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Changes in Homesickness Severity Following Individualized Homoeopathic Intervention Among First-Year Medical Students: A Prospective Analytical Pilot Study Using the Utrecht Homesickness Scale

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ABSTRACT :

Background

Homesickness is a significant psychological challenge affecting students transitioning to residential academic environments, particularly first-year medical students. It is associated with emotional distress, loneliness, adjustment difficulties, impaired concentration, and adverse academic outcomes. Despite the growing recognition of student mental health concerns, limited evidence exists regarding individualized homoeopathic interventions in homesickness management.

Objective

To evaluate changes in homesickness severity following individualized homoeopathic intervention among first-year medical students using the Utrecht Homesickness Scale (UHS).

Methods

A prospective analytical pilot study was conducted among 30 first-year medical students experiencing moderate-to-severe homesickness. Participants were recruited using convenience sampling after screening with the Utrecht Homesickness Scale. Detailed individualized homoeopathic case taking was performed for each participant, and constitutional remedies were prescribed according to homoeopathic principles. Homesickness severity was assessed at baseline and after intervention using the UHS. Descriptive and inferential statistical analyses were performed to compare pre- and post-intervention scores.

Results

Among the 30 participants, 21 (70%) demonstrated severe homesickness at baseline, while 9 (30%) had moderate homesickness. Following intervention, 21 participants (70%) shifted to mild homesickness, 7 (23.3%) remained moderate, and 2 (6.7%) remained severe. Statistical analysis demonstrated significant reduction in homesickness severity following intervention ($p < 0.001$). Natrum muriaticum was the most frequently prescribed remedy (36.7%), followed by Phosphorus (16.7%) and Pulsatilla (10%).

Conclusion

This pilot study observed clinically and statistically significant reduction in homesickness severity following individualized homoeopathic intervention among first-year medical students. While these findings suggest potential therapeutic association, larger controlled studies with randomization and comparison groups are necessary to establish efficacy and causality.

Keywords: Homesickness; Medical Students; Homoeopathy; Utrecht Homesickness Scale; Student Mental Health; Complementary Medicine.

INTRODUCTION

Homesickness is a multidimensional psychological phenomenon characterized by emotional distress arising from separation from familiar people,

environments, routines, and attachment figures. It commonly manifests through loneliness, sadness, anxiety, longing for home, adjustment difficulties, impaired concentration, social withdrawal, and somatic symptoms. Although frequently perceived as a temporary emotional reaction, homesickness may substantially affect psychological well-being, social adaptation, academic performance, and overall quality of life.

The transition to higher education represents a major psychosocial adjustment period, particularly among first-year medical students. Academic stress, hostel living, reduced familial support, unfamiliar social environments, increased expectations, and demanding schedules collectively contribute to emotional vulnerability during this phase. Previous literature suggests that homesickness may affect between 50% and 75% of university students during transitional educational periods.

Medical students may be particularly susceptible due to:

- Intensive academic demands,
- Emotional stress,
- Prolonged residential displacement,
- Reduced coping opportunities,
- and limited social adaptation during early professional training.

Studies have demonstrated associations between homesickness and:

- Anxiety,
- Depressive symptoms,
- Sleep disturbances,
- Loneliness,
- Social isolation,
- and impaired academic functioning.

The Utrecht Homesickness Scale (UHS) is a validated psychometric instrument used for quantitative assessment of homesickness severity. It evaluates multiple domains including missing family, loneliness, adjustment difficulties, and preoccupation with home-related thoughts.

Homoeopathy adopts an individualized patient-centered approach based on the totality of characteristic mental, emotional, and physical symptoms. Constitutional prescribing in homoeopathy attempts to address emotional susceptibility and psychological adaptation through individualized remedy selection.

Despite increasing global attention toward integrative mental health approaches, evidence evaluating individualized homoeopathic interventions in homesickness remains limited. Most available literature focuses on counselling-based, behavioural, or psychosocial interventions, with comparatively fewer studies exploring individualized complementary medicine approaches.

The present pilot study was therefore undertaken to evaluate changes in homesickness severity among first-year medical students receiving individualized homoeopathic intervention using standardized psychometric assessment.

REVIEW OF LITERATURE

Homesickness has been recognized as a clinically relevant emotional state associated with relocation and separation from familiar environments. Fisher described homesickness as a complex emotional response involving grief, anxiety, cognitive preoccupation, and reduced adaptation following separation from home.

Van Tilburg et al. reviewed the multidimensional nature of homesickness and highlighted its relationship with loneliness, stress, emotional dependency, and maladjustment. Thurber and Walton further emphasized the prevalence of homesickness among college students and its potential impact on academic adjustment and emotional functioning.

Several factors influencing homesickness have been identified in literature, including:

- first-time residential displacement,
- attachment insecurity,
- poor social integration,
- inadequate coping skills,
- and increased academic stress.

