year-old female
- **Chief Complaints:** Speech delay, recurrent upper respiratory infections, history of Kawasaki disease
- **Birth & Development History:** Full-term normal vaginal delivery, normal gross motor milestones; delayed speech onset
- **Medical History:** Kawasaki disease diagnosed at 2 years, recurrent respiratory and gastrointestinal infections
- **Family & Social History:** Maternal chronic illness (anxiety, mild autoimmune issues), high-stress environment

Clinical Findings:

General: Active, alert, cooperative
Speech & Language: Limited vocabulary, unclear articulation
Growth: Age-appropriate height and weight
Neurological & Musculoskeletal: Normal tone and reflexes
Immunological: History suggestive of recurrent infections and mild dysbiosis

Homoeopathic Management:

- Prescription: Silicea 200C, individualized based on constitutional assessment
- Supportive Measures: Diet modification, probiotics for dysbiosis, stress management for mother

Follow-Up & Outcomes:

- **Over 6 months, the child exhibited:**
  - Improved speech clarity and vocabulary
  - Reduced frequency and severity of infections
  - Better social interaction and responsiveness
  - Enhanced overall immunity

Discussion:

- Maternal stress can impact child development through hormonal, epigenetic, and environmental factors.
- Dysbiosis may contribute to recurrent infections and delayed speech development.
- Homeopathic therapy, particularly Silicea, is reported to improve immune resilience, support neurodevelopment, and address constitutional susceptibility.

Silicea in Early Childhood Development

1. General Indications

- Silicea is known for strengthening overall constitution, improving immunity, and supporting bone, hair, and skin development.
- It helps in nervous system stabilization, promoting better cognitive and

emotional balance in children.

- Particularly useful for children who are physically weak, prone to infections, or slow in developmental milestones.

2. Mental & Emotional Benefits

- Helps reduce fear, anxiety, and timidity in children.
- Enhances confidence, attention, and learning ability, which may be affected due to maternal stress exposure.
- Supports children who are sensitive to environmental influences or prone to emotional insecurity.

3. Digestive & Nutritional Support

- Aids in absorption of nutrients and helps correct dysbiosis, which can occur in children affected by maternal stress or chronic illness.
- Improves metabolic efficiency, indirectly supporting growth and physical development.

4. Choice of Potency: 200C

- 200C potency is suitable for constitutional and medium-term developmental support.
- Works at a deeper level to stimulate the vital force without causing aggravations common with higher potencies in children.
- Usually prescribed in single or few doses with careful monitoring, repeated after evaluation of response.

5. Clinical Outcome Observed

- Improved urination, digestion, and immunity.
- Enhanced speech, attention, and social interaction.
- Overall better resilience against infections and developmental delays.

Remedy	Indications	Key Rubrics (Kent / Boericke)
Silicea (Sil)	Delayed speech, timid, shy, recurrent infections, weak immunity, delayed milestones	Mind → Speech, Slow; Timid; Fearful; Generalities → Weak constitution; Complaints from Low Resistance
Arnica montana (Arn)	Trauma or systemic inflammation, fear of touch, physical weakness post-illness	Mind → Fear of Touch; Anxiety after trauma; Generalities → Injuries; Pain in muscles and bones
Aconitum napellus (Acon)	Acute infections, sudden fever, anxiety, restlessness	Mind → Anxiety, Restlessness; Fever → Sudden onset, high fever
Calcarea phosphorica (Calc-p)	Delayed speech, slow intellectual development, weak bones, slow growth	Mind → Speech, Slow; Intellectual Slowness; Generalities → Weak constitution; Growth slow
Thuja occidentalis (Thuja)	Recurrent infections, dysbiosis, poor appetite, weak immunity	Generalities → Low resistance; Recurrent infections; Abdomen → Distension; Rumbling; Digestive disturbance
Natrum muriaticum (Nat-m)	Emotional sensitivity, inhibited speech, timid, reserved	Mind → Timid; Reserved; Sensitive; Speech → Difficulty in articulation; Slow speech
Phosphorus	Speech delay, sensitive, frequent infections, nervous, imaginative	Mind → Timid; Sensitive; Speech, Slow; Generalities → Low resistance; Weak constitution
Baryta carbonica (Baryta c)	Delayed speech, intellectual delay, shy, weak growth	Mind → Speech, Slow; Timid; Intellectual Slowness; Generalities → Weak constitution; Growth delayed

Hepar sulphuris (Hepar s)	Recurrent infections, hypersensitivity, slow recovery	Generalities → Recurrent infections; Weak constitution; Mind → Sensitive; Irritable
Chamomilla (Cham)	Irritable, oversensitive, difficulty expressing speech, minor pain complaints	Mind → Irritable, impatient; Sensitive to pain; Speech → Difficulty in articulation

Holistic interventions focusing on maternal well-being and child care are crucial in such multifactorial developmental delays.

Conclusion

This case demonstrates the potential of homeopathic intervention in improving early childhood developmental outcomes affected by maternal stress, chronic illness, and past Kawasaki disease. Addressing dysbiosis and strengthening immunity through holistic care contributes significantly to recovery.

Silicea 200C helps strengthen the child's constitution, improve immunity, support nervous system and cognitive development, and correct underlying dysbiosis, making it an ideal remedy in children affected by maternal stress and chronic illness. Maternal mental health plays a critical role in early childhood development. Stress, anxiety, and chronic illness in mothers can negatively affect a child's cognitive, emotional, and physical growth. Promoting maternal well-being ensures better bonding, nutrition, immunity, and developmental outcomes for children.

Homoeopathic medicines, along with holistic care, can support mental and physical health, helping mothers manage stress, anxiety, and chronic conditions safely.

Early attention to maternal mental health, combined with preventive care and supportive remedies, can reduce the risk of developmental delays in children and foster a healthier next generation.

Acknowledgments:

I sincerely acknowledge the parents for their cooperation and consent to share this case for academic purposes.

References:

1. Becker AE, Kleinman A. Mental health and child development: Maternal stress perspectives. J Child Psychol Psychiatry. 2019;60:125–138.
2. Silicea in Pediatric Recurrent Infections – Int J Homeopath Res. 2022;12(4):201–207.
3. Kawasaki Disease: Long-term Impact on Pediatric Development. Pediatrics. 2021;147:e2020012345.
4. Maternal Stress and Neurodevelopment in Early Childhood. Front Pediatr. 2020;8:123.
5. Kent JT. Repertory of the Homoeopathic Materia Medica. 6th edition. B. Jain, 2018.
6. Boericke W. Pocket Manual of Homeopathic Materia Medica. 3rd edition. B. Jain, 2017.
7. Phatak S. Materia Medica of Modern Homoeopathy. B. Jain, 2019.
8. Murphy R. Clinical Repertory. B. Jain, 2020

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AN INTEGRATED APPROACH TO PSYCHIATRIC CARE: A CASE REPORT OF CANNABIS-INDUCED PSYCHOSIS

Abstract

Introduction: Psychiatric illnesses rarely exist in isolation—they are deeply interwoven with personal experiences, social environments, and physical health. Cannabis-induced psychosis represents a particularly challenging condition where both neurobiological and psychological vulnerabilities converge.

Case: A case of a 37-year-old woman diagnosed with Cannabis-Induced Psychotic Disorder who presented with persistent suspiciousness, delusions of pregnancy, heavy cannabis use, sleep disruption, and low energy. Her emotional instability further compounded her difficulties in daily functioning.

Interventions: An integrated treatment plan was adopted, combining modern psychiatric care with individualized homoeopathic remedies. She received Olanzapine 5 mg along with supportive therapy and psychoeducation. Homoeopathic prescriptions, Cannabis indica 1M, Five Phos followed by constitutional medicine Carcinosin 1M was given.

Outcomes: Within 4 weeks, the patient demonstrated progressive improvements in sleep quality, appetite, and mood stability. She reported increased energy levels, reduced cannabis cravings, and greater resilience in coping with family-related stressors.

Conclusion: This case highlights the potential benefits of integrative psychiatric care, where conventional pharmacotherapy provides acute symptom relief and homoeopathy addresses deeper constitutional aspects. Such an approach fosters holistic recovery by restoring balance, resilience, and dignity in patients with substance-induced psychosis.

Keywords: Integrated psychiatry, Cannabis-induced Psychotic Disorder, holistic care, homoeopathy, substance use disorder.

Introduction

Mental health care is most effective when it embraces the complexity of human experience, recognizing the interplay between biological, psychological, and social dimensions. Cannabis is the most widely used illicit psychoactive substance globally, with an estimated 200 million people (4% of the world's population aged 15–64 years) reporting use in 2019 according to the United Nations Office on Drugs and Crime. Epidemiological studies suggest that cannabis use is associated with a two- to three-fold increased risk of developing psychotic disorders, with earlier onset and more severe clinical courses in vulnerable individuals. Cannabis-induced psychosis, therefore, presents a significant public health challenge, as it often reflects both neurobiological dysregulation and psychosocial vulnerability.

Conventional psychiatry provides effective tools for acute symptom management, including antipsychotics and structured psychosocial support. However, these approaches may not fully address the individualized emotional, constitutional, and lifestyle factors that contribute to vulnerability and recovery. Integrative psychiatry, which combines evidence-based conventional treatment with complementary modalities such as homoeopathy offers a broader, patient-centered framework.

This article presents the case of a young woman with Cannabis-Induced Psychotic Disorder managed through an integrative approach, highlighting how combining psychiatric pharmacotherapy with homoeopathic remedies provided not only symptomatic relief but also improved overall wellbeing and quality of life. The uniqueness of this case lies in the demonstration of how cross-disciplinary collaboration between psychiatry and homoeopathy can create a more holistic healing trajectory in complex psychiatric presentations.

Case Presentation

The patient, a 37-year-old female, unmarried, working as a teacher and management member of a school with history of Cannabis use (for a sense of belongingness among friends) was brought to hospital on 13/03/25 with complaints of increased cannabis use since 6 months followed by her elder sister's paralysis episode (she took up the responsibility to look after without any other help as her sister used to look after her in her childhood), suspiciousness- a strong conviction of being pregnant since 1 month started after having intimacy with her boyfriend before a breakup. Her daily routine was disrupted- she stayed awake late till 2:00am and wakes up between 10-11:00am, often felt weak, and relied on cannabis (1 joint per day). Medical investigations ruled out pregnancy and other organic causes. Thermally she's ambi-hot, prefers chicken and spicy foods. Menstrual history reveals painful regular menses LMP:11/02/2025

Mental status examination reveals Patient is conscious, oriented, cooperative, with rapport established. Appears unkempt, lean, dull, and drowsy but maintains eye contact and normal gait. Speech is normal, relevant, and coherent. Thought content shows suspiciousness of being pregnant. Mood congruent with thought, affect dull and appropriate. Perception has no abnormalities. Cognition intact (orientation, attention, concentration, memory, abstract thinking). Judgment (test/social/personal) intact. Insight Grade 5. Psychiatric evaluation confirmed Cannabis-Induced Psychotic Disorder (ICD-11: 6C41.6).

Date	Signs and Symptoms	Medicine with doses and repetition	Justification
13/3/2025	Patient drowsy, disturbed as she was aroused from sleep. No clear picture yet.	No medicine prescribed, awaited subsequent visits	Needed further clarity before prescription
27/3/2025	Menses started in morning, menstrual cramps, extreme weakness, wants to sleep all the time. Patient feels relieved she got menses.	—	Symptomatic relief due to menses

29/3/2025	Dysmenorrhea, lying on bed due to cramps, refused other meds.	Cannabis indica 1M – 1 dose at night before sleep; Five Phos 6x – 4-0-4	Remedy for delusion of pregnancy and constitutional state
3/4/2025	Patient feels better, energetic, sleep improved (sleeping/waking early as per ASHA schedule), started Yoga.	Same medicines repeated	Improvement in generals and sleep
10/4/2025	Weight increased (35→42 kg), energy improved, appetite good, sleep regulated, yoga routine, no cravings for smoking or nicotine.	SL; Five Phos 6x – 4-0-4	Continued improvement, no substance use
24/4/2025	Improved, no cravings, elder sister got another CVA but patient confident about recovery. Sleep: daytime naps + night sleep late.	Carcinosin 1M – Stat dose	To correct sleep cycle and support constitutional state

Diagnostic Assessment

Psychological Assessment: The psychological assessment using Rorschach ink blot test highlights qualitative signs such as perseveration, indicative of psychotic features, reflecting disturbances in reality orientation. The overall impression, integrating clinical history, behavioural observations, mental status examination, and test findings, points toward a cannabis-induced psychotic disorder with obsessive-compulsive features. This underscores the significant role of cannabis use in precipitating psychotic symptoms and maladaptive behaviours in this patient

Basis of selection of remedy: Cannabis Indica 1M as per doctrine of signature, Five phos as a supplementation followed by Carcinosin 1M after repertorisation as per her constitution using the following rubric from Synthesis Repertory

- MIND- AILMENTS FROM- mental exertion
- MIND- ADDICTED; tendency to become
- MIND- DELUSIONS- pregnant, she is
- MIND- REPONSIBILITY – taking responsibility too seriously
- SLEEP- DISTURBED

- GENERALS- FOOD and DRINKS- Chicken, desire
- GENERALS- FOOD and DRINKS- Spices, desire
- GENERALS- WEAKNESS- menses, painful

Repertorial result

• CARC – 7/9
• NUX.V – 10/5
• PHOS – 9/5
• PULS- 7/5
• SULPH- 8/4

Differential Diagnoses considered:

1. Delusional Disorder – (ICD-11: 6A24; ICD-10: F22) – due to persistent delusional belief of pregnancy.
2. Dependence Syndrome – (ICD-10: F1x.21) – considered due to history of prolonged cannabis and nicotine use.
3. Pseudocyesis – (ICD-10: F45.8) – rare condition mimicking pregnancy with psychological origin.

Final-Diagnosis

6C41.6(ICD-11):Cannabis-Induced Psychotic Disorder
F12 (ICD-10): Mental and behavioural disorders due to use of cannabinoids

Management

- **Psychiatric care:** She was prescribed Olanzapine 5 mg, aimed at reducing her psychotic symptoms and stabilizing her mood. Supportive therapy and psychoeducation were introduced to build insight and encourage engagement.
- **Homoeopathic care:** Her case was also approached from a homoeopathic perspective, focusing on her unique patterns—delusional pregnancy, disturbed sleep, food preferences, and emotional strain. Remedies like *Cannabis indica, Carcinosin,* and *Five Phos* were selected to address her constitutional susceptibilities and psychosomatic distress.

Outcomes

Treatment began after taking informed consent from the patient's family for integrated approach. Over four weeks duration, she began sleeping earlier, waking with more energy, and participating in daily activities with renewed interest. Her appetite improved, and she gained healthy weight. Importantly, her cravings for cannabis decreased, and she reported feeling more balanced and hopeful. Even in moments of family stress, she expressed confidence and resilience—qualities that had been absent at the start of her treatment.

Discussion

This case illustrates how psychiatric care benefits when science and holistic healing work together. Medication brought quick relief from acute symptoms, while homoeopathy addressed deeper constitutional layers, helping her rebuild confidence and stability. By respecting the patient's individuality and integrating multiple approaches, treatment moved beyond "managing illness" to fostering long-term wellness.

Conclusion

Recovery in psychiatry is not just about eliminating symptoms it is about restoring balance, dignity, and resilience. This case shows how an integrated model, combining psychiatry with homoeopathy, can create a compassionate and effective pathway for patients with substance-induced psychosis. The success of this approach reminds us that healing is most powerful when it addresses the whole person.

References

1. *United Nations Office on Drugs and Crime. World Drug Report 2021. Vienna: UNODC; 2021.*
2. *Marconi A, Di Forti M, Lewis CM, Murray RM, Vassos E. Meta-analysis of the association between the level of cannabis use and risk of psychosis. Schizophr Bull. 2016;42(5):1262-9.*
3. *Di Forti M, Quattrone D, Freeman TP, Tripoli G, Gayer-Anderson C, et al. The contribution of cannabis use to variation in the incidence of psychotic disorder across Europe (EU-GEI): a multicentre case-control study. Lancet Psychiatry. 2019;6(5):427-36.*
4. *World Health Organization. International Classification of Diseases, 11th Revision (ICD-11). Geneva: WHO; 2019.*
5. *World Health Organization. International Classification of Diseases, 10th Revision (ICD-10). Geneva: WHO; 1992.*
6. *Kaplan HI, Sadock BJ, Sadock VA. Kaplan & Sadock's Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry. 11th ed. Philadelphia: Wolters Kluwer; 2015.*
7. *Tasman A, Kay J, Lieberman JA, First MB, Maj M. Psychiatry. 5th ed. Hoboken: Wiley-Blackwell; 2015.*
8. *Lalor L. Homoeopathic Psychiatry. London: Homeopathic Publishing; 2012.*
9. *Dutta DC. Textbook of Obstetrics. 9th ed. New Delhi: Jaypee Brothers Medical Publishers; 2018.*
10. *Synthesis Repertory edition 2009V, by Dr Frederik Schroyens. Developed by ZEUS SOFT / RadarOpus. Mobile application (iOS/Android) as of version 2.1 (2021) with full repertory content, clinical tools, and RadarOpus integration.*

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EFFECTIVENESS OF HOMOEOPATHIC INTERVENTIONS IN THE MANAGEMENT OF POST TRAUMATIC STRESS DISORDER:

A SYSTEMATIC REVIEW

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ABSTRACT

Post traumatic stress disorder, a delayed response to a stressful event of life threatening or catastrophic nature. This syndrome is characterised by 're-experiencing' a traumatic event and decreased responsiveness and avoidance of current events associated with trauma.(1) Homoeopathy is science of medicine which treat the individual as whole not only diseases in person. The Homoeopathic medicine dynamically works at both the level in human body that is mind and body by evaluating the totality of symptom of whole body through proper case taking of child ,by observing child action, change in behaviour as told in DSM-5 criteria, change in routine activity. Homoeopathy along with some psycho-counselling therapy like-CBT of child, family member, parent, teacher can be beneficial in treating PTSD cases of children this will help in promoting good mental state and will stop child turning into traumatized adults.(2) The significance of homoeopathy in the treatment of post traumatic stress disorder will be reviewed in various article dated till today.

PREVALENCE

A major threat to public health and their treatment poses a challenge to the medical fraternity is mental disorders. The overall prevalence, globally is accounted for 12-15% and one in four people have been exposed to a traumatic event (natural or man-made) at some point in their lives(3) However, the available prevalence data for India is largely variable it is found to be 40.8 %. The lifetime prevalence is estimated to be 8.3% . The associated risk factors has been linked to young age, female gender, no employment, less educational status and lower economic class (4)

The primary stress responses found in all vertebrates involve activating two key systems: the hypothalamic-pituitary-adrenal (HPA) axis and the sympatho-medullo-adrenal (SAM) axis. Activation of the HPA axis leads to increased levels of adrenocorticotropic hormone and glucocorticoids (such as cortisol in most mammals and corticosterone in the bloodstream.

The glucocorticoid receptors involved in regulating the HPA axis during stress are the glucocorticoid receptors (GR) and mineralocorticoid receptors (MR). Activation of the SAM axis results in elevated levels of catecholamines (like noradrenaline and adrenaline) in the bloodstream, and changes in the cardiovascular system and other bodily functions. Fear responses activate these stress systems, leading to adaptative mechanisms such as hormonal and cellular events that help to confront or avoid the threatening stimulus.[5][6][7][8]

RISK FACTORS

PTSD symptoms overlap with other psychiatric or medical symptoms

- Young age
- Female gender
- Unemployment
- Low education
- Lower socio-economic status
- Pre- and post-trauma factors like low social support, dissociation, threat to life.[4]

SYMPTOMS

- Re-experiencing trauma (e.g., flashbacks, nightmares)
- Avoidance behavior
- Emotional numbing and detachment
- Hyper-arousal (e.g., irritability, startle response)[5]

DIAGNOSTIC CRITERIA

The diagnosis of PTSD remained controversial in the past but the advent of the Diagnostic Statistical Manual for Mental Disorders (DSM-IV) with defined criteria and more clarifications in DSM-V,the revised version by the American Psychiatric Association (2013) as continuation brought all of them to a halt.

According to the clinical description and diagnostic criteria in DSM-V, PTSD was kept under a new category –Trauma and Stress-related disorders and has been defined based on different cluster symptomatology as the history of the specific traumatic event (Criterion A), intrusion, or re-experiencing the event (Criterion B), avoidant symptoms (Criterion C), negative alterations in cognitions and mood (Criterion D), increased arousal symptoms (Criterion E), duration of complaints more than 1 month (Criterion F), clinically significant distress or impairment (Criterion G) and not attributable to any substance abuse or medical condition (Criterion H). Based on this DSM-V, a clinician - administered PTSD scale (CAPS-5), for the diagnosis and follow-up assessment of PTSD.
This scale is considered the gold standard in the assessment of PTSD [1]

HOMOEOPATHIC PRESPECTIVE

Homoeopathy is science of medicine which treat the individual as whole not only diseases in person.

HOMOEOPATHIC INTERVENTION

Here homoeopathic medicine are in some our materia medica which plays significant role in covering the following symptoms related to PTSD in both the form mental as well as physical let have brief details about such medicines.

1. Arsenicum Album ‘

- Anxiety at midnight
- Fear of insecurity and loss
- History of emotional neglect or parental separation
- Obsessive-compulsive traits with a need for control

2. Calcarea Carbonica
   - PTSD after humiliation or scolding
   - Avoidance of school
   - Learning difficulties, nightmares

High sensitivity to criticism

3. Magnesium Carbonicum
   - PTSD after parental loss or traumatic orphanhood
   - Emotional withdrawal, fear of survival
   - Panic attacks after seeing accidents
   - Headaches (right-sided), grief-induced ailments

4. Ignatia Amara
   - PTSD from sudden loss of loved ones
   - Brooding, mood swings, headaches from overthinking
   - Emotional repression or crying spells

5. Stramonium
   - Fear of the dark, being alone
   - PTSD from abuse or witnessing violence
   - Night terrors, vivid nightmares
   - Sudden violent behavior, trembling[2]

CONCLUSION

Post-Traumatic Stress Disorder is a complex mental health condition triggered by traumatic events, involving disruptions in emotional regulation, memory, and stress response systems. While conventional treatments like psychotherapy and pharmacotherapy remain standard, homoeopathy offers a holistic, individualized approach by addressing both psychological and physical symptoms. Remedies such as Arsenicum album, Calcarea carbonica, Magnesium carbonicum, Ignatia amara, and Stramonium have shown potential in managing key symptoms like anxiety, fear, grief, nightmares, and emotional detachment. Integrating homoeopathic treatment with psycho-counseling techniques, such as cognitive behavioral therapy, may enhance recovery and improve overall mental well-being in individuals with PTSD.

REFERENCES:

1. *Dr Mandal Mahakas, Dr Chowdhury. Post traumatic stress disorder and its homoeopathic management. The Homoeopathic Heritage [Internet]. Researchgate. B Jain Publishers Pvt Ltd ; [Cited 2025 Aug 6]. Available from: 2. ember - issue- 2022/ links/64421 fddd577967928 f5de5e/Her it age - Sept e mber - is sue- 2022.pdf#page=77*
2. *Pandit V, Singh R. Post -Traumatic -Stress Disorder. 2023 [cited 2025 Aug 6];6:1. Available from: https://www.tjhms.com/uploadfiles/8.%20PTSD.20230409082443.pdf*
3. *View of Optimization of Homoeopathy in the management of Post-Traumatic Stress Disorder, the aftermath of COVID-19 pandemic: Clinical Case Series [Internet]. Highdilution.org. 2025 [cited 2025 Aug 6]. Available from: https://www.highdilution.org/index.php/ijhdr/article/view/1140/1127*
4. *Dr. Priya Singh, Banerjee A, Dr. Kathika Chattopadhyay. Managing post traumatic stress disorder with homoeopathy: A case report. 2022 Oct 1;6(4):524–31. 6-4-45-228.pdf*
5. *Wellington NJ, Boucas AP, Lagopoulos J, Quigley BL, Kuballa AV. Molecular pathways of ketamine: A systematic review of immediate and sustained effects on PTSD. Psychopharmacology. 2025 Mar 17; Molecular pathways of ketamine: A systematic review of immediate and sustained effects on PTSD | Psychopharmacology*
6. *Battaglia S, Fazio CD, Borgomaneri S, Avenanti A. Cortisol Imbalance and Fear Learning in PTSD: Therapeutic Approaches to Control Abnormal Fear Responses. Current Neuropharmacology. 2025 Jan 23;23. Cortisol Imbalance and Fear Learning in PTSD: Therapeutic Approaches to Control Abnormal Fear Responses | Bentham Science Publishers*
7. *Raül Andero. Stress-induced changes in the molecular processes underlying fear memories: implications for PTSD and relevant animal models. Molecular Psychiatry. 2025 Jan 31; Stress-induced changes in the molecular processes underlying fear memories: implications for PTSD and relevant animal models | Molecular Psychiatry*
8. *Sheela Dandge, Desai K. Post-Traumatic Stress Disorder (PTSD) And Homoeopathy. ResearchGate [Internet]. 2023 Feb 9 [cited 2025 Aug 6];14:1–6. Available from: ht t ps://www.researchgate.net/publication/368363935PostTraumatic Stress Disorder PTSD And Homoeopathy*
9. *Demi, Estelle, O. Jiaqing, Rippey CS, Cook JM, Olff M, et al. The diagnostic accuracy of Demi, Estelle, O. Jiaqing, Rippey CS, Cook JM, Olff M, et al. The diagnostic accuracy of PTSD assessment instruments used in older adults: a systematic review. European journal of psychotraumatology. 2025 May 14;16(1). Full article: The diagnostic accuracy of PTSD assessment instruments used in older adults: a systematic review*

A SYSTEMATIC REVIEW ABOUT THE HOMOEOPATHIC INTERVENTION IN PARANOID SCHIZOPHRENIA

ABSTRACT

Background: The standard of care for paranoid schizophrenia, a chronic mental illness characterised by enduring delusions, hallucinations, and emotional abnormalities, primarily consists of antipsychotic drugs. These often result in major effects and minimal compliance among patients. There is increasing optimism for treating paranoid schizophrenia and mental health issues using individualised homoeopathy, which takes a comprehensive and symptom-specific approach.
Objective: To systematically review published case reports and clinical studies on the effectiveness of individualised homoeopathic treatment in patients diagnosed with paranoid schizophrenia.
Methods: In this study, 3 detailed case reports, one prospective clinical study involving 35 patients, and one additional observational case report were analysed. Each study involved patients clinically diagnosed with paranoid schizophrenia and treated with individualised homoeopathic medicines. Symptom severity and treatment outcomes were assessed using standardized psychiatric rating scales such as PANSS, SAPS, BPRS, and CGI-SCH. The treatment duration ranged from one month to two years.
Results: All reviewed cases demonstrated significant clinical improvement without the use of conventional psychotropic medication. Reported outcomes included the reductions in PANSS, SAPS, and BPRS scores and normalization of CGI-SCH ratings. Remedies such as Phosphorus, Natrum carbonicum, Natrum muriaticum, Sepia officinalis, Aurum metallicum, Hyoscyamus, Sulphur, and Stramonium were used based on individualised remedies. No homoeopathic aggravations or adverse effects were observed. Sustained remission was noted in follow-up periods ranging from 6 months to 2 years.
Conclusion: The findings suggest that individualised homoeopathy may offer a safe and potentially effective therapeutic option for managing paranoid schizophrenia, especially in patients who are intolerant to or non-compliant with conventional pharmacotherapy. However, further high-quality, randomized controlled trials are essential to validate these preliminary observations and establish evidence-based protocols

Keywords:
Paranoid schizophrenia, individualized homoeopathy, PANSS, BPRS, CGI-SCH, SAPS, psychiatry, case report, clinical study.

INTRODUCTION

Paranoid schizophrenia is characterised by the presence of Delusions of persecution, reference, grandiosity, control, or jealousy. The delusions are usually well-systematised (i.e. thematically well connected with each other). The hallucinations usually have a persecutory or grandiose content. No prominent disturbances of affect, volition, speech, and/or motor behaviour. Personality deterioration in the paranoid subtype is much less than that seen in other types of schizophrenias.

The patient may be quite apprehensive, anxious, and appear evasive and guarded on mental status examination. The onset of paranoid schizophrenia is usually insidious, occurs later in life (i.e. late 3rd and early 4th decade) as compared to the other subtypes of schizophrenia. The course is usually progressive and complete recovery usually does not occur. There may be frequent remissions and relapses.

PREVALANCE

Globally, prevalent cases rise from 13.1 million in 1990 to 20.9 million cases. Schizophrenia is found to be among the top 10 leading causes for disability in the world among people in the 15 to 44 years of age range

DIAGNOSTIC CRITERIA BASED ON ICD 10:

F20.0 Paranoid schizophrenia

The clinical picture is dominated by relatively stable, often paranoid, delusions, usually accompanied by hallucinations, particularly of the auditory variety, and perceptual disturbances.

- Disturbances of affect, volition, and speech, and catatonic symptoms, are not prominent.
- Examples of the most common paranoid symptoms are: (delusions of persecution, reference, exalted birth, special mission, bodily change, or jealousy)
- Hallucinatory voices that threaten the patient or give commands, or auditory hallucinations without verbal form, such as whistling, humming, or laughing;
- Hallucinations of smell or taste, or of sexual or other bodily sensations; visual hallucinations may occur but are rarely predominant.
- Thought disorder may be obvious in acute states.
- Affect is usually less blunted than in other varieties of schizophrenia, but a minor degree of incongruity is common, as schizophrenia.

HOMOEOPATHIC INTERVENTION

Remedies such as Phosphorus, Natrum carbonicum, Natrum muriaticum, Sepia officinalis, Aurum metallicum, Hyoscyamus, Sulphur, and Stramonium were used based on individualised remedies

CONCLUSION:

Particularly for individuals who are hostile to or noncompliant with conventional drugs, individualised homoeopathic treatment has promise as a safe and potentially effective cure in paranoid schizophrenia. Significant therapeutic improvements free of side effects are shown in the examined research and case reports.

REFERENCES:

1. *Bhuvaneswari R, Sakthivel V. Individualised homoeopathic treatment of paranoid schizophrenia with potentised Phosphorus–A case report. Indian Journal of Research in Homoeopathy. 2025;19(2):182-90.*
2. Gilla D, Mohan ND, Sreelakshmy SR. A Case of Paranoid Schizophrenia Treated with Individualised Homoeopathy. Homoeopathic Links. 2022 Dec;35(04):280-5.
3. Jayakumar M, Lalitha KS. A clinical study on paranoid schizophrenia and its homoeopathic management. IOSR journal of dental and medical sciences May. 2019 May;18(05):52-6.
4. Janagam J, Mohan ND. A case report of paranoid schizophrenia treated with homoeopathy in psychiatry ward. International Journal of Homoeopathic Sciences. 2021;5(2):170-3.
5. Janagam J, SVK MN. Successfully treated case of schizophrenia through Homoeopathy: A case report. International Journal of Homoeopathic Sciences. 2022;6(3):07-11.

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Efficacy of Homoeopathic Constitutional Medicine in the Treatment of Adjustment Disorder: A Clinical Perspective

Abstract

Adjustment disorder (AD) is a prevalent yet under-researched psychiatric condition characterized by emotional distress and functional impairment in response to stressors. This article explores the clinical application of homoeopathic constitutional medicine in the management of AD, guided by structured assessments using the Adjustment Disorder New Module-20 (ADNM-20). The study underscores the potential benefits of individualized homoeopathic interventions, alongside supportive psychotherapy, in alleviating symptoms and enhancing adaptive capacities.

Introduction

Adjustment disorder is a psychiatric condition arising from identifiable stressors that trigger emotional and behavioral disturbances, including anxiety, depression, irritability, and impaired functioning[1],[2]. Despite being commonly diagnosed in clinical practice, AD has historically received limited attention in research, partly due to the challenges in diagnostic clarity and measurement[3]. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) classifies AD under stress-related disorders, emphasizing significant distress and impairment without fulfilling criteria for other psychiatric illnesses[4].

The prevalence of AD in the general population is estimated to range from 2% to 8%, with women and adolescents being particularly vulnerable. Environmental, psychosocial, and developmental factors contribute to the onset of AD, while individual resilience plays a crucial role in symptom expression[1],[5],[6]. Given the potential risks of self-harm and suicidal behavior associated with AD, timely and effective interventions are imperative[7].

Homoeopathic Approach in AD

Homoeopathy, as a holistic system of medicine, focuses on individualized treatment based on constitutional totality, addressing mental, emotional, and physical dimensions of health.[8] The approach aims to enhance the patient's adaptive capacity and promote overall well-being.[8,9] In the context of AD, homoeopathic remedies such as Ignatia amara, Natrum muriaticum, Lachesis mutus, and others have been prescribed based on symptom similarity and totality.

Clinical observations suggest that constitutional remedies help relieve symptoms, reduce emotional distress, and prevent maladaptive behaviors such as substance misuse or self-harm.[9,10]

Remedies are selected following a thorough case analysis involving mental attributes, causative modalities, and characteristic expressions, ensuring personalized care.

Purposive sampling was employed, and subjects across age groups and genders were included, provided informed consent was obtained. Patients with severe psychiatric conditions or neurological disorders were excluded. The treatment regimen combined homoeopathic constitutional medicines with supportive psychotherapy sessions. Data analysis was performed using paired t-tests to evaluate changes in ADNM-20 scores after six months of treatment.

Results and Discussion

Preliminary findings indicate symptomatic improvement in emotional regulation, anxiety levels, and coping mechanisms among patients receiving individualized homoeopathic treatment. The constitutional approach appeared to assist patients in better adapting to stressors without resorting to harmful behaviors. Psychotherapy further reinforced resilience, providing cognitive and emotional support throughout the treatment period.

The study reinforces the significance of recognizing adjustment disorder as a distinct clinical entity and adopting a multimodal therapeutic strategy. Homoeopathy's patient-centered approach complements conventional psychological interventions, particularly in contexts where pharmacological treatments may not be the first line of care.

Conclusion

Adjustment disorder is a common, stress-related psychiatric condition that requires timely and personalized interventions[11,12].

Homoeopathic constitutional medicine, in conjunction with structured assessment tools such as ADNM-20 and supportive psychotherapy, offers a promising treatment modality[12,13]. The study advocates for further research into homoeopathic interventions to strengthen evidence-based practices and enhance patient care in psychiatric settings.

References

1. *Zelviene, P., Kazlauskas, E., & Maercker, A. (2020). Risk factors of ICD-11 adjustment disorder in the Lithuanian general population exposed to life stressors. European Journal of Psychotraumatology, 11(1), 1708617.*
2. *Carta, M. G., Balestrieri, M., Murru, A., & Hardoy, M. C. (2009). Adjustment disorder: Epidemiology, diagnosis and treatment. Clinical Practice and Epidemiology in Mental Health, 5(1), 1-5.*
3. *Pawar, S., & Khan, Y. (2021). Adjustment disorder and its homoeopathic management. Journal of Medical and Pharmaceutical Innovation, 8(44).*
4. *American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.; DSM-5).*
5. *Sadock, B. J., Kaplan, H. I., & Sadock, V. A. (2015). Kaplan & Sadock's synopsis of psychiatry: Behavioral sciences/clinical psychiatry. Philadelphia, PA: Wolters Kluwer.*
6. *Harrison, P., Cowen, P., Burns, T., & Fazel, M. (2017). Shorter Oxford textbook of psychiatry. Oxford University Press.*
7. *Casey, P., & Jabbar, F. (2013). Adjustment disorder considered. Advances in Psychiatric Treatment, 19(2), 99-107.*
8. *Moorthi, S. K., Pertin, S., Vishnupriya, S. V., Muraleedharan, K. C., & Radhika, P. (2021). Homoeopathy for adjustment disorder: A case series. Homœopathic Links, 34(1), 041-051.*
9. *Lalithaa, K. S., & Shaheen, C. M. (n.d.). Efficacy of homoeopathic medicines in adjustment disorders among college freshers.*
10. *Boericke, W. (2002). Pocket manual of homoeopathic materia medica & repertory. B. Jain Publishers.*

11. Patra, B. N., & Sarkar, S. (2013). Adjustment disorder: Current diagnostic status. Indian Journal of Psychological Medicine, 35(1), 4-9.
12. Swayne, J. (2005). ICR operational manual and standardized case record (3rd ed.).
13. Domhardt, M., & Baumeister, H. (2018). Psychotherapy of adjustment disorders: Current state and future directions. The World Journal of Biological Psychiatry, 19(sup1), S21-S35.

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Ashwagandha in OCD: A Homeopathic Psychiatrist's Experimental Journey from Tradition to Neurobiology

Introduction: OCD and the Search for New Solutions

Obsessive-Compulsive Disorder (OCD) is not just about being "a little too neat" or "overly cautious." It is a serious psychiatric condition affecting around 2–3% of the global population[1], characterized by intrusive thoughts (obsessions) and repetitive rituals (compulsions) that consume hours of a patient's day. While conventional treatment with selective serotonin reuptake inhibitors (SSRIs), such as fluoxetine, and behavioral therapies such as Cognitive Behavioral Therapy (CBT), have brought relief to many, a significant proportion of patients remain resistant[2].

This treatment gap prompted me, as a homeopathic psychiatrist, to explore whether traditional remedies like Withania somnifera (Ashwagandha), revered for centuries in Ayurveda for its adaptogenic and neuroprotective properties, could be scientifically validated for psychiatric applications[3].

Thus began my research journey — undertaken as part of my MD (Hom) Psychiatry dissertation at Vinayaka Mission's Homoeopathic Medical College, Salem, with experimental studies carried out at Trichy Biotech Lab. The study was personally designed, executed, and analyzed by me to evaluate the efficacy of homeopathic Withania somnifera Q and 1X potencies in animal models of OCD.

Why Ashwagandha? The Bridge Between Tradition and Science

Ashwagandha, often referred to as "Indian Ginseng," has been studied for its anxiolytic, antidepressant, and neuroprotective effects. Modern pharmacological studies reveal that it influences neurotransmitter systems, reduces cortisol, enhances dopamine regulation, and improves cognitive performance[4]. For OCD — a disorder linked to dysregulation of serotonin, dopamine, and glutamate — Ashwagandha seemed a promising candidate[5].

Homeopathy, with its unique emphasis on potentized remedies, provided a different dimension. I wanted to test whether mother tincture (Q) and low potency (1X) of Ashwagandha could modulate compulsive behaviors in vivo, offering both traditional validation and psychiatric innovation.

Methodology: Bringing Psychiatry to the Lab Bench

To model OCD-like behaviors, I used ketamine-induced animal models[6]. Ketamine, in controlled doses, produces hyperactivity and compulsive-like behaviors in rodents, mimicking the neurochemical imbalances of OCD.

