



## Depression and its Homoeopathic Management

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### ABSTRACT –

In terms of its frequency, suffering, dysfunction, morbidity, and economic burden, depression is a disease that is a major public health issue. Across the world, depression is among the most common diseases. This article covers different uses for common homeopathic depression treatments as well as their indications.

**Keywords-** Clinical features, depression, homoeopathy.

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### Introduction - <sup>[1]</sup>

Depression, also referred to as depressive disorder, is a common mental illness. It is defined by an extended period of mood disorders, loss of pleasure, or lack of interest in activities.

A depressive state is not the same as normal mood swings or emotions related to everyday activities. It may influence various aspects of life, including relationships with friends, family, and the community. It can come from or contribute to issues at work and in the classroom.

Anyone can experience depression. Depression is more likely to affect those who suffer from abuse, major losses, or other stressful situations. Compared to men, women experience depression at a higher rate.

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### Epidemiology- <sup>[1]</sup>

An estimated 3.8% of people suffer from depression, which includes 5.7% of individuals over 60 and 5% of adults (4% of males and 6% of women). Depression affects over 280 million people worldwide. Women are around 50% more likely than men to experience depression. Moreover, 10% of pregnant women and newborn mothers experience depression globally. An estimated 700,000 people lose their lives to suicide each year due to depression. The fourth most common cause of mortality for those aged 15 to 29 is suicide.

Even though there are effective treatments for mental illnesses, over 75% of people in countries with low or middle incomes do not obtain care. The social judgment attached to mental illnesses, a shortage of skilled healthcare professionals, and a lack of money for mental health services are difficulties in providing effective care."

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### Types of depression- <sup>[2-8]</sup>

1. **Major Depressive Disorder (Clinical Depression)** - According to WHO estimates, major depressive disorder (MDD) will rank first by 2030, ranking it as the third leading cause of disease worldwide in 2008. It is determined when a person shows symptoms such as a persistently low

or depressed mood, anhedonia, or a reduced interest in enjoyable activities; feelings of worthlessness or guilt; fatigue; trouble with concentration; changes in appetite; agitation or psychomotor retardation; trouble sleeping; or suicidal thoughts. Biochemical, genetic, environmental, and psychological factors are thought to be the causes of major depressive disorders. In earlier times, it was believed that neurotransmitter diseases, particularly those involving serotonin, norepinephrine, and dopamine, were the main cause of MDD.

