



Suicidal Tendency

ABSTRACT

This study has been made on the basis of abnormal psychology, abnormal pathophysiological reaction as well as the effect of stressful lifestyle of modern cosmopolitan. And in this aspect it has been tried to correlate the efficacy of homoeopathic medicine from the view of different pioneers.

INTRODUCTION

It is the tendency to attempt to end one's life. Causes of suicide are not well understood, but one theory holds that modern society fosters increased social isolation and alienation. Attempted suicide is three times more common in females than males. Completed suicide is three to five times more common in teenage boys than girls and usually involves firearms, hanging or jumping from heights. Risk factors for suicide among adolescents include prior attempt of suicide, a history of depression or other major psychiatric disorder, history of substance abuse, medical illness, family history of suicidal behaviour and knowing someone who has committed suicide. Stressful events can precipitate depression and increase risk of suicide which includes death of a relative or friend, disciplinary crisis, rejection or humiliation, school difficulty and anxiety about homosexuality. Impulsive actions are one of the more serious underlying mood disturbance personality disorders. The incidence of depression increases with age; the disorder is approximately twice as prevalent in women as in men, regardless of age. Modern scientists consider that genetic influence is largely present along with socio-cultural and environmental psychological

stress, which has been described by Homoeopathic concept as miasmatic background from the very beginning.

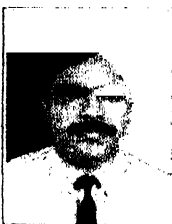
PATHOPHYSIOLOGICAL SIGNIFICANCE

Post mortem examination of brains of suicide victims suggest attested noradrenergic activity, including increased binding to α_1 , α_2 and β adrenergic receptors in the cerebral cortex and a decreased total number and density of noradrenergic neurons in the locus coeruleus. Involvement of serotonin system is suggested by findings of reduced plasma tryptophan levels, a decreased cerebrospinal fluid level of 5-hydroxyindolacetic acid (principal metabolite of serotonin in brain) and decreased platelet serotonergic transporter binding. An increase in brain serotonin receptors in suicide victims is also reported.

Neuroendocrine abnormalities reflect the neurovegetative signs and symptoms of depression include –

- i) Increased cortisol and corticotrophin releasing hormone,
- ii) An increase in adrenal size,
- iii) A decrease inhibitory response of glucocorticoids dexamethasone and
- iv) A blunted response of thyroid stimulating hormone level to infusion of thyroid releasing hormone.

Diurnal variations in symptom severity and alterations in circadian rhythmicity of a number of neurochemical and neurohumoral factors suggest that biologic differences may be secondary to a primary defect in regulation of biologic rhythms.



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MIASMATIC CONCEPT

PSORA– Psoric patient is a constant annoyance to his or her friends. They are chronic complainers, moody and highly changeable. He may be so depressed that he cannot speak, but when he is able to speak he is at



no loss for words. Desire to kill or to destroy life is seldom a purely psoric mental symptom.

SYCOSIS and SYPHILIS– Their reasoning powers are slowed and they constantly condemn self. Sycosis patient basically are suspicious, selfish, having a tendency to keep everything secret, cross, irritable. Syphilitic patients are morose, mistrustful, desire to escape or to get away and he is a closed mouth fellow with a destructive nature. So sudden burst out of mental imbalance leading to suicide are the important indication of syphilis, but could arise from moral insanity of a mixed miasmatic back ground. But sycosis coupled with psora is the basis of criminal insanity and of most suicide. According to J H Allen, men and women who commit suicide today are generally sycotic, occasionally syphilitic. And he has given a simple reason of women suffering from discharge and often say ‘I will kill myself if I do not soon get rid of this loathsome disease’.

What Hahnemann said that mental or moral diseases originate from psora, does not seem to be sufficiently attended to. A certain feeling of insanity induces those patients to kill themselves, although they have no anxiety, no anxious thought and seem to be in full senses. So it has been found that base of this tendency is psora and construction of their symptomatic progress mainly the insanity in the sphere of psychology as well as related to physical association depends upon different miasmatic influence will build the ultimate desire to suicide.

MEDICINES WHICH COVER SUICIDAL TENDENCY

Antim-crud- ‘Suicidal tendency due to hysterical loathing of life.’ (Kent) Over excitable, nervous, ecstatic young girl and women, who are having sentimental mood in moon-light. Desire to talk in rhyme or repeat verses with absence of desire to live. He tells ‘Oh doctor, if I could only die.’

