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## A randomized control trail to assess the efficacy of homoeopathic treatment on unintentional procrastination in depression, anxiety and stress

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### Abstract

**Background:** Even though Procrastination is common it has many consequences. It has been linked to a number of negative associations, such as depression, irrational behavior, low self-esteem, anxiety, poor academic performance and stress.

Unintentional procrastination is a strong marker of psychopathology, which often left unrecognized. There can be various causes underlying the unintentional procrastination so it is important to treat this condition before it further advances.

**Methodology:** The study of unintentional procrastination in Depression, Anxiety and Stress was conducted in patients who reported to the OPD, IPD and Peripheral OPDs of Father Muller Homoeopathic Medical College Hospital, Deralakatte, Mangaluru. Comparative study included 30 individuals in two groups of 15 each, case group on homoeopathic treatment with psychotherapy and control group with placebo and psychotherapy were selected for the study by randomized sampling with control group All the diagnosed cases of depression, anxiety or stress and those who were presenting with the symptoms satisfying the diagnostic criteria as per ICD 10 was evaluated with DASS-21 scale and unintentional procrastination scale before and after the treatment. The remedy selection in individual case in the case group is based on the constitutional approach.

**Results:** In this study there was no gender variation for unintentional procrastination in Depression, Anxiety and Stress; the maximum prevalence was noted in the age groups of 16 – 20 yrs (26.66%) that is 4 patients in the case group whereas it is noticed that there is a maximum of 3 cases in the age group of 26-30 yrs, 41-45 yrs and 46-50 yrs. According to the clinical presentation 8 cases were diagnosed as F41.1 (26.66%) Generalized anxiety disorder. Among the homoeopathic remedies prescribed in the case group, Lycopodium was the most indicated remedy (3 cases, 20%). A majority of 11 patients (73.333%) had shown significant improvement in the case group, the condition of 3 patients (20%) remained the same and only 1 patient's condition had not improved (6.66%) in the case group whereas in the control group among the 15 patients, 9 patients (60%) showed significant improvement 4 cases (26.66%) the condition remained the same and the condition of 2 patients had not improved (13.33%).

**Conclusion:** From the analysis of the results obtained from this study it is clear that homoeopathic treatment with psychotherapy is more effective than the treatment with placebo with psychotherapy in the management of Unintentional procrastination in Depression, Anxiety and Stress.

**Keywords:** Unintentional procrastination, depression, anxiety, stress, homoeopathic treatment, placebo, psychotherapy

### Introduction

Procrastination is one of the main barriers blocking you from getting up, making the right decisions and living the dream life you have thought of. When you procrastinate, instead of working on important, meaningful tasks, you find yourself performing trivial activities. Recent studies have shown that people regret more the things they haven't done than the things they have done. In addition, feeling of regret and guilt resulting from the missed opportunities tend to stay with people much longer. It doesn't take long for procrastination to catch up with you, leaving you vulnerable to pangs of acute anxiety and self-frustration. Sleep can be irregular, eating patterns can drift towards unhealthy and exercise regimes suffer in lieu of rushing to get things done at the last minute. This isn't uncommon time for people to seek psychological help for their symptoms and in particular their anxiety. The good news is that once procrastination gives way to action towards what needs to get done, anxiety is quelled immediately and people start to feel satisfied with themselves and their lives.

**Objectives**

- To find the efficacy of Homoeopathic treatment on unintentional procrastination in Depression, Anxiety and Stress.
- To compare the efficacy between Homoeopathic intervention with psychotherapy and placebo with psychotherapy in the treatment of unintentional procrastination in Depression, Anxiety and Stress.

**Methodology**

The study was conducted in patients who reported to the OPD, IPD and Peripheral units of Father Muller Homoeopathic Medical College Hospital, Deralakatte, Mangaluru.

A total number of 30 cases of both sexes aged 18 to 55 years were screened for the study. The diagnosis was made on the basis of strong clinical presentation and examination findings, as per ICD-10. The case selection for the study

was done by randomized sampling, after fulfilling the inclusion as well as exclusion criteria.

