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## Navigating sadness: A comprehensive homeopathic approach to depression

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### Abstract

Depressive disorders present a significant challenge in mental health care, with conventional treatments often falling short in addressing the complexity of individual experiences. Homeopathy offers a holistic approach that aims to treat the whole person, including their emotional, mental, and physical well-being. This article explores the intricacies of sadness from a homeopathic perspective, delving into the nuances of different repertory rubrics and their corresponding remedies. Through an analysis of repertory data, insights are gained into the diverse presentations of sadness and depression, including temporal variations, external influences, and accompanying symptoms. The integration of repertory insights into clinical practice is emphasized, highlighting the importance of considering the totality of symptoms in tailoring treatment plans to individual patients' needs. By recognizing the interconnectedness of mind, body, and spirit in the restoration of health and well-being, homeopathy offers a promising avenue for addressing the profound impact of depressive disorders on individuals' lives.

**Keywords:** Depression, homeopathy, sadness, repertory analysis, holistic healing, mental health, complementary medicine, individualized treatment, integrative medicine, well-being

### Introduction

Depressive disorders encompass a range of conditions characterized by persistent feelings of sadness, hopelessness, and loss of interest or pleasure in activities. These conditions often interfere with daily functioning and can have a profound impact on an individual's quality of life. Here are the key types of depressive disorders:

### Major Depression

#### Characteristics

- Involves a persistent depressed mood on a daily basis.
- Lasts for a minimum duration of 2 weeks.
- Accompanied by other symptoms that significantly impact daily life.

#### Onset

- Typically begins in early adulthood.
- Recurs episodically over a lifetime.

#### Impact

- Interferes with various aspects of life, such as work, relationships, and daily activities.

### Dysthymic Disorder

#### Characteristics

- Represents a chronic pattern of mild depressive symptoms.
- Persists for at least 2 years.
- Symptoms are not as severe as major depression but endure over an extended period.

#### Onset

- Can develop at any age.

**Impact:** Results in a persistent low mood that may not be as disabling as major depression but can affect overall well-being.

**Minor Depression****Characteristics**

- Involves experiencing at least 2 depressive symptoms for a continuous 2-week period.
- Symptoms do not meet the criteria for a diagnosis of major depression.

**Onset:** Similar to major depression, often beginning in early adulthood.

**Impact:** Represents a milder form of depressive disorder but still causes distress and impairment.

**Seasonal Affective Disorder (SAD)****Characteristics**

- Displays a seasonal pattern of depression.
- Symptoms typically occur during specific seasons, commonly fall and winter.
- Linked to reduced exposure to sunlight during these seasons.

**Onset**

- Symptoms recur at specific times of the year.

**Impact:** Symptoms may include fatigue, changes in sleep patterns, and a notable lack of interest in usual activities during the affected seasons<sup>[1]</sup>.

**Epidemiology**

Weissman *et al.* conducted the first cross-national comparison of major depression using data from 10 population-based surveys. They utilized the Diagnostic Interview Schedule (DIS) to assess representative community samples and defined depression based on DSM-III criteria. Lifetime prevalence of major depressive episodes (MDE) varied widely, from 1.5% in Taiwan to 19.0% in Beirut, with midpoints at 9.2% in West Germany and 9.6% in Edmonton, Canada. Twelve-month prevalence ranged from 0.8% in Taiwan to 5.8% in Christchurch, New Zealand, with midpoints at 3.0% in the US and 4.5% in Paris.

Another comparison included 10 population-based studies using the WHO Composite International Diagnostic Interview (CIDI) for DSM-III-R and DSM-IV. Lifetime prevalence of major depressive disorder (MDD) varied from 1.0% in the Czech Republic to 16.9% in the -US, with midpoints at 8.3% in Canada and 9.0% in Chile. Twelve-month prevalence ranged from 0.3% in the Czech Republic to 10% in the US, with midpoints at 4.5% in Mexico and 5.2% in West Germany.

Moussavi *et al.* summarized data from the WHO World Health Survey across 60 countries, focusing on ICD-10 depressive episodes (MDE). Twelve-month prevalence averaged 3.2% in participants without comorbid physical disease and ranged from 9.3% to 23.0% in participants with chronic conditions<sup>[2, 3]</sup>.

Globally, an estimated 5% of adults suffer from depression. This pervasive mental health condition can have profound effects on individuals' daily functioning, relationships, and overall well-being. Depression is characterized by persistent feelings of sadness, hopelessness, and loss of interest in activities once enjoyed. It can also manifest physically, with symptoms such as fatigue, changes in appetite or weight,

and difficulty sleeping. Left untreated, depression can significantly impair quality of life and increase the risk of other health problems. Therefore, raising awareness about depression, reducing stigma, and improving access to mental health services are essential steps in addressing this global public health issue<sup>[4]</sup>.

