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## A review on the effect of homoeopathic drugs in geriatric depression

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### Abstract

Aging-related depression lowers a person's quality of life <sup>[1, 2]</sup> and makes them more dependent on others. Elderly people may experience clinical and social problems if not treated. Early detection, diagnosis, and start of therapy increase quality of life, stop pain or premature death, and keep independence and function at their highest possible levels <sup>[1]</sup>. Homoeopathic medicines are effective in treating diseases arising from mental and emotional causes. This article aims at exploring the review and Homoeopathic management of Geriatric Depression.

**Keywords:** Geriatric depression, old age depression, late-life depression, homoeopathy, mental diseases, constitutional medicine

### Introduction

Old age, often known as late adulthood, is the stage of life that starts at the age of 65 <sup>[3]</sup>. It is a period of the lifespan cycle that is defined by unique developmental issues, many of which are concerned with losing friends and loved ones, position and power, physical dexterity and mental clarity. Erik Erikson's perspective of healthy old age as a time of integrity rather than hopelessness is informed by the association between old age and the opportunity to accumulate wisdom and pass it on to future generations <sup>[4]</sup>.

In India, life expectancy has increased during the past 70 years. According to the most recent data from 2012, life expectancy is currently over 67 years, up from 36.7 years in 1951. As a result, the proportion of elderly people has increased from 5.6 percent in 1961 to 8.5 percent in 2011 and will reach 9 percent by 2016. India currently has the second-largest elderly population in the world. By 2050, 300 million senior citizens (19 percent of the country's population) are predicted to reside there <sup>[1]</sup>. According to WHO, it will almost increase from 12 to 22 percent by 2050 <sup>[5]</sup>. This suggests that the field of geriatric psychology needs to be developed <sup>[1]</sup>.

### Prevalence and correlates of old age depression

Over 20% old people suffer from a mental or neurological disorder. The most common are dementia and depression. Additionally, depression appears to increase with age, possibly as a result of aging-related physical and mental deterioration and disability, which results in restricted activity and a diminished sense of control over one's life and destiny <sup>[6]</sup>.

There are sick-old ones, who have mental or physical illnesses or both that limit their ability to function or even survive, are similar to the well-old ones <sup>[4]</sup>. Depression in older people is frequently accompanied by physical symptoms or mental shifts that could be mistaken for dementia <sup>[3]</sup>.

Among older persons, depression is a costly, enduring, and common debilitating disorder. <sup>6</sup> It's a time of transition when people must deal with physical ageing as well as obstacles to their mental and social welfare. The total incidence of mental and behavioural diseases tends to rise with age due to normal ageing of the brain, deteriorating physical health, and cerebral pathology.

Depression lowers a person's quality of life and makes them more dependent on others. Elderly people may experience major health and social consequences if neglected or not treated. Early detection, diagnosis, and start of therapy provide us the chance to improve their quality of life, stop pain or premature death, and keep their function and independence at their highest possible levels <sup>[1]</sup>.

In addition to medical morbidity, cognitive impairment frequently coexists with geriatric depression. Even though its impairment diminishes, remission can always occur. The continued decline in cognitive performance shows that geriatric depression results from damage to the brain mechanisms linked to it. Vascular and neurodegenerative illnesses, as well as significant aging-related changes, are some of the many causes of impairment of these structures [7].

### Risk factors

**Table 1:** Risk factors of Geriatric Depression

Physical factors	<ul style="list-style-type: none"> <li>• Various illnesses,</li> <li>• Effects of medications,</li> </ul>
Psychological factors	<ul style="list-style-type: none"> <li>• Loneliness,</li> <li>• Marital relationship (widow/divorced)</li> <li>• Isolation,</li> <li>• Lack of social and familial support;</li> <li>• Reduced sense of independence;</li> <li>• Dependence on others for money;</li> <li>• Absence of family love and support;</li> <li>• Insufficient quality time spent with children; [1]</li> <li>• Life circumstances that are stressful [1, 7]</li> <li>• Spirituality at a lower level,</li> <li>• Perceived poor health,</li> <li>• More emotional coping is used,</li> <li>• Fear of death,</li> <li>• History of suicide attempts,</li> <li>• Ruminative personality traits.</li> </ul>
Life style factors	<ul style="list-style-type: none"> <li>• Lack of hobbies,</li> <li>• irregular eating patterns,</li> <li>• Addictions like substance abuse /smoking,</li> <li>• Sedentary habits, without exercise [1].</li> </ul>

### Aetiology

- **Psychological and social risk factors:** Bereavement over a loss of a partner and a reduced social and physical activity.
- **Co-morbidities and age-related disorders:** Cerebrovascular diseases, Coronary heart disease, Parkinson's disease, Endocrine disorders, Sleep disturbances.
- **Medicines can cause or aggravate the depression:** Opioids, Beta blockers, corticosteroids, NSAID [8].

