# DEPRESSION AND A CASE- STUDY ON MAJOR DEPRESSION

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## 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. (W.H.O.) [1]
Common types of depression are major depression, dysthymia, bipolar disorder, and seasonal affective disorder. Major depression also known as recurrent depressive disorder/ clinical depression/ major depression / unipolar depression / unipolar disorder.[2]

Depression is common occurs in persons of all genders, ages and backgrounds, affecting about 121 million people worldwide. It is the leading cause of disability as measured by (Disability adjusted life years) and by the year 2020, depression is projected to reach 2nd place of the ranking of DALYs calculated for all ages, both sexes. Fewer than 25% of those affected have access to effective treatments.[3, 4]

Depression is a major cause of morbidity worldwide. In the year 2030, it is predicted to be the second-leading cause of disease burden worldwide after HIV, according to the World Health Organization. Lifetime prevalence for this disorder in the general population is 10% to 25% for women and from 5% to 12% for men. In any year, 5% to 9% of women will have this disorder and from 2% to 3% of men will have it.. In most countries the number of people who would suffer from depression during their lives falls within an 8–12% range. Population studies have consistently shown major depression to be about twice as common in women as in men, although it is unclear why this is so, and whether factors unaccounted for are contributing to this. In childhood, boys and girls are equally affected. However, in adolescence and adulthood, this disorder is twice as common in females as in males. The most common time of onset is between the ages of 20 and 30 years, with a later peak between 30 and 40 years and there is a second, smaller peak of incidence between ages 50 and 60. Studies conflict on the prevalence of depression in the elderly, but most data suggest there is a reduction in the age group, least common for those over the age of 65. [2, 5, 6]

## Aetiology and risk factors[7]

Depression can also occur for no apparent reason. The exact cause of depression is not known. Proposed causes include psychological, psycho-social, hereditary, evolutionary and biological factors. Many researchers believe it is caused by chemical imbalances in the brain, which may be hereditary or caused by events in a person's life. Stressful life changes or events can trigger depression in some people. As with most psychiatric disorders, major depressive disorder appears to be multi factorial in its origin.

1. ***Family history:***
   - Genetics play an important part in depression. It can run in families for generations.
   - Having family members who have depression may increase a person's risk
   - Whatever its cause, depression is not just a state of mind. It is related to physical changes in the brain, and connected to an imbalance of a type of chemical that carries signals in the brain and nerves. Imbalances of certain chemicals in the brain may lead to depression.
2. ***Major life changes:***
   - Positive or negative events can trigger depression (death of a loved one or promotion).
   - Major illnesses such as Heart attack, Stroke or Cancer may trigger depression.

- Certain medications used alone or in combination can cause side effects much like the symptoms of depression.
- Use of alcohol or other drugs can lead to or worsen depression.

***3. Biological contributors:***

- Genetic susceptibility plays a role in the development of major depressive disorder. Individuals with a family history of affective disorders (7%), panic disorder, and alcohol dependence (8%) carry a higher risk for major depressive disorder. Some types of depression seem to run in families, but depression can also occur in people who have no family history of the illness.
- Certain neurologic illnesses increase the risk of major depressive disorder. Examples include Parkinson disease, stroke, multiple sclerosis, and seizure disorders.

4. ***Exposure to certain pharmacologic agents:***

- Medications such as reserpine or beta-blockers, as well as abused substances such as cocaine, amphetamine, narcotics, and alcohol are associated with higher rates of major depressive disorder. Long-term addiction (cocaine, alcohol) and drug use can both cause and worsen depressive symptoms. Medicines that are taken for other problems could cause or worsen depression.

***5. Other medical conditions:*** Chronic pain, medical illness (such as hypothyroidism, cancer, major illness, or prolonged pain) and psychosocial stress also can play a role in both the initiation and maintenance of major depressive disorder.

