

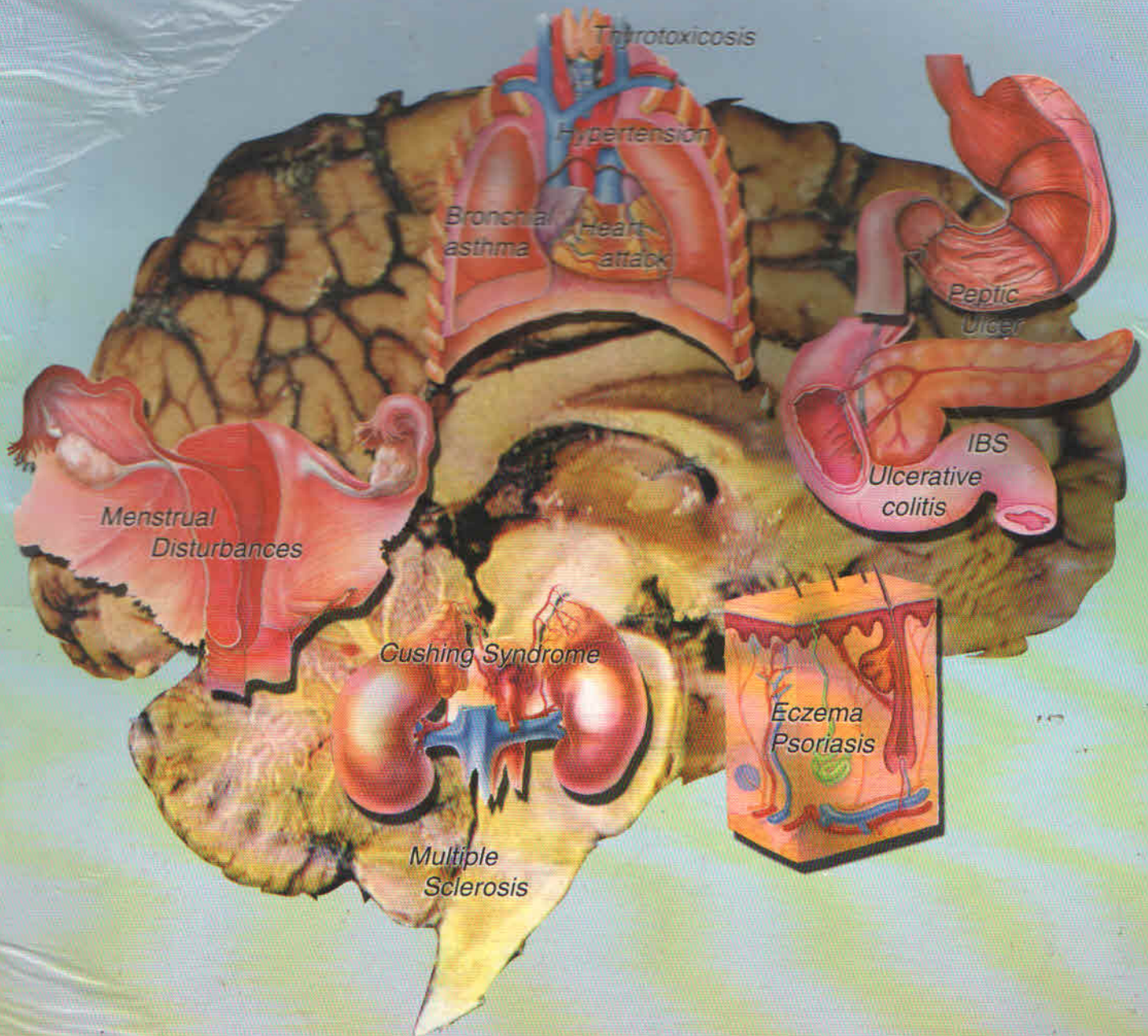
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EXPLANATION OF SOME PSYCHIATRIC SIGNS & SYMPTOMS RELATED TO MATERIA MEDICA

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Very often several signs & symptoms related to mental sphere in Homoeopathic Materia Medica are difficult to understand by students and young doctors and hence very often misinterpreted as a result leads to improper selection of similimum. This topic is an attempt to clarify some typical signs and symptoms of psychiatric origin. In the outline that follows, a comprehensive list of various signs and symptoms are given each with precise definition or description. The students of Homoeopathy need to be familiar with each signs and symptoms to evaluate the mental symptoms properly for the purpose of drawing totality.

I. CONSCIOUSNESS :

Defined as a state of awareness or perception modified by one's own emotion and thoughts. Its synonyms term is Sensorium means state of functioning of the special senses.