### Epidemiology of depression among old persons in India

About 15% of all nursing home patients and older adult community members exhibit depressive symptoms.<sup>3</sup> According to studies, the prevalence rate is higher among elderly residents of nursing homes than it is among people who live in the community, rich communities, or slums. It is also higher among females [1].

In the senior population worldwide, major depression affects between 5 and 10 percent of the elderly [9]. It is the only cause of the majority of global disabilities (7.5% in 2015), as well as an important factor in the 800,000 suicides that occur each year. Therefore, depression in the aged population may eventually rank as one of the main causes of illness burden [10]. When it comes to mortality from stroke, depressed people have a higher risk (45%) than non-depressed people (25%) [11].

Up to half of all patients with depression may go undiagnosed by doctors; as a result, the majority of these

individuals do not receive proper care. Clinical diagnosis might be particularly challenging because of things like cognitive deficits, societal stigma, medical co-morbidity, and unusual or ambiguous clinical presentation [9].

### Symptomatology

- Sadness was the most prevalent symptom. (70.5% of the subjects) [1].
- Lowered energy and attention span; difficulty sleeping (especially early morning awakening and multiple awakenings),
- A decline in appetite,
- Loss of body weight,
- Bodily symptoms.
- Low self-esteem,
- Hypochondria,
- Feels that they are not worthy,
- Self-blaming tendencies (particularly with regard to sex and sinfulness),
- Paranoia and
- Suicidal thoughts [3].

### Rating scale

“A Geriatric Depression Scale (GDS)” [2] and “The Quality of Life Scale (QLS)” [2] is used in measuring the level of depression and life quality.

### Prevention

- A compassionate family,
- A feeling of positivity disposition,
- Programs to engage in the spirituality,
- “Laughter clubs”,
- Talking to people,
- Praying,
- Engaging in a variety of interests,
- Watching TV, and
- Visiting a psychiatrist could all be potentially helpful therapies [1].

### Diagnostic criteria - DSM V and ICD 10:

- **296.99 (F34.8 ):** “Major depressive disorder”
- **300.4 (F34.1):** “Persistent depressive disorder”<sup>12</sup>

### Prognosis

The 12-month outcome for older people with late-onset depression was generally found to be poor [1] and it is also characterized by high recurrence rates [3].

However, a shorter episode's duration at the baseline evaluation and a joint family structure were linked to positive results [1]. Depression not only lowers quality of life, but it also affects how other chronic diseases progress, which makes disability worse. The quality of life can be enhanced by early detection and care. Unfortunately, health services in low- and middle-income nations, such as India, are unable to address mental health issues, such as depressive disorders [10].

### Treatment

On comparing to depression in younger individuals, the antidepressant response rate is lower in late-life depression, while the placebo response rate is also remains the identical [11]. Other therapies, which have particularly beneficial effect are:

- Breathing exercises.
- Music treatment.
- Therapy for myofascial release
- Therapy using cognitive behaviour <sup>[1]</sup>.
- A stronger feeling of control.
- Locus of control inside.
- More proactive approaches.
- In longitudinal and cross-sectional research conducted in clinical and community settings, positive religious coping were strongly linked to decreased depressive symptoms <sup>[13]</sup>.

### Homoeopathic therapeutics

#### Ignatia Amara

Sadness due to depression. Ailments from long history grief like the death of a family member or close friend, disappointed love affections or from suppressed emotions. For patients who sit silently and weep or brood over the past.

#### Sepia Officinalis

Constant weeping, indifferent behavior towards people and even family members who were once much respected and loved, and lack of interest in doing any mental or physical work.

#### Ambra Grisea

Sadness especially in depression due to some kind of business loss with continuous weeping for many days. Associated with suicidal thoughts.

#### Aurum Metallicum

Severe depression where suicidal thoughts especially by hanging. Patient feels hopeless and worthless and has persistent suicidal thoughts.

#### Natrum Muriaticum

For the bad effects: of anger (caused by offence), to grief, fright, vexation, mortification or reserved displeasure. Diseases with psychic causes; negative impacts of sadness, fear, wrath, etc. depression, especially in chronic illnesses. Comfort exacerbates. Easily irritated; becomes passionate about trifles awkward, hurried wants to cry in privacy. laughter through tears <sup>[14]</sup>.

