

Miserly Behavior & Homoeopathy

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Abstract

Case Report

The current article deals with the miserly behavior of the human beings. Through a case study, it highlights how the miserly attitude is a social pathology as well as leads to poor quality of life. The point here is that one should neither be a spendthrift nor a miser. The person needs to spend as per his /her earning to deal a qualitative life. The case study that the article deals with shows that extreme miserly attitude pushes you apart & one might land up to deal an estranged life. While one may be miser, the greedy people in the society want to pocket the wealth that the miser has accumulated & not spending. While the miser might think that the poor life style he/she leads will eventually land up to people thinking that the miser is poor, exactly the opposite happens as is evident by the case study. As a remedy to address the problem, the article suggests integration of homoeopathy in to the National Mental Health Program where these social pathologies can be addressed along with the provision of psychotherapy. Each drug in homoeopathy has gone through Human Clinical Trial (HCT) there by eliciting mental & physical symptoms. Similarly, there are a lot of drugs to address the issue of miserly attitude or life style among human beings. Finally, the article gives a suggestive treatment protocol based on homoeopathic therapeutics.

Keywords: Miser, Homoeopathy, Behavior, Miasm.

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INTRODUCTION

With all kindness & generosity going around the world, there are a few people who are stingy. They are unwilling to share their time, money & knowledge. Stinginess is an excessive almost pathological, frugality

& synonyms with cheap, greedy, miserly. At the heart of this behavior lies an intense fear of losing control over resources as well as distrust in others [1].

The highlights of a study fitted univariate genetic model to the miserliness data collected from 1110 twin pairs. The first one was that genetic & environmental influences on individual's difference in miserliness were 28% & 72% respectively. Highlight number two was that environmental influences on miserliness were predominantly of non shared variety. The last one was that rearing environmental influences were negligible in the origin of miserliness [2].

From a psychoanalytic angle, Sigmund Freud (1856-1939) hypothesized that individual difference in the character trait of miserliness originated from critical periods in early development such as the erogeneity of the zone related to anus in childhood [3].

According to Freud, if a child receives too much pressure or punishment from parents during toilet training, the child will experience anxiety over bowel movements & subsequently react in an opposite way. This is called 'reaction formation'. The child takes pleasure in being able to thwart the demands by withholding such functions. This may then lead to the later development of traits such as miserliness & or excessive amounts of compulsiveness & obstinacy. Some research has supported these conjectures. Miserliness has been found salient in patients with Obsessive Compulsive Disorder (OCD) & binge eating disorder [4, 5].

Behavior genetics provide alternative explanations for the origins of personality traits. Behavior geneticists have documented that about 30% to 60% of variation in most personality traits are heritable with the remaining variance attributable to environmental experiences unique to individuals [6]. Although miserliness has received considerable attention from lay people since Freud, little is known about the genetic & environmental architecture of the trait. However, several twin studies have found that traits related to the opposite of miserliness such as altruism & pro-sociality are significantly heritable [7].

Miserliness is a multi dimensional construct, reflecting conscientiousness among others. From a finance perspective, being miserly is not necessarily un-altruistic in that the behavior may be for the betterment of the family unit [7]. A study done in 2011 found that individuals with high conscientiousness scores report greater satisfaction when there is an increase in household income. Pursuits of the cost effectiveness & good money management strategies typically observed in misers can also be components of conscientiousness [8].

The 2011 study predicted that miserliness will also show significant heritability with little influence of rearing environment. The results of the study showed that factors emanating from common family environments such as child rearing practices are

negligible & that miserliness is about 305 caused by genes with the remainder being due to environmental [2].

CASE STUDY

In the month of May 2024, Mr. C. Pappachan, 82 years was killed because of his miserly behavior. Being miser is also abnormal as the society wants to grab your accumulated wealth since you are not using it. This is exactly what happened to the 82 year old [9].