Ecstasy and exalted love, with great anxiety about his fate and inclination to shoot himself. Aggravation when walking in moonlight, and then his conduct is like that of an insane person.

Argentum-nit- Unstable mind. Impulsive, thinks he is losing his mind. Impulse to jump, when looking down from height whether it is a top storey window or from railing of the bridge. The impulse occurs in the absence of any suicidal desire – quite inexplicable.

Arsenicum-album– Deep sense of insecurity. Great anxiety and fear. Fear to be alone, something will injure him, is going to die. Even fear of contaminated disease from uncleanness leads to make him ‘fastidious’. As illness progressed, paranoid and delutionary state arises, which causes suspiciousness with diminished fastidiousness, anxiety, fear of death. But depression sets in – as despair of recovery, loss of interest in life. (Great indifference, -neither expect nor desire to recover – ‘Chronic diseases’)

Aurum-met- Gold has a property to remove the melancholia and suicidal thought. It has been explained by Serapion in the tenth century and Avicenna in eleventh century. Hahnemann also got success to remove melancholia and suicidal thought by *Aurum*.

Here fundamental love ie love of life, self protection (ie life preserving love) becomes prevented. Insanity begins in will, proceeds to intellect, which is preserved as perversion of affection. Imagines he has neglected something, he is wrong, is wholly evil, has sinned away day of grace, is not worthy of salvation; is wholly unfit for the world. He always looks on the dark side: Future looks bleak, will never succeed; business is dark, family troubles him, friends annoy him. Finally, he becomes extremely irritable, easily angered, with profound melancholic and depression-longs to die and seeks out methods for suicide.

Hepar-sulph– “Impelled by unaccountable attacks of internal anguish, which sometimes comes on quite suddenly, to attempt suicide”. – Herring’s Guiding Symptoms. Great impulsiveness. The impulse will overwhelm him and make him wish to kill his best friend in an instant. Impulse, sudden to stab his friend; barber



has an impulse to cut the throat of his patron while in the chair; mother may have an impulse to throw the child into the fire; or impulse to set herself on fire ie Impulse to do violence or destroy; often increased to insanity or mania to set things on fire, or even to suicide.

Natrum-sulph- 'Melancholia with periodical attacks of mania' - ie manic depressive psychosis. **Hering's Guiding Symptoms**

In depressive phase person feels anxiety about future, satiety of life, loathing of life, which leads to suicidal impulse. But these patients must use all self control to prevent taking his life, due to strong sense of duty towards his family.

CONCLUSION

Any psychological disorder which causes to end one's life, is a long process. And this long continued disease process can be treated successfully by considering the relevant signs and symptoms as well as miasmatic background. In this respect Dr Broadman has given an

important clue, "Mental concomitant in physical complaint and physical concomitant in mental complaint are an unfailing guide to the similimum".

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Can Homoeopathy Conquer Death?

If anything in life is real and sure, it is death. No one can escape it. People die not due to diseases and accidents but because of reasons beyond the meager knowledge of mankind. How do you define Death? Death is suspended animation marked with an imperceptible pulse and apparent or real want of action of lungs. It may be called clinical death, brain death, and persistent vegetative state death, suicide death or accident/murder death etc. But to a layman, no breathing means death. Death is a dreadful eventuality. There is weeping, crying and mourning when death occurs in a family. Until death, he was a loving person with a 'name'; the moment death occurs, people enquire

about the time of cremation of the 'body'. Carrying the 'body' away from home is done at the earliest. Death that is not mourned seriously is natural death. This occurs at matured age with no diseases. Only great saints and the fortunate ones, satisfied with life, get natural death. 15 to 20 days before natural death, such persons refuse food and have no bowel movement. 8 to 10 days before, they feel weak, cannot stand and prefer to lie down. 4 to 6 days before, they do not accept any food. 2 to 3 days before, they do not drink water. If forced to eat or drink, they vomit. They wish to listen to religious recitals and shower blessings on the people surrounding them. A day before death, their voice is lost but they listen to everything said. They look happy when they breathe their last peacefully. During all these phases, such persons have no bodyaches, no change in pulse or blood pressure rate and no restlessness. Now examine the phases. Anorexia and



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