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Assessment of Constitutional Prescribing with Kent's observation In Management of Adjustment Disorder Inage Group 18-40 Years

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ABSTRACT:

Background: Adjustment disorder is a psychological response to stressors that results into clinically significance emotional and behavioral symptoms The stress element may be single or multiple; it may involve financial issues, other medical conditions, life events, or relationship issues. ^[1] Adjustment Disorder may occur in any age group; however, it is reported to be more common among the younger age group Studies have identified college problems as the most frequent precipitant of adjustment disorder in adolescents whereas in adults, marital problems are most frequent precipitants ^[2] Most of the times these symptoms are misdiagnosed or ignored which leads to underdiagnosis of adjustment disorder and this can further lead to other corporeal psychosomatic manifestations. The ADN-20 scale can be used to measure individual's level of stressors respectively. Homoeopathy defines constitution as an individual's structure, composition, physical make-up, or nature, which includes hereditary traits and environmental modifications. In order to bring about a full cure, it is crucial to individualize each case and provide a similitum. and accessing Kent observations ensure the treatment remains personalized, by closely monitoring the unique reactions of the individual to the remedy. The application of a homoeopathic constitutional prescribing approach in combination with Kent's observation will be beneficial for the treatment of Adjustment Disorder brought on by different stressors **Methods:** This is a non-randomized clinical study on individuals having adjustment disorder of age group 18 to 40 years from the OPD of Bharati Vidyapeeth (Deemed to be) University Homoeopathic Medical College and Research Centre, Katraj, Pune. Total 34 patients enrolled out of which 30 patients (male & female) were present until the completion of study whereas 4 individuals were dropped from the study. The study assesses the scores of ADN-20 Questionnaire before and after treatment. After

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detailed case taking individualized constitutional homoeopathic medicine was prescribed and remedy prognosis was assessed after prescribing a remedy **Result:** A total of thirty patients were chosen from the 18–40 age range. The age-wise distribution of patients indicates that the majority of individuals fall within the younger age groups. Nearly half of the patients (47.06%) are between 25–29 years, making this the most represented category. The second most common group is 20–24 years (20.59%), followed by 30–34 years (14.71%). Patients aged 35–39 years account for 11.76%, while the least represented group is 40–44 years (5.88%). Wilcoxon Signed Rank Test was used to test the hypothesis which concludes that the constitutional approach is useful in adjustment disorder. **Conclusion:** The study's findings support the effectiveness of homoeopathic constitutional medicines with Kent observations in treatment of adjustment disorder. Patient's reactions to stressors were improved. With the use of constitutional homoeopathic medicine, the patient's adjustment disorder significantly improved.

INTRODUCTION:

Constitution: Aristotle was the first person in history to group humans into categories (384–322 BC). He classified persons based on their nature, size, and build in his article "Physiognomy." According to Hippocrates (460–377 BC), in his concept of "Natura Medicatrix," each person possesses an inherent nature that remains unalterable.^[1] In homoeopathy, constitution refers to a person's unique combination of traits. It deals with underlying miasms, inclinations, and behavioural patterns in addition to the degree of susceptibility. As a result, constitutional remedies function as therapy, prophylaxis, and prevention. The "homoeopathic system of medicine" is a holistic, all-natural method of treating disease.^[2] The English word "CONSTITUTION" is derived from the Latin word "CONSTITUERE," which means to build up, establish, create, or appoint. Aphorism 5 of the Sixth Edition of the Organon of Medicine places a strong emphasis on the constitution, according to Dr. Hahnemann. Translated to English as "Constitution," Dr. Hahnemann used the term "beschaffenheit" in the German text. The sixth edition of Hahnemann's *Organon of Medicine* explains the concept of constitution and discusses it in aphorisms 5, 102, 117, and 138.^[3]

Dr. Von Grauvogl distinguished three categories of constitutional types:

- Carbo-nitrogenoid
- Oxygenoid
- Hydrogenoid

Breathlessness, shortness of breath, quick heartbeat, constipation or diarrhoea, flatulence, and urinary problems are among the general symptoms of the carbo-nitrogenoid constitution, which is marked by inadequate oxygenation. Patients report vertigo, irritability, hypochondria, and gouty swelling among other symptoms.

An oxygenoid constitution, which is also associated with underweightness, is fond of fats and carbohydrates. Patients of this kind respond more favourably to rain or snow than to wind or storms.

It is possible to identify patients with hydrogenoid constitutions using modalities. Living near water or in cold, wet weather makes them feel worse.^[4]

Concepts of constitution in homoeopathy according to prominent experts:

"That aggregate of hereditary characters, influenced more or less by the environment which determines the individual's reaction, successful or unsuccessful, to the stress of environment," is how STUART CLOSE describes constitution.^[5] "The palpable illness that follows a disturbance in the man's vital power is called physical constitution," according to Dr. KENT.^[6] According to Dr. M.L DHAWALE "Everyone has a unique characteristic that gives them their personality, which is partly affected by genes and environmental factors throughout their lives".^[7]

KENT 12 OBSERVATIONS

Dr Kent has given 12 observations based on his experiences and knowledge which includes prognosis observations.

1. Prolonged aggravation and final decline of the patient
2. Long aggravation, but final slow improvement
3. aggravation is quick, short, strong with rapid improvement of the patient
4. No aggravation with recovery of the patient
5. Amelioration comes first and aggravation afterwards
6. Too short relief of symptoms
7. Full time amelioration of symptoms, yet no relief of the patient
8. Some patient proves every remedy they get

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9. The action of the medicines upon provers
10. New symptoms appearing after the remedy
11. old symptoms are observed to reappear
12. Symptoms take the wrong direction^[9]

Adjustment disorder:

Adjustment disorder is a psychological response to stressors that results into clinically significance emotional and behavioral symptoms The stress element may be single or multiple; it may involve financial issues, other medical conditions, life events, or relationship issues.^[1]

Adjustment Disorder may occur in any age group; however, it is reported to be more common among the younger age group Studies have identified college problems as the most frequent precipitant of adjustment disorder in adolescents whereas in adults, marital problems are most frequent precipitants.^[2]

CAUSES:

Adjustment disorder are reactions to a stressful event so there is not a single direct cause that aggravate the adjustment disorder it all depends upon the susceptibility of the person to deal with the stressful event and there coping skills and past experiences that all contribute to adjustment disorder. Different stressors are the main cause of adjustment disorder.

STRESSOR-The circumstance that cause stress are called stressor. It varies in severity and duration.^[3]

SYMPTOMS:

In adjustment disorder the reaction to stressful event interferes with daily life activity to much extent such as it interferes with social, occupational, or educational functioning.

There are six types of adjustment disorder that are based on symptoms experienced

Adjustment disorder with depressed mood

- -depressive
- -tearfulness
- -feelings of hopelessness
- Adjustment disorder with anxiety
- -nervousness
- -worry
- -jitteriness
- -fear of separation
- Adjustment disorder with anxiety and depressed mood
- Adjustment disorder with disturbance of conduct
- -violation of the rights of others
- -reckless driving or fighting
- Adjustment disorder with mixed disturbance of emotions and conduct (depressed mood, anxiety, conduct)
- Adjustment disorder unspecified reactions to stressful situations
- -social withdrawal
- --a feeling of inability to tackle, plan, or continue in the present situation, and some degree of disability in the day-to-day life. The individual may feel responsible for dramatic behaviour^[3]
- Objective symptoms that can be found in adjustment disorder
- -Fatigue
- -Loss of appetite
- -Weight loss
- -Disturbed sleep
- -Having difficulty concentrating.

