



Suicides Are Preventable: Multipronged Approach Needed!

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Introduction:- Suicides in India are increasing alarmingly. Any deliberate act causing harm to self which results in to death is called as suicide. Suicide is an act that is converse to what is perhaps the strongest of human instincts-survival. About one million people commit suicide worldwide every year, of these estimated 1,87,000¹ (18.7 %) are residents of India. Tamil Nadu (12.5% of all suicides), Maharashtra (11.9%) and West Bengal (11.0%) had the highest proportion of suicides². The male to female suicide ratio has been about 2:1 to 1.57:1, though females outnumber males in attempting suicide^{1,2,3}. According to WHO data, Suicide death rates in India are among the highest in the world. The age standardized suicide rate in India is 16.4 per 100,000 for women (6th highest in world) and 25.8 for men per 100000 (ranking 22nd)². WHO reported incidence rate of

Suicides in India as 20.9/Lac population compared to that of global rate of 11.4/100000. In India 369 suicides take place every day. Majority of suicides (70%) take place in the age group 15-34⁴. Every year, thousands of Indian farmers commit suicide. Vandana Shiva reported that Farmers' suicides are the most tragic and dramatic symptom of the crisis of survival faced by Indian peasants. She reported that rapid increase in indebtedness is the root cause of farmers' suicides. Debt denotes a sign of negative economy. Two factors have transformed agriculture from a positive economy into a negative economy for peasants: the rising of costs of production and the falling prices of farm commodities. Both these factors are rooted in the policies of trade liberalization and corporate globalization⁵. The region in India with the highest level of farmers suicides

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is the Vidharbha region in Maharashtra 4000 suicides per year, 10 per day. Farmers' suicides account for 11.2% of all suicides in India⁶.

Every hour, one student commits suicide in India, according to 2015 data (the latest available) from the National Crime Records Bureau (NCRB)⁷. In 2015, the number of student suicides stood at 8,934. In the five years leading to 2015, 39,775 students killed themselves^{8,9}. Less job opportunities, huge expectations, fear of future and difficulty in survival may be contributory factors in suicides amongst students and under graduates. The numbers of attempted suicides are under reported, and the exact number is likely to be much higher. 95% persons who commit suicide or attempt suicide have diagnosable and treatable mental disorder¹⁰.

Attempted suicide means any deliberate act of self harm which does not result in to death. Government of India has decriminalized Suicide in March 2017. Attempting Suicide is no more a criminal offence now. After all, those who attempt suicide do so under stress due to lack of social, economic and emotional resources. India has one of the world's highest rate of suicides among people aged between 15 years and 29 years¹.

The Government of India classifies a death as suicide if it meets the following three criteria²:

- It is an unnatural death,
- The intent to die originated within the person,
- There is a reason for the person to end his or her life. The reason may have been specified in a suicide note or unspecified.

Manilal Gada explained that Suicide is a multi faceted process. It involves victim, a situation and stress. Biological vulnerability, Stressful situation, potential precipitating factor, lack of support from family or poor social support are the important factors and combined effect of them leads to suicidal act. Some of the suicidal attempts are cries for help. When factors leading to suicide attempt, are left unresolved, suicide attempt is most likely to be repeated till

suicide becomes successful¹⁰.

Method of suicide in India -

Poisoning (35%), hanging (23%), self-immolation (12%), Drowning (9%), and jumping in front of running train (4%) were the primary methods used to commit suicide in 2012^{2,11}.

A) Risk factors of suicide -

- Age group: 15-29 years
- Previous attempt of suicide
- Male sex
- Depression (Such patients have 25 times more risk than normal subjects) i) Presence of guilt, self accusation and/or severe insomnia ii) More at the beginning or towards end of a depressive state.
- Alcohol or drug dependence
- Severe, disabling, painful or untreatable illness
- Recent serious loss or major stressful event like death of spouse, loss of social status
- Rape, sexual abuse or torture
- Social isolation
- Staying single
- Farmers in debt and drought conditions
- Unable to work and being dependent on others

Euthanasia and Physician assisted suicide:-

Euthanasia is not legal in India, and many countries; however it is legal in Netherlands, Belgium and Luxembourg. In Switzerland, a layperson can assist euthanasia. In the United States, physician assisted suicide is permitted in only 4 states: Oregon, Vermont, and Washington state by legislation and Montana by court ruling. Terminal stage of Cancer, AIDS, Amyotrophic lateral sclerosis patients were given Euthanasia in the states where it was legalised¹².

