

Role of Individualized Homoeopathic Medicines in the Treatment of Depression

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Abstract: Depression makes a large contribution to the burden of disease, being at third place worldwide and eighth place in low-income countries, but at first place in middle- and high-income countries [1]. The mainstay of the pharmacological treatment of depression for the last 40 or more years has been antidepressants but Overdose with antidepressants like TCA carries a high mortality and morbidity, which is particularly problematic in the treatment of people with suicidal intentions so patients need for alternative method of treatment [2]. The present study was to see the role of individualized Homeopathic medicines in the treatment of patients suffering from depression. The study identifies a significant role of individualized homoeopathic medicines in treatment of depression.

Keywords: depression, Hamilton depression rating scale, homoeopathy, observational study.

1. Introduction

Depression is defined as depressed mood on a daily basis for a minimum duration of 2 weeks. An episode may be characterized by sadness, indifference, apathy, or Irritability and is usually associated with changes in sleep patterns, appetite, and weight; motor agitation or retardation; fatigue; impaired concentration and decision making; feelings of shame or guilt; and Thoughts of death or dying. Patients with depression have a profound loss of pleasure in all enjoyable activities, exhibit early morning awakening, feel that the dysphoric mood state is qualitatively different from sadness, and often notice a diurnal variation in mood (worse in morning Hours) [3].

2. Literature Survey

Depression is a common illness worldwide, with more than 300 million people affected. At its worst, depression can lead to suicide. Close to 800 000 people die due to suicide every year. Suicide is the second leading cause of death in 15-29-year-olds [3].

A. Fast Facts on Depression

1. Lifetime prevalence estimates of major depression with prevalence generally higher in high income versus low-middle income countries.
2. Course of major depression is often chronic-recurrent.
3. Women consistently across countries have lifetime risk of major depression roughly twice that of men [4].

1) Clinical Features

- Depressive episodes
- Depressed Mood
- Psychomotor Activity
- Physical Symptoms
- Multiple physical symptoms (such as heaviness of head, vague body aches) are particularly
- Biological Functions: Disturbance of biological functions is common, with insomnia (or sometimes increased sleep), loss of appetite and weight (or sometimes hyperphagia and weight gain), and loss of sexual drive.
- Psychotic Features: About 15-20% of depressed patients have psychotic symptoms such as delusions, hallucinations, grossly inappropriate behaviour or stupor.
- Suicide: Suicidal ideas in depression should always be taken very seriously
- Absence of Underlying Organic Cause: If depressive episode is secondary to an organic cause, a diagnosis of organic mood disorder should be made. [5]

2) Tests

Diagnosis of depression starts with a consultation with a doctor or mental health specialist. It is important to seek the help of a health professional to rule out different causes of depression, ensure an accurate differential diagnosis, and secure safe and effective treatment.

As for most visits to the doctor, there may be a physical examination to check for physical causes and coexisting conditions. Questions will also be asked - "taking a history" - to establish the symptoms, their time course, and so on. [6]

B. Hamilton Depression Rating Scale

Some questionnaires help doctors to assess the severity of depression. The Hamilton depression rating scale, for example, has 21 questions, with resulting scores describing the severity of the condition. The Hamilton scale is one of the most widely used assessment instruments in the world for clinicians rating depression.

A total score is calculated by summing the individual scores from each question.

Scores below 7 generally represent the absence or remission of depression.

Scores between 7-17 represent mild depression

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Scores between 18-24 represent moderate depression
Scores 25 and above represent severe depression. [7]

C. Treatment

Counseling or therapy may help a person manage the symptoms of depression. Depression is a treatable mental illness. There are three components to the management of depression:

1. Support, ranging from discussing practical solutions and contributing stresses, to educating family members.
2. Psychotherapy, also known as talking therapies, such as cognitive behavioral therapy (CBT).
3. Drug treatment, specifically antidepressants.

1) Exercise and other therapies

Aerobic exercise may help against mild depression since it raises endorphin levels and stimulates the neurotransmitter norepinephrine, which is related to mood.

2) Electroconvulsive therapy

Severe cases of depression that have not responded to drug treatment may benefit from electroconvulsive therapy (ECT); this is particularly effective for psychotic depression. [6]

D. Homoeopathic Aspect of Psychiatric Disorders According to Dr. Hahnemann

In the 19th century, when bleeding and purging were widely used in mainstream medicine, homeopathy was warmly embraced by some U.S. practitioners as a more humane alternative. Developed by the German physician Samuel Hahnemann, homeopathy sought to cure symptoms of disease by use of drugs that induced similar symptoms and restored the patient's "vital force." This paper describes the general principles of homeopathy and recounts specific treatments of mental illness from the homeopathic literature. It also describes the application of homeopathic principles to the institutional care of mental illness, using New York's Middletown Homeopathic Asylum for the Insane as an example. [8]

1) Mental Diseases

Dr. Hahnemann gave description and treatment of "Mental Diseases" in Aphorism 210 to 230 in the "Organon of Medicine".