Few other remedies that can be thought of are, Calcarea Carbonica. Carbo Animalis. Causticum. *Cinchona officinalis*. *Cimicifuga*. Graphites, Helonis, Kalium Bromatum, Kalium Phosphoricum, Lachesis, *Lycopodium*, Medorrhinum, Muriatic Acid, Natrum Carb, Natrum Sulp, Pulsatilla, Thuja, Veratrum Album <sup>[15]</sup>.

### Conclusion

Finally, this review argues that sadness among older inhabitants of the Indian community is rather widespread. A lot of senior folks who visit various medical facilities exhibit prevalence. These high incidence rates indicate that physicians in primary care and experts from other medical fields need to be made aware of the need to diagnose and treat depression. Studies regarding many facets of senior depression and associated treatment options is seriously lacking. Therefore, it is crucial to concentrate on depression in the elderly and to conduct multicentric, long-term studies that evaluate many elements of depression <sup>[1]</sup>.

### References

1. Grover S, Malhotra N. Depression in elderly: A review of Indian research. *J Geriatr Ment Health*. 2015;2(1):4-15.
2. Hussenoder FS, Jentzsch D, Matschinger H, Hinz A, Kilian R, Riedel-Heller SG, *et al*. Depression and quality of life in old age: a closer look. *Eur J Ageing*. 2020 May 25;18(1):75-83.
3. Benjamin Sadock J, Virginia Alcott Sadock. Kaplan and Sadock's Synopsis of Psychiatry. Published by Lippincott Williams and Wilkins; Philadelphia, USA, 11th Edition; Pg 1334-1351.
4. Sadock BJ, Sadock VA, Sadock BJ. Kaplan & Sadock's concise textbook of clinical psychiatry. 3<sup>rd</sup> ed. Philadelphia: Wolters Kluwer/Lippincott Williams & Wilkins; c2008. p. 694-697.
5. Mental health of older adults [Internet]. [Cited 2022 Jul 24]. World health Organisation. Available from: <https://www.who.int/news-room/fact-sheets/detail/mental-health-of-older-adults>
6. Balsamo M, Cataldi F, Carlucci L, Padulo C, Fairfield B. Assessment of late-life depression via self-report measures: a review. *Clin Interv Aging*. 2018;13:2021-44.
7. Morimoto SS, Alexopoulos GS. Immunity, aging, and geriatric depression. *Psychiatr Clin North Am*. 2011 Jun;34(2):437-49, ix.
8. Caswell M, Clarke R, Ellison P, Knight J, Richards N, Tangney A, *et al*. Depression in Older Adults (BPJ) Special Edition; Best Practice Journal; c2011. p. 1-20.
9. Benedetti A, Wu Y, Levis B, Wilchesky M, Boruff J, Ioannidis JPA, *et al*. Diagnostic accuracy of the Geriatric Depression Scale-30, Geriatric Depression Scale-15, Geriatric Depression Scale-5 and Geriatric Depression Scale-4 for detecting major depression: protocol for a systematic review and individual participant data meta-analysis. *BMJ Open*. 2018 Dec 4;8(12):e026598.
10. Paliania M, Yadav V, Bairwa M, Behera P, Gupta SD, Khurana H, *et al*. Prevalence of depression among the elderly (60 years and above) population in India, 1997–2016: a systematic review and meta-analysis. *BMC Public Health*. 2019 Dec;19(1):832.
11. Alexopoulos GS. Mechanisms and treatment of late-life depression. *Transl Psychiatry*. 2019.
12. Reddy SR. Effect of homoeopathic medicine *Lycopodium clavatum* in urinary calculi. *International Journal of Applied Research*. 2017;3(1):790-1. 5;9(1):188.
13. American Psychiatric Association. Diagnostic and statistical manual of mental disorders: DSM-5. 5<sup>th</sup> ed. Washington, D.C: American Psychiatric Association; c2013. p. 160-171.
14. Bjørkløf GH, Engedal K, Selbæk G, Kouwenhoven SE, Helvik AS. Coping and depression in old age: a literature review. *Dementia and Geriatric Cognitive Disorders*. 2013;35(3-4):121-54.
15. Boericke W. Boericke's New Manual of Homoeopathic Materia Medica with Repertory. B. Jain Publishers; 3<sup>rd</sup> Revised and augmented edition based on 9<sup>th</sup> edition; 2007, p. 33-34, 88-98, 302-303, 408-410, 518-520.
16. Phatak SR. A Concise repertory of homeopathic medicines. B. Jain Publishers, Fourth Edition; 2005. p. 334.