

Exploring the Utility of Homoeopathic Remedies in Suicidal Ideation among the Adolescents

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Abstract: *Suicidal Ideation (SI) is also called as Suicidal thoughts or Ideas to commit suicide. Suicidal Ideation “is when you think about killing of yourself”. Now a days suicide is becoming a more common cause of death in adolescent throughout the world. There are some certain conditions which leads to the suicidal ideas, which includes mental health conditions, post traumatic stress disorder, bipolar disorder, severe pain, heavy mental stress, a family history of suicide, illegal drug use, sexual abuse and hearing news about suicidal deaths. Homoeopathy is a system of medicine based on the holistic approach and the treatment is provided by considering person as a whole (ie) physical, mental, social, biological & psychological well being. Homoeopathic system treats the patient not the disease. The aim of this article is to “explore the utility of homoeopathic remedies in suicidal thoughts” and the objective is to “Create awareness among adolescents about the consequences of suicidal ideation”.*

Keywords: Adolescents, Homoeopathic remedies, Kent & Phatak repertory, Suicidal Ideation

Abbreviations: Deliberate self - harm (DSH), World Health Organization (WHO), Dexamethasone Suppression test (DST)

1. Introduction

Suicide derived from Latin word “Suicidium” - which means “The act of taking one’s own life voluntarily & Intentionally”. The word Suicidium is split into Sui which means “Self” and cidium means “killing” which is from the word Caedere “to slay”.

Suicide is defined as "the deliberate act of self - induced annihilation, best understood as a multidimensional malaise, in a needful individual who defines a problem for which the act is perceived as the best solution".^[1] Suicide is a type of deliberate self - harm (DSH). DSH is an act of intentionally injuring oneself.^[2]

Suicidal behavior is a common health problem, it occurs in males and females of all ages, races, Economic status, educational levels, and sexual orientations. There are two forms of Suicidal ideation, they are - Active and Passive. Active suicidal ideation involves preparation to commit suicide of forming a plan to do so. Passive suicidal ideation is thinking about not wanting to live or imagining being dead.^{[3], [4]} Even though if the person are having these conditions, not all commit suicide but when they are feeling hopeless, guilty, ashamed, in severe mental or physical pain, severe mood swings, retreat from family & friends, loneliness etc, these all may be a triggering factors to commit suicide.

Suicidal behavior includes the following:

- 1) *Completed suicide* - An intentional act of self - harm that results in death.

- 2) *Attempted suicide* - An act of self - harm that is intended to result in death but does not. A suicide attempt may or may not result in injury.
- 3) *Non - suicidal self injury:* (NSSI) is an act of self - harm that is not intended to result in death. Such acts include *inflicting scratches or cuts on the arms, burning oneself with a cigarette, and overdosing on vitamins.* Nonsuicidal self - injury may be a way to reduce tension because physical pain may relieve psychological pain.

1) Epidemiology:

According to World Health Organization (WHO), suicide is among the top 10 causes of death in most countries between the age group of 15 to 35 yrs. In the year 2020, 1.5 million people died due to suicide.^[1] In India the highest suicide rate is reported from West Bengal, Tamil Nadu, Maharashtra, Andhra Pradesh and Karnataka. In 2021, the suicide rates were higher among adults age 25 to 34 yrs, in adolescents and young adults aged 15 to 24 yrs had suicide rate of 15.15%.

Based on NCRB (National Crime Records Bureau), there was 16, 927 deaths due to suicide in Tamil Nadu in 2011, Which came down to 13, 493 in 2019. There was a drastic rise in suicides to 16, 883 in 2020, by the year 2021 it has increased to 18, 925. In India it has recorded that 1.64 lakh deaths occurred due to suicide. For the past 5 years most of the suicide occurred due to failure in the exams by hanging, jumping from tall buildings. However, it says 864 out of 10, 732 youngsters under the age of 18 yrs took their lives due to failure in examination.

2) Aetiology

Some of the common causes of suicide include.

