

Review Article

Depression in Children and Its Homoeopathic Management with Magnesium Carbonicum

Nilesh Chimane, Ujwala Mundane*, Subhash Uttarwar

Shri Bhagwan Homoeopathic Medical College and P.G. Institute, Aurangabad, Maharashtra, India-431003

ABSTRACT

Depression is common mental disorder seen across all age group including children and adolescents. Prevalence of depression ranges from 1.2% to 21% in the clinic based studies. During the decade of 1980-1989, the clinic prevalence of affective disease was 2%, which increased to 6.6% during the decade of 1990-1999 and which further increased to 13.49% from 2000-2006.

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Address for Correspondence:

Dr. Ujwala Mundane

Shri Bhagwan Homoeopathic Medical College and P.G. Institute,
N-6, CIDCO, Aurangabad, Maharashtra, India-431001

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INTRODUCTION:

Depression can occur in people of all age group. It is defined as a low mood that is marked with apathy, sadness and an aversion to things that ordinarily bring joy to the affected person. It is misconception that children cannot suffer from depression simply because of their age. In fact depression among children is more common than one think. It was only after 1980 that depression was included in the list of childhood diseases.

The beginning of adolescence can mean facing up to some very adult psychological problems. One of these is depression which is characterized by feeling of guilt, a loss of interest in activities, sleep problems and even suicidal thoughts. Successful suicides in the U.S. increase sharply over the adjacent years, there are 170 per year among 10-14 years old but about 1600 per year among 15-19 years old.

Epidemiology

Childhood depression is significantly more common in boys. By the age of 16, girls have greater incidence of depression. Studies show that at any point in time, 10% to 15% of children and adolescents have some symptoms of depression. A child has an increased chance of childhood depression if he or she has a family history of depression, particularly a parent who had depression at an early age.

Types of depression in children

1. Acute depressive reactions: These are sort of

healthy grief response following death or separation from loved one. These resolve in due course of time, occasionally after weeks or months.

2. Neurotic depressive disorder: These are unresolved grief reactions and are characterized by a feeling of guilt in relationship to dead.

3. Masked depression: This kind of depression is characterized by denial and somatization of feeling of despair, hopelessness and helplessness by the adolescent. Its manifestations include school frequency, running away from home, multiple accidents, unexplained headache, abdominal pain etc.

4. Psychotic depressive disorder: It may have additional manifestations such as delusions of guilt, impaired reality testing and thought disorder.

Aetiology

It is not possible to pinpoint one particular cause of depression in children. Combination of factors such as physical health, family history of depression or mental illness, genetic vulnerabilities, environment they live in and biochemical imbalances are usually responsible for depression in children.

Traumatic life events such as abuse, being bullied, the death of a parent or divorce can all act as triggers. Girls are thought to be more vulnerable to childhood depression than boys

mainly due to biological differences and their interpretation of events and response to these as opposed to boys.

The following are certain psychological factors that might have led to depression:

1. Low self esteem.
2. Too much self criticism.
3. Having a negative body image.
4. Clinical anxiety.
5. Cognitive or learning disabilities.
6. Attention deficit hyperactivity disorder (ADHD).
7. Trouble with social interactions.

Children with little or no physical activity and those who perform poorly at school are also at risk of going into depression.

Signs and symptoms of depression in children

The symptoms of clinical depression can last for weeks, months and year if it left untreated. This can have a bad impact on your child's daily life including activities like getting out of bed after waking each morning. Besides being moody and irritable if child shows five or more of the following symptoms, then it is likely they may be suffering from depression and need help.

1. Being sad and tearful often.
2. Anger and temper tantrums.
3. Frequent changes in mood.
4. Lack of concentration.
5. Doing badly in school.
6. Feeling guilty.
7. Low self esteem
8. Keep complaining about headache, stomachache, any other vague complaints or physical discomfort.
9. Overcome by feelings of helplessness and hopelessness.
10. Changes in appetite. Fluctuations in weight.
11. Distances self from social interactions and prefer to be alone.
12. No longer interested in things that were once enjoyable.
13. Problems with sleep.
14. Expressing thoughts about inflicting harm on themselves.
15. Engaging in reckless or harmful behavior.

Depressed children are also likely to have other difficulties such as eating disorders, conduct disorders or problems with substance abuse.

Management of depression in children with Homoeopathic remedy Mag carb.

Mag carb is frequently indicated in children especially of irritable disposition and nervous temperament. Difficult, aggressive child is familiar magnesium. They are sour faced and perpetually awkward children.

Kent describes Mag Carb as his first choice of remedy for orphans. Orphan children mostly would become rebellious or they would swallow their aggression. It is first choice of remedy for children of quarrelling or divorced parents. Mag Carb has a feeling that he is not appreciated. He might think that his parents are quarrelling about him, because he is so troublesome and aggressive or he might feel that his parents don't think he is worth anything, so they could easily leave him.

Mentally the patient is very nervous, sad, despondent and morose. Physically whole body of child smells sour e.g. sweat, urine etc. Chilly patient suffers from coryza very often. Suited to children of tuberculous parents who have tendency to go into marasmus.

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