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DIAGNOSIS:

ICD-11 CODE- 6B43

The diagnosis depends on a careful evaluation of previous history and personality; and stressfulevent, situation, or life crisis. The onset is usually within one month however onset can occur after a longer delay e.g., 3 months after exposure of the occurrence of the stressful event or lifechange, and the duration of symptoms does not usually exceed 6 months, there should be a significant life change leading to continued unpleasant circumstances that result in an adjustment disorder. The states of distress and emotional disturbance, usually interfering withsocial functioning and performances.^[1]

DSM – 5 (American Psychiatric Association, 2013)

1. Development of clinically significant emotional or behavioural symptoms in response to anidentifiable psychosocial stressor(s).
2. Symptoms must develop within three months after the onset of the stressor(s)
3. These symptoms or behaviours are clinically significant as evidenced by either of the following:
4. Marked distress that is in excess of what would be expected from exposure to the stressor OR
5. Significant impairment in social, occupational, or academic functions.
6. The stress-related disturbance does not meet the criteria for another specific Axis I disorderand is not merely an exacerbation of a pre-existing Axis I or Axis II disorder.
7. The symptoms do not represent bereavement .^[1]

Self-report for the assessment of adjustment disorder

ADNM – 20 Questionnaire

Adjustment Disorder – New Module 20

Below is a list of stressful life events. Please indicate those events that happened during the past *[insert time frame]* years and are currently a strong burden to you, or have burdened you in the last six months. You can indicate as many events as applicable.

Yes	
	01. Divorce / separation
	02. Family conflicts
	03. Conflicts in working life
	04. Conflicts with neighbors
	05. Illness of a loved one
	06. Death of a loved one
	07. Adjustment due to retirement
	08. Unemployment
	09. Too much / too little work
	10. Pressure to meet deadlines / time pressure
	11. Moving to a new home
	12. Financial problems
	13. Own serious illness
	14. Serious accident
	15. Assault
	16. Termination of an important leisure activity
	17. Any other stressful event (please indicate)
	18. Any other stressful event (please indicate)

The events you have just indicated can have numerous consequences for our well-being and behavior. Please indicate was the most straining event(s) below:

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In the following, you will find various statements about which reactions these types of events can trigger. We ask you first of all to indicate how often the respective statement applies to you ("never" to "often").

In a second step, we would like to ask you to indicate for how long you have been having this reaction. It can be less than one month (< 1 month), for approx. one month to half a year (< 6 months) or longer than 6 months (> 6 months). This will probably not be very easy to estimate, but please try to give a rough classification of the duration of the reaction!

	Frequency during last week				For how long?		
	never	rarely	some-times	often	<1 month	1 – 6 months	6 months – 2 years
1 Since the stressful problem, I feel low and sad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 I have to think about the stressful situation repeatedly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 I try to avoid talking about the stressful situation wherever possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 I keep having to think about the stressful situation and this is a great burden to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Nowadays, I do those activities which I used to enjoy much more rarely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 If I think about the stressful situation, I find myself in a real state of anxiety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 I avoid certain things that might remind me of the stressful situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 I am nervous and restless since the stressful situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Since the stressful situation, I am much quicker to lose my temper, even over small things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Since the stressful situation, I can only concentrate on certain things with difficulty.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 I try to abolish the stressful situation from my memory.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 I have noticed that I am becoming more irritable due to the stressful situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 I get constant memories of the stressful situation and can't do anything to stop them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 I try to suppress my feelings because they are a burden to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 My thoughts revolve around anything to do with the stressful situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Since the stressful situation, I am scared of doing certain things or of getting into certain situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Since the stressful situation, I don't like going to work or carrying out the necessary tasks in everyday life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 I have been feeling dispirited since the stressful situation and have little hope for the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Since the stressful situation, I can no longer sleep properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Overall, the situation affected me strongly in my personal relationships, my leisure activities, or other important areas of life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADNM – 20 Scoring Sheet Symptom categories

Core symptoms:

- Preoccupations with the stressor 2, 4, 13, 15
- Failure to adapt 10, 17, 19, 20
- Accessory symptoms:
 - Avoidance 3, 7, 11, 14
 - Depressed mood 1, 5, 18
 - Anxiety 6, 16
 - Impulse disturbance 8, 9, 12

The ADNM -20 Adjustment disorder new module can be used to assess an individual's levels of stress, respectively.

AIMS AND OBJECTIVES:

AIM

To access the role of homoeopathic constitutional prescription with Kent's observations in management of adjustment disorder in age group 18-40 years.

OBJECTIVE:

PRIMARY OBJECTIVE:

To study the effectiveness of homoeopathic constitutional medicines with Kent observations in treatment of adjustment disorder

SECONDARY OBJECTIVE

-To review the homoeopathic literature pertaining to homoeopathic constitutions and Kent's philosophies and I

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MATERIAL AND METHODS:

Theoretical study- theoretical study of this topic was done from various books, journal, authentic internet sites, previous homoeopathic research related to my topic and from organon of medicine 6th edition, lectures on homoeopathic philosophy by James Tyler Kent etc.

Clinical study- 30 cases for constitutional analysis of age group between 18-40 years of all sexes was analyzed. Case taking was done as per homoeopathic proforma and prescription on the basis of constitution was done.

Case definition- pre-diagnosed cases and newly diagnosed cases by psychiatrist for adjustment disorder was taken into consideration and a most suitable homoeopathic constitutional remedy was prescribed.

Study design- firstly cases that justifies case definition was taken. Then applying of inclusion and exclusion criteria was done. Then a proper case taking was done and individualization of each case was done. Most suitable homoeopathic constitutional remedy was given. A specially designed Microsoft excel spreadsheet was send for data extraction and inference was subjected to statistical analysis. The time duration of study was 18 months. Follow was taken after 7 days.

Sampling procedure- - 30 sample size taken from O.P.D & I.P.D of Bharti Vidyapeeth Homoeopathic Hospital, rural O.P.D and various camps organized by Bharati Medical Foundation both in urban and rural.

Selection of remedy- remedy was selected after detailed case taking and after individualization of each case and appropriate homoeopathic constitutional remedy was prescribed on the basis of symptoms similarity and reference was taken from various homoeopathic literature wherever it's needed

Selection of potency- the drug was given in various potencies according to susceptibility of patient

Drug administration- It was done through oral route. Dose was given in powder, and globules as per need of the patient as per requirement.

Drug dispensing – Drug was dispensed in powder, and globules liquid form because more nerves touches the medicine in liquid form (ref aph no. 272)

Storage- Drug was acquired from standard pharmacy (SBL Uttarakhand) and was stored as per rules of homoeopathic pharmacopoeia. Medicines will be stored in Bharti Vidyapeeth homoeopathic pharmacy, katraj, Pune- 411043. Liquid will be stored in amber coloured glass bottle kept in dark place, under appropriate temperature, away from sunlight and humidity condition. Freshly prepared powdered dose was used for dispensing purpose. Log no. and batch no. was maintained

INCLUSION CRITERIA:

- Patients fulfilling the diagnostic criteria DSM V
- Patient opting for homoeopathic treatment
- Patient complying for regular follow-ups
- Patients in age group 18-40 yrs.
- All sexes

EXCLUSION CRITERIA:

- -Patients who require emergency medical treatment
- -Patients undertaking any other mode of treatment along with homoeopathic mode of treatment for mental illnesses
- pregnant and lactating females

Study Design:

Study Setting and Duration –

The study was completed in Bharati Vidyapeeth Medical Foundation's Homoeopathic Hospital OPD, IPD and various Rural and Urban Camps conducted by the hospital. Study was carried out within 18 months.