6. ***Psychosocial contributors:*** While major depressive disorder can arise without any precipitating stressors, stress and interpersonal losses certainly increase risk. Psychodynamic formulations find that significant losses in early life predispose to major depressive disorder over the lifespan of the individual, as in trauma, either transient or chronic. Life events or situations, such as:

- Breaking up a relationship, failing a class, illness or death in the family, or parents divorcing
- Childhood events, such as abuse or neglect
- Divorce, death of a friend or relative, or loss of a job (for adults)
- Social isolation (common in the elderly)

***7. Sleep disturbances.***

**Clinical features** [8]

Depression is not only a state of mind but vary from persons to person.
Two key signs are loss of interest in things like to do or sadness or irritability
**Additional signs** include:

***Change in feelings which may include:***

- Feeling empty
- Inability to enjoy anything
- Hopelessness
- Loss of sexual desire
- Loss of warm feelings for family or friends
- Feeling of self blame or guilt
- Loss of self esteem
- Inexplicable crying spells, sadness or irritability

***Changes in behavior and attitude***

These may includes

- General slowing down
- Neglect of responsibilities and appearance
- Poor memory
- Inability to concentrate
- Suicidal thoughts or fillings
- Difficulty in making decisions
- Physical complaints

- Sleep disturbances such as early morning waking, sleeping too much or insomnia
- Lack of energy
- Loss of appetite
- Unexplained headache, backache, indigestion, stomachache or changes in bowel habit.

Atypical presentations [6]

- Many of these patients present often somatic complaints, such as fatigue, headache, abdominal distress, or change in weight. Patients may complain more of irritability than of sadness or low mood.
- Elderly persons may present with confusion or a general decline in functioning.
- Children with major depressive disorder may also present with initially misleading symptoms such as irritability, decline in school performance, or social withdrawal. Depression can occur in preschool children. Childhood depression seems to be a more severe form of the same disorder in adults.

**Diagnosis**

- No laboratory test has been found to be diagnostic of this disorder. Before diagnosing depression, the health care provider should rule out medical conditions that can cause symptoms of depression. These include blood tests measuring TSH and thyroxine to exclude hypothyroidism; basic electrolytes and serum calcium to rule out a metabolic disturbance; and a full blood count including ESR to rule out a systemic infection or chronic disease. Adverse affective reactions to medications or alcohol misuse are often ruled out, as well.
- The diagnosis of major depressive disorder is based on the patient's self-reported experiences, behavior reported by relatives or friends, and a mental status examination.

**Investigational findings[5]**

- Sleep EEG abnormalities are evident in 40%-60% of outpatients and in up to 90% of inpatients with this disorder. The most frequent EEG sleep abnormalities are reduced rapid eye movement [REM] latency, increased REM density, reduced slow-wave sleep, and impaired sleep continuity.
- In some depressed individuals, hormonal disturbances have been observed, including elevated glucocorticoid secretion (e.g., elevated urinary free cortisol levels) and blunted growth hormone, thyroid-stimulating hormone, and prolactin responses to various challenge tests.
- In some individuals, functional brain imaging shows increased blood flow in limbic and paralimbic regions and decreased blood flow in the lateral prefrontal cortex. Depression beginning in late life is associated with alterations in brain structure, including periventricular vascular changes (suggesting vascular depression).

**DSM-IV-TR and ICD-10 criteria for diagnosing Major depressive disorder [9]**

According to the *DSM-IV*, a person who suffers from major depressive disorder must either have a depressed mood or a loss of interest or pleasure in daily activities consistently for at least a two week period.