- *Psychiatric Disorders* - Depression, Schizophrenia, Alcoholism and drug dependence.
- *Physical Disorders* - Patients with incurable or painful physical disorders, such as cancer and AIDS, often commit suicide.
- *Psycho social Factors* - Failure in an examination, love affairs, dowry difficulties, marital difficulties, 'illegitimate' pregnancy, family problems or family psychopathology, loss of a loved object, loss of loved one by death, occupational and financial difficulties and social isolation.^[2]

3) Some other causes:

Educational system, Job pressure, social isolation & entertainment media leads to suicide. Now a days divorce rate is increased in modern society so the children may face either missing their fathers or mothers care, love & protection. Some "movies, musics & television shows are violent & these may cause young children to scary and confusing. When these stressful situations arise, the children become emotionally fragile or adolescent may go into a state of deep depression which intensifies the chance of thinking about suicide or attempting suicide.^[5]

4) Methods Used to Commit Suicide:

In India, the commonest modes of committing suicide are ingestion of poison, by hanging, burning, drowning, jumping from height & in front of a train or another heavy vehicle and 'over dose of alcoholism & drugs. Men often tend to use more violent methods for suicide as compared with women.^[2]

- *Items most often used for poisoning are* - Medicines, drugs, alcohol, cleaning agents, insecticides & pest control, gardening agents etc. If some medicines like tylenol, ibuprofen, & cold medicines taken in high amount it will be dangerous.
- *Sharp items are used for suicide* - Knives, pencil sharpeners, razors, paper clips, blades & X - Act knife.
- *Item used for suffocation and strangulation are* - Plastic bags, ties, Belts, Scarfs, bed sheets, cords, shoelaces & ropes.
- *Fire arms* - Flammable substances like Kerosene, petrol, & diesels etc. Now a days Guns are used for committing suicide.

5) Pathophysiology of Suicidal Ideation:

In our brain there are several hormones found which acts as a neurotransmitters, they are cortisol, serotonin (5 - HT), norepinephrine, dopamine, acetylcholine, GABA, these all carry chemical signals from one neuron to the target cell.

Cortisol is called as stress hormone, it helps in regulating your body's stress, metabolism, suppressing the inflammation & regulating blood pressure.

Serotonin makes your body to feel good and it does several functions like learning, regulating body temperature, sleep, sexual behaviour & hunger. If serotonin level is normal you will feel more focused, emotionally stable, happier and calm. If there is lack in the level it leads to depression, anxiety, mania & other conditions like suicidal behaviour, phobia & schizophrenia.

Norepinephrine is responsible for Fight - or - flight response like increases alertness, arousal, and attention, constricts blood vessels, which helps maintain blood pressure at time of stress, affects your sleep wake cycle, mood and memory. When there is imbalance in this hormone level it leads to the suicidal behaviour.

There are 3 neurobiological system play a role in the Pathophysiology of suicidal behaviour which includes:

- a) Hyperactivity of the hypothalamo - pituitary - adrenal axis (HPA),
- b) Dysfunction of the serotonergic (5 - HTergic) system, and
- c) Excessive activity of the noradrenergic system.^[11]

Studies have been conducted to find out whether these 3 neurobiological systems have role in suicidal behaviour. It is done in divergent body fluids, in Blood platelets and in the brains of individual who completed or committed suicide and they have found that these 3 neurological systems are involved in the pathogenesis of suicidal behaviour.

First, urinary cortisol production, CSF studies, DST non - suppression, and post - mortem brain studies suggest a hyperactivity of the HPA axis associated with suicidal behaviour.

Second, indications for an excessive release of norepinephrine and associated changes in the noradrenergic neurotransmission system have been found.

Third, a large number of studies done using blood platelets, CSF, post - mortem brains, functional neuroimaging, and genetics have convincingly shown a deficient 5 - HTergic system associated with suicidal behaviour.

They also have found a 3 characteristics predisposition to suicidal behaviour, they are,

First, perceptions of "defeat" (a tendency to perceive oneself as a loser when confronted with a psychosocial stressor), Second, perceptions of "no escape" (associated with autobiographical memory impairment and problem - solving deficits leading to perceived entrapment); and Third, perceptions of "no rescue" (the tendency to develop feelings of hopelessness). So, if a person feel as if "defeat, no escape & no rescue" in such situation only he tries to or attempt to commit suicide. This shows, how one can develop suicidal thoughts or ideation.^[11]

6) Diagnosis:

The diagnosis of suicidal thoughts or ideation can happen in number of ways that is by "Screening & Risk assessment tools", however these tools cannot always predict an imminent risk of suicide, in such situation *Face - to Face interview* will be helpful. There are some diagnostic criteria for diagnosing suicidal ideation.

