

A Comprehensive Repertorial Approach to Suicidal Ideas

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ABSTRACT

Suicide is one of the commonly encountered psychiatric emergency & common cause of death among psychiatric patients. In this article the author will try to explain, analyze & evaluate suicidal ideas in the light of homoeopathy.

KEYWORDS: *Suicide, Euthanasia, Assisted suicide*

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INTRODUCTION

Suicide is defined as the act of self-intentioned & self-inflicted death. It is a type of deliberate self-harm that usually ends with fatal outcome. Let us see some of the important terms associated with suicide...

1. Deliberate self-harm: It means intentionally injuring one self; irrespective of actual outcome.
2. Attempted suicide: It is unsuccessful suicidal act with non-fatal outcome.
3. Suicidal gesture: It is attempted suicide where the person performing the action never intends to die by the act. However the person may die accidentally during the act.

Different views on suicide:

1. For the stoics suicide is free persons last act
2. For roman catholic church it is a sin
3. According to Emile Durkheim it is more a social than a moral deed
4. According to Edwin Shneidman it is the conscious act of self-induced annihilation, best

understood as a multidimensional malaise in a needful individual who defines an issue for which the act is perceived as best solution.

5. The suicide is not random or pointless but it is a release from problem or crisis inevitably producing intense suffering
6. It is a complex phenomenon associated with psychological, biological & social factor⁽¹⁾

Incidence:

1. It is among top 10 causes of death in India⁽²⁾
2. Attempted suicide is more common in women whereas completed suicide is more common in male.
3. In India the highest suicide rate is in age group of 15 -29 years.
4. National crime records bureau maintains the record of committed suicides.
5. Incidence of attempted suicide is 8 – 10 times more than successful suicide

6. Chronic alcoholism, drug abuse, poor adherence to medication can be a cause of chronic suicide
7. Rate of attempting & committing suicide increases during recession, depression & during times of high unemployment whereas decreases during time of high employment, war⁽¹⁾.

Common themes of Suicide:

1. Any crisis such as physical, emotional, social, financial etc. that causes intense suffering with feeling of hopelessness & helplessness.
2. Conflicts between unbearable stress & survival
3. Narrowing of person's perceived options
4. A wish to escape
5. A wish to punish self or punish significant others with guilt.
6. Men uses hanging, jumping from high place & firearm where as women uses overdose of psychoactive substance & poison⁽²⁾

Risk factors for suicide:

1. Male gender
2. Age more than 40 years
3. Staying single
4. Previous suicidal attempts, availability of means of suicide
5. Family history of suicide
6. Depression. Anxiety, Exhaustion
7. Presence of guilt, self-accusation, agitation, nihilistic ideas, worthlessness, severe insomnia.
8. Suicidal preoccupation such as writing suicide notes or making plans for suicide.
9. Alcohol & drug dependence
10. Severe, disabling, untreatable physical illness
11. Recent serious loss or major stressful life event
12. Social isolation
13. Higher degree of impulsivity
14. The higher the persons social status, the greater the risk but fall in social status also increases the risk
15. It is higher among unemployed than among employed.
16. Amongst occupation physicians are at high risk of committing suicide followed by musicians, dentists, law enforcement officers, lawyers, insurance agents⁽²⁾.

Etiology:

1. Psychiatric disorders such as depression, alcoholism, drug dependence, schizophrenia, mood disorders, cognitive disorders, personality disorders, panic disorders, social phobia etc.
2. Genetic factors –studies show that suicide runs in family
3. Psychological factors like failure in exam or in love affair, dowry difficulty, marital difficulty, illegitimate pregnancy, family problems, family history of psychopathology, loss of loved one, financial or occupational difficulty, isolation from society, early childhood trauma, personality traits, unemployment, separation from spouse, hopelessness, worthlessness, poor self-esteem, easy availability of lethal means, discontinuation of medications etc.
4. Preexisting medical illness such as cancer, epilepsy, multiple sclerosis, dementia, AIDS, Cushing's disease, klinefelter's syndrome, hemodialysis, cirrhosis of liver, disfigurement, loss of mobility etc.
5. Deficiency of serotonin, low CSF 5 HIAA levels⁽¹⁾.

Protective factors in suicide:

1. Children & elderly parents at home
2. Religious & moral values
3. Good engagement with treatment
4. Age less than 40 years, female sex, married, employed, having stable interpersonal relationship
5. Having good health, no alcohol or substance dependence, optimism
6. Infrequent ideas of suicide, no means available, extroversion, wish for change in situation
7. Having good personal achievement, insight, rapport, responsive family & good social integration⁽²⁾.

