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# Efficacy of Homoeopathic Medicine in Depressive Disorder

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Abstract: <u>Objective</u>: To review the literature of depressive disorder, to select 50 cases of patients suffering from depression. To do proper case taking to individualize each case, to select the most similar medicine on the basis of similia similibus curentur, to evaluate the efficacy of homoeopathic treatment. To keep regular follow - up of the case to observe the action of remedy. <u>Methodology</u>: Type of Study: Exploratory, Sample: 50 cases were taken by random sampling methods. Sample Calculator: Statistical study was done with the help of a textbook, to obtain 95% confidence in the sample. Statistical data Analysis: All the variables were qualitative once, data analyzed by applying T test. <u>Result</u>: Out of 50 cases 42 cases showed improvement whereas 5 cases remained unimproved and 3 cases were dropout treatment. The major remedies prescribed were Arsenic album, Lycopodium, Natrum Mur, Stramonium, Hyoscyamus, Pulsatilla, Ignatia, Lachesis, Veratrum album, Gelsemium. <u>Conclusion</u>: In the conducted study, on 50 patients concluded that 84% of the cases responded well to the indicated Homoeopathic similimum. This study proved the Efficacy of Homoeopathy in the Cases of Depressive disorder.

Keywords: Depression, Depressive Disorder, Low Mood, Homoeopathy, Mental illness

### 1. Introduction

Depression is a common but serious mood disorder. It causes severe symptoms that affect how you feel, think, and handle daily activities, such as sleeping, eating, or working. To be diagnosed with depression, the symptoms must be present for at least two weeks.<sup>[1]</sup>This is a condition that negatively affects feelings, thinking and actions. Some of the early signs of depression include: " Disinterest in activities that were once enjoyable" Changes in sleep schedule - The person may sleep longer than usual, lesser than usual, or may have a blend of both" Sadness is a common sign of depression; however, a person may be depressed without actually being sad" Sense of detachment - The person feels detached from reality" Feeling of hopelessness" Loss of energy" Suicidal thoughts. To cope with this, I would suggest that the person should socialize. He/she should not withdraw from life but should stay in touch. Try to be more active; take up some exercise regime. Instead of avoiding difficult situations, one should face them.<sup>[2]</sup>

- **Causative factor:** The causes of depression include complex interactions between social, psychological and biological factors.
- Life incidence: Life events such as childhood adversity, loss, unemployment, financial difficulties, medical diagnosis (cancer, HIV, etc.), bullying, loss of a loved one, natural disasters, social isolation and rape contribute to and may catalyse the development of depression.<sup>[3]</sup>
- **Major illness**: Patients with severe mental pathologies such as schizophrenia and bipolar disorder and Cushing's syndrome, hypoandrogenism, multiple sclerosis, Parkinson's disease, chronic pain, diabetes and neurological conditions etc.<sup>[4]</sup>
- Substance induced: Substance abuse and mental health disorders such as depression are closely linked, although one doesn't necessarily directly cause the

other. Several drugs exacerbate depression like alcohol, marijuana, sedatives, opioids.<sup>[5]</sup>

• **Psychiatric syndromes:** The connection between psychiatry and neurology is nowhere more evident than the remarkable comorbidity of psychiatric illness, especially depression.<sup>[6]</sup>A number of psychiatric syndromes feature depressed mood as a main symptom. The mood disturbance is a group of disorders considered to be primary disturbances of mood. These include major depressive disorder.

#### Management

Depression is unlikely to simply go away on its own. In fact, if ignored and left untreated, depression can go on for months, sometimes years, and can have many negative effects on a person's life. A prolonged depressed mood, especially in combination with other symptoms, may lead to a diagnosis of a psychiatric or medical condition which may benefit from treatment. Different types of depression require different treatment. Mild symptoms may be relieved by: learning about the condition, lifestyle changes (such as regular physical exercise), and psychological therapy provided by a mental health professional or via online e therapies. Physical activity can also decrease depressive symptoms due to the release of neurotrophic proteins in the brain that can help to rebuild the hippocampus that may be reduced due to depression. Also yoga could be considered an ancillary treatment option for patients with depressive disorders and individuals with elevated levels of depression.<sup>[7]</sup>Psychotherapy is practice to varying degrees and in various forms in the treatment of almost all depressed patient.<sup>[8]</sup>There are several different types of psychological treatments including:

- Cognitive behaviour therapy (CBT)
- Interpersonal therapy (IPT)
- Behaviour therapy
- Mindfulness based cognitive therapy (MBCT).