Diagnostic Criteria:

In 75% of all suicides there will be a verbal warning or some signs. Unfortunately these verbal warning signs mostly ignored since most parents never expect their child will attempt suicide.

- Sudden changes in *behavior, eating or sleeping habits or relationships with friends*. Statements such as "I want to kill myself" or "The world would be better off without me."
- Increase in risk taking writing or drawing about death themes.
- Using alcohol or drugs.
- Loss of interest, feeling bored.
- Withdrawing from social activities.
- Feelings of hopelessness.
- History of previous suicide attempts.
- History of depression or other mental illness,
- Stressful life event or loss.^[5]

There are different scales are used for assessing the suicidal ideation. These scales contains the Questionnaire.

- Ask - Suicide Screening (ASQ) Questions:** A set of four questions for children and adults designed to detect early signs of suicide; it takes only 20 seconds to administer.^[6]
- Suicide Probability Scale:** Measures well - being and coping behavior using a four - point scale; takes five to 10 minutes to complete.^[7]
- Beck Scale for Suicide Ideation (BSS):** A set of 19 questions for adults that takes five to 10 minutes to administer.^[8]
- Columbia Suicide Severity Rating Scale (C - SSRS):** A short questionnaire that is designed so that you don't need formal mental healthcare training to administer it.^[9]

7) **Medicolegal Aspect:**

Under the Indian law, suicide and attempted suicide are punishable offenses.

- *S.305, I. P. C (Indian Penal Court):* Abetment of suicide of child or insane person (10 yrs imprisonment).
- *S.306, I. P. C: Abetment of suicide:* If any person commits suicide, whoever abets the commission of such suicide, shall be punished with imprisonment for 10 yrs or liable fine.
- *S.309, I. P. C: Attempt to commit suicide:* states that "whoever attempts to commit suicide and does any act towards the commission of such offense, shall be punishable with simple imprisonment for a term which may extend to 1 year and shall also be liable to fine".

Hard way of committing suicide - Shooting, hanging, stabbing.

Soft way of committing suicide - Poisoning & drowning.^[10]

8) **Treatment:**

Treatment may include:

- Individual therapy, Family therapy,
- An extended hospital stay, if needed.
- Psychotherapy or talk therapy, medications, and
- Lifestyle changes Including managing stress, improving sleep, eating, and exercise habits, building a solid support network, and making time for hobbies and interests this can help reduce the risk of suicide.
- Medications to treat any underlying depression causing your suicidal ideation. This may include antidepressants, anti psychotic medications, or anti - anxiety medications.

9) **Prevention:**

The management of suicide, therefore, lies in preventing the act. This can be done at:

- Suicide prevention centers.
- Crisis intervention centers.
- Psychiatric emergency services.
- Medical emergency services.
- Social welfare centers &
- At home of the patient.^[2]

10) **Some important steps for preventing suicide include:**

- Take all the suicidal threats, gestures and/or attempts seriously and notify a psychiatrist or a mental health professional.
- Psychiatrist (or a mental health professional) should quantify the seriousness of the situation (a proper risk assessment) and take remedial precautionary measures.
 - *Inspect physical surroundings and remove all means of committing suicide, such as sharp objects, ropes, drugs, firearms, etc. Also, search the patient thoroughly.*
 - *Surveillance, depending on the severity of risk.*
- Counselling and guidance
 - *to deal with the desire to attempt suicide.*
 - *to deal with on - going life stressors, and teaching coping skills and interpersonal skills.*
- Acute psychiatric emergency interview.
- Treatment of the psychiatric disorder (s) with medication, psychotherapy and/or ECT.

ECT (Electroconvulsive therapy) is the treatment of choice for patients with major depression with suicidal risk.^[2]

11) **Awareness**

Every year, World Suicide prevention day is celebrated on September 10. On that day awareness programmes has to be conducted in schools, hospitals, colleges in order to create awareness among the children, adolescents and people about not to commit suicide. Counselling, motivational speech & consequences about suicide has to be made known to all. Parents, teachers, family members must be aware of their children's behaviour & restrictions should be made to the medias & channels those telecast violent events. It is the responsibility of the parents, teachers, family members & society to create a healthy environment & good relationship with adolescents, in order to reduce the Suicidal ideation or thoughts.

