



# International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493  
P-ISSN: 2616-4485  
[www.homoeopathicjournal.com](http://www.homoeopathicjournal.com)  
IJHS 2020; 4(1): 115-117  
Received: 15-11-2019  
Accepted: 21-12-2019

**Dr. KS Lalithaa**  
MD (Psychiatry), HOD & PG  
Guide, Department of  
Psychiatry, Vinayaka  
Mission's Homoeopathic  
Medical College and Hospital,  
Salem, Tamil Nadu, India

**Dr. CM Shaheen**  
PG Scholar, Department of  
Psychiatry, Vinayaka  
Mission's Homoeopathic  
Medical College and Hospital,  
Salem, Tamil Nadu, India

## Efficacy of homoeopathic medicines in adjustment disorders among college freshers

**Dr. KS Lalithaa and Dr. CM Shaheen**

### Abstract

Adjustment disorders are a serious concern among college students. Psychological impact of such problem is one of the least spoken topics. Homoeopathic medicines provide rapid, gentle and permanent cure as compared to other conventional method of treatment. This study is conducted to prove the efficacy of Homoeopathic Constitutional medicines in such cases.

**Keywords:** Homoeopathy, adjustment disorders, constitutional medicine, psychiatry

### 1. Introduction

The university years of an individual are emotionally and intellectually more demanding than almost any other stage of education. At this stage, an individual faces a great deal of pressures and challenges that pose a variety of physical, social and emotional difficulties. As a result of changing social and emotional picture of university students, they become more vulnerable for developing mental health problems.<sup>1</sup>

Majority of first-year students feel that the transition to campus happens to be the most stressful adjustment phase in their lives. Adjustment is the psychological processes accustomed to adapt, cope, and manage the issues sweet-faced in the standard of living. For university students, the adjustment could be a multifaceted side that may be divided into four completely different elements that square measure educational, social, Personal-emotional adjustment and attachment to the university.<sup>2</sup>

#### 1.1 Adjustment Disorders

Adjustment disorders are characterized by an emotional response to a stressful event. It is one among the few diagnostic entities during which an external stressful event is linked to the event of symptoms<sup>[3]</sup>.

Some of the widespread stressors recorded in a tutorial setting include excessive project works, poor time management and social skills and peer competition. Other individual particular factors include troubles in economic management, changes in living atmosphere, difficulties managing private and academic life. The educational system also plays an enabling role subsequently resulting in increased stress levels experienced by students. Parents and institutions relentlessly instill the fear of failure which affects their self-esteem and confidence<sup>[4]</sup>.

As per the definition, symptoms must begin within 3 months of the stressor and must remit within 6 months of removal of the stressor. If the symptom complex is less than 6 months in duration, it is deemed acute. Symptoms lasting beyond 6 months of the initial event are coded as a chronic adjustment disorder<sup>[5]</sup>.

Individual affinity or susceptibility plays a pivotal part for the risk of incidence and therefore predispose to the manifestations of adjustment disorders. The manifestations vary, and include depressed mood, anxiety, worry (or a mix of these), a sense of helplessness to tackle situation, improper planning, with difficulty to continue within the present situation, and some degree of inefficiency in performance of day to day activities. The individual are prone to dramatic behavior or outbursts of violence, but these rarely occur. However, conduct disorders (e.g. aggressive or dissocial behavior) could also be an associated feature, particularly in adolescents<sup>[6]</sup>.

Symptoms themselves may add up to the individual's lack of self-reliance and disrupted judgment of security and welfare. Maladaptive conducts, worries, and reservations arise from inability to take charge and insufficiency in controlling themselves to change. The severity of the stressor is adjudged in relation to previous encounters with similar situations.

**Corresponding Author:**  
**Dr. CM Shaheen**  
PG Scholar, Department of  
Psychiatry, Vinayaka  
Mission's Homoeopathic  
Medical College and Hospital,  
Salem, Tamil Nadu, India

Stress must be rated on the basis of the individual's subjective recognitions, giving the perceptions higher ranking to validate the subject<sup>[7]</sup>.

### 1.2 Characteristics of Adjustment Disorders

- Disorders equally prevalent in both males and females
- Stressors and clinical presentation may change, based on different cultures and civilizations
- Varied presentation are in children in comparison to adults
- Adolescents and teenagers show more of behavioral changes, whereas low mood and depression are elicited in adults.<sup>8</sup>

### 1.3 Adjustment Disorders- DSM 5 Criteria

- A. The development of emotional or behavioral symptoms in response to an identifiable stressor(s) occurring within 3 months of the onset of the stressor(s).
- B. These symptoms or behaviors are clinically evident, as evidenced by one or both of the following:
  - I. Marked distress that is out of proportion to the severity or intensity of the stressor, taking into account the external context and the cultural factors that might influence symptom severity and presentation.
  - II. Significant impairment in social, occupational, or other important areas of functioning.
- C. The stress-related disturbance does not meet the criteria for another mental disorder and is not merely an exacerbation of a preexisting mental disorder.
- D. The symptoms do not represent normal bereavement.
- E. Once the stressor or its consequences have terminated, the symptoms do not persist for more than an additional 6 months.