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## 2. Material and Methods

**Study setting -** A clinical study was carried out on with detail case study and follow up in Sri Guru Nanak Dev Homoeopathic Medical College and Hospital, OPD, IPD and with the help of senior homoeopathic physicians. Total 50 patients of depressive disorder, age group between 14 - 60 years. Those suffering from depressive disorder, were enrolled for the study which fulfils the case definition and inclusion /exclusion criteria of those who participated willingly in research. It is a time bound study.

**Study design** – A prospective clinical trial interventional single blind method. Study was carried out at Sri Guru Nanak Dev Homoeopathic Medical College and Hospital OPD and IPD from 2020 - 2021 (Approximately 25 weeks). Minimum 50 cases were selected which fulfil the case definitions & inclusion and exclusion criteria of those who participated willingly in the research.

**Intervention** - Patient fulfilling the eligibility criteria was enrolled to receive the homoeopathic intervention. Medicine was given in 30C, 200C, 1M or 10M potency as per the prescribing totality. The medicines were repeated on the potency and complaints of the patient in accordance with the principles of homoeopathy.

**Selection of tool -** Drug was acquired by pharmacy (Dr. Reckeweg, SBL, Dr. Willmar Schewabe, Allen, B jain, Haslab etc.) & was stored as per rules of Homoeopathic Pharmacopoeia. Medicines were stored in Sri Guru Nanak Dev Homoeopathic Medical College and Hospital Pharmacy.

#### **Brief of procedures**

Selection of remedy – The remedy was selected after case taking and making the totality of the symptoms on the basis of constitution & given in powder (Lactose) & globule (Sucrose) & liquid form. Dose and strength of the Drug -Medicine was given in 30C, 200C, 1M or 10M potency as per the prescribing totality. The medicine was repeated depending on the potency and requirement of the patient complaints in accordance with the principles of homoeopathic posology. Drug dispensing - was done in globule & powder (lactose) and liquid form. Declaration was given that the drug used here is not harmful to human beings. Said remedy is already available in the Homoeopathic literature, well proved on healthy human beings and is harmless, having no side effects

#### **Inclusion criteria**

- 1) Diagnosis of emotional unstable personality disorder borderline type according to ICD10.
- Major depressive disorder confirmed by doctoral level clinician using the structured clinical interview for DSM 5 (SCID).
- 3) Centre for epidemiology studies depression Scale (CES D) NIMH score >12.
- 4) Completed informed consent.

#### **Exclusion criteria**

1) Current suicidal behavior

- 2) History of mania, psychosis, bipolar affective disorder, schizophrenia, unstable medical neurologic illness.
- 3) Acute decompensation of severe somatic illness.
- 4) Current use of other psychotropic medication.

## 3. Results

A total number of 50 cases were included in the study after screening the case as per the inclusion criteria. Statistical study was conducted to identify collective Depressive Disorder cases in relation to age and gender. Among the studied cases, maximum were in the age group between 20 to 40 years. Maximum male population was in the age group of 20 to 30 years while max female population was in the age group of 20 to 50 years. The gender division for my study was in ratio 16: 34 (Male: Female). Females are more depressed than Male. On analyzing 50 cases of depressive disorder it was seen that nat. mur has been prescribed to 7 cases, Lycopodium to 5 cases, Calc. carb & Arsenicum album was prescribed to 4 cases in each. Stramonium, Hyoscyamus, Pulsatilla, Ignatia, Lachesis, Veratrum album, Gelsemium were prescribed to 2 cases in each. Belladonna, Apis mel, Argentum nitricum, Sulphur, Aurum met, Sepia, Staphysagria, Kali phos, Abrotanum, Petroleum, Thyroidinum, Lithium carb, Folliculinum, Spongia, Cenchris, Cimicifuga, Kali carb were prescribed in only 1 case in each In most of the cases the main predisposing factor behind depressive disorder is disputes with family and after the death of loved ones in 22% and 18% of the cases respectively. Love disappointment and disease related predisposing factors are the second common cause, having 8% and 12% of the cases respectively. Other predisposing factors of depressive disorder seen in the cases were business related, after admission in college and hostel, after insult, after accident, after robbery, old home related, about future and others. Out of 50 cases in the study 42 cases i. e.84% showed improvement whereas 5 cases i. e.10% did not show any improvement and 3 cases i. e.6% dropped their treatment. Paired t - test was conducted to assess the Efficacy of Homoeopathy in depressive disorder. The result showed that the value of critical t (15.88) is greater than the tabulated value in t - table at df=49 at confidence level 95% at 0.05 i. e.2.0096, which is statistically significant. Thus, the null hypothesis (H0) is being rejected and the alternate hypothesis (Ha) that Homoeopathy is effective in treatment of depressive disorder.

