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Homoeopathic management of depression with comorbid eczema: A case report

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Abstract

Depression is a common mental disorder that presents with depressed mood, loss of interest or pleasure, decreased energy, feelings of guilt or low self-worth, disturbed sleep or appetite, and poor concentration. A case of 53 years old female is reported to out patient department of National homoeopathy research institute in mental health, Kottayam on 25/10/19 with symptoms of severe depression with eczema on the right hand. Ignatia was selected after detailed case taking and Repertorization with due consultation with Materia Medica. Patient showed positive response in eczema with improvement in mental symptoms. A significant improvement according to Hamilton Depression Rating Scale and Beck depression inventory were observed. This document shows another aspect of healing of psychological disorders through homoeopathy along with improvement of skin symptoms.

Keywords: Eczema, depression, comorbidity, homoeopathy

1. Introduction

Depression is a common mental disorder that presents with depressed mood, loss of interest or pleasure, decreased energy, feelings of guilt or low self-worth, disturbed sleep or appetite, and poor concentration. If these problems are persisting for long period of time, it may lead to impairment in everyday activities and social functioning. In extreme cases, depression may leads to suicide ^[1]. Depression is the third most common burden of disease worldwide and is expected to become the leading burden of disease by 2030 ^[2]. Lifetime risk of depression in males is 8-12% and in females is 20-26%, more common in women than men ^[3]. Depression affects about 15-20% of geriatric population ^[4]. Physical diseases, psychological illness and adjustment problems are quite common during old age ^[5]. Prevalence of hypothyroidism in depressed patients was about 20.0% and depression in hypothyroid patients was about 36.67%. A highly significant correlation was found between depression and hypothyroidism ^[6]. Genetic factors involved in Major depressive disorder (MDD) is around 30-40% ^[7]. Other factors are adverse events in childhood and ongoing or recent stress due to interpersonal adversities, including childhood sexual, physical and emotional abuse, other lifetime trauma such as death of loved ones, losing job, low social support, marital problems, and divorce ^[8, 9]. Depression leads to poor quality of life, causing huge social and economic impact in the individual and family life ^[10]. Many studies reported biological abnormalities in patients with mood disorders. Biogenic amines such as nor epinephrine and serotonin are the main two neurotransmitters implicated in the pathophysiology of mood disorders ^[11]. In depression, Serotonin is the most extensively studied neurotransmitter. serotonin synthesis is reduced by tryptophan depletion. Such a reduction leads to the development of depressive symptoms in subjects ^[12]. some studies have reported atopic dermatitis associated with psychological distress ^[13]. Diagnosis of depression is defined by symptoms persisting for more than 2 weeks ^[14]. Hamilton Depression Rating Scale (HDRS) and beck depression inventory is widely used for the assessment of severity and prognosis of depression ^[15].

2. Case Proper

A 53 years female patient presented with complaints of sleeplessness, fatigue weeping tendency, sadness, heaviness of head, reduced appetite, anhedonia, murmuring and lack of interest in everything from last 1 year after sudden death of her husband due to heart attack. She was on medication since last 8 months. She had involuntary sighing while narrating her complaints. She added that she was suffering from eczema on her right hand since 6 months with severe itching, burning after scratching and oozing of sticky discharge.

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It was aggravated at night, exposure to sun and after scratching. A general feeling of weakness accompanies the patient most of the time. Took allopathic medication for the complaint, but there was no relief.

2.1 Treatment history

She was under allopathic treatment for these complaints about 8 months, but stopped medication due to drowsiness since 2 weeks.

2.2 Past history

Chickenpox-48 years- Allopathy-relieved
No history of other major illness

2.3 Family history

Mother had some psychiatric complaint and she was under treatment (died). No other significant findings.

2.4 Physical Generals.

Her appetite is reduced and thirst was normal. Bowel and Bladder: regular, Sleep: reduced and disturbed (2-4 hrs)
Menarche at the age of 13, cycle-regular, menopause at the age of 50 years,
Thermal reaction of patient is hot (craves cold drinks, prefers winter, and cannot tolerate heat)

2.5 Mental generals

A/F death of husband, mild disposition, reserved, sensitive, sympathetic

2.6 General physical examination

Patient is moderately built and moderately nourished, No pallor, cyanosis, icterus, clubbing, oedema, lymphadenopathy, Temperature: 98.6° F. (Afebrile), Height: 155 cms, Weight: 56kgs, Pulse rate: 72bpm, Respiratory cycle: 18cpm.bp-120/80 mm of hg

2.7 Mental Status Examination -

Patient was conscious and co-operative. She was crying during the time of interview with occasional murmuring. EEC not maintained properly, was sitting with down cast eyes, speech was very much reduced tone and volume was low, affect-appropriate, mood-despair. No delusions and hallucinations. She was well oriented to time, place and

person memory, attention was reduced and judgement intact. Insight-grade 6

2.8 Investigations

R/E Blood Examination - All parameters were within normal limit
T3-123ng/dl
T4-8.5microgm/dl
TSH-1.58 microgm/dl
Fasting blood glucose -106 mg/dl
SCALE USED – Hamilton depression rating scale and beck depression inventory. It is used at baseline and follow ups to assess the severity of depressive symptoms.