Specify whether:

- 309.0 (F43.21) With depressed mood: Low mood, tearfulness, or feelings of hopelessness are predominant.
- 309.24 (F43.22) With anxiety: Nervousness, worry, jitteriness, or separation anxiety is predominant.
- 309.28 (F43.23) With mixed anxiety and depressed mood: A combination of depression and anxiety is predominant.
- 309.3 (F43.24) With disturbance of conduct: Disturbance of conduct is predominant.
- 309.4 (F43.25) With mixed disturbance of emotions and conduct: Both emotional symptoms (e.g. depression, anxiety) and a disturbance of conduct is predominant.
- 309.9 (F43.20) Unspecified: For maladaptive reactions that are not classifiable as one of the specific subtypes of adjustment disorder<sup>[9]</sup>.

### 1.4 Homoeopathic Approach

Homoeopathy recognizes the individuality of each patient or case. The entire examination of a patient is conducted with a view to discovering not only the general or common features of the case by which it may be classified diagnostically and pathologically, but the special and particular symptoms which differentiate the case from others of the same general class. It recognizes the fact that no two cases or patients, even with the same the disease, are exactly alike, and maintains that a true science of therapeutics must enable the practitioner to recognize these differences and find the needed remedy for each individual. In actual practice the "differences" are very often the deciding factor in the choice of remedy. To use a frequently

quoted epigram: "Homoeopathy does not treat disease. It treats the patients<sup>[10]</sup>."

### 1.5 General Management

- Supportive Psychotherapy is the most appropriate choice in the management of adjustment disorders.
- Crisis intervention helps patients to efficiently solve their life situation that has led to the clinical condition of adjustment problems.
- Stress management techniques and coping methods help the patients cope with their problems in a better way<sup>[11]</sup>.

## 2. Materials & Methods

### 2.1 Source of Data

Patients are screened among the first year students of Vinayaka Mission's Homoeopathic Medical College & Hospital.

### 2.2 Method of Collection of Data

Inclusion Criteria

Age Group 17-19 years of both sexes

Exclusion Criteria

Patients undergoing treatment for any other chronic disease.

Patients with organic mental disorders.

### 2.3 Sample Size and Method of Selection:

The students of college first year were screened. Among them 30 were selected who fulfilled both inclusion and exclusion criteria. The diagnosis was made on basis of strong clinical presentation, examination finding as well as investigations, if required. Follow up of cases were recorded for a period of six months.

### 2.4 Intervention

A detailed case history was taken as per the performa prepared for the case. Therapeutic management was done on the basis of homoeopathic totality. Once the data was recorded, it was processed as per the guidelines adapted in the standardized case record of Vinayaka Mission's Homoeopathic Medical College and Hospital. A totality of symptoms was erected in each case, taking in consideration of psychiatric assessment and as per the principles of Homoeopathy. A remedy was selected for each after referring to Homoeopathic Materia Medica and Various repertories. Adjustment Disorder- New Module 8 (ADNM-8) questionnaires was used to assess the students. The cases were followed up to a minimum period of 6 months. After following up cases the inferences were drawn by analysis of the outcome.

### 2.5 Statistical Analysis

Analysis of the statistical data was done using Paired-t test for the various scores obtained from ADNM-8 at the due course of study. The statistic test 't' follows patient's t distribution with (n- 1 =29) degrees of freedom. Here, tabulated value of 't' at 5% level of significance is 2.045 and 1% level of significance is 2.756 for 29 degrees of freedom. Since the calculated value is 10.67 which is greater than the table at 5% & 1%, which shows there is reduction in symptoms after giving Homoeopathic Medicines.

## 3. Results and Discussion

The study was conducted to study the efficacy of

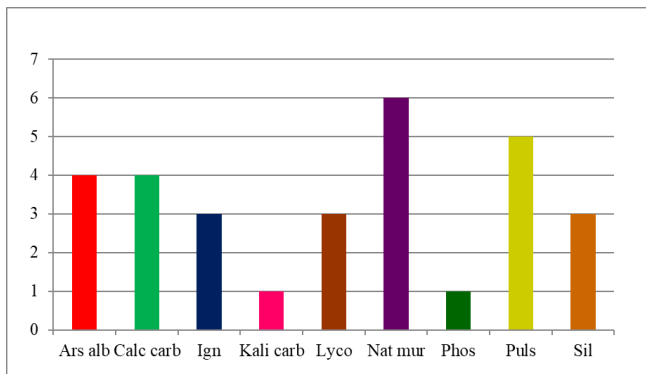
Homoeopathic medicine in Adjustment Disorders among first year college students. The Homoeopathic medicines which covered the totality in these cases were: Natrum muriaticum six cases, Pulsatilla five cases, Arsenicum album and Calcarea carbonica four cases each, Lycopodium, Ignatia and Silicea with three cases each. One of each case of Kali carbonica and Phosphorus were also recorded which can be studied from Fig 1. Out of thirty cases, sixteen cases (53.33%) showed marked improvement, seven cases (23.33%) with moderate improvement and four cases (13.33%) with mild improvement were noted. Three cases (10%) didn't show any improvement. Fig 2 shows the detailed rate of improvement after giving the similimum. The total number of male cases recorded was fourteen (46.67%) and female cases were sixteen (53.33%), which is indicative that the condition is equally prevalent in both genders. Adjustment Disorder- New Module 8 (ADNM-8) questionnaires was used to assess the students. Follow up was recorded for a period of six months.