A detailed case understanding is necessary to assess the severity of adjustment disorder Proper case proforma for

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adjustment disorder inclusive of -In detail adjustment disorder complaint, Details of stressful events/causes, Other adjustment disorder related symptoms, Constitution and Life Sketch of the Person, Prognosis after giving remedy that is Kent 12 observation's.

Intervention:

Intervention for the study was Individualised Constitutional Homoeopathic Similimum in the form of potentised Homoeopathic dilutions.

Selection of tools:

The Homoeopathic Drugs were acquired from standard pharmacy (SBL Uttarakhand) and were stored as per the rules of Homoeopathic Pharmacopeia. Medicines were stored in Bharati Vidyapeeth Homoeopathic Pharmacy, Katraj, Pune- 411043.

Liquid dilution were stored in amber colour glass bottles kept in dark place, under appropriate temperature, away from sunlight and humidity condition. Freshly prepared powder dose and Medicated globules were used for dispensing purpose. Log No. and batch no. of the medicines prescribed were maintained. The selection of the medicine was done using the individual totality and the dosage and potency was decided based on the susceptibility of the patient and with discussion and guidance of the guide.

Briefs of procedures:

Diagnosis

DSM – 5 (American Psychiatric Association, 2013) DIAGNOSTIC CRITERIA FOR ADJUSTMENT DISORDER

Treatment was as follows-

Constitutional medicine was selected by proper case taking and based on totalityof symptoms.

Follow up criteria-

All patients was duly followed and details of the symptomatic, clinical changes was studied/recorded. Duration of follow up was after 7 DAYS

Scale to be used- THE ADJUSTMENT DISORDER NEW MODULE 20 (ADNM-20)

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Criteria of assessment:

Reduction in the number of symptoms of core and accessory was the criteria for assessment.For an effective evaluation and assessment, disease intensity was graded in every patient based on their presentation observed during case taking.The post treatment core and accessory symptoms reduction was compared to pretreatment core and accessory symptoms and statistically evaluated.

Scoring Method:

- Total Score = Sum of scores for the 20 items Range: 20 (min) – 80 (max)
- Higher scores indicate greater severity of Adjustment Disorder symptoms.

Total Score	Interpretation
20–39	Low symptom severity
40–59	Moderate symptom severity
60–80	High symptom severity

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Score	Description
1	Never
2	Sometimes
3	Often
Score	Description
4	Always

Data Collection:

Data collection that is the information required for the clinical trial were collected from case interviews, ADNM-20 Adjustment disorder new module scale and questionnaire.

Case Interview: It will give the baseline data from the samples before and at every follow up after the use of intervention.

ADNM-20 SCALE: Based on the ADNM score the judgement of adjustment disorder severity can be done during each follow up.

Statistical Analysis:

The data was collected as mean ± Standard deviation (SD). Results were analysed by using Wilcoxon signed rank test. The test of significance was kept as P<0.05.

OBSERVATION AND RESULTS:

Total 30 patients (n=30) were selected from the age group of 18 to 40 years The age-wise distribution of patients indicates that the majority of individuals fall within the younger age groups. Nearly half of the patients (47.06%) are between 25–29 years, making this the most represented category. The second most common group is 20–24 years (20.59%), followed by 30–34 years (14.71%). Patients aged 35–39 years account for 11.76%, while the least represented group is 40–44 years (5.88%).

If we look into Kent’s observation The majority (46.67%) of patients showed Observation 3 → “Quick, short aggravation with rapid improvement” → the best possible response. Second most common (23.33%) was Observation 4 → “No aggravation with recovery” → also favourable. About 16.67% showed Observation 2 → “Long aggravation but slow improvement” → correct remedy but slower action. Only 6.67% each showed Observation 6 (short relief, doubtful) and Observation 11 (return of old symptoms, very favourable). Overall, data suggests that most prescriptions were successful, with a high percentage of patients showing favorable to excellent outcomes.

To test the hypothesis, the **Wilcoxon Signed Rank Test** was used and p- value: highly significant (<0.05) Here the test statistic , Z=-4.784 with a p-value <0.05, is statistically highly significant. Hence, We conclude that there is a significant difference between the ADNM Score before and after treatment And we can conclude that the constitutional approach is useful in adjustment disorder.

DATA ANALYSIS AND INTERPRETATION

Demographic characteristics of patients Table 1: Distribution of patients according to age

Age	Number of patients	Percentage
20-24	7	20.59%
25-29	16	47.06%
30-34	5	14.71%
35-39	4	11.76%
40-44	2	5.88%

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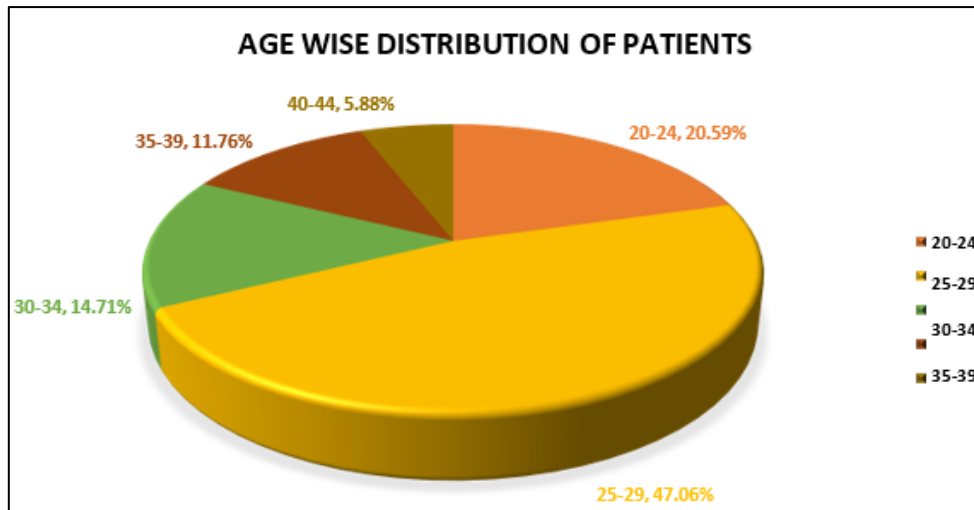


Figure 1: Pie diagram representing the Age-wise distribution of patients

Table 1 and Figure 1 show the age-wise distribution of patients.

The age-wise distribution of patients indicates that the majority of individuals fall within the younger age groups. Nearly half of the patients (47.06%) are between 25–29 years, making this the most represented category. The second most common group is 20–24 years (20.59%), followed by 30–34 years (14.71%). Patients aged 35–39 years account for 11.76%, while the least represented group is 40–44 years (5.88%).

