

To Understand the Role of Rubrics of “Delusions” in Treatment of Depressive Patients Using Complete Repertory

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Abstract: *Since ages human race has been trying to find out the causes of diseases in order to find out the possible cure for the same. And after centuries of research and studies it is perceived that the causes of all diseases are but materialistic. In the beginning of the 19th century a German physician named Samuel Hahnemann, dissatisfied with the state of medicine in his time, gave this world the science of homoeopathy. Not only did he give this healing science but also gave us an insight. It has always been in front of us the whole time but was poorly understood. In Aphorism 16 of the organon of medicine, he mentions “Most severe disease may be produced by sufficient disturbance of the vital force through the imagination and also be cured by the same means”. The study is intended to explore the very basis of the disease by understanding the delusions and perceptions, how they form the very basis of the disease, using the complete repertory. “This doctrine appeals solely to the verdict of experience. Repeat the experiments, it cries aloud, repeat them carefully and accurately, and you will find the doctrine confirmed at every step; and it does what no medical doctrine, no system of physic, no so - called therapeutics ever did or could do - it insists upon being judged by results. ” “A STUDY TO UNDERSTAND THE ROLE OF RUBRICS OF DELUSIONS IN TREATMENT OF DEPRESSIVE PATIENTS USING COMPLETE REPERTORY”. To verify statistically the results of the study through the analysis of clinical symptoms before and after treatment.*

Keywords: Depression, ICD - 10 - CM, Complete repertory, Delusion, Disease & Perception

1. Introduction

“There is no delusional idea held by the mentally ill which cannot be exceeded in its absurdity by the conviction of fanatics, either individually or en masse”...Hoche

Delusion

A delusion is a fixed belief that is not amenable to change in light of conflicting evidence. As a pathology, it is distinct from a belief based on false or incomplete information, confabulation, dogma, illusion, or some other misleading effects of perception, as individuals with those beliefs are able to change or readjust their beliefs upon reviewing the evidence.

Types

Delusions are categorized into four different groups:

- Bizarre delusion: Delusions are deemed bizarre if they are clearly implausible and not understandable to same - culture peers and do not derive from ordinary life experiences. An example is a belief that someone replaced all of one's internal organs with someone else's without leaving a scar, depending on the organ in question.
- Non - bizarre delusion: A delusion that, though false, is at least technically possible, e. g., the affected person mistakenly believes that they are under constant police surveillance.
- Mood - congruent delusion: Any delusion with content consistent with either a depressive or manic state, e. g., a depressed person believes that news anchors on television highly disapprove of them, or a person in a manic state might believe they are a powerful deity.

- Mood - neutral delusion: A delusion that does not relate to the sufferer's emotional state.

Depression

Major depressive disorder (MDD), also known simply as depression, is a mental disorder characterized by at least two weeks of pervasive low mood, low self - esteem, loss of interest or pleasure in normally enjoyable activities. Those affected may also occasionally have delusions or hallucinations. Introduced by a group of US clinicians in the mid - 1970s, the term was adopted by the American Psychiatric Association for this symptom cluster under mood disorders in the 1980 version of the Diagnostic and Statistical Manual of Mental Disorders (DSM - III) classification, and has become widely used since.

The diagnosis of major depressive disorder is based on the person's reported experiences and a mental status examination. There is no laboratory test for the disorder, but testing may be done to rule out physical conditions that can cause similar symptoms.

ICD criteria

The most widely used criteria for diagnosing depressive conditions are found in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders and the World Health Organization's International Statistical Classification of Diseases and Related Health Problems.

ICD - 10 defines three typical depressive symptoms (depressed mood, anhedonia, and reduced energy), two of which should be present to determine the depressive disorder

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diagnosis. According to DSM - 5, there are two main depressive symptoms: a depressed mood, and loss of interest/pleasure in activities (anhedonia). These symptoms, as well as five out of the nine more specific symptoms listed, must frequently occur for more than two weeks (to the extent in which it impairs functioning) for the diagnosis.