The abnormality in consciousness is manifested through -

- a) Disturbances of consciousness.
- b) Disturbances of attention.

a) Disturbances of Consciousness :

1. Disorientation - disturbances orientation to time, place and person.
2. Clouding of consciousness -

Incomplete clear mindness with disturbances in perception and attitude etc.

3. Stupor - Lack of reaction to and unawareness of surroundings.
4. Delirium - Bewildered, restless, confused, disoriented reaction associated with fear and hallucination.
5. Coma - profound degree of unconsciousness.
6. Coma vigil - coma in which the patient appears to be asleep but ready to get aroused (also known as akinetic mutism).
7. Somnolence - abnormal drowsiness seen most often in organic process.

b) Disturbances of attention :

Attention is the amount of effort exerted in focussing on certain portion of experience; ability to sustain a focus on one activity.

1. Distractibility - Inability to concentrate attention; attention drawn to unimportant or irrelevant external stimuli.
2. Selective in attention - blocking out only those things that generates anxiety.

II. EMOTION :

Defined as a complex feeling state

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with psychic, somatic and behavioral component - that is related to affect and mood.

A. Affect - The experience of emotion expressed by the patient and observed by others. Affect has outward manifestation that can be observed.

1. Appropriate affect - Normal condition in which emotional tone in harmony with the accompanying idea thought or speech.
2. Inappropriate affect - Disharmony between the emotional feeling tone and the idea, thought or speech accompanying it.
3. Blunted affect - A disturbance of affect manifested by severe reduction in the intensity of externalized feeling tone.
4. Flat affect - Absence or mere absence of any sign of affective expression; voice monotonous, face immobile

B. Mood - Defined as a pervasive and sustained emotion, subjective by experienced and reported by patient; for example depression, elation and anger.

1. Disphonic mood - An unpleasant mood.
2. Euthymic mood - Normal range of mood, implying absence of depressed or elevated mood.
3. Irritable mood, easily annoyed and provoke to anger.
4. Mood swing - Oscillation between periods of euphoria and

depression and anxiety.

5. Euphoria - Intense elation with feelings of grandeur.
6. Ecstasy - feeling of intense delight.
7. Depression - Psychopathological feeling of sadness.
8. Anhedonia - loss of interest in and withdrawal from all regular and pleasurable activities often associated with depression.
9. Grief or mourning - sadness appropriate to loss

C. Other emotion :

1. Anxiety - feeling of apprehension from the anticipation of danger which may be internal or external.
2. Fear - Anxiety results from consciousness by recognized and realistic danger.
3. Agitation - anxiety associated with a severe motor restlessness also known as psychomotor agitation.
4. Tension - Increased motor and psychological activity that is unpleasant.
5. Panic - Acute episodic, intense attack of anxiety associated with overwhelming feeling of dread and autonomic discharges.
6. Apathy - dull, emotional tone associated with detachment or indifference.

D. Physiological disturbances associated with mood :

Signs that refer to somatic dysfunction of the individual most often associated with depression.



1. Anorexia - loss of appetite
2. Insomnia - diminished or lack of ability to sleep.
3. Hypersomnia - excessive sleeping.
4. Diminished libido - decreased sexual interest, drive and performances.
5. Constipation

III. THINKING :

Defined as goal directed flow of ideas, symbols and association initiated by a problem of tasks and leading towards a reality oriented conclusion.

A. Disturbances in form of thinking :

1. Mental disorder - Clinically significant, behavioural or psychological syndrome associated with distress or disability.
2. Neurosis - Mental disorder in which reality testing is intact and symptoms are experienced as distressing and unacceptable.
3. Psychosis - Inability to distinguish reality from fantasy, impaired reality testing.
4. Reality testing - the objective evaluation and judgement of the word outside the self.
5. Dereism - mental activity not concordant with logical experience.

B. Specific disturbances in form of thought :

1. Neologism - New words created by the patient often combining the

syllable of other words.

2. Words salad - incoherent mixture of words and phrases.
3. Blocking - abrupt interruption in train of thinking before a thought or idea is finished.

C. Aphasic disturbances :

Disturbances in language output.

1. Motor aphasia - disturbances of speech due to organic blend disorder, in which understanding remains but ability to speak is lost.
2. Sensory aphasia - loss of ability to comprehend the meaning of words or use of objects.
3. Nominal aphasia - difficulty in finding correct name for an object
4. Syntactical aphasia - inability to arrange words in proper sequence.
5. Jargons aphasia - words produced are totally neologistic, nonsense words repeated frequently.

