



International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493

P-ISSN: 2616-4485

www.homoeopathicjournal.com

IJHS 2020; 4(2): 98-100

Received: 09-02-2020

Accepted: 11-03-2020

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Effectiveness of homoeopathic medicines in illness anxiety disorders among young adults

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Abstract

Illness anxiety disorder is intense enough to cause great distress or to interfere with daily functioning and may cause the person to miss work or cancel social engagement. Homoeopathic medicines are effective in treating diseases which are arising from emotional causes. This study is conducted to prove the effectiveness of Homoeopathic Constitutional medicines/anti miasmatic medicine in illness anxiety disorder.

Keywords: Homoeopathy; Illness anxiety disorder; Hypochondriosis; Constitutional Medicine; Anti miasmatic medicine; Mental Diseases

1. Introduction

Illness anxiety disorder is a new diagnosis in the fifth edition of Diagnostic and Statistical Manual of Mental Disorders (DSM-5) that applies to those persons who are preoccupied with being sick or with developing a disease of some kind. It is a variant of somatic symptom disorder (hypochondriasis). Most individuals with hypochondriasis are now classified as having somatic symptom disorder; however, in a minority of cases, the diagnosis of illness anxiety disorder applies instead ^[1]. Hypochondria (hypochondriasis), originally conceived as a form of melancholia arising from disturbances of the dark humor, was, by the beginning of the 20th century, transformed into a purely mental illness that disarticulated it from the direct connection to physical symptoms arising in the hypochondria or from any pathological connections to the organs of the hypochondria. The conceptual change to hypochondriasis occurred at the time that psychiatry was developing and ascendant as a medical profession and subsequently took over the management of patients with this mental illness. The first edition of the DSM incorporated hypochondriasis as an element of psychotic depression and then, in the second edition of the DSM, hypochondriasis became a neurosis. The DSM-3 originated the new classification of 'somatiform disorders' and 'hypochondriasis' was included as one of these mental illnesses. The essence of hypochondriasis was the patient's fear of having an illness based on their misinterpretation of symptoms, and reassurance from medical doctors failed to reassure them. Hypochondriasis remained as a somatiform disorder in DSM-4 but DSM-5 replaced it with Illness Anxiety Disorder ^[2].

1.1. Illness anxiety disorder

Clinically significant health anxiety is common, with estimates ranging upto 13% in the general population ^[3].

Freud hypothesized that hypochondriasis represented "the return of object libido onto the ego with cathexis of the body" (Viederman, 1985). Subsequently, the cathexis to the body hypothesis was elaborated on to include interpretations involving disturbed object relations – displacement of repressed hostility to the body to communicate anger indirectly to others. Other psychological theories involve defense against feelings of low self-esteem and inadequacy, perceptual and cognitive abnormalities, and operant conditioning involving reinforcement for assumption of the sick role ^[4].

Multifactorial. Patients tend to have a low threshold for worrying about symptoms and consulting doctors. Often such attitudes are acquired during childhood when illness behaviour/role is learnt through family/ cultural influences. Recent life events also affect illness behaviour, e.g. a family member being diagnosed with an illness. The patient's current psychological status and social situation also determine illness behaviour ^[5]. The important features of hypochondriasis (Illness Anxiety Disorder) are:

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1. Complete physical examination and investigations do not show presence of any significant abnormality.
2. The fear or belief persists despite assurance to the contrary by showing normal reports to the patient.
3. The fear or belief is not a delusion but is instead an example of an overvalued idea. The patient may agree regarding the possibility of his exaggerating the graveness of situation, at that time.
4. A preoccupation with medical terms and syndromes is quite common. The patient tends to change the physician frequently, in order to get investigated again^[6].