2.9 Clinical diagnosis

severe depressive episode without psychotic symptoms (F32.2)

2.10 Analysis of the case

After analyzing the symptoms of the case the characteristic mental and physical generals and particular symptoms were considered for framing the totality. A/F death of loved ones, weeping, murmuring, despair, reserved, mild, sensitive and sympathetic, involuntary sighing, reduced appetite and sleep, itching eruptions on right fingers were included in totality. miasmatic evaluation for the symptoms were done and predominant miasm was sycosis ^[16]. Considering the above symptomatology, systemic repertorization was done with the help of Radar 10 Software.

IGNATIA 200/1D ^[17, 18] was prescribed on first visit (25/10/19) by considering the reportorial totality and miasmatic background. The patient improved markedly in mental symptoms. improvement in depressive symptoms were assessed with the help of Hamilton depression rating scale and beck depression inventory in presence of psychiatrist. It is given in table 2. Itching eruptions were remained after few follow up and gave NATRUM MURIATICUM 200 ^[19, 20] based on present symptom.. After giving this remedy, there is marked improvement in depressive as well as skin symptoms noted. The detail of follow Up is in Table 1

Follow Up

Table 1: Timeline including follow-up of the case

Follow-up date	Indications for prescription	Medicine with doses
1/11/19	Weeping tendency reduced Doing all household activities properly Sleep improved Appetite improved Itching eruptions over right hand reduced than before	Placebo
11/11/19	Weeping tendency Lack of interest in everything Sadness and gloomy Itching eruptions over right fingers Appetite and Sleep reduced	IGNATIA 1M/1D
2/12/19	Feels better Weeping tendency reduced Sadness reduced Lack of interest in activities reduced Itching eruptions on hand reduced Generals-Good	Placebo
10/1/20	Itching eruptions on the hand and all over the body <sweating	NATRUM MURIATICUM 200/1D

	Oozing of sticky fluid after itching associated with burning sensation Itching eruptions more on flexural aspects of body Mentally she feels better, no sadness and weeping tendency	
27/1/20	Mentally feels better Weeping tendency- Nil Doing all household activities properly Appetite and sleep- Good Itching eruptions reduced than before Burning sensation after itching also reduced	Placebo
24/2/20	Sadness and weeping tendency- Nil Mentally feels better Itching on the skin and buring sensation reduced	Placebo

Table 2: Scoring on Hamilton and Beck Depression Rating Scales

Follow Up	HAM-D	BDI
Base Line - 25/10/19	21	35
11/11/19	15	25
2/12/19	9	12
10/1/20	1	0
24/2/20	0	0

3. Discussion and Conclusion

Homoeopathy is a wholistic system of medicine and treating the patient based on totality of symptoms. In this case, prominent mental symptoms considered were ailments from death of loved one, weeping, involuntary sighing, reserved, IGNATIA 200 was prescribed based on the basis of symptoms similiarity. got marked improvement in depressive symptoms within 2 months duration. skin

symptoms were treated symptomatically by selecting NATRUM MURIATICUM 200, it is chronic of first given remedy. Within 1 month, showed general improvement in mental and physical plane.

3.1 Reportorial totality

- Mind - A/F death of loved ones
- Mind - despair
- Mind - mildness
- Mind - sensitive
- Mind - sympathetic
- Mind - reserved
- Appetite - wanting
- Sleep - sleeplessness
- Extremities - itching-finger-right