Animals were divided into five groups:

- Control Group – No treatment
- Ketamine Group – Induced with ketamine, no treatment
- Fluoxetine Group – Ketamine + Fluoxetine (standard SSRI treatment)
- Withania Q Group – Ketamine + Ashwagandha Q
- Withania 1X Group – Ketamine + Ashwagandha 1X

To assess changes, I employed three well-validated behavioral tests widely used in OCD research:

- Marble Burying Test – Measures compulsive burying/digging behaviors[7].
- Nestlet Shredding Test – Reflects compulsive tearing/repetitive activity[8].
- Digging Behavior Test – Assesses repetitive exploratory and motor activity[9].

Beyond behavior, I also examined biochemical markers:

Dopamine Estimation – To study neurotransmitter modulation.
Acetylcholinesterase (AChE) Assay – To measure cholinergic activity, linked to cognition and memory[10].

All experiments were carefully conducted at Trichy Biotech Lab under controlled conditions, and results were analyzed statistically using GraphPad Prism software.

Results: What the Animals Revealed

Behavioral Outcomes

Marble Burying Test: The ketamine group buried significantly more marbles, reflecting heightened compulsive behavior. Both Withania Q and 1X groups showed a reduction in marble burying, comparable to the fluoxetine-treated group.

Nestlet Shredding Test: Ketamine-induced mice shredded 60–80% of nestlet material, while Ashwagandha-treated groups showed markedly lower shredding.

Digging Test: Withania-treated groups, especially 1X potency, displayed reduced digging times, restoring balance between exploration and rest.

Neurochemical Outcomes

Dopamine Estimation: The ketamine group showed disrupted dopamine levels. Withania Q and 1X normalized dopamine content, aligning with fluoxetine results.

AChE Activity: Withania-treated groups exhibited moderate AChE inhibition, suggesting cognitive benefits.

Discussion: Uniting Homeopathy and Modern Psychiatry

These findings are significant on multiple levels:

Proof of Concept – This is among the first in vivo demonstrations of homeopathic Ashwagandha's effect on OCD-like behaviors.

Neurochemical Modulation – Results point to both dopaminergic and cholinergic regulation, reinforcing Ashwagandha's adaptogenic and neuropsychiatric profile.

Comparable to Standard Treatment – Its performance was comparable to fluoxetine, one of the gold standards in OCD therapy.

This research not only strengthens the role of homeopathy in psychiatry but also supports the integration of traditional remedies into modern psychopharmacology.

Why This Matters for Patients and Psychiatry

OCD is one of the most treatment-resistant psychiatric conditions, and the burden on patients and families is enormous. For those who do not fully respond to SSRIs or cannot tolerate their side effects, Ashwagandha offers a hopeful adjunctive pathway.

Moreover, this study highlights a broader lesson: psychiatric research need not be confined to allopathy. By rigorously testing homeopathic and traditional medicines under scientific conditions, we can expand the therapeutic arsenal in mental health.

Conclusion: A Journey of Science and Healing

Conducting this study was not just an academic exercise — it was a personal mission. As Dr. Sakthi Silvan, Department of Psychiatry, Vinayaka Mission's Homoeopathic Medical College, Salem, I designed and carried out this project at Trichy Biotech Lab with the conviction that science can validate tradition.

The results are encouraging: Withania somnifera Q and 1X potencies reduced compulsive behaviors, modulated dopamine, and enhanced cognitive markers in animal models of OCD.

While further clinical trials in humans are essential, this work marks a step toward integrative psychiatry, where homeopathy, neuroscience, and patient care converge. For patients trapped in the cycle of obsessions and compulsions, Ashwagandha may one day provide not just relief, but renewal.

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Integrating Homoeopathy into Paediatric Psychiatry: A Review of "A Complete Guide to Paediatric Psychiatry" by Dr. F. Rameezha Burvin

ABSTRACT:

Paediatric psychiatric disorders present unique challenges in clinical practice due to the complexity of developmental, genetic, environmental, and psychosocial factors influencing children's mental health. Dr. F. Rameezha Burvin's self-published book, A Complete Guide to Paediatric Psychiatry – Healing Young Hearts and Minds through Homoeopathy, provides a comprehensive resource bridging traditional paediatric psychiatry with Homoeopathic principles.

This review highlights the structure, content, and clinical utility of the book. The text is divided into two sections: the first focuses on foundational concepts including paediatric case taking, neurological and psychological assessment, Organon-based Homoeopathic principles, and mental health during pregnancy. The second section addresses common paediatric psychiatric disorders categorized according to DSM-5 criteria, offering detailed Homoeopathic management strategies, Materia Medica guidance, repertory references, and practical case studies with follow-ups. The inclusion of age-specific assessment scales enhances its clinical applicability.

By integrating Homoeopathy with conventional psychiatric frameworks, this guide serves as a valuable tool for practitioners, postgraduate scholars, and students aiming for a holistic approach to paediatric mental health. This review underscores the book's relevance in promoting evidence-informed, individualized, and compassionate care for children with psychiatric disorders.

Keywords: Paediatric Psychiatry, Homoeopathy, Materia Medica, DSM-5, Mental Health, Holistic Care, Case Studies

Review Article:

Introduction:

- Importance of paediatric mental health
- Challenges in diagnosis and management
- Homoeopathy's role in holistic paediatric care

OVERVIEW OF THE BOOK:

Part 1: Fundamentals for Practitioners

- Paediatric case taking and neurological assessment
- Principles of Homoeopathic case taking (Organon, Posology)
- Mental health in pregnancy and early childhood
- Psychological therapies and integration with DSM-5

Part 2: Paediatric Psychiatric Disorders

- DSM-5 classification and disorder-specific management
- Materia Medica indications and repertory references
- Case studies with practical follow-ups
- Age-specific assessment tools

CLINICAL RELEVANCE:

- Practical utility for practitioners and students
- Bridging conventional psychiatry and Homoeopathy
- Enhancing individualized treatment plans

STRENGTHS OF THE BOOK:

- Comprehensive coverage from theory to practice
- Integration of Homoeopathic and psychiatric frameworks
- Clear organization and user-friendly guidance
- Evidence-informed and case-based approach

LIMITATIONS AND SUGGESTIONS:

- Self-published format may limit accessibility
- Recommendations for future editions (e.g., more research references, digital resources)

CONCLUSION:

- Contribution to the field of paediatric psychiatry
- Value for Homoeopathic practitioners, scholars, and students
- Encouragement to adopt a holistic, child-centered approach

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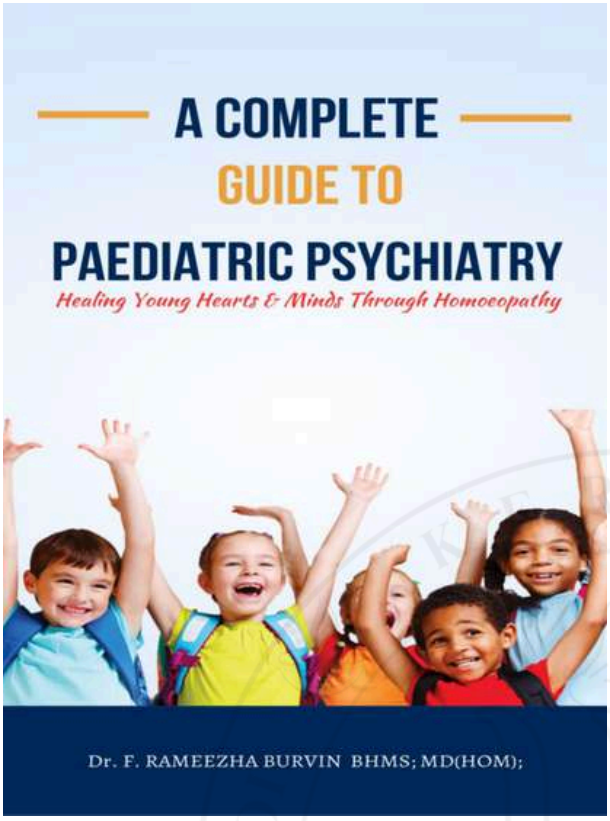

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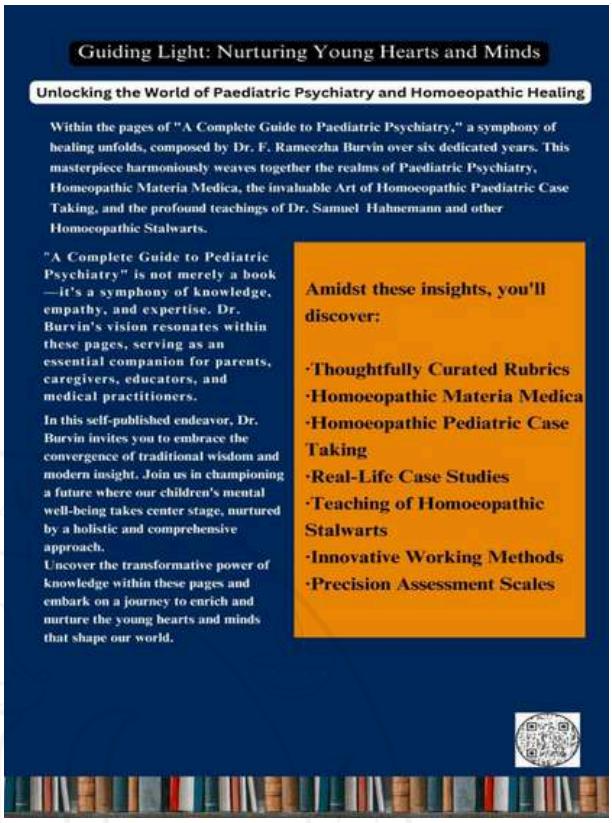

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ONYCHOPHAGIA AND HOMOEOPATHY

ABSTRACT

Onychophagia or Nail-biting (NB) is a common unresolved, oral habit which is observed in both children and young adults. It is categorized as body-focused repetitive behaviour (BFRB) disorders. It is caused by both psychological and environmental factors. Homoeopathy is a holistic system of medicine which works on the basis of individualization. Nail-biting can effectively be managed by homoeopathic medicines.

Key Words; Onychophagia, Homoeopathy, Materia Medica, Arsenicum

INTRODUCTION

A habit can be defined as a repetitive action that is being done automatically and are common in infantile period and most of them have a spontaneous onset and termination [1]. Nail biting is one of the most common repetitive behaviours among these. The stimulation of mouth with finger or nail can be a palliative action as it is a source of relief in passion and anxiety in both children and adults.[2] It is observed that the prosocial ability of children with NB is less than those without it.[3]

Definition:

Onychophagia can be defined as "putting one or more fingers in the mouth and biting on nail with teeth".[4] Passing of any finger from just a person's lips can also termed as NB. The behaviour is usually restricted to nails, and the nail biters have no preference for any of their fingers.[5]

EPIDEMIOLOGY

Nail biting usually starts at the age of three or four years and can last throughout adolescence. The most common age group is 7 to 10 years. The prevalence of NB increases from childhood to adolescence, and then shows a decline in adulthood.[6] There is no sufficient data on what percentage of the children with NB behaviour stops it, and will not suffer from its complications. In children less than 10 years NB is not gender dependent but in adolescents its incidence in boys is more than girls.[7] Moreover, it is documented that more than half of parents of children with NB have at least one psychiatric disorder most likely major depression. Most people are not taking nail-biting as serious as a disorder because of the lack of knowledge of the root causes or the potential for mental health issues later in life.[8] Nail-biting can be a symptom of some deeper emotional problems. Males who bite their nails are more likely to be diagnosed with psychological problems when compared to girls.[9]

Aetiology [10]

- Genetic factors
- Familial factors- Imitation
- Psychological factors: Stress, anxiety, boredom, inactivity, frustration, impatience.
- Psychiatric illnesses: OCD, Oppositional defiant Disorder, ADHD, Major Depressive Disorder, Separation anxiety disorder

CLASSIFICATION:

NB comes under – Other specified behavioural and emotional disorders with onset usually occurring in childhood and adolescence (F98.8) in ICD-10 which also includes: attention deficit disorder without hyperactivity (excessive) masturbation, nose-picking and thumb-sucking.[10]

DIAGNOSIS[11]

· Clinical
· Histopathological analysis
· Nail biopsy

COMPLICATIONS[11]

- Orthodontic problems,
- Bacterial infection and alveolar damage,
- Intestinal infections,
- Malocclusion
- Attrition of the anterior teeth
- Appearance of the nails changes
- Oral enterobacterial changes
- Temporo-mandibular joint pain and dysfunction
- Exhaustion of the masticatory muscles
- Damage to the cuticles and nails
- Melanonychia
- Paronychi
- Self-inflicted gingival injuries and gingival swelling

MANAGEMENT [11,12]

1. Education
2. Identify the triggers
3. Behavioral Therapy- Habit Reversal Training (HRT)
4. Maintaining Proper Nail Hygiene
5. Analysis of Functional Assessment
6. Punishment- Punishment is ineffective in NB treatment
7. Chewing Gum- Leads to improved oral hygiene.
8. Social Media and Books
9. Positive Reinforcement- Reward and compensation strategy.
10. Meditation and Relaxation Exercises
11. Competing Reaction
12. Aversive Stimulus
13. Psychotherapy
14. Treatment of the underlying psychiatric condition

HOMOEOPATHIC MANAGEMENT [13]

According to Dr Hahnemann, we treat the patient not the disease he also said that, “there is no disease, but sick people”. So, in any case of onychophagia, homoeopathy works with the person having the habit. Homoeopathy restores complete health of a person not for his different organs. According to the Organon of Medicine, Hahnemann tells about individuality and one should always work on that basis to find out the correct and best similimum for any person. When we prescribe for a chronic case, we approach to patient’s complete symptoms. The medicines given below indicate their therapeutic affinity in cases of onychophagia. The selection of medicines depends upon the individuality of the patient

Some important homoeopathic medicines for Onychophagia [13-17]

Aconitum napellus

The patient has great anxiety relieved by drinking cold water only transiently. Anxiety as though a great misfortune would happen to him followed by total apathy and does not allow him to remain in one place, so he is compelled to walk.

Anxiety and peevishness, with fine dartings in the side of the chest, then palpitation at the pit of the stomach, and pressive headache. Fear of death and have a Feeling as if his last hour had come Dread of some accident happening,

Ammonium Bromatum

Patient has a fear of death associated with stomach symptoms. Timid, discouraged; lack of self-confidence.

Argentum Nitricum

The neurotic effects are very marked here and many brain and spinal symptoms presenting, which makes him walk rapidly. He feels very much affected bodily and mentally; he does not undertake anything lest he should not succeed. Mood is irritated and anxious, especially in the morning after rising, accompanied with great nervousness, feeling of weakness and tremulousness. Peculiar mental impulses. Fears and anxieties

Arsenicum Album

Great anguish and restlessness characterize the patient. Changes place continually due to this. Fears, of death, fear of being left alone. Associated with cold sweat. Thinks it useless to take medicine. Suicidal. Despair drives him from place to place. General sensibility increased and their nails may be discoloured red or black. It is also one of the best indicated medicine for cases of obsessive compulsive disorder (OCD).

Arum Triphyllum

It can be think of in cases of severe nail biting. Persons who bite their nails until they start to bleed. Nervous people. Irritability. Restlessness, cross and stubborn. Habit of picking the ends of the fingers.

Calcarea Carbonicum

It is characterized by anxiety and anguish with shuddering and dread during the twilight, or at night. Excessive anguish, with palpitations of the heart, ebullition of the blood, and shocks in the epigastrium. Forbidding rest. Apprehensions. Children are self-willed. Despair in consequence of the impaired condition of the health; or hypochondriacal humour, with fear of being ill or unfortunate, of experiencing sad accidents, of losing the reason, or being infected by contagious diseases.

Cina Maritima

Lachrymose humour. A child cries when it is touched; is averse to being caressed. Continual inquietude, with desire for things of all kinds, which are rejected some moments after. Disposition to be offended by trifling jests. Great anguish and anxiety on walking in the open air

Hura Brasiliensis

Characterized by much excited and oppressed, as if by some great misfortune. Nervous laughter, which makes her shudder, at 7 A.M. She weeps every little while, and especially for two days past, fancies she sees the dead person before her eyes. Weeping which is causeless Depression; wants to do nothing; nothing pleases her Anxiety

Lycopodium Clavatum

Anguish felt in the region of epigastrium, with melancholy and disposition to weep; especially. after a fit of anger, or on the approach of other persons. Disposed to be sensitive. Fear of men; wants to be alone. Aversion to solitude. Must laugh if any one looks at her to say anything serious. Inclined to laugh and cry at same time. Irritability, with tears. Irascibility. Obstinacy. Disposition to be very haughty when sick; mistrustful; does not understand anything one says to them; memory weak.

Medorrhinum

Patient has difficulty in concentrating his thoughts on abstract subjects. He could not read or use mind at all from pain in head. The patient is in a great hurry; when doing anything is in such a hurry that she gets fatigued.. Is always anticipating; feels most matters sensitively before they occur and generally correctly. Dread of saying the wrong thing when she has headache.

Silicea Terra

Patients are restless and fidgety; great liability to be frightened, especially. by least noise. He is discouraged. Morose and ill-humour. Despair, with intense weariness of life. She have wishes to drown herself. Disposition to fly into a rage, obstinacy, and great irritability. The child becomes obstinate and headstrong; cries when kindly spoken to. Excitement with easy orgasm of blood. Apathy and indifference. Weakness of memory.

REFERENCES

1. Ghanizadeh A. Nail biting; etiology, consequences and management. Iran J Med Sci. 2011 Jun;36(2):73-9. PMID: 23358880; PMCID: PMC3556753.

2. Baghchechi M, Pelletier JL, Jacob SE. Art of Prevention: The importance of tackling the nail biting habit. Int J Womens Dermatol. 2020 Sep 17;7(3):309-313. doi: 10.1016/j.ijwd.2020.09.008. PMID: 32964094; PMCID: PMC7497389.

3. O. Marouane, M. Ghorbel, M. Nahdi, A. Necibi, N. Douki, "New Approach to Managing Onychophagia", Case Reports in Dentistry, vol. 2016, Article ID 5475462, 5 pages, 2016.

4. Siddiqui, Javed Ather1,2,; Qureshi, Shazia Farheen1,3. Onychophagia: A synopsis of nail biting and its management. Indian Journal of Social Psychiatry 38(3):p 221-223, Jul–Sep 2022. | DOI: 10.4103/ijsp.ijsp_35_20

5. Lesinskiene S, Pociute K, Dervinyte-Bongarzoni A, Kinciniene O. Onychophagia as a clinical symptom: A pilot study of physicians and literature review. Science Progress. 2021;104(4). doi:10.1177/00368504211050288

6. Pennington LA. Incidence of nail biting among adults. Am J Psychiatry 1945;102:241-4. Back to cited text no. 2

7. Deardoff PA, Finch AJ, Royall LR. Manifest anxiety and nail-biting. J Clin Psychol 1974;30:378

8. American Psychiatric Association. DSM-5 Task Force. Diagnostic and Statistical Manual of Mental Disorders: DSM-5. 2013. Available online: http://dsm.psychiatryonline.org/book.aspx?bookid=556 (accessed on 9 November 2021).

9. Ghanizadeh, A.; Shekoohi, H. Prevalence of nail biting and its association with mental health in a community sample of children. BMC Res. Notes 2011, 4, 116. [CrossRef] [PubMed]

10. Winebrake, J.P.; Grover, K.; Halteh, P.; Lipner, S.R. Pediatric Onychophagia: A Survey-Based Study of Prevalence, Etiologies, and Co-Morbidities. Am. J. Clin. Dermatol. 2018, 19, 887–891. [CrossRef]

11. Erdogan, H.K.; Arslantas, D.; Atay, E.; Eyuboglu, D.; Unsal, A.; Dagtekin, G.; Kilinc, A. Prevalence of onychophagia and its relation to stress and quality of life. Acta Derm. Alp. Pannonica Adriat. 2021, 30, 15–19. [CrossRef]

12. Leme, M.; Barbosa, T.; Castelo, P.; Gavião, M.B. Associations between psychological factors and the presence of deleterious oral habits in children and adolescents. J. Clin. Pediatr. Dent. 2014, 38, 313–317

13. Vithoulkas G. Essence of Materia Medica.2nd Edn. New Delhi: B. Jain Publishers 2002. ISBN: 81-7021

14. Clarke JH. A Dictionary of Practical Materia Medica. New Delhi: Indian Books & Periodical publishers 9.

15. Allen HC. Allen's Key Notes, Rearranged and Classified with Leading Remedies of The Materia Medica and Bowel Nosodes, Eighth Edition, B Jain Publisher (P) Ltd, New Delhi 2016. 11.

16. Boericke's New Manual of Homoeopathic Materia Medica with Repertory, Third Revised and Augmented Edition

Encyclopedia of Pure Materia Medica: 12-Volume Set Hardcover – 11 May 202[illegible] Field Allen (Author)

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ASSESSMENT OF INSIGHT IN MENTAL STATUS EXAMINATION

INSIGHT

Conscious recognition of one's own condition. In psychiatry, Insight refers to the conscious awareness and understanding of one's own psychodynamics and symptoms of maladaptive behaviour, highly important in effecting changes in the personality and behaviour of a person. It is the patients' degree of awareness and understanding that they are ill.

Insight is rated on a 6-point scale from 1-6.

1.Complete denial of illness

2.Slight awareness of being sick & needing help but denying at the same time.

3.Awareness of being sick, but blaming it on others, on external factors, or on organic factors.

4.Awareness that illness is due to something unknown in the patient.

5.Intellectual insight.

6. True emotional insight

Intellectual insight: Knowledge of the reality of a situation without the ability to use that knowledge successfully to effect an adaptive change in behaviour or to master the situation.

Emotional insight: a level of understanding or awareness that one has emotional problem. It facilitates positive changes in behaviour and personality when present

True insight: understanding of the objective reality of a situation coupled with the motivational and emotional impeteus to master the situation or change behaviour. Impaired insight: diminished ability to understand the objective reality of a situation.

Factors influencing insight are as follows:

- Cultural models of illness
- General intelligence and knowledge
- Doctor patient relationship
- Symptomatology
- Denial-motivation
- Preservation of self esteem
- Avoidance of stigma
- Personality compliance

The term insight, usually in the context of self-awareness, has been used in a variety of ways.

Basic insight refers to a superficial awareness of one's situation. In evaluating insight into one's psychiatric condition, basic insight allows an individual to acknowledge the presence of an illness.

A deeper level of insight is operating when the patient has an intellectual appreciation of what is going on; (e.g., "I have hallucinations and delusions, and my doctors have told me that I have schizophrenia and must take medication").

Still deeper levels of insight reflect more complete cognitive and emotional appreciation of a situation; (e.g., "I realize that I have schizophrenia, that it impairs my judgment and social function at times, and that I will have to take medications if I am to minimize my symptoms and try to make the most of my life. I feel profoundly disappointed about this affliction because it prevents me from achieving some of the goals I've always wished for. Nevertheless, I have done my best to get over my disappointment and hurt feelings so that I can get whatever I can out of life.").

Of course, different depths of insight as self-awareness can be evaluated in many other situations, such as physical illness, quality and nature of relationships, an appreciation of strengths and weaknesses in professional situations, and so forth.

In formal studies of insight using standardized instruments, lack of insight correlates with poor outcome in schizophrenia and bipolar disorder, medication noncompliance, and suicidality.

Improvement of psychosis does not necessarily correlate with improved insight. Impaired insight may be associated with frontal lobe abnormalities. Insight may be as seriously impaired in mania as in schizophrenia and, contrary to earlier beliefs, may be lacking in OCD.

Because, in clinical practice, the terms insight and judgment are often applied to individuals' awareness and decision making about their psychiatric status, complex motivational states that incorporate insight and judgment related to how one is dealing with one's problems, the so-called stages of readiness for change, bear mention at this point.

Initially described in relation to substance abuse, including alcoholism and smoking, these stages have received considerable attention and form an important aspect of clinical assessment across other diagnostic categories such as eating disorders.

Several stages have been described:

(1) Precontemplation: the person expresses no intention to change (may be in denial).
(2) Contemplation: the person acknowledges a problem and states an intention to change within several months but not right away.
(3) Preparation: the person intends to do something about changing in the near future and may have already made some false starts.
(4) Action: the individual has engaged in making sustained behaviour changes.
(5) Maintenance: the individual has been engaged in changed behaviour for more than 6 months.
(6) Termination: the individual has succeeded in the change and is unlikely to ever return to the original behaviour.

INSIGHT IN CHILD ASSESMENT

Especially concerning the presenting problem; This is most usefully judged after the child has had the opportunity to develop some rapport with the clinician, as the child's initial impulse may be to deny or to minimize the parents presenting concerns.

INSIGHT IN ELDERLY PATIENTS

Insight refers to the ability of patients to understand their own symptoms and their potential causes. Insight is impaired in most forms of moderate to severe mental illness and can disappear in severe dementia.

Judgment can be assessed during the course of the Interview by inquiring about the patient's opinion of and proposed Course of action for incidents that he or she describes in his or her Own history, or in a hypothetical incident. Judgment is compromised In psychotic disorders and dementia.

INSIGHT IN COGNITIVE BEHAVIOURAL THERAPY

Insight refers to both the emotional and intellectual understanding and acceptance of one's problems and is a crucial step in achieving therapeutic benefit. In addition, gaining insight is associated with uncovering the unconscious conflicts and motivations underlying the problematic behaviour,

and the assumption of unconscious conflicts is a major premise of psychoanalysis that is rejected by the behavioural approach. The focus on achieving insight, along with the often-inordinate length of time spent in psychoanalytic therapy, contributed to discontent with the approach.

INSIGHT IN COMBINED THERAPY

Insight commonly occurs when resistance is overcome and interpretations find ready acceptance. The multiple input from the combined approach contributes to increased opportunities for insight as the patient's defences come under scrutiny, and the chances for reality testing are increased because of the spontaneous feedback. A patient's complacency with the acquisition of intellectual insight or partial insight gained in individual psychotherapy is effectively challenged; the group setting offers an immediate arena to demonstrate the application of such insight.

INSIGHT IN GROUP PSYCHOTHERAPY

Generally, insight is defined as recognition by patients that their symptoms are abnormalities or morbid phenomena. The General definition requires that patients have an awareness of the factors that operate to produce the symptoms.

The most stringent meaning of insight is the psychoanalytic definition- the acquisition of subjective knowledge of previously unconscious pathogenic content and conflict that is preceded by dynamic changes leading to a weakening of resistances and the release of energies. Most forms of group psychotherapy seek the acquisition of insight in the general sense; long term, uncovering, expressive groups strive for the psychoanalytic standard.

INSIGHT IN PSYCHOANALYSIS

Although Freud did not use the term insight, he described the curative process in psychoanaiysis "as riddles to be solved whose solution must be accepted by the sufferer". Insight has since been defined as the process by which the meaning, significance, pattern, or use of an experience becomes clear, or as the understanding that results from the process.

Theoretically, it has been portrayed as occurring in four successive Stages:

(1) Preparation, characterized by frustration, anxiety, feelings of ineptness, and despair, often accompanied by trial-and-error activity and falling into habitual patterns (repetition compulsion);
(2) Renunciation, in which one desires to escape from the problem or is unmotivated to make insightful efforts (resistance, negative transference);
(3) Inspiration or illumination, in which the problem is grasped and solutions suggest themselves (beginning of discovery based on interpretive process); (4) Elaboration and evaluation, in which the validity of the insight is checked and confirmed against external reality (working through).

CONCLUSION

Insight is not fully understood, and it is frequently misidentified as a dramatic eureka phenomenon. Such sudden enlightenment rarely occurs in analysis, and, if it does, it is usually short lived, but may mislead the analyst or the patient into wishfully believing that profound understanding has transpired. It is much more common for the patient to achieve insight in a slow and subtle manner, in small ripples rather than in sudden tidal waves. Insights also tend to be circumscribed and specific to certain problem areas rather than whole truth revelations that are associated with mystical experiences o religious conversions.

Moreover, not all change in psychoanalysis is attributable to insight, and not all insight leads to behavioural change. Perhaps the major controversy that characterizes contemporary thinking on the subject is the mutative role of insight versus the role of the therapeutic atmosphere or the empathic relationship within which the interpretation occurs.

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INSIGHT INTO OBSESSIVE COMPULSIVE DISORDER

INTRODUCTION

Obsessive-compulsive disorder is characterised by the occurrence of either obsessions, compulsive rituals or, most commonly, both(1). Obsessive Compulsive Disorder (OCD) is a commonly occurring and diagnosed psychiatric disorder which presets itself through obsessions and compulsions.

Obsessions are thoughts that are intrusive, persistent and repetitive, and are mostly unwanted.

Compulsions are act or behaviour that a person feels a mental urge to perform as a 'must' in response to the aforementioned obsessions. The different forms of OCD reflect heterogeneity; as in , they manifest in different ways such as themes of obsessions, types of rituals, etiology, genetics, entry into the health system or lack thereof in response to pharmacotherapy. The patho-physiology of OCD arise from certain brain regions that include orbitofrontal cortex , anterior cingulate gyri and basal ganglia. OCD has been linked to dysregulation in cortico-striato-thalamo-cortic circuitry. Neurotransmitters that are considered to be involved in the pathology of OCD include serotonin, dopamine and glutamate.(2)

INCIDENCE AND PREVALENCE

The lifetime prevalence of OCD in the general population of Europe and North America is estimated to be 2 to 3 percent. Some researchers have estimated that the disorder is found in as many as 10% of patients in psychiatric clinics. So OCD can be considered as the fourth most common psychiatric diagnosis after phobia, substance related disorders and major depressive disorder. Epidemiological studies in Europe, Asia and Africa have confirmed these rates across cultural boundaries.(3)

COMORBIDITY

Patients with OCD are commonly affected by other mental disorders; for instance, the lifetime prevalence for a major depressive episode in these patients is around 67%.

Other common psychiatric diagnosis include alcohol-use disorders, social phobia, specific phobia, panic disorder, eating disorders and post traumatic stress disorder (PTSD).

The rate of Tic disorders approaches 40% in juvenile OCD, and there is an increase in the prevalence of Tourette's syndrome among the relatives of OCD patients. (3)

SIGNS AND SYMPTOMS

The presentation of obsessions and compulsions is heterogeneous in adults and in children and adolescents. The symptoms of an individual patient can overlap and change with time, but OCD has four major symptom patterns.

- **Contamination:**

The most common pattern is an obsession of contamination, followed by washing or accompanied by compulsive avoidance of the presumably contaminated object. Patient may literally rub the skin off their hands by excessive hand washing or may be unable to leave their homes because of fear of germs.

- **Pathological Doubt:**

The second most common pattern is an obsession of doubt, followed by a compulsion of checking. The checking may involve multiple trips back into the house to check the stove, for example. The patients have an obsession self doubt and always guilty about having forgotten for committed something.

- **Intrusive Thoughts:**

In the third most common pattern, there are intrusive obsessional thoughts without a compulsion. Such obsessions are usually repetitious thoughts of sexual or aggressive acts that are reprehensible to the patient.

- **Symmetry:**

The fourth most common pattern is the need for symmetry or precision, which can lead to a compulsion of slowness.(4)

DIAGNOSTIC CRITERIA

In ICD-10, F42 discusses Obsessive-compulsive disorder :-

- F42.0 - Predominantly obsessional thoughts or ruminations.
- F42.1 - Predominantly compulsive acts [obsessional rituals]
- F42.2 - Mixed obsessional thoughts and acts
- F42.8 - Other obsessive-compulsive disorders.
- F42.9 - Obsessive-compulsive disorder, unspecified.

For a definite diagnosis, obsessional symptoms or compulsive acts, or both, must be present on most days for at least 2 successive weeks and be a source of distress or interference with activities. The obsessional symptoms should have the following characteristics:

a) they must be recognized as the individual's own thoughts or impulses;
b) there must be at least one thought or act that is still resisted unsuccessfully, even though others may be present which the sufferer no longer resists;
c) the thought of carrying out the act must not in itself be pleasurable (simple relief of tension or anxiety is not regarded as pleasure in this sense);
d) the thoughts, images, or impulses must be unpleasantly repetitive.(5)

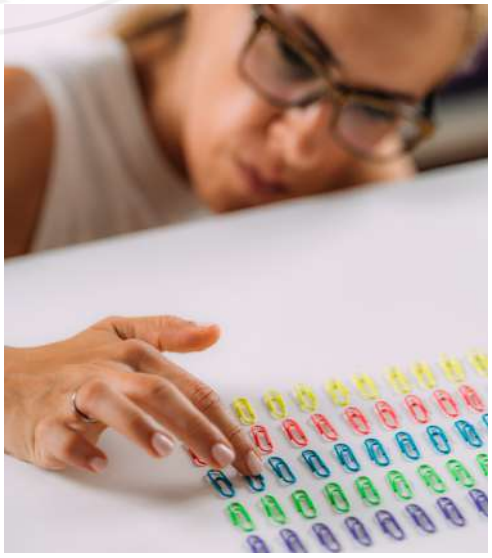
DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS (DSM-5)

Obsessive-Compulsive and Related Disorders

The following specifier applies to Obsessive-Compulsive and Related Disorders where indicated:
Specify if: With good or fair insight. With poor insight. With absent insight/delusional beliefs

300.3 (F42) Obsessive-Compulsive Disorder (237)
Specify if: Tic-related
300.7 (F45.22) Body Dysmorphic Disorder (242)
Specify if: With muscle dysmorphia
300.3 (F42) Hoarding Disorder (247)
Specify if: With excessive acquisition
312.39 (F63.2) Trichotillomania (Hair-Pulling Disorder) (251)
698.4 (L98.1) Excoriation (Skin-Picking) Disorder (254)
_._ (_._) Substance/Medication-Induced Obsessive-Compulsive and Related Disorder (257)

Note: See the criteria set and corresponding recording procedures for substance-specific codes and ICD-9-CM and ICD-IO-CM coding.16
Specify if: With onset during intoxication. With onset during withdrawal. With onset after medication use
294.8 (F06.8) Obsessive-Compulsive and Related Disorder Due to Another Medical Condition (260)
Specify if: With obsessive-compulsive disorder-like symptoms. With appearance preoccupations. With hoarding symptoms. With hair pulling symptoms. With skin-picking symptoms
300.3 (F42) Other Specified Obsessive-Compulsive and Related Disorder
300.3 (F42) Unspecified Obsessive-Compulsive and Related Disorder(6)



HOMOEOPATHIC APPROACH

1.Syphilinum:

Fear about everything aggravated by lying down. In evening all anxieties go away and feel calm. Check things 10 times over. Different kinds of fear - not knowing what afraid of. Develop a tremendous aversion to anything dirty after sex with a prostitute. May become so strong will wash clothes if someone touches them in a bus. Will not even shake hands with you. Wash hands 50 - 200 times daily - shriveled skin on hands. If not able to wash hands will develop sweat, headache. Paranoid fear that if their children touch what they have touched they will be similarly tainted. Know this is ridiculous but do not have the strength to stop.

2.Carcinosinum:

An inherent need to establish order, to remove the disorder around them (or so they feel) and in response to this need they can become fastidious. The strong sense of order they possess compels them to become very tidy. Children may clear up their rooms meticulously, lining up their toys neatly. They are conscientious about trifles and feel the urge to strive for perfection in everything they do. They very easily develop a guilty conscience, a feeling as if they had done something wrong, even when it is clear to an observer that there is nothing to worry about.

3.Argentum nitricum:

Panic and anxiety attacks. A mental peculiarity is one of anticipation, apprehension and fear: The sight of high buildings makes him giddy and causes him to stagger; it seems as if houses on both sides of street would approach and crush him. Tormented by strange ideas and emotions.

4.Nux vomica:

Very irritable, sensitive to all impressions. Suicidal, homicidal impulses. Fear of knives, lest she should kill herself or others. Very fastidious. If anything bothers him, he must get it out of the way.

CONCLUSION

Obsessive-compulsive disorder is a severe and disabling clinical condition that usually arises in late adolescence or early adulthood and, if left untreated, has a chronic course. Whether this disorder should be classified as an anxiety disorder or in a group of putative obsessive-compulsive-related disorders is still a matter of debate. Biological models of obsessive-compulsive disorder propose anomalies in the serotonin pathway and dysfunctional circuits in the orbito-striatal area and dorsolateral prefrontal cortex. Support for these models is mixed and they do not account for the symptomatic heterogeneity of the disorder.People with this disorder have varied insights into the senselessness of their symptoms, with most acknowledging that obsessions and compulsions are at least somewhat unrealistic and excessive.

REFERENCE

1. American Psychiatric Association. Diagnostic and statistical manual of mental disorders, 4th edn. Washington, DC, 2000.

2.Bokor G, Anderson PD. Obsessive–Compulsive Disorder. Journal of Pharmacy Practice. 2014;27(2):116-130. doi:10.1177/0897190014521996

3.Gelder M. G. et al. New oxford textbook of psychiatry. 2nd edition, Vol 1. New York: Oxford university Press; 2009.

4. Sadock B. J. et al. Kaplan & Sadock"s synopsis of psychiatry. 10th edition, 8th Indian Reprint. New Delhi: Wolters Kluwer (India) pvt ltd; 2013.

5. The ICD-10: Classification of mental and behavioural disorders, clinical description and diagnostic guidelines. Reprint edition. New Delhi: A.I.T.B.S. publishers and distributor"s (p) ltd; 2007.

6.American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders(DSM-5). 5th edition. Arlington,VA: American Psychiatric Association; 2013.

7. Kent JT. Lectures on homoeopathic materia medica. New Delhi. B Jain publishers (P) Ltd.

8.Sankaran R. The soul of remedies. First edition. Mumbai. Homoeopathic Medical Publishers; 1997.

9.Boericke O.E. Pocket Manual of Homoeopathic Materia Medica and Repetory. 9 th edition. New Delhi. B Jain publishers. 1998

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HOMOEOPATHIC APPROACH IN THE MANAGEMENT OF INSOMNIA

ABSTRACT:

Insomnia is a common issue encountered in clinical settings and may occur on its own or alongside other medical or psychiatric conditions. Regardless of its cause, it may require dedicated treatment. Insomnia is characterized by difficulty falling asleep, staying asleep, or experiencing unrefreshing sleep, often leading to daytime impairment. While it is commonly secondary to medical, psychiatric, circadian, or other sleep disorders, it can also occur as a primary condition. Primary insomnia is thought to account for approximately 25% of chronic insomnia cases and is believed to stem from a state of hyperarousal, a theory supported by studies involving the autonomic nervous system and the hypothalamic-pituitary-adrenal (HPA) axis. Chronic insomnia affects around 10% of adults, with factors such as age, gender, underlying medical or psychiatric conditions, and shift work increasing the risk. The severity and impact of insomnia vary depending on its cause. Transient insomnia may result in daytime drowsiness and reduced psychomotor function, whereas chronic insomnia is linked to higher rates of absenteeism, accidents, memory problems, and increased use of healthcare services. Among its consequences, the most consistently observed is an elevated risk of developing depression.[1]

Key Words: Sleep,Insomnia,Criteria,homoeopathy

INTRODUCTION:

Sleep is a complicated process and it is an active state of unconsciousness produced by the body where our brain is in a relative state of rest and reacts primarily to our internal stimulus.The exact purpose of sleep is not fully known.Sleep functions is based on cyclic patterns between two major phases:Non-rapid eye movement sleep(NREM) and Rapid eye movement(REM) sleep.Sleep is based on unique characteristics in the brain wave,muscle tones and eye movement patterns.