12) **Homoeopathic Medicines:**

There are many homoeopathic medicine are indicated for the Suicidal tendencies, they are Aurum metallicum, Arsenicum album, Natrum sulphuricum, Nux vomica, Belladonna, Phosphorous, Argentum nitricum, Antimonium Crudum, Pulsatilla, Calcarea carbonica, Psorinum, Capsicum, Ignatia amara.

a) **Repertory:**

There are many rubrics given for suicidal ideation, in different repertories. It makes easier for physician to select the exact rubrics and select the indicated medicines by referring it with Homoeopathic Materia Medica. It gives the

information about the repertory, under which chapter the suicidal ideation is given.

KENT'S REPERTORY OF THE HOMOEOPATHIC MATERIA MEDICA AND A WORD INDEX by J. T. KENT:

Suicidal ideation is given as SUICIDAL DISPOSITION in Mind Chapter.

SUICIDAL disposition: Alum., am - c., ambr., *anac.*, anan., *ant - c.*, *ant - t.*, arg - n., *ars.*, asaf., **Aur - m.**, **Aur.**, bell., *calc.*, *caps.*, carb - v., caust., chin - a., *chin.*, cic., *cimic.*, clem., crot - h., cur., der., dros., gels., grat., hell., *hep.*, hipp., *hyos.*, iod., kali - ar., *kali - br.*, kreos., *lac - d.*, *lach.*, lil - t., med., meli., *merc.*, mez., morph., naja., **Nat - s.**, nit - ac., *nux - v.*, orig., phos., plat., *plb.*, *psor.*, *puls.*, rhus - t., rumx., sarr., sec., *sep.*, sil., *spig.*, *stram.*, sulph., tab., tarent., ter., thea., thuj., verat., *zinc.*^[12]

morning: Lyc., nat - c.

evening: Aur., chin., dros., hep., kali - chl., rhus - t., spig.

night, at: Ant - c., ars., chin., nux - v.

bed, in: Ant - c.

twilight, in: Rhus - t.

midnight, after: Ars., nux - v.

axe, with an: Naja.

dread of an open window or a knife, with: Arg - n., camph., chin., merc.

drowning, by: Ant - c., arg - n., bell., dros., hell., *hyos.*, ign., *lach.*, *puls.*, rhus - t., sec., sil., sulph., verat.

fright, often: Ars.

hanging, by: Ars., bell., nat - s., ter.

heat, during: Ars., bell., nux - v., *puls.*, rhus - t., stram.

intermittent, during: Ars., chin., *lach.*, spong., stram., valer.

knife, with: Alum., ars., bell., *calc.*, merc., stram.

lacks courage, but: Alum., **Chin.**, nit - ac., **Nux - v.**, phos., plat., rhus - t., tab.

menses, during: Merc., sil.

pains, from: **Aur.**, bell., *lach.*, nux - v., sep.

perspiration, during: Alum., ars., aur., **Calc.**, hep., merc., sil., spong.

position, by: Lil - t.

seeing blood or a knife, she has horrid thoughts of killing herself, though she abhors the idea: Alum.

cutting instruments, on: Merc.

shooting, by: Anac., ant - c., aur., carb - v., hep., med., nat - s., nux - v., *puls.*

thoughts: Alum., ant - c., arg - n., **Aur.**, dros., hep., ign., kali - br., lil - t., merc., **Nat - s.**, **Psor.**, *puls.*, rhus - t., thuj.

drive him out of bed: Ant - c.

throwing himself from a height: Anac., arg - n., ars., **Aur.**, bell., camph., crot - h., gels., nux - v., orig., stram.

windows, from: Aeth., ars., **Aur.**, bell., camph., carb - s., chin., crot - c., gels., glon., thea., thuj., verat.

waking, on: Lyc., nat - c.

walking in open air, while: Bell.

weeping, amel: Phos.^[12]

A CONCISE REPERTORY OF HOMOEOPATHIC MEDICINES Alphabetically arranged Dr. S. R. PHATAK.

Suicidal ideation is given as SUICIDAL DISPOSITION

SUICIDAL DISPOSITION weary of life: Ant - c; ARS; AUR; Aur - m; Chin; Dros; Lach; Meli; Merc; Naj; Nat - m; Nat - s; Nit - ac; Nux - v; *pho*; Psor; Pul; Sul; Thu; Tub.^[13]

Blood, seeing on: Alu.