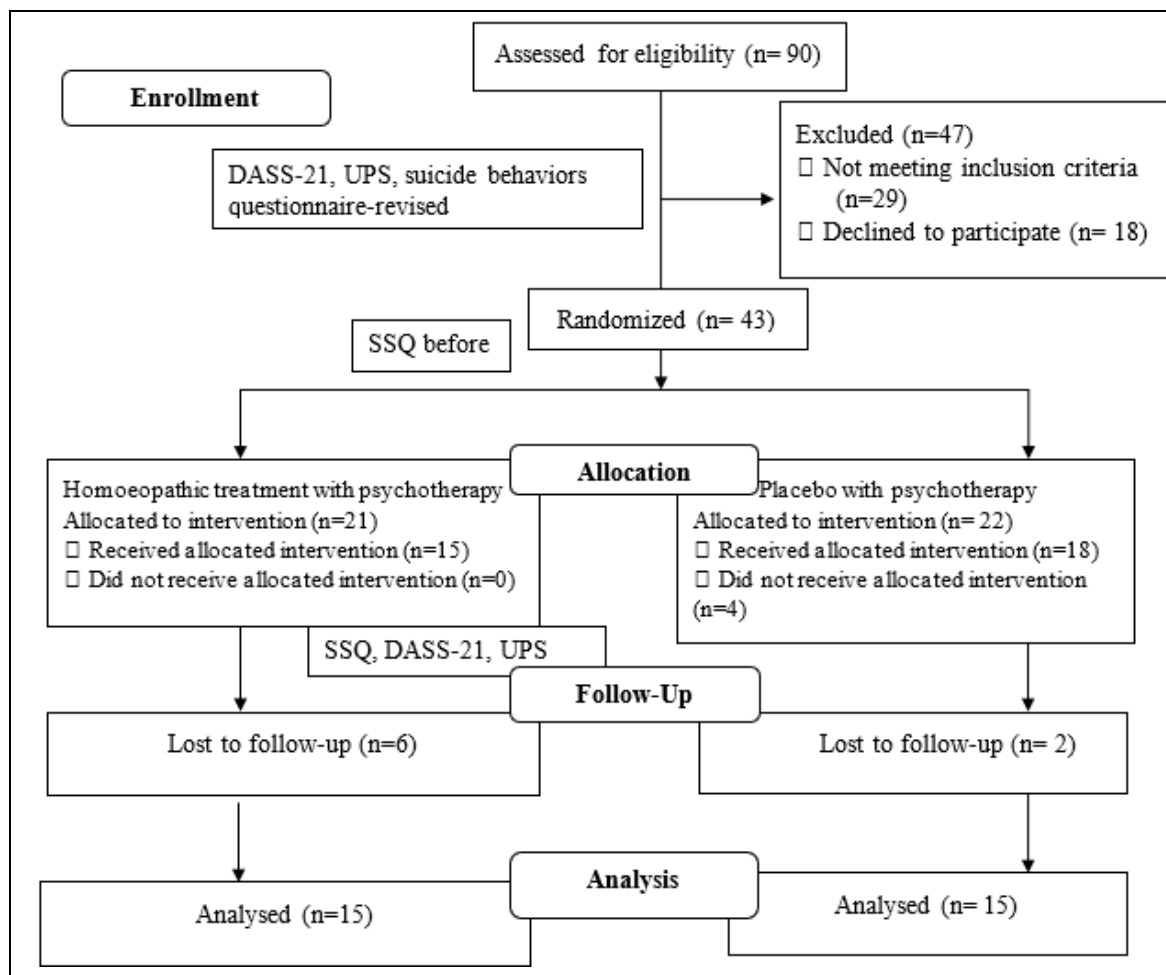
**Inclusion Criteria**

- Both sexes of the age group 18-55 years irrespective of their socio- economic status.
- Cases diagnosed of Depression, Anxiety and Stress with unintentional procrastination.

**Exclusion Criteria**

- Patients having severe depression with suicidal questionnaire revised score  $\geq 7$  (ANNEXURE-IV)
- Patients who are taking psychiatric medication regularly for more than 6 months
- Patients who develop symptoms of psychosis in between the study.
- Patients with symptoms of psychosis.
- Patients with Organic mental disease

**Methodology Flow Diagram**



- All the patients were motivated for positive thinking and were advised to practice relaxation techniques, Yoga, meditation or Pranayama in general.
- Patients were also advised to maintain a thought diary to document their thinking and feelings so that they can self-monitor and find their own ways to modify their cognitive errors and stay positive.