NREM is characterized by an absence of eye movements, and REM is characterized by rapid eye movements.Sleep begins with a short NREM stage1 phase,followed by NREM stage2,then NREM stage 3 and then finally REM.The mechanism of sleep is a balanced phase between two systems located in the brain:the homeostatic process and the circadian rhythm[2]

Insomnia is a common complaint that can present as alone or related to any medical condition(e.g pain) or psychiatric disorder(e.g Depression).Insomnia is the most common sleep disorder occurring in larger proportion in situational or recurrent basis. Insomnia is characterized by dissatisfaction with sleep duration or quality and difficulties in initiating or maintain sleep and also there will be impairment in day to day activities.

The homeopathic simillimum is the remedy that best matches the complete symptom picture of the patient. Its selection is guided by a comprehensive assessment of the individual's physical, emotional, and mental traits.[4]

EPIDEMIOLOGY:

The global prevalence of insomnia symptoms is estimated to be around 30–35%, with epidemiological studies across various countries reporting comparable rates. Several factors influence the development of insomnia, including age, sex, and possibly ethnicity. Women tend to experience insomnia more frequently than men, and the condition is also more commonly diagnosed among individuals with medical or psychiatric disorders compared to the general population. One possible explanation for the higher prevalence in women involves the effects of gonadal steroids, as the gender gap in insomnia rates becomes evident at puberty and further widens during and after menopause. Insomnia is also a prevalent issue among children and adolescents.

While symptoms of insomnia and disrupted sleep especially sleep fragmentation tend to increase with age in both older and younger individuals, the overall prevalence of diagnosed insomnia remains relatively consistent across age groups.[5]

PATHOPHYSIOLOGY:

Insomnia is believed to be a condition of persistent hyperarousal that extends throughout the entire day. During the daytime, this may manifest as heightened alertness or hypervigilance. This arousal is currently explained by both cognitive and physiological models of insomnia. The cognitive model suggests that worry and rumination about life stresses disrupt sleep, creating acute episodes of insomnia, especially in initiating sleep and returning back to sleep after an awakening.[6]

CLINICAL PRESENTATION:

Physical Symptoms:

These include specific sleep disturbances such as difficulty falling asleep, frequent awakenings during the night, or waking up too early. Additional physical complaints like headaches, stomach discomfort, or heart palpitations may also accompany insomnia.

Emotional State:

Underlying emotional issues such as stress, grief, anger, anxiety, or other intense emotions can interfere with the ability to fall or stay asleep.

Mental Patterns:

Persistent mental activity such as racing thoughts, constant worries, or an overactive mind can prevent relaxation and hinder the onset of sleep.

Lifestyle Factors:

Daily habits, including diet, caffeine consumption, physical activity, work hours, and other lifestyle choices, can significantly influence sleep quality and contribute to insomnia.[7]

DIAGNOSTIC CRITERIA:

According to ICD 10 criteria:
a) The complaint will be either difficulty in falling asleep or maintaining sleep or there will be poor quality in sleep;

b) the sleep disturbance has occurred atleast three times per week for atleast 1 month;

c) there will be preoccupation with sleeplessness and excessive concern over the consequences; d)the unsatisfactory quality of sleep that interferes with ordinary activities in our daily living.[3]

SCALES FOR SLEEP:

- **Insomnia Severity Index (ISI)**

The ISI is a brief, self-administered questionnaire consisting of seven questions that assess the severity of sleep difficulties. It evaluates issues such as difficulty falling asleep, staying asleep, waking up too early, how others perceive the sleep problem, the impact on daytime functioning, and the individual's level of concern about their sleep issues.

- **Dysfunctional Beliefs and Attitudes about Sleep Questionnaire (DBAS)**

This is a self-rating questionnaire consisting of 28 items designed to assess unhelpful beliefs and attitudes related to sleep in individuals with insomnia. A shorter 16-item version is also available in Hindi for broader accessibility.

- **Pittsburgh Sleep Quality Index (PSQI)**

The PSQI is a self-administered tool that evaluates sleep quality over a one-month period. It covers seven components: sleep quality, sleep latency, sleep duration, habitual sleep efficiency, sleep disturbances, use of sleep medications, and daytime dysfunction. This index helps identify the specific aspects of sleep that are most impaired. [[8]

MANAGEMENT:

The treatment approach for insomnia depends on its underlying cause, the individual's circumstances, and a proper diagnosis. The primary management strategies include sleep hygiene education, sleep restriction therapy, and cognitive behavioral therapy (CBT).

- **Sleep Hygiene Education** This involves educating individuals about habits and environmental factors that can influence sleep quality. Key areas include diet, physical activity, substance use, and the sleep environment—such as lighting, noise, room temperature, and mattress comfort.

Certain behaviors should be avoided before bedtime, including:

- Watching TV or using computers and smartphones
- Consuming tea, caffeine, or alcohol
- Eating heavy meals
- Drinking excessive amounts of water

The human body follows a natural circadian rhythm, also known as the internal biological clock, which helps regulate the sleep-wake cycle. Maintaining a regular sleep schedule and creating a calm, dark, and quiet environment supports this rhythm and promotes better sleep.[9]

THERAPEUTICS:

1. COFFEA CRUDA:

While a strong cup of coffee in the morning can certainly jolt most people awake, its homeopathic form (when potentized) has the opposite effect. It can help calm a restless mind, slow down racing thoughts, and support a good night's sleep. This remedy is especially useful for insomnia caused by anxious restlessness, an overactive imagination, or a nonstop stream of ideas. There's often deep fatigue and a strong urge to lie down and close the eyes, yet the mind refuses to switch off, making sleep elusive. Even when sleep finally comes, it's often interrupted by sudden awakenings or a sensation of being startled awake.[10]

2. NUX VOMICA:

Nux Vomica is typically indicated for individuals who exhibit marked irritability and impatience. They tend to become easily agitated, frustrated, or short-tempered, particularly when their sleep is disrupted. Workaholics who push themselves intellectually late into the night often suffer from mental overexertion, leaving their minds overstimulated and too active to fall asleep.[9]

3. HYOSCAMUS NIGER:

Hyoscyamus niger is a useful remedy for insomnia in overly active children who wake up frightened by imaginary fears or vivid visions. They may awaken with convulsions and often exhibit symptoms such as loud moaning, sleep-talking, and teeth grinding.

After this agitated state, they typically become drowsy and eventually fall into a deep sleep.

4. IGNATIA AMARA:

An effective remedy for sleeplessness caused by emotional distress particularly from shock, disappointment, grief, or repressed emotions. Sleep is often disturbed by anxiety and worry, especially in the evening or upon waking.

5. PAPAVER SOMNIFERUM:

This remedy is particularly effective for insomnia triggered by sensitivity to slight noises. The bed may feel too hot, and sleep is often disturbed by moaning and involuntary jerking of the limbs. Although there is intense drowsiness while reading or concentrating, once in bed, the person finds it impossible to fall asleep. Sleep, when it comes, is heavy and stupefying, making it extremely difficult to wake up and get out of bed in the morning.[10]

CONCLUSION:

Insomnia is a widespread sleep disorder that significantly impacts individuals and society as a whole, yet it remains a challenging condition for both patients and healthcare systems to effectively manage. While many individuals benefit from conventional treatments such as cognitive-behavioral therapy for insomnia (CBT-I) and pharmaceutical interventions, these approaches have limitations, including restricted accessibility, potential side effects, and variable long-term effectiveness.

As a result, there has been growing interest in alternative therapies, including homoeopathy. Homoeopathy is considered by some to be a promising option due to its individualized approach and strong safety profile. However, despite its popularity, there remains a lack of robust scientific evidence supporting its efficacy in the treatment of insomnia.[7]

REFERENCES:

1. Roth T, Roehrs T. Insomnia: Epidemiology, characteristics, and consequences. Clinical Cornerstone. 2003 Jan;5(3):5–15.
2. Brinkman JE, Sharma S, Reddy V. Physiology of Sleep [Internet]. PubMed. Treasure Island (FL): StatPearls Publishing; 2023. Available from: https://www.ncbi.nlm.nih.gov/books/NBK482512/ 3. World Health Organization. The ICD-10 classification of mental and behavioural disorders = ICD-10 : diagnostic criteria for research. Geneva: World Health Organization; 1993.
4. Naudé DF, Stephanie Couchman IM, Maharaj A. Chronic primary insomnia: Efficacy of homeopathic simillimum. Homeopathy. 2010 Jan;99(1):63–8.
5. Morin CM, Drake CL, Harvey AG, Krystal AD, Manber R, Riemann D, et al. Insomnia disorder. Nature Reviews Disease Primers [Internet]. 2015 Sep 3;1(1). Available from: https://www.nature.com/articles/nrdp201526
6. Cunnington D, Junge MF, Fernando AT. Insomnia: prevalence, consequences and effective treatment. The Medical Journal of Australia. 2013 Oct 21;199(8):36–40.
7. Smith J, Doe A, Lee R. Exploring insomnia and homeopathic interventions: an analytical overview. J Integr Med Res. 2025;14(3):123-129.
8. Poonam Ganesh Kakandikar, Bora DV. Homeopathic (Antimiasmatic) Treatment for Insomnia. Sustainability Agri Food and Environmental Research [Internet]. 2023 Jul 27;13:1–17. Available from:https://www.researchgate.net/publication/382045867_Homeopathic_Antimiasmatic_Treatment_for_Insomnia.
9. Smith J, Patel R. Homeopathic approaches in the management of insomnia. J Altern Complement Med. 2025;31(4):245–51.
10. Verma S, Jondhale S. Insomnia can be treated by homoeopathy. J Homoeopath Med Res. 2023;7(2):123–8.

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ROLE OF SPECIAL EDUCATOR IN TREATING SPECIFIC DEVELOPMENTAL DISORDERS AND SCHOLASTIC SKILLS

INTRODUCTION

Special education provides tailored instruction to meet the needs of children with disabilities or learning difficulties. Special educators identify developmental disorders, design individualized education programs (IEPs), and implement evidence-based interventions to help children succeed academically and socially. Specific developmental disorders (SDDs) such as Autism Spectrum Disorder (ASD), Attention-Deficit/Hyperactivity Disorder (ADHD), Intellectual Disability (ID) and Specific Learning Disorders (SLDs) often impair scholastic skills like reading, writing, and arithmetic, even when general intelligence is intact. Early identification and intervention are crucial to prevent frustration, low self-esteem, and dropout.

OVERVIEW OF SPECIFIC DEVELOPMENTAL DISORDERS (SDDS)

DEFINITION:

Neurodevelopmental conditions affecting language, motor, social, or cognitive skills, while general intellect may remain normal.

TYPES:

- **ASD** – difficulties in social communication, restricted interests, repetitive behaviors.
- **ADHD** – inattention, hyperactivity, impulsivity.
- **SLDs** – dyslexia (reading), dysgraphia (writing), dyscalculia (math).
- **Mild/Moderate Intellectual Disability** – impaired reasoning, problem-solving, and adaptive skills.

Impact: Academic struggles, poor social interaction, emotional distress, and reduced independence if untreated.

ROLE OF THE SPECIAL EDUCATOR

- **Identification & Assessment** – early detection through observation, standardized tools, and collaboration with parents/teachers.
- **Individualized Education Programs (IEPs)** – setting SMART goals, personalized lesson plans, curriculum adaptation. • Instructional Strategies – multisensory methods, remedial teaching, assistive technologies.
- **Behavioral & Emotional Support** – positive reinforcement, social skills training, visual schedules, peer interaction.
- **Collaboration** – working with families, teachers, therapists, and as part of multidisciplinary teams for holistic care.

TECHNIQUES USED BY SPECIAL EDUCATORS

Special educators employ a wide range of techniques to support children with specific developmental disorders and scholastic difficulties. These strategies are carefully selected based on the individual child's strengths, weaknesses, and learning style, and they aim to enhance academic performance, life skills, and emotional well-being.

1. Activities of Daily Living (ADL) Training

Children with developmental challenges often struggle with basic self-care tasks. Special educators systematically teach skills such as brushing teeth, eating independently, dressing, grooming, and toilet training. Visual aids, step-by-step instructions, and consistent routines are used to build independence.

Repetition and reinforcement help children retain these skills, which are essential for self-confidence and functional living.

2. Task Analysis

Complex skills are broken down into smaller, sequential steps. For example, handwashing can be taught in parts—turning on the tap, applying soap, rubbing hands, rinsing, and drying. Each step is mastered before moving to the next. This approach minimizes confusion, reduces frustration, and ensures gradual skill development. It is especially useful for children with cognitive delays, autism, or ADHD.

3. Teaching from Simple to Complex

Educators begin with concrete, easy-to-understand concepts and progress to more complex or abstract ideas. For example, a child may first learn number recognition before attempting addition and subtraction.

4. Attention-Building and Concentration Activities

Techniques like color cancellation and number cancellation tasks help improve attention span, visual scanning, and concentration. In these exercises, children are asked to find and cancel specific colors, letters, or numbers from a crowded sheet.

5. Remedial Teaching

Remedial instruction is a central strategy where educators target specific academic weaknesses in reading, writing, spelling, or arithmetic. Children with dyslexia may receive phonics-based reading programs, while those with dyscalculia are guided through step-by-step math exercises.

6. Activity-Oriented Learning

Hands-on and play-based methods make learning enjoyable and meaningful. For example, counting can be taught using beads or toys, while storytelling, role-play, and drawing help improve language, comprehension, and creativity.

7. Prompting and Fading

When children struggle to complete a task independently, educators provide prompts—either physical (guiding hand movements), verbal (giving instructions), or visual (using charts). Over time, prompts are gradually reduced (fading), allowing the child to achieve independence. This balance prevents dependency while building confidence.

8. Rewards and Reinforcements

Positive reinforcement encourages desirable behaviors and motivates children to continue learning. Rewards may be tangible (stickers, toys), social (praise, applause), or activity-based (extra playtime). Regular reinforcement helps establish good study habits, improve classroom behavior, and strengthen academic persistence.

9. Modeling and Imitation

Special educators demonstrate a desired skill or behavior, and the child is encouraged to imitate it. For example, a teacher may model tying shoelaces, greeting a peer, or forming a letter correctly.

This approach is especially effective in teaching social skills, daily routines, and appropriate classroom conduct, particularly for children on the autism spectrum.

10. Individualized Education Plans (IEPs)

An IEP is a tailored roadmap for each student, developed collaboratively by educators, parents, and therapists. It outlines specific goals, learning methods, and progress evaluation. By setting clear and achievable objectives, IEPs ensure that the child's unique needs are consistently addressed across academic, social, and emotional domains.

11. Integration of Assistive Technologies

Special educators often make use of technology such as speech-to-text software, text-to-speech apps, audiobooks, communication boards, and interactive whiteboards. These tools help children with severe difficulties access curriculum content and communicate effectively.

12. Emotional and Social Skill Development

Beyond academics, special educators focus on emotional regulation and social communication. Role-plays, group games, and structured peer interactions help children practice sharing, turn taking, expressing emotions, and resolving conflicts.

CHALLENGES FACED BY SPECIAL EDUCATORS

- Resource Shortages – lack of assistive technology, teaching aids, and infrastructure.
- Large Caseloads – difficulty providing individualized attention.
- Need for Continuous Training – limited professional development opportunities.
- Social Stigma & Parental Denial – barriers to acceptance and timely intervention.

ROLE IN INDIAN SCHOOLS

- Legal framework: Rights of Persons with Disabilities Act, 2016 guarantees inclusive education.
- Responsibilities: assessment, IEPs, remedial teaching, teacher training, emotional/behavioral support, parent engagement, and coordination with professionals.
- Government initiatives: Samagra Shiksha Abhiyan, resource centers, special B.Ed. programs.

CHALLENGES FACED BY SPECIAL EDUCATORS

1. Lack of Resources

Many schools lack essential facilities like resource rooms, assistive devices, and specialized learning materials. This limits the effectiveness of interventions, forcing educators to improvise with inadequate tools.

2. Heavy Caseloads

One educator is often responsible for many children across different schools. High caseloads make it difficult to design IEPs, monitor progress, and give each child the individual attention they need, leading to stress and burnout.

3. Social Stigma and Parental Denial

Disability stigma persists, with children often labeled or excluded by peers. Some parents deny or delay accepting their child's condition due to fear or lack of awareness, making early intervention harder. Educators must spend extra effort on counseling and awareness.

4. Policy and Administrative Gaps

Although inclusive education is supported by law, weak implementation, contractual appointments, and inconsistent recruitment policies reduce job security and effectiveness.

5. Collaboration Issues

True inclusion requires teamwork, but poor coordination between teachers, therapists, and parents often limits the holistic progress of children.

CONCLUSION

Special educators are central to addressing developmental disorders and learning difficulties. Their roles extend beyond academics to emotional, social, and functional development. Techniques such as task analysis, remedial teaching, IEPs, reinforcement, and modeling empower children to succeed. While India has made progress in inclusive education, gaps remain in infrastructure, recruitment, and awareness. Greater investment in training, resources, and policy implementation is essential to realize the vision of an inclusive education system.

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AN INSIGHT INTO DEPRESSION AND IT'S HOMOEOPATHIC APPROACH

ABSTRACT

Background :
Depression is serious mental health disorder affecting millions worldwide. Homoeopathy offers a unique approach in managing depression based on individualization .

Objective :
To examine the role of homoeopathy in management of depression

Methods :
A systematic search of major databases was conducted to identify studies examining the efficacy of homoeopathic interventions in patients with depression.

Results :
The findings suggest that homoeopathic interventions may help to alleviate depressive symptoms, improve mood, and improve the quality of life.

Conclusion :
This review provides insights into the potential benefits of homoeopathy in management of depression. Further research studies need be conducted to understand the role of homoeopathy in management of depression.

KEY WORD :
Depressive disorder ,Glutamate ,psychomotor retardation , Alumina ,Natrum muriaticum

INTRODUCTION

Depressive disorders are characterized by depressive mood (e.g., sad, irritable, empty) or loss of pleasure accompanied by other cognitive, behavioural, or neurovegetative symptoms that can affect the individual's ability to function. A depressive disorder should not be diagnosed in individuals who have ever experienced a manic, mixed or hypomanic episode, which would indicate the presence of a bipolar disorder.(1) The most important finding in the epidemiology of major depressive disorder has been a higher prevalence in females.Women experience approximately two fold higher rates in depression than men, especially between menarche and menopause. (9)

Conventional method of treatment approach often have limitations but homoeopathic offers individualized approach .

BACKGROUND OF THE STUDY :

EPIDEMIOLOGY :

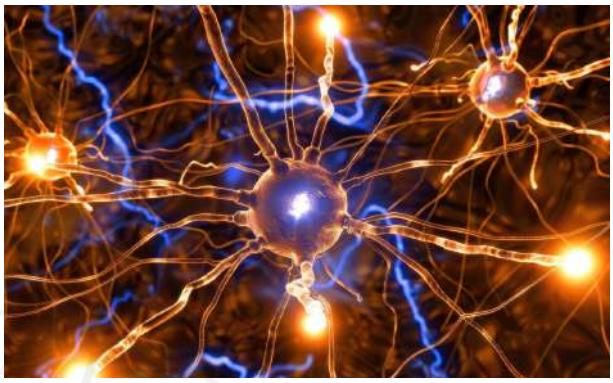
The most important finding in the epidemiology of major depressive disorder has been a higher prevalence in females. Women experience approximately two fold higher rates in depression than men, especially between menarche and menopause.(9)

ETIOLOGY AND RISK FACTORS

- Family history of depression
- Hormonal fluctuations during pregnancy, post partum and menopause
- History of physical or sexual abuse
- Nutritional deficiency : Vitamin D ,B12 ,Folate
- Substance abuse : Alcohol and drug abuse can exacerbate or trigger depressive episodes
- Traumatic and stressful life events : Poverty, unemployment, loss of loved one

NEUROBIOLOGY OF DEPRESSION

Glutamate is the primary excitatory neurotransmitter in the central nervous system. In patients suffering from depression, a dysfunction or reduced number of glia cells, were observed .This resulted in hyperfunctioning of the glutamatergic system and a toxic increase of glutamate. Chronic stress can reduce or decline GABA levels in certain regions of the brain. Depressed patients have lower GABA concentrations . The most important anatomical structures involved in depression includes hypothalamus, the pituitary the adrenal gland. These structures constitute the Hypothalamic-Pituitary-Adrenal axis (HPA). Amygdala and prefrontal cortex also regulate the HPA axis. Hippocampus, the amygdala and several areas of the prefrontal cortex decrease in volume in response to depression. The acute stress response elevates the activity of monoamines, while the chronic stress determines a depletes the activity of dopaminergic, serotoninergic and noradrenergic neurons. (7)



SYSTEMIC DISORDERS WITH DEPRESSION

- Adrenal Disorders : Plasma cortisol level is found to be low in addison's disease.
- Thyroid Disorders : Thyroid disease is most commonly associated with depression and anxiety .
- Systemic Lupus Erythematosus: Psychiatric manifestations of lupus include depression, dementia, delirium, mania and psychosis .

SUSPECTED PHYSICAL EXAMINATION FINDINGS IN MARKED DEPRESSION

RESPIRATORY SYSTEM :

- Dyspnea and breathlessness may occur in depression. It occurs in sudden onset as a result of grief .
- In depression, breathlessness is experienced while at rest. It is often accompanied by attacks of sweating, palpitations, and paresthesias and dizziness .
- Difficulty in inspiration is experienced by patients with depression .

GASTROINTESTINAL SYSTEM :

- Recent history of weight loss is common in depressive disorders. Atypical depression is accompanied by hyperphagia and weight gain.
- Weight gain can occur under stress or with atypical depression .

MENTAL STATUS EXAMINATION FINDINGS IN DEPRESSION

- General appearance : withdrawn ,stooped posture
- Psychomotor activity : Psychomotor retardation
- Mood : Suicidal ideas in 25% of depressives
- Speech : Paucity of speech in depression
- Thought process : Thought blocking present(8)

DIAGNOSTIC CRITERIA ACCORDING TO DSM – 5 .

A. Five (or more) of the following symptoms have to be present during the same 2 week period and represent a change from previous functioning: at least one of the symptoms should be either

(1) depressed mood or (2) loss of interest or pleasure.

1. Depressed mood most of the day, nearly every day, either subjective report (e.g., feels sad, empty, hopeless) or observation made by others (eg appears tearful). (Note: In children and adolescents, can be irritable mood.)
2. Markedly diminished interest or pleasure in all, or almost all the activities most of the day, nearly every day (as mentioned by either subjective account or observation).
3. Significant weight loss is observed when not dieting or weight gain (eg, a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day. (Note: In children, consider failure to make expected weight gain.)
4. Insomnia or hypersomnia nearly every day.
5. Psychomotor agitation or retardation almost every day (observable by others, not merely subjective feelings of restlessness or being slowed down)
6. Fatigue or loss of energy almost every day
7. Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) almost every day (not merely self-reproach or guilt about being sick)
8. Diminished ability to think or concentrate, or indecisiveness, almost every day either by subjective account or as observed by others
9. Repeated thoughts of death (not just fear of dying), repeated suicidal ideation with out a specific plan, or a suicide attempt or a specific plan for committing suicide.

B. The symptoms produce clinically significant distress or impairment in social, occupational or the other important areas of functioning.
C. The episode is not referable to the physiological effects of a substance or to another medical condition. Note: Criteria A-C represent a major depressive episode
D. The occurrence of the major depressive episode is not explained better by schizoaffective disorder ,schizophrenia , schizophreniform disorder ,delusional disorder ,or other specified or unspecified schizophrenia spectrum or psychotic disorders.
E. There has never been a manic episode or a hypomanic episode. (9)

SUGGESTED LAB INVESTIGATIONS FOR DEPRESSION

- Thyroid function tests Complete blood count
- Vitamin B12 ,Folate
- Vitamin D
- Stool Analysis : To asses digestive enzyme function and short chain fatty acid production

MANAGEMENT

PHARMACOLOGICAL INTERVENTION

- Selective Serotonin Reuptake Inhibitors (SSRIs): Fluoxetine, Sertraline, and Citalopram. These medications increases serotonin availability in the brain.
- Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs): Venlafaxine, Duloxetine. Boosts serotonin and norepinephrine levels. Often prescribed for depression with pain symptoms.
- Tricyclic Antidepressants (TCAS): Amitriptyline, Nortriptyline. Effective but with more side effects; used less frequently.
- Monoamine Oxidase Inhibitors (MAOIs): Phenelzine, Tranylcypromine.

DIETARY MANAGEMENT

- Omega 3 fatty acids : Fatty fish (salmon, mackrel),flaxseeds ,walnuts
- Vitamin D : Sunlight
- B Vitamins : B12 , B6 ,Folate (leafy green vegetables ,whole grains ,meat and eggs)
- Magnesium : It calms the nervous system and alleviates mood swings . (10)

HOMOEOPATHIC MANAGEMENT:

- **ALUMINA** : Very Low-spirited; fears the loss of reason. Confused with the personal identity. Time passes very slowly. Variable mood which becomes better as day advances. Suicidal tendency on seeing knife or blood.
- **AMMONIUM CARB** : Forgetful and ill-humored. Gloomy during the stormy weather. Talking and hearing others talk affects them greatly. Sad, weepy without reason.

- **CALCAREA CARBONICA** : Apprehensive more worse towards evening. Fears the loss of reason, misfortune and contagious diseases. Forgetful, confused and low spirited. Anxiety with palpitation. Obstinacy is marked .Averse to work or exertion.
- **GELSIMIUM** : Desire to be quiet and to be left alone. Emotional excitement, fear lead to bodily ailments. Bad effects from fright, fear and exciting news.
- **HYPERICUM :** Nervous depression
- IGNATIA : Changeability of mood. Introspective Thoughts. Broods silently Melancholic, sad and tearful. Sighing and sobbing is present.Indicated after shocks, grief and disappointment.
- **NATRUM MURIATICUM** : Ill effects of grief, fright and anger .Depressed, particularly in chronic diseases.Mental symptoms aggravates by consolation . Wants to be alone to cry. Tears accompanied with laughter. (11) (12)

CONCLUSION

This review provides insights into the potential benefits of homoeopathy in management of depression. Further research has to be conducted inorder to fully understand the role of homoeopathy in the management of depression. Homoeopathy offers a complementary approach to conventional treatments for depression, emphasizing individualized care and holistic well-being.

REFERENCE

1)World Health Organization. The ICD-10 Classification of Mental and Behavioural Disorders = ICD-10 : Clinical Descriptions and Diagnostic guidelines. Geneve: World Health Organization; 1992.

2) 2.van Sprang ED, Maciejewski DF, Milaneschi Y, Elzinga BM, Beekman ATF, Hartman CA, et al. Familial risk for depressive and anxiety disorders: associations with genetic, clinical, and psychosocial vulnerabilities. Psychological Medicine [Internet]. 2020 Jul 6;52(4):1–11

3) 3.Schiller CE, Meltzer-Brody S, Rubinow DR. The role of reproductive hormones in postpartum depression. CNS Spectrums [Internet]. 2015 Sep 29;20(1):48–59.

4) .Levitan RD, Parikh SV, Lesage AD, Hegadoren KM, Adams M, Kennedy SH, et al. Major Depression in Individuals With a History of Childhood Physical or Sexual Abuse: Relationship to Neurovegetative Features, Mania, and Gender. American Journal of Psychiatry [Internet]. 1998 Dec [cited 2019 Jul 26];155(12):1746–52.

5) Zielińska M, Łuszczki E, Dereń K. Dietary Nutrient Deficiencies and Risk of Depression (Review Article 2018–2023). Nutrients [Internet]. 2023 May 23;15(11):2433–3

6) .Quello S, Brady K, Sonne S. Mood Disorders and Substance Use Disorder: A Complex Comorbidity. Science & Practice Perspectives [Internet]. 2005 Dec;3(1):13 21.

7) 1.Carter CS. Biological Psychiatry: Cognitive Neuroscience and Neuroimaging Spreads Its Wings. Biological Psychiatry: Cognitive Neuroscience and Neuroimaging. 2019 Dec;

8) 1.Kaplan HI, Virginia Alcott Saddock, Rebecca Marie Jones, Sadock BJ. Study guide and self-examination review for Kaplan and Sadock's Synopsis of psychiatry. Philadelphia: Lippincott Williams & Wilkins; 2007

9) 1.American Psychiatric Association. DSM-5-TR. 5th ed. American Psychiatric Association; 2022.

10) .Depression: Symptoms, Causes, Lab Tests, Treatment | Diagnostiki Athinon' [Internet]. Athenslab.gr. 2024 [cited 2025 Aug 11].

11) 1.W Boericke. Pocket Manual of Homeopathic Materia Medica and Repertory and a Chapter on Rare and Uncommon Remedies. Wazirpur, Delhi, India: B. Jain Publishers; 1998.

12 [illegible] SR Phatak's materia medica of homoeopathic m[illegible]icines. London: Foxlee [illegible]; 1995.

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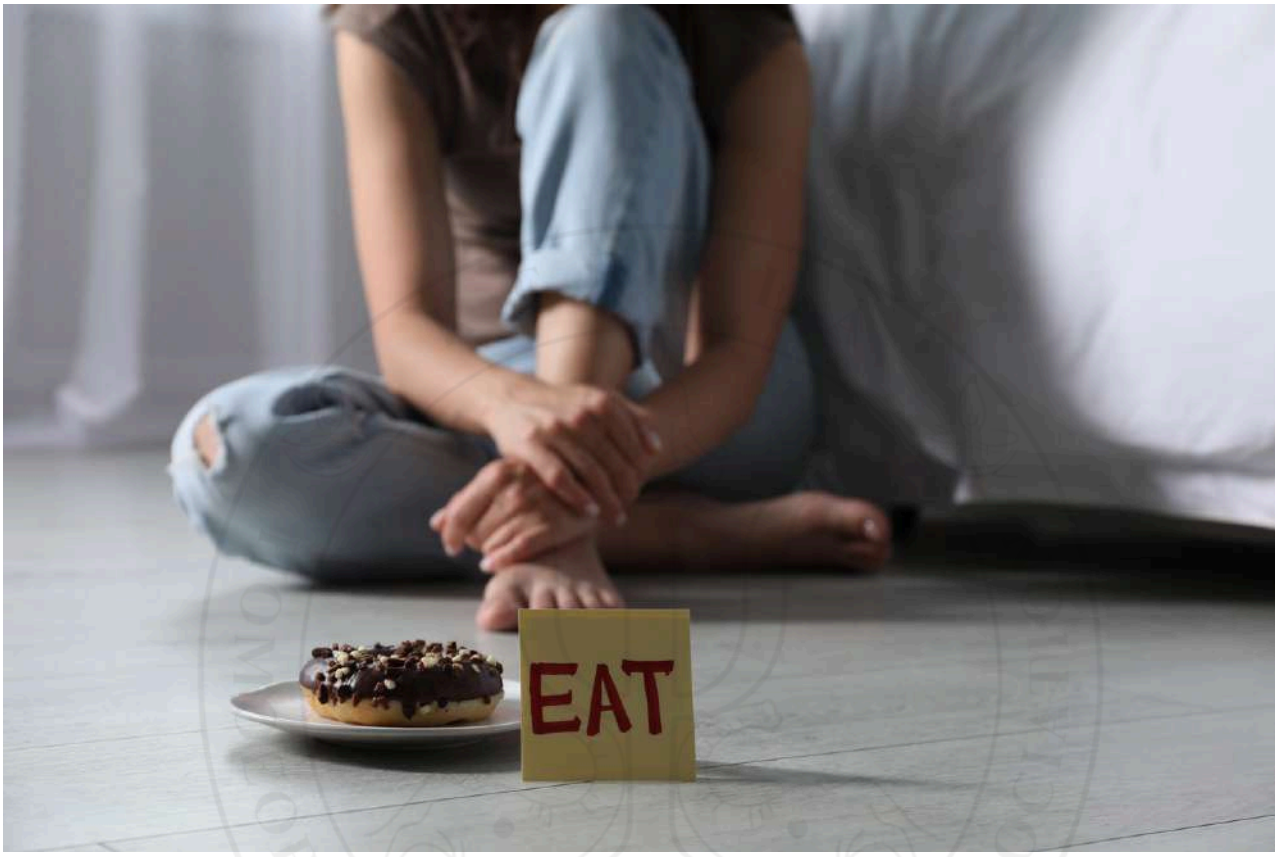
INTEGRATIVE AND HOMOEOPATHIC APPROACH IN THE MANAGEMENT OF EATING DISORDER



ABSTRACT

Eating disorders continue to affect millions quietly, hidden beneath societal pressures and misconceptions about body image .Eating disorders are psychiatric conditions marked by disordered eating patterns, distorted body image, and significant physical and emotional distress. Common types include anorexia nervosa, bulimia nervosa, and binge eating disorder. Causes are multifactorial—genetic, psychological, and sociocultural. Conventional treatment involves therapy, nutrition, and medical care. Homeopathy offers individualized remedies to address emotional and physical symptoms holistically. Screening tools such as the SCOFF and EDE-Q help with early detection. Integrating homeopathic and psychiatric care supports comprehensive recovery.

KEY WORD : Eating disorder , Integrative approach ,Homoeopathy ,Scoff questionarrie

INTRODUCTION

Eating disorders are serious psychiatric conditions characterized by abnormal eating behaviours and distorted body image, often leading to severe physical and emotional health consequences. These disorders are complex, involving biological, psychological, and social factors. Effective treatment requires a multidisciplinary approach incorporating medical, psychological, nutritional, and complementary therapies such as homeopathy. Eating disorders are serious psychiatric conditions characterized by abnormal eating behaviours and distorted body image, often leading to severe physical and emotional health consequences. These disorders are complex, involving biological, psychological, and social factors. Effective treatment requires a multidisciplinary approach incorporating medical, psychological, nutritional, and complementary therapies such as homeopathy.

ETIOLOGY

Eating disorders are caused by a combination of biological, psychological, and environmental factors. They are not caused by just one thing but by several influences that interact.

1.Biological Causes

Genes (Heredity): If a close relative has had one, your risk is higher.

Brain Chemistry and Hormones: Brain chemicals like serotonin and dopamine (involved in mood and appetite) may not work properly.

Hormones that control hunger, stress, and energy (like ghrelin, leptin, cortisol) may also be out of balance.

Brain Structure and Function: Brain scans show changes in areas that control emotions, self image, and behaviour. These might make it harder for people to process body image or deal with stress properly.

2. Psychological Causes

Personality Traits: Many people with eating disorders are perfectionistic, anxious, sensitive, and rigid. They may struggle with low self-esteem or self-worth. Trauma and Emotional Pain: Difficult childhood experiences, including abuse or major losses, increase risk. Some may control food as a way to cope with painful emotions.

Thinking Patterns: People with eating disorders may have trouble being flexible in their thinking or tend to focus too much on details, including how they look or what they eat.

3. Environmental and Social Causes

Cultural Pressure: Society often praises thinness. Constant exposure to ideal body images in media can lead to dissatisfaction with one's body, especially in young people.

4.Family Influences:

A controlling, critical, or overly appearance-focused home environment can contribute. If parents are dieting a lot or are critical of weight, it can affect children.

5.Peer Pressure & Activities:

Friends or activities (like dance, modeling, or sports) that emphasize body shape can make people more self-conscious about food and appearance

TYPES OF EATING DISORDER AND THEIR SYMPTOMS

DISORDER	KEY CHARACTERISTICS	PHYSICAL SYMPTOMS	PSYCHOLOGICAL OR BEHAVIOURAL SYMPTOMS	TREATMENT APPROACH
1. Anorexia nervosa or self starvation syndrome	Restriction of food intake,intense fear of weight gain or becoming fat ,disturbance of body image	Extreme weight loss, cold intolerance, amenorrhea , dizziness, dry skin	Hiding food in the house ,trying to dispose food in napkin while eating ,spending time rearranging food in plate, adolescent patient have delayed sexual development	Hospitalization may be required 20% below the normal weight for height Primary treatment nutritional rehabilitation and weight restoration
2. Bulimia nervosa	Binge eating followed by inappropriate way of preventing weight gain	Dental erosion, swollen salivary glands, acid reflux, calluses on hands	Purging behaviour like self inducing vomiting, laxatives, excessive exercise and fasting	Cognitive behavioural therapy is the first line treatment approach

3. Binge eating disorder	Episodes of binge eating but there are no compensatory behaviour	Weight gain, hypertension, high cholesterol	Loss of control over eating, ,may eat alone to hide this behaviour, must have feeling of embarrassment, guilt after overeating	Cognitive behavioural therapy is the first line treatment approach
4. Avoidant or restrictive food intake disorder	Food avoidance due to sensory features of food (colour, smell, texture of food) or perceived consequences of food	Significant weight loss, nutritional deficiencies	Anxiety around food, no body image disturbance	Hospitisation may be required Psychotherapy

MEDICAL COMPLICATION SECONDARY TO STARVATION

- Hypothermia, bradycardia, hypotension, lanugo, peripheral oedema, QTC prolongation, muscle atropy, brain atropy, delayed gastric emptying, constipation, decrease bone mineral density

Endocrinal changes:

- Luteal hormone, estrogen, testosterone levels decreased with amenorrhea
- T4 level ;normal or decreased
- T3 level; decreased
- Thyroid stimulating hormone; normal
- Cortisol level; increased

ASSESMENT TOOL FOR EATING DISORDER

1. SCOFF Questionnaire

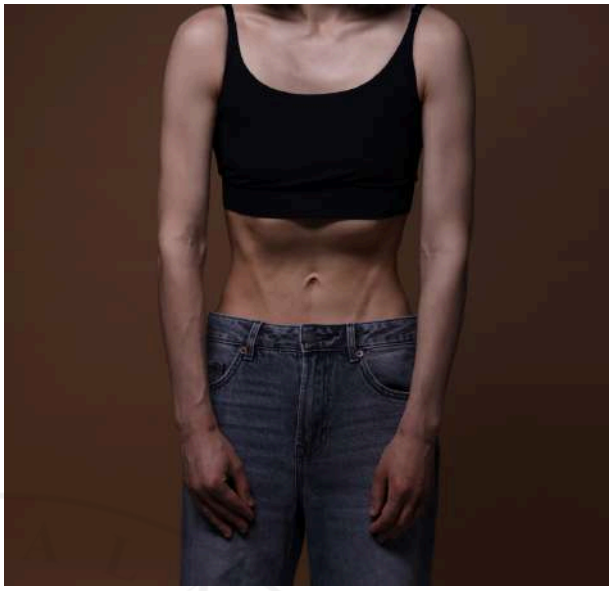
- A quick 5-item screening tool.
- Positive responses to 2+ items suggest possible anorexia or bulimia.