Diagnostic criteria for depression ICD - 10 uses an agreed list of ten depressive symptoms

Key symptoms:

- 1) Persistent sadness or low mood and/or loss of interests or pleasure
- 2) Fatigue or low energy
- 3) At least one of these, most days, most of the time for at least 2 weeks
- 4) If any of above present, ask about associated symptoms:
- 5) Disturbed sleep
- 6) Poor concentration or indecisiveness
- 7) Low self - confidence
- 8) Poor or increased appetite
- 9) Suicidal thoughts or acts
- 10) Agitation or slowing of movements
- 11) Guilt or self - blame

The 10 symptoms then define the degree of depression and management is based on the particular degree:

- Not depressed (fewer than four symptoms)
- Mild depression (four symptoms)
- Moderate depression (five to six symptoms)
- Severe depression (seven or more symptoms, with or without psychotic symptoms)

Symptoms should be present for a month or more and every symptom should be present for most of every day

Disease & Perception

In aphorism 16 Hahnemann mentions "MOST SEVERE DISEASE MAY BE PRODUCED BY SUFFICIENT DISTURBANCE OF THE VITAL FORCE THROUGH THE IMAGINATION AND ALSO BE CURED BY THE SAME MEANS". It was he who first explained that mind and body are but one and that there can be no disease in the body without the alteration of mind (or perception).

The point here is not to discuss the delusions but rather how a delusion or false perception can be the reason of very disease and how can repertory help us in such cases.

That is, real awareness of the root of the problem, which is usually a delusion. Thus, homeopathic thinking tells us that disease is not external to us, but is part of us. Either through susceptibility, miasmatic inheritance, and lifestyle, maintaining cause or lack of self - awareness, the organism creates a dynamic process called disease. This is a full or partial manifestation of the delusion belonging to and brought about by, the unhealthy organism. And it is completely from us. We create it. In just the same way as dreams are complete manifestations of the unconscious, disease is a manifestation of delusion within the organism. It is generally an unconscious process. We do not wish to be diseased, but it happens willy - nilly. If we were perfect

beings, we would be aware and not susceptible to the exigencies of imperfection. (Interestingly, dreams are pure delusions, belonging to us, which can help lead to the similimum choice, if interpreted with other characteristics. In the same way, if all the cells of the organism are indivisible parts of the whole, then we can see that dream delusion can be seen as part of disease delusion. They are one).

Materials and Methodology

- 1) **Population:** This study will be conducted on the patients who will be attending the OPD, IPD & Peripheral dispensaries at Sri Guru Nanak Dev Medical College & Hospital, Ludhiana
- 2) **Age & Sex:** Patients of all age groups and both sexes irrespective of their economic status and caste.
- 3) **Medicines:** Medicines has been prescribed on the basis of symptom Similarity.
- 4) **Pharmacy:** Dr. Reckeweg & Co. Pvt. Ltd., SBL Pvt. Ltd., Dr. Willmar Schwabe India Pvt. Ltd., B. Jain Pharmaceuticals Pvt. Ltd., etc.
- 5) **Inclusion Criteria:** Patients suffering from depressive disorders or having depressive state
- 6) **Exclusion Criteria:** Cases without regular follow up, having advanced pathology, etc. and requiring surgical intervention and hospital management are excluded from the study.
- 7) **Investigation:** Investigations will be done as per the need of the individual case.
- 8) **Type of study:** Exploratory study
- 9) **Sample:** 50 cases
- 10) **Sample calculator:** Sample size will be calculated with the help of textbooks of statistics or sample calculator softwares like IBM, SPSS, whichever will be needed.
- 11) **Statistical analysis:** It will be done in due course with the help of Microsoft Excel and textbook on statistics. Appropriate statistics tools will be used, if needed.
- 12) **Research Technique:** Detailed case taking has been done in which all symptoms as per grading has been taken to evaluate the similimum.
- 13) **Treatment Method:**
 - Repetition and Change of Potency: Repetition and change of potency will be done according to the instructions given by Dr. Samuel Hahnemann in his 'Organon of Medicine'.
 - Diet and Regimen: Diet and Regimen will be advised according to every case and instructions given by Dr. Hahnemann in 'Organon of Medicine'.
 - Duration of Study: 1 year and 6 months (2021 - 2022)
 - Assessment and Follow Up: Assessment will be done on the basis of following criteria:

Positive Response:

- Complete Recovery: Complete removal of signs and symptoms, General sense of well - being and active life, No new symptoms.
- Marked Improvement: 75% improvement of complaints, General sense of well being

- Moderate improvement: 50% improvement of complaints, General sense of well being
- Mild improvement: 25% improvement of complaints, General sense of well being

Negative Response

- No response of treatment
- Follow up will be done at an interval of 20 days in a chronic case.