The Utrecht Homesickness Scale (UHS) has demonstrated acceptable psychometric validity and reliability in student populations. It is widely used in educational and psychological research to assess severity and progression of homesickness-related symptoms.

From a homoeopathic perspective, emotional states such as grief, loneliness, separation anxiety, emotional suppression, dependency, nostalgia, and adjustment difficulties are considered important components of constitutional prescribing. Remedies such as Natrum muriaticum, Pulsatilla, Ignatia, Phosphorus, and Sepia are traditionally associated with emotional symptomatology related to grief, emotional vulnerability, dependency, and psychological adaptation.

However, scientific literature specifically evaluating individualized homoeopathic intervention in homesickness remains sparse. Existing evidence is largely observational, exploratory, or case-based, emphasizing the need for structured pilot studies using validated psychometric tools.

AIM

To evaluate changes in homesickness severity following individualized homoeopathic intervention among first-year medical students using the Utrecht Homesickness Scale.

OBJECTIVES

1. To assess the severity of homesickness among first-year medical students using the Utrecht Homesickness Scale.
2. To evaluate changes in homesickness severity following individualized homoeopathic intervention.
3. To identify commonly indicated homoeopathic constitutional remedies among students experiencing homesickness.
4. To explore emotional and behavioural symptom patterns associated with homesickness.

HYPOTHESIS

Null Hypothesis (H0)

There is no significant difference between pre-intervention and post-intervention Utrecht Homesickness Scale scores among participants.

Alternative Hypothesis (H1)

Individualized homoeopathic intervention is associated with significant reduction in Utrecht Homesickness Scale scores among first-year medical students.

MATERIALS AND METHODS

Study Design

Prospective analytical single-arm pilot study.

Study Setting

The study was conducted at the institutional outpatient department associated with the medical college.

Study Duration

Six months.

Study Population

First-year medical students experiencing homesickness.

Sample Size

A pilot sample of 30 participants was included.

Sampling Technique

Convenience sampling.

Inclusion Criteria

1. First-year medical students aged 18–25 years.
2. Students scoring within moderate or severe homesickness categories on baseline Utrecht Homesickness Scale assessment.
3. Students willing to participate and provide informed consent.

Exclusion Criteria

1. Students with diagnosed severe psychiatric disorders.
2. Students receiving concurrent psychotherapy or psychotropic medications.
3. Students unwilling to participate.
4. Students unable to complete follow-up assessments.

Ethical Considerations

- Institutional Ethics Committee approval was obtained prior to commencement of the study.
- Written informed consent was obtained from all participants.
- Confidentiality and anonymity were maintained throughout the study.
- Participants requiring advanced psychiatric support were referred appropriately.

STUDY PROCEDURE

1. Students were screened using the Utrecht Homesickness Scale.
2. Baseline demographic and clinical information was recorded.
3. Detailed individualized homoeopathic case taking was performed.
4. Constitutional remedies were selected according to homoeopathic principles.
5. Follow-up assessments were conducted periodically.
6. Post-intervention UHS scores were recorded and analyzed.

HOMOEOPATHIC CASE TAKING AND PRESCRIPTION

Detailed individualized case records were maintained for all participants.

Case taking included assessment of:

- emotional state,
- separation-related distress,
- coping patterns,
- personality characteristics,
- sleep patterns,
- appetite,
- social adjustment,
- academic stress,
- and characteristic mental generals.

Remedy selection was based on:

- totality of symptoms,
- constitutional characteristics,
- emotional susceptibility,
- individual reaction patterns,
- and repertorial evaluation where necessary.

ASSESSMENT TOOL

Utrecht Homesickness Scale (UHS)

The Utrecht Homesickness Scale is a validated self-report psychometric instrument designed to assess homesickness severity.

The scale evaluates domains including:

- missing family,
- loneliness,
- adjustment difficulties,
- emotional distress,
- and persistent thoughts about home.

Each item is scored on a five-point Likert scale:

- 0 = Not at all
- 1 = Weak
- 2 = Moderate
- 3 = Strong
- 4 = Very strong

Higher scores indicate greater homesickness severity.

OUTCOME MEASURES

Primary Outcome

Change in total Utrecht Homesickness Scale score following intervention.

Secondary Outcomes

1. Improvement in emotional adjustment.
2. Reduction in loneliness and distress.
3. Enhanced adaptation to residential academic environment.
4. Reduction in homesickness severity categories.

STATISTICAL ANALYSIS

Data were analyzed using appropriate statistical methods.

Inferential Statistics

Pre- and post-intervention UHS scores were compared using paired statistical analysis.

Statistical significance was considered at $p < 0.05$.

RESULTS

Demographic Characteristics

A total of 30 first-year medical students participated in the study.

