

HOMOEOPATHIC MANAGEMENT IN DEPRESSION

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ABBREVIATIONS

C.C.F.	=	Congestive Cardiac Failure
Diabetes M.	=	Diabetes Mellitus
F	=	Father
H.Wife	=	House wife
HTN	=	Hypertension
M	=	Mother
MGF	=	Maternal Grand Father
MGM	=	Maternal Grand Mother
Psoro-Syco	=	Psoro-Sycotic
Sis	=	Sister

ABSTRACT

HOMOEOPATHIC MANAGEMENT OF “DEPRESSION”

Background and Objectives

Depression is one of the form of mood disorder characterized by predominant disturbance in mood. The first 3 editions of the Diagnosis and statistical manual of mental disorder published by the American Psychiatric Association (DSM-I, II, III) use the term “Affective disorder” to describe disturbance in mood. The revised third edition (DSM-III-R) which is presently in uses, substituted mood, disorder in place of “Affective disorder”. Susceptible or predisposed persons exposed to stress in any form physical, psychological or psychosocial precipitates the illness. Anti-depressive, drugs not to be continued more than 3 weeks develops tolerance, habituation addiction or psychosis. Drugs tried for psychoneurosis may have temporary effect, effect last for few hours.

In Homoeopathy the psychic treatment will perhaps bring down the number of suicidal to half.

By definition Depression is one of the form of mood disorder characterized by predominant disturbance in mood. Clinically significant depression is often referred to major depressive disorder. It has somatic as well as psychological symptoms means that it may be difficult to distinguish from a medical condition. In cases of doubt it is helpful to seek the psychological. Symptoms of depression. Criteria for

major depressive episode, source-diagnostic and statistical manual of mental disorder, 4th edition.

Objectives

1. To assess the role of Homoeopathic remedies in treatment of depressed women with family stressors.
2. To treat the disorder by selecting the constitutional remedy on basis of totality of symptoms.
3. To reduce recurrent attack and relapses.
4. Counselling and rehabilitation of women.

Methods

- The present study consisted 30 patients of Depression, who attended my clinic during the period of 29-10-2003 to 31-03-2005.
- 30 cases of depression were selected on the basis of inclusion criteria, which are all females
- Females of reproductive age group were considered from menarche to menopause.
- Diagnosis of depression where made on following points.
- Basic and absolute manifestation with determinative symptoms of the disease (as per ICD-10 classification of mental

disorder) and criteria for major depressive episode (Source- Diagnostic and statistical manual of mental disorder, 4th edition).

- Determinative symptoms of an individual on the basis of totality of symptoms.
- Miasmatic diagnosis done.
- Selection of remedy was done on the basis of repertorial results, characteristic symptoms and miasmatic diagnosis of the patient.

Results

Out of 30 cases 26 cases improved, 2 cases not improved and 2 cases discontinued.

Interpretation and Conclusion

- I arrived at the conclusion that Homoeopathic Management of Depression in females with family stressors along with counseling and psychotherapy has shown tremendous result in most of the cases taken for my study.
- After prescribing indicated remedy patient started improving mentally and physically, as the prescribed remedy has reduced episodes, unnecessary imaginative process come unnecessary in mind.
- Hence she started feeling better, sense of well being is also followed by.

- Indicated Homoeopathic remedy after prescribing created awareness to the patient that she is unnecessarily over reacting to the situation around her, and also Homoeopathic indicated remedies will minimize negative reactions to all exposures like mental stress.
- The Homoeopathic medicines seems to be efficacious in reducing recurrence and bring about significant improvement.

Key Words

**Depression; Mood disorder; Affective disorder; Unipolar; Major
Depression; Stress; Suicide; Melancholia; Councelling;
Psychotherepy.**

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INTRODUCTION

API¹ Depression is one of the form of mood disorder characterized by predominant disturbance in mood. The first 3 editions of the Diagnostic and Statistical manual of mental disorder published by the American Psychiatric Association (DSM-I, II, III) used the term “Affective disorder: to describe disturbance in mood. The revised third edition (DSM-III-R) which is presently in uses, substituted Mood Disorder in place of “Affective disorder”.

The prevalence of depressive disorder in general medical practice estimated 5-25% incleinted in rural primary health care clinic 20% Severe, 43% mild.

Harrison’s², approximately 15% of the general population experiences major depression. Melancholic, anxious, obsessional personalities are more prone to this illness. History of stressful environmental factors more often reactive type than endogeneous type.

Dr. L.P. Shah, Dr. Mrs. Hema Shah,³ susceptible or predisposed persons exposed to stress in any form physical, psychological or psychosocial precipitates the illness. Anti depressive

drugs not to be continued more than 3 weeks develops tolerance, habituation, addiction or psychosis.

J.A. Hadfeild⁴, drugs tried for psychoneurosis may have temporary effect, effect last for few hours.

As world advances mental stress get advances especially in women who undergo family stressor for any reason or the other, by constantly undergoing stress and strains land in severe depression and suicidal tendency. As it is an era of competition, persons has to struggle to fulfill his needs and requirements. Disappointment in fulfilling needs and requirements leads to stress. A depressed patient gets into mental triples, cannot cope up with things causes negative attitude which leads to disorders.

