

Review Article

Role of Magnesium Group In the Management of Depressive Children Age in 5-16 yrs

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ABSTRACT

Depression is a common mental disorder seen across all age groups, including children and adolescents. Depression is often associated with significant disability in children & adolescents. This review aims to evaluate the Indian research on depression in children and adolescents.

Keywords: Children and adolescents, depression, epidemiology, prevalence

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INTRODUCTION:

Adolescence is a period of mood swings varying from depths of depression to heights of elation. This should be considered normal.

- Acute Depressive Reactions are a sort of healthy grief response following death or separation from a loved one. These resolve in due course of time, occasionally after weeks or months.
- Neurotic Depressive Disorders are unresolved grief reaction & are characterized by a feeling of guilt in relationship to the dead. A psychiatric treatment is in order.
- Masked Depression is characterized by denial & somatization of feelings of despair, hopelessness include acting-out behaviors in the form of substance abuse, school truancy, running away from home, multiple accidents, unexplained headache, abdominal pain, etc.
- Psychotic Depressive Disorders may have additional manifestations such as delusions of guilt, impaired reality testing & thought distortion¹.

Characteristics of a Major Depressive Episode

In a major depressive episode, "Sad" feelings are accompanied by persistent problems in other change (an increase or a decrease); altered sleep patterns (more or less sleep than usual), loss of interest or pleasure in usual activities, including sex, loss of energy; diminished ability to think or concentrate, feelings of worthlessness or self-reproach; or suicidal thoughts or acts².

Differential Diagnosis

Many neurological & Medical disorders &

pharmacological agents can produce symptoms of depression other mental disorders are all commonly associated with depressive symptoms & must be considered in the differential diagnosis. They are :- 1) Substance - related disorders 2) Psychotic disorders 3) Eating disorders 4) Adjustment disorder 5) Anxiety disorders.

Course and Prognosis

This finding has been interpreted to indicate that psychosocial stress may play a role in the initial cause of mood disorders & that even though the initial episode may resolve, a long-lasting change in the biology of the brain puts a patient at great risk for subsequent episodes.

Treatment

The treatment of patients with mood disorders must be directed toward several goals. First, the patient's safety must be guaranteed. Second, a complete diagnostic evaluation of the patient must be carried out. Third, a treatment plan that addresses not only the immediate symptoms but also the patient's prospective well-being must be initiated.

1. Psychosocial Therapy
2. Pharmacotherapy
3. Mood stabilizers are to be recommended in modern medicine³.

Homoeopathic Management of Magnesium Group

The main feeling of Magnesium is the feeling of needing the nourishment & the care of parents. It is the feeling of a nursing child or that of a fetus,

which needs all the protection & nourishment from the mother in order to survive. These feelings in the adult seem so out of place that they have to be repressed, but they continue to be active in the subconscious, producing tremendous internal anxiety, the cause of patient cannot exactly pinpoint.

The feeling within is of being forsaken (rubric : "Forsaken, beloved by his parents, wife and friends, feels not, of being" - Magnesium Carbonicum).

The main theme of Magnesium Mur. is the forsaken feeling & disappointment / hurt. They feel the need to be independent and to defend themselves against hurt.

The fear of aggression also expresses itself in a great sensitivity to pain: "Shrieking from pain"

There is fear of the dentist, not entirely unjustified because of the many dental problems. The pins of the Magnesium's are really very reverse & terrible. Their fear of pain is therefore understandable⁵.

Available data suggest that the point prevalence of depression / affective disorders ranges from 1.2% to 2% in the clinic based studies; 3% - 68% in school based studies & 0.1% - 6.94% in community studies. There has been only one incidence study from India which estimated the incidence to be 1.6%. With respect to the risk factors for depression, studies have reported various education-related difficulties, relationship issues with parents or at home, family related issues, economic difficulties, & other factors.

A limited on of studies have evaluated the symptom profile, & the commonly reported symptoms include depressed mood, diminished interest in play activities, concentration difficulties, behavior problems in the form of anger & aggression, pessimism, decreased appetite, decreased sleep, anhedonia & somatic symptoms. None of the studies from India has evaluated the efficacy of various antidepressants in children & adolescents with depression.

CONCLUSION

There is a wide variation in the point prevalence reported across different studies, which is mainly due to methodological differences across studies. Limited data are available c respect to symptom profile & factors associated with depression in children & adolescents⁴.

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