



# Web-Based Survey on Depression and Anxiety during COVID-19 Pandemic in View of Homoeopathic Perspective

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Homoeopathic Links

## Abstract

**Background** The World Health Organisation (WHO) declared coronavirus disease 2019 (COVID-19) as a global pandemic in Feb 2020 after it emerged from Wuhan city of China and spread to most of the world. The most common psychological symptoms found during the pandemics are fear, anxiety, loss of sleep, depression, suicidal tendency, etc.

**Aim** To collect various psychological symptoms, the people are presenting during this type of situations and their proposed homoeopathic treatment.

**Methodology** A web-based survey was conducted to assess the mental health burden in public during the outbreak of COVID-19 pandemic and also to explore the potential influencing factors. The data of 314 volunteers were collected and assessed.

**Results** It was found that the overall proportion of depression and anxiety was 34.4 and 31.21% respectively. About 23.9% of participants had both depression and anxiety. The proportion of depression and anxiety was more in males and age group of 21 to 30 years. Healthcare providers reported more depression and anxiety as compared with other occupations. Among the influencing factors, regular Yoga practice and adequate sleep of 7 hours in the day had good effects in controlling depression and anxiety. Spending time in social media for more than 3 hours a day regularly was also an influencing factor for more depression and anxiety. It was also found that people who frequently got worried about own health and of near and dear ones had developed more anxiety. The participants who had taken homoeopathic medicines during last month reported less depressive symptoms in comparison to others.

**Conclusion** Homoeopathy has many remedies which can fit into these psychological symptoms as the principle of homoeopathy is based on individualisation which constitutes the physical as well as the mental sphere.

## Keywords

- ▶ mental health
- ▶ depression
- ▶ anxiety
- ▶ homoeopathy
- ▶ COVID-19

## Introduction

There is an increase in the threat of infectious pandemics and the spread of organisms across countries globally due to changing climate and an increase in international cross border travelling. The novel coronavirus disease 2019 (COVID-19) a severe acute respiratory syndrome coronavirus 2 viral infection was detected in December 2019 in the city of Wuhan, China, but now it has spread to more than 200 countries globally.<sup>1</sup> Due to this, there is widespread panic and anxiety in individuals in the absence of specific medicine or vaccine against this infection and on one hand fear of personal safety and concern about the safety of near & dear ones on the other. The panic situation, stress and other reactions among the public have also increased due to extensive media reporting. Generally, these psychological reactions decrease from reassurance and education. These types of pandemics are not only a medical occurrence but they also influence the individuals and society on many aspects causing a disturbance.<sup>2</sup>

Any epidemic or pandemic infection leads to stigmatisation of affected individuals as well as the healthcare professionals besides the general public. In addition to physical damage, it also has a severe impact on the mental health of the individual such as anxiety, fear, depression and insomnia. Isolation, quarantine, social distancing make the people more affected by depression and anxiety due to inability in getting in touch with family members and friends. Also, there could be a constant fear of getting an infection which ultimately causes anxiety-related behavior and depression. The speedy transmission of the COVID-19 has posed a serious challenge to the mental health service in China.<sup>3</sup>

In recent studies in China during this pandemic, it was found that 52.1% of participants felt horrified and apprehensive during this pandemic situation.<sup>4</sup> Prevalence of posttraumatic stress disorder (PTSD) in hardest-hit areas a month after the COVID-19 outbreak was 7%. Women reported significant higher PTSD.<sup>5</sup> Preliminary evidence suggests that symptoms of anxiety and depression (16–28%) and self-reported stress (8%) are common psychological reactions to the COVID-19 pandemic, and may be associated with disturbed sleep.<sup>6</sup> From one of the recent study, it was reported that prevalence of depression, anxiety and combination of depression and anxiety was 48.3% (95% confidence interval [CI]: 46.9–49.7%), 22.6% (95% CI: 21.4–23.8%) and 19.4% (95% CI: 18.3–20.6%) during COVID-19 outbreak in Wuhan, China. More than 80% (95% CI: 80.9–83.1%) of participants reported frequent exposure to social media.<sup>7</sup> During the COVID-19 outbreak, medical health workers had psychosocial problems and risk factors for developing them. Medical health workers ( $n = 927$ ) as compared with nonmedical health workers ( $n = 1,255$ ) had a higher prevalence of insomnia (38.4 vs. 30.5%,  $p < 0.01$ ) anxiety (13.0 vs. 8.5%,  $p < 0.01$ ), depression (12.2 vs. 9.5%;  $p < 0.04$ ), somatisation (1.6 vs. 0.4%;  $p < 0.01$ ) and obsessive-compulsive symptoms (5.3 vs. 2.2%;  $p < 0.01$ ).<sup>8</sup>