Melancholia is a disease characterized by great mental depression. Melancholia a Greek word means “Black and Bile”. The name founded upon the theory of humeral pathology.

Jean Pierre Gallavardin⁵, in Homoeopathy the psychic treatment will perhaps bring down the number of suicidal to half. In fact every time among all ancient and modern people medicinal substance were used and are still used for psychic treatment but in less scientific way more often with unconscious, with good primary action but worst secondary action. The Homeopaths do not use much the primary effect of medicine of psychic treatment which is always very temporary but their secondary effect having some time indefinite persistence.

Dr. Hahnemann while experimenting healthy man was able to recognize their affection character and intelligence i.e. to say their psychic effect.

Present literature, which has explained its importance and management of such disorder needs a detail study for further understanding and better management by Homoeopathy.

The present study comprises systemic approach for evolving Constitutional treatment. It also prove the role of Homoeopathy in prevention of its complications and recurrences prevention of antidepressant side effects.

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OBJECTIVES

1. To assess the role of homoeopathic remedies in treatment of depressed women with family stressors.
2. To treat the disorder by selecting the constitutional remedy on basis of totality of symptoms.
3. To reduce recurrent attacks and relapses.
4. Counselling and rehabilitation of women.

REVIEW OF LITERATURE

HISTORY OF MOOD DISORDERS:(DEPRESSION)

Niraj Ahuja⁶ Mood disorders have been known to man since antiquity. The old Testament describes King Saul as suffering from severe depressive episodes responding slightly to David's soothing music. While Hippocrates coined the words mania and melancholia, it was Aretaeus who first described mania and depression occurring in the same individual.

Emil Kraepelin, borrowing from the work of Kahlbaum, Falret and Baillarger, described the maniac-depressive illness as separate

from dementia precox on the basis of course, clinical symptoms and outcome.

Recently, the World Health Report 2001 (WHO) has identified unipolar as the 4th cause of DALY (Disability-Adjusted Life Years) in all ages, and the 2nd Cause in 15-44 years. Unipolar depression is also the 1st Cause of YLD (Years of Life Lived with Disability) in all ages. The comparison was with all medical disorders, and not only psychiatric disorders.

The WHR-2001 estimates that there are 121 million people worldwide suffering from depression.

James C. Coleman⁷ The great Greek Physician Hippocrates classified all mental disorders into three broad categories:

- 1) Mania
- 2) Melancholia
- 3) Phrenitis

His description melancholia base on clinical records of his patients, are strikingly similar to modern clinical symtomatology. The sixth-century physician Alexander Trallianus was perhaps the first person to recognize, recurrent cycles of mania and melancholia I the same persons, thus anticipating by several hundred years Bonet's (1684) "Folie maniaco- melancolique and Falret's (1854) Folie Circulaire". It remained for Kraepelin, how-ever in 1899, to introduce the term.

In practice, Galen followed the Hippocratic method accepting the doctrine of “HUMOURS” which regarded the body as composed of ‘BLOOD, PHLEGM, YELLOW BILE AND BLACK BILE; these nomenclatures were changed to ‘SANGUINE, PHLEGMATIC, MELANCHOLY AND CHOROTIC’ after in the mediveal time.

M.S. Bhatia⁸ Hippocrates coined the term ‘malancholia’. Jules Falret said that patients become depressed and elated in a cyclic fashion known as la folie circulaire. Kurl Ludwig Kahlbaum said that these episodes are different stages of the same disease process, which he called ‘cyclothymia’. Emil Kraepelin concluded that all these mood disorders are identical in certain ways. He called the underlying illness ‘Manic depressive psychosis’.

GALLAVERDIN⁵ A GLANCE IN THE HISTORY OF THE USES OF THE SUBSTANCES HAVING EFFECT ON THE MIND: (Psychic Treatment)

- 1) Historian Diodorus of sicily speaks Egyptians used, about 3 to 4 thousand years ago. He calls it “Antidote of anger and of grief”. Stramonium mixed with opium to weaken to toxic effect. Homoeopathy teaches us that stramonium could have been alone sufficient to calm down the anger and grief.
- 2) Galen cites also Hemlock which causes madness and the witness of plato admits that some medicines cause the Delerium, mania dementia, a loss of memory. These remedies used in infinitesimal dose will cause the opposite effect.
- 3) Hippocrates prescribe Mandragora in sadness ending in suicide.