The ***DSM-IV-TR*** **diagnostic criteria** for a major depressive episode are as follows:

**A.** At least 5 of the following, during the same 2-week period, representing a change from previous functioning; must include either (a) or (b):

(a) Depressed mood
(b) Diminished interest or pleasure
(c) Significant weight loss or gain
(d) Insomnia or hypersomnia
(e) Psychomotor agitation or retardation

(f) Fatigue or loss of energy
(g) Feelings of worthlessness
(h) Diminished ability to think or concentrate; indecisiveness
(i) Recurrent thoughts of death, suicidal ideation, suicide attempt, or specific plan for suicide

**B.** Symptoms do not meet criteria for a mixed episode (ie, meets criteria for both manic and depressive episode).

**C.** Symptoms cause clinically significant distress or impairment of functioning.

**D.** Symptoms are not due to the direct physiologic effects of a substance or a general medical condition.

**E.** Symptoms are not better accounted for by bereavement, ie, the symptoms persist for longer than 2 months or are characterized by marked functional impairment, morbid preoccupation with worthlessness, suicidal ideation, psychotic symptoms, or psychomotor retardation.

If Major Depressive Episodes show Manic, Mixed, or Hypomanic Episodes develop, the diagnosis is changed to Bipolar Disorder.

**Management**

**Psychotherapy [2]**

- Psychotherapy can help someone with depression understand the issues that may be behind their behaviors, thoughts, and feelings.
- Psychological treatments are based on theories of personality, interpersonal communication, and learning. People with depression benefit from some type of talk therapy and counseling.
- Psychotherapy can be delivered, to individuals or groups, by mental health professionals, including psychotherapists, psychiatrists, psychologists, clinical social workers, counselors, and suitably trained psychiatric nurses.
- According to the National Institute for Health and Clinical Excellence, medication should only be offered in conjunction with a psychological therapy, such as CBT, interpersonal therapy, or family therapy. Psychotherapy has been shown to be effective in older people.
- Successful psychotherapy appears to reduce the recurrence of depression even after it has been terminated or replaced by occasional booster sessions.
- Cognitive behavioral therapy teaches depressed people ways of fighting negative thoughts. People can learn to be more aware of their symptoms, learn what seems to make depression worse, and learn problem-solving skills. Research has shown that cognitive therapy is the best treatment for depression, as compared to medication and other forms of psychotherapy. However, many people respond better to a combination of medication and cognitive therapy.

**Possible Complications**

- Alcohol- and drug-related problems, as well as tobacco dependence are more likely in people with long-term depression
- Increased risk of problems with physical health and premature death due to medical illness
- Suicide (up to 15% of people with major depressive disorder die by suicide)

***Managing depression at home: [10]***

**Things to do**

- Reduce or eliminate the use of alcohol or drugs.
- Exercise or engage in some form of physical activity.

- Eat a proper, well balanced diet.
- Obtain an adequate amount of sleep.
- Seek emotional support from family and friends.
- Focus on positive aspects of life.
- Pace yourself, modify your schedule and set realistic goals.

**Things to avoid**

- Don't make long term or important decision unless necessary.
- Don't assume things are hopeless.
- Don't assume responsibility for events which are outside your control.
- Don't avoid treatment.
- Don't become angry even though your efforts may be resisted or rejected.

**Miasmatic analysis of depression[11]**

| PSORA | SYCOSIS | SYPHILIS |
|---|---|---|
| • Depression, anxiety, despondency, hopelessness with fear of self preservation. Timidity with fatigue and vanishing of thoughts and sadness. Never satisfied with his conditions in life.<br>• Thinks something serious would take place.<br>• Melancholy with anxiety and palpitation and nervousness often follow the awakening.<br>• Out of depression patient can't speak but when he is able to speak he is never at a loss of words. Delusion of all kinds may lead to depression.<br>• Depression aggravates during the day time, around full moon and at the approach of menses in women.<br>• Psoric patients suffer from a depression of spirits in which they burst out crying to relieve the condition as they are unaccustomed to silent grief. | • Depression with anxiety and anger. Patient may maintain a smiling exterior despite of depression.<br>• Keep his mind from others so hardly detail about cause of depression, suspicious. He broods over things. Self condemning. Fixed ideas.<br>• Cannot detail his complaints out of fear that he will not give it correctly and may forget something.<br>• Sycosis coupled with Psora is the basis of criminal insanity and suicides.<br>• Depression aggravates during weather changes. | • Depression with impulsive attitude for self destruction. Very much indifferent to everything.<br>• Mentally dull, stupid and especially stubborn.<br>• Wanting in attention and comprehension.<br>• Hardly detail his troubles. Depressed but keep troubles to themselves and sulk over them.<br>• Absolute pessimistic outlook in all aspects of life.<br>• Depression ultimately leads to commit suicide in almost all the cases.<br>• Depression usually aggravates during night. |

**Homoeopathic treatment:**

Depression must be treated like any other disorder. Professional treatment is necessary for all types of depression. Good social support and medication are both needed for the patient to recover.

