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**Dr. S Karunakara Moorthi**

Associate Professor,  
Department of Psychiatry,  
National Homeopathy  
Research Institute in Mental  
Health, Kottayam, Kerala,  
India.

**Dr. Radhika P**

PG Scholar,  
Department of Psychiatry,  
National Homeopathy  
Research Institute in Mental  
Health, Kottayam, Kerala,  
India.

**Corresponding Author:**

**Dr. S Karunakara Moorthi**  
Associate Professor,  
Department of Psychiatry,  
National Homeopathy  
Research Institute in Mental  
Health, Kottayam, Kerala,  
India.

## Homoeopathic treatment for severe depression with psychotic features: a case report

**Dr. S Karunakara Moorthi and Dr. Radhika P**

### Abstract

Depression refers to a wide range of mental health problems characterised by the absence of a positive affect, low mood and a range of associated emotional, cognitive, physical and behavioural symptoms. A case reported in the OPD of National Homoeopathy Research Institute in Mental Health with symptoms of reduced intake of food (since 1 month), reduced talk, withdrawn, disturbed sleep, loss of interest in all daily activities, suspicious of food being poisoned, suspicious about husband, feeling that somebody is coming to attack her. The consultant psychiatrist diagnosed as severe depression with psychotic features. Hamilton Depression Rating Scale was 31 and Brief Psychiatric Rating Scale was 56 at the time of admission. Apismellifica 200 and Stramonium 200 were prescribed. Overall improvement was noticed in HDRS and BPRS after treatment.

The outcome report of this case shows that the individualized homeopathic treatment for severe depressive episode with psychotic feature got full remission without support of any adjunctive therapy or conventional medication.

**Keywords:** Homeopathy, Depression, HDRS, BPRS, Apis mellifica, Stramonium

### Introduction

Depression is a common mental disorder that presents with depressed mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy, and poor concentration<sup>[1, 2]</sup>. It usually occurs as a result of adverse life events, such as: losses of a significant person, object, relationship or health, but it can also occur due to no apparent cause. These problems can become chronic or recurrent and lead to substantial impairments in an individual's ability to take care of his or her every day responsibilities<sup>[3]</sup>.

Globally, an estimated 322 million people were affected by depression in 2015. Depression contributes to significant disease burden at national and global levels. At the individual and family level, depression leads to poor quality of life, causing huge social and economic impact. Globally, depression is the top cause of illness and disability among young and middle-aged populations, while suicide ranks second among causes of death for the same age groups. India is home to an estimated 57 million people (18% of the global estimate) affected by depression<sup>[4]</sup>.

The WHO Classification of Mental and Behavioural Disorders mentions about depressive episodes in F32. In typical depressive episodes of all three varieties described below mild (F32.0), moderate (F32.1), and severe (F32.2 and F32.3) the individual usually suffers from depressed mood, loss of interest and enjoyment, and reduced energy leading to increased fatigability and diminished activity. Marked tiredness after only slight effort is common.

### Factors that seem to increase the risk of developing or triggering depression include

- Certain personality traits, such as low self-esteem and being too dependent, self-critical or pessimistic
- Traumatic or stressful events, such as physical or sexual abuse, the death or loss of a loved one, a difficult relationship, or financial problems
- Blood relatives with a history of depression, bipolar disorder, alcoholism or suicide
- History of other mental health disorders, such as anxiety disorder, eating disorders or post-traumatic stress disorder
- Abuse of alcohol or recreational drugs
- Serious or chronic illness, including cancer, stroke, chronic pain or heart disease<sup>[5]</sup>

Mood disorders are treatable conditions, with each type requiring different treatment approaches and modalities. Antidepressant medications and psychotherapies offer useful

treatment approaches and are commonly employed in treating the debilitating effects of depression. Experiencing side effects is an important reason for discontinuing antidepressant treatment [6, 7]. A 2004 study by Hu and colleagues reported that out of 401 patients treated with a Selective Serotonin Reuptake Inhibitor (SSRI), 86% reported one or more side effects after 75 to 105 days follow up [8]. Of all participants, 55% reported at least one side effect they considered bothersome, with sexual dysfunction, drowsiness/fatigue, weight gain and insomnia being rated as the worst. Antidepressant side effects can adversely impact the treatment of MDD by adding to patient suffering and distress, contributing to a delay or failure to attain an effective or optimal antidepressant dose, and increasing the risk of noncompliance with therapy [9]. A study conducted telephone surveys among 672 patients at three and six months after starting a SSRI for new or recurrent depression and reported that a higher frequency of adverse effects was reported in patients who switched or discontinued their SSRI early (43%) compared with patients who discontinued their SSRI late (27%) [10].