- 4) Aulus Gellius and Valerius Maximus, relate that the orators of ancient times, envious of real glory used to take following the examples of what can be made, a dose of Hellebore before the dispute in order to strengthen the brain, Now-a-days, one takes a cup of coffee for the same results.
- 5) Prof. Florence said ancient did not use mineral water for corrective effect, but they used the water for their plastic effects and their psychic properties on their character and intelligence.
- 6) According to Greek people there were two sources near temple of Trophonius one Mnemos, the water used to strengthening memory. Other Lethe, weakens the memory
- 7) Varro has mentioned a stream called Nymph, water increases the vitality and in the island of Ceos a stream of water which made one stupid. The water of Lyncest, in Thrace, caused mild intoxication.
- 8) According to Eudoxius, the water of Clitorius caused dislike for wine.
- 9) The waters of Hippocrene, Catali, inspired poets.
- 10) Priests used incenses to calm down the anger, genital passion and develop religious senses.
- 11) The vapours of Benzoin burning of live charcoal for mad man, destroys sensitiveness to pain.
- 12) In 2nd book of "Laws" Plato recommends wine softens the rudeness of mind and makes it easier to control oneself is just like the fire melts iron.

- 13) Beer produces heaviness of mind and body.
- 14) Absinth in small doses quarrelsome and wicked.
- 15) Brandy makes ore angry and aggressive.
- 16) Aniseed cordial – cloudiness and embarrassment.

NIRAJ AHUJA⁶ MOOD DISORDERS: (Depressive Episode)

The life-time risk of depression in males is 8-12% and in females is 20-26%, though the life-time risk of major depression or depressive episode is about 8%. The typical depressive episode is characterized by following features (which should last for at least two weeks).

1. Depressed Mood
2. Depressive Ideation/cognitions
3. Psychomotor Activity
4. Physical Symptoms
5. Biological Functions
6. Psychotic Features
7. Suicide
8. Absence of an Underlying Organic Cause

KAPLAN A. SADOCK⁹. ICD-10 CLASSIFICATION OF MENTAL DISORDERS:

F32. 0 Mild depressive episode

Without somatic symptoms

With somatic symptoms

F32 .1 Moderate depressive episode

.10 Without somatic symptoms

.11 With somatic symptoms

**F32.2 Severe depressive episode without psychotic
Symptoms.**

**F32.3 Severe depressive episode with psychotic
symptoms.**

F32.8 Other depressive episodes.

F32.9 Depressive episode unspecified

F33 Recurrent depressive disorder

F33.0 Recurrent depressive disorder, current episode mild

F33.00 Without somatic symptoms

F33.00 With somatic symptoms

**F33.1 Recurrent depressive disorder, current episode
moderate**

F33.10 Without somatic symptoms

F33.11 With somatic symptoms

**F33.2 Recurrent depressive disorder, current episode severe without
psychotic symptoms**

F33.3	Recurrent depressive disorder, current episode severe with psychotic symptoms
F33.4	Recurrent depressive disorder, currently in remission
F33.8	Other recurrent depressive disorder.
F33.9	Recurrent depressive disorder, unspecified
F34	Persistent mood (affective) disorders
F34.0	Cyclothymia
F34.1	Dysthymia
F34.8	Other persistent mood (affective) disorders
F34.9	Persistent mood (affective) disorder, unspecified
F38	Other mood (affective) disorders
F38.0	Other single mood (affective) disorders
F38.00	Mixed affective episode
F38.1	Other single mood (affective) disorders
F38.00	Mixed affective episode
F38.0	Other single mood (affective) disorders
F38.10	Recurrent brief depressive disorder
F38.8	Other specified mood (affective) disorders

DEFINITION:

API¹ Depression is one of the form of mood disorder characterized by predominant disturbances in mood. The first 3 editions of the Diagnostic and Statistical manual of mental disorders published by the American psychiatric Association (DSM – I, II, III) used the term “Affective disorders” to describe disturbance in mood. The revised third edition (DSM – III – R) which is presently in use, substituted “Mood disorders” in place of “Affective disorders”.

DAVIDSON’S¹⁰ Clinically significant depression is often referred to major depressive disorder (MDD). It has somatic as well as psychological symptoms means that it may be difficult to distinguish from a medical condition. In cases of doubt it is helpful to seek the psychological symptoms of depression. Particularly loss of interest in practice depression is under diagnosed. Recent research suggests that patients who have a major depressive disorder soon after MI or stroke die sooner than those who do not, even when disease severity is controlled.

JEAN –PIERRE GALLAVARDIN⁵ Emotion can be described as 2 main types,

- 1) Affect short lined emotional response to an event
- 2) Mood Lasting and dominant emotional response which colour the whole psychic life.

SELDOM HAINES TALCOTT¹¹ Melancholia is a disease characterized by great mental depression. Melancholia a great work mean Black and Bile. The name is founded upon the theory of humeral pathology the four humors, according to ancients, being blood, phlegm, yellowbile, and blackbile. Guislain gives as a synonym of melancholia the term phrenalgia, "Brain pain;" Rush, Tristimania, "Sand Mania", Esquirol, Lypemania from Greek "To make Sad".

KAPLAN & SADOCK⁹ Major depression (unipolar) is reported to be most common mood disorder. It may manifest as a single episode or as recurrent episodes.

GELDER LOPEZ-ALBOR Jr AND ANDREASON¹² The term depression can variably define an effect, mood state, a disorder or syndromes or a specific entity. A depressed effect usually occur in response to a specific situation and is best defined as a relatively transient state of feeling "depressed", "sad", or "blue".