Homoeopathic medication can help ease the symptoms of depression and return a person to normal functioning. These medications are not habit forming.

**Representation of Depression Rubrics in Repertory**

- Mind:Sadness, despondency, depression, melancholy
- Mind:Seriousness, earnestness
- Mind:Slowness
- Mind:Answer, answering, answers:Aversion to
- Mind:Answer, answering, answers:Monosyllabic
- Mind:Answer, answering, answers:Monosyllabic: No to all questions
- Mind:Answer, answering, answers:Reflects long
- Mind:Answer, answering, answers:Slowly
- Mind:Spoken to:Averse to being
- Mind:Delusions, imaginations:Crime:Committed, he had
- Mind:Delusions, imaginations:Criminal, that he is
- Mind:Delusions, imaginations:Fail, everything will
- Mind:Grief:Silent
- Mind:Amusement:Averse to
- Mind:Aversion:Everything, to
- Mind:Business:Averse to
- Mind:Kill, desire to:Sudden impulse to
- Mind:Kill, desire to:Sudden impulse to:Herself
- Mind:Talk, talking, talks:Indisposed to, desire to be silent, taciturn
- Mind:Weeping, tearful mood:Tendency:Afternoon

There are various triggers or stressors which lead to depression and are well represented in various repertories. Regardless of the triggering event of depression, Homoeopathy can help unblocking, turning the corner, and setting the path to recovery. Some of rubrics from complete repertory as ailments from: [13]

- From disappointed love – Nat-m, Ign
- From ambition deceived – Nux-v
- From bad news – Gels
- From business failure – Ambr
- From reversal of fortune – Lach …
- From death of child – Ign
- From domination by others – Lyco
- From friendship deceived – Mang
- From honor wounded – Staph
- From reputation loss of – Aur

**Therapeutics** [14, 15,16]

1. **Acon**
   - Being an acute of Sulphur is most useful in mania and depression where there is nervous excitement, fear of death and mental restlessness with anxiety.
   - Forebodings and fears. Fears death but believes that he will soon die.
2. **Anac**
   - Dementia of old age with depression.
   - Profound melancholy and hypochondriasis, with tendency to use violent language.
   - Brain-fag, impaired memory, absent minded.
3. **Antim crud**
   - Great sadness with weeping. Loathing life. Anxious.
   - Lachrymose mood, the slightest thing affects her, abject despair, suicide by drowning.
   - Sentimental mood in moonlight, especially ecstatic love. Bad effects of disappointed affection.
4. **Argentum nitr.**
   - Depression is manifested by anxiety and apprehension
   - Panic attacks, stage phobia
5. **Arsenicum**
   - Dr. Talcott believes that Arsenic often relieves suicidal tendencies than Aurum.
   - It relieves tendency to self mutilation found in such patients.
   - Anxious, insecure, and perfectionist people
6. **Aurum metallicum**
   - Feeling of self condemnation and utter worthlessness.
   - Uneasy, hurried, desirous for mental and physical activity, cannot do things fast enough.
   - Disgust for life, a longing for death and tendency to commit suicide.
   - Syphilitic background, worse at night, with nightmares or insomnia.
   - Serious people. Strongly focused on work and achievement, who become depressed if they feel they have failed in some way.
7. **Belladonna**
   - Fearful and subject to violent attacks of weeping.
   - Apart from violence, belladonna melancholic is excessively depressed.
   - Most suitable in depression showing acute mania.
   - Energetic when feeling well, but upset and gloomy when depressed.
8. **Causticum**
   - Feels depressed because of grief and loss
   - Mental dullness and forgetfulness
   - Having a strong sense of justice, deeply sympathetic
9. **Graphites**
   - Sad,melancholic,low spirited, musics makes her weep
   - Fearful,hesitating and indecissive
10. **Hyoscyamus**