**Signs and Symptoms of Depression**

- **Depressed Mood:** Individuals may experience feelings of sadness, irritability, or emptiness.
- **Loss of Interest or Pleasure:** A notable decrease in interest or pleasure in activities that were once enjoyable.
- **Duration:** Symptoms persist most of the day, nearly every day, for at least two weeks, differentiating it from regular mood fluctuations.
- **Poor Concentration:** Difficulty focusing or maintaining attention on tasks.
- **Feelings of Excessive Guilt or Low Self-Worth:** Persistent feelings of worthlessness or excessive guilt.
- **Hopelessness:** Pervasive feelings of hopelessness about the future.
- **Thoughts of Death or Suicide:** Preoccupation with thoughts about dying or suicidal ideation.
- **Disrupted Sleep Patterns:** Changes in sleep, including insomnia or oversleeping.
- **Changes in Appetite or Weight:** Significant changes in eating habits leading to weight loss or gain.
- **Fatigue or Low Energy:** Feeling extremely tired or lacking energy, even after rest.

**Impact of Depression**

- **Difficulties in All Aspects of Life:** Depression can affect functioning in various domains, including work, school, relationships, and participation in community activities.

**Patterns of Depressive Episodes**

- **Single Episode Depressive Disorder:** The individual experiences their first and only depressive episode.
- **Recurrent Depressive Disorder:** History of at least two depressive episodes separated by periods of remission.
- **Bipolar Disorder:** Depressive episodes alternate with periods of manic symptoms, which include euphoria or irritability, increased activity or energy, rapid speech, racing thoughts, inflated self-esteem, decreased need for sleep, distractibility, and engaging in impulsive or reckless behaviour<sup>[4]</sup>.

Homeopathy is a complementary and alternative medicine approach that aims to treat the whole person rather than just the symptoms of a disease. In the context of depression, homeopathy focuses on addressing the individual's emotional, mental, and physical well-being. Homeopathic remedies are selected based on the specific symptoms experienced by the person, as well as their unique constitution and overall state of health. While some individuals report benefits from homeopathic treatments for depression.

**Rubrics: Sadness, Depression, and Related States<sup>[5, 6, 7]</sup>**

**Table 1:** Rubrics from different repertories

<b>Complete Repertory</b>		
<b>Chapter: Mental</b>		
<b>Sadness, (551)</b>		
<b>Rubric</b>	<b>No. of Remedies</b>	<b>Remedies</b>
Sadness, day and night	(4)	1 Mark: Caust, Kali-P, Lil-T, Sulph
Sadness, morning agg.	(90)	3 Mark: Lach
Sadness, forenoon agg.	(24)	2 Mark: Cann-S, Sul-Ac,
Sadness, noon lively, in evening sad, or vice versa	(1)	2 Mark: Zinc
Sadness, afternoon agg.	(41)	2 Mark: Chin-S, Cocc, Graph, Phos, Zinc,
Sadness, evening agg.	(85)	3 Mark: Aur, Aur-S, Nit-Ac, Puls
Sadness, evening agg. seven pm.	(1)	1 Mark: Ham
Sadness, evening agg. eating, when	(1)	1 Mark: Tarent
Sadness, evening agg. cheerful in morning, but	(1)	1 Mark: Graph
Sadness, evening agg. fright, after	(1)	1 Mark: Plat
Sadness, night agg.	(26)	2 Mark: Ars, Aur, Caust, Graph, Nat-M, Phos, Rhus-T
Sadness, midnight about	(1)	1 Mark: Plat
Sadness, midnight after one am. on waking	(1)	1 Mark: Ph-Ac
Sadness, abdominal irritation, from deep-seated	(1)	1 Mark: Sabad
Sadness, activity amel.	(1)	1 Mark: Thuj
Sadness, advice, if they cannot give	(1)	1 Mark: Lil-T
Sadness, air, in open agg.	(12)	2 Mark: Kali-C, Ph-Ac,
Sadness, air, in open amel.	(12)	3 Mark: Plat, Puls,
Sadness, air, in open amel. entering house, on	(1)	2 Mark: Kali-C
Sadness, alone, when agg. (26)	(26)	3 Mark: Ars
Sadness, alone, when agg. dyspnea, in	(1)	2 Mark Lyc
Sadness, alternating with contentment	(1)	1 Mark: Zinc
Sadness, alternating with eccentricity	(1)	1 Mark: Petr
Sadness, alternating with fear	(1)	1 Mark: Zinc
Sadness, alternating with fright	(1)	1 Mark: Zinc
Sadness, alternating with mania	(1)	1 Mark: Nat-S
Sadness, alternating with stupor	(1)	1 Mark: Thy
Sadness, anger after	(11)	1 Mark: Apis, Ars, Bell, Foll, Hydrog, Nux-V, Petr, Phos, Plat, Puls, Sep
Sadness, anger from	(7)	2 Mark: Puls
Sadness, annoyance, from least	(1)	1 Mark: Kali-Bi
Sadness, anxious	(42)	3 Mark: Phos, Plat
Sadness, causeless	(15)	2 Mark: Calc-Sil,
Sadness, grief with	(3)	2 Mark: Ign, 2 Lyc
Sadness, grief after	(5)	2 Mark: Aur, Ign, Nat-M, Ph-Ac
Sadness, harsh word, from a seemingly	(1)	1 Mark: Med
Sadness, music, from	(24)	2 Mark: Acon, Ambr, Dig, Graph, Kreos, Nat-C, Nat-S,
<b>Boger's Boehenhausen Characteristic Repertory</b>		
<b>Chapter: Mind</b>		
<b>Rubric</b>	<b>NO. Of Remedies</b>	<b>Remedies</b>
Depression:(Compare Sadness)	(71)	3 Mark: Ars, Aur, Bry, Calc, Chin, Coloc, Con, Graph, Ign, Lil-T, Nat-C, Sulph
Sadness melancholy etc: (compare pensive, despair, law-spirited, depression, etc.)	(107)	3 Mark: Acon, Ambr, Ars, Aur, Bell, Calc, Cham, Cham, Ambr, Coch, Con, Dig, Graph, Hell, Ign, Kreos, Lyc, Nat-M, Nit-Ac, Plb, Puls, Prun, Sep, Stann, Sulph,
Cheerful: alternating with sadness	(2)	1 Mark: Canch, Petr
Fearsome, sadness, alternating with:	(1)	1 Mark: Zinc
Sadness puberty, at:	(1)	1 Mark: Nat-M
Sleepiness, sadness with:	(1)	1 Mark: Calc
Disconsolate unhappy	(19)	3 Mark: Acon, Ars, Cham, Ign, Nat-M, Nux-V, Plat
Sweat - Concomitants: Mind: Depression	(14)	3 Mark: Ap-G, Calc, Con, Sep, Sulph,
<b>Boericke Repertory</b>		
<b>Chapter – Mind</b>		
<b>Rubric</b>	<b>No. of Remedies</b>	<b>Remedies</b>
Mood, Melancholic, Despondent, Depressed	(83)	3 Mark: Acon, Aesc, Agn, Alum, Anac, Ars, Aur, Cimic, Cinch, Con, Cycl, Graph, Helon, Hydr, Ign, Indg, Lil-T, Lyc, Nat-M, Nux-V, Ph-Ac, Phos, Plat, Plumbg, Psor, Puls, Sep, Stann, Staph, Tub.

