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The therapeutic potential of homoeopathy in comorbid depression: A comprehensive overview

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Abstract

Depression is a state of low mood. It is a common and serious medical illness that negatively affects how you feel, the way you think and how you act. When the Depression is associated with or developed due to chronic medical conditions it is termed as “Co-morbid Depression”. Co-morbid Depression worsens the course of medical disease and slowdowns the recovery rate, increases the morbidity and mortality rate.

The rate of Comorbid Depression is increasing now a day with increasing prevalence of chronic diseases due to changing life styles, stress and also the intolerance and unacceptance to the diseases. Moreover the rate is also increasing due to decrease coping mechanism. Comorbid Depression has become one of the major concerns of psychiatrist and healthcare workers, as it worsens the disease course and prognosis becomes poor. Comorbid Depression is treatable with drugs therapy, psychotherapies and combinations of therapies.

Keywords: Homoeopathy, co-morbid depression, depression, chronic medical conditions
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Introduction

Disease Induced Depression is also known as “Co-morbid depression”. Under this heading comes the depression associated with physical illnesses. It is seen that chronic diseases often brings on associated depressive [affective] symptom due to their prolong course, pain, decrease physical ability and also restricted (reduced) socialization. When once people develop comorbid depression along with their chronic medical illness, it increases symptom burden and in addition also produces the functional impairments. It also shows adverse effects on adherence to self-care regimens such as diet, exercise, taking medicine as prescribed etc. [1]. Functional impairments and the aversive symptoms when associated with chronic medical illness makes the major depression worse.

As per studies depression associated with medical condition can be classified as:-

- **Reactive or psychogenic depression:** This type of depression is because of the changes in the patient's social situation [2].
- **Somatogenic depression:** Depression directly caused by the medical condition which can be due to cerebral disorder or associated with systemic disease [2].

According to the studies, 25-33% of population with a chronic illness is at higher risk to suffer with depression. Comorbid depression makes the condition worse, especially if the illness causes pain & fatigue [3]. Different researches say that there is a significant association between depression and chronic illnesses. They indicated that depression rates are high in the patients with chronic conditions such as Heart attack, coronary artery disease, Parkinson's disease, multiple sclerosis, stroke, cancer, diabetes, chronic pain syndrome [3], endocrinal disorders [4], skin diseases etc.

People who experiences depression may feel dejection, hopelessness and sometimes suicidal thoughts. Signs and symptoms presenting depressions: Persistent Sadness, anxiety, or empty/sad mood, hopelessness, or pessimism, worthlessness or helplessness, irritability, guilt feeling, Anhedonia, Decreased energy or getting easily fatigued, decrease or slowing of motor activities, restlessness or having trouble in sitting still, sleep disturbance, concentration difficulty, memory weakness, difficulty in decision making, loss or increase of Appetite, weight loss/gain, suicidal thoughts, or suicide attempts, headaches, Gastrointestinal

complaints like digestion problems, constipation etc., Aches or pains. Depressive symptoms should at least be present for 15 days for making a diagnosis ^[5].

Depression significantly worsens the illness in patients with chronic medical conditions. Medical outpatients with depressive symptoms or disorders also experiences decrements in the quality of life and also has restricted activity or missed work due to illness ^[4]. Depression delays the recovery period, brings disabilities and family stress. By this study we have tried to reduce the chronic sufferings in patient with chronic illnesses in short duration which in turn will help to reduce the morbidity and mortality rates in patients with chronic medical diseases. This will also help patients to improve their life style, improving performances in their daily work routine and maintain a good healthy social relationship.