A study included 1,210 respondents from 194 cities in China. About 53.8% of total respondents rated the psychological impact during the outbreak as moderate-to-severe, 16.5% reported moderate-to-severe depressive symptoms,

28.8% reported moderate-to-severe anxiety symptoms and 8.1% reported moderate-to-severe stress levels. Most respondents (84.7%) spent 20 to 24 hours per day at home; 75.2% were worried about their family members about contracting COVID-19 and 75.1% were satisfied with the amount of health information available. Female sex, student status, some specific physical symptoms such as myalgia, dizziness and coryza and poor self-rated health status were notably associated with a greater psychological impact during this outbreak and higher levels of stress, anxiety and depression ( $p < 0.05$ ). Specific up-to-date and accurate health information regarding its treatment and local outbreak situation and particular protective procedures such as hand hygiene, wearing a mask, social distancing were associated with a lower psychological impact of the outbreak and lower levels of stress, anxiety and depression ( $p < 0.05$ ).<sup>9</sup>

A total of 144 papers were identified from the search, 24 of which were included in the review. Among the 18 studies which were observed for the psychosocial responses of the general population toward the severe acute respiratory syndrome epidemic, 4 studies focused on the Ebola epidemic and 2 studies covered the H1N1 outbreak. Common subjects in psychological responses were fears, anxiety, depression, anger, guilt, grief, loss, PTSD, and stigmatisation. Problem-focused coping seeking social support, avoidance, and positive appraisal of the situation were the coping strategies adopted.<sup>10</sup>

In a study, it was observed that the majority of participants (53.3%) did not feel helpless due to the pandemic. On the other hand, 52.1% of participants felt horrified and apprehensive due to the pandemic. Additionally, the majority of participants (57.8–77.9%) received increased support from friends and family members increased shared feeling and caring with family members and others.<sup>4</sup> During the initial evaluation, moderate-to-severe stress, anxiety and depression were noted in 8.1, 28.8 and 16.5% respectively.<sup>11</sup>

The anxiety levels identified in a study were high because more than 80% of the people were preoccupied with the thoughts of COVID-19 and 72% reported the need to use gloves and sanitisers. Difficulties in sleeping, paranoia about contracting COVID-19 infection and distress related social media were reported in 12.5, 37.8 and 36.4% participants respectively. The perceived mental healthcare need was seen in more than 80% of participants.<sup>12</sup>

An article presented guidelines for health professionals and team leaders in health care that help to maintain mental health during the COVID-19 pandemic. The stabilisation of strong emotions and stress, the accomplishment of basic needs, social support, clear communication and distribution of tasks, flexible working hours and psychological help without stigmatisation seem to be particularly important measures.<sup>13</sup>

From various previous studies and survey, the following emotional expressions during this type of pandemics were reported:

- Fear of consequence of infection<sup>14–18</sup>
- Boredom<sup>14,18–20</sup>
- Loneliness<sup>14,19</sup>
- Anger<sup>14,18–20</sup>