- Found condition of depression with debility and prostration
- Answered slowly or irrelevantly
- Great fear of being poisoned by the attendants

**11. Ignatia**

- Melancholic, sad, tearful, changeable mood, introspective, silently brooding. Not communicative.
- After shocks, grief, disappointment. Sighing and sobbing.
- Persons physically and mentally exhausted by long concentrated grief.
- Intolerant to noise, tends to fixed ideas, disposition to broods over sorrows.
- Changeable mood of Ignatia shows bipolar disorder where there is depression in one extreme and mania in other extreme.

**12. Nat mur**

- Psychic causes of diseases.
- Ill effects of grief, fright, anger etc.
- Depressed particularly in chronic diseases. Consolation aggravates.
- Irritable gets into a passion about trifles. Wants to be alone to cry. Tears with laughter.
- Reserved, introvert

**13. Psorinum**

- Anxious, full of fear and evil forebodings.
- Religious melancholy, very depressed, sad suicidal thoughts, despairs of salvation, of recovery.
- Despondent. Fears he will fail in business, during climaxis, making his own life.

**14. Pulsatilla**

- Religious melancholia.
- Sleepless, restless and changeable mania.
- Sad and tearful, wanting a lot of attention
- Depression around the time of hormonal changes(puberty, menstrual period or menopause)

**15. Sepia**

- Indifferent to those loved best.
- Averse to occupation, to family. Dreads to be alone.
- Very sad, weeps when telling symptoms, often feel better from crying. Anxious about evening.
- Especially useful in women with leucorrhoea and organic disease of the uterus or ovaries.

**16. Staphysagria**

- Complaints from reserved displeasure, suppressed anger, humiliation and envy.
- Great indignation about things done by others or by him, grieves about consequences.
- Very sensitive as to what others say about her.
- Apathetic, indifferent, low spirited, weak memory from sexual abuses.
- Sensitive and emotional people

17. **Verat-a**

- Melancholy with stupor and mania.
- The patient sits and broods all time, distrusts everyone.
- Religious melancholia where the patient prays a great deal, anxious about the recovery and despairs of salvation.

The length of time needed to cure depression (or any disease) depends on the severity and the length of time the patient had it. So it is not realistic to assess how long treatment should take until the response to the remedies becomes apparent over a period of time.

# A case study

**Name** – Anita Das 15HF
**Address** – Gada harishpur, Jagatsinghpur.
**Date:** 28.02.09

Patient was non communicative and there was no reply to questions. She was crying and telling ma-ma-ma and let us go home. Through that she was expressing hopelessness, irritability, obstinacy, sadness, and wants to escape from doctors.

Parents reported she had hallucinations – visual & auditory, sleeplessness, anorexia, wants to remain alone, does not like music, thirstlessness with dry tongue, suspiciousness, thought persistent, indifferent, menses scanty and delayed, leucorrhoea, hot patient, easily catches cold, likes warm food, aversion milk, spices, intolerance selfish, constipated, cannot pass urine in presence of others.

She was an average student. She got difficulty in study gradually. On enquiring it was ascertained that she was sober, mild. One day she was humiliated / offended by teachers in the class. Next day she quarreled with her fellow students and there after she became depressed/ sad/ melancholic with hot flushing and burning face with irritability.

**F/H**

Grandfather – insanity, Uncle – insanity, Uncle' son – insanity

**P/H**

Student, irregular dietary habit, non vegetarian

**P/H**

H/O typhoid fever (once), skin disease

**Investigations done**

USG – NAD, ESR – 28mm/ 1st hour, 56mm/2nd hour, TLC-9300 Cu. Mm

Repertorial result:

Nat mur-24/9, sulph-20/8, Nit ac-19/9, Ign-19/7, Lyc- 18/8, Calc-17/8.