## Exploring the Depths of Sadness: A Homeopathic Perspective

Sadness, often regarded as a universal human emotion, manifests in various shades and intensities, influencing both mental and physical well-being. In the realm of homeopathy, understanding the intricacies of sadness is paramount for effective treatment. Repertories serve as invaluable tools, meticulously cataloging symptoms and their corresponding remedies, offering practitioners insights into the diverse presentations of this emotional state. Rubrics within these repertories delineate nuances such as temporal variations, external influences, and accompanying symptoms, enabling practitioners to tailor treatment plans to individual patients' needs.

## Navigating the Rubrics: Insights from Repertory Analysis

Delving into the repertory rubrics reveals a rich tapestry of remedies intricately linked to different facets of sadness. From the morning aggravation of Lachesis to the evening melancholy alleviated by Pulsatilla and Platinum, each rubric provides a nuanced understanding of how sadness manifests in diverse contexts. Remedies like Zincum, identified for cases where sadness fluctuates with liveliness throughout the day, underscore the dynamic nature of this emotion. Furthermore, comparative insights from renowned repertories such as Boericke's and Boger's offer additional perspectives on remedies associated with melancholy and depression, enriching the practitioner's repertoire and facilitating more precise prescribing.

## Holistic Healing: Integrating Repertory Insights into Clinical Practice

In clinical practice, the art of homeopathy lies in synthesizing repertory insights with patient narratives and observations. By carefully considering the totality of symptoms, including mental, emotional, and physical manifestations, practitioners can tailor treatment protocols that resonate with the individual's unique constitution. As we delve deeper into the realm of sadness through the lens of repertory analysis, we affirm homeopathy's holistic approach to healing, recognizing the interconnectedness of mind, body, and spirit in the restoration of health and well-being.

## Conclusion

Recognizing the complexity and widespread impact of depressive disorders is vital for effective intervention. Understanding the signs, symptoms, and patterns of depression enables early detection and tailored treatment approaches. The inclusion of homeopathy in addressing depression underscores the importance of holistic and personalized treatment modalities. While further research is needed, homeopathy offers promise as an alternative or complementary therapy, emphasizing the importance of embracing diverse approaches to mental health care. Ultimately, by raising awareness, reducing stigma, and integrating accessible treatments like homeopathy, we can better support individuals navigating the challenges of depression and improve their overall quality of life.

## Conflict of Interest

Not available

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Not available

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