



KLEPTOMANIA AND HOMOEOPATHY

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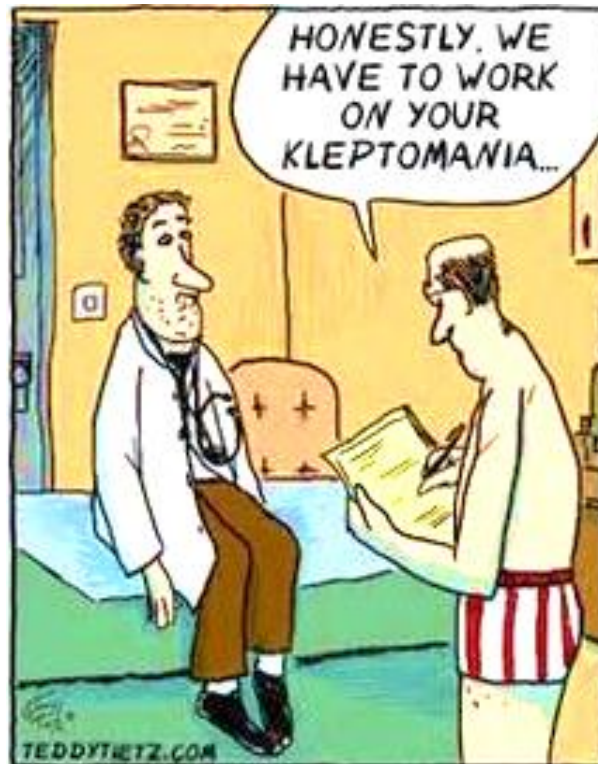
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Definition

Kleptomania is the recurrent inability to resist urges to steal items that an individual, generally does not really need and that usually have a little value (Syphilitic/ Syphilis). It is an impulse control disorder characterized by a recurrent failure to resist stealing (Syphilitic/ Syphilis).

There is an irresistible urge to steal and get a joy from doing so. The recurrent act of stealing may be restricted to specific objects and settings, but the affected person may or may not describe these special preferences. The thrill of stealing helps to alleviate symptoms in persons who are clinically depressed. People with this disorder usually show guilt after the act of theft (Psora/ Syphilis).



Incidence

It is found in all socioeconomic classes and is more common among women than men.

Causes

The cause of kleptomania is unknown. It may have a genetic component. Kleptomania has a strong tendency to coexist with obsessive-compulsive disorder, bulimia nervosa, and clinical depression.

Pathophysiology

Kleptomania is a complex disorder characterized by repeated, failed attempts to stop stealing. Both dopamine and serotonin are the primary neurotransmitters involved in the pathogenesis and management of kleptomania, respectively.

- Kleptomania is seen as a growing side effect of the use of dopamine agonists in Parkinson's disease (Causa occasionalis).
- Kleptomania is often been found co-morbid with other psychiatric disorders including depression, addiction and personality disorders (Psora/ Sycosis/ Syphilis).
- Various structural brain lesions have been associated with kleptomania including head trauma. (Causa occasionalis)
- Decreased white matter microstructural integrity in the inferior frontal brain region has also been identified in patients with kleptomania. (Sycosis/ Syphilis)
- Multiple brain regions and neurotransmitter systems contribute to impulsive behaviors throughout the addiction process.

Role of Dopamine (DA)

Dopamine is relevant early in the addiction process as well as in later aspects. Dopaminergic systems have been concerned in impulsivity and ICDs (impulsive compulsive disorders).

Role of Genes

Several genes are responsible for impulsivity and addiction, including genes encoding the DAD4 receptor (DRD4) and DA transporter (SLC6A3).

Both through genetic predispositions and functional output, dopaminergic contributions lead to impulsive components of ICDs and other addictions.

Role of Serotonin (5-HT)

Like DA, GABA and glutamate, a role for serotonin (5-HT) is supported in impulsivity, ICDs and drug addictions. Once a behavior has moved beyond the initial stages of associative learning, executive control over its execution becomes increasingly important.

Role of different brain areas

Prefrontal cortex

Regions of the PFC contribute to decision-making in disorders of impulse control and addiction.

Orbito-frontal cortex

The OFC codes the relative value of reward stimuli. The OFC facilitates cognitive flexibility by promoting updating of associative encoding in downstream brain areas such as the amygdala.

Inferior frontal gyrus and dorsolateral PFC

The inferior frontal gyrus/dorsolateral PFC is important in shifting attention, which contributes to the ability to resist intrusive information such as thinking about drugs and behaviors.

Ventromedial PFC

The OFC, including the overlapping ventromedial PFC (vmPFC), contributes to reward processing and prediction. Subjects with vmPFC lesions show characteristic deficits in planning, often repeatedly making decisions that lead to negative consequences.