Rx

Nat.m..0/1,0/2,0/3,0/4.(2oz.16d.,b.d.)

**Basis of prescription was:**

| **Mental** | **Physical** |
|---|---|
| a. Auditory, visual hallucination | Hot patient |
| b. Sadness, melancholic, depression | Likes salt, fish |
| c. Consolation aggravation | |
| d. Weeping tendency | |

**Characteristic particulars:** Cannot pass urine in presence of others.

Common particulars:

**Follow up**

**22. 03.09**

No hallucination, suspiciousness decreased, able to study, sleep normal, appetite normal, sleep normal, desire company, music likes, memory normal.

Rx

Nat m. 0/5, 0/6, 0/7, 0/8(2oz.16d.,b.d.)

**8.05.09**

Again relapse of depression since 4 days. This time she got a harsh behavior from her study at her house. She had following present complaints

Indifferent, hopelessness, leucorrhoea, headache<evening, pain in various part of body, splitting of hair tip/hair fall/dandruff, weakness, got difficulty in study, thirst less, sweat palm/sole

Rx

Sep-200/1dose

**Date: 8.05.2009**
Nat m0/9, 0/10, 0/11, 0/12 (2oz,16d.,b.d.)

**Date: 14.07.2009**12 In between she changed over allopathic treatment with a hope to get relief but got violent aggravation and came for our treatment.That time ,she presented with following systems:
Train of thoughts, sleeplessness with cracked lips, menses delayed 3 months, leucorrhoea, sweat palm/ sole with coldness, constipation, anorexia, chilliness(++), dandruff, vertigo, palpitation to sudden , stiffness of finger joints, hopelessness, suspiciousness, people do not love me, restless, irritable, despair.

Rx
Silicea 1M/one dose

**Date: 1.08.09**
No much considerable>
Same presentation

Rx
Sulph. 0/1, 0/2, 0/3, 0/4( 2oz,16d.,b.d.)

**Basis of prescription was:**
Train of thoughts
Despair/ hopeless
Stiffness of fingers & twitching of legs.
Chilliness.
Menses delayed for > 3 months scanty flow associated with leucorrhoea.
Suscpicious thinks people are not loving her.
Restless
**P/G:**
Appetite: Decreased during attack
Thirst: Increased with dry tongue
Likes: Sweet, bitter
Stool: Constipated with urging in morning
Sleep: Sleeplessness with cracked lips
Sweat: Palms & soles

**Date: 12.09.2009**
No depression, no irritability, sleep-N, appetite-N, thirst-N, stool-N, urine-N
menses appeared on 5.09.09 continue up to 9.09.09, perspiration palm/sole decreased, boil appeared on scalp and disappeared in 10 days, leucorrhoea decreased; there is heaviness of frontal head

Rx
Sulph. 0/5, 0/6, 0/7, 0/8 (2oz.16d.,b.d.)

**Date: 15.10.2009**
No symptom of depression, leucorrhoea decreased, heaviness of head (++), dandruff, hair fall, vertigo

Rx
Sulph. 0/9, 0/10, 0/11, 0/12(2oz.,16d.,o.d.)

**Date: 30.12.09**
She is having no symptom of depression, no leucorrhoea, no heaviness of head, dandruff and hair fall decreased, no vertigo.

Rx
Sulph 0/13, 0/14, 0/15, 0/16 (2oz., 16d.,o.d.)

**Date: 10.03.2010**
No depressive headache, dandruff and hair fall decreased

Rx
Sulph 0/17, 0/18, 0/19, 0/20(2oz. 16d.,o.d.)

**Date: 25.07.2010**

No depressive headache, dandruff and hair fall decreased

Rx

Sulph 0/21, 0/22, 0/23, 0/24(2oz.16d.,b.d.)

Thereafter patient is well no feature of depression or any other problem till date.

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