The case started as an open & shut case. The 82 year old was cycling in Kollam city of Kerala & he used to cycle the city also on regular basis although he had wealth. According to Kerala police, Pappachan was wealthy but 'chose to live like a miser'. He had deposit of ₹ 76 lakhs or 7.6 millions. He had also invested in the share market. Spending money did not bring happiness to him that building up his savings did. He lived like a miser. Instead of a vehicle, he chose to move around the Kollam city on a bicycle. At the time of his death, Pappachan was using a rope as a belt [9].

To add to that, the 82 year old was a retired Assistant General Manager (AGM) with the Bharat Sanchar Nigam Limited (BSNL) was also estranged from his family & he was living alone in Kollam city. His wife, a retired school teacher lived in Kottayam city, 100 kilometers away from Kollam city. His son lives in Middle East & daughter in the state of Uttar Pradesh [9].

On 23rd May 2024, he was cycling on a deserted stretch in Kollam city & he was murdered by a speeding car that hit him. It was a planned murder executed by the branch manager of the Muthoottu Mini Nidhi Limited, a financial firm in Kollam city. The manager knew that the 82 year old lives alone & does not use his savings. The manager took four loans against Pappachan's account & created a discrepancy of ₹48lakhs or 4.8 millions. Mr. Pappachan found that he is not earning interest from his account & started enquiring. This was because of his inherent nature of savings & no spending. As the enquiries from the 82 year old became frequent, the manager planned the murder thinking that as an estranged individual, his family may not be aware of his wealth. Thinking that no one will enquire & the 82 year old being a miser, the manager wanted to pocket his deposit. The curiosity of his daughter & the efforts of Kerala police solved the murder case [9].

The case study reflects the reasons for which the issue of miserly behavior needs to be addressed.

Homoeopathic Approach

As per the concept of homoeopathy, the miserly behavior is predominantly 'Psoric' as the issue is mainly functional. As mentioned above, along with psychotherapy & counseling, homoeopathy can help to address the issue. Medicines to deal with the miserly

behavior are mentioned in the homoeopathic materia medica [10-14].

The drugs are 'Arsenic', 'Lycopodium', 'Medorrhinum', 'Pulsatilla', 'Sepia' & 'Sulphur'. It is to be noted that these are constitutional drugs & the homoeopath has to evaluate the patient homeopathically before selecting the appropriate drug [10-14].

Further, other drugs are 'China', 'Cina', 'Hyoscyamus', 'Kali Bich', 'Nux Vom', 'Acid Phos', 'Silicea' [10-14]. If the miserly behavior alternates with squandering, the drugs are 'Calc', 'Lach', 'Merc', 'Sulph' [10-14]. If the miserly behavior arises from anxiety about future, the drugs are 'Ars', 'Nux Vom', 'Phos Acid', 'Staphisagria' [10-14].

If the miserly behavior is in the eating habits, the drugs are 'China', 'Cina', 'Iodum', 'Lycopodium', 'Veratrum' [10-14]. It is to be noted that since the condition of miserliness is under the domain of mental issues, high potencies of the selected drugs are to be prescribed on a periodical basis [10-14].

Among the Bach flower remedies, 'Chicory' & 'Heather' can be prescribed along with the deep acting drugs [15]. As homoeopathy has become a part of the culture in India, the intervention will help to deal with the related poor life style of miserly individuals that are social evils. The policy on AYUSH medicine, its Essential Medicine properties & popularity will only act as catalysts [16-19].

CONCLUSION

With new behavioral cases being an obstacle & no effective cure, it is time to look into the homoeopathy system of Ministry of AYUSH that addresses the unreached areas of the current intervention. A long term cost effective, therapeutically effective with no side effects approach can be in place on integration of homoeopathy into the domain of Non Communicable Disease (NCD) related behavioral interventions under mental health.

The integration of homoeopathy into the mental related interventions will not only help India but also it will be a successful pilot to deal with behavioral issues at the global level through adoption of the pilot especially in the domain of mental health India. India can set an example in this regard. The intervention related to homoeopathy of AYUSH can also be initiated with the leading stake holders or development partners in India that work on various aspects of behavioral issues.

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