HARRISON'S² Depression is a one of the form of mood disorder characterized by predominant disturbances in mood.

Major depression is defined as depressed mood on daily basis for a minimum duration of 2 weeks. An episode may be characterized by sadness indifferences, apathy irritability and is usually associated change in number of neurovegetative functions including sleep patterns, appetite, weighs motor ejitation retardation fatigue, impairment in concentration and decision making feeling of shame and guilt's and thoughts death or dying. Patient of endogenous depression have a profound loss of pleasure in all enjoyable activities, exhibit early morning awakening, feel that the dysphoric mood state quantitatively different from

sadness and often notice a decimal variation in mood. Approximately 15% of the general population experiences a major depressive episode.

HARRISON'S² CRITERIA FOR MAJOR DEPRESSIVE EPISODE:

(Source – Diagnostic and Statistical manual of Mental disorder, 4th edition).

A Fine (or more) of the following symptoms have been present during the same and week period and represent change from previous functioning: At least one of the symptom is either 1) Depressed mood or 2) Loss of interest or pleasure.

NOTE: Do not include symptoms that are clearly due to a general medical condition or mood in congruent delusions or Hallucinations.

A) Depressed mood most of the day, nearly every days as indicated by either subjective report (eg: feels sad or empty) or observation made by others (eg: appear tearful) Note: In children and adolescent can be irritable mood.

1. Markedly diminished interest or pleasure in all, or almost activities most of the days, nearly everyday (as indicated by either subjective account or observation made by others).
2. Significant weight loss when not dieting or weight gain (eg. A change of more than 5% of body weight in a month), or decreased or increase in a appetite nearly everyday. Note: In children, consider failure to make expected weight gain.
3. Insomnia or hypersomina nearly every day.
4. Pschychomotor agitation or retardation nearly every day (observable by others, not merely subjective feeling of restlessness or being slowed down).
5. Fatigue or loss of energy nearly every day.

6. Feeling of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick).
7. Diminished ability to think or concentrate or indecisiveness, nearly every day (either by subjective account or as observed by others).
8. Recurrent thoughts of death (not just fear or dying) recurrent suicidal ideation without a specific plan, or a suicidal attempt or a specific plan for committing suicide.

B) The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

D) The symptoms are not due to the direct physiological effect of a substance (eg: a drug of abuse, a medication) or a general medical condition (eg: Hypothyroidism).

E) The symptoms are not better accounted for by bereavement; s.e, after the loss of loved on, the symptoms persist longer than 2 months. Preoccupational with worthlessness, suicidal ideation, psychotic symptoms or psychomotor retardation.

EPIDEMIOLOGY:

Unipolar disorder: Females are more effected than males.

Upper social class is more effected.

20% American and European women have experienced major depressive episode at some time.

15% of general population experience major depression

6-8% in primary care setting.

15% whose depressive symptoms untreated will commit suicide.

Life time prevalence 17-20%.

One year prevalence 5-8%.

The prevalence of depressive disorder in general medical practice estimated 5-25%.

In rural primary health care clinic 20% severe cases, 43% mild cases.

M.S Bhatia⁸

I.	Lifetime Prevalence	2-25% (Females 5-9%, Males 2-4%)
II.	Male: Female ratio	1:2
III.	Age at onset	Mid to late 20s.
IV.	Social Class	No relationship
V.	Race	No differences
VI.	Family History	Positive
VII.	In relatives	
	a. % Major depression	17%
	b. % Bipolar disorder	2-3%
VIII.	Life events	Negative events often before onset.
(* based on Western studies)		

Certainly not all major depressive episodes end in suicide, but some do even in cases where the end is not this tragic. The pain and suffering endured by the pre pressed person can be intense. The

intensively painful nature of this disorder and its high incidence have spurred mainly to study depression and its cause.

BROADER ASPECT OF DEPRESSION:(Severe Depression)

These cases represent only a small and visible “tip of ice burg” of depression in ever society. There are literally hundreds thousand of Americans an estimated 1 person in 7 who each day evidence “mild depression”. Such depression usually occurs in response to very real life stress, and while considered mild, it can be partially even totally disabling. The complexity and rate of technological and social change in our society, economic problems and uncertainties, and the unhappiness and instabilities of money, marriages and other intimate personal relationships are among the stresses which apparently take their roll in episodes of depression as well as in other physical and mental disorders. Often vicious cycle is established in which the individual’s martial or other problems lead to the depression and are, in turn, intensified by it. In fact, among teen-agers the suicide rates the ultimate expression of the aversive ness of one’s life experience has shown a significant increase in recent years.

MUNN’S¹³ Contrary to popular opinion a major depression can occur at any stage in life although it is more common between ages 40-55 in women 10years later in men.

HARRISON'S² 15% of general population experience major depression. 6-8% in primary care setting. 10-15% secondary to medical illness or substance abuse. 15% whose depressive symptoms untreated will commit suicide.

Dysthymic disorders: Chronic at least 2 years 5% in primary care setting.