1.2. DSM 5 CRITERIA

Diagnostic Criteria 300.7 (F45.21)

- A. Preoccupation with having or acquiring a serious illness.
- B. Somatic symptoms are not present or, if present, are only mild in intensity. If another medical condition is present or there is a high risk for developing a medical condition (e.g., strong family history is present), the preoccupation is clearly excessive or disproportionate.
- C. There is a high level of anxiety about health, and the individual is easily alarmed about personal health status.
- D. The individual performs excessive health-related behaviors (e.g., repeatedly checks his or her body for signs of illness) or exhibits maladaptive avoidance (e.g., avoids doctor appointments and hospitals).
- E. Illness preoccupation has been present for at least 6 months, but the specific illness that is feared may change over that period of time.
- F. The illness-related preoccupation is not better explained by another mental disorder, such as somatic symptom disorder, panic disorder, generalized anxiety disorder, body dysmorphic disorder, obsessive-compulsive disorder, or delusional disorder, somatic type. Specify whether:

Care-seeking type: Medical care, including physician visits or undergoing tests and procedures, is frequently used.

Care-avoidant type: Medical care is rarely used^[7].

Marked depression and anxiety are often present, and may justify additional diagnosis. Many individuals, especially those with milder forms of the disorder, remain within primary care or nonpsychiatric medical specialties^[8].

Hypochondriasis co-occurs with anxiety disorders (in particular, generalized anxiety disorder, panic disorder, and OCD) and depressive disorders^[7].

1.3. General management

- Acknowledge the reality of the patient's physical symptoms.
- Explore the relationship between somatic complaints and possible psychosocial causes.
- Treat any mood or anxiety disorder. Refer to specialist.
- Psychotherapy: To explore underlying problems. Explore the benefits of the sickness role, e.g. release from stress and anxiety (primary gain), increased care from family/sick pay/benefits (secondary gain). Encourage coping strategies and letting go of the inappropriate sick role. Involve family who may be reinforcing the behaviour^[9].

1.4. Homoeopathic management

Dr. Samuel Hahnemann mentioned about illness anxiety disorder in aphorism 96 as "Besides this, patients themselves differ so much in their dispositions, that some, especially the so-called hypochondriacs and other persons of great sensitiveness and impatient of suffering, portray their symptoms in too vivid colors and, in order to induce the physician to give them relief, describe their ailments in exaggerated expression."

He also explained in aphorism 80 that illness anxiety disorder (Hypochondriasis) belongs to psoric manifestation, ".....the psora, the only real fundamental cause and producer of all the other numerous, I may say innumerable, forms of disease, which, under the names of nervous debility, hysteria, hypochondriasis, mania, melancholia, imbecility, madness, epilepsyfigure in systematic works on pathology as peculiar, independent diseases."

He also suggested to treat mental diseases in aphorism 227, "But the fundamental cause in these cases also is a psoric miasm, which was only not yet quite near its full development, and for security's sake, the seemingly cured patient should be subjected to a radical, antipsoric treatment, in order that he may not again, as might easily occur, fall into a similar state of mental disease^[10]."

2. Materials and methods:

2.1 Source of Data:

This study of Illness anxiety Disorder among young adults was conducted in patients who reported to the Outpatient department, Inpatient department and Peripheral centers of Vinayaka Mission's Homoeopathic Medical College and Hospital.

2.2 Method of Collection of Data

Inclusion Criteria

Age Group 18-35 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 patients from Vinayaka mission's Homoeopathy medical college were screened. Among them 30 were selected based on inclusion and exclusion criteria. The diagnosis was made on the basis of symptoms presentation. Follow up of cases were recorded for a period of six months.

2.4 Intervention

A performa was prepared for the cases of illness anxiety disorder and the cases were diagnosed, accordingly along with psychiatric assessment. The Homoeopathic remedies were selected, after analysis and evaluation, the totality of symptoms was made for every cases, referring to Homoeopathic Materia Medica and Various repertories, as per the principles of Homoeopathy. For each cases Illness attitudes questionnaire was used to assess the patients. 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

The statistical data was analyzed using ‘paired t test’. The scores were obtained from the Illness Attitudes Questionnaire used before and after treatment. The tabulated value of t at (n-1) = 29, at 5% degree of freedom is calculated which is 2.045. Here the calculated value is 45.46 which is more than tabulated value which shows there is improvement in symptoms after giving Homoeopathic medicine.