**Assessment of Effectiveness:**

After completion of the study, the assessment of efficacy of

the treatment is done by comparing the post-treatment unintentional procrastination scores with the pre-treatment scores and evaluating them statistically. The unintentional procrastination scale score of the case group is compared with the unintentional procrastination scale score of the control group

**Observation And Results**

The subjects of the study were selected as per the inclusion criteria. A total of 30 cases were selected, within the age

group of 18-55 years, including both the genders (figure 1). These cases were diagnosed on the basis of clinical

presentation.

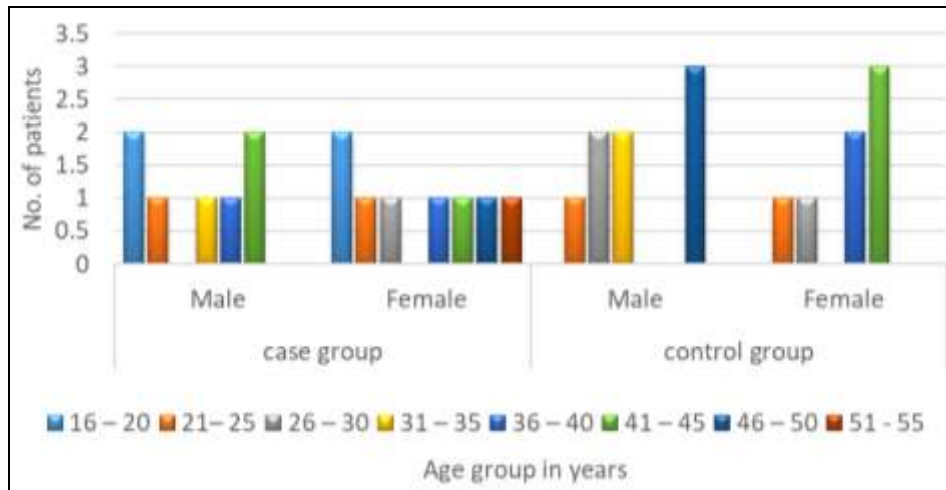


Fig 1: Subjects based on age and sex among groups

The 30 cases taken were divided into two groups, as control group and case group with 15 patients each.

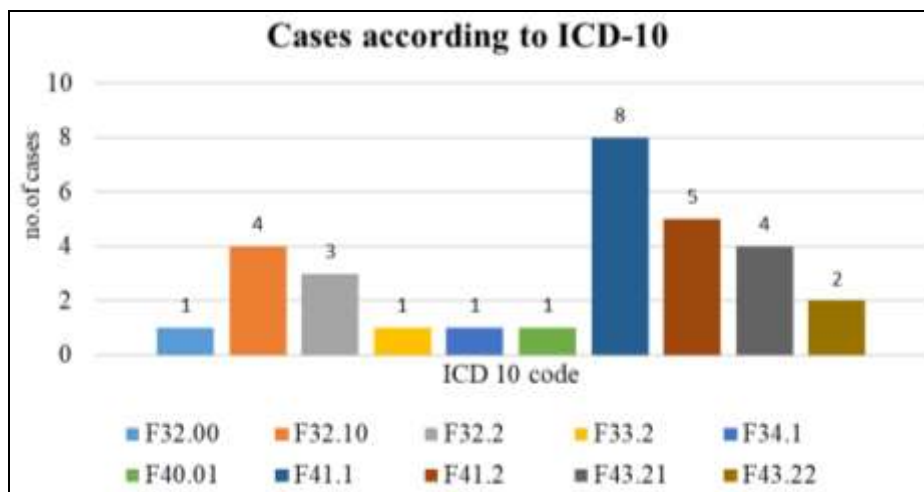


Fig 2: Representation of cases according to clinical presentation as per ICD 10.