2. Eating Disorder Examination Questionnaire (EDE-Q)

- A detailed self-report assessing symptoms, attitudes towards food, weight, and shape.
- Used for diagnosis, severity assessment, and research.

3. Eating Disorder Diagnostic Scale (EDDS)

- Aligns with DSM criteria to assess anorexia, bulimia, and binge eating symptoms.



CONVENTIONAL PSYCHIATRIC TREATMENT APPROACHES

TREATMENT MODALITY	PURPOSE AND APPLICATION
Cognitive Behavioural Therapy (CBT-E)	Targets distorted thoughts about food, weight, and self-image
Family-Based Therapy (FBT)	Supportive therapy especially effective in adolescents
Pharmacotherapy	SSRIs for bulimia/binge eating Antipsychotics
Nutritional Rehabilitation	Restores healthy eating habits and body weight
Inpatient/Day Patient Care	Used for medically unstable or severely ill patients
Motivational Enhancement	Helps resolve ambivalence towards treatment

HOMOEOPATHIC THERAPEUTICS

1.NATRUM MURIATICUM :

- Ailments – Emotional trauma, grief, introversion
- Characteristic symptoms – Suppressed emotions, salty cravings, constipation, headaches, social withdrawal

2.PHOSPHORUS

- Ailments - Anxiety, sensitivity, digestive issues
- Characteristic symptoms – Fearfulness, craving cold drinks, nausea, vomiting, emaciation

3.ARSENICUM ALBUM

- Ailments - Perfectionism, fear of contamination
- Characteristic symptoms – Restlessness, anxiety, digestive issues, food poisoning fears, insomnia

4.IGNATIA AMARA

- Ailments - Acute grief, emotional instability
- Characteristic symptoms - Mood swings, lump in throat sensation, food aversion despite hunger

5.CALCAREA CARBONICA

- Ailments - Slow metabolism, insecurity, weight gain
- Characteristic symptoms - Cold intolerance, fatigue, cravings for sweets/dairy, slow metabolism

6.SEPIA

- Ailments - Hormonal imbalance, irritability
- Characteristic symptoms - Irritability, craving sour foods, menstrual disturbances, apathy

7.LYCOPODIUM CLAVATUM

- Ailments - Digestive weakness, low confidence
- Characteristic symptoms -Bloating, flatulence, craving sweets, worse in afternoon/evening

8.PULSATILLA NIGRICANS

- Ailments - Sensitive, changeable moods
- Characteristic symptoms - No thirst, improved by fresh air, craving fatty and rich foods, tearfulness

CONCLUSION

Eating disorders can be managed with therapies like CBT, family-based therapy, some medications, and a holistic homoeopathic approach. Homoeopathy addresses both physical and emotional symptoms, with individualized remedies such as Ignatia Amara or Natrum Muriaticum supporting mental and emotional well-being and complementing conventional treatments for better recovery outcomes. Early and integrative treatment that considers the whole person is essential for long-term well-being.

REFERENCE

1.Sadock BJ, Sadock VA, Ruiz P. Kaplan & Sadock's Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry. 11th ed. Philadelphia: Wolters Kluwer; 2015.

2.Tasman A, Kay J, Lieberman JA, First MB, Maj M, editors. Psychiatry. 4th ed. Hoboken: Wiley-Blackwell; 2015.

3.World Health Organization. International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10): Clinical Descriptions and Diagnostic Guidelines. Geneva: WHO; 1992.

4.Fairburn CG, Cooper Z. The Eating Disorder Examination Questionnaire (EDE-Q). In: Fairburn CG, editor. Cognitive Behavior Therapy and Eating Disorders. New York: Guilford Press; 2008. p. 309–313.

5.Mond JM, Hay PJ, Rodgers B, Owen C, Beaumont PJ. Validity of the Eating Disorder Examination Questionnaire (EDE-Q) in screening for eating disorders in community samples. Behav Res Ther. 2004;42(5):551–567.

6.Morgan JF, Reid F, Lacey JH. The SCOFF questionnaire: a new screening tool for eating disorders. BMJ. 1999;319(7223):1467–1468.

7.Krabbenborg MA, Danner UN, Larsen JK, van Elburg AA, van der Straaten A, de Ridder DT. The Eating Disorder Diagnostic Scale (EDDS): psychometric features in Dutch females with and without eating disorders. Eat Behav. 2012;13(4):305–309.

8.Boericke W. Pocket Manual of Homeopathic Materia Medica and Repertory. Reprint ed. New Delhi: B. Jain Publishers; 2007.

9.Kent JT. Repertory of the Homeopathic Materia Medica. Reprint ed. New Delhi: B. Jain Publishers; 2004.

10.Sharma S. Eating Disorders and Homeopathy: An integrative approach. Indian J Integr Med. 2025;13(2):55–61.

11.Van Heerden HJ, Muller BA. Pilot study: homeopathy for binge eating in young males. Altern Ther Health Med. 2016;22(4):24–30.

12.Steefan JM, Kumar S. Homeopathy in management of eating disorders: A review. Int J Sci Healthc Res. 2023;8(1):14–21.

13.Oxford Centre for Eating Disorders (OCED). Understanding Eating Disorders – Clinical Guidelines. Oxford Health NHS Foundation Trust; 2024.

14.American Psychiatric Association. Eating Disorder Clinical Decision Support Tool [Internet]. APA; 2022 [cited 2025 Aug 8]. Available from: https://www.psychiatry.org

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INTRODUCTION

In today's digital age, screens have become an inseparable part of daily life. From smartphones and laptops to gaming consoles and televisions, the average individual spends several hours each day immersed in a screen-based environment. While technology offers undeniable benefits in communication, learning, and entertainment, it also raises questions about its impact on the brain—particularly on dopamine, the "reward chemical." Understanding this relationship is essential for grasping how excessive screen exposure can shape mood, behavior, and mental health.

Dopamine: The Brain's Reward Messenger

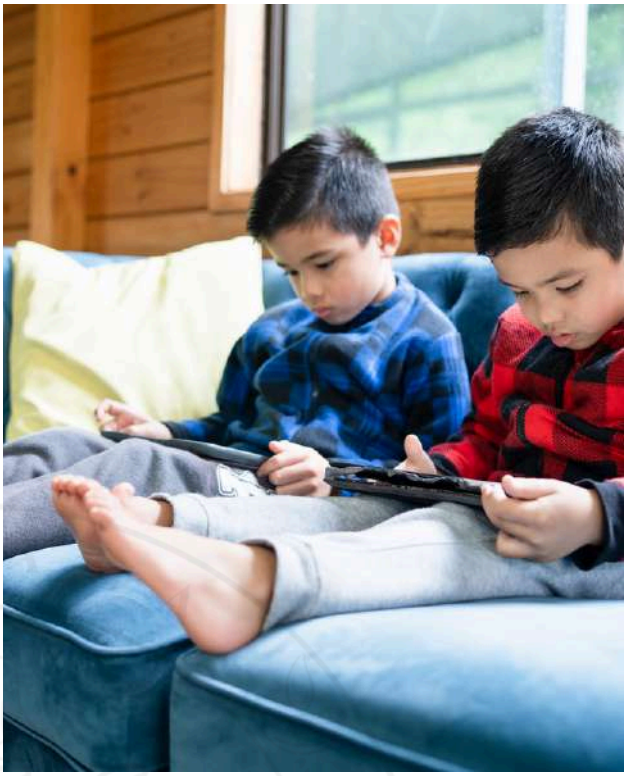
Dopamine is a neurotransmitter, a chemical messenger in the brain that plays a critical role in regulating mood, motivation, pleasure, motor control, and reward-based learning. Its actions depend on the receptor subtype it binds to—D1-like receptors (D1, D5) are primarily excitatory, while D2-like receptors (D2, D3, D4) are inhibitory. The brain's dopamine system operates through four major pathways: the Mesolimbic, Mesocortical, Nigrostriatal,

and Tuberoinfundibular pathways. Among these, the mesolimbic pathway is particularly significant, as it underpins the reward system, reinforcing behaviors and driving learning as well as addiction.Whereas mesocortical pathway is crucial for executive functioning including attention, planning, personality, social behavior. Nigrostriatal pathway plays a vital role in motor control and is responsible for coordinating voluntary movements. Tuberoinfundibular pathway regulates the release of prolactin from pituitary gland, dopamine acts as an inhibitory hormone.

SCREENS AND THE INSTANT GRATIFICATION CYCLE

Modern digital platforms are uniquely designed to stimulate the brain's reward system. Smartphones, televisions, computers, and social media likes, scrolling, gaming achievements, gambling, and even simple notifications act as small but powerful reinforcers. Each of these triggers activates dopamine release in the mesolimbic pathway, creating feelings of pleasure and motivating individuals to repeat the behavior.

However, repeated exposure to such stimuli can cause the brain to adapt. Over time, dopamine receptors may become desensitized, requiring stronger or more frequent stimulation to produce the same sense of reward. This neuroadaptation helps explain why scrolling becomes compulsive, why games demand prolonged engagement, and why offline activities may begin to feel dull by comparison.



THE MENTAL HEALTH CONSEQUENCES OF EXCESSIVE SCREEN TIME

Excessive screen exposure carries significant psychological consequences such as: Impairment of brain's ability to sustain focus on low-stimulation tasks, potentially leading to decreased productivity and symptoms resembling attention deficit disorders. It has shown impact on moods, contributing to psychological distress, anxiety, depression, irritability, poor interpersonal relationships, substance abuse, lowered self-esteem and suicide. Prolonged gaming can mirror behavioral addiction patterns, when deprived access, can show withdrawal-like symptoms. Blue light from screens suppresses melatonin production, disturbs circadian rhythms, and undermines sleep quality(sleeplessness during nights), further aggravating mental health

THE POSITIVE POTENTIAL OF SCREEN TIME

Not all screen-based interactions are harmful. Purposeful and mindful use of digital platforms can positively stimulate dopamine pathways. Educational tools (Duolingo, likedIn), skill-building apps (Skillshare, Codecademy), and guided mindfulness programs (zen, calm and headspace, insight timer) offer cognitive enrichment and emotional regulation. Online platforms also allow access to therapeutic resources, support groups, and wellness interventions that can complement mental healthcare. The key lies not in complete avoidance but in intentional, balanced engagement.

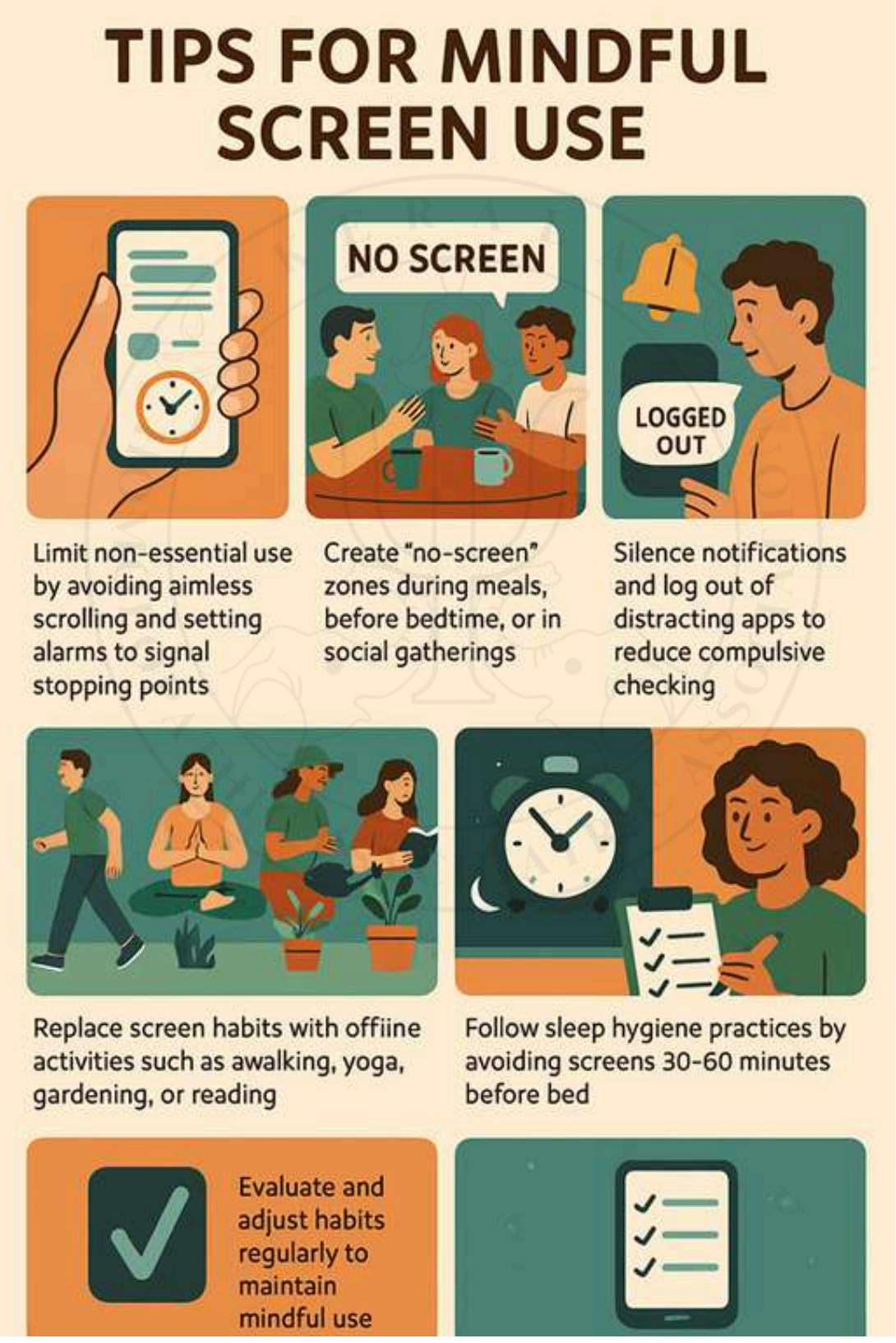
STRATEGIES FOR HEALTHY DIGITAL HABITS

Regulating screen exposure requires conscious effort and practical strategies.Individual can use strategies such as avoiding aimless use,use of alarms to signal to stop,limiting screen time as “NO-SCREEN” zones, silencing the notifications directly reduces the “dopamine hit” from a new alert, replacing new and healthy habits,taking breaks from screens, maintaining sleep hygiene by avoiding screens before sleeping and after waking up.See fig1

By adopting these practices, individuals can enjoy the benefits of technology without falling prey to its neurochemical traps.

CONCLUSION

Screen time and dopamine are deeply interconnected through the brain's reward system.



While digital engagement provides immediate gratification, unchecked use can desensitize dopamine receptors, leading to attention difficulties, mood disturbances, addiction-like behaviors, and sleep disruptions. At the same time, purposeful use of technology can enhance learning, emotional well-being, and social connection. The challenge for modern psychiatry—and society at large—is not to demonize screens but to encourage intentional and mindful digital practices. Balancing screen use with offline enrichment may hold the key to preserving both dopamine health and overall mental well-being in an increasingly wired world.

REFERENCES

1. *Sadock, B. J., Sadock, V. A., & Ruiz, P. (2017). Kaplan & Sadock's comprehensive textbook of psychiatry (10th ed., Vol. 1). Wolters Kluwer.*

2. Kandel, E. R. (2021). Principles Of Neural Science. (6th ed.). Mcgraw-Hill Education.

3. Korshunov, K. S., Blakemore, L. J., & Trombley, P. Q. (2017). Dopamine: A Modulator of Circadian Rhythms in the Central Nervous System. Frontiers in Cellular Neuroscience, 11. https://doi.org/10.3389/fncel.2017.00091

4. Wright, A. (2018, October 21). Smartphones: Delivering Your Daily Dose of Dopamine in a Convenient, Pocket-Sized Package! – Turnagain Currents. Turnagain.alaskapacific.edu. https://turnagain.alaskapacific.edu/smartphones-delivering-your-daily-dose-of-dopamine-in-a-convenient-pocket-sized-package/15

5. Lissak, G. (2018). Adverse physiological and psychological effects of screen time on children and adolescents: Literature review and case study. Environmental Research, 164(1), 149–157. https://doi.org/10.1016/j.envres.2018.01.0

6. Wacks, Y., & Weinstein, A. M. (2021). Excessive Smartphone Use Is Associated With Health Problems in Adolescents and Young Adults. Frontiers in Psychiatry, 12, 669042. https://doi.org/10.3389/fpsyt.2021.669042

7. Chun, J.-W., Choi, J., Kim, J.-Y., Cho, H., Ahn, K.-J., Nam, J.-H., Choi, J.-S., & Kim, D.-J. (2017). Altered brain activity and the effect of personality traits in excessive smartphone use during facial emotion processing. Scientific Reports, 7(1). https://doi.org/10.1038/s41598-017-08824-y

8. Maras, D., Flament, M. F., Murray, M., Buchholz, A., Henderson, K. A., Obeid, N., & Goldfield, G. S. (2015). Screen time is associated with depression and anxiety in Canadian youth. Preventive Medicine, 73(73), 133–138. https://doi.org/10.1016/j.ypmed.2015.01.029

9. Augner, C., & Hacker, G. W. (2011). Associations between Problematic Mobile Phone Use and Psychological Parameters in Young Adults. International Journal of Public Health, 57(2), 437–441. https://doi.org/10.1007/s00038-011-0234-z

10. Tang, S., Werner-Seidler, A., Torok, M., Mackinnon, A. J., & Christensen, H. (2021). The relationship between screen time and mental health in young people: A systematic review of longitudinal studies. Clinical Psychology Review, 86(86), 102021. https://doi.org/10.1016/j.cpr.2021.102021

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INTEGRATIVE HOMOEOPATHIC PERSPECTIVES IN THE MANAGEMENT OF NICOTINE ADDICTION

ABSTRACT

Nicotine addiction represents a global health challenge, leading to substantial morbidity and mortality through tobacco-related disorders. Conventional therapies provide partial relief, but relapse rates remain high, necessitating complementary approaches. Homoeopathy, with its individualized and holistic principles, offers promising avenues in addressing the neuro psychological and systemic manifestations of nicotine dependence. This article explores nicotine addiction, its neurobiological basis, clinical impact, and the role of individualized homoeopathic remedies—referenced from Boericke's Materia Medica—in reducing cravings, supporting withdrawal, and restoring systemic balance.

Keywords:
Homoeopathy, Individualised medicine, Nicotine addiction, FNDT scale

INTRODUCTION

Nicotine, the principal addictive alkaloid in tobacco, exerts profound effects on the central nervous system by binding to nicotinic acetylcholine receptors, resulting in dopamine release and reinforcement of addictive behaviours. Globally, nicotine dependence contributes to cardiovascular diseases, respiratory pathologies, malignancies, and neurocognitive decline. Despite the availability of nicotine replacement therapies, behavioural counselling, and pharmacological interventions, relapse rates remain significant due to deep-rooted neuroadaptations and psychological dependence. Homoeopathy offers an individualized, dynamic, and safe therapeutic modality. By considering the totality of symptoms—physical, mental, and emotional—homoeopathy aims to alleviate withdrawal distress, reduce cravings, and enhance neuro-psychological resilience. Remedies chosen according to the patient's constitution and characteristic symptoms can play a significant role in tobacco cessation programs.

ETIOLOGY OF NICOTINE ADDICTION

- Nicotine addiction arises from a complex interplay of pharmacologic / neurobiological, genetic, psychological, and environmental / social factors. Below are the main mechanisms and evidence.

1. ***Neurobiology & Pharmacology:***

Nicotine's action at nicotinic acetylcholine receptors (nAChRs): Nicotine binds to nicotinic cholinergic receptors in the brain, especially α4β2 and other subtypes, stimulating release of dopamine in mesolimbic "reward" pathways (ventral tegmental area → nucleus accumbent → prefrontal cortex). This produces rewarding/pleasurable effects, reinforcing use. Rapid delivery: Inhalation (smoking) delivers nicotine very rapidly to the brain (often within seconds), which strengthens reinforcement.

Tolerance and dependence (withdrawal): With repeated exposure, neural adaptations occur: receptors desensitize, upregulation of some receptor subtypes, altered neurotransmitter systems (dopamine, glutamate, GABA). When nicotine is absent, withdrawal symptoms (irritability, anxiety, craving, cognitive deficits) emerge.

2. ***Genetic Contributions***

Variation in nicotinic receptor genes: For example, CHRNA5 (α5 subunit) has a well established polymorphism (rs16969968) associated with increased risk of dependence, higher consumption, lower quit rates. Nicotine metabolism genes: CYP2A6 is key; slower metabolism leads to prolonged exposure, which influences vulnerability, withdrawal timing, consumption patterns.

3. ***Developmental/Age-related Vulnerability***

Adolescence as a sensitive period: The adolescent brain is more susceptible to reward-based learning, neuroplastic changes, possibly neuro-inflammation; early smoking is more likely to lead to long-term addiction. Earlier initiation leads to more severe dependence. Studies show that even intermittent smoking during adolescence can quickly lead to strong dependence symptoms.

4. ***Psychological & Behavioral Factors***

Positive reinforcement: Nicotine can improve mood, reduce stress or negative affect, enhance attention or cognitive performance. Users may smoke to obtain these benefit

Negative reinforcement/relief from withdrawal: Once dependence develops, smoking (or nicotine use) is driven by a desire to relieve withdrawal discomfort.

Conditioning and cues: Environmental cues (the smell or sight of cigarettes, social situations, routines) become strongly associated with nicotine use, triggering craving or relapse.

5. ***Environmental/Social Factors:***

Peer and parental influence: Having peers or family members who smoke increases initiation risk. Modelling/social acceptability are powerful. Availability, marketing, cost: How accessible tobacco products are, marketing/advertising, regulatory environment (tobacco control policies) affect rates of initiation and maintenance. Socioeconomic status, stress, mental health comorbidities: People with higher stress, adverse life events, or psychiatric disorders (e.g. depression, anxiety) are more vulnerable to nicotine addiction.

6. ***Interaction of Factors***

The genetic factors modulate responses to environmental and behavioural factors (gene environment interaction). For example, genetic predisposition may influence how strongly someone responds to cues, or how rapidly they metabolize nicotine, which interacts with frequency of use, age of initiation, etc. Adolescent neurodevelopment + environmental exposure + genetic susceptibility can produce particularly high risk trajectories.

NICOTINE ADDICTION: A NEUROBIOLOGICAL OVERVIEW

Reward pathway activation: Nicotine stimulates mesolimbic dopaminergic circuits, reinforcing dependence.

Tolerance and withdrawal: Chronic use leads to receptor desensitization; cessation causes irritability, restlessness, insomnia, and intense craving.

Psychological dependence: Strong associations with stress relief, mood regulation, and habitual cues complicate quitting attempts.

CLINICAL IMPACT OF NICOTINE DEPENDENCE

Cardiovascular: Hypertension, atherosclerosis, myocardial infarction.

Respiratory: Chronic bronchitis, COPD, lung carcinoma.

Neurological: Cognitive decline, risk of stroke, neurodegeneration.

Psychological: Anxiety, depression, irritability, dependency behaviour.

HOMOEOPATHIC MANAGEMENT OF NICOTINE ADDICTION

Homoeopathy addresses nicotine dependence by: Reducing the intensity of the craving, easing withdrawal symptoms, improving emotional balance and supporting long-term abstinence.

KEY REMEDIES REFERENCED FROM BOERICKE MATERIA MEDICA:

Nux Vomica: Suited to irritable, oversensitive individuals with strong craving for stimulants (coffee, tobacco, alcohol). Indications: Irritability, insomnia, gastric troubles, morning aggravation.

Caladium Seguinum: A classical anti-tobacco remedy. Indications: Loss of willpower to resist smoking, mental confusion, sexual weakness, asthmatic complaints aggravated by tobacco.

Plantago Major: Noted for marked action in removing craving for tobacco. Indications: Aversion to tobacco, nausea, burning in stomach, nervous irritability.

Lobelia Inflata: Useful in cases with respiratory involvement. Indications: Nausea, dyspnoea, constriction of chest, headache, aggravation from tobacco smoke.

Ignatia Amara: For highly emotional individuals experiencing withdrawal-induced mood swings. Indications: Anxiety, sighing, mood instability, psychosomatic complaints.

Staphysagria: For individuals with suppressed emotions who resort to smoking as an outlet. Indications: Craving for stimulants, irritability, feeling of injustice, Genito-urinary complaints

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Avena Sativa (Mother Tincture): Acts as a nerve tonic in cases of nervous exhaustion. Indications: Nervous debility, insomnia, calming effect during withdrawal.

CASE-INDEPENDENT PROTOCOL (SUPPORTIVE APPROACH)

Individualized prescription remains the cornerstone. Lower potencies (mother tinctures, 3X, 6C) may be used initially to address cravings. Higher potencies suited for constitutional correction. Lifestyle modification, counselling, and stress management should complement homoeopathic intervention.

DISCUSSION:

Homoeopathy provides a multi-dimensional strategy in nicotine addiction management. Unlike conventional therapies focusing only on biochemical pathways, homoeopathy extends its action to the individual's mental state, behavioural tendencies, and constitutional makeup. Remedies such as Caladium, Plantago, and Nux Vomica have historically demonstrated success in reducing tobacco craving, while others like Avena Sativa support nervous stability during withdrawal. Integrating homoeopathy with counselling may enhance quit rates and reduce relapse tendencies.

CONCLUSION

Nicotine addiction is a chronic relapsing condition with extensive systemic and psychosocial consequences. Homoeo- pathy, when applied through individualized prescriptions, offers safe, non-toxic, and holistic support in tobacco cessation. Remedies like Caladium, Plantago Major, Nux Vomica, and Avena Sativa hold special significance in addressing both craving and withdrawal syndromes.

Future controlled clinical studies are warranted to validate their efficacy within integrative tobacco cessation framewo

REFERENCES:

1. *Sadock BJ, Sadock VA, Ruiz P. Kaplan & Sadock's Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry. 11th ed. Philadelphia: Wolters Kluwer; 2015.*
2. *Tasman A, Kay J, Lieberman JA, First MB, Maj M, editors. Psychiatry. 4th ed. Hoboken: Wiley-Blackwell; 2015.*
3. *World Health Organization. International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10): Clinical Descriptions and Diagnostic Guidelines. Geneva: WHO; 1992.*
4. *Fairburn CG, Cooper Z. The Eating Disorder Examination Questionnaire (EDE-Q). In: Fairburn CG, editor. Cognitive Behavior Therapy and Eating Disorders. New York: Guilford Press; 2008. p. 309–313.*
5. *Mond JM, Hay PJ, Rodgers B, Owen C, Beaumont PJ. Validity of the Eating Disorder Examination Questionnaire (EDE-Q) in*
6. *screening for eating disorders in community samples. Behav Res Ther. 2004;42(5):551–567.*
7. *6. Morgan JF, Reid F, Lacey JH. The SCOFF questionnaire: a new*
8. *screening tool for eating disorders. BMJ. 1999;319(7223):1467–1468.*
9. *7. Boericke W. Pocket Manual of Homeopathic Materia Medica and Repertory. Reprint ed. New Delhi: B. Jain Publishers; 2007.*
10. *8. Kent JT. Repertory of the Homeopathic Materia Medica. Reprint ed. New Delhi: B. Jain Publishers; 2004.*
11. *9. Van Heerden HJ, Muller BA. Pilot study: homeopathy for binge eating in young males. Altern Ther Health Med. 2016;22(4):24–30.*
12. *10. Oxford Centre for Nicotine dependence– Clinical Guidelines. Oxford Health NHS Foundation Trust; 2024.*
13. *11. American Psychiatric Association. Nicotine dependance Clinical Decision Support Tool [Internet]. APA; 2022 [cited 2025 Aug 8]. Available from: https://www.psychiatry.org*
14. *12. Steefan JM, Kumar S. Homeopathy in management of eating disorders: A revi v. [illegible] 2023;8(1):14–21*

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A THEORETICAL REVIEW OF POSTPARTUM DEPRESSION: INTEGRATING PSYCHOSOCIAL INTERVENTIONS AND HOMOEOPATHIC THERAPEUTICS

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ABSTRACT:

Background: Postpartum depression (PPD) affects 12-22% of women worldwide, with a higher prevalence in low-resource settings. It endangers maternal health, mother-infant bonding, and new born development.

Methods: This theoretical review incorporates ICD-10 diagnostic criteria as well as screening measures like the Edinburgh Postnatal Depression Scale (EPDS). It investigates psychosocial therapies such as cognitive behavioural therapy (CBT) and interpersonal therapy (IPT), as well as customized homeopathic therapeutics based on classical literature.

Conclusion: A multifaceted approach combining early detection, psychosocial therapy, and constitutional homeopathy offers a potential avenue for improving maternal mental health and new born outcomes in PPD.

Keywords: Cognitive behavioural therapy, classic homoeopathic medicines, Edinburgh Postnatal Depression Scale, homoeopathy, interpersonal therapy, maternal mental health, postpartum depression, psychosocial intervention.

INTRODUCTION:

Postpartum depression (PPD) is a significant mental health condition that typically develops within six months of childbirth or abortion. It presents with persistent low mood, anxiety, disturbed sleep, appetite loss, irritability, and social withdrawal. These symptoms hinder caregiving, disrupt breastfeeding, and impair bonding, negatively influencing infant cognitive and emotional development.

Globally, PPD affects 12–13% of women, with the prevalence in Indian mothers reaching up to 22%, particularly in low-resource settings where awareness and institutional support may be lacking. Risk factors include low socioeconomic status, prior mental illness, hormonal fluctuations, inadequate social support, domestic stress, and childbirth complications.

Although the precise etiology remains uncertain, hormonal imbalances, dysfunction of the hypothalamic-pituitary-adrenal (HPA) axis, and altered thyroid and lactogenic hormone levels are implicated. Early diagnosis and integrative treatment are crucial to safeguard maternal and infant health.

PREVALENCE AND PSYCHOSOCIAL INTERVENTION:

Approximately 13% of postpartum women experience depressive symptoms, with many preferring non-pharmacological options. Evidence from clinical trials involving over 950 participants supports the efficacy of psychosocial interventions such as peer support and non directive counseling.

Therapies like Cognitive Behavioural Therapy (CBT) and Interpersonal Psychotherapy (IPT) have demonstrated positive outcomes. However, larger studies are needed to confirm their long-term effectiveness.

ICD-10 DIAGNOSTIC CRITERIA:

According to the ICD-10, depressive symptoms manifesting within six weeks postpartum fall under the following classifications:

- F53.0: Mild to moderate postpartum mental disturbances
- F53.1: Severe postpartum mental disturbances, including psychosis

i. Core symptoms (at least two):

- Persistent sadness or low mood
- Loss of interest or enjoyment
- Fatigue or lack of energy

ii. Associated symptoms:

- Impaired concentration or decision-making
- Feelings of guilt or low self-worth
- Hopelessness or suicidal ideation
- Disturbed sleep and appetite
- Heightened anxiety or irritability
- Difficulty bonding with the infant

EFFECTS OF MATERNAL DEPRESSION ON THE INFANT:

PPD significantly impacts mother-infant bonding and creates an environment detrimental to neurological development. Early brain processes such as neuronal migration and synaptic formation rely on stimulation, which may be insufficient when maternal depression is present. MRI findings have shown structural brain changes in affected infants. These children often exhibit poor self-regulation, reduced responsiveness, and delayed attachment formation.

Long-term effects may include cognitive, behavioural, and language delays. PPD is also associated with shorter breastfeeding duration and failure to thrive. When coupled with factors like poverty, trauma, or substance abuse, the impact intensifies. Internalizing behaviours, such as anxiety and withdrawal, are common, often accompanied by elevated cortisol levels. Studies like STAR*D–Child affirm that maternal recovery significantly improves child mental health outcomes, highlighting the need for timely intervention.

THE IMPORTANCE OF TIMELY HELP IN PREGNANCY:

1. ***Early Birth and Low Birth Weight*****:** Depression increases the risk of preterm labour and low birth weight infants.

2. Fetal Exposure to Anxiety: Maternal stress impairs fetal blood flow and can influence fetal temperament.

3. ***Inadequate Prenatal Care:*** Depression may result in neglect of prenatal care, poor nutrition, or harmful behaviours such as substance abuse, jeopardizing maternal and infant health

INTEGRATING PSYCHOSOCIAL AND HOMOEOPATHIC APPROACHES:

A combined approach using psychosocial therapies like CBT and IPT, along with individualized homoeopathy, offers a well-rounded model for managing PPD. Psychosocial therapies address dysfunctional thoughts and interpersonal challenges, while homoeopathy evaluates the patient's physical, emotional, and mental state to select the most suitable remedy.

Remedies such as Sepia, Ignatia, and Aurum metallicum are often indicated in postpartum emotional states. This integrative strategy enhances symptom relief and promotes long-term well-being by addressing the totality of the patient's condition. It also fosters a patient-centered treatment model that values emotional and social influences on mental health. ondition. It also fosters a patient-centered treatment model that values emotional and social influences on mental health.

HOMOEOPATHIC MANAGEMENT:

Homoeopathy provides individualized, non-invasive treatment for mental and emotional conditions, especially effective in postpartum cases. Key remedies include:

1. ***Sepia officinalis:*** For irritability, emotional detachment, and aversion to affection, often with pelvic heaviness.

2. Pulsatilla Nigricans: For tearful, sensitive mothers needing reassurance, with changeable moods.

3. Ignatia Amara: *For grief, silent emotional suffering, and mood swings alternating between laughter and tears*

4. Aurum Metallicum: For deep depression, guilt, worthlessness, and suicidal ideation.

5. ***Actaea Racemosa:*** For postpartum mania with restlessness, delusions, and self-harm tendencies.

6. ***Belladonna:*** For sudden outbursts, confusion, and acute mental disturbances.

7. ***Veratrum Album:*** For religious delusions, restlessness, and suicidal impulses.

8. ***Hyoscyamus*****:** For hallucinations, jealousy, and erratic behaviour.

9. ***Platina:*** For emotional indifference, haughtiness, and numbness.

10. ***Stramonium:*** For fear-driven aggression, hallucinations, and terror.

11. ***Lithium Carbonicum:*** For mood instability and manic-depressive tendencies.

12. ***Natrum Muriaticum:*** For silent grief, emotional withdrawal, and aversion to consolation following childbirth trauma.

EPDS: SCREENING TOOL FOR POSTPARTUM DEPRESSION:

The Edinburgh Postnatal Depression Scale (EPDS) is a 10-item self-reported questionnaire used globally for identifying women at risk of PPD. It allows early screening, though it does not replace clinical diagnosis and may fail to detect comorbid conditions like anxiety or personality disorders. However, it remains a valuable tool in both research and practice settings.

CONCLUSION:

PPD is a multifactorial disorder with far-reaching consequences for both mother and child. Integrating psychosocial therapies and individualized homoeopathy offers a promising, holistic approach to management. CBT and IPT target cognitive and interpersonal issues, while homoeopathy addresses emotional and physical symptoms through constitutional remedies. Early identification using ICD-10 and EPDS is vital, though homoeopathy's detailed case-taking may capture subtle emotional disturbances missed by standard tools. Timely, integrative care can prevent complications and promote healthier maternal-infant outcomes. Further research is needed to establish standardized homoeopathic protocols and validate the effectiveness of integrative models in PPD care.

REFERENCES:

1. *Tripathy T, Umakant Prusty, Nayak C. Homoeopathy in Mental Disorders in Postpartum Stage. Cross Current International Journal of Medical and Biosciences. 2020 Jul 15;2(7):93–8.*
2. *Earls MF. Incorporating recognition and management of perinatal and postpartum depression into pediatric practice. Pediatrics [Internet]. 2010;126(5):1032–9. Available from: https://www.ncbi.nlm.nih.gov/pubmed/20974776/*
3. *Google Books [Internet]. Google.co.in. 2018 [cited 2025 Aug 6]. Available from: https://www.google.co.in/books/edition/Postpartum_Depression_For_Dummies/ lWyS6Tj7DrEC?hl=en&gbpv=1&dq=postpartum+depression+homeopathic+treatment&pg=PR19&printsec=frontcover*
4. *Kumar DrAS, Reddy DrGGS. Postpartum Depression and its Homoeopathic Management. International Journal of Homoeopathic Sciences. 2022 Jul 1;6(3):386–8.*
5. *Edinburgh Postnatal Depression Scale 1 (EPDS) [Internet]. Available from: https://med.stanford.edu/content/dam/sm/neonatology/documents/edinburghs cale.pdf*
6. *Allen HC. Keynotes : rearranged and classified with leading remedies of the materia medica and bowel nosodes including repertorial index. Noida, U.P., India: B. Jain Publishers (P) Ltd; 2017.*
7. *W Boericke. Pocket Manual of Homeopathic Materia Medica and Repertory and a Chapter on Rare and Uncommon Remedies. Wazirpur, Delhi, India: B. Jain Publishers; 1998.*
8. *Nash EB. Expanded Works of Nash. B Jain Publishers Pvt Limited; 2022.*
9. *N M Choudhuri, (Physician. A study on materia medica : an ideal text-book for homoeopathic students. Noida, U.P., India: B. Jain Publishers (P) Ltd; 2016.*
10. *Phatak SR. Concise materia medica of homoeopathic medicine. New Delhi: B. Jain; 1999.*
11. *Farrington EA. Lectures on Clinical Materia Medica. B. Jain Publishers; 1999.*
12. *Kent JT. Lectures on Homoeopathic Materia Medica. 1905.*
13. *Vithoulkas G. Essence of materia medica. Usa: B. Jain Publishers (P) Ltd; 2015.*
14. *World Health Organization. The ICD-10 classification of mental and behavioural disorders = ICD-10 : diagnostic criteria for research. Geneva: World Health Organization; 1993.*
15. *Sockol LE, Epperson CN, Barber JP. Preventing postpartum depression: A meta-analytic review. Clinical Psychology Review. 2013 Dec;33(8):1205–17.*
16. *Boger CM. Synoptic key of the materia medica : a treatise for homeopathic students. New Delhi: B. Jain; 2015.*
17. *Murphy R. LOTUS MATERIA MEDICA.*
18. *Shannon S. Handbook of Complementary and Alternative Therapies in Mental Health. Burlington: Elsevier; 2001.*

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REBUILDING LIVES: HOW PSYCHIATRIC REHABILITATION HELPS PEOPLE THRIVE BEYOND MENTAL ILLNESS

Mental illnesses don't just affect the mind — they ripple through work, family, and community life. Medications and therapy can reduce symptoms, but for many people the bigger challenge is regaining independence, confidence, and social roles. That's where psychiatric rehabilitation comes in. It's a holistic, person-centred process that focuses on recovery, empowerment, and real-world functioning — not just symptom control.