Common methods used for committing suicide:

1. Men uses hanging, jumping from high places & firearm as methods of committing suicide
2. Women uses overdose of psychoactive substance & poison as a method of committing suicide

According to National crime record bureau commonest modes of committing suicide are...

1. Ingestion of poison
2. Hanging, Burning, Drowning
3. Cutting of major blood vessel

4. Self-inflicted trauma
5. Jumping in front of train or another vehicle
6. Alcoholism
7. Discontinuation of medication
8. Starvation

Medicolegal aspects in suicide:

1. According to section 309 of IPC suicide & attempted suicide are punishable offenses⁽²⁾

Some facts about suicides:

1. 80% of person who commit suicide give definite warning & clues about their suicidal intentions
2. Most suicidal persons are undecided about dying of living
3. Suicidal person is usually suicidal only for a limited period of time
4. Although a suicidal person is often extremely unhappy, he or she is not necessarily mentally ill.
5. Suicide can be committed as a result of wish for taking revenge, power, control, punishment, atonement, sacrifice, restitution, escape, sleep, rescue, rebirth, reunion with dead or new life, loss of love object, any narcissistic injury, experiencing overwhelming rage, guilt, identifying with suicide victim etc.
6. Chaotic & conflicting interpersonal relationship can lead to suicide
7. Poor personal achievements, poor insight, poor judgement, social isolation, poor rapport & unresponsive family can also result in committing suicide⁽²⁾

Some misconceptions about suicide:

1. People who talk about suicide don't commit suicide.
2. It happens without warning
3. The persons are fully intent on dying
4. Once a person is suicidal, he or she is suicidal forever
5. All suicidal persons are mentally ill or psychotic⁽²⁾

Suicide in schizophrenia:

1. It can occur due to presence of comorbid depressive symptom
2. Command hallucination commanding the patient to commit suicide
3. Impulsive behavior, presence of anhedonia
4. Return of insight in illness with painful awareness that one has suffered from schizophrenia⁽²⁾

Suicide in depression:

1. The suicidal ideas in depression should always be taken seriously
2. Every depressed patient carries a risk of attempting suicide. The risk is highest when...
 - A. The patient is male, is more than 40 years of age, is single or widow
 - B. Have presence of marked hopelessness
 - C. Written or verbal communication of suicidal intent or plan
 - D. Early stage of depression
 - E. Patient recovering from depression
 - F. Period of 3 month from recovery⁽²⁾

Classification of suicide:

According to Emile Durkheim suicide can be divided into 3 social categories...

- A. Egoistic Suicide: It is applied to those who are not strongly integrated into society or any social group ex. Socially isolated, unmarried people's
- B. Altruistic Suicide: It is applied to those who have excessive integration into social group ex. Soldiers
- C. Anomic Suicide: It is applied to those whose integration into society is disturbed hence they can't follow customary norms of behavior ex. Film stars, peoples engaged in share market, stock brokers etc⁽¹⁾.

Differential diagnosis:

- A. Self-injury:
 1. The incidence of self-injury in psychiatric patient is estimated to be more than 50 times greater than that in general population.
 2. Most of the patients tend to cut themselves. Most of patients cut themselves delicately in private with either a blade broken glass, mirror, knife etc.
 3. Wrists, arms, legs & thighs are most commonly cut
 4. Majority of the persons have personality disorders, they are introverted, neurotic & are hostile
 5. Alcohol & other substance abuse is common in cutters. Some patient tend to do self-mutilation i.e. localized self-destruction as a result of mishandling of aggressive impulses.
 6. It occurs because of unconscious wish to punish either oneself or an introjected object.
- B. Assisted suicide:
 1. It is the imparting of information or means that enables a person to deliberately take his or her own life.

2. Assisted suicide is a crime & the person who is assisting the act will get the punishment & not the one who is committing it

3. It can even be prosecuted as murder

C. Euthanasia:

“It is a physician’s deliberate act to cause a patient’s death by directly administering lethal dose of medication or other agent as such patient are thought of as hopelessly ill or injured.” It is also called as mercy killing. It is further classified into four types...

1. Active euthanasia: In this case the physician deliberately intends to kill a patient to alleviate or prevent uncontrollable suffering.

2. Passive euthanasia: In this case the physician deliberately withhold artificial life sustaining measures so that patient die of natural death.