### Patient Information

#### Case Report

A 38-year-old lady presented to the clinic of NHRIMH with the following symptoms:

1. Reduced intake of food (since 1 month)
2. Reduced talk, withdrawn
3. Disturbed sleep
4. Loss of interest in all daily activities
5. Fearfulness < night
6. Suspicious of food being poisoned, suspicious about husband
7. Feeling that somebody is coming to attack her
8. Aversion to touch
9. Tendency to bite nails
10. Severe body pain, which made it difficult even to sit on the commode.

#### History of Presenting Complaints

Complaints started 4 months back after some disputes over financial matters. For the purpose of construction of their house, patient was receiving financial aid from the government. Construction was nearing completion. She received an amount of Rs. 50,000/- for the completion works. She went to the ATM counter to withdraw the cash and found that the available balance was only Rs.52. She returned home and came to know that her husband had taken some amount and spent it on gambling. The rest of the amount was given to some financiers. He did it under the influence of alcohol and so he could not remember to whom he gave the amount. She was shocked to hear this. She started crying loudly and shouting. She stopped doing her duties and showed indifference to everyone. Later, she had quarrels with husband. He was furious and had removed her wedding badge /mangalsutra. This disturbed her so much. After that she started having delusions of infidelity. She suspected some immoral relationship between her mother and husband. She used to say that mother had done some black-magic against her. She felt that snakes were crawling over her body. There was fear of darkness; she used to carry weapons and torch at night. Suspiciousness that food is being poisoned. There was hurting tendency to husband and throwing things. Consulted a psychiatry hospital, but she

was reluctant to take medicine. One month back, her husband went for job and he was away from her for almost 1 week followed by her symptoms aggravated, along with fearfulness, suspiciousness, poor personal hygiene, reduced talk, reduced intake of food, weakness, disturbed sleep, spitting tendency and taking water in sips. So, brought to our psychiatry OPD.

#### Treatment history

T. Olanzapine 2.5 mg (1-0-1) and T. lorazepam 2mg (0-0-1) was taken irregularly for few days. It was later discontinued.

#### History of past illness

Patient has a history of Peptic ulcer disease which was relieved by allopathic treatment.

#### Family history

Mother has hypertension and father has osteoarthritis. No history of psychiatric complaints, suicide or epilepsy in the family.

#### Life space analysis

##### Personal history

Place of birth: Home delivery. Uneventful pregnancy. FTND. Birth cry present.  
Early development: Milestones at proper age.  
Education: VII std.  
Occupational History: babysitting.  
Worked in a convent kitchen.

##### Pre-morbid personality

She was timid from childhood itself. Doesn't have many friends. She didn't have the habit of going out and socializing. Most of the time she was confined to home itself.

Always keeping grief to herself because she doesn't want to make others sad with her emotional problems.

She is oversensitive to sounds. +++

Gets sad easily if anyone scolds her. Also, she cannot tolerate anyone criticizing her husband for his alcoholism. So, she didn't reveal about the physical abuse she suffered from him.

She was hard working and ambitious. Wanted to build a house of her own.

##### Clinical finding

##### Physical generals

Appetite was poor. Thirst was markedly reduced. Desires vegetarian food and milk. She was literally, sleepless at the time of admission. Occasionally, she has frightful dreams during sleep. Thermally, she is a chilly patient, On general examination anemia and oedema (face) are present. BP: 110/68 mmHg.

##### Laboratory investigations

Routine blood examinations, urine examinations, renal function tests and ECG were done. Results were within normal limits.

##### Mental status examination

**General appearance & behavior:** Patient is lean, with medium complexion and round face. With poor personal hygiene, Expression of anxiety and fear. Covered in a blanket. Eye to Eye Contact: poor. Rapport not established.

Psychomotor activity was decreased. Rate and volume of speech was markedly decreased. Reaction time was increased. Speech-not respond. She was in depressed mood. Delusions of persecution, infidelity, of being poisoned were present. Attention & concentration were poor.

**Time line**

Diagnosis and follow up assessment are attached. (HDRS (table 1) & BPRS (table 2)).