FROM ASYLUMS TO COMMUNITY LIVING

For centuries, mental illness meant isolation. People were shut away in asylums like "Bedlam" in London, often in harsh conditions. The Moral Treatment Movement of the 18th and 19th centuries introduced compassion and structure, but by the 20th century long-term institutionalisation had eroded social skills and quality of life.

The real turning point came with deinstitutionalisation in the 1950s and 60s. New medications and human rights activism moved care out of large hospitals and into communities. This shift gave birth to modern psychiatric rehabilitation — services designed to help people build skills, find housing and jobs, and reclaim their lives.

PRINCIPLES THAT EMPOWER

Psychiatric rehabilitation isn't a "one size fits all" program. Its core principles are:

- Person-centred care – respecting each individual's goals and culture.
- Recovery orientation – focusing on hope, self-direction, and peer support.
- Strength-based approach – building on what people can do, not just on deficits.
- Skill development – training for daily living, social interaction, and work.
- Community integration – connecting people to housing, education, and employment.
- Multidisciplinary teamwork – psychiatrists, psychologists, nurses, social workers, occupational therapists, and vocational counsellors all working together.

WHAT REHABILITATION LOOKS LIKE

Modern psychiatric rehabilitation blends clinical treatment with practical, real-life support. It may include:

- Clinical care: medication, psychotherapy, crisis intervention.
- Life and social skills training: cooking, budgeting, communication, cognitive exercises.
- Vocational support: job readiness training, supported employment, micro-enterprises.
- Housing assistance: supervised homes, halfway houses, supported independent living.
- Recreation and peer support: hobby clubs, group therapy, community outings.
- Family involvement: psychoeducation, family therapy, caregiver support groups.
- Case management: one point of contact who links all services.

APPROACHES FOR REAL-WORLD IMPACT

Some programs are individual-centred, tailoring plans to each person's goals. Others are family-centred, reducing caregiver burden and preventing relapse. Community-based approaches use day centres, NGOs, and local government resources. Newer technological approaches — telepsychiatry, mobile apps, virtual reality for social skills training — are expanding access, especially in underserved areas.

RIGHTS AND ETHICS AT THE CORE

Rehabilitation isn't just about services; it's about rights and dignity. In India, laws like the Mental Healthcare Act 2017 and the Rights of Persons with Disabilities Act 2016 guarantee access to community-based rehabilitation, supported housing, and employment opportunities. They also protect autonomy, informed consent, and confidentiality.

INDIA'S PROGRAMS AND CHALLENGES:

Policies such as the National Mental Health Policy (2014), National Mental Health Programme (1982), and District Mental Health Programme (1996) have made rehabilitation part of mainstream mental health care. NGOs like SCARF (Chennai) and The Banyan (Tamil Nadu) run halfway homes, vocational training, and outreach.

But gaps remain: too few trained professionals, stigma, uneven rural coverage, and limited funding. Strengthening local systems and public-private partnerships will be crucial to closing these gaps.

HOMEOPATHY'S ROLE IN REHABILITATION

Homeopathy, with its emphasis on treating the whole person, can complement psychiatric rehabilitation. Individualised remedies aim to restore emotional balance and reduce stress, potentially easing chronic conditions or medication side effects. Integrated care — combining conventional psychiatry, psychotherapy, and homeopathy — may offer a broader path to recovery and well-being.

THE ROAD AHEAD

The future of psychiatric rehabilitation is exciting. Expect more community-based care, technology-driven tools, peer and family networks, vocational training, and preventive programs in schools and workplaces. With strong rights-based policies and holistic practices, psychiatric rehabilitation can help millions not only recover but rebuild their lives and thrive.

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According to WHO, every year 727 000 people take their own life and there are many more people who make suicide attempts. Every suicide is a tragedy that affects families, communities, and entire countries and has long-lasting effects on the people left behind. Suicide prevention is primarily a public health and mental health issue. Evidence-based suicide prevention strategies include

1. Early Identification: Screening for depression, anxiety, substance use, or other risk factors for suicide.

2. Access to Mental Health Care: Psychotherapy (like CBT, DBT), psychiatric evaluation, and appropriate medication when needed.

3. Crisis Support: Helplines (e.g., India's 24x7 helpline KIRAN: 1800-599-0019; international: 988 Suicide & Crisis Lifeline in the U.S.).

4. Social Support: Family, friends, and community support networks reduce isolation.

5. Safety Planning: Reducing access to lethal means, making personalized plans for when suicidal thoughts occur.

6. Education & Awareness: Reducing stigma around mental health to encourage seeking help.

Suicide is a psychiatric emergency; prompt evidence-based intervention saves lives.Homeopathy is a system of complementary medicine based on highly diluted substances.

There is no strong scientific evidence that homeopathy, by itself, can prevent suicide or treat acute suicidal crises.However, some people use homeopathy alongside standard psychiatric care for depression, stress, anxiety, or sleep issues, leading to suicidal disposition. Remedies like Ignatia amara, Aurum metallicum, Sepia, Acid phos, Argentum nitricum, Antim crud, Natrum muriaticum are often mentioned in homeopathic literature for sadness, grief, or depression. These remedies should never replace urgent medical or psychiatric care for someone at risk of suicide. It is ethical for homeopathic practitioners to refer patients with suicidal ideation immediately to mental health professionals and crisis support services.Collaboration between homeopaths, mental health professionals, and primary care providers is recommended for anyone at risk.

Ethical Protocol for Homeopaths in Suicide Prevention

1. Initial Screening & Risk Assessment

A homeopath's first responsibility is recognition of warning signs.

· Observe: hopelessness, withdrawal, self-harming talk, drastic behavior changes.

· Ask gently but directly: "Have you been having thoughts of harming yourself?"

· Screen for risk level:

o Low risk: Sadness, passive wishes ("I don't want to wake up").

o Moderate risk: Expressing suicidal thoughts but no plan.

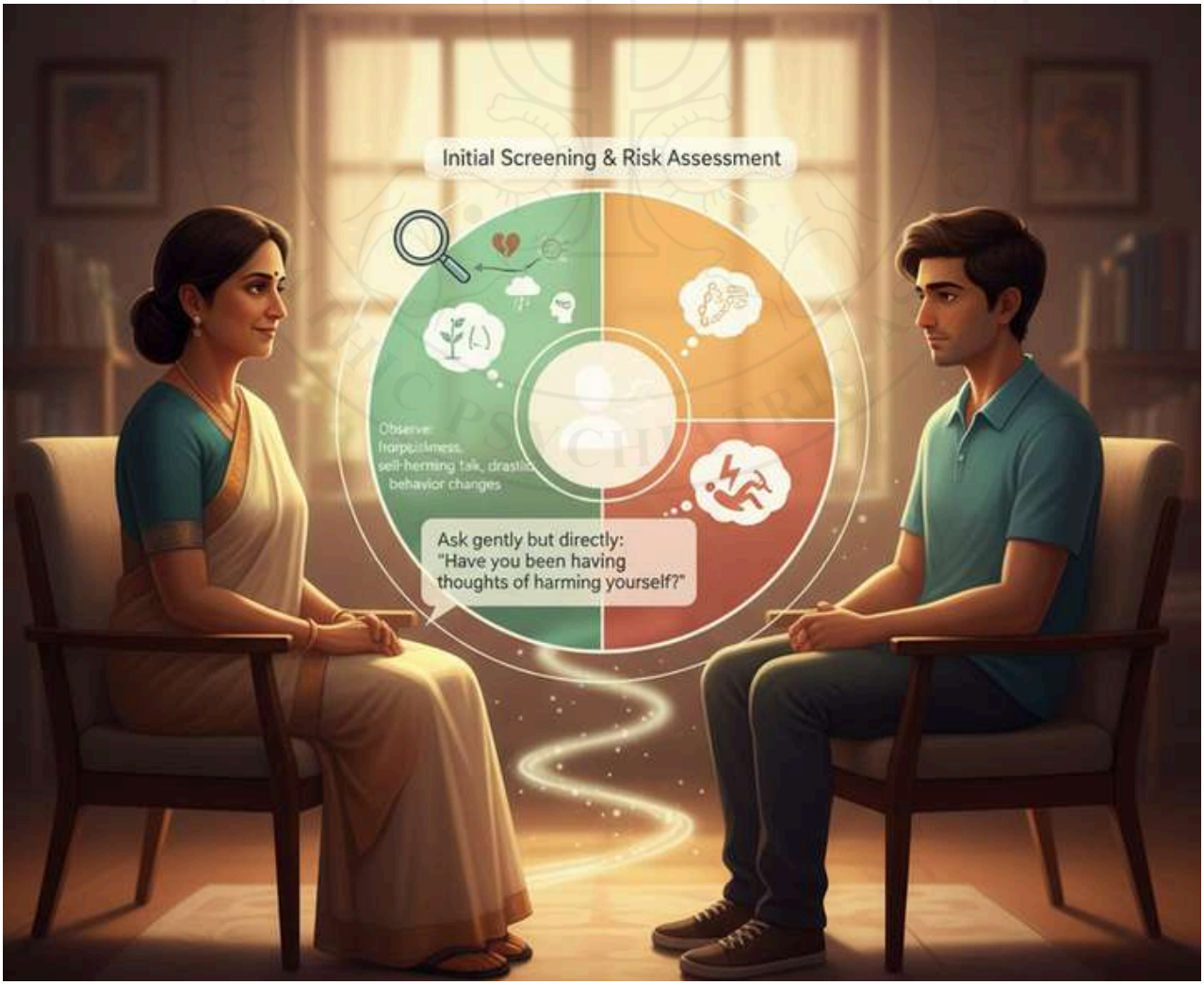
o High risk: Clear plan, intent, or recent attempt.

1. Immediate Action Based on Risk Level

· High Risk → Emergency referral (hospital, psychiatrist, suicide helpline). Do not attempt treatment alone. Stay with the patient until help is arranged.

· Moderate Risk → Encourage urgent psychiatric consultation, involve family if possible. Provide supportive remedies only as an adjunct.

· Low Risk → Homeopathic care may be provided alongside psychological support, with regular monitoring and clear boundaries.



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2. Referral & Collaboration

· Always refer to or co-manage with:

o Psychiatrist/psychologist

o Crisis helpline (e.g., KIRAN in India: 1800-599-0019; international: 988 in the US)

· Inform family or caregivers if risk is high.

· Document in case notes that referral was advised.

3. Supportive Homeopathic Role

Once safety is secured and psychiatric care is in place:

· Support emotional well-being with remedies indicated for grief, anxiety, or despair.

· Examples:

o Ignatia – acute grief, emotional shock

o Natrum muriaticum – long-term silent grief

o Aurum metallicum – severe hopelessness, suicidal thoughts Phosphoric acid – apathy and collapse after loss

· Prescriptions should be individualized, low potency unless clearly indicated, and monitored closely.

1. Follow-Up & Monitoring

· Schedule frequent follow-ups (weekly or bi-weekly initially).

· Re-assess mental state each time.

· Watch for red flag changes (withdrawal, escalating hopelessness, giving away possessions, saying goodbye).

· If risk increases → Immediate referral.

1. Ethical Boundaries

· Do not promise a cure or discourage psychiatric medication.

· Do not delay emergency referral if risk is high.

· Always prioritize patient safety over the system of medicine.

· Use remedies as adjunctive care for emotional support, not primary crisis treatment.

Summary flow chart:

Homeopathic Remedies for Depression & Grief with Classical Indications:

1. Ignatia amara
Classic remedy for acute grief, disappointment, or loss. Emotional ups and downs, sighing, sobbing. Contradictory symptoms (laughing then crying). Often useful in the early stages of bereavement

2. Narum muriaticum
Suicidal disposition For chronic grief or disappointment in love. Reserved, keeps emotions bottled up. Dwells on the past, avoids consolation. Headaches from suppressed emotions.

3. Aurum metallicum
Profound depression with feelings of worthlessness and loathing of life
Hopelessness, thoughts of suicide from self-condemnation. Relief in music or nature. Strong sense of duty, feels they have failed. Ailments from pecuniary loss. Suicidal disposition by jumping from heights

4. Sepia officinalis
Indifference to loved ones, especially family. Aversion to being talked and consolation. Feels emotionally "numb," burdened by duties. Depression with irritability and desire to be alone. Better with exercise, dancing, vigorous activity.

5. Phosphoric acid
Depression after long-standing grief or disappointment. Apathy, mental dullness, indifference.Weak memory, mental exhaustion. Suited to cases of "nervous collapse" after loss.

6. Pulsatilla nigricans
Weepy, emotional, needs consolation. Mood changes easily, mild and yielding personality. Depression worse in a closed room, better in fresh air and moving about. Often indicated in hormonal/ emotional imbalances (e.g., post-partum).

7. Causticum
Deep sadness from long-standing grief or injustice. Feels things very deeply, sensitive to suffering of others and injustice. Tendency to despair about the future.

8. Staphysagria
Depression after humiliation, suppressed anger, or abuse. Feels wronged but cannot express it. Silent grief, may turn inwards with suppressed emotions.

9. Arsenicum album
Anxiety-driven depression. Restlessness, fear of being alone, fear of death. Pessimism and insecurity about the future. Needs constant reassurance.

10. Lycopodium clavatum
Low confidence, anticipatory anxiety, stage fright. Depression from a sense of failure despite capability. Digestive troubles often accompany mood issues.

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Bridging the Gap: Integrating Homoeopathy into Modern Psychiatric Care – A Call for Policy and Practice Reform

Abstract

India faces an ever-growing mental health burden, with psychiatric disorders contributing significantly to disability and reduced quality of life. Over the last two decades, homoeopathic psychiatry has evolved into a recognized postgraduate specialty, producing a pool of highly trained professionals. However, despite an increasing number of sanctioned posts and expanding mental health programs, opportunities for these specialists remain limited. This article calls for renewed attention to the role of qualified homoeopathic psychiatrists, the creation of independent psychiatry departments in every homoeopathy medical college, and the structured integration of homoeopathy into both national/state mental health initiatives and AYUSH-related projects.

Introduction

India's mental health needs are substantial, and national initiatives such as the NMHP and DMHP have scaled up services across states. Simultaneously, homoeopathic psychiatry has made significant progress: postgraduate programs have been established and are producing competent specialists trained in case-taking, psychometric evaluation, and modern diagnostic frameworks such as DSM-5 and ICD-11.

Today, qualified homoeopathic psychiatrists are available in increasing numbers, representing an underutilized resource in public mental health care.

This is the right time to rethink policies and give these specialists structured roles in academic institutions, state mental health programs, AYUSH projects, and collaborative clinics.

Policy and Workforce Perspective

Need for a Separate Department

Psychiatry is a distinct discipline requiring focused clinical training, interdisciplinary collaboration, and specialized teaching methods. Therefore, a separate Department of Psychiatry (Homoeopathy) should be mandated in every homoeopathy medical college, distinct from the Department of Practice of Medicine.

This will:
Provide dedicated teaching infrastructure for undergraduate and postgraduate psychiatry education.
Allow focused clinical exposure via dedicated OPDs, IPDs, and community outreach programs.
Promote research and evidence generation in mental health from a homoeopathic perspective.

Evolving Faculty Landscape and Opportunities

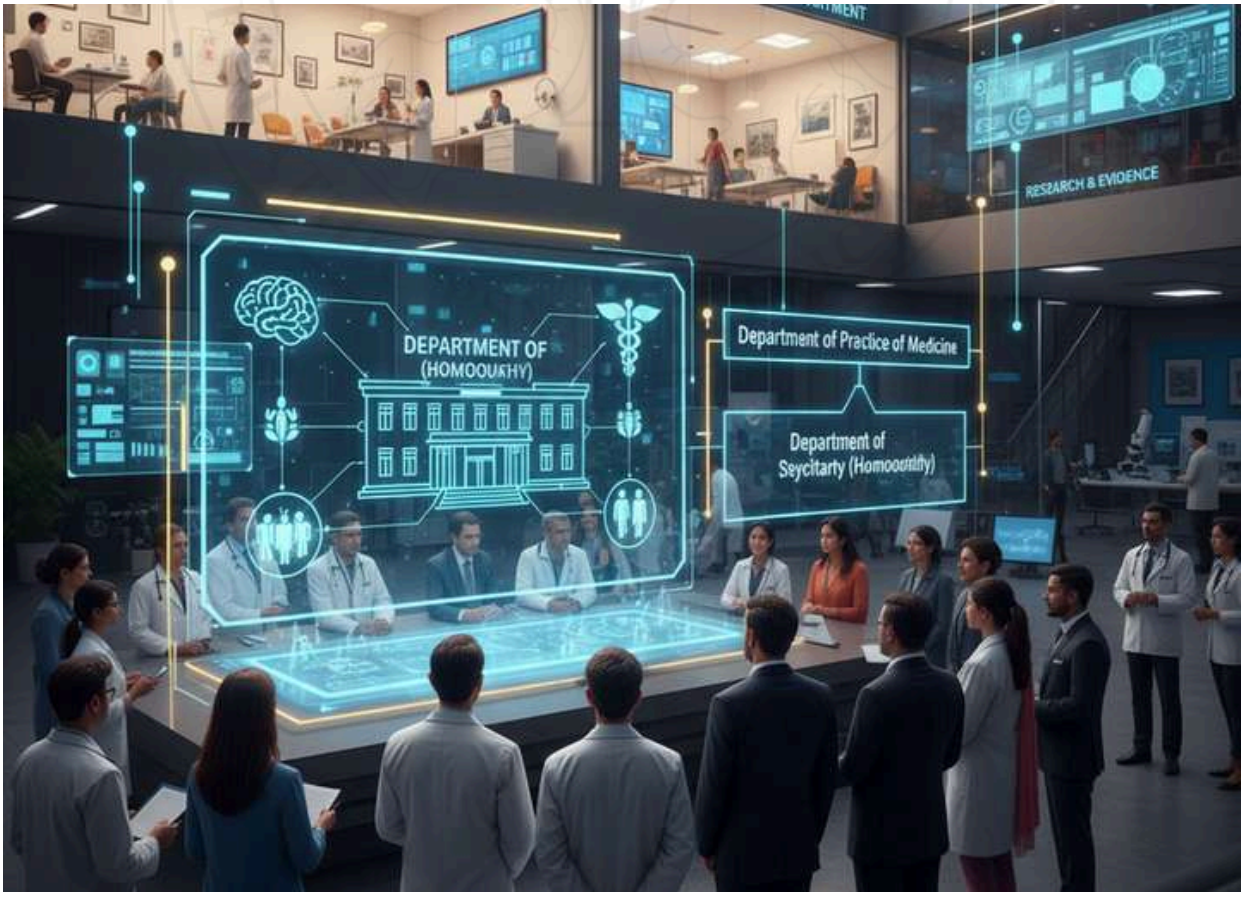
It was understandable that, in the early years of the specialty, there was a shortage of qualified psychiatry faculty, and mentoring by Practice of Medicine departments was a practical necessity. Now, more than 20 years since the MD Psychiatry (Homoeopathy) program began, a strong pool of qualified specialists exists. It is time to transition toward appointing these specialists to faculty and clinical positions, ensuring that future PG students receive mentorship from subject experts.

Inclusion in AYUSH Project

Beyond academic appointments, homoeopathy psychiatry PGs should be actively included in AYUSH-related mental health projects and interdisciplinary initiatives. This will:
Ensure proper representation of homoeopathy psychiatry in public mental health services.
Offer employment opportunities for PGs within state and central AYUSH mental health programs.
Facilitate data collection and research on homoeopathic interventions in community settings.
Strengthen the visibility of the specialty at a policy level and contribute to integrative health outcomes.

Key Recommendations

Dedicated posts for MD (Psychiatry) homoeopaths in teaching, research, and clinical institutions.
Inclusion of PGs in AYUSH mental health projects, NMHP/DMHP initiatives, and national wellness programs.



Curricular reforms that encourage interdisciplinary collaboration and integrative mental health research.
Capacity building through CME programs and specialized training modules for young psychiatrists.

Integrative Psychiatry: The Way Forward

Modern mental health care benefits from combining diverse approaches.
Psychotherapy offers structured interventions, while homoeopathy addresses the emotional and constitutional aspects of patients.

Proposed Model

Psychotherapy: Builds coping skills and cognitive restructuring.
Homoeopathy: Works on deeper emotional layers and susceptibility.
Collaborative Clinics: Multidisciplinary approach with shared case discussions and validated outcome measures such as HAM-A, PHQ-9, and WHO-QOL.

Benefits of a Forward-Looking Approach

Optimal use of trained manpower: Utilizes the growing pool of homoeopathic psychiatrists.
Quality education: Ensures that PG students are guided by subject specialists.
Improved access: Expands mental health services through AYUSH networks.
Strengthened evidence base: Generates data for policymaking through standardized clinics

Challenges to Address

Need for large-scale RCTs to build robust evidence.
Requirement for national guidelines defining integrative psychiatry models.
Need for greater awareness among conventional mental health professionals about homoeopathy's scope.
Future Directions

Establish independent psychiatry departments in every homoeopathy college with qualified faculty.
Include homoeopathy psychiatry PGs in AYUSH-led community mental health projects and research programs.
Develop national guidelines defining training, service delivery, and evaluation metrics.
Launch government-funded research programs to generate high-quality evidence on homoeopathy in psychiatry.

Conclusion

With the availability of a skilled pool of homoeopathic psychiatrists, this is the moment to rethink policy frameworks and integrate them meaningfully into mental health care delivery. Establishing independent departments, ensuring appropriate faculty appointments, and opening structured career pathways will strengthen education, clinical care, and research.

Inclusion of PG-trained homoeopathy psychiatrists in AYUSH mental health projects and state-level programs is a crucial step to bridge service gaps and fully utilize the trained manpower. The focus must now shift toward opportunity creation and structured inclusion, ensuring that the future of homoeopathy psychiatry is strong, evidence-driven, and impactful

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HOMOEOPATHY AND HYPERACTIVE BRAIN: AN INTEGRATIVE PERSPECTIVE ON ADHD INTERVENTION

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ABSTRACT

Attention-Deficit/Hyperactivity Disorder (ADHD) is a neurodevelopmental condition marked by inattention, impulsivity, and hyperactivity. This condition affect preschoolers, children, adolescents and adults around the world. Concerns over the side effects and long-term outcomes of conventional treatments have led to the exploration of complementary approaches, including homoeopathy.

This systematic review aims to explore the role of homoeopathy as an integrative approach in managing ADHD, examining its potential effects on brain hyperactivity and overall symptom improvement. A systematic search was conducted in databases such as PubMed, Google Scholar, Scopus, and homoeopathic journals. Inclusion criteria focused on clinical trials, case studies, and reviews investigating homoeopathic treatments for ADHD.

Data's were analyzed with respect to clinical outcomes, changes in neurophysiological patterns and behavioural assessments. Evidence suggests that individualized homoeopathic treatment may positively influence ADHD symptoms, especially in domains of hyperactivity and attention regulation. Some studies also report improved EEG patterns and reduced behavioural dysregulation. Homoeopathy provides a support in treating ADHD particularly for those seeking holistic, individualized, and low-risk interventions.

KEYWORDS:
ADHD, Homoeopathy, Hyperactivity, Neurodevelopmental condition, Complementary approaches

INTRODUCTION

In 1854, Henrich Hoff published the first description of Attention Deficit/Hyperactivity Disorder. Preschoolers, kids, teens, and adults worldwide are impacted by this illness. Males are around six to eight times more likely to be afflicted than females. ADHD is a collection of symptoms that serve as a last common behavioural pathway for a variety of emotional, psychological, and/or learning issues rather than an illness in and of itself. In addition, it coexists with childhood epilepsy.

PREVALENCE: The prevalence of ADHD is estimated to be 5.29% worldwide based on a review of several systematic articles. More young children, particularly boys, are getting ADHD diagnoses than girls, with a 3:1 ratio.

AETIOLOGY:

Potential risk factors have included genetics, prenatal and perinatal risks, psychosocial issues, and environmental pollutants. ADHD is inherited and develops in families. First-degree relatives of those with ADHD are two to eight times more likely to have ADHD than relatives of people without the disorder. The most frequently known risk factors for ADHD include having a biological relative with the disorder, large, rare copy number variants, extreme early adversity, prenatal and postnatal exposure to lead, and low birth weight/prematurity. However, none of these factors are yet proven to be causal.

CLINICAL FEATURES:

The three primary symptoms of ADHD are impulsivity, hyperactivity, and inattention. The DSM-5 states that it is marked by abnormally high levels of hyperactivity and inattention in contrast to normal child development.

ACCORDING TO DSM-V TR:

I. A persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development is present

. II. Several inattentive or hyperactive-impulsive symptoms were present prior to age 12 years.

III. Several inattentive or hyperactive-impulsive symptoms are present in two or more settings (e.g., at home, school, or work; with friends or relatives; in other activities).

IV. There is clear evidence that the symptoms interfere with, or reduce the quality of, social, academic, or occupational functioning.

V. The symptoms do not occur exclusively during the course of schizophrenia or another psychotic disorder and are not better explained by another mental disorder (e.g., mood disorder, anxiety disorder, dissociative disorder, personality disorder, substance intoxication or withdrawal).

HOMOEOPATHIC APPROACH:

In accordance to a case report, a 4-year-old preschooler's ADHD was effectively treated over the period of two years with individualized homoeopathic medicine. Initially, the child displayed the typical signs of attention-deficit/hyperactivity disorder (ADHD), which include restlessness, easily distracted behaviour, aggression, disobedience, and animal cruelty. Following a thorough case evaluation that took into account the child's behaviours, family history, and emotional environment—especially the mother's mental condition during pregnancy—Medorrhinum 200C and 1M were prescribed, followed by Tarentula hispanica 200C.

As a result, there was a noticeable improvement in emotional control, obedience, and attention span, Complete symptom remission was observed and maintained without relapse, then the ADHD Rating Scale scores (both parent and teacher versions) showed a progressive decline from 42/47 to 0, indicating full recovery and also the child became calmer, socially well-adjusted, and academically engaged.

- The case highlights the positive implications of homoeopathy as the potential of constitutional homoeopathy in addressing not just behavioural symptoms, but also underlying emotional and developmental patterns.
- The case supports the idea that individualised remedies, when guided by holistic assessment (including prenatal emotional influences), can lead to profound and lasting improvements in ADHD.

CONCLUSION

This systematic review underscores the promising role of homoeopathy as a complementary, non-invasive approach in managing ADHD, particularly in addressing hyperactivity and related behavioural patterns. While conventional treatments remain primary, the individualized nature of homoeopathic remedies—focused on both physical and emotional aspects—offers a holistic adjunct that may improve symptom control and overall quality of life with minimal side effects. The findings suggest positive trends in behavioural regulation and functional outcomes. When applied scientifically and integratively, homoeopathy holds considerable potential as part of a multimodal strategy for ADHD care.

REFERENCES:

1. Sayal K, Prasad V, Dale y D, Ford T, Coghill D. ADHD in c hildren and young people: Prevalence, care pathways, and service provision. The Lancet Psychiatry [Internet]. 2018 Feb;5 (2):175–86. Available from: https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(17)30167 0/abstract

2. Furman L. What Is Attention-Deficit Hyperactivity Disorder (ADHD)? Journal of Child Neurology [Internet]. 2005 Dec;20(12):994–1002. Available from: https://journals.sagepub.com/doi/abs/10.1177/08830738050200121 301

3. World Health Organization. The ICD-11 Classification Of Mental And Behavioral Disorders ICD-11: Clinical Description And Diagnostic Guidelines. Geneve: World Health Organization;2025

4. American Psychiatric Association, American. Diagnostic And Statistical Manual OF Mental Disorders, American Psychiatric Publishing;1994

5. Thapar A, Cooper M, Eyre O, Langley K. Practitioner Review: What have we learnt about the causes of ADHD? Journal of Child Psychology and Psychiatry [Internet]. 2012 Sep 11;54(1):3–16. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3572580/

6. Robles R, de la Peña FR, Medina-Mora ME, de los Dolores Márquez-Caraveo ME, Domínguez T, Juárez F, et al. ICD-11 Guidelines for Mental and Behavioral Disorders of Children and Adolescents: Reliability and Clinical Utility. Psychiatric Services. 2021 Aug 26;73(4):appi.ps.2020008.

7. Karunakara Moorthi, S LK. A case report of attention deficit hyperactivity disorder in preschool children treated with individualised, constitutional homoeopathic medicine. Indian Journal of Research in Homoeopathy. 2024 Jun 27;18(2):99–109.

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BEYOND THE PHYSICAL: UNDERSTANDING THE METAPHYSICAL ROOTS OF STRESS

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ABSTRACT

Stress is one of the most pervasive health concerns of modern life, affecting nearly every organ system and psychological process. Traditionally viewed as a physiological reaction to external demands, stress today is increasingly understood as a multi-dimensional phenomenon involving the body, mind, and spirit. This article explores stress not only as a neuroendocrine response but also as a **disturbance in the vital force or life energy**, manifesting from deeper metaphysical dissonance.

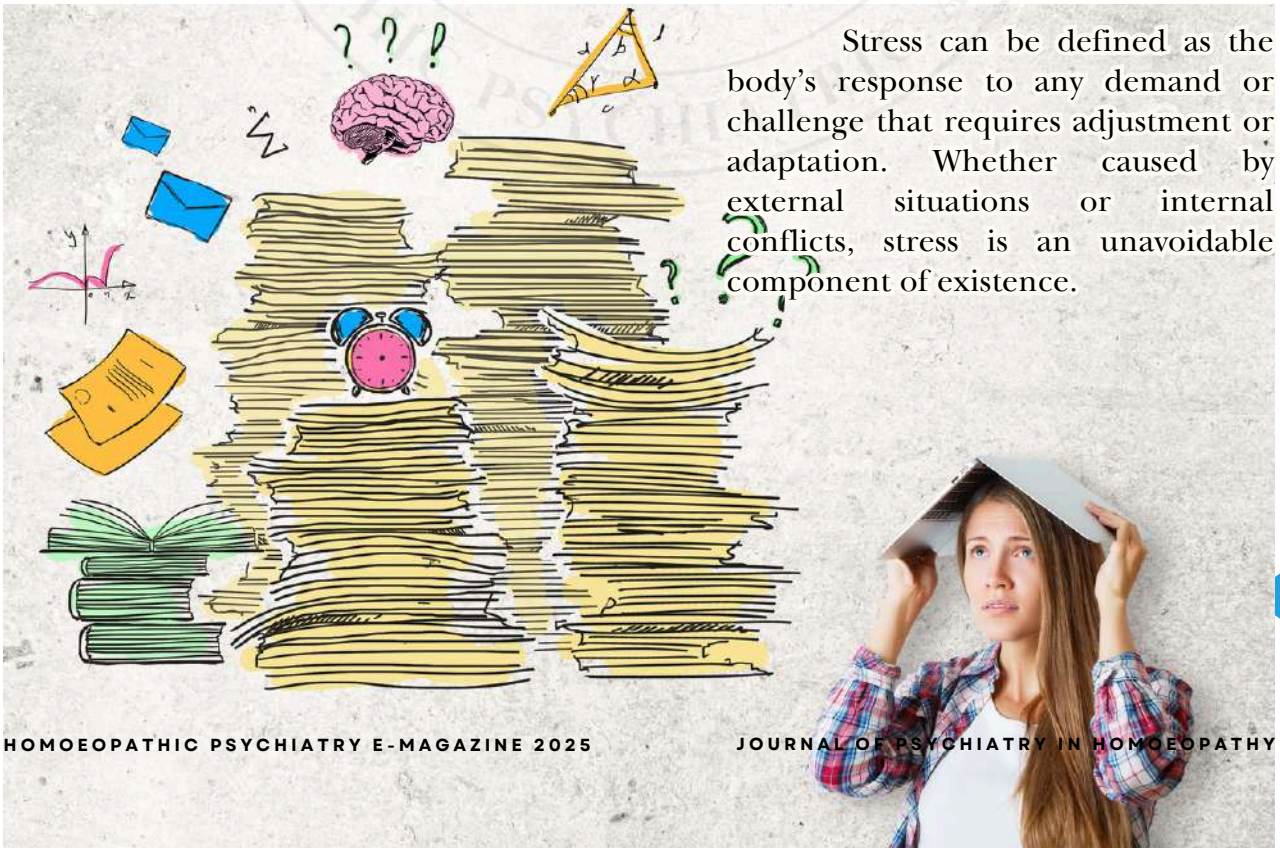
BEYOND 'FIGHT OR FLIGHT,' STRESS IS A VIBRATIONAL DISHARMONY IN THE VITAL FORCE.

KEYWORDS:

Stress, Vital Force, Homoeopathy, Metaphysical Healing, Emotional Suppression, Mind–Body Connection, Dynamic Plane, Energy Medicine

UNDERSTANDING STRESS – THE CONVENTIONAL PERSPECTIVE

Stress can be defined as the body's response to any demand or challenge that requires adjustment or adaptation. Whether caused by external situations or internal conflicts, stress is an unavoidable component of existence.



From a biological viewpoint, stress activates the sympatho-adreno-medullary (SAM) axis and the hypothalamo-pituitary-adrenal (HPA) axis. The adrenal glands release adrenaline, noradrenaline, and cortisol, hormones that prepare the body to either "fight or flee."

While short-term (acute) stress can enhance alertness and motivation, prolonged (chronic) stress exerts harmful effects on virtually every system of the body.

Hans Selye's General Adaptation Syndrome describes three stages of stress response:

1. Alarm Stage: The initial "fight or flight" reaction with activation of the sympathetic nervous system and hormonal surge.
2. Resistance Stage: Adaptation phase when the body attempts to maintain equilibrium despite ongoing stress.
3. Exhaustion Stage: When adaptive capacity is depleted, resulting in fatigue, immune suppression, depression, or disease.

Stress can be caused by a variety of stressors: physical (illness, injury), psychological (fear, guilt, overthinking), social (conflict, loss, financial pressure), or environmental (noise, pollution, climate extremes).

Common symptoms include:

- Headaches, palpitations, digestive issues
- Sleep disturbances and fatigue
- Anxiety, irritability, and hopelessness
- Reduced immunity, hypertension, diabetes, and other chronic disorders

Modern medicine acknowledges that 75% of bodily diseases are stress-related — yet even with this recognition, treatment often focuses on physical or psychological management alone, overlooking the deeper metaphysical causes.

THE METAPHYSICAL VIEW OF STRESS: WHEN THE VITAL FORCE IS DISTURBED

Metaphysically, stress is more than a biochemical or psychological reaction — it is a **vibrational disharmony in the life force (vital energy)** that sustains all living systems.

In every human being, this life force acts as a bridge between consciousness and the body. When this flow of energy is smooth and balanced, there is health and serenity. However, when emotions are repressed, beliefs are distorted, or one's life path diverges from inner purpose, the vital force becomes disturbed, leading to imbalance that gradually manifests as mental or physical illness.

a) Stress as Disharmony Between Inner Purpose and Outer Action

Each person is born with a certain rhythm of being — a life direction or "inner signature." When our outer actions contradict this inner calling — when we live for external validation, fear, or social pressure — the vital force becomes strained.

This mismatch creates a subtle vibration of tension in the energetic field, which, over time, materializes as restlessness, anxiety, or bodily fatigue.

b) The Role of Suppressed Emotions and Guilt

From the metaphysical standpoint, emotions are energy in motion. When these are unexpressed — such as unacknowledged anger, grief, guilt, or resentment — they do not disappear; rather, they crystallize within the subtle body as energetic blocks. These blocks obstruct the flow of the life current, resulting in stagnation.

- Suppressed grief can manifest as chronic fatigue or headaches.
- Buried anger may surface as hypertension or muscular tension.
- Unresolved guilt often weakens the immune system, predisposing to chronic illness.

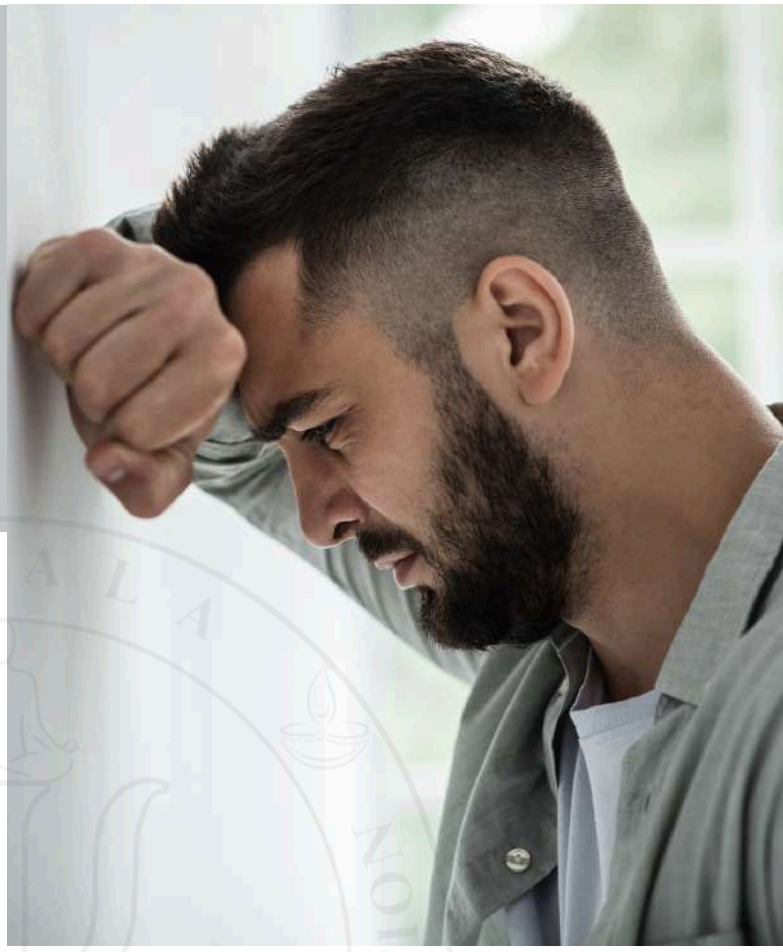
As these disturbances deepen, the person may experience disconnection from self, lack of enthusiasm, or a sense of spiritual emptiness — the metaphysical roots of chronic stress.

c) Thought Patterns and Belief Systems

The metaphysical law states that "Energy follows thought."

Our thoughts and beliefs continually shape our energetic state. Repetitive negative thinking — fear, helplessness, self-criticism — lowers vibrational frequency, weakening the life force.

On the contrary, affirming thoughts of trust, gratitude, and purpose elevate the vibration, allowing the body's natural healing intelligence to function freely.



THE HOMOEOPATHIC INTERPRETATION – DISEASE BEGINS IN THE DYNAMIC PLANE

Homoeopathy, as expounded by Dr. Samuel Hahnemann, holds that disease originates in the derangement of the vital force — the dynamic, non-material principle that animates life.

In Organon of Medicine (Aphorism 11), Hahnemann asserts:

"When a person falls ill, it is the vital force, everywhere present in the organism, that is primarily deranged by a dynamic influence."