- Anxiety<sup>14,15,17,20-22</sup>
- Depression<sup>14,18,19,23</sup>
- Panic attacks<sup>14,16,19</sup>
- Delirium<sup>14,19</sup>
- Frustration<sup>14,18</sup>
- Suicidality<sup>2,5,6,8</sup>
- Stress<sup>3,4,6,7,11</sup>
- Difficulty in sleeping<sup>15,18-20</sup>
- Difficulty in concentrating<sup>15</sup>
- Stigma<sup>16</sup>
- Xenophobia<sup>16</sup>
- Obsessive compulsive disorder<sup>16,21</sup>
- Psychomotor excitement<sup>19</sup>
- Overwhelmed<sup>20</sup>
- Negative thoughts<sup>23</sup>
- Guilt<sup>18,23</sup>
- Shame<sup>23</sup>
- Worry<sup>22</sup>
- Disgust<sup>18</sup>
- Low mood<sup>18</sup>
- Negative responses<sup>18</sup>
- Grief<sup>18</sup>
- Numbness<sup>18</sup>
- Posttraumatic stress disorders<sup>14,18,19,21,23,24</sup>
- Worry about health of own and loved ones<sup>15</sup>
- Sadness<sup>15,18</sup>
- Emotional distress<sup>18,19</sup>
- Exhaustion<sup>18</sup>
- Irritability<sup>18</sup>
- Indecisiveness<sup>18</sup>
- Deteriorating work performance<sup>18</sup>
- Reluctant to work<sup>18</sup>
- Avoidance behavior<sup>18</sup>
- Helplessness<sup>18</sup>
- Annoyance<sup>18</sup>

The understanding of health in homoeopathic perspective is intimately connected to its understanding and perception of the mind in general. Homoeopathic system of medicine accepts that the person's mental state is vital for survival in so far as it governs the state of awareness that makes decisions on how to respond to stressful or life-threatening situations. Generally, the organism protects the deepest psychological level strongly and will first externalise various superficial emotions. Similarly, on a physical level certain vital organs, especially the brain and the heart, will be protected before less vital organs. Modern medicine lacks a holistic approach in its treatment for anxiety disorders. Despite advancements in science, it has been seen that the medicines for anxiety in the conventional system of medicine are not curative. Risk of dependency is also associated with them. The mind and body work harmoniously in health and disease. Both of them are considered as a unit in the treatment of diseases. Homoeopathy is a holistic science and has a psychosomatic approach in all diseases. This holistic approach of homoeopathy gives it an edge in the treatment of affections of the mind. Dr Samuel Hahnemann in his Organon of Medicine from aphorism 210 to aphorism 230<sup>25</sup> described

the classification of mental diseases and their treatment. He also wrote in detail about the psychotherapy for such patients. In the study of psychology through homoeopathic perspective, no one can deny the role of emotions as causative modalities in the origin and maintenance of innumerable diseases. The provings on healthy human beings have yielded all kinds of emotions that are recorded in *Materia Medica*.

## Methodology

A web search was done for the available literature regarding the researches on various psychological presentations or issues during epidemics or pandemics. The main aim of the search was to collect various psychological symptoms the people are presenting during this type of situations. For the present situation of COVID-19 pandemic situation, a web-based cross-sectional survey on mental and emotional health was prepared. This web-based survey was sent on the internet through social media to the public platform. The survey questionnaires were regarding the demographic data of participants and standardised depression and anxiety-related questionnaires. The participants answered the questionnaires on the web-based survey from 26th April 2020 to 17th May 2020. A total of 314 participants had submitted their responses and their data of those were included for analysis. For analysis in homoeopathic perspective, the presented psychological symptoms from the searches of various previous works were converted into relative rubrics according to the Complete Repertory.<sup>26</sup> Those symptoms which were blank or not found in Complete Repertory were taken from Murphy's Repertory.<sup>26</sup> They were repertorised to get a list of remedies which may help treat such conditions.

## Variables

The demographic data included age, sex, occupation, the habitat of the participants. The age category is grouped as children (0-14 years), youth (15-24 years), adults (25-64 years) and seniors (65 years and above).<sup>27</sup> The standardised self-rating depression scale based on the Center for Epidemiological Studies-Depression<sup>28</sup> consisting of 20 items was used for assessment of depression. A score of 16 was considered as the cut-off value for the presence of depression. Similarly, for assessment of anxiety Generalised Anxiety Disorder-7 scale<sup>29</sup> consisting of 7 items was used and a score of 5 was considered as the presence of anxiety. The survey questionnaires also included other associated factors and adaptation of some methods of relaxation (e.g. Yoga, Pranayam, Meditation, using of immune boosters). It also included the question related to the quality of sleep.