Brooding: Naj

By dagger: Ars; Bell; Nux - v

By drowning: Dros; Hyo; Rhus - t; Sec; Sil+; Sul

By hanging: Ars; Bell.

By poison: Ars; Bell; Pul.

By shooting: Anac; Ant - c; Nat - s.

By starving: Merc

Cars, under: Ars; Kali - br; Lach.

Eroto mania, in: Orig

Height leaping, from: Arg - n; Gel; Iod; Lach; Sul.

Homesickness, from: Caps.

Knife, seeing on: Alu.

Love disappointment, from: Bell; Caus; Stap.

Menses, during: Merc.

Music, from: Nat - c.

Pain, from: *Aur*; Nux - v

Weeping amel: Merc; Pho.^[13]

Comparing of Rubrics Similar to Suicidal Ideation in J. T. KENT and Dr. S. R. PHATAK Repertory:

NO	J. T. KENT REPERTORY	DR. S. R. PHATAK REPERTORY
1.	SUICIDAL disposition: Alum., am - c., ambr., <i>anac.</i> , anan., <i>ant - c.</i> , <i>ant - t.</i> , arg - n., <i>ars.</i> , asaf., Aur - m. , Aur. , bell., <i>calc.</i> , <i>caps.</i> , carb - v., caust., chin - a., <i>chin.</i> , cic., <i>cimic.</i> , clem., crot - h., cur., der., dros., gels., grat., hell., <i>hep.</i> , hipp., <i>hyos.</i> , iod., kali - ar., <i>kali - br.</i> , kreos., <i>lac - d.</i> , <i>lach.</i> , lil - t., med., meli., <i>merc.</i> , mez., morph., naja., Nat - s. , nit - ac., <i>nux - v.</i> , orig., phos., plat., <i>plb.</i> , <i>psor.</i> , <i>puls.</i> , rhus - t., rumx., sarr., sec., <i>sep.</i> , sil., <i>spig.</i> , <i>stram.</i> , sulph., tab., tarent., ter., thea., thuj., verat., <i>zinc</i>	SUICIDAL DISPOSITION weary of life: Ant - c; ARS; AUR; Aur - m; Chin; Dros; Lach; Meli; Merc; Naj; Nat - m; Nat - s; Nit - ac; Nux - v; <i>pho</i> ; Psor; Pul; Sul; Thu; Tub.
2.	drowning, by: Ant - c., arg - n., bell., dros., hell., <i>hyos.</i> , ign., <i>lach.</i> , <i>puls.</i> , rhus - t., sec., sil., sulph., verat.	By drowning: Dros; Hyo; Rhus - t; Sec; Sil+; Sul.
3.	knife, with: Alum., ars., bell., <i>calc.</i> , merc., stram.	Knife, seeing on: Alu.
4.	menses, during: Merc., sil.	Menses, during: Merc.
5.	pains, from: Aur. , bell., <i>lach.</i> , nux - v., sep.	Pain, from: <i>Aur</i> ; Nux - v
6.	shooting, by: Anac., ant - c., aur., carb - v., hep., med., nat - s., nux - v., <i>puls.</i>	By shooting: Anac; Ant - c; Nat - s.
7.	throwing himself from a height: Anac., arg - n., ars., Aur. , bell., camph., crot - h., gels., nux - v., orig., stram.	Height leaping, from: Arg - n; Gel; Iod; Lach; Sul.
8.	weeping, amel: Phos.	Weeping amel: Merc; Pho.

2. Conclusion

This article gives the information regarding the details about suicidal ideation & its homoeopathic medicines with rubrics

related to suicidal ideation. Based on the Homoeopathic case - taking, case analysis, Evaluation, Totality, Miasm & Repertorial rubrics we can find out what kind of suicidal tendency the adolescent is suffering and similar homoeopathic medicines are selected and prescribed by referring it with Homoeopathic Materia Medica. Research has demonstrated that the most effective way to prevent suicide is through the early identification and treat those adolescent who are at risk. Homoeopathy treatment can prevent suicidal tendencies in children & adolescence, if it is detected at appropriate time. Thus homoeopathic medicines helps in preventing the adolescents from committing suicide by changing their suicidal ideation, providing them a confidence, courage, belief, happiness and provides ideas about how to tackle the difficult situations in life.

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