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Homeopathic management of depression: A case report

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Abstract

Depression is a widespread mental health issue that negatively impacts a person's emotional, cognitive, and physical health. The approach of homeopathy to treat depression is through the symptoms collectively and the vital force's harmony. A case report represents the homeopathic management of a 27-year-old male with major depressive disorder due to emotional disappointment. The patient showed signs of constant sadness, crying, lack of feeling, inability to think, bad memory, tiredness, sleeplessness, little sweating, and thirst. Very detailed case taking and miasmatic evaluation pointed out the existence of a predominant psoric background. The repertorization with Synthesis Repertory stressed *Phosphoricum Acidum* as the remedy that best fit the case. The patient was given *Phosphoricum Acidum* 200 followed by placebo. During the six weeks of therapy, there was a gradual increase in emotional stability, energy, social interaction, concentration, and overall health which was evidenced by a decrease in HDRS score from 17 to 12. This case is a proof of the success of individualized homeopathic treatment in the management of depression and enhancement of the patient's life quality.

Keywords: Homeopathy, depression, case report, *Phosphoricum acidum*, major depressive disorder, HDRS score, miasm; synthesis repertory, homeopathic management

Introduction

Depression (major depressive disorder) is a significant and frequent psychological condition, which has a negative impact on a person's mood, thinking patterns, and behavior. Depression is a sad state, low spirits, and melancholy, specifically a mood disorder which is characterized by different degrees of sadness, despair, and loneliness, and is usually accompanied by symptoms such as lack of activity, guilt, impaired concentration, social isolation, sleep disturbances, and in some cases, suicidal tendencies ^[1].

Depression symptoms are identical to any age. They can also be: Sadness, feeling of worthlessness, irritability, fatigue, tears, apathy, restlessness, lack of concentration, withdrawal, sleep problems, changes in appetite, suicidal ideation, and physical pain ^[2].

Epidemiology

Approximately 3.8% of the population suffers from depression, and this percentage encompasses about 5% of adults—4% of males and 6% of females. For individuals over 60, it reaches 5.7%. This totals about 280 million people worldwide suffering from depression. Interestingly enough, women are approximately 50% more likely to develop depression than men. Worldwide, more than 10% of pregnant women and new mothers experience it. In addition, suicide claims the lives of more than 700,000 people every year. Suicide is the fourth leading cause of death for people between the ages of 15 and 29 years ^[3].

Aetiology ^[4]

The DSM-5-TR categorizes depression as the outcome of biological, psychological, and social factors that influence each other:

- **Biological Factors:** Depressive disorders are heritable and have been associated with the imbalance of certain brain chemicals (for example serotonin and dopamine). Stress which lasts for a long time may result in the increase of cortisol levels and eventually bring about changes in the brain structure; thus weakening emotional and motivational control.
- **Psychological Factors:** Individuals who have negative thought patterns, possess self-

critical personality traits and have experienced traumatic events in the past are psychologically more vulnerable. The past emotional traumas of childhood or if one constantly blames oneself can lead to enduring feelings of sadness and hopelessness.

- **Environmental and Social Factors:** Life full of stress, feeling lonely, and being financially or environmentally stressed can not only cause depression but also make it worse through the process of emotional resilience and support reduction.
- **Physical Health and Substance Factors:** Chronic diseases, painful situations which last for a long period of time, and the use of addictive substances or medications which affect brain function and mood can make depressive disorder difficult to manage.

Homeopathic Approach in Depression

According to homeopathy, depression is a disruption of the whole person - mentally, emotionally and physically - as a result of a disequilibrium of the vital force. Treatment emphasises the individual's totality of symptoms rather than the diagnosis only. Every case is examined thoroughly to determine the cause, mental state, modalities, and constitutional tendencies.

Extensive case taking emphasises into emotional help-triggers such as grief, disappointment, guilt, or repressed emotions. The miasmatic background (psoric, sycotic,

syphilitic) gives a better understanding of chronic predisposition and the selection of a suitable remedy. Homeopathic treatment aims to return the patient to mental and emotional harmony, thereby enhancing overall vitality, instead of just symptom relief.

Case Report

A 27 years old unmarried male patient presented in June 2025 with symptoms of persistent sadness, weeping tendency, lack of concentration in studies, loss of interest in his daily routine activities, feels mentally and physically exhausted from the past 4 months. After experiencing emotional disappointment before 4 months, the patient developed depression because he was very attached to a classmate who distanced herself. He claims to have a poor memory and struggles to remember what he needs, and he has been exhausted and disinterested ever since. Has no hope for a future profession. His HDRS score was 17.