Thus, before stress manifests as hypertension, ulcers, or depression, there exists a dynamic disturbance — a subtle imbalance in the inner field of energy. Homoeopathy addresses this disturbance directly, stimulating the organism's self-healing capacity.

Homoeopathic Remedies in Stress States

Remedy	Characteristic Stress Pattern
Ignatia amara	Acute emotional shock, grief, disappointment; sighing, sobbing, lump in throat.
Natrum muriaticum	Silent grief, emotional suppression, dwelling on past hurts, aversion to consolation.
Calcarea phosphorica	Stress from overwork, study fatigue, physical weakness, poor growth.
Kali phosphoricum	Nervous exhaustion, brain-fag, sleeplessness, anxiety after mental strain.
Gelsemium sempervirens	Anticipatory anxiety, trembling, weakness before performance or events.
Argentum nitricum	Stage fright, impulsiveness, hurried feeling, digestive upsets from worry.
Aurum metallicum	Deep despair, over-responsibility, suicidal thoughts from work stress.
Phosphorus	Oversensitivity, emotional exhaustion, compassion fatigue.
Nux vomica	Workaholism, irritability, overuse of stimulants, anger under pressure.

These remedies work by realigning the dynamic plane, allowing the mind and body to regain equilibrium. Unlike sedatives, they do not suppress symptoms but re-tune the vibrational harmony of the vital force.

CASE ILLUSTRATIONS

Case 1: Suppressed Grief Manifesting as Chronic Headache
A 32-year-old woman presented with chronic headaches following the sudden loss of a parent. She avoided talking about her feelings and maintained a calm exterior. Medical reports were normal.
Natrum muriaticum 200C was prescribed. Within weeks, she experienced emotional release through tears, followed by complete relief of headaches. The cure was dynamic, not merely symptomatic.

Case 2: Professional Burnout and Gastric Disturbances
A 45-year-old male executive with chronic acidity, irritability, and insomnia. He described his job as “constant battle.” Nux vomica 30C, followed by Kali phosphoricum 6X, brought remarkable improvement in sleep, digestion, and emotional tolerance.
These cases show that healing occurs when the emotional blockage dissolves and the vital energy regains freedom of movement.

INTEGRATING METAPHYSICAL HEALING AND STRESS MANAGEMENT

While medication may relieve the biochemical symptoms of stress, true healing requires transformation of consciousness.
Some metaphysical strategies include:

- **Awareness and Acceptance: Acknowledge emotions as they arise instead of suppressing them.**

- Alignment with Inner Purpose: Live authentically according to one's true nature.
- Mindful Breathing and Meditation: Restore rhythm to the mind–body connection.
- Self-compassion and Forgiveness: Dissolve guilt, anger, and resentment — the most corrosive metaphysical toxins.
- Affirmations and Visualization: Replace fear-based patterns with trust and gratitude.

Homoeopathy complements these approaches by stimulating the vital force to restore self-regulation, harmonizing body, mind, and soul.

CONCLUSION

Stress, in its truest sense, is a signal from the soul indicating disharmony between the inner and outer life. It is not merely a physical burden but a metaphysical imbalance within the flow of life energy. The homoeopathic perspective bridges science and spirituality by addressing this disturbance at its dynamic source.

Healing begins when the vital force is freed from suppression, emotions are acknowledged, and the individual reconnects with purpose. In this light, stress becomes not an enemy, but a teacher — guiding one towards balance, awareness, and wholeness.

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FILTER ON FACE, PRESSURE ON MIND. PSYCHOLOGICAL TOLL OF DIGITAL BEAUTY AND HOMOEOPATHIC HEALING APPROACH

Author: Dr.Binita A. Chauhan P G Scholar

Introduction:

In today's era, beauty has become more than just a personal trait, it is just treated as a social currency. A flawless appearance often decides first impression, confidence in public space and even opportunities in relationship or careers. With the rise of social media, beauty is constantly measured, compared and displayed, making external appearance a benchmark for self-worth. This has created a false belief that beauty is everything, pushing people to chase unrealistic ideas, filters, cosmetic apps and digital edits have shaped fake beauty standers that hardly exist in real life.

In this pursuit of perfection, what was once a natural expression of individual has turned in to performance- often at the cost of mental peace. Because of these expectations with self-many individuals fall in to deep psychological trouble, struggling with anxiety, insecurity and distorted sense of self-worth

Reasons for rising digital beauty standards: -

1. Prevalence of beauty filters on social media – platform like Instagram, snapchat offers filters that can significantly alter user's appearance, leading to a normalization of enhanced beauty standards. A study found that exposure to such filters contributes to body dissatisfaction among adolescent girls and reinforcing the idea that their value is based on appearance.

2. Influence of celebrities and influencers – celebrities and influencers regularly post polished, airbrushed content, setting standers that are difficult to attain naturally. Young users emulate these figures, believing that beauty is synonyms with success, popularity or desirability. This phenomenon has led to increased interest in cosmetic procedure among teenagers as they seek to replicate this idealized appearance

3. Cultural emphasis on appearance – in many societies especially in India, beauty is the family's unofficial investment plan-fairer the skin, higher the returns in the marriage market. Degreesand ambitions? Who cares, as long as the bride glows the groom's family will happily ignore her glow in intelligence. And also ii is very common – the relatives asking why your cousins looks better than you. It's a constant reminder, "if you don't sparkle, you might as well be invisible.

4. Peer pressure and social comparison – the desire for social validation drives many individuals to conform to prevailing beauty standards, often leading to comparisons with peers and influencers. Such comparisons can exacerbates feeling of inadequacy and contribute to mental health issues like anxiety and depression.

5. Psychological desire for acceptance – the human need to belong and be admired drives the use of filters and photo-editing tools. Digital beauty becomes a means to feel socially accepted, especially among adolescents and young adults.

6. Technological advancement in image editing – Advancements in AI and image editing technologies have made it easier to create and share digitally enhanced images, further entrenching unrealistic beauty ideals. These technologies often blur the line between reality and digital manipulation, making it challenging for users to distinguish between the two.

"In Today's Era Looking Good Is Often Prioritized Over Being Good".

Psychological toll of unrealistic beauty standards –

1. Eroded Self-Esteem & Body Image – Photo editing behavior, like applying filters that leads to increased self-objectificationand comparing oneself more with others, which lowers both self-perceived attractiveness and self-esteem. Studies show that using slimming or beauty filters can cause heightened body dysmorphia and a stronger urge to lose weight. (dolan, 2025)

2. Social Pressure & Anxiety – In one study, 94% of young women felt pressured to look a certain way, with 60% reporting feelings of depression tied to filter use on social media. Another report found that fear of negative evaluation mediates between low self-esteem and filter use—meaning people with low self-esteem use filters more because they're anxious about how others judge them.(MORESCHI, n.d.)

3. Snapchat Dysmorphic: Seeking Surgical Perfection– The term Snapchat dysmorphia describes patients seeking cosmetic surgery to look like their filtered selfies. Distorted self-perception from digital filters fuels this trend. A Boston University study showed people considering cosmetic surgery rise from 64% to 86%, and those consulting surgeons increased from 44% to 68%, influenced by frequent photo editing. (contributors, n.d.)

1. Identity confusion – conflict between real vs. virtual self.

2. Social isolation- withdrawing if one feels they don't match up. Self- expectation becomes so high and when they don't achieve and face humiliation in reality, complete isolation and may be does to depression and also suicidal thoughts.

1. Cultural & Social Pressure - What once were personal insecurities have now become socially enforced norms. Digital beauty has set a "standard look" that sidelines diversity. This creates homogenized beauty ideals, pushing people toward cosmetic procedures and material consumption.

2. Economic & Societal Consequences – A booming cosmetic surgery and beauty industry thrives on these insecurities. Time, money, and emotional energy are invested in "fixing flaws" that often don't exist outside of screens. On a societal level, it widens the gap between appearance and reality, fostering dissatisfaction, envy, and competitivenessrather than acceptance.

3. Loss of Authenticity –In the quest to look "perfect" online, people suppress their natural appearance. Over time, this weakens authenticity in relationships and social interactions. People begin to value how they appear more than who they are.

"The great cost of digital beauty in today's era is the mental burden, identity loss, and societal pressure it creates. The impact is visible in rising cases of anxiety, depression, body dissatisfaction, and the normalization of artificial standards of beauty, which affect not only individuals but also the culture at large".

Restoring the Real Self: Homoeopathy in the Age of Digital Beauty –

In today's era, digital beauty filters and unrealistic online standards have become silent stressors. They don't just alter faces; they reshape minds, creating self-doubt, anxiety, low confidence, and emotional imbalance. This is where homoeopathy, with its holistic approach, offers a gentle yet profound path of healing. Master Hahnemann emphasized that true health is not merely the absence of disease but a state of harmony between mind and body. When the mind suffers under the weight of comparison, perfectionism, and loss of identity, homoeopathy aims to restore inner balance.

Individualized Healing: Homoeopathy treats the person, not just the "symptoms" of anxiety or low self-esteem.Remedies are selected based on the totality of symptoms, emotional state, fears, thought patterns, and physical responses.

Emotional Strengthening- homoeopathic remedies work on the person disposition, their lacks and emotional imbalance, in homoeopathy remedies include symptoms like delusion look ugly, what other think about me, lack of confidence etc. and this is the beauty of this science.

Reducing Anxiety and Comparison Stress- For those trapped in constant self-comparison, remedies such as Arsenicum album (for perfectionism and insecurity) or Platina (for exaggerated self-image and dissatisfaction) can help balance distorted perceptions.

Restoring Mind–Body Harmony- Digital beauty creates a split between the "real self" and the "digital self." Homoeopathy works to integrate self-identity, promoting acceptance of one's natural state and reducing the mental pressure of chasing illusions.

Gentle, Non-Addictive Approach- Unlike quick-fix cosmetic interventions or chemical medications, homoeopathy works naturally, without side effects, and strengthens the person's inner confidence rather than just altering the outer image.

Conclusion –

§ In the end, the digital pursuit of beauty may decorate the face, but it often unsettles the mind. The cost is carried in the form of anxiety, low self-esteem, and the loss of authentic identity. Homoeopathy, with its gentle and individualized approach, offers not just relief from these emotional burdens but also a way to rediscover inner harmony. By addressing the person as a whole and nurturing self-acceptance, it reminds us that true beauty is never found in filters or perfection, but in balance, confidence, and peace of mind.

Bibliography

(n.d.). Retrieved from https://www.pressreader.com/usa/the-guardian-usa/20241130/282149296877155
Bambang Haryo. (n.d.). The Impact of Social Media Filters on Body Perception and Psychological Well-Being in Adolescent Girls : Systematic Literature Review. Retrieved from research gate: https://ieeexplore.ieee.org/document/10956368/
contributors, W. (n.d.). Snapchat dysmorphia. . Retrieved from In Wikipedia, The Free Encyclopedia: https://en.wikipedia.org/w/index.php?title=Snapchat_dysmorphia&oldid=1301215674
dolan, E. W. (2025, 1 9). Social self-comparison: The darker side of augmented reality beauty filters. Retrieved from PsyPost - Psychology News: https://www.psypost.org/social-self-comparison-the-darker-side-of-augmented-reality-beauty-filters
MORESCHI, A. (n.d.). Social Media Beauty Filters Impact on Mental Health. Retrieved from The National Desk: https://thenationaldesk.com/news/spotlight-on-america/social-media-beauty-filters-impacting-the-mental-health-of-young-women-tiktok-meta-snapchat-instagram-university-of-london-study-bold-glamour-facetune-bodytune-airbrush

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UNEMPLOYMENT AND UNCERTAINTY: THE CAREER CRISIS FACING YOUNG PEOPLE

Dr Sweta Thakur

Abstract

Youth unemployment has become one of the most critical global challenges of the 21st century. The lack of stable employment opportunities not only undermines economic development but also generates social instability and personal uncertainty among young people. This paper examines the underlying causes of youth unemployment, the psychological and social consequences of prolonged joblessness, and the broader economic risks of uncertainty in the labor market. The study draws upon recent global labor statistics, scholarly reports, and policy analyses to highlight the need for multi-sectoral interventions. Methods of qualitative review and thematic analysis are employed to interpret findings from existing literature. The discussion emphasizes how education systems, labor markets, and technological changes intersect to shape youth employment outcomes. The paper concludes by proposing policy solutions that focus on skills development, entrepreneurship, and institutional reform.

Keywords

Youth unemployment, labor market, uncertainty, education, economic development, job insecurity, skills gap

Introduction

Unemployment is not simply the absence of work; it is a condition that carries with it economic, social, and psychological consequences. In the case of young people, unemployment is even more damaging because it delays life transitions such as financial independence, marriage, and long-term career building. The International Labour Organization (ILO) reported that in 2023, more than 73 million young people were unemployed globally [1]. This figure highlights a persistent and widening gap between labor market demands and the skills offered by graduates. The uncertainty created by unemployment extends beyond economics. It generates anxiety, hopelessness, and a loss of trust in societal systems. In many countries, youth unemployment has been linked to social unrest, migration, and a weakening of democratic participation [2]. As the world grapples with rapid technological changes, economic shocks, and post-pandemic recovery, understanding youth unemployment and its associated uncertainties becomes increasingly urgent.

This article seeks to explore the issue through multiple lenses: the structural causes of youth unemployment, the lived experiences of uncertainty, and the policy responses needed to address this crisis

.Methods :

This study employs a qualitative review and thematic analysis of existing literature, reports, and statistical data on youth unemployment. Data sources include international organizations such as the International Labour Organization (ILO), the World Bank, and peer-reviewed academic journals. The following steps were applied:

1. Literature Review: Identifying and synthesizing scholarly articles, labor market surveys, and policy reports published between 2018 and 2024.

2. Thematic Categorization: Grouping findings into recurring themes such as skills mismatch, automation, mental health, and economic policy..

3. Comparative Analysis: Contrasting trends in developed and developing nations to highlight global disparities. 4. Interpretative Framework: Evaluating how unemployment contributes to broader uncertainty in the lives of young people, with a focus on economic, social, and psychological dimensions. This methodology allows for a holistic examination of the unemployment crisis without relying solely on numerical data, thereby incorporating lived experiences and contextual variations

Discussion

1. Causes of Youth Unemployment
Several structural and contextual factors contribute to high youth unemployment. Skills Mismatch: Many education systems continue to prioritize theoretical knowledge over practical skills. Graduates often lack competencies in digital literacy, entrepreneurship, and critical problem-solving, which are increasingly demanded by the labor market [3].

Technological Change: Automation and artificial intelligence are replacing traditional jobs, particularly in manufacturing and administrative sectors, reducing opportunities for entry-level workers [4]. Economic Slowdowns: The COVID-19 pandemic disrupted global supply chains, caused massive layoffs, and disproportionately affected young workers in sectors such as hospitality, retail, and tourism. Population Growth: In developing nations, rapid population increases mean more job seekers are entering the market than the economy can absorb.

2. The Uncertainty Dimension
Unemployment does not exist in isolation —it generates uncertainty in multiple forms: Economic Uncertainty: Without steady income, young people struggle to plan for the future, invest in assets, or pursue higher education. Social Uncertainty: Unemployed youth are more vulnerable to social exclusion, reduced civic participation, and sometimes involvement in crime or protests. Psychological Uncertainty: Joblessness is strongly linked to anxiety, depression, and reduced self-worth. A study by the World Health Organization revealed that prolonged unemployment significantly increases the risk of mental health disorders [5].

3. Global Disparities The experience of unemployment and uncertainty varies across regions. In Europe, the challenge is often underemployment, where graduates accept part-time or low-paying jobs unrelated to their qualifications. In contrast, Sub-Saharan Africa and South Asia face absolute scarcity of jobs, forcing many young people into informal or precarious employment [6]. These disparities underline the importance of localized solutions rather than universal prescriptions.

4. *Policy Responses* and Possible Solutions To address unemployment and reduce uncertainty, a multi-dimensional approach is required: Education Reform: Curricula should be updated to align with market demands, focusing on technical and vocational training, digital skills, and entrepreneurship. Public-Private Partnerships: Governments and private industries must collaborate to create apprenticeships, internships, and skill-development programs. Entrepreneurship Support: Access to microfinance, start-up incubators, and mentorship programs can empower young people to create self-employment opportunities. Mental Health Interventions: Policies must acknowledge the psychological toll of unemployment and provide accessible mental health services. Inclusive Growth Policies: Governments need to design macroeconomic strategies that prioritize job creation, especially in renewable energy, healthcare, and technology sectors.

Conclusion

Unemployment among young people is both a cause and a consequence of broader economic and social uncertainty. While the immediate effect is the absence of income, the long-term impact includes delayed adulthood milestones, mental health struggles, and weakened social cohesion. Addressing this crisis requires more than job creation—it demands systemic reform in education, proactive policy frameworks, and mental health support. The youth of today represent the future workforce, innovators, and leaders of tomorrow. By investing in their employment opportunities

ACKNOWLEDGEMENT

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REFERENCES

1. International Labour Organization (2023). Global Employment Trends for Youth 2023. Geneva: ILO

. 2. Bell, D. N. F., & Blanchflower, D. G. (2020). "Youth unemployment in the OECD since the Great Recession." IZA Journal of Labor Policy, 9(1), 1-30.

3. World Bank (2022). Learning and Skills for the 21st Century: Rethinking Education for a Changing World. Washington, DC: World Bank.

4. Frey, C. B., & Osborne, M. (2017). "The future of employment: How susceptible are jobs to computerisation?" Technological Forecasting and Social Change, 114, 254–280.

5. World Health Organization (2021). Mental Health and Employment: Evidence and Policy Implications. Geneva: WHO.

6. African Development Bank (2021). Jobs for Youth in Africa: Catalyzing Youth Opportunities Across Sectors. Abidjan: AfDB.

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Mind as the Seed of Disease: Bridging Homoeopathy and Psychiatry

ABSTRACT

Health and disease have long been understood as expressions of both mind and body. While modern psychiatry studies the biochemical and behavioral manifestations of mental disturbances, homoeopathy perceives disease as a dynamic imbalance beginning in the vital force. This paper explores the shared foundation between these two disciplines — the role of mental and emotional stress as the root of illness. Drawing from classical homoeopathic philosophy and contemporary psychiatric models, it examines how suppressed emotions, unresolved conflicts, and stressors influence both mental and physical health. The paper emphasizes the importance of individualized, holistic approaches in addressing these underlying disturbances and proposes an integrative framework combining homoeopathic and psychiatric insights for comprehensive mental wellness.

KEYWORDS

Homoeopathy; Psychiatry; Stress; Mind–Body Connection; Psychosomatic Disorders; Vital Force; Emotional Suppression; Integrative Medicine

INTRODUCTION

Where Mind Meets Medicine

The mind is not merely a passive observer but the central regulator of human health. Ancient healing systems have long recognized that imbalance in emotional and spiritual realms can precipitate physical illness. Today, modern psychiatry and homoeopathy stand on a converging platform that acknowledges the mind–body continuum.

Homoeopathy, a system grounded in the principles of vital force and holistic individualization, views disease as a dynamic derangement beginning on the energetic plane. Psychiatry, on the other hand, explores the neural, biochemical, and behavioral correlates of mental processes. Despite their different vocabularies, both recognize that the origin of disease often lies in mental and emotional disturbance.

THE HOMOEOPATHIC PERSPECTIVE:

Disease as a Dynamic Disturbance

Hahnemann, in his Organon of Medicine, defines disease as a disturbance of the vital force, an immaterial dynamic energy that maintains harmony within the organism. When disturbed by external or internal stressors, this force expresses its imbalance through characteristic mental, emotional, and physical symptoms.

"The state of the disposition and mind is to be noted as one of the most certain and most characteristic symptoms." (Organon, §211)

Homoeopathy, therefore, gives primary importance to mental and emotional symptoms. Emotions such as grief, anger, fear, jealousy, guilt, and humiliation are not superficial experiences but the earliest indicators of a deeper disharmony. The remedy chosen must reflect the totality of these mental and physical expressions, thereby restoring the dynamic equilibrium.

THE PSYCHIATRIC UNDERSTANDING:

Biological Pathways of Stress

Modern psychiatry, though biological in approach, recognizes the deep interconnection between stress, emotion, and disease. The Hypothalamic–Pituitary–Adrenal (HPA) axis plays a key role in stress physiology. Chronic emotional strain results in sustained cortisol release, immune dysfunction, altered neuroplasticity, and changes in neurotransmitter activity — all of which contribute to psychiatric and psychosomatic disorders.
Psychiatric research into psychoneuroimmunology now confirms what homoeopathy proposed centuries ago: that emotional disharmony influences physical health. Thus, both systems agree that mental health forms the foundation of physical health, and unaddressed stress becomes the seed of chronic illness.

THE INVISIBLE LINK

Stress, Suppression, and the Story of Disease

Clinical observation reveals that nearly every mental health condition — whether psychotic (such as schizophrenia or bipolar disorder) or neurotic (such as anxiety, depression, or obsessive-compulsive disorder) — has a psychological or environmental precipitant.

During case-taking, homoeopaths often uncover a past emotional trauma or suppressed feeling that precedes the onset of illness. This could be an unresolved grief, unexpressed anger, humiliation, or prolonged emotional strain. Such experiences act as maintaining causes (causa occasionalis) that disturb the vital force, initiating disease on the mental plane before physical manifestations appear.

HOMOEOPATHIC CORRELATIONS

- Ignatia amara – Grief, disappointment, and emotional suppression.
- Natrum muriaticum – Silent grief, emotional withdrawal, dwelling on past hurts.
- Staphysagria – Suppressed anger, indignation, humiliation.
- Kali phosphoricum – Nervous exhaustion from prolonged mental stress.
- Aurum metallicum – Despair, self-condemnation, loss of purpose or suicidal tendencies.
- Calcarea phosphorica – Stress in growth, developmental strain, mental fatigue.

These remedies symbolically represent the mental state–disease connection, aligning closely with psychiatry's view that unprocessed emotions create maladaptive coping mechanisms and neural imbalances.

Bridging the Philosophies – Different Languages, One Reality

Although Homoeopathy and Psychiatry differ in methodology, they share the same holistic vision of health. Both acknowledge that disease begins in the subtle, dynamic, or emotional sphere and manifests as physiological dysfunction if unresolved.

Homoeopathic Principle	Psychiatric Correlate	Shared Understanding
Disease begins in the vital plane	Stress alters neurochemistry and brain circuits	Mind-body continuum
Mental symptoms precede physical ones	Psychological stress precedes somatic illness	Early detection prevents chronicity
Suppressed emotions disturb health	Repressed trauma causes maladaptive neural patterns	Emotional expression is curative
Individualized remedy selection	Personalized treatment and therapy plans	Each mind is unique
Cure occurs on dynamic and holistic levels	Recovery includes emotional regulation and insight	Healing is integrative and multi-dimensional

Both systems thus point toward integrated care—addressing the biological, emotional, and energetic levels of human functioning.

CASE REFLECTION AND CLINICAL INTEGRATION

In practice, patients often report that their illness began "after" a significant life event—loss of a loved one, separation, professional stress, or humiliation. Such narratives are central to homoeopathic case analysis and equally relevant to psychiatric assessment.

When treatment restores mental harmony —whether through homoeopathic similimum or psychotherapy—patients frequently report not only relief from symptoms but also emotional release, improved sleep, clarity, and peace of mind. This parallels modern findings that psychotherapy rewires neural circuits involved in emotional regulation, demonstrating that both remedies and reflective therapies can act through subtle energetic and neurophysiological pathways.

Toward an Integrative Future

The interface between homoeopathy and psychiatry holds great promise for the future of mental health care.

- Psychiatry offers diagnostic clarity, crisis management, and evidence-based psychotherapeutic frameworks.
- Homoeopathy provides individualized, side-effect-free treatment that gently addresses the underlying emotional and energetic causes.

An integrative model combining both disciplines can advance:

- Preventive psychiatry through constitutional homoeopathic care.
- Early emotional intervention to prevent psychosomatic conversion.
- Collaborative clinical research exploring dynamic models of mind–body healing.

Such synergy can transform mental health care into one that is deeply humanistic, compassionate, and complete.

CONCLUSION – HEALING THE MIND TO HEAL THE MAN

Both Homoeopathy and Psychiatry aim at the same goal — the restoration of inner harmony and self-regulation.
While psychiatry explores how the brain expresses distress, homoeopathy explores why the mind falls out of balance. Together, they illuminate the two halves of healing — the visible and the invisible, the neural and the vital.

"Every disease is a cry of the vital force — a reflection of the mind's conflict upon the body.
True healing begins when the inner silence is restored."

References

1. *Hahnemann, S. Organon of Medicine, 6th Edition.*
2. *Kent, J.T. Lectures on Homoeopathic Philosophy.*
3. *Engel, G.L. (1977). The need for a new medical model: A challenge for biomedicine. Science, 196(4286), 129–136.*
4. *McEwen, B.S. (2007). Physiology and neurobiology of stress and adaptation. Physiological Reviews, 87(3), 873–904.*
5. *Sharma, R., & Sharma, R. (2017). Stress, emotion, and homoeopathic approach: A review. Indian Journal of Research in Homoeopathy, 11(4), 250–257.*
6. *Siegel, D.J. (2012). The Developing Mind: How Relationships and the Brain Interact to Shape Who We Are.*
7. *Choudhury, P. (2019). Mind and disease: Homoeopathic interpretation. Journal of Integrative Medicine, 17(5), 329–336.*

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BREAKING BARRIERS IN CHILD PSYCHIATRY INTERVIEWS: FROM TECHNIQUES TO TRANSFORMATIVE LEARNING D

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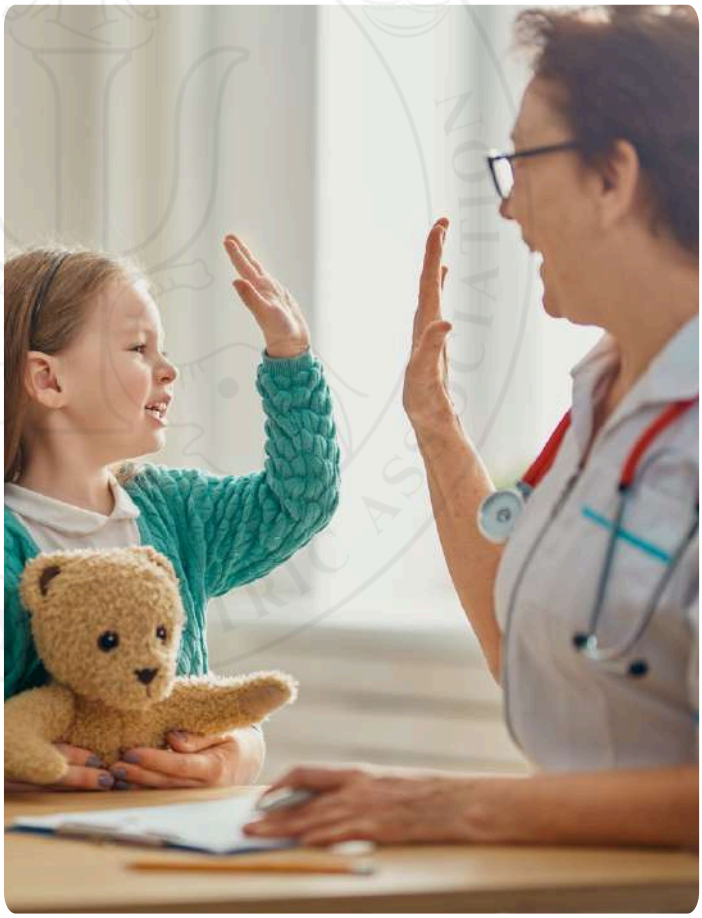
ABSTRACT

Diagnostic engagement in child psychiatry involves the rational and emotional participation of the child or adolescent and their family with the examiner. Its goal is to establish an accurate diagnosis and therapeutic plan. Central to this is the therapeutic alliance, which fosters trust, adapts communication to developmental levels, and reduces anxiety. While therapeutic interviews are well described, less focus is given to diagnostic interviews. Texts highlight the physician–child relationship and the value of play, drawing, and storytelling, which allow indirect expression of feelings and behaviors.

The psychiatric interview is analogous to history and physical examination in medicine, systematically surveying subjective and objective aspects to generate a differential diagnosis and treatment plan. Unlike adult assessments, child interviews require flexible, developmentally sensitive strategies combining observation, interaction, and reports from multiple informants.

Thus, the child psychiatric interview serves as both a diagnostic tool and the foundation for therapeutic engagement.



KEYWORDS: Child psychiatry, physician- child relationship, therapeutic interview, techniques

INTRODUCTION

A comprehensive child evaluation includes interviews with parents, the child, and family members, along with standardized assessments of intellectual and academic levels. It identifies referral reasons, the severity of psychological or behavioural problems, and influences from family, school, and social contexts. The first step is to engage and build rapport, ensuring the child feels comfortable. The clinician may ask if the child knows the reason for the visit; if not, it is explained. Confidentiality is maintained according to age, and children are praised for cooperation.

TECHNIQUES OF CHILD PSYCHIATRIC INTERVIEW

1. PROJECTIVE TECHNIQUES:

a. Rorschach Ink-Blot Test: Developed by Hermann Rorschach, this test is used from age 3 to adulthood. It includes 10 cards (5 black and white, 5 coloured). The child describes what each inkblot looks like, taking as much time as needed. Responses are believed to reflect personality characteristics, and the examiner notes recurring themes and patterns.

b. CAT Or Children Apperception Test: Developed by D. Leopold Bellak for ages 3–10, this test uses 10 cards with animal figures. The child tells stories about the scenes, revealing self-perception, relationships, fears, and coping strategies. Since children often relate better to animals, it encourages free emotional expression

c. Machover Draw-A Person Test (DAP): Suitable from age 3 to adults, the child draws a person. Analysis of the drawing helps assess emotional states and self-perception. Hypotheses are generated about feelings toward self and significant others. d. Kinetic Family Drawing: This test suits children from 3 years to adulthood. They are asked to draw family members engaged in an activity together, which helps explore family structure, roles, and dynamics. Through the drawing, children can project their inner thoughts and feelings, giving insight into their emotional world.

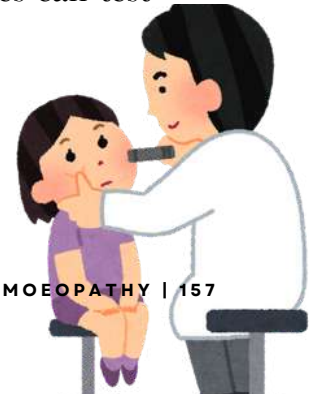
e. Rotter Incomplete Sentences Blank: Developed by Julian Rotter and Janet Rafferty, this test is for children, adolescents, and adults. It has 40 incomplete sentences that individuals complete, revealing perceptions, fears, attitudes, and potential conflicts.

2. PLAY TECHNIQUES:

This involves use of toys, blocks, dolls, puppets to help the child recognize, identity and verbalize feelings. Through a combination of talk and play, the child has an opportunity to better understand and manage conflicts, feelings and behaviour.

a. Non-Directive Play Techniques: The child chooses activities and materials freely and express themselves through play without any guidance. The therapist's role is to follow the child's lead, provide empathic reflections, and ensure a safe environment. This addresses a range of challenges including anxiety, fear and trauma. Example: A child playing with family dolls without prompts may reveal interpersonal dynamics spontaneously.

b. Structured Play Techniques: The therapist sets a theme, activity, or role to elicit specific information or reactions. Useful for targeted exploration—e.g., "Show me what happens at bedtime" for suspected sleep anxiety. Diagnostic play tasks to the use of dolls to express the family members, game-based observation: Board games can test impulse control.



c. Thematic / Symbolic Play: This uses toys or materials with symbolic potential such as using a banana as a phone. Example: A child who repeatedly enacts “lost animal looking for its mother” may be expressing separation anxiety; A child acting like a doctor by pretending to treat a doll shows thematic play.

d. Winnicott’s Play-Based Methods: According to Winnicott “Playing itself is a therapy”. 2 games are explained. Squiggle Game: Therapist and child alternately draw squiggles and turn them into pictures— encourages creativity, shared interaction, and projection of unconscious themes. Spatula Game: Introduced to infants in the clinic; observing whether and how they explore the object can reveal developmental, emotional, and relational cues.

e. Art And Creative Play: Drawing, painting, clay modeling, or building blocks are methods adopted. Observations include choice of colors, pressure of strokes, themes, and emotional tone. It helps in recognizing the creative expression for emotions and ideas. Observations during play: Mood during play— joy, anxiety, irritability. Interpersonal style: Cooperative vs. solitary play, flexibility, sharing. Problem-solving: How the child resolves challenges in the play narrative. Motor & Language Skills: Coordination, sequencing, vocabulary.

DIRECT METHODS:

Semi-Structured Diagnostic Interview:

a. K-SADS: Kiddie Schedule for Affective Disorder and Schizophrenia for School Age Children It is intended for children and adolescents from 6 to 18 years of age. It elicits information on current diagnosis and symptoms in past. It has been used especially in mood disorders. It takes 1- 11/2 hrs to administer. It needs trained professionals for administration.

b. CAPA: Child and Adolescent Psychiatric Assessment This can be used for children from 9 to 17 yrs and takes 1 hour to administer. It covers disruptive behaviour, mood disorder, anxiety disorder, eating disorder etc. It focuses on the symptoms present 3 months before the interview termed primary period. Structured Diagnostic Interview

c. NIMH DISC-IV: National Institute of Mental Health Interview Schedule for Children Version-IV It is designed to assess more than 30 DSM-IV diagnostic entities administered by trained “laypersons”. Although developed for DSM IV, it can still be helpful diagnoses in DSM-5. It is available in parallel child and parent forms. Parent form for those aged 6 to 17 yrs and the direct child form for those aged 9 to 17 yrs. This instrument assesses for diagnoses present within the last 4 weeks, and also within the last year

d. ChIPS: Children’s Interview for Psychiatric Syndrome This is for children between 6 to 18 years. This has 15 sections and helps to elicit information of psychiatric symptoms according to DSM IV criteria; however, it applies to diagnoses in DSM-5. This also has 2 forms: parent and child form. Conditions like Depression, Mania, ADHD, OCD etc can be diagnosed.

e. DICA: Diagnostic Interview for Children and Adolescents The DICA is designed for use with children 6 to 17 years of age and generally takes 1 to 2 hours to administer. It covers externalizing behaviour disorders, anxiety disorders, depressive disorders, and substance abuse disorders, among others. Although designed as a highly structured interview, it can be used in a semi-structured format.

CHALLENGES FACED:

- Developmental and cognitive limitations of children
- Reliability and validity concerns
- Ethical issues: confidentiality, consent, potential distress
- Balancing parental vs. child perspectives ADVANTAGES:
- Reduces clinician bias by ensuring all necessary symptom information.
- Provides guidance for evaluating each symptom related to a diagnosis.
- Supports clinical judgement in complex cases with overlapping symptoms.

Considers broader contextual factors such as family dynamics, peer relationships and school environment, in assessing a child's functioning.

CONCLUSION

Child psychiatric interviews require a flexible, child-centered approach that integrates play, projective, and direct methods to understand the child's inner world and developmental needs. Each technique has unique strengths—play techniques facilitates natural expression, projective methods uncover unconscious conflicts, and direct methods provide structured diagnostic clarity. Mastery of these techniques equips clinicians to form a holistic understanding, paving the way for effective interventions and improved mental health outcomes.

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REFERENCES:

1. Psychiatric Interview of Children and Adolescents [Internet]. Google Books. 2016 [cited 2025 Sep 18].

2. Rutter M, Graham P. The Reliability and Validity of the Psychiatric Assessment of the Child: I. Interview with the Child. British Journal of Psychiatry. 1968 May;114(510):563–79.

3. Silberman EK, Certa K, Kay A. The Psychiatric Interview: Settings and Techniques. Psychiatry. 2015 Feb 20;34–55

4. Boland, Robert Joseph, and Marcia L. Verduin. Kaplan & Sadock's Synopsis of Psychiatry. Edited by Pedro Ruiz, 12th ed., Philadelphia, Wolters Kluwer, 2022

5. Rothen S, Vandeleur CL, Lustenberger Y, Jeanpretre N, Ayer E, Gamma F, et al. Parent child agreement and prevalence estimates of diagnoses in childhood: direct interview versus family history method. International Journal of Methods in Psychiatric Research [Internet]. 2009 Jun 1;18(2):96–109. Available from: https://pubmed.ncbi.nlm.nih.gov/19507167.

6. American Academy of Child and Adolescent Psychiatry (2009). Practice Parameters for the Psychiatric Assessment of Children and Adolescents.

7. Mangal S.K, General Psychology, 6th edition, Sterling Publishers, 2020

AN INTEGRATIVE REVIEW OF GENERALIZED ANXIETY DISORDER(GAD): A CLINICAL AND ITS INDIVIDUALIZED HOMEOPATHIC PERSPECTIVE

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ABSTRACT Excessive, uncontrollable worry over many facets of daily life is a hallmark of generalized anxiety disorder (GAD), a chronic mental illness. In contrast to panic disorder or specific phobias, generalized anxiety disorder (GAD) is characterized by ongoing anxiety that is not situation-specific. In accordance with current psychiatric recommendations, this article attempts to give a succinct summary of GAD, including its clinical aspects, diagnostic criteria, epidemiology, etiology, therapy, and prognosis. Additionally, it integrates personalized homeopathic techniques.

KEYWORDS: Generalized anxiety disorder, Hamilton Anxiety Rating Scale (HAM-A), Individualized Homeopathy,

INTRODUCTION

A mental and emotional disorder is generalized anxiety disorder (GAD). characterized by uncontrollably high levels of stress and anxiety as well as impairment in professionally, socially, physical, and other domains of functioning. People who suffer from generalized anxiety disorder worry and feel nervous about nearly every aspect of their daily lives.

DIAGNOSTIC CRITERIA DSM-5 : According to the DSM-5, the diagnostic features of GAD include:

1. Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities.

2. The individual finds it difficult to control the worry.

3. The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms present for more days than not for the past 6 months):

Restlessness
or feeling keyed up/on edge
Being easily fatigued
Difficulty concentrating
or mind going blank
Irritability o Muscle tension
Sleep disturbance

With additional symptoms

- Muscular tension or motor restlessness
- Sympathetic autonomic over-activity
- Subjective experience of nervousness
- Difficulty maintaining concentration
- Irritability or sleep disturbance
- (The symptoms are not manifestation of another health condition and are not due to the effect of a substance or medication on the central nervous system.)