Criteria for diagnosis as per ICD-10 ^[10]

Under section [F06] heading-Other mental disorders due to brain damage and dysfunction and to physical disease:

This category includes miscellaneous conditions causally related to brain dysfunction due to primary cerebral disease, to systemic disease affecting the brain secondarily, to endocrine disorders such as Cushing syndrome or other somatic illnesses and to some exogenous toxic substances (excluding alcohol & drugs) or hormones. The decision to classify a clinical syndrome here is supported by the following: ^[10]

- Evidence of cerebral disease, damage or dysfunction, or of systemic physical disease, known to be associated with one of the listed syndromes.
- A temporal relationship (weeks or a few months) between the development of the underlying disease and the onset of the mental syndrome.
- Recovery from the mental disorder following removal or improvement of the underlying presumed cause.
- Absence of evidence to suggest an alternative cause of the mental syndrome (such as a strong family history or precipitating stress)

The following are among the condition known to increase the relative risk for the syndrome classified here:-

Epilepsy, limbic encephalitis, Huntington's disease, head trauma, brain neoplasm's, extra cranial neoplasm's with remote CNS-effects, vascular cerebral disease, lesions or malformations, lupus erythematosus and other collagen diseases, endocrine diseases metabolic disorder, tropical infections and parasitic diseases, toxic effects of non-psychootropic drugs ^[10].

Under the section [F32] heading-Depressive Episode

In typical depressive episodes of all three varieties [i.e. mild moderate and severe]. 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. Other common symptoms are:

- Reduced concentration and attention; (b) Reduced self-esteem & self-confidence.
- Ideas of guilt and unworthiness (even in a wild type of episode) (d) Bleak and pessimistic views of the future.
- Ideas or acts of self-harm or suicide; (f) Disturbed

sleep.

- Diminished appetite;

In some cases, anxiety, distress and motor agitation may be more prominent at times than the depression and the mood change may also be marked by added features such as irritability, excessive consumption of alcohol, histrionic behavior and exacerbation of pre-existing phobic or obsessional symptoms or by Hypochondriacal preoccupations.

For depressive episodes of all three grades of severity, duration of at least two weeks is usually required for diagnosis, but shorter periods may be reasonable if symptoms are unusually severe and of rapid onset.

Homoeopathic View: ^[19-21]

Dr. Hahnemann has described mental disorder under the section of one-sided diseases (aphorism 172-184). He described one-sided diseases as chronic diseases with one or two principle symptoms which obscure almost all the symptoms ^[20].

In short they are chronic diseases which are having too few symptoms.

Due to availability of few symptoms, construction of totality becomes very difficult. Hence they are difficult to cure (aphorism.172 & 173).

In aphorism 174, he mentioned two types of one sided disease:-

One sided disease with internal complaints

- Diseases with physical symptoms.
- Diseases with mental symptoms.

One sided disease with external complaints.

Dr. Hahnemann has further talked in detail about mental diseases and their treatment under the aphorism 210-230.

As per Hahnemann "I never allow any insane person to be punished by blows or painful corporeal inflictions, since there can be no punishment where there is no sense of responsibility & since such patients cannot be improved, but must be rendered worse, by such rough treatment".

He considered mind & body two important fragments of the organism. They function in harmony to maintain the state of health, any slight alteration in one fragment will immediately reflect on the other ^[20].

In Organon of medicine book under aphorism 210-230, mental diseases are divided into four types

- Mental disease of somato psychic type (aphorism 216)
- Mental diseases because of exciting cause (aphorism 221)
- Mental diseases of doubtful origin (aphorism 224)
- Mental diseases of psycho-somatic type (aphorism 225)

Aphorism 216

These are the mental diseases which arise from corporeal diseases. In some diseases, it has been observed that they rapidly change into insanity, a type of melancholia, where corporeal symptoms well reduce and mental symptoms will increased in intensity ^[20].

In aphorism 217-220, Dr. Hahnemann guided about the treatment. The whole disease phenomenon i.e., both the corporeal and mental symptoms have to be acquired. It

includes the symptom collection of the corporeal disease with which the patient suffered before the so called mental disease has developed. In collecting the information, the patient's attendants, relatives and friends will be of great help. Once the symptoms of the previous disease have been collected, these can be mixed with the existing corporeal and mental symptoms. Thus, the totality is formed. To this complete picture of the disease, the medicine capable of producing strikingly similar (especially to the mental symptoms) has to be selected. The final remedy must be an anti-psoric one, which will complete the cure.