Predisposing factors

It is often seen in individuals who are taking some drugs or have some other mental disorders. These include-

- Chemical dependency
 - Substance abuse
- Anxiety
- Eating disorder
 - Anorexia nervosa
 - Bulimia nervosa
- Coexisting mood
 - Major depression
 - Panic attacks
 - Social phobia
 - Obsessive-compulsive disorder

Symptoms

Kleptomania is an inability to refrain from the urge to steal things for reasons other than personal use or financial gain (Sycosis). There is a sense of tension before and pleasure or relief during the theft (Sycosis), often followed by guilt (Syphilis). Main symptoms of kleptomania are-

- An urge to engage in behavior despite associated negative consequences
- Increasing tension until the behavior is performed
- Immediate but short-lived reduction in tension following completion of the behavior
- Gradual return of the urge to engage in the behavior following completion
- External signs like being in a location such as a retail store, unique to the behavior
- Secondary conditioning by external or internal signs- like feelings of dysphoria or boredom
- Pleasant feelings early in the condition

Diagnosis

In initial states, the symptoms are often neglected on patient as well as physician's hands. The disorder is often diagnosed when patients seek help for another reason, such as depression, bulimia, or for feeling emotionally labile or unhappy in general (dysphoric).

Initial psychological evaluations may detect a history of poor parenting, relationship conflicts, or acute stressors like abrupt occurrences that cause stress, such as frequent shifting of home. The recurrent act of stealing may be restricted to specific objects and settings, but the patient may or may not describe these special preferences.

DSM-IV-TR lists five diagnostic criteria for kleptomania-

- Repeated theft of objects that are unnecessary for either personal use or monetary value.
- Increasing tension immediately before the theft.
- Pleasure or relief upon committing the theft.
- The theft is not motivated by anger or vengeance, and is not caused by a delusion or hallucination.
- The behavior is not better accounted for by a conduct disorder, manic episode, or antisocial personality disorder.

Differential diagnosis

Kleptomania, pyromania, pathologic gambling, trichotillomania, intermittent explosive disorder, and impulse-control disorder have something common among them. Each of these conditions involves a drive or a temptation to perform an act that is harmful to the person or to others, or the failure to resist an impulse. Other associated features are the experience of increasing tension like dysphoria or arousal, often sexual, before committing the act. This is followed by a release of tension, a sense of gratification, or a sense of pleasure and relief during and after the act. There also may be a sense of guilt, regret, or self-reproach after the behavior.

Treatment

Once the disorder is suspected and verified by an extensive psychological interview, therapy is normally directed towards impulse control, as well as any accompanying mental disorder.

Relapse prevention with a clear understanding of specific triggers, should be noted.

Treatment may include psychotherapies such as cognitive-behavioral therapy and rational emotive therapy.

Homoeopathic treatment of kleptomania

Homoeopathy is the science of individualization. It treats the person, not the disease. The whole constitution, including mental and physical components is entirely restored to health if Homoeopathic treatment is given to the sick individual. The common remedies for kleptomania are-

absin. ars. **ART-V.** **BELL.** bry. **CALC.** carb-v. carc. caust. cic. **CUR.** cygn-be. helodr-cal. hyos. kali-br. kali-c. lac-h. lac-leo. **Lac-lup.** lach. lyc. mag-c. mag-m. maias-l. mand. nat-c. nat-m. **NUX-V.** oxyt. ozone plat. **PULS.** rad-br. sep. sil. **Staph.** stram. **SULPH.** syph. tarent. thuj.

Bibliography



Chapter 28. Impulse-Control Disorders > Epidemiology **CURRENT Diagnosis & Treatment: Psychiatry, 2e...** Because most shoplifters steal for profit, fewer than 5% of shoplifters meet criteria for kleptomania. It is a rare disorder of unknown prevalence, although the disorder may be more common than thought. Kleptomania is more common in women than in men. ...



Chapter 28. Impulse-Control Disorders > Etiology **CURRENT Diagnosis & Treatment: Psychiatry, 2e...** The etiology of kleptomania is unknown. It may be a symptom rather than a disorder. ...



Chapter 28. Impulse-Control Disorders > Genetics **CURRENT Diagnosis & Treatment: Psychiatry, 2e...** Little is known about the genetics of kleptomania. Family studies have demonstrated high rates of mood, substance-use, and anxiety disorders in first-degree relatives. ...



Chapter 28. Impulse-Control Disorders > Kleptomania **CURRENT Diagnosis & Treatment: Psychiatry, 2e**



Encyclopedia Homoeopathica



Impulse-Control Disorders > General Considerations Current Diagnosis & Treatment: Psychiatry, 3e... Although kleptomania has been recognized since the early nineteenth century as an egodystonic impulse to steal, little systematic study has been undertaken to understand this disorder. The individual with kleptomania often feels guilty and fears apprehension and prosecution. Several psychiatric...



Impulse-Control Disorders > KLEPTOMANIA Current Diagnosis & Treatment: Psychiatry, 3e



Impulse-Control Disorders > Prognosis Current Diagnosis & Treatment: Psychiatry, 3e... Kleptomania is thought to begin in adolescence and can continue into the third or fourth decades of life. The course is not well studied and includes a spectrum from brief and episodic to chronic. ...



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