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A case report on severe depression without psychotic symptoms treated with homoeopathy

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Abstract

Depression is a disorder of public health importance as it causes marked disruptions in the cognitive and affective processing. Depression is characterized by low mood or loss of interest in day to day activities for more than 2 weeks. A case reported in the OPD of Sarada Krishna Homoeopathic Medical College with symptoms of reduced concentration, lack of self-confidence, loss of interest to do any activities, disturbed sleep, and anxiety about her career, depressed mood since 2 years and occasional suicidal thoughts since 2 months. The case was diagnosed as severe depression without Psychotic symptoms with reference to International classification of Mental and Behavioural disorders (ICD-10). Hamilton depression rating scale score was 26 at the time of initial visit. *Aurum metallicum* 200 was prescribed. Overall improvement in the treatment was noted using HAM-D scale after treatment. The outcome of this case shows that the individualised Homoeopathic treatment for severe depression without psychotic symptoms got full remission without the support of any conventional treatment.

Keywords: *Aurum Metallicum*, ICD-10, HAM-D, homoeopathy, depression

Introduction

Depression, often known as clinical depression or a major depressive disorder [MDD], is a prevalent yet severe mood disorder. In depressive disorders, mood and affect are unresponsive to situations and stay low all day. Some persons experience diurnal mood swings, gradually improving over the day before returning to a depressed state upon awakening^[1].

By 2030, depression is predicted to overtake all other diseases as the most prevalent burden of disease globally^[2]. In community samples, its prevalence rates range from 1.7 to 74 per thousand Indians. The disorder's diagnostic criteria are met by 6-8% of all patients receiving treatment in primary care settings^[4].

Depression is classified as depressive episodes (F 32), recurrent depressive episodes (F 33), persistent mood (affective) disorder (F 34), other mood (affective) disorder (F 38), and mood disorder (F 39) in the International Classification of Diseases (ICD 10) classification of mental and behavioural disorders. The fifth edition of the American Psychiatric Association's diagnostic and statistical manual of mental disorders (DSM-5) includes disruptive mood dysregulation disorder, MDD, persistent depressive disorder, premenstrual dysphoric disorder, substance/medication induced depressive disorder, depressive disorder due to another medical condition, and other specified depressive disorder^[1].

Based to researches, depression is influenced by a variety of biochemical, psychological, environmental, and genetic factors^[1]. Serotonergic, noradrenergic, dopaminergic, and glutamatergic changes, increased central and peripheral inflammation, abnormalities in the hypothalamic-Pituitary-Adrenal (HPA) axis, vascular changes, along with decreased neurogenesis and neuroplasticity are just a few of the mechanisms involved in the pathophysiology of Major Depressive Disorder (MDD)^[3].

Disturbances in cognition, memory, motor abilities, motivation, regulation of emotions, and the existence of neuro vegetative symptoms are the hallmarks of depression^[3]. The individual would most probably suffer with depressed mood, reduced energy, increased fatigue, reduced activity, loss of enjoyment and interest. Reduced concentration, reduced attention, reduced self confidence and self-esteem, disturbed sleep and appetite, ideas of suicide and self-harm, pessimistic view of the future are the other common symptoms of depression^[6].

Antidepressant drugs, psychotherapy, electroconvulsive therapy, and light therapy, either alone or in combination, are the standard options for treating depression^[4]. For sub-threshold, mild, and moderate depression, the National Institute for Health & Clinical Excellence mainly recommends non-medical therapies like cognitive behavioral therapy as the initial course of treatment^[2]. While some people benefit from these therapeutic choices, others do not, and some patients turn to homeopathy due to worries about psychotropic drug abuse, insufficient alternative s, adverse effects of antidepressants, and little or no benefit with psychological therapy or medicine^[2, 5].

Among the most frequent reasons people seek homeopathy are depression and various other mental health conditions, as depressed patients are more likely to experience long-term health concerns and discontinue medical care, both of which have an adverse effect on their wellbeing^[2, 3].

Homeopathy has been shown to be a beneficial treatment for moderate to severe depression in a number of controlled and non-placebo controlled research. The effectiveness of homeopathic treatment in addition to standard treatment alone was observed in a different cohort multiple randomized controlled trial investigation^[3].