Aphorism 224, Hahnemann recommends guideline for the mental disease of doubtful origin based on any corporeal disease. In these types of diseases the patient gets irritated when the physician tries to give psychotherapy and consolatory arguments. So, by psychotherapy alone such patients become more dejected, inconsolable and reserved. Treatment plan should be like as above.

Materia Medica view

As seen in many studies, medicines frequently used with good results in Depressions were *Natrum Mur*, *Sepia*, *Natrum sulp*, *Kali phos*, *Aurum met*, *Arsenicum Album*, *Lycopodium*, *Acid Phosphoricum*, *Psorinum*.

Repertorial View ^[22] Depression /Sadness

4 MARKS-ACON, ARS, ARS-I, AUR.MET, AUR-MUR, CALC-ARS, CALC-I, CALC-SULPH, CARB-AN, CARB-SULPH, CAUST, CHAM, CHIN, CIMIC, CROTC, FERR-M, FERR-I, GELS, GRAPH, HELL, HYOS, IGN, IOD, KALI-BR, KALI-P, LAC-C, LACH, LEPT, LIT-T, LYC, MERC-S, MEZ, MURX, NAT-AR, NAT-C, NATM, NAT-S, NIT-AC, OP, PLAT, PSOR, PULS, RHUS-T, SEP, STAN-M, STRY, SULPH, THUJ, VERAT-ALB, ZINC.

Apyrexia, during-Nat-m

- **Cancer, with-ARS**, Con, graph, lod
- **Chronic diseases, in-Nat-mur**
- **Death, with fear of-AGN**, *cupr-m*
- **Diabetes, during-Helon**.
- **Disease about-Sulph**, *alum*, *syph*
- **Epilepsy, with-Indigo**
- **Errors of diet, from-nat-c**
- **Eruption, history of, from-Mez**
- **Suppressed eruptions, with-Sulph**, *mez*.
- **Exertion, after-Agar**, *Ars*, *calc*, *kali-c*.
- **Fever, during-Con**, *puls*, *acon*, *ant-c*, *apis*, *bell*, *bufo*, *cham*, *chin*, *lgn*, *lyc*, *nat-c*, *op*, *petro*, *sep*, *stann*, *sulph*.
- **Intermittent fever, during-Ant-C**
- **Health, about the-Sep**, *acon*, *stap-h*.
- **Heart, from, affection-Cact**, *crat*, *Lyc*.
- **Hemorrhoids, suppressed, after-Caps**.
- **Hypertension, with-Aur**.
- **Injuries, from-Hyper**.
- **Head of the-CICT**, *nat-s*, *arn*, *con*, *puls*, *rhust*, *sul-ac*, *sulp*.
- **Itching from-PSOR**
- **Menses delayed from-KALI-P**, *lyc*.
- **Suppressed-Con**, *rhust*
- **Pain from-Sars**, *bothr*, *carb-v*, *kali-p*, *nit-ac*, *staph*.
- **Respiration, asthmatic with-Nat-s**
- **Sleeplessness, with-Cimic**, *thuj*, *ars*, *carb-an*, *gels*, *ign*,

kali-c, *rhust*, *t*, *sulph*.

- **Suicidal disposition with-AUR-M**, AUR-MUR, *ars*, *hep*, *merc-aur*, *nat-s*, *Psor*, *spig*.
- **Typhus fever after-Hell**.
- **Weakness with-Calc-p**, *ign*, *ph-ac*.

Conclusion

Comorbid Depression is the commonest disorder found among the patients suffering with Chronic illness/disease, it is more prevalent in Females than Males.

Comorbid depression is commonly seen in patient's with endocrinal disorder, skin disease, arthritis, respiratory disease, recurrent fever, spondylosis, paresis, cancer, tuberculosis, chronic pelvic infection and many others chronic illnesses.

Constitutional remedies like *Natrum Mur*, *Sepia*, *Tuberculinum*, *Staphysgaria*, *Sulphur*, *Arsenic Alb*, *Carcinosin*, *Lycopodium*, *Lachesis* marked their effectiveness in depressions produced due to disease conditions.

Conflict of Interest

Not available

Financial Support

Not available

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