Causes of suicides : K Park reported two main causes of suicides in India namely Family problems and illnesses⁴. Niraj Ahuja discussed causes of suicides under following headings¹¹:-

B) Psychiatric disorders - 1) Depression - It is irony that despite advancement in primary and secondary health care, 80% of depressed

persons does not receive any treatment¹³. Depressive disease is in fact, one of the most agonizing illnesses and its real intensity is only experienced by the sufferer. It affects people of all ages, education, income levels, and cultures. It adversely affects person's ability to work, relationships and quality of life. Depression is the cause of over 50% of suicides. i) Major depression ii) Depression secondary to serious physical illness iii) Reactive depression, secondary to life stressors, e.g. family/ marital disputes, failure in goal achievement, occupational and financial difficulties, and death of loved ones. Suicide seems to arise from a depressed subject's feeling that life is no more meant to live and death is supposed to be the only escape from the current problems.

2) Alcoholism and drug dependence - As this lower inhibitions and increase impulsiveness.

3) Schizophrenia - People with schizophrenia are more likely to commit suicide if they are young, male, with high I.Q., and never married.

4) Genetic factors - A number of family studies have indicated familial aggregation of suicidal behavior. Most studies have shown a higher rate of suicidal behavior in relatives of suicide victims or attempters compared to relatives of non-suicidal controls¹⁴. Tsuang et al. (1985)¹⁵ and Powell et al. (2000)¹⁶ both found higher rates of suicides within families of psychiatric inpatients who completed suicide than within families of psychiatric in-patients who were not suicidal, regardless of the inpatient's psychiatric diagnosis.

C) Physical disorders - Patients with incurable or painful conditions like Cancer, AIDS, Trigeminal neuralgia often commit suicide (13.5% of all suicides in some studies)¹¹.

D) Psychosocial factors - Failure in examination, failure in love, Dowry, marital disputes, family disputes, illegitimate pregnancy, Loss of loved object by death, occupational and financial difficulties.

Ayurvedic Samprapti of Depression (Avasad/Vishad/ Audasinya) : Body and mind are closely related. Somatic diseases may

affect mind by vriddhi of Raja and Tama dosha. Consumption of Ahitkar, Santarpanjanya aahar vihar causes vriddhi of Kapha and reduced Vata Dosh. There is increase in Mand guna of Kapha that leads to Vata-kshay. Vata kshay manifests psychological lakshnas are Apravrutti, reduced activity, reduced speech, confusion, loss of pleasurable interest, loss of self-esteem, insomnia, reduced enthusiasm, and alertness. The psychological lakshnas of Kapha vriddhi are over-attachment, greed, laziness, tiredness. Nidradhikya. Physiological lakshnas seen are Agnimandya, Aruchi / distaste, Nausea, Vomiting, fatigue and digestive disorders. Subjects having **Teevra vishad** are prone to commit suicide.