According to clinical presentation as per ICD-10, distribution of cases are as follows; 8 cases are diagnosed as F41.1 (26.66%). There were 5 cases with the diagnosis of 41.2 (16.66%). While 4 cases are diagnosed each in F32.10, and F43.21 (13.33%), 3 cases and 2 cases as F32.2 (10%) and F43.22 (6.66%) respectively. 1 case each comes under the ICD-10 category F32.00, F33.2, F34.1 and F40.01 (3.33%). (Figure 2)

Table 1: Distribution of cases according to remedies used

Remedy	No. of cases	Percentage%
Aconite	2	13.333
Aurum met	1	6.666
Baryta carb	1	6.666
Baryta mur	1	6.666
Calc carb	2	13.3333
Kali phos	1	6.666
Lachesis	1	6.666
Lycopodium	3	20
Natrum mur	1	6.666
Natrum sulph	1	6.666
Nux vomica	1	6.666
Total	15	100

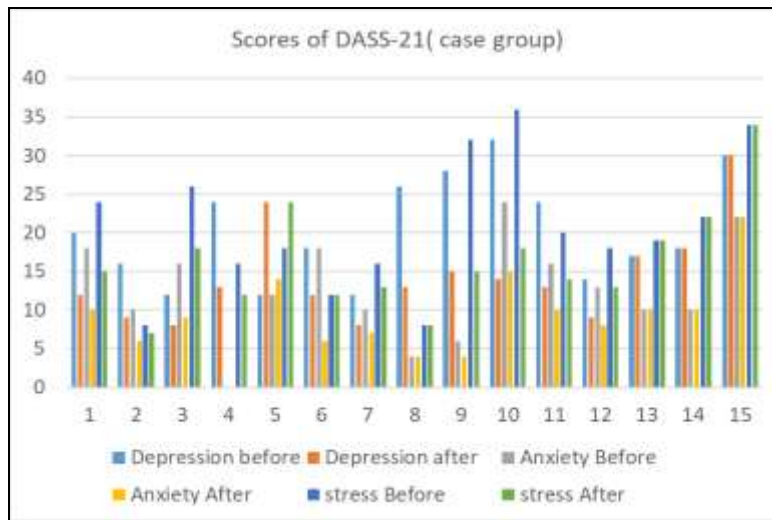
Out of the total remedies administered Lycopodium was prescribed to maximum number of patients (20%) followed by Aconite and Calcarea carb (13.3333%) each. (Table 1)

Table 2: Distribution according to the treatment outcome in case group and control group

Treatment outcome	Case group		Control group	
	No. of cases	Percentage (%)	No. of cases	Percentage (%)
Improved	11	73.3333	9	60
Same	1	20	4	26.6666
Not improved	3	6.66666	2	13.3333
Total	15	100	15	100

The outcome of treatment in case group and control group can be inferred from the above table. Majority of the patients had shown significant improvement (73.33%) in case group whereas in control group only 9 cases have shown improvement (60%). (Table 2)

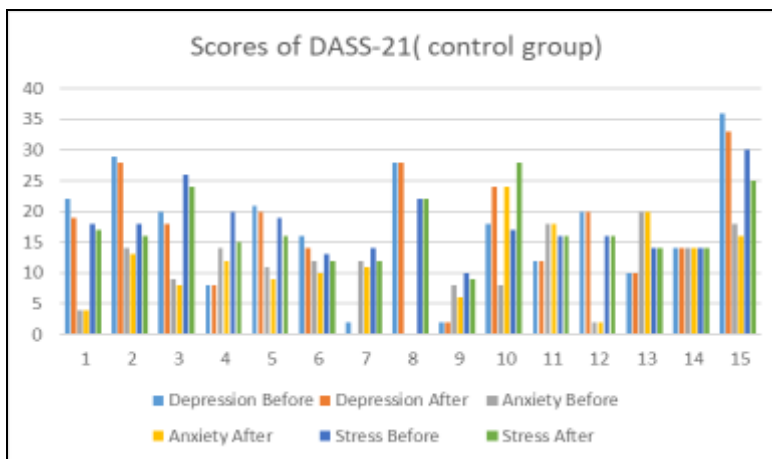
The DASS-21 score of the case group and control group is as follows.