D. Disturbance in the content of thought :

1. *Delusion* - false belief based on incorrect inference about external reality i.e., not consistent with patients intelligence and cultural background and can not be corrected by reasoning.
2. *Egomania* - pathological self preoccupation.
3. *Hypochondria* - exaggerated, concern over one's health i.e., not based on real organic pathology but rather on unrealistic



interpretation of physical signs or sensations as abnormal.

4. *Obsession* - pathological persistence of an irresistible thought or feeling that can't be eliminated from consciousness by logical effort, which is associated with anxiety.
5. *Compulsion* - Pathological need to act on an impulse which if resisted, produces anxiety, repetitive behaviour in response to an obsession or performed according to certain rules with no true end in itself.
6. *Phobias* - persistent irrational, exaggerated and invariably pathologically fear of some specific type of stimulus or situation, results in a compelling desire to avoid dreaded stimulus.
 - a) Simple phobia - circumscribed fear of a discrete object or situation (e.g., fear of fight or flying)
 - b) Social phobia - fear of public humiliation, public speaking etc.
 - c) Acrophobia - fear of high places.
 - d) Agoraphobia - fear of open places
 - e) Algophobia - fear of pain
 - f) Claustrophobia - fear of closed space.
 - g) Xenophobia - fear stranger
 - h) Zoophobia - fear of animals.

IV. PERCEPTION:

Defined as process of transferring physical stimulation into psychological information; mental process by which sensory stimuli are brought to awareness.

- A. **Hallucination** - Defined as false sensory perception not associated with real external stimulus.
- B. **Illusion** - Illusions are misperception or misinterpretation of real external sensory stimuli.

V. MEMORY:

Defined as function by which information stored in the brain and later on recalled to consciousness.

Disturbances of memory -

1. Amnesia - partial or total inability to recall past experience, may be organic or emotional in origin.
2. Paramnesia - falsification of memory by distortion of recall.
3. Hyperamnesia - exaggerated degree of retention and recall.

VI. INTELLIGENCE:

Defined as the ability to understand, to recall, mobilised & constructively integrate; previous warning in meeting new situation.

- a) Mental retardation - lack of intelligence to a degree in which there is interference with social and vocational performances
 - Type - I.Q.
 - Mild --- 50% - 70 %
 - Moderate - 35% - 50 %
 - Severe ----- 20% - 35%
 - Profound - - below 20 %
- b) Obsolescent -
 - Idiot - mental age less than 3 years
 - Imbecile - mental age 3-7 years
 - Moron - mental age about 8%



- c) Dementia - organic and global disorientation of intellectual functioning without clouding of consciousness.
- d) Pseudo dementia - clinical features resembling dementia, but not due to organic dysfunction, most often caused by depression

VII. INSIGHT :

Defined as ability of a person to understand the true cause and meaning of situation.

VIII. JUDGEMENT :

Defined as ability to assess the situation correctly and act appropriately within that situation.

IX. MOTOR BEHAVIOUR :

It includes the aspect of psyche which comprises of impulses, motivation, wishes, drives, instincts and cravings as expressed by a persons behaviour or motor activity.

A. Disturbance of communication

1. Catatonia - motor anomalies in non-organic disorder
 - i) Catalepsy - general term for an immobile position that is constantly maintained.
 - ii) Stupor - marked slower motor activities often to a point of immobility and seeming of unawareness of surrounding.
 - iii) Rigidity - Assumption of rigid posture against all effort to be moved.
2. Cataplexy - temporarily loss of muscle

tone and weakness precipitated by a variety of emotional states.

3. Mutism - voicelessness without structural abnormalities
4. Overactivity
 - i) Psychomotor agitation - Excessive overactivity, usually non-productive and response to inner tension.
 - ii) Hyper activity (hyperkinesis) - activity, restlessness, aggressive, destructive
 - iii) Tic - involuntary, spasmodic motor movement
 - iv) Somnambulism - Motor activity during sleep.
 - v) Compulsion - uncontrollable impulse to perform an act repeatatively -
 - Dipsomania - compulsion to drink alcohol
 - Kleptomania - compulsion to steal
 - Nymphomania - excessive and compulsive need for coitus in female.
 - Satyriasis - excessive and compulsive need for coitus in male.
 - Tricho tillomania - compulsion to pull out one's hair.
5. Hypokinesia - Psychomotor retardation ; visible slowing of thought, speech and movement.
6. Mimicry - simple, imitative motor activity of child hood.
7. Aggression - forceful goal directed action that may be verbal or physical; the motor counter part of the effect of rage, anger or hostility.