## 4. Discussion

Depressive disorder is a very common mental disorder affecting female mainly 20 to 50 years of age group were more affected. Predisposing factor, age and sex is a very important indicator in depressive disorder. Today's time depression is a very serious problem in all age groups. Teens and Adolescents are more depressed than people of other ages. According to suicide. org, teen and adolescent suicides have continued to rise dramatically in recent years. This is a very dangerous time for our young people. When you're depressed, it can feel like you'll never get out from under a dark shadow. However, even the most severe depression is treatable. In other orthodox schools of medicine there are not sufficient results to treat the

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depressive cases. Antidepressants and ssri are not successful in treating depression because they produce many side effects in the body. Although medication can relieve the symptoms of depression, it is not usually suitable for long - term use. But on the other hand homeopathy has great potential to treat depressive disorders. During the study of the 50 cases of the efficacy of Homoeopathy in cases of Depressive disorder, I found a very satisfactory result.

## 5. Conclusion

The Homoeopathic medicines showed significant improvement treating depressive disorder. From the analysis of the above results obtained it is obvious that Homoeopathic treatment is effective in depressive disorder. Cases can be treated successfully by homoeopathic treatment. We should consider the mental general and constitution of the patient for the most similar homoeopathic remedy. Lifestyle modification along with homoeopathic treatment is effective in reducing signs and symptoms of depression.

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## References

- [1] Regier DA, Hirschfeld RM, Goodwin FK, Burke JD, Lazar JB, Judd LL. The NIMH Depression Awareness, Recognition, and Treatment Program: structure, aims, and scientific basis. Am J Psychiatry.1988 Nov 11; 145 (11): 1351 - 7.
- [2] India Today Web Desk. Experts explain the early signs of depression and the importance of therapy [Interview] [Internet]. Indiatoday. in. India Today; 2017 [cited 2020 Dec 6].
- [3] Rashid T, Haider I. Life events and depression. Annals of Punjab Medical College (APMC).2008 Jan 31; 2 (1): 11 - 6.
- [4] De Hert M, Cohen DA, Bobes J, Cetkovich Bakmas M, Leucht S, Ndetei DM, Newcomer JW, Uwakwe R, Asai I, Möller HJ, Gautam S. Physical illness in patients with severe mental disorders. II. Barriers to care, monitoring and treatment guidelines, plus recommendations at the system and individual level. World psychiatry.2011 Jun; 10 (2): 138.
- [5] Kerfoot KE, Petrakis IL, Rosenheck RA. Dual diagnosis in an aging population: Prevalence of psychiatric disorders, comorbid substance abuse, and mental health service utilization in the Department of Veterans Affairs. Journal of dual diagnosis.2011 Jan 1; 7 (1 - 2): 4 - 13.
- [6] Bertelson JA, Price BH. Depression and psychosis in neurological practice. Neurology in Clinical Practice: Principles of diagnosis and management.2004; 1: 103.

- [7] Cramer H, Lauche R, Langhorst J, Dobos G. Yoga for depression: A systematic review and meta-analysis. Depression and anxiety.2013 Nov; 30 (11): 1068 – 83
- [8] Beck AT, editor. Cognitive therapy of depression. Guilford press; 1979.

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