## Statistical Analysis

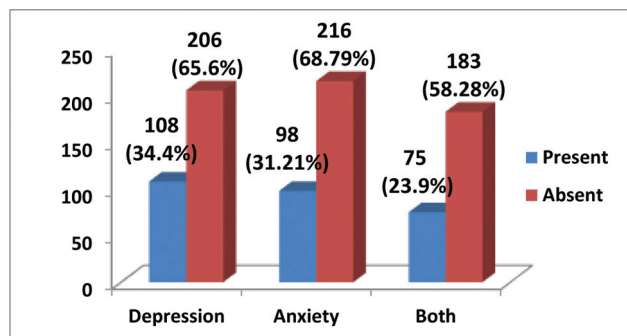
For statistical analysis, social science statistics web site<sup>30</sup> was used. Chi-squared test ( $\chi^2$ ) was used to compare the differences between groups. A *p*-value of less than 0.05 was considered as statistically significant.

**Table 1** Demographic variables of study sample (n = 314)

Characteristics	n (%)
<b>Age (y)</b>	
Children (0–14)	2 (0.6)
Youth (15–24)	68 (21.65)
Adults (25–64)	234 (74.52)
Seniors (65 y and above)	10 (3.18)
<b>Sex</b>	
Male	176 (56.05)
Female	138 (43.95)
<b>Habitat</b>	
Rural	49 (15.6)
Semiurban	51 (16.24)
Urban	214 (68.15)
<b>Occupation</b>	
Healthcare providers	144 (45.86)
Govt. officials other than healthcare providers	35 (11.15)
Other professionals	45 (14.33)
Teachers/students	90 (28.66)

## Results

A total of 314 participants submitted their responses during the survey period. The demographic data of the participants were shown in ► **Table 1**. From the total participants, 2 (0.6%) were children, 68 (21.65%) were youth, 234 (74.52%) were adults and 10 (3.18%) were seniors. Regarding sex distribution 176 (56.05%) were males and 138 (43.95%) were females. Forty-nine (15.6%) were from a rural area, 51 (16.24%) were from the semi-urban area and 214 (68.15%) were from an urban area. Regarding occupation of the participants, 144 (45.86%) were healthcare providers; 35 (11.15%) were gov employees other than healthcare providers; 45 (14.33%) were from other professionals such as IT sector, self-employed, business, media persons and 90 (28.66%) were students and teachers. Regarding the proportion of depression and anxiety in the study sample (► **Fig. 1**), it was observed that 108 (34.4%)

**Fig. 1** Prevalence of depression and anxiety in study sample.

participants had depression, 98 (31.21%) had anxiety and 75 (23.9%) had both depression and anxiety.

The analysis of demographic data about depression and anxiety is shown in ► **Table 2**. Depression was found more in the adult age group and it was statistically significant at  $p < 0.05$ . There were no statistical differences in age groups regarding the proportion of anxiety in a sample at  $p < 0.05$ . The proportion of depression and anxiety was significantly influenced by gender at  $p < 0.05$  with an odds ratio of 0.547 and relative risk of 0.675. There was no significant difference in the habitat of the participants regarding the proportion of depression and anxiety ( $p > 0.05$ ). Significant differences were observed in the proportion of depression and anxiety in healthcare providers compared with other occupations in the study sample ( $p < 0.05$ ).

The proportion of depression and anxiety in a population stratified by different influencing factors was given in ► **Table 3**. From this table, it was observed that those who were practising yoga/exercise regularly for minimum 30 minutes per day had significantly less depression and anxiety compared with those not practising yoga ( $p < 0.05$ ), but there was no significant difference in participants who were practising pranayam and meditation ( $p > 0.05$ ). A significant difference in depression ( $p < 0.05$ ) was observed in people who had taken homoeopathic medicines but no changes were observed in anxiety symptoms ( $p > 0.05$ ). Regarding taking the immune boosters, there were no significant differences in groups ( $p > 0.05$ ). There was a significant difference in the quality of sleep associated with depression and anxiety ( $p < 0.05$ ). There was no difference in the level of anxiety and depression in participants spending more than 3 hours in watching the news or getting COVID-19 updates in a day regularly ( $p > 0.05$ ). In the participants who were spending time in social media for more than 3 hours a day regularly, there were significant differences in anxiety and depression ( $p < 0.05$ ). There was no significant difference in depression and anxiety in participants who were working on laptop/computer for more than 6 hours a day regularly ( $p > 0.05$ ). There was a statistically significant association of anxiety with those who were frequently worried about their health and also of near and dear ones ( $p < 0.05$ ) but no difference in the association of depression.