- Incidence more in women than men.

These gender differences were previously believed to reflect socio cultural factors, but recent longitudinal twin studies indicate that the liability to major depression in adult women is largely genetic in origin, and that the effect of environmental factors is transitory and does not effect life time prevalence.

Unipolar depressive disorder

Onset early adulthood recurrence over the course of life time are likely. 50-60 percent who have first episode have at least 1 or 2 more episodes. Some patients experience multiple episodes that become more severe and frequent over time. The duration of an untreated episode varies greatly ranging from a few months to 1 or

more years. The pattern of recurrence and clinical progress in a developing episode is variable.

There is a often long terms stability in phenotype (presenting symptoms, Frequency and duration of episode)

In minority of patients the severity of the depressive episode may progressive to psychotic symtometology.

A seasonal pattern of depression called. Seasonal effective disorder may manifest with onset and remission of episode at predictable time of the year.

This disorder is more common in women symptoms are fatigue, weight gain, hypersomnia, episodic carbohydrate craving. The prevalence increase with distance from equator, and mood improvement can be accomplished with chronobiologic alteration of light exposure.

NIRAJ AHUJA⁶ AETIOLOGY OR PREDISPOSITION:

Over the years a vast amount of data has emerged probing the aetiology of mood disorders. The aetiology of mood disorders is currently unknown. However, several theories have been propounded; these include:

I. Biological Theories

The following findings and theories point towards a biological basis of mood disorders.

1. Genetic Hypothesis

The life-time risk for the first degree relatives of bipolar mood disorder patients is 25%, and of current depressive disorder patients is 20%. The life-time risk for the children of one parent with mood disorder is 27% and of both parents with mood disorder is 74%. The concordance rate in unipolar depression for monozygotic twins is 46% and for dizygotic twins is 20%.

Therefore, genetic factors are very important in making an individual vulnerable to mood disorders, particularly so in bipolar mood disorders. However, environmental factors are also probably important.

2. Biochemical Theories

There are several biochemical hypothesis for the causation of mood disorders. The monoamine hypothesis suggests abnormality in

monoamine [caecholamine (norepinephrine and dopamine) and serotonin] system in the central nervous system at one or more sites. Acetylcholine and GABA are also presumably involved.

The earlier models of a functional increase (in mania) or decrease (in depression) of amines at the synaptic cleft now appear simplistic, though urinary and CSF levels of amine metabolites indicate decreased norepinephrine and/or 5-HT function in depression.

Postsynaptic events involving the second messenger system, and alterations in receptor number and function, are also important in addition to synaptic and presynaptic events. The effects of antidepressants and mood stabilizers in mood disorders also provide additional evidence to the biochemical hypothesis of mood disorders.

Patients suffering from severe depression with suicidal intent/attempt have a marked decrease in the serotonergic function, evidenced by decreased urinary and plasma 5-HIAA levels and post-mortem studies.

3. Neuroendocrine Theories

Endocrine function is often disturbed in depression with cortisol hypersecretion, non-suppression with dexamethasone challenge (DST or dexamethasone suppression test), blunted TSH response to TRH, and blunted GH (growth hormone) production during sleep.

The neuro endocrine and biochemical mechanisms are closely inter-related.

4. Sleep Studies

Sleep abnormalities are common in mood disorders. Insomnia and frequent awakenings in depression. In depression, commonly observed abnormalities are decreased REM latency (i.e. the time between falling asleep and the first REM period is decreased), increased duration of the first REM period, and delayed sleep onset.

5. Brain Imaging

In mood disorders, brain imaging studies (CT scan/MRI scan of brain, PET scan, and SPECT) have yielded inconsistent, yet suggestive findings (e.g. ventricular dilatation, changes in blood flow and metabolism in several parts of brain, like prefrontal cortex, anterior cingulate cortex, and caudate).

II. Psychosocial Theories

1. Psychoanalytic Theories

In depression, loss of a libidinal object, introjection of the lost object, fixation in the oral sadistic phase of development, and intense craving for narcissism or self-love have been postulated as theories.

2. Stress

Increased stressful life events before the onset or relapse probably have a formative rather than a precipitating effect. Increased stressors in the early development are probably more important in depression.

3. Cognitive and Behavioral Theories

The mechanisms of causation of depression according to these approaches is depressive negative cognition (cognitive theory), learned helplessness (animal model), and anger directed inwards. These concepts are useful in the treatment of mild depression.

Several other theories have also been propounded but are currently of doubtful value as theories of causation of depression.

Harrison² Aetiology a pathophysiology.

The neurobiology of unipolar depression is poorly understood. Genetic transmission is not as strong as in bipolar.

Positron emission tomography (PET) studies of brain glucose metabolism that show a decrease in metabolic rate in the caudate

nuclei and frontal lobes in depressed patients that returns to normal with recovery.

SPECT single photon emission computed tomography. Studies show comparable changes in blood flow. MRT Show increase frequency of subcortical white matter lesion. However, because there finding are more prevalent in patients with late onset of depression illness their significance remains unproven.