Homoeopathic classification of mental diseases,

1. Mental diseases of somato-psychic type: Aphorism 216, 217, 220
2. Mental diseases because of exciting cause: Aphorism 221, 222, 223
3. Mental diseases of doubtful origin: Aphorism 224
4. Mental diseases of psycho-somatic type: Aphorism 225, 226, 227

Case taking of patients suffering from Mental disorders,

The "appropriate psychological behavior" has been described by Dr. Hahnemann in aphorisms 228, 229 and 230. It includes. [9]

E. Some Controlled Clinical Studies

A team of German and American physicians and scientists published in *The Lancet* a review of 89 clinical studies (Linde, 1997). They found that on average those patients given a homeopathic medicine were 2.45 times more likely to

experience a positive result than those given a placebo. This review of research evaluated various experiments that tested the efficacy of homeopathic remedies in the treatment of hay fever, asthma, migraine headache, ear infection, upper respiratory infection, rheumatoid arthritis, diarrhea, indigestion, influenza, childbirth, post-surgical complications, varicose veins, sprains and strains, amongst many others.

A study at Duke Medical Center found that 62% of depressed patients experienced favorable results with homeopathic medicines (Davidson, et al., 1997). As for dosage, it is common for a patient to be given a single dose of a medicine that may be repeated once or twice every 30, 60, or 180 days.

A study in Israel was conducted with forty-four patients who experienced DSM-IV generalized anxiety disorder (Bonne, 2003). This study was a randomized, double-blind, placebo-controlled 10-week trial in which an individually chosen homeopathic remedy was prescribed. Thirty-nine subjects completed the study (20 in the active treatment group and 19 in the placebo group). Subjects' symptoms were rated before treatment and after 5 and 10 weeks of treatment, with the Hamilton Rating Scale for Anxiety (HAM-A) as main outcome measure. Additional measures of outcome included the Brief Symptom Inventory, the Psychological General Well-Being Index, the Hamilton Rating Scale for Depression, the Beck Depression Inventory, Spielberger's State-Trait Anxiety Inventory, and a Visual Analogue Scale of subjective distress. There was significant ($p < .05$) improvement in most measures, including the HAM-A, in both the active treatment and placebo groups, but there was no statistically significant difference between the two groups.

A double-blind placebo-controlled trial was conducted in France with patients suffering from anxiety in which half were given a homeopathic formula marketed as "L.72" in France and "Anti-anxiety" in the USA (Heulluy, 1985). What is interesting about this study is that it did not find that this homeopathic formula product was effective in treating anxiety, but it was found to have statistically significant beneficial effects in the treatment of insomnia ($p=0.05$). This study suggests that this product is not being marketed for the condition that it seems to be more effective in treating. (The formula consists of: Sumbucus 3DH; Gaulther 4DH; Cicuta virosa 4DH; Asafoetida 3DH; Corydalis form. 3DH; Ignatia 4DH; Valeriana 3DH; Staphysagria 4DH; Avena sativa TM; Hyoscyamus 2DH – note: "DH" is a similar potency as "X")

Dr. Edward Bach developed a formula of five flower remedies that he called "Rescue Remedy." He primarily recommended it for emergencies, sudden illness, and/or shock and trauma of injury. Dr. Philip Chancellor, author of a classic book on the subject, asserted that this remedy does not replace medical treatment, but it can prevent physical complications as a result of the shock of injury or illness that is experienced. The examples he gave included: the slam of a door on a bodily part, the receipt of bad news, and an accident involving loss of consciousness.

Despite these indications, "Rescue Remedy" is commonly marketed today for "stress" and various anxiety conditions. [10]

3. Methodology

Study was started after taking the ethical clearance from the institution. Sample collection was done from the OPDs of the institution after assessing the HDRS scores and as per other inclusion and exclusion criteria. After explaining about the study, consent of every patient was taken appropriately. After a complete case taking baseline assessment was conducted and after careful repertorization individualized medicine was selected accordingly and was given to the patient in the form of globules, potency selection was done as per the need of case, at subsequent follow ups all symptoms were assessed again and data was maintained properly.

4. Discussion and Conclusion

The study identifies a significant role of individualized homoeopathic medicines in treatment of depression.

1. Peak incidence of depression (36.66%) was seen among the age group of 31-40 years and the lowest (3.33%) in the age group of 51-60 years.
2. The percentage of females (n=19, 63.33%) was more than males (n=11, 36.66%).
3. Peak incidence of depression was among married individuals (n=15, 50%) followed by singles (n=11, 36.66%) and minimum was among widow/separated individuals (n=4, 13.33%).
4. Out of 30 cases, 18 patients were mildly depressed (60%) and 12 patients were moderately depressed (40%).
5. After administration of individualized Homoeopathic remedy, according to Hamilton Depression Rating Scale: 18 patients showed marked Improvement (60%), 8 patients showed mild improvement (26.66%) and 4 patients showed no significant change (13.33) and there was no any patient with deterioration.
6. The 'p' value was found to be statistically significant ($p <$

0.001).

7. It was seen that in this study more frequently used medicines were Ignatia Amara (23.33%), Stramonium (13.33%), Sepia (13.33%), and Argentum Nitricum (10%).

Although this study was done over a small no. of patients and in a very small period of time but is definitely encouraging for further studies. The homoeopathic medicines which were used in this study have shown the efficacy of homoeopathy significantly. And a group of homoeopathic remedies has come forth which are showing their significant role in the treatment of depression.

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