Patient Information

Case Report

A 28 year old female presented to the psychiatry OPD of SKHMC with the following symptoms:

- Reduced Concentration
- Lack of self confidence
- Loss of Interest to do any activities
- Disturbed sleep
- Anxiety about her career
- Depressed Mood
- Occasional Suicidal Thoughts (since 2 Months)

All the other complaints developed since 2 years except suicidal thoughts that has developed since 2 months.

History of presenting complaints

The patient was apparently normal before 2 years. In her early twenties, she entered a meaningful and supportive romantic relationship that become her centre for happiness. However due to strong opposition from her family she had to part ways with her lover. This forced breakup produced marked distress in her life. She gradually began losing interest in her daily activities, experience a persistent low mood, developed a sense of hopelessness. Over the past 2 years, she has reported a marked decline of motivation, decreased concentration, loss of Self-confidence and withdrawal from social and occupational responsibilities. She no longer enjoys previously pleasurable activities and experience significant anxiety about her career and future. She also complains of disturbed sleep. In the past 2 months,

she has developed suicidal thoughts that comes occasionally. She weeps while narrating her complaint. She has not taken any conventional treatment or any other system of treatment for this complaint.

- **Treatment history:** No other treatment was taken before.
- **History of past illness:** Nil
- **Family History:** No relevant Psychiatric History

Life Space analysis

Pre morbid personality

Before the onset of the depressive symptoms, the patient was a well-adjusted, socially functioning, emotionally stable personality. She was described a goal oriented, responsible person with good academic performance. She was an emotionally sensitive with a tendency for internalise her distress making her vulnerable for emotional setbacks.

Clinical Finding

Physical Generals

- Appetite was poor. Sleep was disturbed. Frightful dreams of death
- Thermally she is a Chilly Patient.
- BP: 110/70 mm Hg

Mental Status Examination

General Appearance and Behaviour: The patient appears to be moderately build, well groomed, eye to eye contact is maintained, and rapport was established. Psychomotor retardation was evident with decreased rate and volume of speech.

- **Mood:** Sad
- **Affect:** Was appropriate to Mood.
- **Thoughts:** Hopelessness, pessimism, suicidal ideation, thoughts of death, preoccupied with past failures.
- **Cognition:** Attention and concentration is impaired, difficulty in maintaining focus.
- **Insight:** Grade 5 (Emotional Insight).
- **Judgement:** Good.

Therapeutic Intervention

Severe depression without Psychotic symptoms (F32.2), Hamilton Depression Rating Scale (HAM-D)^[7] Score at baseline: 26.

Based on the totality of symptoms (Refer repertory chart in Figure 2), the first prescription of medicine was *Aurum metallicum* 200/1Dose on 31st of January 2024. Changes in the HAM-D score over a period of 6 months are shown in Figure 1 in which the initial HAM-D score of 26 has been reduced to 7. The follow up of the case is given Tabular column (Refer Table 1). According to MONARCH criteria, attribution of cause to changes following intervention demonstrates a likely relationship.

Table 1: Follow up Chart

SL No	Date of prescription	Symptoms	Inference	Medicine Prescribed
1.	30/01/2024	<ul style="list-style-type: none"> • Anxiety about career, suicidal thoughts, pessimistic thoughts of future, lack of self-confidence, Sleep disturbed, Appetite decreased. Frightful dreams. 	Persist	R <i>Aurum Metallicum</i> 200/1D
2.	09/03/2024	<ul style="list-style-type: none"> • Anxiety about career • Sleep Improved • Frightful dreams 	Slightly Improved	R SAC LAC/2D for 2 weeks