(ICD-10): The essential feature is anxiety, which is generalized and persistent but not restricted to, or even strongly predominating in, any particular environmental circumstances (i.e., It is free-floating) As in other anxiety disorders the dominant symptoms are highly variable, but complaints of continuous feeling of nervousness, trembling, muscular tension, sweating, light headedness, palpitations, dizziness, and epigastric discomfort are common.

with additional symptoms of diagnostic:

- Apprehension
- Motor tension
- Autonomic overactivity

(ICD-11): Anxiety that persist for at least several months, for more days than not, manifested by free floating anxiety or excessive worry focused on multiple everyday events, most often concerning family, health, finances, and school or work,

EPIDEMIOLOGY

- Lifetime prevalence: In one year 5-6%
- Ratio Female to male: 2:1

ETIOLOGY

• *Biological factors:* Neurochemical imbalances, particularly in GABA, serotonin, and norepinephrine pathways.
• *Genetic predisposition:* Family history increases risk.
• *Psychological factors:* Cognitive distortions, intolerance of uncertainty, perfectionism.
• *Environmental factor*s: Chronic stress, trauma, and adverse childhood experiences.

CLINICAL FEATURES

• Persistent worry and apprehension not restricted to specific objects or situations.
• Restlessness
• Being easily fatigued
• Difficulty concentrating or mind going blank
• Irritability
• headaches,
• muscle tension,
• gastrointestinal disturbances
. • Sleep disturbance
• Significant impairment in social, occupational, or other important areas of functioning.

DIFFERENTIAL DIAGNOSIS

• Panic Disorder
• Social Anxiety Disorder • Obsessive-Compulsive Disorder (OCD)
• Major Depressive Disorder (MDD)
• Substance-Induced Anxiety Disorder
• Physical conditions like hyperthyroidism

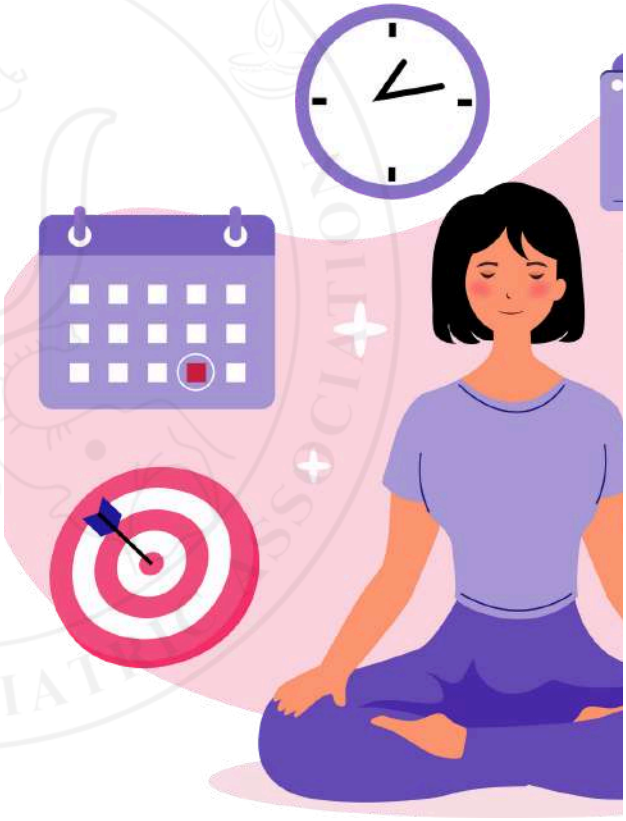
MANAGEMENT

1. Psychotherapy

• Cognitive Behavioral Therapy (CBT): First-line treatment; focuses on identifying and challenging cognitive distortions and teaching relaxation techniques.

2. Lifestyle Modifications

• Regular physical activity
• Adequate sleep and nutrition
• Stress management techniques like yoga and meditation



From Kent's Repertory:

Symptom Description - Rubric
Excessive worrying - Mind, anxiety, general
Anticipatory anxiety - Mind, fear, anticipation, from
Restlessness, inability to sit quietly- Mind, restlessness
Anxiety with fear of future - Mind, fear, future, of
Sleeplessness from worry- Sleep, sleeplessness, anxiety, from
Apprehension -Mind, fear, impending disease, of
Easily startled -Mind, start, easily

HOMEOPATHIC REMEDIES INDICATED IN GAD

1.Argentum Nitricum
Anticipatory anxiety, constant thoughts about future events, hurriedness, impulsive, fear of failure. Diarrhea before events, trembling, fear of heights. • Rubric Match: Mind, anxiety, anticipation, from

2. Gelsemium
Anxiety with weakness, stage fright, mental dullness.Heaviness of eyelids, trembling, diarrhea, chills. • Rubric Match: Mind, fear, appearing in public

3. Arsenicum Album Restless, perfectionist, anxious about health and security.Fear of death, pacing, desire for company, chilly. • Rubric Match: Mind, anxiety, health, about

4.Aconitum Napellus A panic attack that comes on suddenly with extraordinarily strong fear (even fear of death). Flushing face, shortness of breath and an immense state of anxiety with palpitation. Acute panic, fear of death, sudden onset.Palpitations, dyspnea, trembling. • Rubric Match: Mind, fear, death, of

5. Kali Phosphoricum Nervous exhaustion, stress-induced anxiety, slight noises can provoke anxiety. Sleeplessness, brain fag, weak memory. • Rubric Match: Mind, fear, general

6. Lycopodium Anxiety before performance, inferiority complex. Flatulence, craving sweets, controlling nature. • Rubric Match: Mind, fear, public speaking, of

7. Silicea Timid, lacks confidence, anticipates failure. Chilly, constipation, aversion to mental exertion. • Rubric Match: Mind, anxiety, anticipation, from

CONCLUSION

Generalized Anxiety Disorder is a mental health problem that significantly impairment in daily functioning. better outcomes in homeopathy, GAD is not treated as a fixed diagnosis, but treated through individualized prescription based on the person's unique mental, emotional, and physical symptoms. Rubric selection must with the totality of symptoms and not merely diagnostic labels. Remedies like Argentum nitricum, Gelsemium, and Arsenicum album are frequently indicated, but only accurate repertorization leads to curative remedy selection.

REFERENCES:

• American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 5th ed. Boston: Pearson; 2022

• Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. The prevalence and correlates of serious mental illness (SMI) in the World Health Organization's World Mental Health Survey Initiative. World Psychiatry. 2004 Oct;3(2):114-25. PMID: 14615705; PMCID: PMC1414693.

• World Health Organization. The ICD-10 classification of mental and behavioural disorders = ICD-10: diagnostic criteria for research. Geneva: World Health Organization; 1993.

• World Health Organization. The ICD-11 classification of mental and behavioural disorders = ICD-11: diagnostic criteria for research. Geneva: World Health Organization; 1993.

• Kent JT. Materia medica of homeopathic remedies. London: Homeopathic Book Service; 1989.

• Mishra DM. Generalised Anxiety Disorder and it's Homoeopathic Management [Internet]. homeopathy360. 2024 [cited 2025 Aug 7]. Available from: https://www.homeopathy360.com/generalised-anxiety-disorder-and-its homoeopathic-management/

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MENTAL HEALTH IN A GLOBALIZED WORLD

Understanding Cultural Differences Through Homoeopathy

ABSTRACT

Background: Mental health has emerged as one of the most pressing global health challenges of the 21st century. With increasing globalization, migration, and cross-cultural exchanges, mental health issues no longer remain confined within national or cultural boundaries. The interpretation, expression, and management of mental health conditions vary significantly across societies. Homoeopathy, as a holistic system of medicine, offers a unique lens to understand and treat mental health by considering individuality, cultural background, and the mind-body connection.

Aim: This article explores the role of homoeopathy in addressing mental health across cultural settings, combining local clinical experiences in Tuticorin, India, with global literature-based case vignettes to highlight cultural differences and similarities.

Methods:
A mixed approach was used, integrating real-life homoeopathic case management from Tuticorin with illustrative vignettes drawn from global psychiatric and homoeopathic literature. These cases are analyzed for cultural context, symptom expression, and therapeutic response.

Results: Case studies demonstrate that while core human emotions such as grief, anxiety, and fear are universal, their expressions differ culturally—for example, 'ataque de nervios' in Latin America, hikikomori in Japan, or somatic expressions of depression in South Asia. Homoeopathy's individualized prescriptions allow for adaptability to these cultural variations.

A case from Tuticorin illustrates anxiety with somatic complaints treated successfully with homoeopathy, while literature cases demonstrate cross-cultural parallels.

Conclusion:
Homoeopathy provides a versatile and culturally sensitive approach to mental health management. By focusing on the individual rather than a diagnostic label alone, it transcends cultural barriers and highlights the universality of human suffering while respecting cultural uniqueness. Future directions include integrating homoeopathy into community mental health programs, culturally tailored interventions, and further research bridging local and global contexts.

INTRODUCTION

Mental health is increasingly recognized as a global priority, with the World Health Organization (WHO) reporting a steep rise in depression, anxiety, and stress-related disorders worldwide. Globalization has not only spread knowledge and technology but also stressors such as migration, cultural displacement, and the pressures of modernization. In this changing landscape, understanding cultural variations in mental health expression is crucial.

Homoeopathy, with its principle of individualization, stands uniquely poised to address this challenge. Unlike standard psychiatric models that primarily categorize disorders, homoeopathy emphasizes the patient's subjective experience, emotional state, and cultural background. This makes it particularly suitable for contexts where cultural differences influence how illness is perceived and expressed.

METHODOLOGY

This article employs a dual approach: (1) Case material from clinical practice in Tuticorin, Tamil Nadu, India; and (2) case vignettes sourced from global psychiatric and homoeopathic literature. The Tuticorin case represents direct clinical observation, while the international cases are presented as illustrative vignettes demonstrating culturally distinct patterns of mental distress.

CASE STUDIES

CASE 1: ANXIETY WITH SOMATIC COMPLAINTS IN TUTICORIN

Prescription: Arsenicum Album 200C, one dose every alternate night for 2 weeks, followed by placebo. Repeated monthly as required. Significant improvement within 3 months.

A 34-year-old male working in a thermal power plant presented with complaints of palpitations, chest heaviness, and restlessness, particularly at night. He reported a constant fear of losing his job, financial worries, and an inability to sleep without waking up in panic. Culturally, his distress was expressed through bodily complaints rather than direct admission of anxiety, reflecting a common South Asian tendency to somatize psychological suffering. After detailed case-taking, the patient was prescribed Arsenicum Album, considering his restlessness, anxiety about health, and fear of insecurity. Follow-ups over three months revealed significant improvement in both physical and psychological symptoms.

CASE 2: ATAQUE DE NERVIOS IN LATIN AMERICA

Suggested Remedy: Stramonium 200C, one dose during acute episodes, repeated as needed, with supportive counselling. Demonstrated benefit in literature cases.

A literature-based case describes a middle-aged woman in Puerto Rico experiencing sudden episodes of screaming, trembling, and feelings of loss of control, commonly referred to as 'ataque de nervios.' This cultural idiom of distress, often triggered by family conflict, illustrates how anxiety is externalized dramatically in Latin American settings. A homoeopathic prescription focusing on acute emotional expression and hysteria-like symptoms was found beneficial in such cases.

CASE 3: HIKIKOMORI IN JAPAN

Suggested Remedies: Natrum Muriaticum 1M, single dose at monthly intervals, or Silicea 200C weekly, depending on the individualized case picture.

Hikikomori, or pathological social withdrawal, is a phenomenon widely reported in Japan. A young adult male isolated himself in his room for months, refusing to attend school or interact socially. While mainstream psychiatry interprets this as severe social anxiety or depression, homoeopathy can address the underlying fear of failure, perfectionism, and withdrawal tendencies. Remedies like Natrum Muriaticum or Silicea are often indicated in such withdrawn personalities, demonstrating homoeopathy's adaptability to culturally specific syndromes.

CASE 4: SOMATIC DEPRESSION IN SOUTH ASIA

Prescription: Ignatia 200C, one dose twice weekly for 4 weeks, followed by weekly repetition. Marked improvement noted in both emotional and somatic symptoms.

In South Asian contexts, depression is often described through physical complaints such as body pain, headaches, or digestive issues, rather than sadness. A case study from India highlighted a woman who repeatedly sought treatment for chronic headaches and stomach upset, but further exploration revealed grief after the loss of a spouse. Ignatia was prescribed, resulting in both emotional catharsis and relief from physical complaints. This highlights how cultural norms influence the acceptability of expressing psychological pain.

CASE 5: ACCULTURATIVE STRESS IN MIGRANTS

Suggested Prescription: Lycopodium 200C, one dose weekly, alongside counselling sessions. Improved confidence, sleep, and digestive health over 2 months.

A documented case of a South Asian migrant in the UK described overwhelming stress due to cultural adjustment, language barriers, and discrimination. The individual presented with irritability, insomnia, and gastrointestinal complaints. Homoeopathy, alongside counseling, supported adaptation by relieving emotional burden while addressing physical complaints, illustrating its role in integrative care for migrant populations.

DISCUSSION

The case studies collectively illustrate that while the emotional core of suffering is universal, its expression is profoundly shaped by culture. Homoeopathy, by focusing on the individuality of each case, offers a flexible and culturally sensitive therapeutic model. Unlike standardized pharmacological treatments that often overlook cultural nuances, homoeopathy bridges the gap by valuing subjective narratives. This adaptability enhances rapport, patient compliance, and long-term healing outcomes.

Innovatively, homoeopathy can complement community-based mental health programs by addressing the cultural dimension of mental illness. For example, in South Asia, where mental illness stigma is high, patients may prefer consulting a homoeopath rather than a psychiatrist.

In Japan, homoeopathy can address the inner conflicts of socially withdrawn individuals, while in Latin America, it can manage acute emotional outbursts within the cultural framework of family bonds.

LIMITATIONS

While the cases demonstrate cultural adaptability, limitations remain. Literature-based vignettes do not substitute for firsthand case documentation. Further, homoeopathy requires skilled case-taking, which may not be uniformly available across regions. Future research should include multicentric studies across cultures to systematically evaluate homoeopathy's effectiveness in culturally bound syndromes.

CONCLUSION

Homoeopathy offers a promising, culturally sensitive approach to mental health in a globalized world. By valuing the patient's narrative and adapting treatment to cultural expressions of distress, it transcends barriers of geography and tradition. As mental health challenges rise worldwide, integrating homoeopathy into culturally informed frameworks may provide innovative and sustainable solutions.

REFERENCES

1. *World Health Organization. (2022). World Mental Health Report: Transforming Mental Health for All.*
2. *Kirmayer LJ, et al. (2011). Common mental health problems in immigrants and refugees: General approach in primary care. CMAJ.*
3. *Bhugra D, Bhui K. (2018). Textbook of Cultural Psychiatry. Cambridge University Press.*
4. *Hahnemann S. (1996). Organon of Medicine. B. Jain Publishers.*
5. *Sharma R. (2019). Homoeopathy in Psychiatry: An Integrative Approach. Indian Journal of Research in Homoeopathy.*
6. *Kleinman A. (1980). Patients and Healers in the Context of Culture. University of California Press.*
7. *Andrade L, et al. (2003). Cross-national comparisons of mental disorders. Int J Methods Psychiatr Res.*
8. *Ministry of AYUSH. (2021). Homoeopathy in Public Health in India.*
9. *Sartorius N. (2007). Cultural differences in the recognition and reporting of symptoms. World Psychiatry.*
10. *Singh P, et al. (2020). Role of Homoeopathy in Somatic Expressions of Depression. Indian Journal of Homoeopathy.*

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LITTLE MINDS, BIG FEELINGS:

RAISING MENTAL HEALTH AWARENESS IN CHILDREN

The importance of mental health awareness is growing every day, and rightly so. However, we adults often overlook or downplay the emotional world of a child. This neglect is not always intentional; it often comes from a long-standing cycle of misunderstanding. We underestimate the depth of those young minds, forgetting that children feel complex emotions just like we do. It's easy to blame adults for their lack of sensitivity, but much of this behaviour is learned. Many parents think it's okay to be harsh, to yell, or to dismiss feelings because they were brought up that way.

What often gets overlooked is this: just because something was common doesn't mean it was right. The emotional impact on today's child may be much more harmful than we realize.

Parenting is usually referred to as one of the most demanding but most rewarding tasks of life. Whether it's taking care of a newborn, an infant, or an adolescent, the job may seem daunting at times, especially when parents are not cognizant of child development subtleties and parenting strategies.

Yet, at the same time, if supported by members of the family or specialists, child-rearing can turn into a highly gratifying and meaningful experience. Children, especially in the exploration stage, tend to make messes naturally—while eating, playing, or testing their environment. With a hope to contain such scenarios, most parents find themselves dependent on television or mobile phones as a means of keeping the child occupied or seeing them through a meal without disturbance. Short-term benefits notwithstanding, the system tends to ignore the needs of the child.

Habits like nail-sucking or finger-sucking are readily brushed aside by adults as bad habits. After issuing repeated warnings, parents turn to scolding rather than trying to find out the root cause.

Likewise, when a child eats pencils, chalks or is having difficulty with schoolwork, many parents react with severe criticism, humiliation, and unfavorable comparisons with others. Sadly, such actions might damage the child's confidence instead of solving the real problem. In most instances, such behaviors may indicate underlying issues, from something as minor as nutritional deficiencies like anemia to serious matters such as learning disorders. It is important, then, that parents deal with such circumstances with empathy and patience. Rather than blaming, they should aim to discern potential causes and resolve them accordingly. For instance, when a child is crying, it must not be dismissed with phrases such as "let him be."

Instead, it must be taken as a potential cry for assistance and responded to with attention and concern.

Most children are abused by their parents, teachers or their relatives but nothing is revealed at the time. This is because they are not at a secure place where they can speak about what happened to them. The consequence is that most times such a child turns out to be a rebel or a naughty one who threatens society.

Now, everyone blames the individual who he or she has turned out to be, but no one takes care of the reason behind it or attempts to hold back such children from coming into existence. Not only parents, even teachers can benefit these students to a very large extent. The relationship with parents also plays an important role in the child. Kids from such dysfunctional families may not necessarily turn out to be bad human beings, but they are hurt somewhere else if therapy or counseling isn't received. The parents see it from their point of view that they judge the behavior of their children as impolite or wrong. What they usually end up doing is that the child can only return what he has learned since he was little.

Today there is a change in this situation. There are parents who are attempting to study how they can handle tantrums, what does it mean, how to maintain a safe relationship with the child. Instead of issuing a penalty, we can make children practice good things by providing positive regard. The best thing a child demands from birth is attention from the parents when we pay no attention to them.

That can lead to serious problems at every phase of development of that child. Make the child to follow a routine. Parents should always be a haven for the child. Enable the child to pass through all the feelings safely. Build a good rapport so that they can confide in you. Don't embarrass them while they speak with us. The mindset every parent must have is that it's our responsibility to take good care of the child, not because we wish they would care for us in our old age, but because they are entitled to a good life since it was our choice to bring them to earth."

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REMEMBERING THE FORGOTTEN

HOMOEOPATHY AND MENTAL WELLNESS IN ALZHEIMER'S AWARENESS

INTRODUCTION

September is globally recognized as World Alzheimer's Awareness Month, with September 21st observed as World Alzheimer's Day.

It is a time to spread awareness, break the stigma, and highlight the need for comprehensive care for individuals living with Alzheimer's disease (AD). Alzheimer's is not just a memory disorder, it is a condition that affects cognition, personality and relationships gradually altering the very essence of a person.

Globally, over 55 million people live with dementia, of which Alzheimer's accounts for nearly 60-70%. In India, the burden is steadily rising, with nearly 8.8. million people currently living with dementia (as per Dementia India Report 2020). By 2050, this number is projected to triple, creating an urgent need for early recognition and holistic management.

As practitioners of Homoeopathy and Mental wellness, we hold a unique responsibility and opportunity to bring compassionate, individualized and integrative approaches to a disease that challenges both medical science and humanity.

UNDERSTANDING ALZHEIMER'S DISEASE:

It is a time to spread awareness, break the stigma, and highlight the need for comprehensive care for individuals living with Alzheimer's disease (AD). Alzheimer's is not just a memory disorder, it is a condition that affects cognition, personality and relationships gradually altering the very essence of a person.

Pathophysiology:
The hallmark changes include amyloid plaque deposition, neurofibrillary tangles and progressive neuronal loss. Neurotransmitters like acetylcholine, glutamate, serotonin and dopamine play critical roles in cognitive decline.

Clinical features:

- Early stage: Forgetfulness, difficulty recalling recent events, mild disorientation.
- Middle stage: Language disturbances, confusion, personality changes, wandering.
- Adavanced stage: Inability to recognize loved ones, loss of speech, dependence on caregivers for daily living

Risk factors:

- Advanced age, family history, vascular diseases, head injury, poor lifestyle habits and metabolic disorders.

PATHOLOGY

1.Gross Pathological Changes (Macroscopic)

- Cortical atrophy: Marked shrinkage of the cerebral cortex, especially in the temporal and parietal lobes, hippocampus, and amygdala (regions critical for memory and learning).
- Enlarged ventricles: Due to loss of surrounding brain tissue (hydrocephalus ex vacuo).
- Narrowed gyri & widened sulci: Visible atrophy on brain imaging and autopsy.

2.Microscopic Pathological Hallmarks

The two classic lesions are:

- Amyloid Plaques (Extracellular): Formed from deposition of β-amyloid protein (Aβ), a fragment of amyloid precursor protein (APP). These sticky protein clumps accumulate in the extracellular space between neurons. They trigger inflammation, oxidative stress, and neuronal injury, impairing synaptic function.
- Neurofibrillary Tangles (Intracellular): Composed of hyperphosphorylated tau protein. Normally, tau stabilizes microtubules in neurons. In Alzheimer's, tau becomes abnormally phosphorylated → forms twisted helical filaments → disrupts transport inside neurons → causes cell death.

3. Neurotransmitter Abnormalities

- Acetylcholine deficiency: Major loss of cholinergic neurons in the basal forebrain → impaired memory & learning.
- Glutamate dysregulation: Excess glutamate overstimulates NMDA receptors → excitotoxicity → neuronal death.
- Serotonin and dopamine: Reduced in later stages, contributing to mood, behavior, and psychotic symptoms.

4. Other Pathological Features

- Synaptic loss: Correlates strongly with cognitive decline (more than plaques/tangles).
- Neuroinflammation: Activated microglia and astrocytes release cytokines, worsening neuronal injury.
- Vascular changes: Amyloid angiopathy (amyloid deposits in blood vessel walls), leading to microhaemorrhages and ischemia.
- Mitochondrial dysfunction & oxidative stress: Impair cellular energy and increase free radical damage.

4. Other Pathological Features

- APP gene (chromosome 21), Presenilin-1 (PSEN1), Presenilin-2 (PSEN2) mutations → familial early-onset Alzheimer's.
- APOE ε4 allele → strongest genetic risk factor for late-onset AD.

THE PSYCHOLOGICAL AND SOCIAL IMPACT

The devastations of Alzheimer's are not limited to the patient alone; it deeply impacts families and caregivers.

- Patients often experience depression, anxiety, paranoia and mood swings. The gradual loss of independence erodes confidence and dignity.
- Caregivers face burnout, physical exhaustion and emotional grief while witnessing their loved one fade away.
- Social stigma in India compounds the problem. Alzheimer's is often dismissed as "normal aging", leading to delayed diagnosis and lack of timely support.

The ripple effect of this disease calls for an integrative care model that addresses the emotional, mental and social dimensions, not just the physical symptoms.

CURRENT TREATMENT LANDSCAPE

Modern medicine offers drugs like cholinesterase inhibitors and NMDA receptor antagonists to slow cognitive decline. However, these

- Provide only symptomatic relief.
- Have side effects such as nausea, dizziness and sleep disturbances.
- Do not halt or reverse the disease process.

Thus, there is an increasing demand for complementary and integrative approaches that enhance quality of life while minimizing side effects.

ROLE OF HOMOEOPATHY IN ALZHEIMER'S CARE

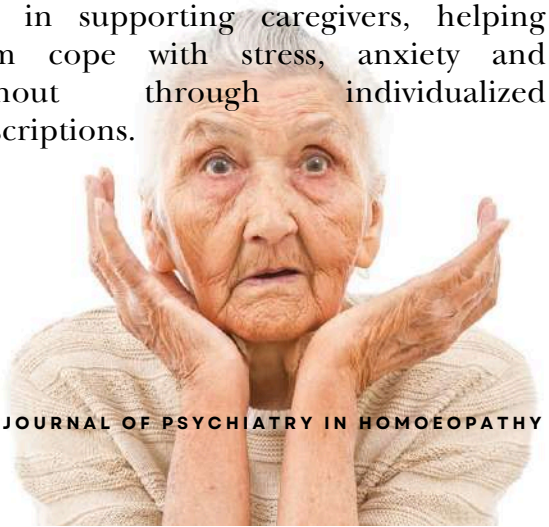
Homoeopathy with its philosophy of treating the person as a whole, provides a gentle yet profound approach in Alzheimer's care. While it does not claim to cure advanced neurodegeneration, it plays a significant role in:

- Slowing cognitive decline in early and moderate stages.
- Managing associated symptoms such as restlessness, aggression, sleep disturbances and anxiety.
- Improving overall mental well-being, helping patients retain dignity and functionality for longer.

COMMONLY INDICATED REMEDIES INCLUDE

- Anacardium orientale – Memory lapses, absent-mindedness, suspiciousness, feeling of duality of mind.
- Baryta carbonica – Senile dementia, childish behavior, loss of memory with timidity.
- Alumina – Mental confusion, inability to recall words, difficulty making decisions.
- Lycopodium clavatum – Weak memory, misplacing words, loss of self-confidence.
- Phosphorus – Forgetfulness, emotional sensitivity, difficulty in concentration.
- Nux moschata – Marked forgetfulness, drowsiness, dreamy state of mind.

Homoeopathy also plays an important role in supporting caregivers, helping them cope with stress, anxiety and burnout through individualized prescriptions.



INTEGRATIVE MENTAL WELLNESS APPROACHES

Along with Homoeopathy, several supportive strategies can greatly improve the lives of patients and caregivers:

- Cognitive exercises – Memory games, puzzles, storytelling and reminiscence therapy.
- Music and art therapy – Soothing, non-verbal ways to engage memory and emotions.
- Counselling and caregiver support groups – To provide emotional outlets and coping strategies.
- Lifestyle interventions – Balanced diet, physical activity, yoga and meditation.
- Routine and structure – Creating predictable daily routines reduces anxiety in patients.

NEED FOR AWARENESS AND EARLY INTERVENTION

One of the biggest barriers in India is delayed diagnosis. Families often dismiss symptoms as "old age forgetfulness", thereby losing precious time for early interventions.

- Early detection allows better planning, slows progression and reduces caregiver stress.
- Community awareness campaigns can normalize discussions around dementia and reduce stigma.
- Healthcare providers should encourage screening in individuals above 60, especially those with risk factors.

Awareness months like September are essential in spreading this message that Alzheimer's is not just aging, but a medical condition requiring timely and compassionate care.

CALL TO ACTION FOR PROFESSIONALS AND FAMILIES

- For medical professionals: Collaborate across disciplines – neurology, psychiatry, Homoeopathy, counselling to provide integrative care.
- For families: Seek medical help early, maintain patience and join caregiver support networks.
- For society: Replace stigma with empathy and isolation with inclusion.

CONCLUSION

Alzheimer's Disease is one of the greatest healthcare challenges of our times. While science continues to search for a cure, our role as mental health and Homoeopathic professionals is to bring relief, dignity and hope to those affected.

Homoeopathy, with its individualized remedies, combined with counselling, lifestyle measures, and caregiver support can make a meaningful difference.
This September, let us pledge to not just remember Alzheimer's but to remember the forgotten and work towards a society that embraces compassion, awareness and holistic healing.

"TO REMEMBER THE FORGOTTEN IS THE GREATEST ACT OF HEALING"

BIBLIOGRAPHY

- *Lee, J., et al. (2023). Prevalence of dementia in India: National and state level estimates from the Longitudinal Aging Study in India (LASI). Journal of the American Geriatrics Society.*
- *Alzheimer's and Related Disorders Society of India (ARDSI). (2020). Dementia in India 2020 Report. Alzheimer's Disease International.*
- *Mathur, A., et al. (2024). Modifiable risk factors for dementia in India: A cross-sectional study. BMJ Public Health, 2(2), e001362.*
- *Sharma, R., & Singh, S. (2022). Dementia treated with individualized homoeopathy: A case report. Indian Journal of Research in Homoeopathy, 16(3), 210–215.*
- *Thawabteh, A. M., et al. (2025). Promising natural remedies for Alzheimer's disease: Phytochemical and pharmacological insights. Molecules, 30(4), 922.*
- *Bordoloi, A., Gogoi, A., & Choudhury, D. (2024). Some promising medicinal plants used in Alzheimer's disease. SN Applied Sciences, 6(2), 5811.*

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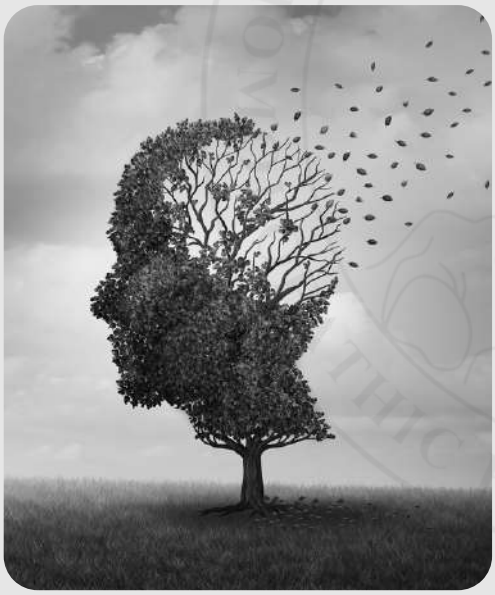
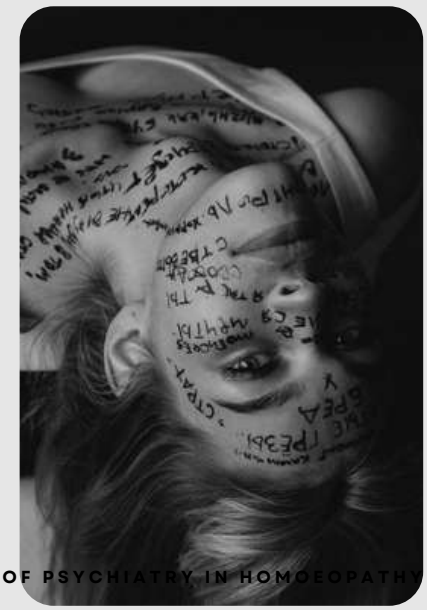
Bacopa in Homeopathic Potencies: Exploring a Traditional Neurotonic in Schizophrenia Models



INTRODUCTION

Schizophrenia is a chronic psychiatric illness that affects about 1% of the global population[1]. Its complex symptom profile combines positive symptoms such as hallucinations and delusions, negative symptoms including social withdrawal and apathy, and cognitive deficits that impair attention and memory. Current antipsychotic medications offer reasonable control over positive symptoms but have limited efficacy in negative and cognitive domains[2].

This therapeutic gap has prompted researchers in homeopathic psychiatry to investigate alternative and complementary approaches. One promising candidate is Bacopa monnieri (Brahmi), a traditional Ayurvedic herb also employed in homeopathic practice[3]. Historically regarded as a brain tonic, Bacopa has shown nootropic, antioxidant, and cholinergic-modulating effects in preclinical and clinical studies[4]. These properties make it a plausible adjunctive therapy for schizophrenia, a condition where dopaminergic and glutamatergic imbalances intersect with cognitive dysfunction[5].



Methods: Modern Models Meet Traditional Medicine

To explore this possibility, the study employed the sub-chronic ketamine model of schizophrenia[6]. Ketamine disrupts NMDA receptor signaling, producing schizophrenia-like behavioral and neurochemical changes in rodents. This model replicates hyperactivity, social deficits, and cognitive impairments and responds to antipsychotic medications[7].

Five groups of Sprague-Dawley rats were studied:

1. Normal control
2. Ketamine-only
3. Ketamine + haloperidol (standard antipsychotic comparator)
4. Ketamine + Bacopa Q (mother tincture)
5. Ketamine + Bacopa 1X (first decimal potency)

Behavioral assessments included:

- Cage climbing and open field tests to evaluate hyperactivity[8].
- Forced swim test to assess motivational behavior and negative symptoms[9].
- Social interaction test to measure sociability.

Biochemical assays complemented the behavioral data:

- Dopamine estimation to track dopaminergic dysregulation.
- Acetylcholinesterase [AChE] activity using Ellman's method to assess cholinergic tone[10].

Findings

Behavioral results

- Ketamine exposure produced the expected hyperactivity, stereotypic behaviors, reduced sociability, and greater immobility in the forced swim test.
- Haloperidol effectively reduced hyperactivity but did not fully normalize social or motivational impairments.
- Bacopa Q significantly reduced hyperlocomotion, improved social interaction, and lowered immobility times, indicating improvement across both positive and negative symptom domains.
- Bacopa 1X also showed benefit but with milder effects compared to Q.

Biochemical results

- Ketamine elevated brain dopamine content, consistent with mesolimbic hyperactivity models of schizophrenia[11]. Both Bacopa Q and 1X reduced dopamine levels toward normal, with Q showing stronger effects.
- Ketamine also increased AChE activity, reducing cholinergic efficiency. Bacopa Q significantly inhibited AChE, suggesting enhancement of cholinergic tone[12], while 1X produced a smaller but measurable inhibition.

Interpretation

These results suggest that Bacopa in homeopathic potencies influences both dopaminergic and cholinergic systems, providing a dual mechanism that may benefit multiple dimensions of schizophrenia. The dopamine-normalizing effect can help manage positive symptoms, while cholinergic enhancement addresses cognitive deficits that are poorly served by standard antipsychotics.

Unlike haloperidol, which primarily acts through strong D2 receptor blockade and can cause motor side effects, Bacopa's effects appear to be modulatory rather than suppressive. This pharmacological profile reflects its traditional reputation as a cognitive enhancer rather than a sedative[13].

Clinical Significance

Although preclinical, this work highlights Bacopa's potential as a safe and natural adjunct in schizophrenia management. Particularly notable is its impact on negative and cognitive symptoms, domains where conventional antipsychotics remain inadequate. For patients who struggle with side effects or incomplete relief, integrative strategies involving Bacopa could eventually provide meaningful improvements.

The study also demonstrates a model for bridging homeopathic practice, Ayurvedic tradition, and modern psychiatric neuroscience. By testing remedies like Bacopa under rigorous experimental conditions, psychiatry can expand its therapeutic toolkit beyond synthetic drugs alone.

Strengths and Limitations

The study's strengths include use of a validated ketamine model, multi-domain behavioral testing, and neurochemical correlates. Comparing Bacopa with haloperidol provided a useful benchmark. Limitations include modest sample sizes, whole-brain rather than region-specific assays, and absence of long-term follow-up. These gaps justify replication and deeper mechanistic analysis.

Conclusion

This study demonstrates that Bacopa monnieri (Brahmi), in Q and 1X homeopathic potencies, attenuates schizophrenia-like behaviors and normalizes dopamine and cholinergic activity in animal models, with the mother tincture showing stronger effects.

The findings support Bacopa's traditional role as a brain tonic while providing modern neurobiological validation. Future directions include dose-response analyses, brain-region specific studies, and carefully designed clinical trials to evaluate safety and efficacy in patients.

By combining traditional wisdom with contemporary research methods, homeopathic psychiatry may move closer to therapies that not only relieve symptoms but also restore cognitive and social functioning.

References

1. *World Health Organization. (2022). Schizophrenia [Fact sheet]. World Health Organization.*
2. *Howes, O. D., & Kapur, S. (2009). The dopamine hypothesis of schizophrenia: Version III. Schizophrenia Bulletin, 35(3), 549–562.*
3. *Singh, H. K., & Dhawan, B. N. (1997). Neuropsychopharmacological effects of the Ayurvedic nootropic Bacopa monnieri Linn. (Brahmi). Indian Journal of Pharmacology, 29(Suppl.), S359–S365.*

4. Bhattacharya, S. K., Bhattacharya, A., Kumar, A., & Ghosal, S. (2000). Antioxidant activity of Bacopa monniera in rat frontal cortex, striatum and hippocampus. Phytotherapy Research, 14(3), 174-179.

5. Moghaddam, B., & Javitt, D. (2012). From revolution to evolution: The glutamate hypothesis of schizophrenia and its implication for treatment. Neuropsychopharmacology, 37(1), 4-15.

6. Jones, C. A., Watson, D. J. G., & Fone, K. C. F. (2011). Animal models of schizophrenia. British Journal of Pharmacology, 164(4), 1162-1191.

7. Behrens, M. M., & Sejnowski, T. J. (2009). Ketamine-induced dysfunction in neural networks: Relevance to schizophrenia. Biological Psychiatry, 65(9), 746-748.

8. Deacon, R. M. (2006). Digging and marble burying in mice: Simple methods for in vivo identification of biological impacts. Nature Protocols, 1(1), 122-124.

9. Porsolt, R. D., Bertin, A., & Jalfre, M. (1977). Behavioral despair in mice: A primary screening test for antidepressants. Archives Internationales de Pharmacodynamie et de Thérapie, 229(2), 327-336.

10. Ellman, G. L., Courtney, K. D., Andres, V., & Featherstone, R. M. (1961). A new and rapid colorimetric determination of acetylcholinesterase activity. Biochemical Pharmacology, 7(2), 88-95.

11. Howes, O. D., & Murray, R. M. (2014). Schizophrenia: An integrated sociodevelopmental-cognitive model. The Lancet, 383(9929), 1677-1687.

12. Leucht, S., Cipriani, A., Spineli, L., et al. (2013). Comparative efficacy and tolerability of 15 antipsychotic drugs in schizophrenia: A multiple-treatments meta-analysis. The Lancet, 382(9896), 951-962.

13. Calabrese, C., Gregory, W. L., Leo, M., et al. (2008). Effects of a standardized Bacopa monnieri extract on cognitive performance, anxiety and depression in the elderly: A randomized, double-blind, placebo-controlled trial. Journal of Alternative and Complementary Medicine, 14(6), 707–713.

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The Silent Burden of *Perfectionism* and the Gift of Slowing Down: A Homoeopathic Perspective on *Mental Health*

Abstract

Perfectionism, though often mistaken for ambition, represents a maladaptive pattern that silently erodes well-being. In modern society, the culture of speed, comparison, and flawless performance exacerbates this state, leading to anxiety, burnout, and diminished resilience. This article explores the phenomenon of perfectionism as a "silent burden" and highlights the therapeutic value of slowing down. Drawing on homoeopathic remedy themes, erfectionism is illustrated through remedies such as Arsenicum album, Carcinosin, Silicea, Nux vomica, and Aurum metallicum, each reflecting distinct facets of this inner struggle.

The healing role of slowing down is mirrored in remedies such as Ignatia, Sepia, Pulsatilla, and Calcarea carbonica, which emphasize release, restoration, adaptability, and steady resilience. By integrating reflective practices and remedy-based insights, this paper emphasizes that true healing lies not in chasing flawless performance but in embracing authenticity, imperfection, and balance.