## Discussion

Amid the range of psychosocial responses seen in past infectious disease outbreaks, practical considerations for the current COVID-19 pandemic need to focus on the individual in the context of the larger social environment, with an emphasis on raising awareness of the range of possible psychosocial responses, access to psychological help, self-care, empowering self-support groups and sustained engagement with updated, reliable information about the outbreak. These findings would need to be verified in larger population studies. There is a need to intensify the awareness and address the mental health issues of people during this COVID-19 pandemic. This web-based survey shows that there was a high proportion of depression in the adult age group. The analysis showed no



**Table 2** Proportion of depression and anxiety in population stratified by different variables during outbreak of COVID-19 ( $n = 314$ )

Variables	Depression					Anxiety				
	Yes	No	Total	$\chi^2$	$p$ -Value	Yes	No	Total	$\chi^2$	$p$ -Value
<b>Sex</b>										
Male	50	126	176	5.2826	0.02154	43	133	176	8.5703	0.003417
Female	58	80	138			55	83	138		
<b>Habitat</b>										
Rural	21	28	49	2.3905	0.302629	16	33	49	1.2281	0.541159
Semiurban	19	32	51			19	32	51		
Urban	68	146	214			63	151	214		
<b>Age (in y)</b>										
0–14 (children)	1	1	2	13.3435	0.00395	1	1	2	6.0414	0.109615
15–24 (youth)	35	33	68			29	39	68		
25–64 (adults)	71	163	234			66	168	234		
65 and above (seniors)	1	9	10			2	8	10		
<b>Occupation</b>										
Healthcare providers	43	101	144	24.2623	0.000022	35	109	144	16.2964	0.000986
Govt. officials other than healthcare providers	19	16	35			7	28	35		
Other professionals	26	19	45			24	21	45		
Teachers/students	20	70	90			32	58	90		

Abbreviation: COVID-19, coronavirus disease 2019.

**Table 3** Proportion of depression and anxiety in population stratified by different influencing factors during outbreak of COVID-19 ( $n = 314$ )

Variables	Depression					Anxiety					
	Yes	No	Total	$\chi^2$	$p$ -Value	Yes	No	Total	$\chi^2$	$p$ -Value	
Meditation for minimum 20 min per day regularly	Yes	17	49	66	2.7628	0.096479	15	51	66	2.8009	0.094214
	No	91	157	248			83	165	248		
Yoga/exercise for minimum 30 min per day regularly	Yes	34	97	131	7.097	0.007721	32	99	131	4.8165	0.028188
	No	74	109	183			66	117	183		
Pranayam/any breathing practice /Kriya for minimum 15 min per day regularly	Yes	23	46	69	0.0442	0.833547	26	43	69	1.7248	0.18908
	No	85	160	245			72	173	245		
Taken homoeopathic medication in the last month	Yes	53	127	180	4.581	0.032329	63	117	180	0.0684	0.793621
	No	55	79	134			45	89	134		
Taken any other medicine to boost the immune system in the last month	Yes	22	33	55	0.9284	0.335284	21	34	55	1.5095	0.219212
	No	86	173	259			77	182	259		
Having sound sleep for minimum 7 h per day regularly	Yes	53	143	196	12.5006	0.000407	49	147	196	9.369	0.002207
	No	55	63	118			49	69	118		
Spending more than 3 hours in watching news or getting COVID-19 updates in a day regularly	Yes	39	72	111	0.0417	0.838207	38	73	111	0.7313	0.392453
	No	69	134	203			60	143	203		
Spending time in social media for more than 3 hours in a day regularly	Yes	64	91	155	6.4499	0.011096	61	94	155	9.4578	0.002103
	No	44	115	159			37	122	159		
Working on laptop/computer for more than 6 h in a day regularly	Yes	25	50	75	0.0492	0.824442	22	53	75	0.1617	0.687622
	No	83	156	239			76	163	239		
Frequently got worried about my own health and of my near and dear ones	Yes	36	43	79	5.8416	0.15652	39	40	79	16.2088	0.000057
	No	72	163	235			59	176	235		

Abbreviation: COVID-19, coronavirus disease 2019.