Table 2: Distribution of Patients according to Gender

Gender	Number of patients	Percentage
Female	14	41.18%
Male	20	58.82%

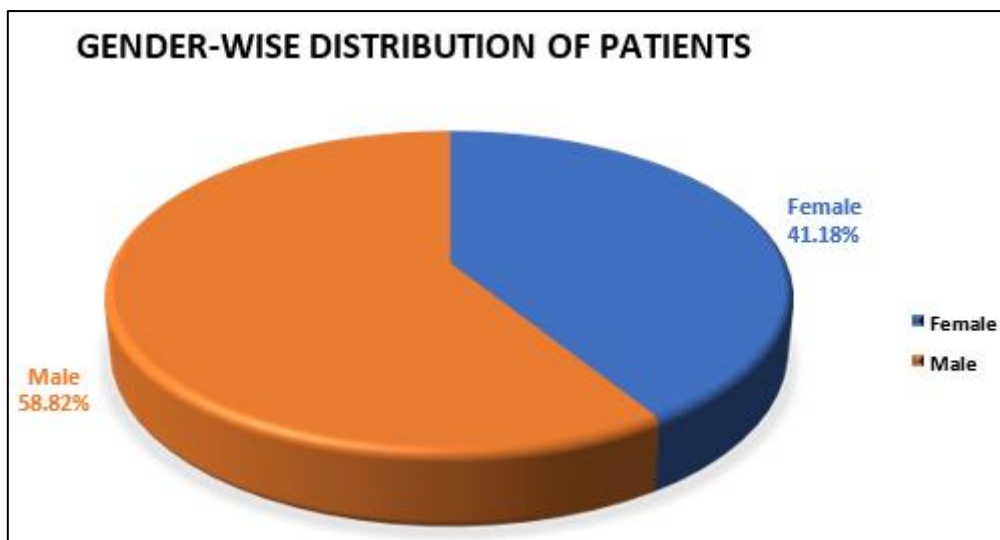


Figure 2: Gender-wise distribution of patients

Table 2 and Figure 2 indicate that 58.82% of patients were male and 41.18% were female in the study.

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Table 3: Kent-wise distribution of patients

Kent	Number of patients	Percentage
2	5	16.67%
3	14	46.67%
4	7	23.33%
6	2	6.67%
11	2	6.67%

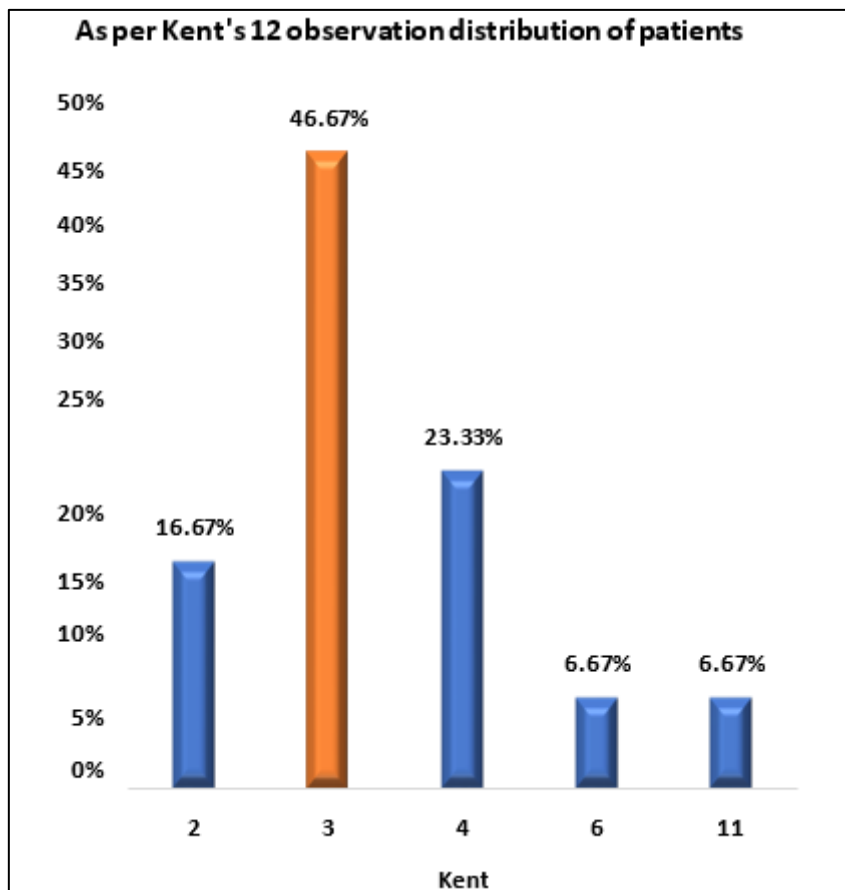


Figure 3: Kent-wise distribution of patients.

Table 3 and Figure 3 show the Kent-wise distribution of the patients under study.

Dr Kent has given 12 observations based on his experiences and knowledge, which include prognosis observations.

1. Prolonged aggravation and final decline of the patient
2. Long aggravation, but final slow improvement
3. aggravation is quick, short, strong with rapid improvement of the patient
4. No aggravation with recovery of the patient
5. Amelioration comes first and aggravation afterwards
6. Too short relief of symptoms
7. Full time amelioration of symptoms, yet no relief of the patient
8. Some patient proves every remedy they get
9. The action of the medicines upon provers
10. New symptoms appearing after the remedy
11. old symptoms are observed to reappear
12. Symptoms take the wrong direction.

The majority (46.67%) of patients showed Observation 3 → “Quick, short aggravation with rapid improvement” → the best possible response.

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Second most common (23.33%) was Observation 4 → “No aggravation with recovery” → also favourable. About 16.67% showed Observation 2 → “Long aggravation but slow improvement” → correct remedy but slower action.

Only 6.67% each showed Observation 6 (short relief, doubtful) and Observation 11 (return of old symptoms, very favourable).

Overall, data suggests that most prescriptions were successful, with a high percentage of patients showing favorable to excellent outcomes.

Table 4: Distribution of patients by stressors.

Stressors	Number of patients	Percentage
academic pressure	4	11.76%
conflicts in working life	2	5.88%
death of loved one	5	14.71%
family conflicts	2	5.88%
financial problems	1	2.94%
job loss	1	2.94%
moving to New place	5	14.71%
postpartum role change	1	2.94%
relationship breakup	3	8.82%
serious accident	3	8.82%
time pressure	1	2.94%
unemployment	4	11.76%
work pressure	2	5.88%