Past history: No major illnesses. No psychiatric treatment taken before

Family history: father- diabetes mellitus type 2, mother- hypothyroidism since 3 years

No psychiatric history in family

Physical Generals

Table 1: Summary of Physical General Symptoms of the Patient Presenting with Moderate Depression

Appetite	Reduced
Desires	Juicy things, cold drinks
Disagrees	Meat, milk
Thirst	Increased, for large quantities of water
Tongue	Clean
Urine	Frequency slightly increased specially at night, pale, watery, copious
Perspiration	Scanty, occurs mostly on exertion
Sleep	Unrefreshing and disturbed
Thermal reaction	Chilly, can't tolerate cold weather, prefers warm clothing

Mental Generals

- Illness brought on by loss and unfulfilled love, a lack of concern for one's surroundings and loved ones
- A single-word response, and a worn-out, weak memory
- Inadequate focus
- Weeping when alone
- Loss of interest in daily routine activities
- Aversion to mental strain, and a desire to lie down
- Feels worn out both physically and mentally.
- Hopeless
- Aversion to company

Constitution and Observations

The patient appears indifferent, withdrawn, and emotionally exhausted, avoiding social interaction due to grief and mental stress. Speech is weak, slow, and minimal, showing lack of energy and interest. Physically, the patient looks pale, thin, and malnourished, reflecting poor vitality. The face is sunken and dull, with dark circles and dry, sallow skin. Expression shows mental fatigue and sadness, with a vacant, listless gaze indicating deep emotional strain.

Predominant Miasm

Psora

Analysis & Evaluation of Symptoms

a) Mental Generals

- Ailments from grief
- Answering in monosyllables
- Aversion to company
- Difficult concentration
- Indifference
- Weakness of memory

b) Physical Generals

- Frequent urging to urinate, copious urine
- Scanty perspiration
- Desires juicy things
- Aversion to milk
- Weakness agg. From slight exertion

Repertorial Totality

Dr. Frederik Schroyen's Synthesis Repertory was used to repertories this case.⁽⁵⁾

1. **Mind:** Ailments From- grief
2. **Mind:** Answering - monosyllables; in
3. **Mind:** Company - aversion to
4. **Mind:** Concentration - difficult
5. **Mind:** Indifference
6. **Mind:** Memory - weakness of memory

7. **Bladder:** Urination - urging to urinate, frequent, accompanied by discharge, copious
8. **Perspiration:** Scanty Sweat
9. **Generals:** Food and Drinks - juicy things- desire
10. **Generals:** Food and Drinks - milk- aversion
11. **Generals:** Weakness - exertion-agg. - slight exertion

Repertorial Result

Phosphoricum acidum-25/10

Staphisagria-20/10

Natrium muriaticum-23/9

Sepia officinalis-20/9

Lachesis mutus- 19/9

Prescription

- 1) Phosphoricum Acidum 200 single dose

- 2) To be taken at early morning empty stomach for one day
- 3) Sacrum lactis 30
- 4) 4 globules BD for 14 days (after 1st medicine)

General Management and Auxillary Measures:

- Regular physical exercise (30 min/day).
- Proper sleep hygiene: fixed bedtime, avoid screens before sleep.
- Balanced diet rich in protein, vitamins, and omega-3.
- Gradual return to college activities and peer interaction.
- Avoid isolation.

Follow Up

Date	Symptom progress	HDRS	Prescription
21/06/25	Sadness - Intensity reduced	15	Sacrum lactis 30 4 globules BD for 15 days
	Slight interest in conversations		
	Hopelessness about future - Less marked. Patient says "maybe I can manage studies"		
	Weeping tendency - Considerably reduced		
	Concentration - Better than before		
	Memory weakness - Slightly improved		
	Sleep - Less disturbed		
	Weakness - Reduced		
	Urine - Still pale and copious but frequency slightly decreased		
	Perspiration - No change		
	Appetite - Slight improvement		
	Observation - Patient appears more energetic Reports slight interest in studies and social life		
08/07/25	Sadness - Reduced	14	Sacrum lactis 30 4 globules BD for 15 days
	Weeping tendency - Reduced		
	Concentration - Same as in 1 st follow up		
	Weakness of memory - Slightly improved		
	Sleep - Same as in 1 st follow up		
	Weakness - Reduced		
	Urine - Still pale and copious		
22/07/25	Appetite - No change	12	Sacrum lactis 200 4 globules TDS for 1 month
	Sadness - Occasional, intensity reduced		
	Indifference - Previously avoided friends and family, now occasionally interact and shows a passing interest in discussions		
	Future hopelessness - Lessened. Patient states "now I can handle my studies" weeping tendency- reduced		
	Concentration - Better than previously; one can read for one to two hours without feeling fatigued		
	Weakness of memory - Has better recall and can recall the material he studied the day before		
	Sleep - Less disturbed, wakes up refreshed on some days		
	Weakness - Decreased; can accomplish typical responsibilities without severe fatigue		
	Urine - Clear but copious, frequency reduced		
	Perspiration - Earlier scanty, now appears slight increase during exertion (becoming normal)		
	Appetite - Slightly improved, willing to eat fruit and light diet		
	Observation - Patient appears brighter and more energetic. Reports slightly more interest in studies and social aspects.		

Conflict of Interest

Not available

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Not available

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