**Table 4** Rubrics of common symptoms found during COVID-19

	Rubrics	No. of remedies covered
1	MIND—FEAR—disease, of—impending—contagious, epidemic, infection	24
2	MIND—WASHING, bathing—desire for—always—hands, her	15
3	MIND—DELUSIONS, imaginations—contaminates everything she touches	1
4	MIND—COMPULSIVE disorders	29
5	MIND—THOUGHTS—persistent	181
6	MIND—FEAR—people, of, anthropophobia	93
7	MIND—FEAR—disease, of—impending	101
8	MIND—SUSPICIOUSNESS, mistrustfulness—fear of company, with	4
9	MIND—ANXIETY—health, about	98
10	MIND—ANXIETY—health, about—loved persons, of	3
11	MIND—ANXIETY—health, about—own, his	1
12	MIND—ANXIETY—health, about—recovery, concerning	1
13	MIND—ENNUI, boredom	89
14	MIND—WEARY of life	108
15	MIND—FORSAKEN feeling	116
16	MIND—ANGER, irascibility	349
17	MIND—SADNESS, despondency, depression, melancholy	629
18	MIND—FEAR—panic attacks, overpowering	59
19	MIND – DELIRIUM	311
20	MIND—SUICIDAL disposition—despair, from	7
21	MIND—STRESSED mentally and emotionally	7
22	MIND—HANDLE things anymore, cannot, overwhelmed by stress	28
23	MIND—FEAR—stress, of breaking down under	1
24	MIND—ANXIETY—conscience, of	107
25	MIND—TIMIDITY	163
26	MIND—DISGUST	58
27	MIND—MOOD—repulsive	71
28	MIND—IRRITABILITY—grief, from	3
29	MIND—IRRITABILITY	561
30	MIND—GRIEF	115
31	MIND—CONCENTRATION—difficult	356
32	MIND—UNPLEASANT things, inclined to dwell on	4
33	MIND—GUILT, feelings	73
34	MIND—EXHAUSTION, mental	156
35	MIND—DETACHED	4
36	MIND—ANNOYED, easily	8
37	MIND—ISOLATION, feelings	17
38	MIND—INDECISION, irresolution	141
39	MIND—REPULSIVE, mood	41
40	MIND—LONELINESS	4

Abbreviation: COVID-19, coronavirus disease 2019.

differences in age groups as anxiety is concerned. There was also a high proportion of depression and anxiety in males as compared with females. This outcome is in contrast with the previous studies.<sup>31,32</sup> The depression or anxiety makes no difference in different habitats such as urban, semi-

urban or rural. Therefore, the prevalence of psychological implications in this pandemic was not influenced by habitation. The environment of lockdown is similar intensity (as far as the basic needs of the humans are concerned) in all the three habitats which may be one of the reasons for its

**Table 5** Repertorisation results of above rubrics

	Ars.	Sulph.	Merc.	Nat-m.	Puls.	Nux-v.	Phos.	Plat.	Sil.	Calc.
	27/57	26/62	25/55	24/59	23/69	23/57	22/49	22/45	22/41	21/49
1	1	4	-	1	-	-	-	-	1	4
2	1	3	1	3	-	-	-	1	1	-
3	1	-	-	-	-	-	-	-	-	-
4	3	1	1	1	-	4	-	-	-	1
5	3	3	1	4	3	3	1	1	1	3
6	1	1	1	3	4	-	1	3	1	1
7	1	1	1	1	3	3	4	3	1	3
8	-	-	-	-	-	-	-	-	-	-
9	1	1	1	1	3	1	3	-	1	3
10	-	-	1	-	-	-	-	-	-	-
11	-	-	-	-	-	-	-	-	-	-
12	-	-	-	-	-	-	-	-	-	-
13	1	1	4	1	-	3	1	1	-	1
14	4	1	1	3	3	3	4	1	3	1
15	1	1	3	3	4	-	-	3	1	1
16	4	4	4	4	1	4	3	1	1	3
17	4	4	4	4	4	3	3	4	3	4
18	1	1	1	-	1	1	1	1	-	1
19	4	3	3	1	3	3	3	4	1	3
20	-	-	-	-	-	-	-	-	-	-
21	-	-	-	-	-	-	-	-	-	-
22	-	1	-	-	-	1	-	-	-	4
23	-	-	-	-	-	-	-	-	-	-
24	4	4	3	3	3	3	1	3	3	1
25	4	4	3	3	4	3	4	1	4	4
26	1	4	3	-	4	1	1	4	1	-
27	1	1	3	-	3	1	1	1	1	-
28	-	-	-	-	-	-	-	-	-	-
29	4	4	3	4	4	4	4	4	4	4
30	3	3	3	4	4	3	1	1	1	1
31	1	3	3	3	3	4	4	3	4	3
32	-	-	-	2	-	-	-	-	-	-
33	3	3	2	3	2	2	1	2	2	1
34	-	3	1	2	2	3	3	1	3	-
35	-	-	-	1	-	-	-	-	-	-
36	1	-	-	-	-	1	-	-	-	-
37	-	-	-	2	2	-	-	1	-	-
38	2	2	2	2	3	2	2	1	2	2
39	1	1	2	-	3	1	1	-	1	-
40	1	-	-	-	3	-	2	-	-	-