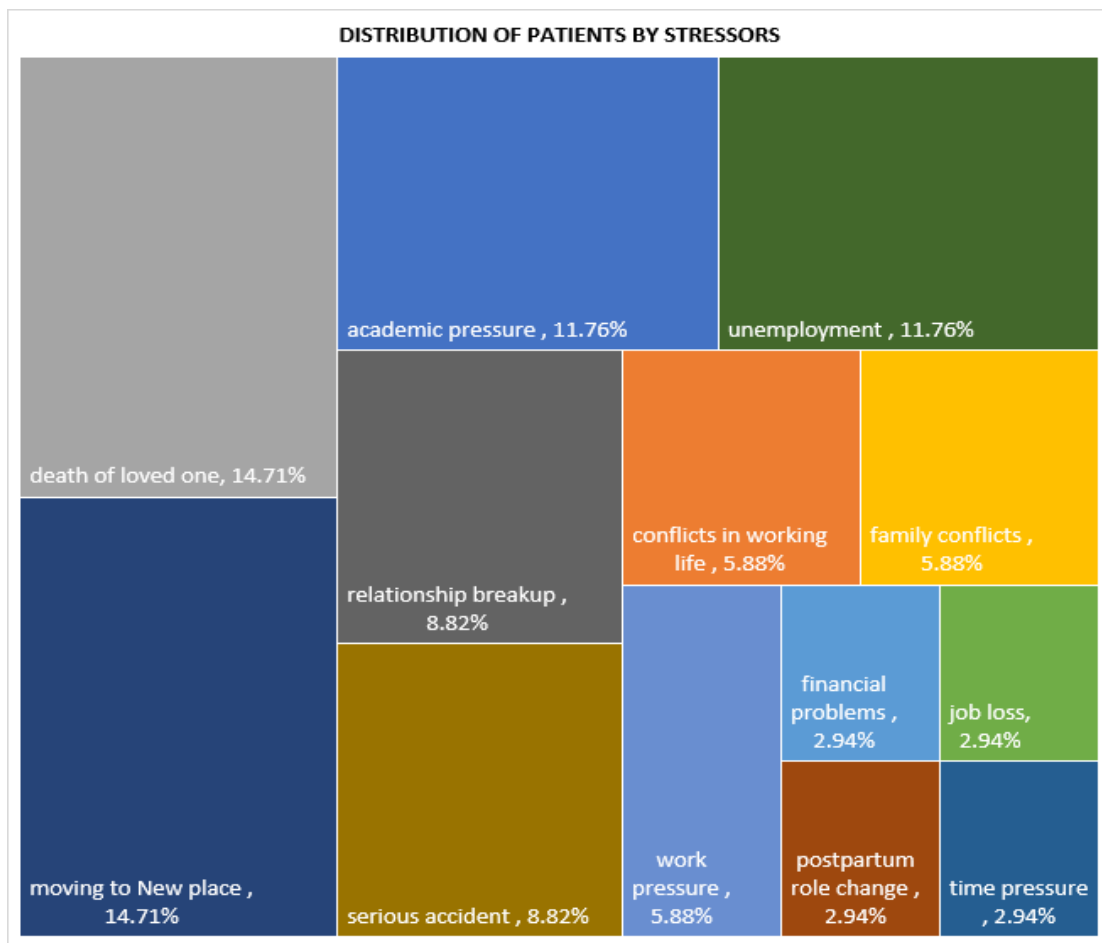


Figure 4: Distribution of patients by stressors.

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Table 4 and figure 4 show the Distribution of patients by stressors.

The most common stressors are the death of a loved one and moving to a new place (14.71% each).Academic pressure and unemployment are also significant (11.76% each).

The least reported stressors include financial problems, job loss, postpartum role changes, and time pressure (each at 2.94%).

Table 5: Distribution of patients by physical symptoms

Physical symptoms	Number of patients	Percentage
acidity	2	6.67%
constipation	1	3.33%
digestive disturbances, headache	1	3.33%
dysmenorrhoea	1	3.33%
hairfall	1	3.33%
IBS	1	3.33%
insomnia	11	36.67%
menstrual disturbances	3	10.00%
migraine	2	6.67%
no physical symptoms	4	13.33%
recurrent abscess	1	3.33%
recurrent stye	1	3.33%
sleep disturbances	1	3.33%

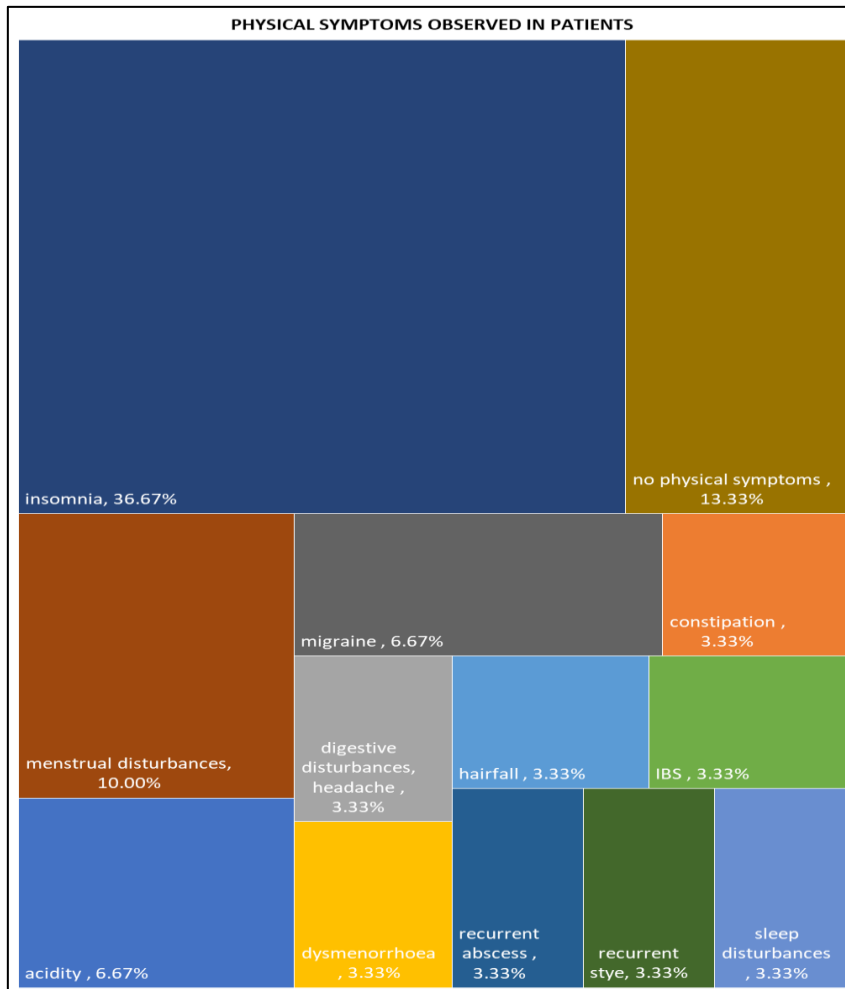


Figure 5: Distribution of patients by physical symptoms

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Tables 5 and Figure 5 show the distribution of patients by physical symptoms observed in adjustment disorder

a) Sleep-related problems dominate:

Insomnia (36.67%) and sleep disturbances (3.33%) together affect 40% of patients, showing that sleep health is a major concern in this group.

b) Gastrointestinal complaints:

Acidity, constipation, IBS, and digestive disturbances collectively account for 16.66%, pointing toward significant gut-related issues.

c) Reproductive health:

Dysmenorrhoea (3.33%) and menstrual disturbances (10%) together make up 13.33%, which may indicate hormonal or gynaecological concerns.

d) Stress-related manifestations:

Migraine, hairfall, and recurrent infections (abscess, stye) may be linked to stress, lowering immunity, or lifestyle factors.

e) Asymptomatic group:

13.33% of patients did not report physical symptoms.

Table 6: Distribution of patients according to Aggravation time duration.