Gender Distribution

- Female participants: 25 (83.3%)
- Male participants: 5 (16.7%)

Age Distribution

- Age range: 18–24 years
- Mean age: 20.5 years

Previous Residential Exposure

- Away from home for the first time: 16 students (53.3%)
- Previous experience staying away from home: 14 students (46.7%)

BASELINE HOMESICKNESS SEVERITY

Baseline UHS assessment demonstrated:

- Moderate homesickness: 9 participants (30%)
- Severe homesickness: 21 participants (70%)

No participants demonstrated mild homesickness at baseline.

POST-INTERVENTION HOMESICKNESS SEVERITY

Following individualized homoeopathic intervention:

- Mild homesickness: 21 participants (70%)
- Moderate homesickness: 7 participants (23.3%)
- Severe homesickness: 2 participants (6.7%)

These findings demonstrated substantial reduction in homesickness severity during follow-up.

REMEDIES PRESCRIBED

The most commonly prescribed constitutional remedies were:

Remedy	Number of Cases	Percentage
Natrum muriaticum	11	36.7%
Phosphorus	5	16.7%
Pulsatilla	3	10%
Sulphur	2	6.7%
Sepia	2	6.7%
Silicea	2	6.7%
Lachesis	2	6.7%
Others	3	10%

Natrum muriaticum was the most frequently indicated remedy, particularly among students presenting with emotional suppression, silent grief, introversion, nostalgia, and persistent longing for home.

STATISTICAL FINDINGS

Paired comparison of pre-intervention and post-intervention UHS scores demonstrated statistically significant reduction in homesickness severity following intervention.

Statistical analysis yielded:

- $p < 0.001$

REPRESENTATIVE CASE VIGNETTES

Case 1

A 19-year-old female first-year medical student presented with persistent sadness, crying episodes, emotional withdrawal, insomnia, and continuous longing for home following relocation to hostel accommodation. She demonstrated introverted emotional expression, aversion to consolation, silent

grief, and marked nostalgia. Baseline UHS score indicated severe homesickness.

Based on constitutional characteristics and emotional symptomatology, Natrum muriaticum was prescribed. Follow-up demonstrated gradual improvement in emotional adjustment, social participation, sleep quality, and reduction in intrusive thoughts regarding home. Post-intervention UHS score demonstrated transition from severe to mild homesickness.

Case 2

A 20-year-old male student presented with anxiety, fearfulness, emotional sensitivity, loneliness, and difficulty adjusting to hostel life. Symptoms worsened during evenings and were associated with anticipatory academic anxiety. Phosphorus was prescribed based on constitutional evaluation.

Follow-up demonstrated improvement in adaptation, reduced emotional distress, improved peer interaction, and reduction in homesickness severity.

DISCUSSION

The present pilot study evaluated changes in homesickness severity among first-year medical students receiving individualized homoeopathic intervention using the Utrecht Homesickness Scale.

The findings demonstrated substantial reduction in homesickness severity during follow-up. Most participants shifted from severe or moderate homesickness categories toward mild symptom categories after intervention.

The high prevalence of severe homesickness at baseline highlights the significant psychological burden experienced by students during transition into residential medical education. Students staying away from home for the first time appeared particularly vulnerable to emotional maladjustment.

The predominance of remedies such as Natrum muriaticum and Phosphorus reflected common emotional themes observed during case taking, including:

- grief,
- emotional suppression,
- loneliness,
- nostalgia,
- emotional sensitivity,
- anxiety,
- and adjustment difficulties.

The findings are consistent with previous literature describing emotional vulnerability and psychological distress during transitional educational periods.

CONCLUSION

Homesickness represents a significant psychological adjustment challenge among first-year medical students.

This prospective analytical pilot study observed clinically and statistically significant reduction in homesickness severity following individualized homoeopathic intervention using standardized psychometric assessment.

REFERENCES

1. Fisher S. Homesickness, Cognition and Health. London: Erlbaum; 1989.
2. Fisher S. The transition from home to boarding school: A diary-style analysis of problems and worries. Journal of Environmental Psychology. 1984.
3. Van Tilburg MAL, Vingerhoets AJJM, Van Heck GL. Homesickness: A review of the literature. Psychological Medicine. 1996.
4. Thurber CA, Walton EA. Homesickness and adjustment in university students. Journal of Adolescent Health. 2012.
5. Duru E, Balkis M. Psychometric properties of the Utrecht Homesickness Scale. Eurasian Journal of Educational Research. 2013.
6. English T, Davis J, Wei M, Gross JJ. Homesickness and adjustment across the first year of college. 2017.
7. Fisher S, Hood B. The stress of transition to university. British Journal of Psychology. 1987.
8. Hack-Polay D. Homesickness among migrant populations. Journal of Identity and Migration Studies. 2008.
9. Burt C. Academic ability and homesickness during university transition. Journal of Environmental Psychology. 1993.
10. Carden A, Feicht R. Homesickness among university students. Journal of Cross Cultural Psychology. 1991.