Introduction

Modern life glorifies speed and flawlessness. From academic performance to professional output and family responsibilities, individuals are pressured to maintain an image of perfection. Social media reinforces this culture by amplifying curated successes, creating unhealthy comparison cycles. The consequence is a growing prevalence of perfectionism — a psychological and behavioural pattern that fuels self-criticism, anxiety, and burnout.

Perfectionism is not equivalent to healthy ambition. Ambition drives growth, while perfectionism drains it. Where ambition motivates, perfectionism paralyzes through fear of failure and inadequacy. Homoeopathic remedy themes mirror these inner experiences vividly, offering symbolic reflections on how individuals embody and can be liberated from these states.

This paper examines the duality of perfectionism and slowing down, contextualized through homoeopathic remedy patterns.

Perfectionism as a Silent Burden

This paper examines the duality of perfectionism and slowing down, contextualized through homoeopathic remedy patterns.

Arsenicum album – The anxious perfectionist. Obsessed with order, precision, and control. Even minor errors provoke restlessness. Healing begins when safety is sought in trust, not control.

Carcinosin – The dutiful perfectionist. Over-conscientious, eager to please, suppressing personal desires, and living under fear of disappointing others. Liberation occurs when self-care takes precedence over constant duty.

Silicea – The hesitant perfectionist. Gentle yet paralyzed by fear of criticism, polishing work endlessly. Transformation occurs when slowing down fosters self-acceptance.

Nux vomica – The driven perfectionist. Competitive, ambitious, and restless, thriving on deadlines but collapsing into exhaustion. Rest and slowing down become essential medicine.

Aurum metallicum – The responsible perfectionist. Burdened by responsibility, fearful of failure, equating self-worth with achievement. Healing comes when value is redefined as "being" rather than "doing."

The Culture of Speed and Comparison

Perfectionism thrives in modern culture. Workplaces reward overwork, technology accelerates communication, and social media glorifies flawless images. This environment fosters a survival mentality: "Hurry, achieve, or fall behind." This cultural lens mirrors remedy states such as:

Aurum metallicum, bearing the crushing sense of duty and failure.

Nux vomica, embodying restlessness, irritability, and overstrain in the race to stay ahead.

The cultural demand for speed fosters exhaustion, disconnection, and emptiness, intensifying perfectionism's burden.

The Gift of Slowing Down

Slowing down challenges cultural narratives of productivity and efficiency. It invites individuals to choose presence over pressure, authenticity over appearances.

Homoeopathic remedy themes reflect this healing process:

Ignatia – The releaser. Resolves inner rigidity by expressing grief and disappointment, encouraging acceptance.

Sepia – The exhausted perfectionist. Burned out from responsibilities, restored by rest and individuality.

Pulsatilla – The flexible soul. Demonstrates the healing strength of gentleness, adaptability, and letting go of control.

Calcarea carbonica – The steady worker. Teaches that slow, consistent effort sustains resilience better than rushed achievement.

Breaking the Cycle: From Perfection to Presence

Moving from perfectionism to presence requires intentional practices:
Redefining success as progress rather than flawlessness.
Practicing self-compassion in place of harsh self-criticism.
Establishing boundaries and learning to say "no."
Unplugging from constant digital noise.
Celebrating imperfection as part of growth.
In homoeopathic metaphor, the anxious Arsenicum learns trust, the dutiful Carcinosin learns self-care, the restless Nux learns rest, and the rigid Silicea learns self-acceptance.

Resilience Through Imperfection

Resilience does not emerge from flawlessness but from the ability to fall and rise again. Remedies illustrate this truth:
Calcarea carbonica symbolizes persistence and steady strength, not speed.
Pulsatilla embodies adaptability, bending rather than breaking.
Resilience is thus reframed as patience, persistence, and presence rather than perfection.

Practical steps that promote slowing down include:

Quiet morning rituals free of digital distraction.
Mindful meals, taken without multitasking.
Short outdoor walks to reconnect with nature.
Allocating digital-free hours to rest the mind.
Ending the day with gratitude instead of unfinished tasks.
Such practices offer balance, reinforcing the inner healing journey mirrored in remedies.

Conclusion

Perfectionism weighs heavily on individuals in modern culture, manifesting as anxiety, burnout, and disconnection. The gift of slowing down offers a profound counterbalance, enabling presence, authenticity, and resilience.
Remedies such as Arsenicum, Carcinosin, Silicea, Nux vomica, Aurum, Ignatia, Sepia, Pulsatilla, and Calcarea embody the contrasting states of burden and release. By reflecting on these remedy patterns, one sees that true healing lies not in rushing toward perfection but in embracing imperfection, patience, and presence.

Perfectionism says:
"Be flawless or you are nothing."

Slowing down whispers:
"You are enough, even if imperfect."

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WHEN EPIDEMICS STRIKE: THE UNSUNG HEROES OF MENTAL HEALTH CARE

When an epidemic strikes, our minds immediately turn to doctors, nurses, and vaccines. But behind the scenes, another group of professionals quietly battles an invisible epidemic — the wave of fear, anxiety, and trauma that sweeps through communities. Psychiatrists and mental health workers are the lifeline for many during these crises, offering care, comfort, and stability when the world feels anything but stable.

THE HIDDEN IMPACT OF EPIDEMICS ON OUR MINDS

Epidemics don't just attack bodies — they also affect minds. Fear of infection, social isolation, financial instability, and uncertainty about the future can all trigger anxiety, depression, or even post-traumatic stress. Psychiatrists become frontline responders to this psychological fallout, diagnosing and treating mental health issues, and preventing them from spiraling out of control

HOW WE LEARNED TO MEASURE MENTAL HEALTH IN POPULATIONS

Epidemiology — the study of diseases in populations — started out focusing only on physical illnesses. Over time, it expanded to include mental health, giving rise to "psychiatric epidemiology." Early studies underestimated the true burden of mental illness, but as researchers began interviewing people directly in their communities, a clearer picture emerged. Today, psychiatric epidemiology combines genetics, neuroscience, and large-scale surveys to show just how widespread mental health problems are.

In India, this journey began in the 1960s with pioneering studies like Professor Dube's in Agra. The findings revealed a pressing need for mental health services — a need that continues to shape India's policies and programs today.

The Social Work Backbone of Psychiatric Care

Psychiatrists rarely work alone. Psychiatric social workers play a vital role in helping people rebuild their lives after illness.

They welcome patients into rehabilitation programs, assess family and social support systems, run therapy groups, mobilize communities, and even act as activists when policies fail the vulnerable.

From finding jobs for recovering patients to setting up self-help groups, these professionals ensure that mental health care doesn't stop at medication — it extends into homes, workplaces, and communities.

COVID-19: A Stress Test for Mental Health Systems

The COVID-19 pandemic highlighted the importance of mental health care like never before. Psychiatrists were called upon to:

- Support COVID-19 patients with anxiety, depression, and PTSD.
- Counsel healthcare workers facing burnout and moral distress.
- Manage long-term effects like "Long COVID" on mental health.
- Collaborate with medical teams to provide holistic care.
- Advocate for vulnerable groups and influence mental health policies.

At the same time, telepsychiatry — online consultations for mental health — took off, bringing psychiatric care to remote and underserved areas. COVID-19 also triggered an unprecedented level of public awareness about mental health, which could help reduce stigma in the long run.

The Toll on Healthcare Workers

Healthcare workers were heroes during COVID-19, but the pressure came at a cost. Long hours, constant exposure to risk, and heartbreaking ethical dilemmas caused soaring rates of stress, depression, and burnout. Many experienced "moral injury" — the emotional toll of having to make impossible choices about patient care.

Experts now recommend regular mental health checkups, confidential counseling, resilience training, and supportive work environments to protect the psychological well-being of healthcare professionals in future crises.

India's Changing Mental Health Landscape:

India has made great strides in mental health care. The National Mental Health Policy (2014), the Mental Healthcare Act (2017), and programs like the District Mental Health Programme and Ayushman Bharat are expanding access to services. But challenges remain: stigma, resource shortages, and the huge treatment gap (over 80% of people with mental disorders still don't get help).

The post-pandemic world offers a chance to rethink our systems. By integrating mental health into primary care, using technology, and involving communities, India can create a stronger, fairer mental health framework.

Looking Ahead

Epidemics and pandemics will continue to test societies. Psychiatrists and mental health professionals are not just healers but also researchers, advocates, and innovators. Together with psychiatric social workers, they ensure that mental health care reaches beyond hospitals to touch the lives of individuals, families, and communities.

Their work reminds us of a simple truth: caring for our minds is as important as caring for our bodies — especially in times of crisis.

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Short story

THE LETTER HE NEVER SENT.....

A story of love, silence, and healing in psychiatry

He was a postgraduate student, admitted with panic attacks and insomnia. At first, he resisted speaking, insisting it was "just stress from studies." But gradually, the truth surfaced. His pain was not only academic. It was heartbreak.

He had loved a close friend deeply but never confessed. When she moved abroad and eventually married, he buried his feelings in silence. "I don't regret loving her," he whispered once, "I regret never telling her. The words are still inside me, and they choke me every night."

His silence was heavier than his symptoms. Medicine helped him sleep a little, but it did not touch the ache in his heart. That was when I realized — not all wounds of the mind can be soothed by tablets alone.

One day, I placed a notebook in his hands. "Write her a letter," I suggested. "Say everything you wish you had said. You don't have to send it — but let the words leave you."

He resisted at first. But slowly, his pen began to move. What started as a page stretched into many — memories, gratitude, sorrow, even laughter. Tears stained the paper, but when he closed the notebook, his face looked lighter, as if a weight had shifted.

"I'll never send it," he said, holding the notebook close. "But at least now it doesn't live only inside me."

Weeks have passed. His panic eased a little, but the shadows still lingered. Then one afternoon in the OPD, after another sleepless night, he sat before me, his face weary. I gently asked him, "Do you still have the letter?"

He nodded. I placed it back into his hands and said softly, "Read it aloud. Don't let it stay only on the page. Let your heart hear itself."

At first, his voice shook. His words came out haltingly, breaking with tears. But as he read, something shifted. With each sentence, his grief found a voice. With each memory, his silence broke open. He cried, not out of weakness, but out of release.

When he finished, he looked at me with reddened eyes and whispered, "For the first time, I feel lighter. It's as if I finally spoke to myself."

In that moment, I was reminded: in mental health treatment, it is not always medicine that heals. Sometimes, the most powerful therapy is giving space for the heart to speak.

Author's Note- This experience taught me that healing the mind requires more than prescriptions. Medicines may calm the body, but words, expression, and human connection often heal the heart. True psychiatry is not only about drugs — it is about listening, patience, and giving unspoken emotions a voice.

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POEM

GO WITH THE FLOW

In life's fast race, take time to rest,
Breathe in calm, release the stress.
With family's warmth and friends so near,
Playful laughter keeps the mind clear.

A book in hand, a gentle page,
Gives wisdom, peace, and soothes the rage.
Karma whispers, "Do what's right,
Spirits guide through darkest night."

Accept the truth, both soft and strong,
It helps the heart to move along.

Flow with nature, let rivers show,
The secret of peace is to simply go slow.

Gratitude blooms where kindness grows,
The heart finds balance, the spirit glows.
Together we heal, together we shine
Apeaceful mind is life's true sign.
Sing with the birds, let your soul take flight,
Dance with the stars in the calm of night.
Smile at the dawn, let worries fade,
Cherish the love that life has made.

So on this day, let's make a start,
With mindful steps and an open heart.
For mental health is not a race,
Its joy, connection, and inner grace.

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POEM

Access to Services- Mental Health In Catastrophes and Emergencies

A thousand headed monster
Can come as a disaster
Brain goes to stage of atrophy
When trapped in the catastrophe
Feeling of the helplessness
Fuel the hopelessness
Mind full ofanxiety
Because of the uncertainty
Fear lifts up the gear
Infused with confusion

There is hope
When even brain fail to cope
The most basic need
Is the psychological first aid
Chain up with the communication
Ensure dissemination of the information
Form the disaster managing strategies
That provide positive energies
State of preparedness

Builds up the depression
Loss of their home
Loss of their livelihoods
Loss of their loved ones
Leads to the psychological burden
That makes the life hardened
Soul should be stronger
When surroundings are in danger
Change is the only thing
That never changes
So, embrace the change

Loosen the hardness
Best of the training
Helps the brain stopped braining
Bypass to the remote areas
By breaking the barriers
Save the nation
By forming the collaboration
Educate the volunteers

To be the guarantee
For the carefree
Giving them food and shelter
Only can't make them better
Making the crying heart
Smile is an art
Which is the important part
In the mental health comfort
Creating awareness along with
Sowing the seed of kindness

Yielding the happiness
Will show the greatness
Of the immense efforts
Counselling is a key
Of the psychological therapy
Survey is a way

To understand the hay
Man is like a clay
With which monsters play
Can make them into any shape
We should mould them into hope
Teach them to escape
From the impending danger
Form the effects of trauma
Form the stage of melodrama
Acquired from fate
That make them hate
The life that suffocate
Try to bring breeze
To those who freeze
In sorrow and grief
Boost the confidence
Make it as coincidence
That can overcome that accident
Always remind
Be brave and kind
For the beautiful mind.

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POEM

MENTAL HEALTH IN GLOBALIZED WORLD: UNDERSTANDING CULTURAL DIFFERENCES

In today's interconnected world, mental health challenges like stress, anxiety, and depression transcend cultural boundaries. Globalization amplifies both the struggles and the opportunities for support and awareness. By exploring mental health through diverse cultural perspectives, we can break down stigma and foster universal care. This understanding paves the way for a compassionate future.

Mental Health in Mosaic

We are pieces, bright and small,
Shards of stories, cracks and all.
Some are jagged, some are smooth,
Each one carrying pain and truth.
Tradition says: endure, don't show,
Keep the shadows deep below.
But tomorrow whispers: let them rise,
Healing lives in open skies.
Anxiety knocks in a thousand lands,
Grief slips soft through unseen hands.
In markets, temples, towers high,
The same storm rages, the same tears dry.

Some call it weakness, others disease,
Some find their solace on bended knees.
Yet all of us search, in silence or song,
For a place where the shattered pieces belong.

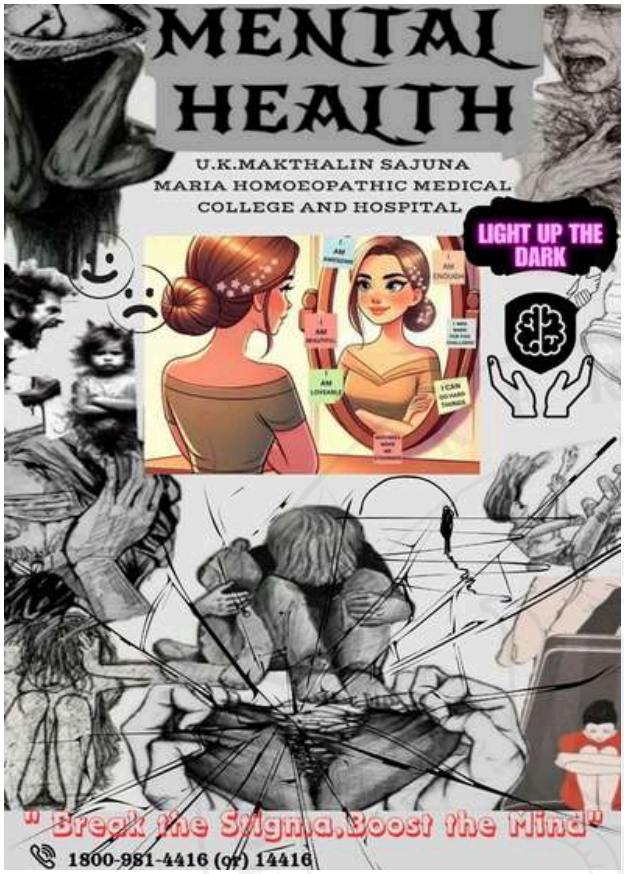
The mosaic glimmers when kindness appears,
When stigma fades, when we face our fears.
Each fragment joins, each color aligns,
Turning our fractures into designs.

Not broken glass, but a human art,
A world of minds with a common heart.
And though the pieces seem far apart,
Compassion binds them, part to part.
So lift the shards into the light,
Let them shimmer, sharp and bright.
For every fracture tells us why—
Our strength is shared, beneath one sky.

Dr. Sweta Thakur
Psychiatry (MD Scholar)
RKCHMS, Bhopal, Madhya Pradesh

Poster

COMPETITION



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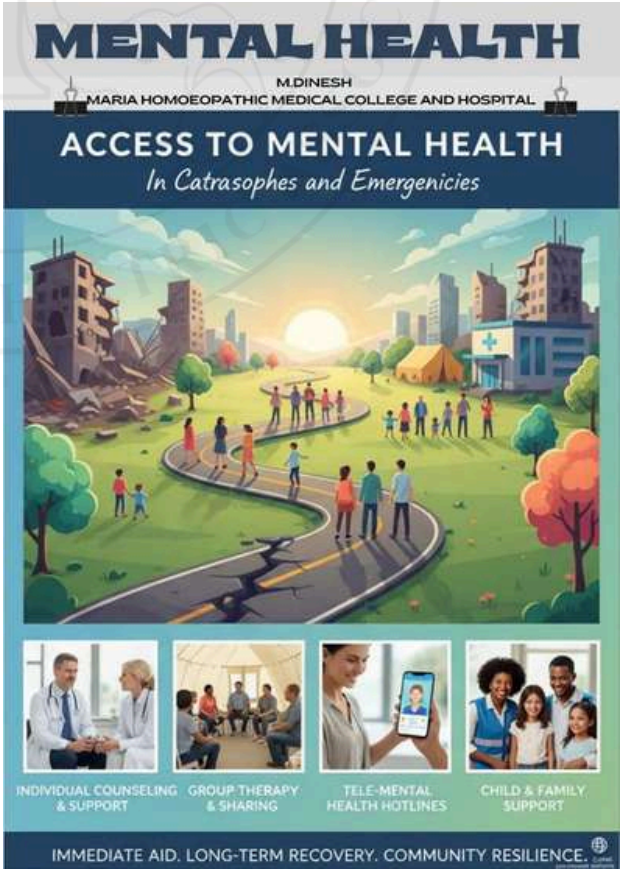
COMPETITION



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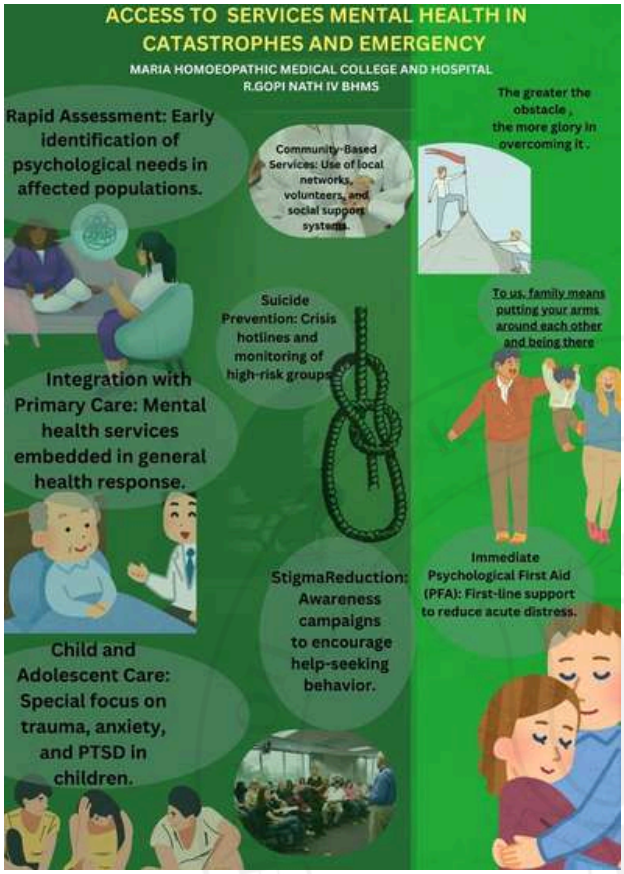

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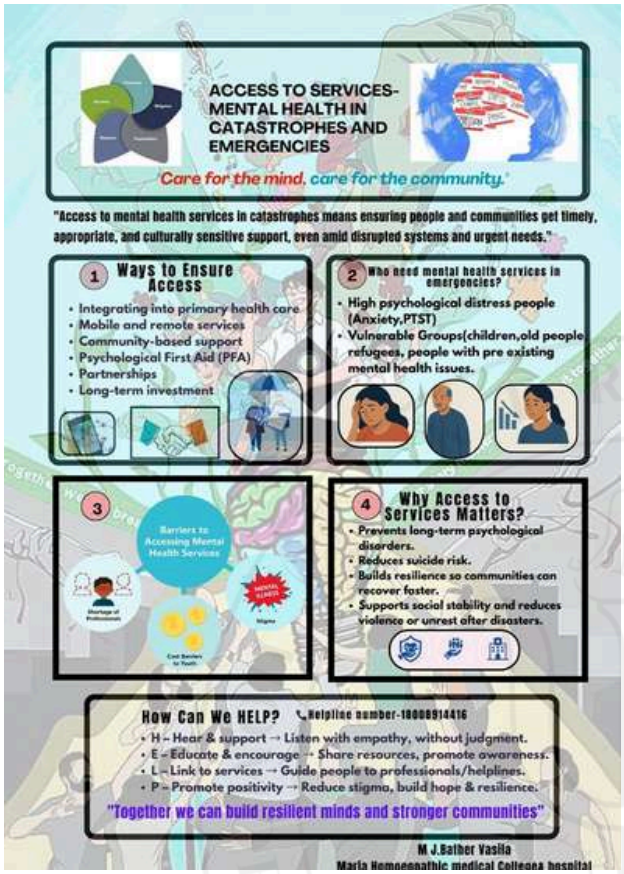

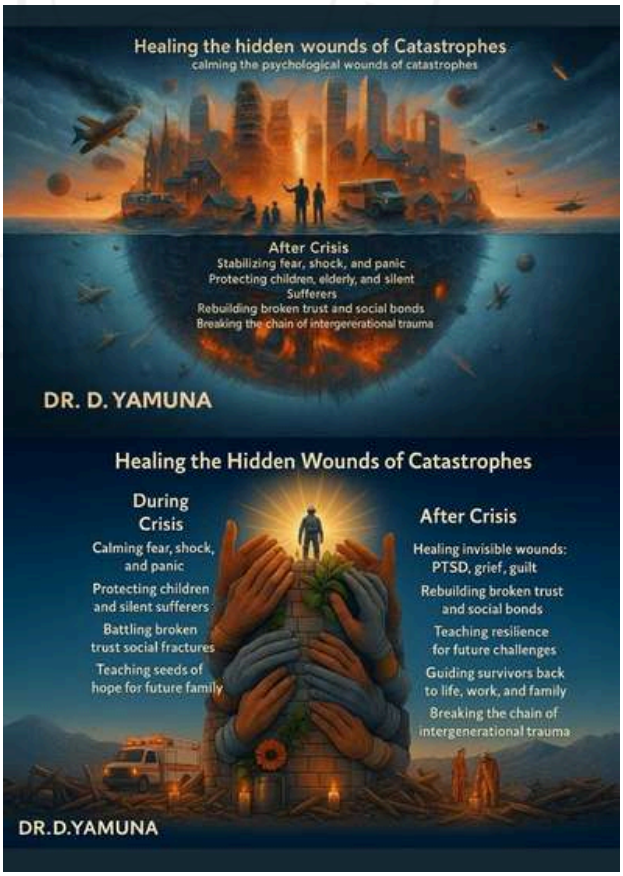

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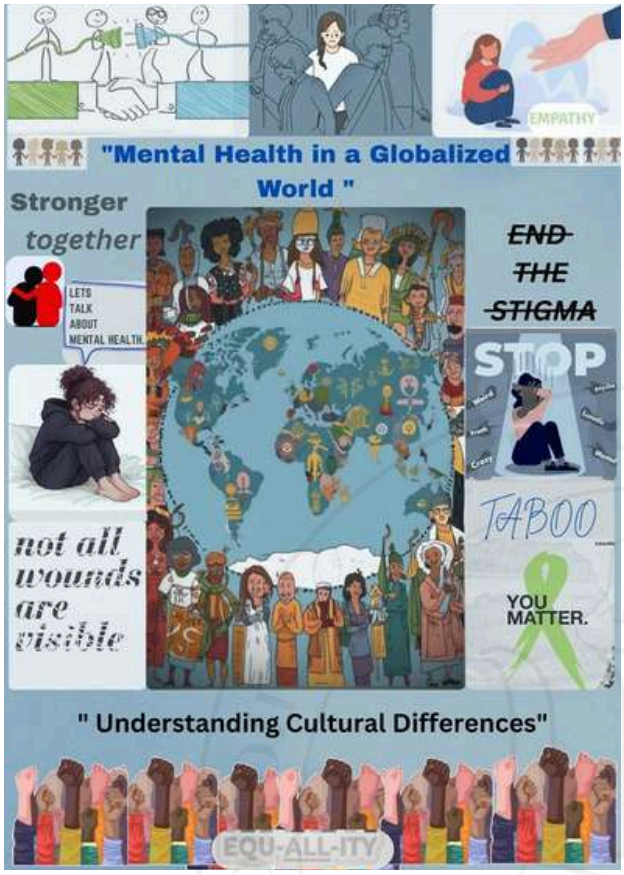

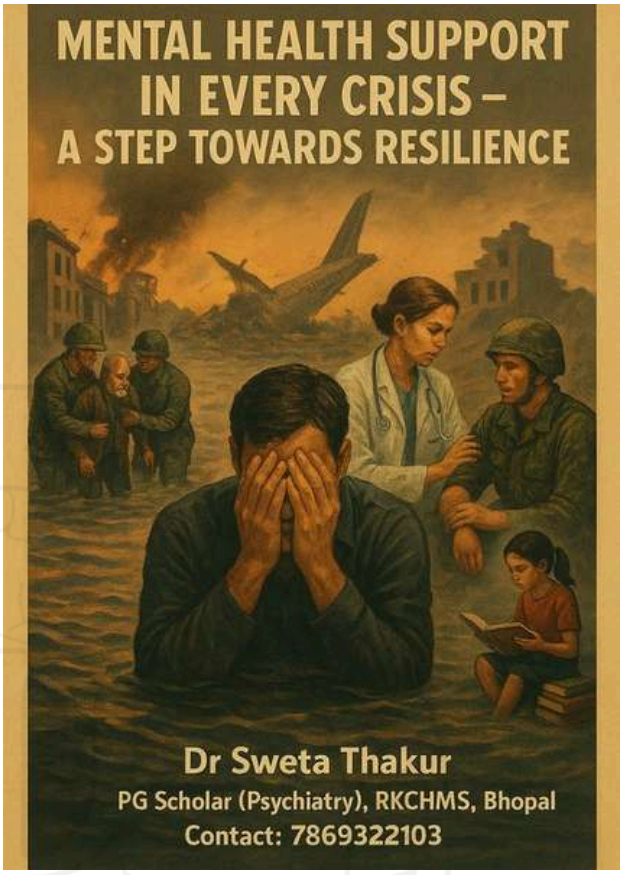

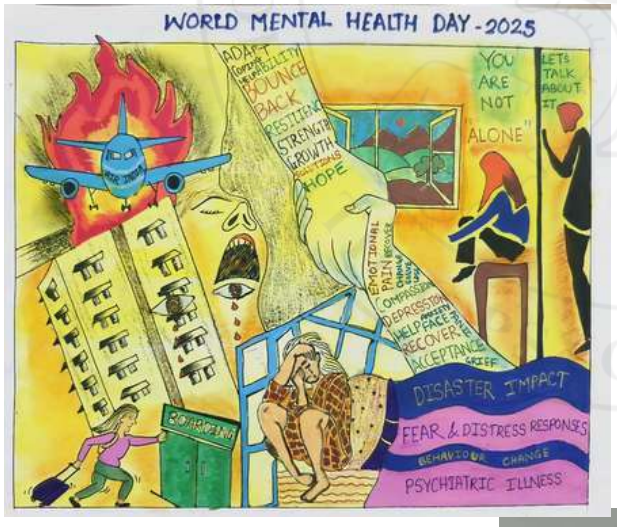

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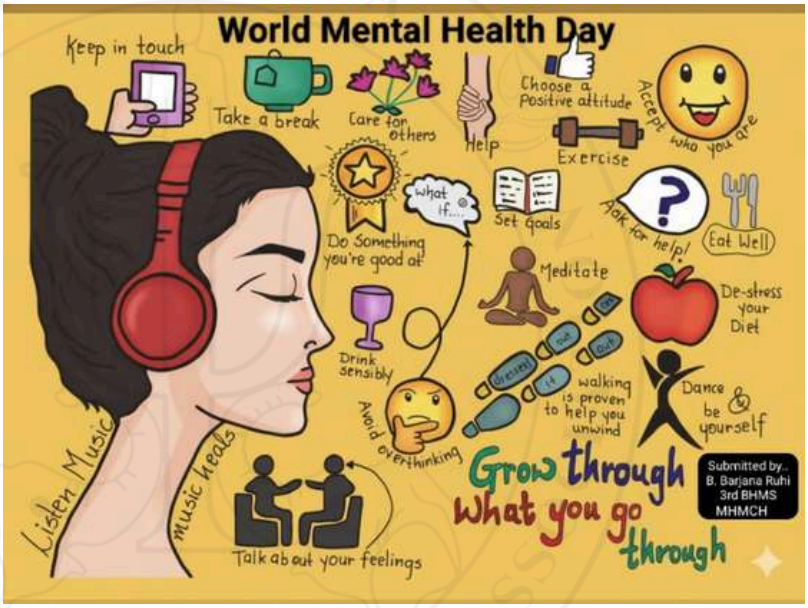
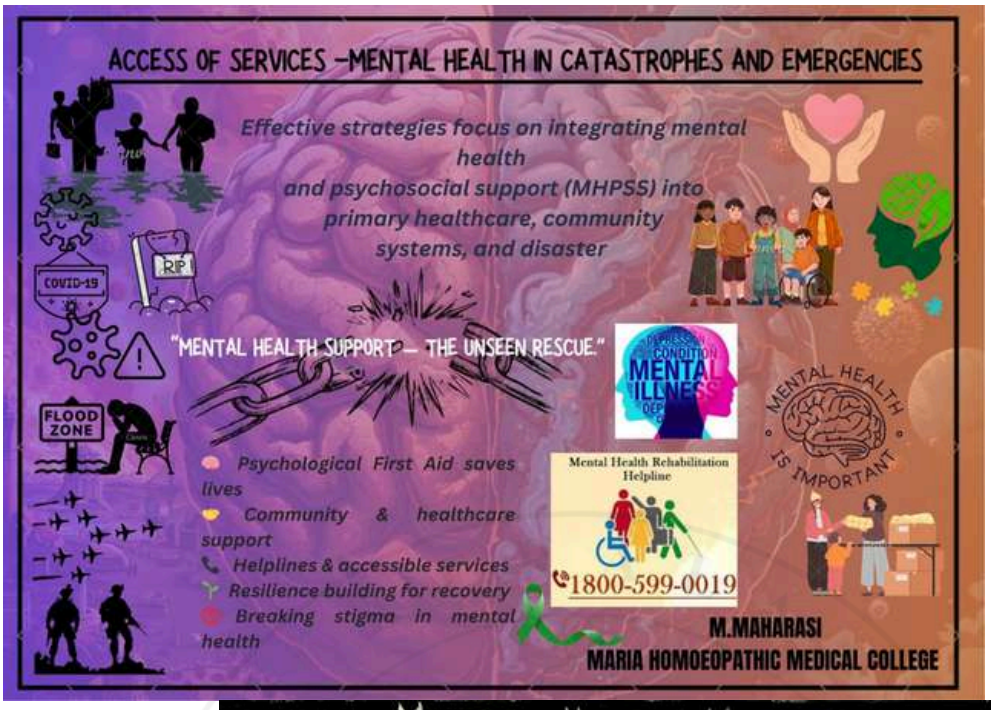
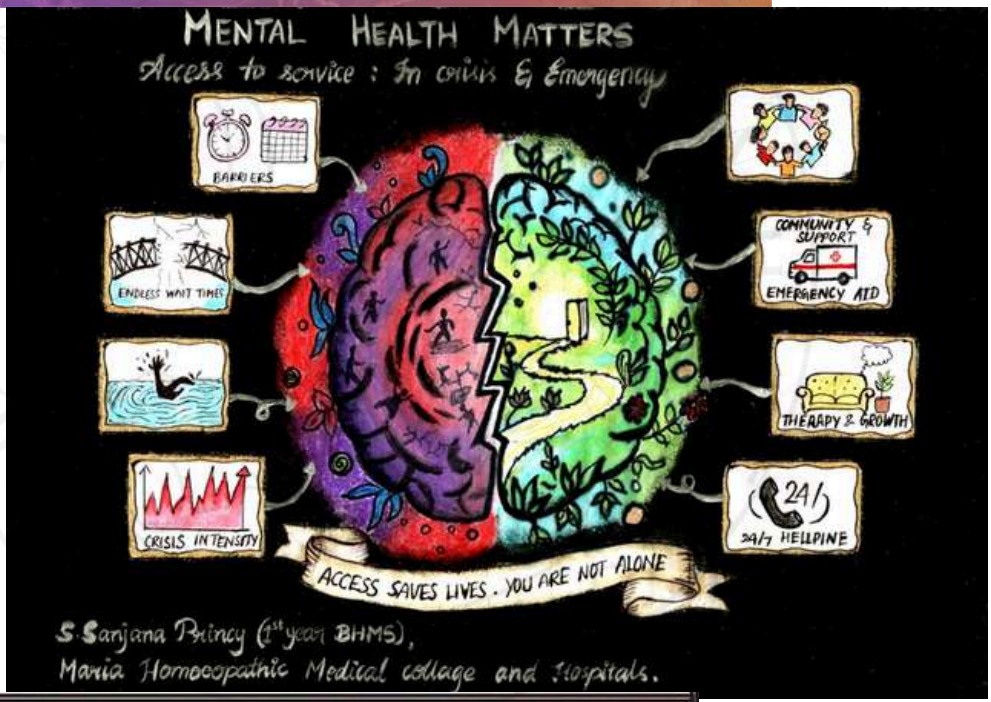
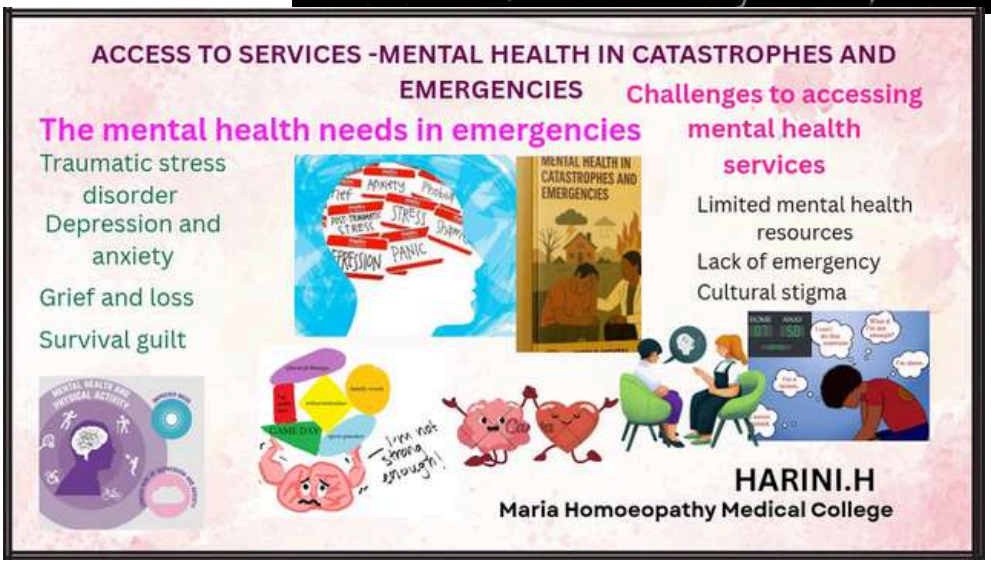



ACCESS OF SERVICES –MENTAL HEALTH IN CATASTROPHES AND EMERGENCIES
Effective strategies focus on integrating mental health and psychosocial support (MHPSS) into primary healthcare, community systems, and disaster
COVID-19
RIP
"MENTAL HEALTH SUPPORT – THE UNSEEN RESCUE."
FLOOD ZONE
Psychological First Aid saves lives
Community & healthcare support
Helplines & accessible services
Resilience building for recovery
Breaking stigma in mental health
MENTAL ILLNESS
MENTAL HEALTH IS IMPORTANT
Mental Health Rehabilitation Helpline
1800-599-0019
M.MAHARASI
MARIA HOMOEOPATHIC MEDICAL COLLEGE


MENTAL HEALTH MATTERS
Access to service : In crisis & Emergency
BARRIERS
ENDLESS WAIT TIMES
CRISIS INTENSITY
COMMUNITY & SUPPORT
EMERGENCY AID
THERAPY & GROWTH
24/7 HELPINE
ACCESS SAVES LIVES . YOU ARE NOT ALONE
S.Sanjana Princy (1st year BHMS),
Maria Homoeopathic Medical collage and Hospitals.


ACCESS TO SERVICES -MENTAL HEALTH IN CATASTROPHES AND EMERGENCIES
The mental health needs in emergencies
Traumatic stress disorder
Depression and anxiety
Grief and loss
Survival guilt
Challenges to accessing mental health services
Limited mental health resources
Lack of emergency
Cultural stigma
MENTAL HEALTH IN CATASTROPHES AND EMERGENCIES
HARINI.H
Maria Homoeopathy Medical College

Thanking Note

In this era of wars, frequent natural disasters, and severe climate change, nature itself seems to have drifted away from its natural balance. We are passing through a time marked by climate crisis, human deceit, and moral decline. This is an age in which people betray one another — even friends and loved ones — leading to isolation, heartbreak, and disconnection. The increasing natural calamities around us further intensify this collective unrest, pushing humanity into a state of inner turmoil and instability.

Such chaos has begun to alter the very mindset of human beings, driving them toward an insecure and restless existence. The mental balance of growing children, too, is being affected by these shifting trends. The alarming rise in drug and substance abuse is leading many of them into behavioral disorders and emotional imbalance.

In this strange and turbulent time, the true meaning of peace and calm seems lost; our inner awareness is fading away. Yet, only when we rediscover the light within us can we truly experience peace - the realization that we are never alone, never truly lost, even in the face of death.

May this magazine serve as a pathway to help readers awaken that inner light and experience true serenity. Amid the chaos of daily life, may each of us learn to pause, to listen to ourselves, and to find moments of stillness through self-meditation.

Thank You
Dr. Tinu Mathews
Treasurer
Homoeopathic Psychiatric Association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