Aggravation time duration	Number of patients	Percentage
1-2 days	1	3.33%
15-20days	5	16.67%
2 -3 days	1	3.33%
5-6 days	3	10.00%
6-7 days	2	6.67%
7-10 days	3	10.00%
7-8 days	7	23.33%
8-9 days	1	3.33%
no aggravation	7	23.33%

AGGRAVATION TIME DURATION WISE DISTRIBUTION OF PATIENTS

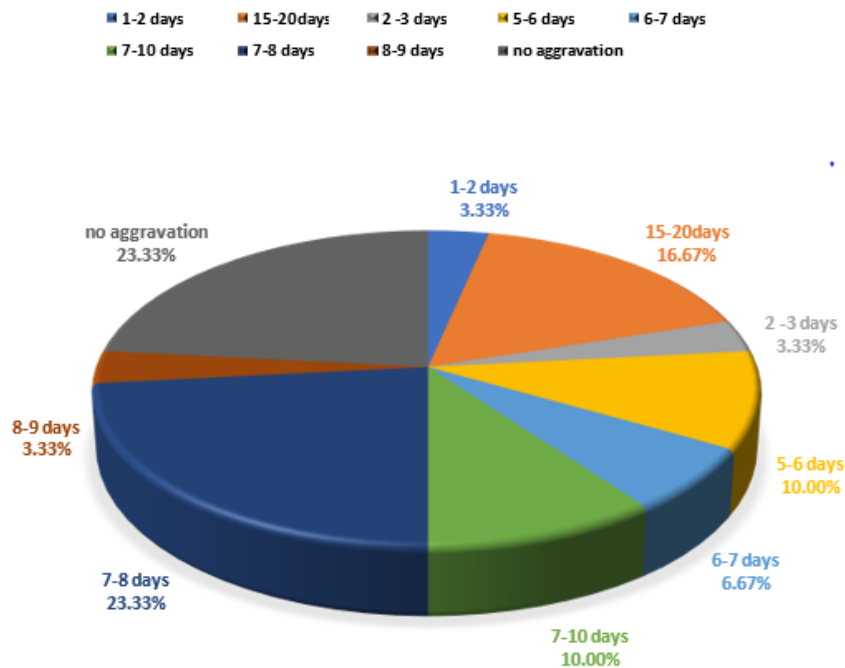


Figure 6: Distribution of patients according to Aggravation duration.

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Tables 6 and Figure 6 show the distribution of patients according to aggravation duration.

Out of the total patients observed, the highest proportion experienced aggravation lasting 7–8 days (23.33%), followed by those with no aggravation (23.33%). Aggravation lasting 15–20 days was seen in 16.67% of patients. Shorter durations like 1–2 days and 2–3 days were reported by only 3.33% each.

Table 7: Remedy (200 potency) wise distribution of patients.

Remedy	1st follow-up		2 follow-ups		3 follow-ups	
	Number of patients	%	Number of patients	%	Number of patients	%
Aurum metallicum	0	0.00%	0	0.00%	2	5.88%
baptisia tinctoria	0	0.00%	0	0.00%	1	2.94%
bryonia alba	0	0.00%	0	0.00%	1	2.94%
natrum muriaticum	3	8.82%	1	2.94%	1	2.94%
pulsatilla	0	0.00%	0	0.00%	1	2.94%
silicea	0	0.00%	0	0.00%	1	2.94%

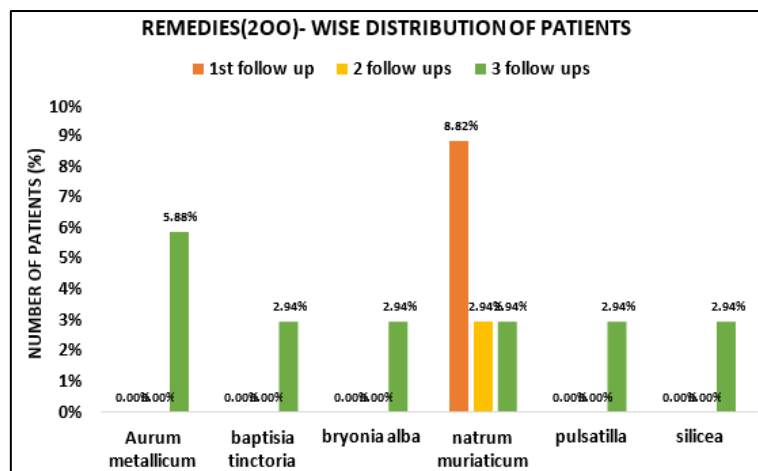


Figure 7: Remedy (200 potency) wise distribution of patients.

Tables 7 and Figure 7 show the Remedy (200 potency) wise distribution of patients.

Table 7 shows the distribution of patients who were prescribed each remedy across 1, 2, and 3, follow-ups. At the 1st follow-up, only Natrum muriaticum was prescribed (3 patients, 8.82%).

for 2 follow-ups, Natrum muriaticum was prescribed to 1 patient (2.94%).

For 3 follow-ups, a wider range of remedies appeared (Aurum metallicum, Baptisia tinctoria, Bryonia alba, Natrum muriaticum, Pulsatilla, Silicea), each given to 1–2 patients (2.94–5.88%).

Table 8: Remedy (30-200 potency) wise distribution of patients.

Remedy	1 follow-up		2 follow-ups		3 follow-ups		4 follow-ups	
	Number of patients	Percent age	Number of patients	Percent age	Number of patients	Percent age	Number of patients	Percent age
acetic acid	0	0.00%	0	0.00%	1	2.94%	0	0.00%
alfalfa	0	0.00%	1	2.94%	0	0.00%	0	0.00%
alumina	0	0.00%	0	0.00%	1	2.94%	0	0.00%
argentum nitricum	0	0.00%	0	0.00%	2	5.88%	0	0.00%
arnica montana	0	0.00%	0	0.00%	1	2.94%	0	0.00%
Aurum metallicum	0	0.00%	0	0.00%	1	2.94%	0	0.00%
belladonna	0	0.00%	1	2.94%	0	0.00%	0	0.00%
borax veneta	0	0.00%	0	0.00%	1	2.94%	0	0.00%
gelsemium	0	0.00%	0	0.00%	1	2.94%	0	0.00%
hepar sulphur	0	0.00%	0	0.00%	0	0.00%	1	2.94%
ignatia amara	1	2.94%	0	0.00%	1	2.94%	0	0.00%
nux vomica	0	0.00%	0	0.00%	1	2.94%	0	0.00%

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opium	0	0.00%	0	0.00%	1	2.94%	0	0.00%
phosphoric acid	0	0.00%	0	0.00%	2	5.88%	0	0.00%
phosphorus	0	0.00%	0	0.00%	1	2.94%	0	0.00%
pulsatilla	0	0.00%	1	2.94%	0	0.00%	0	0.00%
sepia	0	0.00%	0	0.00%	1	2.94%	0	0.00%
staphysagria	0	0.00%	0	0.00%	1	2.94%	0	0.00%
sulphur	0	0.00%	1	2.94%	0	0.00%	0	0.00%

