

Treatment of Involutional Depression in Males with Geriforte - An Indigenous Drug (Study of Twenty five Cases)

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INTRODUCTION

Involutional depression in males has received a lot of clinical interest recently. The commonest age group is between forty-five to sixty years. Physical, socio-economic or chronic emotional stress has been attributed as the root cause of the condition. Alterations in the neuro-endocrinal axis and possibly in the neurotransmitters of brain have been thought of as the pathophysiological mechanism. Geriforte is an indigenous drug, which has been used in various geriatric ailments and also found useful in psychosomatic disorders like anxiety neurosis, cardioneurosis etc. It is claimed to act against the ageing process and untoward effects therein. I tried Geriforte in twenty five cases of Involutional Depression presenting with various clinical symptoms in the form of controlled study with Placebo. Geriforte was found to be significantly beneficial in the management of Involutional Depression in males.

PATIENTS AND METHOD

Twenty five patients suffering from Involutional Depression were included in the study. They presented with a variety of symptoms like Headache, Vague bodyache, Painful and Burning Parasthesiae in the extremities. Seven patients presented with Precordial pain or discomfort. Palpitation was also a relatively common symptom. Insomnia was a more consistent complaint. Loss of appetite was commoner than weight loss. Other minor symptoms were abdominal pain and giddiness. Gross changes in personality were seen in 3 cases (12%). Details of symptomatology of the patients are given in Table I.

Symptom	No. of cases	Percentage
Headache	15	60%
Vague bodyache	25	100%
Pain and burning		
Parasth. of feet	18	72%
Chest pain	7	28%
Palpitation	14	56%
Personality changes	3	12%
Insomnia	19	76%
Loss of appetite	19	76%
Loss of weight	10	40%
Other symptoms	3	12%

After diagnosis, each patient was investigated for diabetes, hepatic and renal disease. Investigations included Routine Haemogram, Urinalysis, BUN, S. Creatine, Blood sugar estimation (fasting and post-prandial), S.G.O.T; S. Bilirubin, Alkaline phosphatase, Serum calcium, Inorganic phosphorus and Uric acid estimations. Electrocardiogram was taken to rule out acute infarction.

After this baseline assessment, the trial was conducted in two stages:

Stage I: Patients were put on Placebo therapy, the tablets and dosage being identical to Geriforte tablets. This was given for six weeks. During the trial, each patient was called and assessed once every fifteen days. Assessment of response to therapy was graded as Excellent, Good, Fair or Poor.

Stage II: Patients were then put on Geriforte. The dose employed was 2 tablets, three times a day for 10 days followed by one tablet three times a day for total six weeks' treatment. Patients were followed once every fortnight and biochemistry was checked every month.

At every follow-up visit, the patient was assessed in terms of subjective and objective improvement and also checked for side effects and deterioration in investigational reports.

Data thus obtained were analysed and the response was graded as Excellent, Good, Fair or Poor. This was done for Geriforte as well as for Placebo. The response was classed as 'poor' when the improvement was less than 50%, it was called 'Fair' when it was 50% to 75%, 'Good' when the improvement was 75% to 90% and 'Excellent' when the improvement was more than 90%, results are shown in Table II.

Table II: Results (Total cases – 25)				
Response	Placebo		Geriforte	
	Cases	Percentage	Cases	Percentage
Poor	20	80	2	8
Fair	3	12	5	20
Good	2	8	14	56
Excellent	–	0	4	16
Poor – less than 50%	Fair – 50% to 75%			
Good – 75% to 90%	Excellent – more than 90%			

RESULTS

This study concerns a controlled trial of Geriforte in twenty five cases of Involutional Depression. Patients presented to us complained mainly of somatic symptoms and on interrogation, could not pinpoint any precipitating event for the depression. They were between the ages of 45 to 59 years and belonged to the lower middle class or lower socio-economic class. Patients from higher socio-economic class were not included, as the prevailing aetiological factors may be different. Most of the patients were performing sedentary jobs (80%) whereas a few (20%) were doing manual jobs. After starting treatment with Geriforte, response was usually seen within a week. Response, once seen, was smooth and the grade did not vary during the period of treatment. Those who responded to Placebo also showed a similar pattern.