Involvement of the serotonin system is suggested by finding of

- 1) Lower plasma tryptophan levels.
- 2) Decreased CSF levels (5-Hydroxyindol acetic acid (The Principal metabolite of Serotorine in brain)
- 3) Decreased platelet serotonergic transported binding.
- 4) Increase in brain 5-Ht receptors in suicide victors is also reported.

Neuroendocrine abnormalities

- 1) Increase cortisol secretion.
- 2) Increase adrenal size.
- 3) Decrease inhibitory response of glucocorticoids to dexamethosone.
- 4) Blunted response of T.S.H. level to infusion of T.R.H.

5) Decreased in GHRH, GNRH (Gonadotrophic Releasing Hormone)

Either genetically mediated or secondary to exposure to significant stress during critical neuroendocrine encoding periods in early development.

Dr. L.P. Shah and Mrs. Hemashah³ Heredity suicidal tendency, cyclothymic temperament high in family suffer from this illness. Exact mode of transmission is not known. In case of endogenous depression autosomal dominant gene [non-sex-determining chromosome. In human there are 22 pairs] Which carries illness parent to children.

Personality

Melancholic, anxious, obsessional personalities are more predisposed to this illness.

Season

Incidence of depression reported more high in summer.

Age

Onset usually after 25 to 30 peak 40-60also some children.

Sex

Both sex.

Precipitation

History of stressful environmental factors more often reactive type than endogenous type.

Susceptible or predisposed

Persons exposed to stress in any form physical, physiological or psychosocial precipitates the illness.

Endocrinal

Metabolic, biochemical, electrolyte disturbances are postulated but not conductivity proved.

Disturbance in seratonergic and adrenergic Neurotransmitters system

Psychopathology

Not clearly understood may be result of anxiety who experienced severe loss – angry – cannot tolerate – buried in unconscious mind – guilty – worthless – depressed. Under stress these feelings are reactivated and manifest as various symptoms of depression.

MS Bhatia⁸ Biochemical theories

a) Neurotransmitters

- i) Deficiency of Norepinephrine and Serotonin has been found in depressed patients.

b) Genetic theories

- i) Twins Monozygotic versus Dizygotic: 68%:20%.

c) Psychological theories

i) Early childhood Experiences

- Maternal deprivation.
- Prolonged absence of a parent.

ii) Sociological

- Life events e.g. death, marriage financial loss etc.
- Environmental stress.

- Chronic conditions.
- iii) Behavioural: Depression is conditioned by the repeated losses in the past.
- iv) Psychoanalytic theories
 - Depression results due to loss of a love object.
- v) Premorbid Personality
 - Cyclothymic personality.

Dr.Mahesh A. Gandhi, Dr.Shradha M. Gandhi¹⁴

Genetic factor

Hereditary factors play an important role. In unipolar mode of transmission is not done, but it may be polygenic.

Institutional and Personality factors:

Body type is often pyknic. They may show a cyclothymic or obsessive personality disorder.

Biochemical, Metabolic and endocrinal disturbances:

Indoleamines and catecholamines are major neurotransmissions in those areas of brain that are concerned emotional functions. It is

prepared that depression is accompanied by a decrease, catecholamines. It appears at present, that depression may be an and result of disturbances in different biochemical systems. Depressed patients are also known to be hypersecretors of cortisol and normal natural reduction in plasma cortisol does not occur in them. Dexamethasone, a synthetic steroid, usually suppressor plasma cortisol, but in about 50% of patient with major depression, it does not occur, After recovery from illness the response becomes normal.

Psychoanalytic theory:

There is an imagined or real loss of an ambivalently loved object. The anger which is to be directed towards the lost object is directed towards the self, and this results in a lowered self esteem and depression.

Cognitive theory of Beck:

Beck postulates that in some, distorted perception is the cause of depression. He suggests that a person's negative interpretation of his won life experiences results in lowered self worth and depression.

Genetic factor: Mood disorder are known to be heritable and familial. Genetic factors more likely operative in bipolar least likely in depressive disorder. Following Environmental stresses the reactive depression. The exact mode of genetic transmission is not known. It is postulated that genetic factors increase the predisposition to develop a mood disorders but other factors like

a) Stressful bio-psycho-social environmental influence. May be necessary for the disorder to manifest.

Biogenetic amine hypothesis:

According, depressive disorder result from absolute or relative deficiency of these amines in the central synopsis (Biogenetic amine namely catecholamines like epinephrine, norepinephrine and dopamine, and indoleamine serotonin).

Psychological factors:

Based on psychoanalytical principles first propounded by Sigmund Freud. Accordingly depression usually occur in response to real or imagined disappointments, losses or disillusionments, failure to adapt results in anger directed inward resulting in feeling of guilt and worthlessness.

Cognitive theory:

Faulty thinking pattern based on and life experiences.

- a) Perceiving onsets as inadequate
- b) Perceiving world as demanding
- c) Expecting failure or defeat and results feeding of sadness and despondences.