**4. Conclusion**

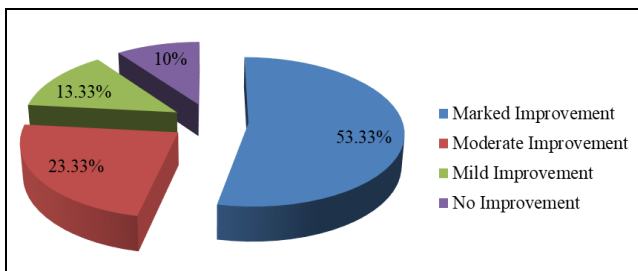
Adjustment Disorders are the most common problems faced by college students. Homoeopathy has far greater scope in such Psychiatric disorders as compared to conventional medicine as it is based on the concept of totality of symptoms and Individualization which makes this system unique and trustworthy. Homoeopathic constitutional medicines play a pivotal role in helping them manage their symptoms more efficiently.

**5. References**

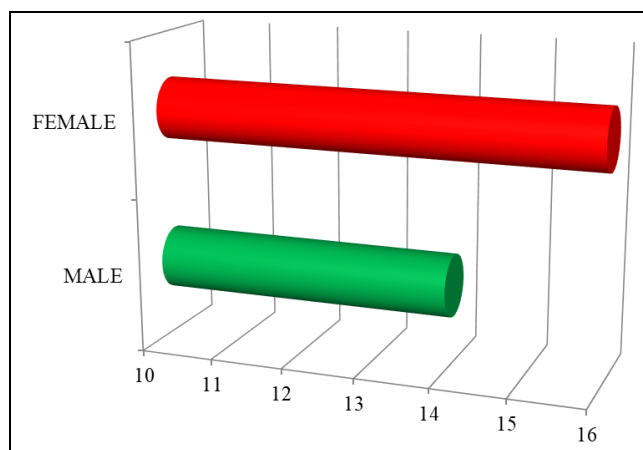
1. Saleem Sadia, Mahmood Zahid. Mental Health Problems in University Students: A Prevalence Study. FWU Journal of Social Sciences, Winter 2013; 7(2):124-130.
2. Getu Belay Ababu, Asmare Belete Yigzaw, Yihunbelay Dinku Besene, Wondale Getinet Alemu. Prevalence of Adjustment Problem and Its Predictors among First-Year Undergraduate Students in Ethiopian University: A Cross-Sectional Institution Based Study; Hindawi Psychiatry Journal. 2018, 1-5.
3. Sadock J Benjamin. Sadock Alcott Virginia, Ruiz Pedro. Kaplan & Sadock's Synopsis of Psychiatry, Behavioral Sciences/Clinical Psychiatry; 11<sup>th</sup> edition, Philadelphia, Wolters Kluwer, 2015, 446.
4. Reddy K Jayasankara, Karishmarajan Menon MS, Anjana Thattil. Academic Stress and its Sources among University Students, Biomedical & Pharmacology Journal. 2018; 11(1):531-537.
5. Sadock J, Benjamin, Sadock MD, Virginia A, Kaplan MD. Sadock, Comprehensive Textbook of Psychiatry, 8<sup>th</sup> Edition, Volume II, Library of Congress publication, New York, 2005, 2055.
6. The ICD-10. Classification of Mental and Behavioural Disorders, Clinical Descriptions and Diagnostic Guidelines; Geneva, World Health Organization. AITBS, Indian Edition, 2007, 149.
7. Michael H Ebert, Peter T Loosen. Barry Nurcombe Current Diagnosis & Treatment in Psychiatry; The McGraw-Hill Companies USA, 461-464.
8. Collection of Evidence-based Practices for Children and Adolescents with Mental Health Treatment Needs; 6<sup>th</sup> Edition Virginia Commission on Youth, 2017, 242-249.
9. Diagnostic and Statistical Manual of Mental Disorders. Fifth Edition DSM-5. American Psychiatric Association USA, 2013, 286-287.
10. Close Stuart, The Genius of Homoeopathy Lectures and Essays on Homoeopathic Philosophy with Word Index, 2<sup>nd</sup> Edition, B. Jain Publishers(P)Ltd, New Delhi, 2010; 65.
11. Ahuja Niraj. A Short Text Book of Psychiatry. 7<sup>th</sup> Edition. Jaypee Brothers Medical Publishers (P)Ltd; 2011, 112.



**Fig 1:** Distribution of number of cases as per the remedies selected



**Fig 2:** Distribution of cases according to improvement after treatment



**Fig 3:** Gender Ratio