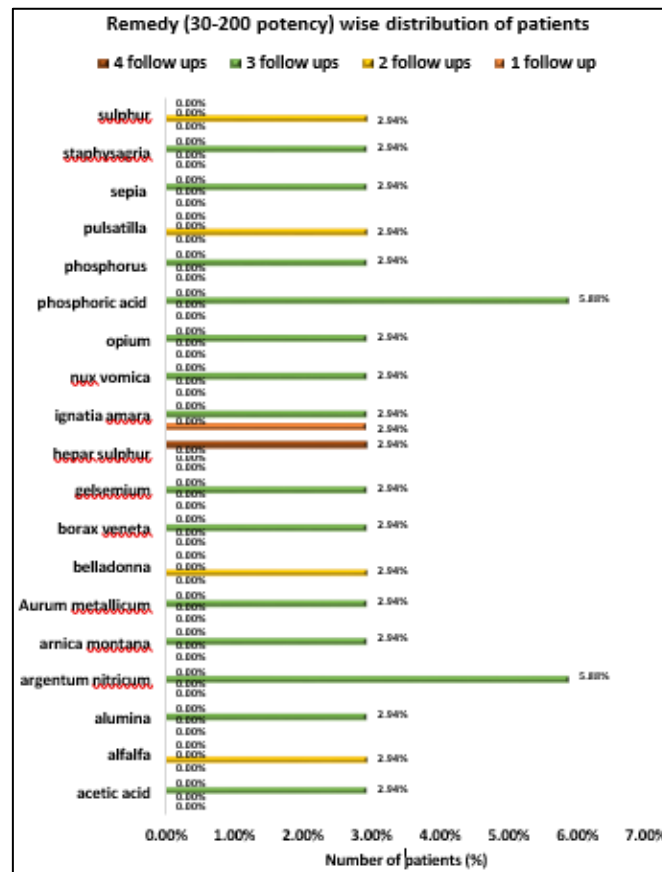


Figure 8: Remedy (30-200 potency) wise distribution of patients.

Tables 8 and Figure 8 show the Remedy (30-200 potency) wise distribution of patients.

Table 8 shows the distribution of patients who were prescribed each remedy across 1, 2, 3, and 4 follow-ups. For one follow-up only Ignatia amara was used (1 patient, 2.94%).

For two follow-ups, Alfalfa, Belladonna, Pulsatilla, Sulphur used by 1 patient each (2.94%).

For three follow-ups, Acetic acid, Alumina, Arnica montana, Aurum metallicum, Borax veneta, Gelsemium, Ignatia amara, Nux vomica, Opium, Phosphorus, Sepia, Staphysagria was used for 1 patient each (2.94%).

Argentum nitricum, Phosphoric acid were used for used by 2 patients each (5.88%): For four follow-ups, only Hepar sulphur was used (1 patient, 2.94%).

Most remedies appear only once at a given follow-up stage.

Phosphoric acid and Argentum nitricum stand out as slightly more frequent (2 patients each at the 3 follow-ups).

Ignatia amara is the only remedy appearing at more than one stage (1 and 3 follow-ups).

Table 9: Remedy-wise distribution of patients.

Remedy	Number of patients	Percentage
acetic acid	1	2.94%
Alfalfa	1	2.94%
Alumina	1	2.94%
argentum nitricum	2	5.88%

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arnica montana	1	2.94%
Aurum metallicum	3	8.82%
baptisia tinctoria	1	2.94%
belladonna	1	2.94%
borax veneta	1	2.94%
bryonia alba	1	2.94%
gelsemium	1	2.94%
hepar sulphur	1	2.94%
ignatia amara	2	5.88%
kali phosphoricum	1	2.94%
natrum muriaticum	5	14.71%
nux vomica	1	2.94%
opium	1	2.94%
phosphoric acid	2	5.88%
phosphorus	1	2.94%
pulsatilla	2	5.88%
sepia	1	2.94%
silicea	1	2.94%
staphysagria	1	2.94%
sulphur	1	2.94%

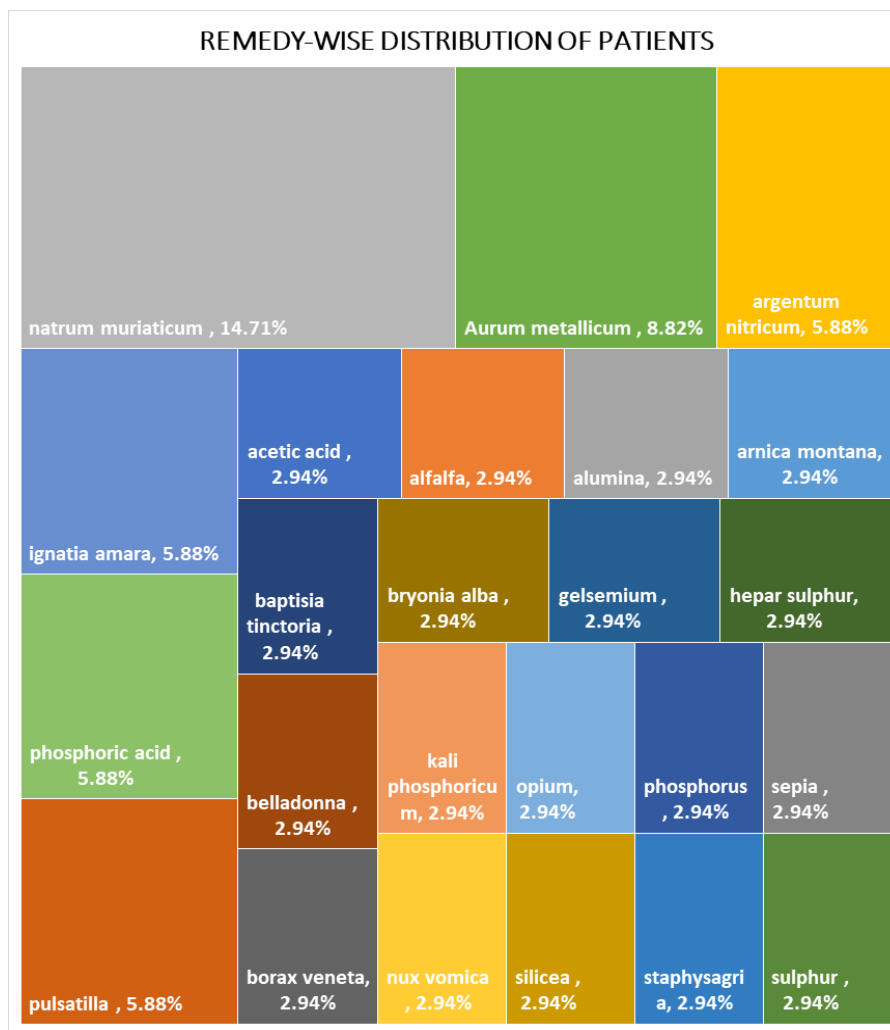


Figure 9: Remedy-wise distribution of patients.

Tables 9 and Figure 9 show the Remedy-wise distribution of patients.

Table 9 shows that,24 different remedies were given to 34 patients in total.

The remedies are not evenly distributed , a few were used more often, while most were prescribed to only a single

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patient.

Natrum muriaticum stands out as the most frequently used remedy, prescribed to 5 patients (14.71%). The next most common is Aurum metallicum, used for 3 patients (8.82%).

The four remedies, Argentum nitricum, Ignatia amara, Phosphoric acid, and Pulsatilla, were each prescribed to 2 patients (5.88%).

The remaining 18 remedies (75% of all listed remedies) were each given to only 1 patient (2.94% each).