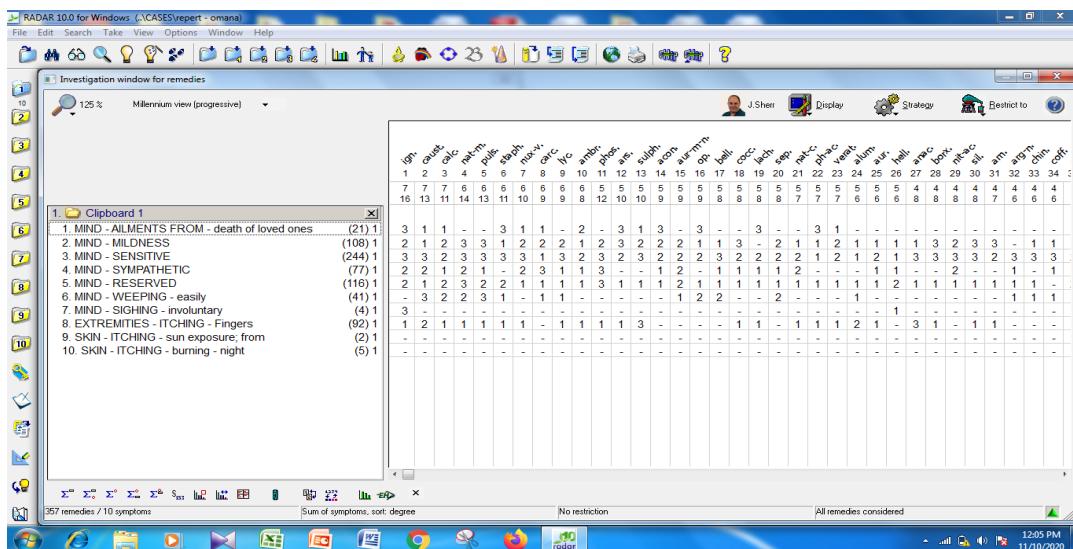


Fig 1: Repertorisation Chart



Fig 2: Eczema on both Hands

4. References

1. Marcus M, Yasamy MT, Ommeren MV, Chisholm D, Saxena SS. Depression a Global Public Health Concern, WHO Department of Mental Health and Substance Abuse 2015. <http://www.who.int/mentalhealth/management/depression/WHO-Paper-Depression-WFMH-2012.PDF> (WHO-2012)
2. World Health Organization (WHO), The Global Burden of Disease 2004, update (2008) ISBN 978 92 4 156371 0.
3. Ahuja N. A Short Text book Of Psychiatry (7th ed.), New Delhi. Jitendar P Vij. Jaypee brothers, Medical Publishers (P) Ltd. 2011, 71p.
4. Bineetha BS, Priya Vijayakumar, Sunil K. Senan, George Paul. A Study of the Prevalence of Depression in Geriatric Outpatients and Associated Predisposing Factors. International Journal of Medical Science and Clinical Invention 2018;5(01):3454-3459, DOI:10.18535/ijmsci/v5i1.17
5. Hee-Ju Kang, Seon-Young Kim, Kyung-Yeol Bae, Sung-Wan Kim, Il-Seon Shin, Jin-Sang Yoon *et al.* Comorbidity of Depression with Physical Disorders: Research and Clinical Implications. Chonnam Med J 2015;51(1):8-18. doi: 10.4068/cmj.2015.51.1.8
6. Jain L, Arora H, Varma KK, Harpool Singh Siddharth Aswal. A Study of Correlation Between Depression and Hypothyroidism in Female Patients, Delhi psychiatry journal. 2013;16(2):283-28.
7. Sullivan PF, Neale MC, Kendler KS. Genetic Epidemiology of Major Depression: Review and Meta-Analysis. Am J Psychiatry 2000;157:1552-1562.
8. Kendler KS, Gardner CO, Prescott CA. Toward a Comprehensive Developmental Model for Major Depression in Men. Am J Psychiatry 2006;163:115-124.
9. Kendler KS, Gardner CO, Prescott CA. Toward a Comprehensive Developmental Model for Major Depression in Women. Am J Psychiatry 2002;159:1133-1145.
10. Wang J *et al.* Prevalence of Depression and Depressive Symptoms Among Outpatients: A Systematic Review and Meta-Analysis. BMJ Open 2017;7(8). doi: 10.1136/bmjopen-2017-017173
11. Sadock BJ, Sadock VA. Kaplan & Sadock's Synopsis of psychiatry behavioral sciences. 11th edition, Wolters Kluwer private limited, New Delhi.
12. Neumeister A, Konstantinidis A, Stastny J. Association Between Serotonin Transporter Gene Promoter Polymorphism (5HTTLPR) and Behavioral Responses to Tryptophan Depletion in Healthy Women With and Without Family History of Depression. Arch Gen Psychiatry 2002;59:613-620.
13. 000--(Journal of the American Academy of Dermatology Association between atopic dermatitis, depression, and suicidal ideation: systematic review and meta analysis Author links open overlay panel Kevi R. Patel BS^a Supriya Immaneni BA^a Vivek Singam BLA^a Supriya Rastogi BA^a Jonathan I. Silverberg MD, PhD, MPH^{abcd} 2019;80(2):402-410. Show more <https://doi.org/10.1016/j.jaad.2018.08.063>
14. ICD-10 Trajković G, Starčević V, Latas M, Leštarević M, Ille T, Bukumirić Z *et al.* Reliability of the Hamilton Rating Scale for Depression: a meta-analysis over a period of 49 years. Psychiatry Res. 2011;189(1):1-9. doi: 10.1016/j.psychres.2010.12.007
15. Samuel Hahnemann. Organon of Medicine. Sixth edition. New Delhi, B. Jain Publishers.
16. George Vithoulkas. Essence of Materia Medica. Second Indian edition. New Delhi. B. Jain publishers.
17. Clarke JH. Dictionary of Practical Materia Medica. Bielefeld: Stefanovic 1990.
18. Allen HC. Allen's Key Notes, Rearranged and Classified with Leading Remedies of The Materia Medica and Bowel Nosodes, Eighth Edition, B Jain Publisher (P) Ltd, New Delhi 2016.
19. Boericke W. Boericke's New Manual of Homoeopathic Materia Medica With Repertory, Third Revised & Augmented Edi