**Interventions:**

S. No	Date of prescription	Prescription based on	Medicine prescribed	Changes in symptomatology
1.	12.02.2019	Reportorial Totality	Apis mellifica 200/1D followed by Saclac.	NA
2.	1.03.2109		Apis mellifica 200/1D followed by Saclac.	Facial oedema reduced, indifference reduced, verbal response started, appetite and thirst-improved, started doing daily routines by herself without compulsion. Rapport established. Depression symptoms full remission. Patient conveyed her Delusions.
3.	14.03.2019	Reportorial Totality	Stramonium 200/1D followed by Saclac	Delusions still persist.
4.	23.03.2019		Sac lac was prescribed for 15 days.	Delusions-nil, psychotic symptoms full remission. Patient got discharged and follow up was advised after 15 days.
5.	08.04.2019		Sac lac was prescribed for a month.	Patient is free from all symptoms, leading a productive life. Follow up advised after one month.
6.	13.05.2019		Sac lac was prescribed for a month.	Patient is free from all symptoms, leading a productive life. Follow up advised after one month.

**Diagnosis Assessment**

**Table 1:** Hamilton Depression Rating Scale (HDRS) [11]

S. No.	Domains	Date and Scoring Severity				
		12.2.19	1.3.19	22.3.19	8.4.19	13.05.19
1	Depressive mood	4	3	0	0	0
2	Feeling of guilt	0	0	0	0	0
3	Suicide	0	0	0	0	0
4	Insomnia: Early in the night	2	0	0	0	0
5	Insomnia: Middle of the night	1	1	0	0	0
6	Insomnia: Early hours of the morning	2	0	0	0	0
7	Work and activities	4	2	0	0	0
8	Retardation	3	3	1	0	0
9	Agitation	1	1	0	0	0
10	Anxiety psychic	4	3	2	0	0
11	Anxiety somatic	2	1	0	0	0
12	Somatic symptoms gastro-intestinal	2	1	0	0	0
13	General somatic symptom	2	1	0	0	0
14	Genital symptoms	1	1	0	0	0
15	Hypochondriasis	0	0	0	0	0
16	Loss of weight	3	3	3	3	3
17	insight	0	0	0	0	0
	Total Score	31	20	06	03	03

**Table 2:** Brief Psychiatric Rating Scale (BPRS) [12]

S. No	Domains	Date and Scoring Severity				
		12.2.19	1.3.19	23.3.19	8.4.19	13.05.19
1	Somatic concern	1	1	1	1	1
2	Anxiety	5	3	2	1	1
3	Emotional withdrawal	4	4	2	1	1
4	Conceptual Disorganization	0	0	0	0	0
5	Guilt Feeling	1	1	1	1	1
6	Tension	5	3	1	1	1
7	Mannerism and Posturing	4	3	1	1	1
8	Grandiosity	1	1	1	1	1
9	Depressive Mood	6	5	1	1	1
10	Hostility	3	2	1	1	1
11	Suspiciousness	6	4	1	1	1
12	Hallucinatory Behaviour	1	1	1	1	1
13	Motor Retardation	5	4	1	1	1
14	Uncooperativeness	6	4	1	1	1
15	Unusual Thought Content	5	3	1	1	1
16	Blunted Affect	1	1	1	1	1
17	Excitement	1	1	1	1	1
18	Disorientation	1	1	1	1	1
	Total Score	56	42	19	17	17

**Discussion and conclusion**

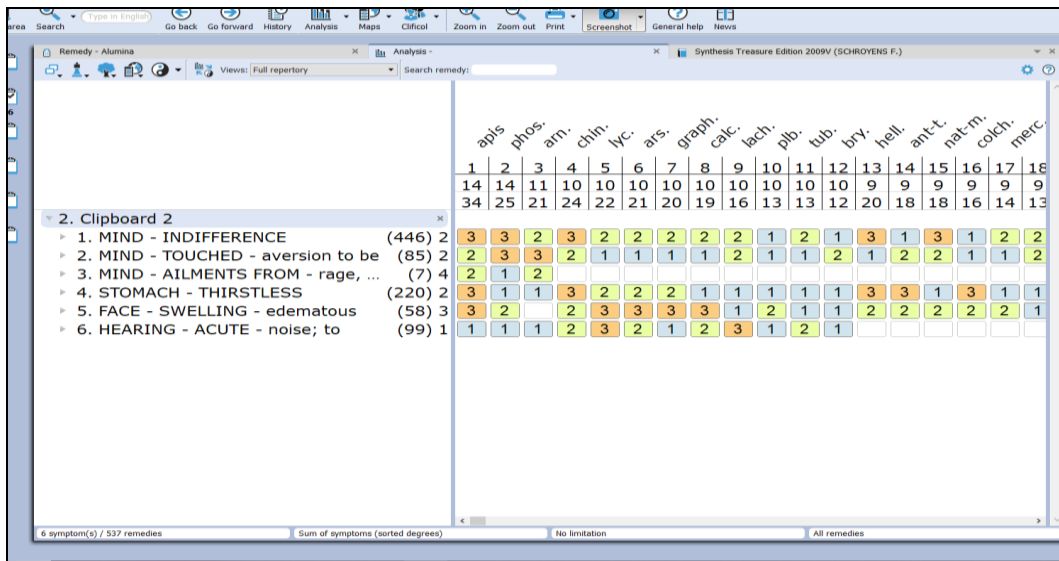
The case shows the efficacy of homoeopathic system of medicine in successfully treating a case of severe depression with psychotic features. The case had duration of 4 months, with prominent psychotic features and profound symptom severity, on admission. All these were causing significant impairment in social life and functioning of the patient.