Table 10: Distribution of patients by improvement post-remedy.

improvement post remedy	Number of patients	Percentage
10 days after	14	46.67%
11 days after	4	13.33%
12 days after	1	3.33%
13 days after	1	3.33%
7 days after	1	3.33%
8 days after	4	13.33%
9 days after	3	10.00%

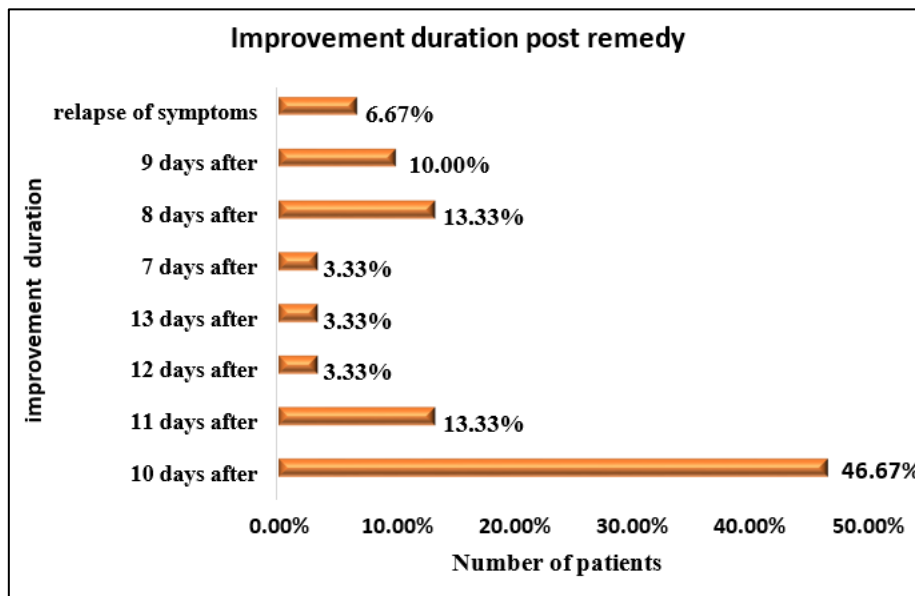


Figure 10: Distribution of patients by improvement post-remedy.

Tables 10 and figure 10 show the distribution of patients by improvement post-remedy in the management of adjustment disorder.

Most patients showed improvement 10 days after the remedy (14 patients, 46.67%). A smaller group improved at 8 days (13.33%) and 11 days (13.33%), while some improved at 9 days (10%). Only a few patients improved at 7, 12, or 13 days (3.33% each).

However, 2 patients (6.67%) experienced a relapse of symptoms instead of sustained recovery.

HYPOTHESIS TESTED:

Null hypothesis: The constitutional approach is not useful in adjustment disorder.

Alternative hypothesis: The constitutional approach is useful in adjustment disorder. To test the hypothesis ADJUSTMENT DISORDER NEW MODULE (ADNM) score before and after treatment was studied.

Hypotheses tested:

H₀: There is no significant difference between the ADNM Score before and after treatment. Against

H₁: There is a significant difference between the ADNM Score before and after treatment. To test the hypothesis, the **Wilcoxon Signed Rank Test** was used.

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Table 11: Wilcoxon Signed Rank Test for ADNMs score before and after the treatment

Variable		N	Mean Rank	Sum of Ranks	Test statistic and P-value
ADNM score difference	Negative Ranks	30	15.50	465.00	Z = -4.784
	Positive ranks	0	0.00	0.00	P-value **<0.05

ADNM score difference= ADNMs Score After Treatment – ADNMs Score Before Treatment

A test used: **Wilcoxon Signed Rank Test** **: Highly Significant Difference, p- value **:highly significant (<0.05) The ADNMs score difference was calculated as the difference between the ADNMs Score After Treatment and the ADNMs Score before treatment.

Negative ranks were calculated for ADNMs score after treatment < ADNMs score before treatment. Positive ranks were calculated for ADNMs score after treatment > ADNMs score before treatment. Here the test statistic , Z=-4.784 with a p-value <0.05, is statistically highly significant.

We reject Ho and conclude that there is a significant difference between the ADNMs Score before and after treatment.

Hence, we can conclude that the constitutional approach is useful in adjustment disorder.

Table 12: Descriptive statistics of ADNMs score before and after the treatment.

ADNM Score	N	Mean	Minimum	Median(IQR)	Maximum
Before Treatment	30	62±9	47	62(14)	74
After Treatment	30	44±4	36	45(6)	50

IQR: Inter Quartile range (difference between 3rd and 1st quartile)

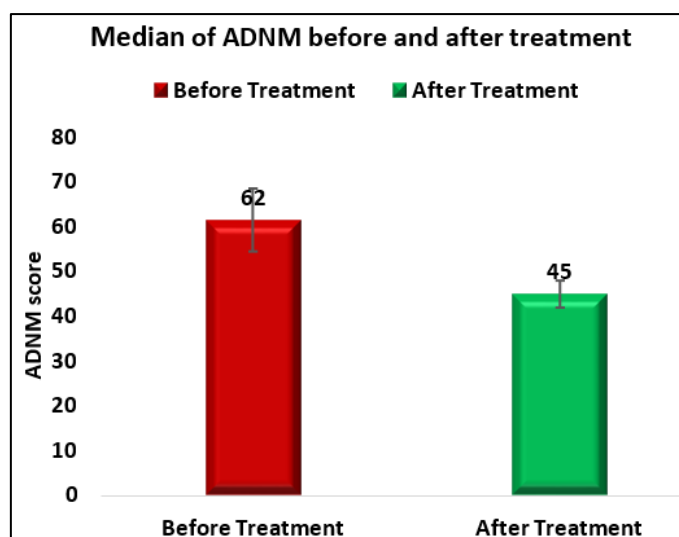


Figure 11: Median of ADNMs score.

Table 12, Figure 11 gives the descriptive statistics of the ADNMs score before and after treatment.

Before the treatment, the ADNMs median (IQR) Score was 62(14). After treatment, the median (IQR) significantly reduced to 45(6).

Hence, we can conclude that there is a significant reduction in the ADNMs Score after treatment. The constitutional approach is useful in adjustment disorder.

DISCUSSION:

Homoeopathic constitutional medicines are obtained after proper detailed case study of an individual and are prescribed accordingly. After getting the scores ADNMs scales before and after treatment of all patients it is analyzed statistically in the form of chart, graph and table. The most commonly used effective medicine in the study is Natrum muriaticum stands out as the most frequently used remedy. The next most common is Aurum metallicum,

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CONCLUSION:

Since no patient has ever experienced a lack of response to therapy following the prescription of their constitutional medicines, homeopathic constitutional medicine plays a useful function in treating adjustment disorder. It also helped to improve the mental health of the individuals, which can be depicted by the significant difference seen in the before and after scores of ADNMM questionnaire. Constitutional remedies function as therapy, prophylaxis, and prevention. As a result, it also assisted in lowering people's stress levels, enabling them to manage stress more effectively. Most patients showed improvement 10 days after the remedy (14 patients, 46.67%). A smaller group improved at 8 days (13.33%) and 11 days (13.33%), while some improved at 9 days (10%). Only a few patients improved at 7, 12, or 13 days (3.33% each). The study supports the idea that homeopathic remedies selected constitutionally and in alignment with Kentian philosophy can promote better adaptation, emotional stability, and overall well-being in young to middle-aged adults facing life stressors.

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