COLEMAN⁷ NOTE ON SUICIDE

Attitude towards suicide varied greatly from one society to another.

E.g.

- 1) The early Greek considered suicide an appropriate solution to many stressful situation.
- 2) The Romans also considered suicide an acceptable solution to such conditions, but it was forbidden when property rights or interests of the states alter involved as when a slave or soldiers deprived the state of his services by killing himself.
- 3) Suicide was condemned by both Judaism and Mohammedanism.
- 4) With the advent of Christianity, suicide was denounced as grievous sin in most of western world.

5) In early English law suicide was considered a crime and it was directed that the bodies of a person who had committed suicide have a stake driven through the heart and be buried at a crossroads.

These attitudes towards suicide as morally and legally wrong prevailed throughout the middle age in western society.

During the Renaissance, however some philosophers dared to challenge to prevailing views. Merian 1763 concluded that suicide was neither a sin nor a crime but a disease. Evidence of emotional disturbances. French physician Jean Pierre Falret 1794-1870 to deal extensively with the subject of suicide among outstanding historical personalities. Falret 1822 performed “The first psychological autopsy”. When he examined the possibility that Jean Jacques Rousseau had taken his own life.

Suicide ranks among the first ten causes of death in most western countries (W.H.O. 1974). In the United States, estimates show that over 2,00,000 persons attempt suicide. 5 million living Americans have made suicide attempts. Official figures show that some 25,000 successful suicides occur each year, meaning every 20 minutes someone in the United States commits suicide.

WHO commits suicide

- In united state, peak age for suicide attempts is between 24-44.
- More women make suicide attempts.
- Most suicide occur in severe life stress.
- For Females, most commonly used method is drug ingestion; usually barbiturates.
- Suicide now ranks as the second most common cause of death in the 15-24 age GP.
- Among Indian GP it is above 5 time and Average (Frederick 1973)
- Other high gp includes depressed persons.
- 1) Whites, alcoholics, divorces, migrants, peoples from socially disorganized areas.
- Both Female physicians and Female psychologist commit suicide at a rate about three times that of women in general population.

Stress factors in suicide

Are not particularly different from those found in the affective disorders.

1) International crises.

1) Marital conflict 3) Separation

2) Diverse 4) Loss of loved aims.

- 2) Failure of self-devaluation
- 3) Inner conflict Not to struggle any longer
- 4) Loss of meaning and hope.

Suicidal Intent

Depression and suicide: It would appear that the majority – about $\frac{3}{4}$ of all persons who do commit suicide are depressed at the time of suicidal act. (Leonard 1974; Zung and Green 1974). Individuals ability to think rationally is often impaired.

As Farberow and Litman (1970) have expressed it. Depressed person is emotionally incapable of perceiving realistic alternative solution to a difficult problem. His thinking process is often limited where he can see not other way out of a bad situation other than that of a suicide.

Farberow and Litman (1970)- echoing Hamlet – have classified suicidal behavior into 1) “To be”, 2) “Not to be” 3) “To be or not to be”.

- 1) “To be” – who do not really wish to die.
- 2) “Not to be”- Seemingly are interested in dying.
- 3) “To be or not to be” – 30% suicidal population.

GENERAL SOCIO-CULTURAL FACTORS

1. Hungary – 33% per 1,00,000
2. Western 20 per 1,00,000
3. Czechoslovakia, Finland, Austria and Sweden.
4. United State 12 per 1,00,00 (Canada)
5. Mexico, New Guinea, Phillipine 1 per 1,00,000
6. Islands less than 1 per 1,00,000
7. Primitive GP such as aborigines or Australian Western deserts 0%
8. Catholicism and Mohammedanism strongly condemn suicide
9. Catholic and Arab countries Low
10. Japan – Socially approved under certain circumstances
11. Low income persons from large urban areas.

SUICIDE PREVENTION (Page 615)

An extremely difficult problem. Most persons who are depressed and contemplating suicide do not realize that their thinking is highly restricted and irrational and that they are in need or assistance. Less than 1/3 voluntarily seek help, if the individual “Cry for Help” can be heard in time, it is often possible to successfully inference.

Crisis Intervention: Primary objective of such crisis therapy to help the individual regain his abilities to cope with his immediate problem and to do so as quickly as possible.

Emphasis is usually placed on

- 1) Maintaining contact with the person over a short period or time – usually 1-6 contacts.
- 2) Helping the person realize the acute distress is impairing the ability to assess his life situation accurately and to choose among possible alternatives.
- 3) Helping the person see that there are other ways of dealing with his problem that are preferable to suicide.
- 4) Taking a highly directive as well as supportive role.
- 5) Helping the person see that his distress and emotional turmoil will not be endless. These are “Stopgap” measures rather than complete therapy. As Seiden has expressed it, the suicidal crisis “is not a lifetime characteristic of most suicide attempters. It is rather an acute situation often a matter of only minutes or hours at the most. Suicide attempters remain relatively high risk, who appears to need more assistance. For individual in the first crisis intervention is usually sufficient to help them cope with the immediate stress. Situation and regain their equilibrium. For individuals in second to help them deal with the present problem

situation, but their lifestyle or “staggering” from one crisis to another makes them a very high risk group who need more comprehensive therapy.