Ayurvedic Chikitsa sutra - Most of the cases committing suicides or attempting suicides are due to depression. If we treat depression, early, we can prevent majority of suicides. Daily practices of Aahar, Vihar, Sadvrutta methods, principles of Achar rasayan are to be strictly followed. Mind/Mana is Annamay, therefore it is advocated to consume Shuddha and Satvik aahar. To alleviate Agnimandya, Laghu, Supachya and Agnivardhak aahar is advised. Taking into account the Rugna bala-bal Vaman chikitsa is advised after Deepan-Pachan (Tri-katu / Hingvadi-vati / Hingvastak and Sitopaladi choorna). After Vamana's Sansarjankram- Rason-rasayan, Vardhaman pippali Rasayan are advised. As depression results due to Kapha prakop in Rasa dhatu, this treatment helps to reduce Kapha vriddhi, and Vatanuloman occurs. Thereby depression / Vishad and the lakshnas of Kaphavridhhi and Vata-kshay are reduced. Feeling of wellbeingness occurs and quality of life improves. Ayurveda recommends to give up Pradnyaparadh, and to control mind; Deena charya, Rutu charya is to be strictly followed. It is called as 'Desha-Kal Atma-Vidnyan'. (Cha.Su. 7/53)[Desha, Kul, Bal, Kal and Shakti Dynan.(Cha.Su.11/46)]

Achar Rasayan methods are to be followed and use of Medhya Rasayan after Shodhan karma.

E) Management - We cannot treat suicide once it is committed. We can only prevent it by following measures -

1) Offer help and support - A suicidal person may not ask for help, but that does not mean that help is not needed. WHO advocated campaign for people with depression, in all countries to **seek and get help**. Talking about depression, whether with a family member, friend, medical professional, at school, the workplace, in the public domain, social media, blogs and the news, helps to break down the stigma attached to mental illness and can lead more people to seek help¹⁷. Listen to the person carefully, sympathetically and let him realize that you are concerned about his life. Reassure the person that the suicidal feelings are temporary. Let the person know that his or her life is important to you. This may be of great help to prevent suicides.

2) Take all suicidal threats, gestures, attempts seriously and report to psychiatrist¹¹.

3) Psychiatrist should analyze the seriousness of situation, mental condition of subject and take necessary remedial measures. i) Inspect physical surroundings and remove all likely means of committing suicide like sharp objects, ropes, ceiling fans, drugs, firearms, restrictions in access to pesticides. ii) Surveillance, depending on the severity of risk.

4) Counseling and guidance - i) to deal with desire to attempt suicide. ii) to deal with ongoing life stressors and teaching coping skills and interpersonal communication skills. Parents and family members are also counselled to prevent precipitating factors. Treatment of psychiatric disorder with medication, psychotherapy, behavioral therapy and /or Electro Convulsive Therapy. ECT is reserved for major depression, Schizophrenia and other psychotic disorders.

5) Ayurveda advocates developing rapport with the patient and removing apprehensions from the mind of patient giving reassurance to him. He is encouraged to be in company with persons of positive mind. His essential necessities have to be fulfilled. Depressed person is asked not to sleep during day time

and advised to listen music, practice prayer/meditation. Abhyanga / Massage, taking bath twice daily may infuse freshness in depressed subject. He is to be engaged in some activity and not to be left alone.

6) Follow up care is very much important to assess the positive changes in the behavior of the subject and to reinforce coping skills.

7) Encourage positive lifestyle changes, such as a healthy diet, plenty of sleep, remaining away from alcohol and narcotic drugs and getting out in the sun or into nature for at least 30 minutes each day. Exercise is also extremely important as it releases endorphins, relieves stress, and promotes emotional well-being¹⁸.

8) Govt has to play more pro-active role in creating and maintaining reliable irrigation, other agriculture infrastructure and assuring support prices to the produce of farmers, to reduce farmer suicides in India.

A multi-pronged approach is needed to decrease the incidence of suicide rate. Mental health professionals, family physicians including Ayurvedic physicians and counsellors can play an important role in managing suicidal tendencies. The proactive steps taken by several such professionals in the capacity of leaders has helped and has the potential to help to save thousands of lives. There are several organisations, crisis centres and suicide prevention helplines that are offering a great support to the emotionally distressed and those individuals who feel suicidal¹⁹. Some of the helplines, that may be approached in times of need are: The Samaritans Mumbai 022 6464 3267, 022 6565 3267, 022 6565 3247. Email: samaritans.helpline@gmail.com Connecting India, Pune 9922001122, 18002094353. Website connectingngo.org

Suicide prevention is the major challenge. Let us work collectively to address it.

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