It is clear from Table II that Placebo therapy showed good response in 8%, whereas 12% had fair response. Respective response rates with Geriforte were 72% (Good and Excellent) and 20% (Fair). Two patients did not respond, thus giving a failure rate of 8%.

Side effects were seen in 4 patients (16%), three complained of epigastric discomfort and 'Gastritis-like' symptoms. This was seen with the dose of 2 tablet t.i.d. and disappeared when reduced to 1 tablet t.i.d. One patient complained of exacerbation of symptoms, subsequently he was one of the 'failures'. Laboratory investigations did not show any derangement of the several parameters studied earlier. Two patients who had idiopathic Hypertension showed good response and their B.P. came to normal.

DISCUSSION

Involutional Depression in males has received considerable attention in recent years. As this condition is similar to Peri-menopausal Depression in females, various mechanisms have been held responsible for its genesis, the most accepted one being 'hormonal readjustments' occurring at this critical age. However, it is worth noticing that the affected age group is an older one than that affected in Peri-menopausal Depression in females.

High incidence of somatic symptoms has been consistently seen in this entity, as noted in the present study. Due to multiplicity of symptoms, these cases may be misdiagnosed as Ischaemic Heart Disease, Cervical Spondylosis, Osteoporosis, Peripheral Neuropathy etc. as the affected age group is vulnerable.

The present controlled study clearly shows that therapy with Geriforte is superior to results obtained with Placebo. Placebo showed effectiveness in 20% of cases (12% fair response and 8% good response) whereas therapy with Geriforte showed effectiveness in 92% of cases, (20% as fair, 56% as good and 16% as excellent response).

During the trial it was observed that symptoms responding best to Geriforte were Vague bodyache, Loss of appetite and Insomnia, other symptoms also showed definite response but to a lesser extent than the above three. As mentioned earlier, response to the drug was always steady. Patients did not show significant side effects, Epigastric distress being a major one and was present only in the initial period when higher dosage was employed. Its beneficial effect in 'Idiopathic Hypotension' seen in two patients in the present study needs further study.

Geriforte is one of the popular indigenous drugs and is used extensively in various geriatric conditions. It has been shown to improve physical, physiological and psychological performances. It is also used in psychosomatic conditions and shown to improve physical and psychological functions.

Process of ageing added to stress causes alteration in the neuroendocrinal axis, which produces hormonal and metabolic changes in the body. Neuroendocrinal dysfunction is also held to be responsible for atrophic changes seen in ageing. Stress due to day-to-day problems involving the family, job, financial status and market escalations are an integral part of the modern society, which can be attributed to the genesis of Involutional Depression. Several neurotransmitter substances like acetylcholine, catecholamines and plasma cortisol are shown to have reached abnormal levels. Evidence of the effects of Geriforte on these substances is not significantly conclusive.

Further research is needed to study the role of Geriforte in stress conditions and its effect on CNS concentrations of acetylcholine, Dopamine, 5-Hydroxytryptamine and GABA which are the most important neurotransmitters in psychopharmacology, alterations in which directly affect the neuroendocrinal axis.

Geriforte is a useful 'Eutropic' agent used with variable success not only in different conditions affecting late adulthood and older age groups including senility, diabetes mellitus, post-menopausal syndrome, but also in other heterogeneous disorders like fracture healing, glaucoma, hyperlipidaemia, diabetic neuropathy, and various other neurological disorders. Observations in these fields at present establish Geriforte as a useful supportive measure in management of these conditions.

SUMMARY

Twenty five male patients suffering from Involutional Depression in the age group of 45 to 60 years studied in a controlled trial with Geriforte, an indigenous drug of The Himalaya Drug Co. They were assessed clinically as well as biochemically for various somatic complaints and hepatic, cardiac, renal functions and other biochemical abnormalities were ruled out. Patients were given Placebo for six weeks followed by six weeks treatment with Geriforte. Treatment with Geriforte showed positive response in 92% cases, of which 72% had good or excellent response and 20% had fair response, failure rate being 8%. Placebo showed response in only 20% cases, of which 8% had good response, 12% had fair response and 80% showed poor response. No significant side effects were observed except for epigastric discomfort in three cases and exacerbation of symptoms in one

case. Two cases having idiopathic hypotension showed improvement in B.P., which was an incidental finding.

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