3. Results and Discussion

The study was conducted to study the Effectiveness of Homoeopathic medicine in Illness Anxiety Disorders among young adults. Out of thirty cases , Male 12 (40%), Female 18(60%)- Fig.1., Age group 18-23 years 7 cases (23.33%), 24-29 years 9 (30%), 30-35 years 14(46.66%)- Fig 2., The Homoeopathic medicines which covered the totality in these cases were: Arsenicum album and Phosphorus six cases, Nux vomica five cases, Natrum muriaticum four cases, Calcarea carbonica, Lycopodium, Ignatia and Pulsatilla with two cases each, Aurum mettalicum one case, were recorded-Fig 3. Out of thirty cases, 7 cases (23.33%) showed marked improvement, 12 cases (40%) with moderate improvement and 11 cases (36.66%) with mild improvement were noted-Fig.4. Illness Anxiety Disorder- Illness Attitudes Questionnaire was used to assess the patients. Follow up was recorded for a period of six months.

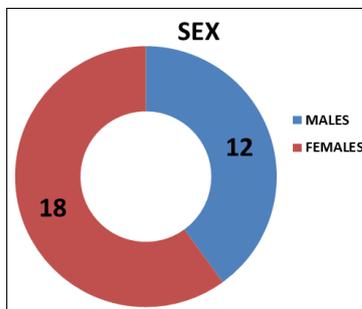


Fig 1: Sex ratio

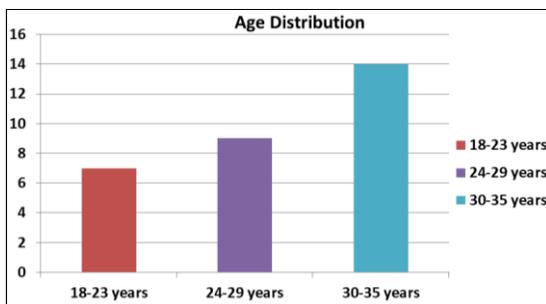


Fig 2: Distribution of cases according to Age

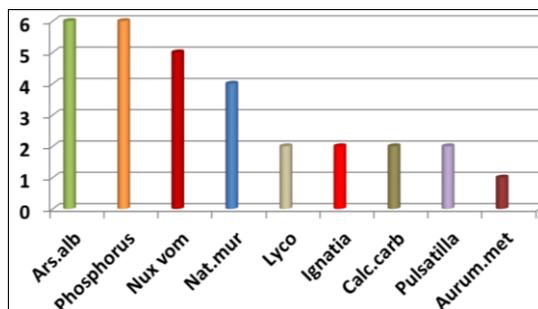


Fig 3: Distribution of number of cases as per the Remedies selected

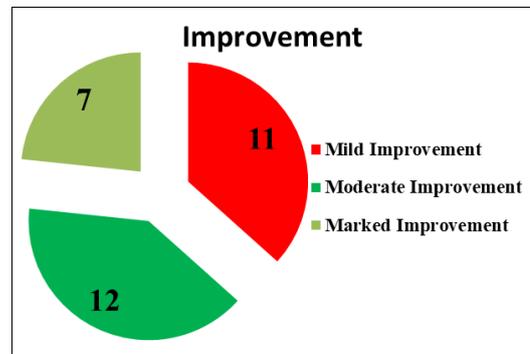


Fig 4: Distribution of cases according to improvement after treatment

4. Conclusion

Now a days, Illness Anxiety Disorders is common problem easily encountered by young adults due to their life styles and by acquiring information overload from the media. Homoeopathy medicines are effective in making changes in their mind, removes pre conceived ideas, stimulate healing at the deepest level, and to allow a gentle return to health, so that the people can maintain their harmony.

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