2. **Seasonal Affective Disorder** - A recurrent severe depressive disease known as seasonal affective disorder, or SAD, typically begins in the autumn and lasts throughout the winter. Known as "winter blues," S-SAD is a subsyndromal form of SAD. Spring or early summer sadness is less common because of SAD. The main symptoms are melancholy and decreased energy.
3. **Bipolar Disorder (Manic Disorder)** - The main feature of bipolar disorder (BD) is recurrent episodes of mania or hypomania that alternate with depression. BD is frequently misdiagnosed at first. Bipolar disorders include several conditions, such as bipolar I disorder (BD-I), bipolar II disorder (BD-II), cyclothymic disorder, nonspecific bipolar diseases, and other specified bipolar and associated diseases. Although the exact cause of bipolar disorder is unknown currently, it appears to originate from a combination of environmental, neurochemical, genetic, and epigenetic factors.
4. **Persistent Depressive Disorder** - Persistent depressive disorder (PDD), sometimes referred to as dysthymia, is a mental and behavioral condition that predominantly affects mood. It has many of the same physical and cognitive symptoms as major depressive disorder (MDD), but its symptoms remain longer. This is a serious form of persistent depression that lasts for two years or more (one year for young people). Dysthymia is not a mild variant of serious depression; in fact, it might be more fatal for certain people. A prolonged episode of depression accompanied by at least two additional symptoms, such as exhaustion or poor energy, sleeplessness or hypersomnia, changes in eating patterns (more or less), low self-esteem, or hopelessness, are features of dysthymia.
5. **Postpartum Depression (peripartum depression)** - a depression or mood disorder that affects mothers after childbirth. This is frequently a temporary condition. Any trimester of pregnancy might result in PPD in females who experience feelings of hopelessness and anxiety. Most frequently occurs within six weeks following delivery. Approximately 6.5% to 20% of women have PPD. Adolescent girls, expectant moms, and people who live in cities are the populations most likely to experience it. A visible or apparently depressed mood prevails most of the day. Symptoms are loss of enjoyment or interest for most of the day, hypersomnia or insomnia, remorse or worthlessness, fatigue or a loss of energy, suicidal thoughts or efforts, as well as recurrent ideas of suicide.
6. **Atypical Depression** - According to the DSM-IV, atypical depression is defined by improved mood in response to positive events, but it also shares many of the classic symptoms of major depressive disorder, or dysthymia. Significant weight gain or an increase in hunger, hypersomnia, limb sensations of being heavy, and rejection from others that significantly impair social or professional functioning are other common characteristics of atypical depression. The prevalence of atypical depression is four times higher in women than in men. People who exhibit characteristics of atypical depression typically claim that their depressive episodes began earlier in life—for example, while they were still in high school. Compared to severe depressive disorder episodes, these episodes are often more chronic and only partially relieved between episodes.
7. **Premenstrual Dysphoric Disorder**- Emotional, cognitive, and physical symptoms are characteristic features of premenstrual dysphoric disorder (PMDD), a mood disorder. When a person experiences PMDD during the luteal phase of the menstrual cycle, it significantly impairs or causes distress. In the luteal phase, which lasts from ovulation to the start of menses, the symptoms appear, improve, and disappear within a few days. A week after menstruation, they either completely disappear or become minimal. When diagnosing PMDD, clinicians consider the patient's impact on their lives, physical symptoms, and emotional symptoms. Emotional lability (quickly fluctuating emotions, sensitivity to rejection, etc.), irritation and anger that can start arguments, anxiety, a stressful feeling, hopelessness, difficulty concentrating, changes in eating and sleeping patterns, and a sense of being in control are some examples of mood symptoms. Premenstrual syndrome (PMS) symptoms and the physical symptoms are similar. These include gaining weight, feeling bloated, joint or muscular discomfort, and breast soreness or swelling.

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### **Etiology of depression-<sup>[7]</sup>**

The specific etiology of depression is unknown. Like many mental disorders, there might be a few contributing causes, include-

- genetic features
- changes in the brain's neurotransmitter levels
- environmental factors such as exposure to trauma or lack of social support
- psychological and social factors.

### **Symptoms of depression-<sup>[1]</sup>**

- Sadness, despair, emptiness, or tears in the eyes.

- Anger, irritability, or irritation over a minor problem.
- Loss of pleasure in activities that used to bring joy.
- poor concentration
- feelings of excessive guilt or low self-worth
- hopelessness about the future
- thoughts about dying or suicide
- disrupted sleep
- changes in appetite or weight
- feeling very tired or low in energy.

### ***Diagnosis-<sup>[9]</sup>***

The diagnosis of depression is based on history and physical findings and laboratory investigation.

1. Physical finding - These are the 9 symptoms listed in the DSM-5. Five must be present to make the diagnosis (one of the symptoms should be depressed mood or loss of interest or pleasure):
  - Sleep disturbance
  - Interest/pleasure reduction
  - Guilt feelings or thoughts of worthlessness
  - Energy changes/fatigue
  - Concentration/attention impairment
  - Appetite/weight changes
  - Psychomotor disturbances
  - Suicidal thoughts
  - Depressed mood
2. Laboratory investigation- There are no accepted diagnostic laboratory tests for the diagnosis of depression. However, laboratory tests are helpful in excluding other medical conditions that may present depression. Some examples of laboratory investigations are as follows:
  - Complete blood cell (CBC) count
  - Thyroid-stimulating hormone (TSH)
  - Vitamin B-12
  - Computed tomography (CT) scanning or magnetic resonance imaging (MRI) of the brain
  - Liver function tests (LFTs)
  - Electrolytes, including calcium, phosphate, and magnesium levels.