insignificant association. The healthcare providers are more likely to develop depression and anxiety during COVID-19 than the participants from other occupations.<sup>33-36</sup> This may be due to the direct exposure of the healthcare providers to the public in hospitals or clinics and there was also a

constant fear of getting an infection of COVID-19 despite precautionary measures. The symptoms of depression and anxiety were less likely to develop in participants who were practising yoga/exercise regularly for a minimum of 30 minutes per day. But this study showed no differences

in respect to Pranayam and meditation. It was found that people who spent more time in different social media platforms (for more than 3 hours a day) regularly were more likely to develop symptoms of depression and anxiety. This may be due to overcrowding of positive and negative thoughts. Quality of sleep was also affected by depression and anxiety due to this pandemic of COVID-19. The participants who were working on laptop/computer for more than 6 hours in a day regularly were also likely to get depression and anxiety but not significantly and this may be due to engagement in work. The participants who were worried about their health and also of near and dear ones were more likely to develop anxiety symptoms than depression. Those who had taken homoeopathic medicines were less likely to develop depressive symptoms than anxiety. But it was not observed in those who had taken other immune boosters.

Homoeopathy is a holistic science and has a psychosomatic approach in all diseases. This holistic approach of homoeopathy gives it an edge in the treatment of affections of the mind. So this is a part of review work to figure out some homoeopathic remedies which may suit to the mental state of the individuals in the present situation of COVID-19 pandemic. The related rubrics of the mental symptoms found in the review work were repertorised under Complete Repertory and Murphy Repertory using RADAR software. Among the following 40 rubrics (→ **Table 4**) selected for Repertorisation, the last 9 rubrics were taken from Murphy's Repertory because these are blank rubrics in Complete Repertory. From the above Repertorisation result (→ **Table 5**), it was observed that most indicated 10 remedies were *Arsenicum album*, *Sulphur*, *Mercurius*, *Natrum muriaticum*, *Pulsatilla*, *Nux vomica*, *Phosphorus*, *Platina*, *Silicea* and *Calcarea carbonica* which contain most of the symptoms.

Central institutes such as National Institute of Mental Health and Neurosciences (NIMHANS) and All India Institute of Medical Sciences (AIIMS) are working with community healthcare teams to provide ongoing mental healthcare support at various levels. Pandemics are eventually transient. Tele mental health services are practically feasible and appropriate for the support of patients, family members and health service providers during this pandemic.<sup>37</sup>

## Conclusion

Psychological and mental states of humans are greatly affected during disasters and pandemics and these should not be neglected on the part of other aspects. Many studies and surveys were undertaken to assess its impact on the mental and psychological health of people since then. The Homoeopathic Materia Medica contains so many polychrest medicines which are full of mental symptoms. So it may be suggested to treat these psychological presentations during this pandemic with the homoeopathic medicines such as *Arsenicum album*, *Sulphur*, *Mercurius*, *Natrum muriaticum*, *Pulsatilla*, *Nux vomica*, *Phosphorus*, *Platina*, *Silicea* and *Calcarea carbonica*. Although the world today must 'flatten the curve' of the spread of the virus, we argue that now is the time to 'accelerate and bend the curve' on digital health (telemedicine). Increased invest-

ments in digital health today will yield unprecedented access to high-quality mental healthcare.

## Conflict of Interest

None declared.

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