		<ul style="list-style-type: none"> • Suicidal thoughts comes occasionally • Appetite mildly improved 		
3.	11/4/2024	<ul style="list-style-type: none"> • Sleep disturbed Difficulty in initiating sleep. • Frightful dreams. • Anxious about future 	Persist the same	R <i>Aurum Mettalicum</i> 200/1D (HS)
4.	13/5/2024	<ul style="list-style-type: none"> • Sleep Improved • Suicidal thoughts reduced • Pessimistic thoughts reduced. • Anxiety about career reduced 	Better than before	R SAC LAC /2D for 2 weeks
5.	22/6/2024	<ul style="list-style-type: none"> • Sleep disturbed but occasionally • Pessimistic thoughts coming occasionally. • Reduced concentration • Other symptoms Better 	Persist	R <i>Aurum Mettalicum</i> 200/1D
6.	25/7/2024	<ul style="list-style-type: none"> • All complaints Better • Sleep Improved • Sound sleep without any startling in between. • No suicidal Thoughts 	Better	R SAC LAC/2D

Diagnosis Assessment

Table 2: Hamilton depression Rating Scale (HAM-D)

SL No	Domains	Date of assessment and scores					
		30.01.2024	09.03.2024	11.04.2024	13.05.2024	22.06.2024	25.07.2024
1.	Depressive mood	4	3	2	1	1	1
2.	Feeling of guilt	2	2	1	1	1	0
3.	Suicide	1	1	0	0	0	0
4.	Insomnia: Early in the night	2	2	1	1	1	1
5.	Insomnia: Middle of the night	2	1	1	1	1	1
6.	Insomnia: Early hours of the morning.	2	2	1	0	1	0
7.	Work and activities	2	1	1	1	1	0
8.	Retardation	1	1	1	1	0	0
9.	Agitation	2	1	1	1	1	1
10.	Anxiety psychic	2	2	2	2	1	1
11.	Anxiety Somatic	1	1	1	1	0	0
12.	Somatic symptoms gastro intestinal	1	1	1	1	1	1
13.	General Somatic Symptoms	1	1	1	0	0	1
14.	Genital Symptoms	1	1	1	1	0	0
15.	Hypochondriasis	1	1	1	1	0	0
16.	Loss of weight	1	1	1	0	0	0
17.	Insight	0	0	0	0	0	0
	Total Score	26	22	17	13	9	7