### ***Differential Diagnosis-<sup>[9]</sup>***

- anxiety disorders
- Somatic symptom disorders
- Schizophrenia
- Borderline Personality Disorder
- Adjustment Disorder with Depressed Mood
- Sleep disorders (insomnia, sleep apnea)

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## Treatment-<sup>[10,11]</sup>

Depression symptoms can be relieved by medication and short-term psychotherapy (interpersonal therapy, cognitive-behavioral therapy) on their own. Additionally, combination therapy has been linked to improved treatment compliance, an improvement in quality of life, and notably greater rates of improvement in depression symptoms. Empirical evidence also supports CBT's capacity to prevent repeated events. Patients who are suicidal or who are not responding well to medicine might benefit from electroconvulsive treatment.

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## Homoeopathic Treatment<sup>[12]</sup>

One of the most widely used holistic medical practices is homeopathy. It is used to treat depression.

Using a holistic approach, the concepts of individualization and symptom similarity are used to guide remedy selection. This is the sole approach to eliminating all signs and symptoms that the patient suffers from to regain their condition and complete health. In addition to curing depression, homeopathy aims to address its underlying cause and individual susceptibility. The following list of important homeopathic remedies for depression includes:

- **Ignatia Amara** - Ignatia is a great homeopathic remedy for treating depression that causes deep sadness and tears. The person in need of Ignatia has an aversion to socializing and interacting with others. The signs that point to the necessity of this homeopathic medicine for depression include sighing, hopelessness, brooding, irritability, heaviness of head, impaired memory, mental dullness, sensitive mood, and palpitations. A more effective homeopathic treatment for depression, Ignatia Amara, was created following an extreme loss.
- **Natrum Muriaticum**- A homeopathic remedy called natrum Mur is used to treat severe depression. The usage of Natrum Mur is indicated by symptoms such as grief, aversion to support, crying, excessive sensitivity, hopelessness about the future, inability to get through work, insomnia, quickly getting upset, and dread of something bad happening. It is the suggested homeopathic treatment for depression that arises from death or the breakdown of relationships.
- **Aurum Metallicum** - Aurum Met is a homeopathic treatment for depression in which the patient experiences frequent thoughts of suicide. In addition, there is a continuous feeling that life is a burden. Persons who require this medicine often see life negatively, are depressed, and want to end their lives. Along with symptoms like worthlessness, guilt, sadness, and mood swings, there is also an excessive sensitivity to contradiction.
- **Cimicifuga Racemosa**- A good homeopathic remedy for postpartum depression is Cimicifuga racemosa. This medication might cause symptoms including depression, hopelessness, dread of dying, a feeling of a black cloud over the present (mostly in women), fear of going insane, excessive talking with frequent subject changes, and head pain.
- **Phosphoric Acid** - A homeopathic treatment for depression that causes extreme weakness in addition to symptoms like malnourishment, loss of weight, slow thinking, dislike of speaking, and indifference to everything is phosphoric acid.
- **Sepia Succus** - In clinical practice, sepia for depression is known to be effective when a woman has depression after menopause. Anxiety about trifles, aversion to doing any mental or physical labor, indifferent conduct toward family and life, depression, gloominess, and dissatisfaction are among the signs that point to the necessity of this medication. Additionally, there is a propensity to cry, which gets worse when comforted. In addition to the symptoms listed above, women who require the medicine may also have hot flashes and a feeling of pressure in the pelvis.
- **Kali Phosphoricum** - When it comes to treating depression and insomnia, Kali Phos is regarded as the best homeopathic remedy for symptoms including insomnia, gloominess, anxiety, anxieties, excessive crying, negative thinking, mental fatigue, dullness of mind, fear of dying, and sensitivity to light and noise.

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## Conclusion-

Depression is a major public health problem as well as a serious medical disorder. While multiple factors may contribute to the development of depression, it is essential to understand the disorder's effects, possible causes, and treatments to support the well-being of those who are affected. To determine the importance and length of continued treatment, it is also necessary to examine the course of depression illnesses that are now prevalent worldwide.

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