On the day of admission, patient showed symptoms of severe depression. As she was not able to describe her symptoms, information was collected from the bystanders. Based on the symptoms, repertorization was done and many remedies like Apis, Phos, Arn, China etc. came up (figure 1). Pocket Manual of Homoeopathic Materia Media by W. Boericke, Allen’s encyclopedia, and Hering’s guiding symptoms were selected for the remedy reference. Hering quotes Apis for mental depression [13]. Apismellifica seems to suit the patient, not because it is numerically highest, but it corresponds to the type of the patient. The most important causative factor of the case “Ailments from rage” was covered by Apis in 3 marks. The patient is hard- working and ambitious, which corresponds to the character of honey bees. Apis mellifica 200 was given. She gradually improved. She began taking food and water, showed improvement in personal hygiene and communication also

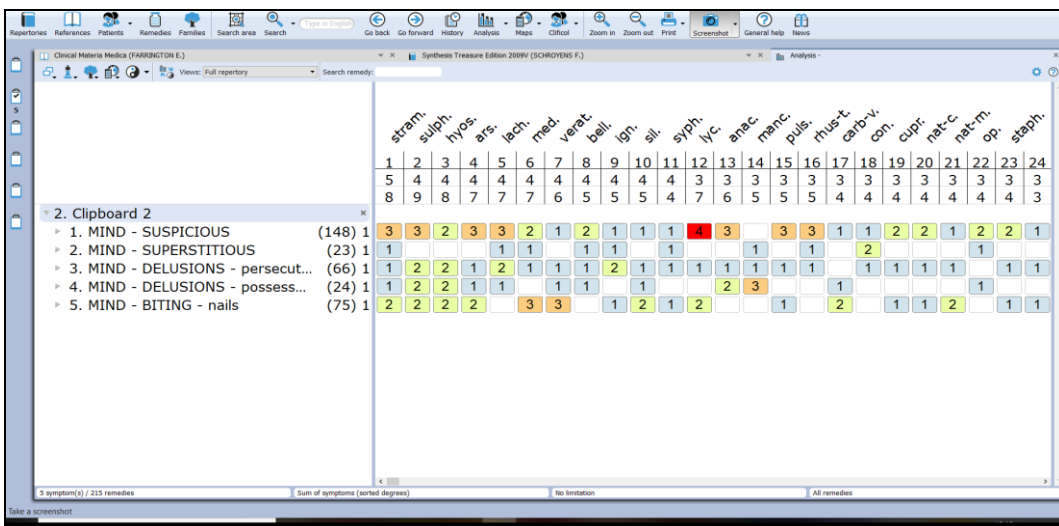
improved. To get a complete cure, case taking was done again. She was able to clearly describe the delusions she was carrying. Again, repertorization was done and Stramonium 200 was given (figure 2).

The recovery was complete and she was discharged. The case needs to be followed up to prevent the recurrence of further episodes.

The case comes under the category of one-sided diseases, mentioned by Master Hahnemann in Organon of Medicine, aphorism 173 [14]. It displays only few symptoms initially and all others are obscured due to the poor communication of the patient. Treatment was done as per the instructions given by master Hahnemann and most homoeopathically indicated medicine was given (§177) [14]. This medicine has brought forth symptoms of the disease which was never perceived (§180) [14]. Another medicine was then selected according to the new symptomatology, which has cleared the symptoms of the patient within 1 and half months’ time. Patient resumed her activities and reverted to her previous state. Overall, this case study show that individualized homeopathic treatment is very effective in severe depressive episode with psychotic feature. No adjunctive therapies such as counseling or anti depressive medication were taken by the patient.



**Fig 1:** Repertorial Totality as on 12.02.2019



**Fig 2:** Repertorial Totality as on 14.03.2019

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