3. Voluntary euthanasia: Here the patient who is to die is competent to give consent & does so.

4. Involuntary euthanasia: Here the patient who is to die is incapable of giving consent.

D. Assisted suicide: “It is the imparting of information or means that enables a person to deliberately take his or her own life.” When this assistance is provided by physician it is called as physician assisted suicide.

E. Palliative care: “It is designed to alleviate the suffering of patient who is dying. It includes giving pain relief, emotional, social & spiritual support to the patient as well as psychiatric care. The intension is to relieve the pain & suffering & not to end patient’s life even though death may occur during this⁽¹⁾.”

Management:

The management lies in preventing the act

1. Take all suicidal threats, gestures, attempts seriously & notify the health professional

2. Psychiatrist should quantify seriousness of situation, risk assessment & take remedial precautionary measures

3. Counselling & guidance to deal with desire to attempt suicide, deal with ongoing life stressors, teaching coping skills & interpersonal skills

4. Treatment of underlying psychiatric disorder with medication, psychotherapy & electroconvulsive therapy

5. Maintenance & compliance with follow up & medication is of utmost importance to prevent future suicidal attempt

6. Most of the suicide among psychiatric patients are preventable, patients with personality disorders

are highly impulsive & can commit suicide spontaneously

7. In patients with chronic & intense suffering & in those who are unresponsive to treatment, suicide is perceived as inevitable

8. Decision to hospitalize a patient depends upon diagnosis, severity of depression, suicidal ideas, patient & families coping abilities, patient’s living situation, availability of social support & absence or presence of risk factors for suicide⁽¹⁾

Prevention of suicide:

Some community organizations are established in order to prevent suicide ex. Suicide prevention center, crisis listening post, suicide telephone hotline⁽¹⁾

Repertorial approach for suicidal disposition

A. Complete repertory:

Chapter: Mind

Rubric:

Suicidal disposition: Total number of remedies mentioned 220

ANT – C, ARS, AUR, AUR – M, BELL, CHIN, HEP, HYOS, LACH, MED, MERC, NAT –S, NIT –AC, NUX – V, PHOS, PSOR, PULS, RHUS T, SEP, STAPH, THEA, Aeth, Anac, Aur – ar, Bry, Calc, Caps, Carb –v, Carc, Caust, Cic, Cimic, Dros, Gel, Ign, Kali –br, Lac – d, Ly, Mez, Naja, Nat – m, Nux – m, Plat, Plum, Rumex, Sec, Sel, Sil, Spig, Spong, Stram, Sulph, Thuja, Ust, Ver –a, Zinc –m.

Sub rubric:

1. Time, Causation, modality, diseases from – how to, courage, but lacks – **CHIN, Aur, Hep, Merc, Nit – ac, sulph**

2. Despair from – **AUR, Ars, Hyos, Rumx**

3. With fear of death – **ARS, NIT –AC, NUX –V, Alum, Aur, Chin, Hep, Staph**

4. Prepares himself silently – **AUR**

5. Talks always of suicide but never commits – **NUX –V**

6. An axe with – **Naja**

7. Banging head against wall – **Con**

8. Car, throw himself in front of – **Ozone**

9. Drowning by – **Ant –c, Arg –n, Aur, Bell, Dros, Hell, Lach, Puls, Sil, Ust**

10. Easiest way, asks questions as to quietest & - **Lac –d**

11. Gas from – **Arc, Nux – v**

12. Hanging by – **ARS, Bell, Ter**

13. Knife with a – Alum, Ars, Calc, Merc, Nux –v, Stram
 14. Cutting his throat, wrist, stabbing heart, poison by – Bell
 15. Restrain difficult to – Ars, Aur, Naja, Nat –s
 16. Restrains oneself due to sense of responsibility – Nat –s
 17. Shooting by –**STAPH, NAT-S**, Anac, Ant –c, Aur, Carb – v, Nit – ac, Nux -v
 18. Sleeping pills by- Lil –t
 19. Speeding by – Aur
 20. Starving by – Iod, Merc
 21. Strangling by – Bell
 22. Thoughts –**ALUM, AUR, AUR – S, NAT –S, PSOR, ANAC, ANT –C, ARG –N, ARS, BRY, CAPS, GELS, HEP, IGN, MED, MERC, NIT – AC, NUX –V, PULS, RHUS –T**
 23. Throwing oneself from car – Calc –p
 24. Throwing oneself from a height – **AUR, BELL**, Arg – n, Lyss, Nux –v, Sel
 25. Throwing oneself before a train – But- ac
 26. Throwing oneself from a window – **AUR**, Aeth, Ars, Glon, Iod, Iodof⁽³⁾
- B. Kent repertory:** Total 76 remedies are mentioned
- Chapter: Mind**
- Aur, Aur –m, Nat –s**, Anac, Ant –c, Ant –t, Ars, Calc, Caps, Chin, Cimic, Hep, Hyos, Kali –br, Lac –d, Lach, Merc, Nux –v, Plb, Psor, Puls, Sep, Spig, Zinc
- Rubric:**
1. Throwing himself from a height – **Aur**, Arg –n, Bell,
 2. Throwing himself from a window –**Aur**, Aeth, Carbn– s⁽⁴⁾
- C. Murphy repertory:** Total 139 remedies are mentioned
- AUR, NAT-S, Aur –m, Psor**, Alum, Anac, Ant –c, Ant- t, Ars, Bell, Calc, Caps, Carc, Chin, Cimic, Hep, Hyos, Ign, Iodof, Kai –br, Lac-d, Lach, Merc, Naja, Nat –m, Nux –m, Nux –v, Plb, Puls, Sep, Spig, Stram, Zinc
- Rubric:**
1. Acute depression from: **AUR, Aur –m, Nat –m, Nat –s**
 2. Anger driving to suicide: Nat – s
 3. Anxiety, Agony from – *Aur, Merc*
 4. Attempted – Aur
 5. Blood at sight of – Alum
 6. Cancer, with or family history of – *Carc*
 7. Car, run over by a –*Aur*
 8. Courage but lacks – **Chin, Nux –v, Aur –m**,
 9. Desire for –**Aur, Nat**, Calc, Cimic, Hyos, Lach
 10. Despair from – **Aur, Nat – s, Staph, Hep, Psor, Spig**
 11. Determined to commit. But can't make up her. How – Aur, Nat-s, Sulph
 12. Drowning by – Arg –n, Aur, Bell, Dros, Hell, Lach, Puls, Rhus –t, Sil
 13. Drunkenness. During – Ars, Aur, Bell, Nux –v
 14. Easiest way, meditates on – Aur, Lac – d
 15. Fear of death with – Ars, Nit –ac, Aur – m, Chin, Staph
 16. Fire to set oneself on – Ars
 17. Grief from – Aur, Nat –s
 18. Hanging by – Ars, Bell, Nat –s
 19. Height throwing himself from – **Aur, Bell**, Arg – n, Lach, Lyss, Nux –v, Sil, Stram
 20. Knife with – Ars, Calc, Staph
 21. Love disappointed from – Aur, Hyos, Staph
 22. Mania in – **Nat-s**, Ars, Aur
 23. Meditates on easiest way – **Aur, Lac-d**
 24. Mind constantly turns toward – *Aur*
 25. Poison by – *Ars, Bell*
 26. Prepares himself silently – **Aur**
 27. Question as to quietest & most certain way, asks – *Lac-d*
 28. Razor to cut his throat with – *Staph, Stram*
 29. River throwing himself into a- Arg –n, Sel, Sil
 30. Sadness from – **Aur, Nat –s, Staph, Hep, Nat –m, Psor, Spig**
 31. Sharp, weapons, wants to kill himself with – *Alum, Staph*
 32. Shooting by – **Nat-s, Staph**, Ant- c, *Aur*
 33. Stabbing by – *Calc, Staph*
 34. Starving by – Merc

35. Talks always of suicide but doesn't commit – **Nux –v**
36. Thoughts of – **Aur, Aur –s, Carc, Nat-s, Psor, Anac, Ant – c, Caps, Hep, Ign, Merc, Puls, Rhus - t**
37. Window throwing himself from a – **Aur, Aeth, Ars, Glon, Iod, Iodof, Sulph, Carbn–s**⁽⁵⁾

Conclusion:

Suicidal deaths are a major concern for developed, developing as well as underdeveloped countries. Many efforts are being taken for preventing the suicides ex. telephone helplines, social workers, counsellors, establishing NGO's etc. Still the death rate due to suicide is more than the death rate of road traffic accidents. It is very difficult to predict who can commit the suicide and under which circumstances the suicide can happen. This article is an attempt of explaining some of the common causes, themes, ways used by the peoples who have committed suicide and is there any scope of homoeopathic medicines in preventing the suicides? After going through the available homoeopathic literature it can be concluded

that the suicidal ideas are explained in a great detail in many homoeopathic medicines.

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