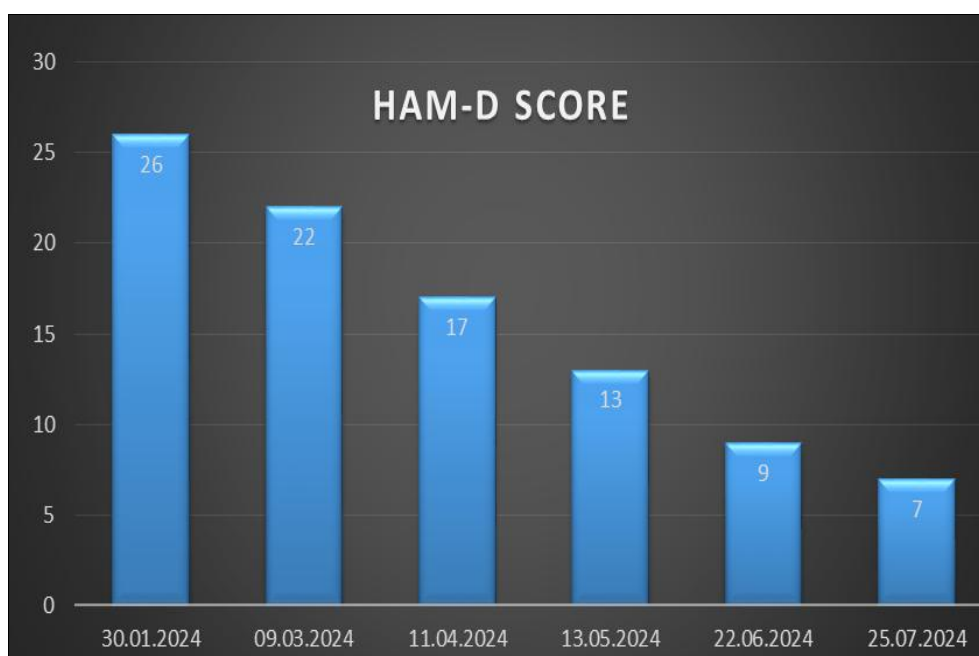


Fig 1: Graphical Representation of HAM-D score

Remedy	Aur	Ars	Ign	Ph-ac	Phos	Verat	Nux-v	Rhus-t	Bell	Psor	Alum	Kali-c	Caust	Nit-ac	Sep
Totality	24	19	18	18	17	17	17	16	14	13	13	13	12	12	12
Symptoms Covered	7	6	7	6	7	7	6	5	5	6	5	5	5	5	5
[Complete] [Mind]Confidence:Want of self:	3	3	1	3	1	1	1	2	1	1	1	3	1	1	1
[Complete] [Mind]Suicidal disposition:Thoughts:	4	3	3	0	1	1	3	3	0	4	4	0	0	3	0
[Complete] [Mind]Love:Disappointment, unhappy, ailments from, agg.:	4	0	4	4	3	3	2	0	3	3	0	1	3	1	1
[Complete] [Mind]Forsaken feeling:Weeping, with:	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0
[Complete] [Mind]Fear:Death, of:	3	4	3	3	4	4	4	4	4	3	2	4	4	4	3
[Complete] [Mind]Sadness:Weeping:With:	4	3	4	3	3	2	3	4	0	1	3	2	3	0	4
[Complete] [Sleep]Disturbed:Dreams, by:	3	3	1	1	3	2	4	3	3	1	3	3	1	3	3
[Complete] [Mind]Appetite, with diminished:	0	3	2	4	2	4	0	0	3	0	0	0	0	0	0

Fig 2: Repertorial Totality 31-01-2024

Table 3: MONARCH criteria

Sr. No.	Items	Yes	No	Not Sure
1.	Was there an improvement in the main symptom or condition for which homoeopathic medicine was prescribed?	+2	-	-
2.	Did the chronic improvement occur within a plausible time frame relative to the medicine intake?	+2	-	-
3.	Was there a homoeopathic aggravation of symptoms?	-	0	-
4.	Did the effect encompass more than the main symptoms or conditions, i.e. were other symptoms, not related to the main presenting complaint, improved or changed?			0
5.	Did overall wellbeing improve? (suggest using validated scale or mention about changes in physical, emotional and behavioural elements)	+2		
6.	Direction of cure: Did some symptoms improve in the opposite order of development of symptoms of the disease?		0	
	Direction of cure: Did at least one of the following aspects apply on the order of improvement of symptoms: <ul style="list-style-type: none"> From organs of less importance to those of less importance From deeper to more superficial aspects of the individual From the top downwards 			0
7.	Did 'old symptoms' (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?		0	
8.	Are there alternative causes (i.e. other than the medicine) that with a high probability-could have caused the improvement ? (Consider known course of disease, other forms of treatment and other clinically relevant interventions)		0	
9.	Was the health improvement confirmed by an objective evidence? (e.g. investigations, clinical examination)	+2		
10.	Did repeat dosing, if conducted create similar clinical improvement?	+1		

Discussion and Conclusion

This case report shows the effectiveness of Homoeopathic medicine in successfully treating a case of severe depression without psychotic features (F32.2). There were prominent pessimistic thoughts, lack of self-confidence and profound symptoms at the time of initial assessment. These symptoms caused distress in the individual's personal, social and occupational life of the patient. Detailed case taking was done and repertorial totality was taken (Figure 2). The remedies which came up are Aur., Ars, Ign., Ph-ac.

Aurum metallicum 200C was chosen after referring with *Materia Medica*. *Aurum metallicum* was selected for the patient because there is always a dissatisfaction with life in general, especially regarding social and inter personal relationships and are sensitive to criticism. Aurum patients gradually comes to point that they derive no pleasure at all from social or emotional contact^[8].

Hahnemannian Classification of Mental disease can be applied for treating cases of psychiatric origin. There are certain emotional disorders which starts in the mind and subsequently spread to the body, rather than being caused by physical issues. In certain situations, persistent emotions such as worry, anxiety, aggravation, feeling mistreated or recurrent moments of terror and panic can really cause and sustain the sickness, even though the body may initially be

only minimally impacted. These psychological factors have the potential to negatively impact physical health over time, perhaps even more so than actual illness (§ 225)^[9].

This study is a single case report, follow period was only 6 months. If the study is conducted in a large group of patients with a longer follow up would be more beneficial.

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Conflict of Interest

Not available

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Not available

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