**Fig 3:** Representation of cases according to DASS-21 score after the treatment in the case group

From the above data, except the 3 patients (pt. no 13, 14, 15) who have no change in their before and after score and one patient (pt.no 5) whose after score is high than the

before score all others have shown considerable improvement in the case group.



**Fig 4:** Representation of cases according to DASS-21 score after the treatment in the control group

In the control group it is observed that 4 patients (pt. no 11, 12, 13, 14) have no change at all and 2 patients (pt. no 8 and 10) are having high after values than their before score remaining 9 patients have shown improvement.

The unintentional procrastination scale score depicts that there is a considerable improvement in 11 patients, no change in one patient and unintentional procrastination has increased in 3 patients after the treatment in the case group. Whereas in control group 8 patients have improved in their unintentional procrastination, 4 patients there is no change at all, and 2 patients have increased in their unintentional procrastination behaviour after the treatment.

**Table 3:** Distribution of scores of unintentional procrastination scale before and after treatment in case group and control group

Sl. No	Case Group		Control Group	
	Before	After	Before	After
1	20	12	15	13
2	18	11	19	18
3	10	7	21	19
4	13	15	16	13
5	16	6	16	14
6	12	9	18	16
7	13	10	18	15
8	24	16	22	22
9	15	10	18	17
10	16	8	14	16
11	20	12	17	17
12	21	14	13	15
13	15	16	14	14
14	21	23	17	17
15	21	21	24	23

**Statistical analysis**

After the statistical analysis done by using paired t test in the before and after scores of unintentional procrastination in both the groups, it was found that the p value of case group is 0.0005 and of control group is 0.0483 which is statistically significant but the case group is extremely significant than the control group.

The unpaired t test results of after values of unintentional procrastination scale shows that the two-tailed P value is 0.0128 which is <0.05 so, it is statistically significant. Thus we reject the null hypothesis and accept the alternate hypothesis.

**Discussion**

The word “Procrastination” is originated from Latin

language. Pro means “forward”, “before” and “in support of” and crastius means “tomorrow” and the meaning of the word is “up to tomorrow”<sup>[1]</sup>. Or in short “I will do it later” Procrastination is making a decision to delay for no valid reason or not to complete a task or a goal which you have committed, and instead doing something of lesser importance, despite there being negative consequences for not following through on the original task or goal<sup>[2]</sup>.

### Etiology

- Fear of failure<sup>[7, 8]</sup>
- Lack of motivation<sup>[9]</sup>
- Depression<sup>[9]</sup>
- Anxiety<sup>[9]</sup>
- Stress<sup>[10]</sup>
- Excessive perfectionism<sup>[11]</sup> etc.

### Prevalence

Depending on the study, 80 to 95% of college students have admitted to procrastinating<sup>[4]</sup> while 50% of college students chronically procrastinate<sup>[5]</sup>. In addition, 15 to 20% of adults also chronically procrastinate<sup>[6]</sup>

According to the study done by Yusheng Ying and Wei Lv, academic procrastination behavior differed in respect of gender variation. Male students reported significantly higher levels of academic procrastination than female students. But the literature concerning gender differences on academic procrastination is somewhat inconsistent. Some of the studies have emphasized that procrastination behavior did not change according to gender<sup>[12]</sup> others have suggested that women were at more risk for being procrastinators than men<sup>[13]</sup>. However, the results of the study done by Yusheng Ying and Wei Lv, is supported by the studies carried out by Senecal *et al.*<sup>[9]</sup>. The possible interpretation given was that female students were more likely to experience negative emotions such as guilt, anxiety and self-blame caused by procrastination behavior, so they were more likely to use behavioral self-control and time management strategies to balance their study and life. Thus they may procrastinate less on academic tasks<sup>[14]</sup>.

No occupation is exempted from procrastination<sup>[3]</sup>.

### Anxiety and procrastination

It was found that when there is low cognitive load mild anxiety increases the emotional processing and attentional control (Wood *et al.* 2001) whereas the high levels of anxiety decreases the cognitive performance especially in domains such as attention and executive function.