2. Results And Discussion

People lead their whole lives based on their perceptions of the world and the environment. A perceived notion true to one person may not be the same for other person. Our perceptions effect on how we think and what we believe in. Depression is a common illness worldwide, with an estimated 3.8% of the population affected. Depression is different from usual mood fluctuations and short - lived emotional responses to challenges in everyday life. Especially when recurrent and with moderate or severe intensity, depression may become a serious health condition. It can cause the affected person to suffer greatly and function poorly at work, at school and in the family. At its worst, depression can lead to suicide.

In Homoeopathic repertory we have the rubrics of delusions which have not been given much importance. In complete repertory, under the chapter of mind there are rubrics of delusions, which if understood properly can help cure even the most difficult of the cases. In my study the aim was to know precisely about the importance of false perceptions or delusions as the cause of diseases and the use of rubrics of delusions from complete repertory for repertorization of each individual case accordingly in order to achieve favorable results or the cure for nearly 18 months of study.

This study was conducted in patients who attended to OPD, IPD and peripheral dispensaries of Sri Guru Nanak Dev Homoeopathic Medical College and Hospital, Ludhiana. Patients were selected according to inclusion and exclusion criteria. Full case taking was done according to case performa. Then, evaluation and analysis of symptoms were done after diagnosis of case, later repertorisation was done from Complete repertory and medicine was selected on the basis totality of symptoms. Potency and repetition was done according to the principles of homoeopathy. In each and every case, proper follow up was taken and results were assessed by scoring that was done in every case according to severity and intensity of the symptoms.

A total of 50 cases were taken randomly for the study. The study was carried out during the tie period of one and half years. It shows that Females are more prone to depression than males with the incidence of 64% in Women (32 cases) and 36% in Men (18 cases). The cases with clinical expression i. e. - sign and symptom of Depression were taken into consideration. The inclusion and exclusion criteria were followed strictly.

Most patients felt better by well selected remedy. It has been studied that the patients who took proper treatment and

followed, they recovered quickly than the non - cooperative patients.

Prevalence of Depressive disorders are more frequent among the age group 31 - 40 years i. e. - (54%) 27 cases, followed by 41- 50 years i. e. - (34%) 17 cases, 20 - 30 years i. e. - (6%) 3 cases, 51 - 60 years i. e. - (4%) 2 cases and minimum prevalence is found in 60 years above of age group (2%) 1 case.

The study revealed the response of treatment in the study group of 50 patients, the 40 cases are improved (80%), 10 cases are not improved (20%) by treatment.

Evaluation of change in disease criteria:

- Mild Depression - Out of 45 cases, 39 cases (86.67%) were improved and 4 cases (13.33%) showed no improvement.
- Moderate Depression - Out of 38 cases, 31 cases (81.86%) were improved and 7 cases (18.42%) showed not improvement.
- Severe Depression - Out of 34 cases, 28 cases (72.41%) were improved, 7 case improved and 3 cases (8.45%) remained unchanged.

For the assessment of the clinical status score before and after treatment result of Symptom intensity Score was considered and 't' test was applied and the role of rubrics of delusions in depressive patients using complete repertory statistically evaluated. Assessment have been done based on Symptom intensity Score.

The result is understood after evaluating the SIS scored values before and after treatment. Value obtained is 13.24 which is more than the table value of 0.05 at df (49). Hence null hypothesis is rejected and test is highly significant.

Medicines were selected on the basis of totality of symptoms. Homeopathy recognizes the uniqueness of each individual and treats him accordingly. The sign and symptoms effectively improved during the treatment. Although in some cases, initial improvement was less but after reconsidering the case and changing medicine, marked improvement was noticed. After prescription, all the generals like sleep, appetite and general wellbeing improved followed by relief in disease symptoms. The efficacy of Homoeopathic medicine proved as 40 patients showed marked improvement.

Conclusion

In this Study 50 subjects were selected on the basis of inclusion and exclusion criteria. By using the Complete repertory Homoeopathic remedy was prescribed and the observation are as follows - The most common age of incidence of Depressive disorder was found to be 25 - 45 year of age. Both the sexes are prone for this disorder however females get more affected than the males.

The study was successful one in terms of fulfilling objectives set for the study. This was a modest effort on my part to find the role of rubrics of delusions in depressive

patients using complete repertory and the response in this study is quite satisfactory.

Having done my studies strictly according Homoeopathic Principles and showing the 'T -test' to support the statistical finding, it is with lot of confidence I say that False perceptions or delusions play homoeopathy has come for their relief.

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