The people with extreme anxiety will always admeasure their attention in a wide range. They cannot focus on one task. They tend to give attention more on threatening information than a neutral information<sup>[15]</sup>.

Some studies also showed that procrastination as the protective mechanism when the body perceive threat and anxiety. (Kovylin, 2013), (Jannis, & Mann, 1979).

### Depression and Procrastination

One of the major consequences of depression is said to be role impairment which causes decreased work performance. Depression has a drastic effect on the work places. There is reduced productivity, excessive absenteeism and decreased performance on the job<sup>[16]</sup>.

### Stress and procrastination

When the stress continues, all the resources of the patient is used up and the patient becomes tired leading to exhaustion stage. Extreme stress leads the person to burnout.

In a study done by Liesel Van Wyk on the relationship between procrastination and stress in teachers it was found that stress and procrastination are related to each other but it didn't mean that one variable causes the other, they are indicative of each other<sup>[17]</sup>.

Stress can be the outcome of procrastination and also the cause of procrastination. Procrastinators mostly end with negative self-evaluation and negative automatic thoughts which again increases the stress and distress<sup>[18]</sup>.

It is also noted that lower levels of self-compassion in chronic procrastinators contribute stress due to self-blame and criticism<sup>[19]</sup> self-compassion is a quality which reduces the stress associated with procrastination by having a positive view on self even though there is personal failure<sup>[20]</sup>.

### Management

In order to overcome procrastination several interventions has been developed other than the self-help books. The studies done in procrastination have found that self-compassion helps to reduce the negative thoughts which leads, anxiety, rumination, depression and stress. It is also associated with coping strategies like cognitive restructuring<sup>[21]</sup>. Therefore interventions such as mindfulness based stress reduction (MBSR) and mindful self-compassion programs (MSC) are effective way to promote self-compassion<sup>[22, 19]</sup>.

It is found that the main four interventions used for procrastinations were 1) self-regulation, including time management and emotion regulation training; 2) cognitive behavioural therapy; 3) other therapeutic approaches such as paradoxical interventions, coherence therapy, and acceptance and commitment-therapy; and 4) new developments in the realm of concentrating on individuals' strengths and resources. Among which cognitive behavioral therapy is found to have larger effect on procrastinators<sup>[23]</sup>.

### Homoeopathic Approach

According to Hahnemann procrastination as such is symptom of latent psora. “Disinclination to work, in persons who else are most industrious; no impulse to occupy himself, but rather the most decided repugnance thereto”<sup>[24]</sup>. Psoric patients are apprehensive, despondent, depressed and changeable in their mood. (Syphilis, fixed in their moods) their mood is changeable<sup>[25]</sup>. There is always highs and lows in a psoric patient. The internal struggle between this highs and lows are more during stress, which leads to lack of confidence further to constant anxiety.

According to Ortega Psoric patients has anxiety in many diverse forms they have the desire to accomplish many things but they are unable to do anything. They lack self-confidence which is one of the factors which leads to procrastination<sup>[25]</sup>. For Psoric patient most of his complaints are accompanied with anxiety, mental distress and they are functional<sup>[26]</sup>.

Sycotic patients are very secretive they think that all are like him. They have an anxious mind. But this is mostly expressed as fear than anxiety (and panicky terror when it has the syphilitic<sup>[27]</sup>).

Anguish is syphilitic. Anguish is a state of anxiety with physical feeling [28] Syctotic persons are generally workaholic. Whereas syphilitic person will not show any interest in work due to lack of understanding.

### Conclusion

Procrastination is a very common behaviour, but no one realizes that procrastination can be unintentional too. Among the different factors for unintentional procrastination, Depression, Anxiety and Stress have more proclivity to procrastinate.

This was an attempt to study the effectiveness of homoeopathic treatment in unintentional procrastination in depression, anxiety and stress.

Majority of patients have shown significant improvement whereas the condition of 3 patients worsened and only 1 patient's condition remained same in case group. In the control group, 9 patients showed significant improvement whereas in 4 cases the condition remained the same. The condition of 2 patients had not improved.

Therefore, from this study we could conclude that homoeopathic medicine along with psychotherapy is effective than psychotherapy alone.

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