NIRAJ AHUJA⁶ CLINICAL FEATURES AND DIAGNOSIS:

DEPRESSIVE EPISODE:

The life-time risk of depression in males is 8-12% and in females is 20-26%, though the life-time risk of major depression or depressive episode is about 8%. The typical depressive episode is characterized by following features (which should last for at least two weeks).

SOMATIC SYNDROME IN DEPRESSION (ICD-10)

The somatic syndrome is characterized by:

- Significant decrease in appetite or weight
- Early morning awakening, at least 2 (or more) hours before the usual time of awaking.
- Diurnal variation, with depression being worst in the morning.
- Pervasive loss of interest and loss of reactivity to pleasurable stimuli.

- Psychomotor agitation or retardation.

1. Depressed Mood:

The most important feature is the sadness of mood or loss of interest and/or pleasure in almost all activities (pervasive sadness), present throughout the day (persistent sadness). This sadness of mood is quantitatively as well as qualitatively different from sadness encountered in normal depression or grief. The depressed mood varies little from day to day and is often not responsive to environmental stimuli.

The loss of interest in daily activities results in social withdrawal, decreased ability to function in occupational and interpersonal areas and decreased involvement in previously pleasurable activities. In severe depression, there may be complete anhedonia (inability to experience pleasure).

2. Depressive Ideation / Cognitions

Sadness of mood usually is associated with pessimism. This results in 3 common types of depressive ideas, i.e.

- a. Hopeless ('there is no hope in future due to pessimism').
- b. Helplessness ('no help is possible').

- c. Worthlessness ('feeling of inadequacy and inferiority').

The ideas of worthlessness can lead to self-reproach and guilt-feelings. Other features are difficulty in thinking, difficulty in concentration, indecisiveness, slowed thinking, subjective poor memory, lack of initiative and energy. Often there are ruminations (repetitive, intrusive thoughts) of pessimistic ideas. Thoughts of death and preoccupation with death are not uncommon.

Suicidal ideas may be present. In severe cases, Delusions of nihilism (e.g. 'world is coming to an end', 'there is no brain in the skull', 'intestines have rotted away') may occur.

SUICIDAL RISK: IMPORTANT FACTORS

Suicidal risk is much more in the presence of following factors:

- Presence of marked hopelessness.
- Males; age >40; unmarried, divorced or widowed.
- Written or verbal communication of suicidal intent and/or plan
- Early stages of depression
- Recovering from depression (At peak of depression, patient is usually either too depressed or too retarded to commit suicide).

- Period of 3 months from recovery.

3. Psychomotor Activity

In younger patients (<40 year old), retardation is more common which is characterized by slowed thinking and activity, decreased energy and monotonous voice. In severe form, patient becomes stuporous (depressive stupor).

In older patients (e.g post-menopausal women), agitation is commoner with marked anxiety, restlessness (inability to sit still, hand-wriggling, picking at body parts or other objects) and subjective feeling of unease.

Anxiety is a frequent accompaniment of depression. Irritability may present as easy annoyance and frustration in day-to-day activities, e.g. unusual anger at the noise made by children in the house.

4. Physical Symptoms

Multiple physical symptoms (like heaviness of head, vague body aches) are common in elderly depressives and patients from developing countries (e.g. India). Hypochondriacal features may be present in up to a quarter of depressive presenting for treatment.

These physical symptoms are almost always present in severe depressive episode.

Another common symptom is complaints of reduced energy and easy fatigability. Patients, therefore, not surprisingly attribute their symptoms to physical cause(s).

5. Biological Functions

Disturbance of biological functions is common with insomnia (sometimes hypersomnia), loss of appetite and weight (sometimes hyperphagia and weight gain) and loss of sexual drive.

When the disturbance is severe, it is called as melancholia (somatic syndrome in ICD-10, Diagnostic Criteria for Research). The somatic syndrome of depression is described in Table 6.1.

The presence of somatic syndrome in depressive disorder signifies more severe and more biological nature of the disturbance. It often also implies a good response to somatic methods of treatment (e.g. pharmacotherapy, ECT).

6. Psychotic Features

15-20% of depressed patients have delusions, hallucinations, grossly inappropriate behavior or stupor. Psychotic features can be

mood-congruent (e.g nihilistic delusions, delusions of guilt, delusion of poverty, stupor) which are understandable in the light of depressed mood, or can be mood-incongruent (e.g. delusions of control) which are not directly related to depressive mood.

7. Suicide

Suicidal ideas in depression, if expressed, should be taken seriously. Although there is a risk of suicide in every depressed patient with suicidal ideation, presence of certain factors increases the risk of suicide.

8. Absence of an Underlying Organic Cause

If depressive episode is secondary to an organic cause, a diagnosis of organic mood disorder should be made.

In ICD-10, the severity of depressive episode is defined as mild, moderate or severe, depending primarily on the number of the symptoms, but also on the severity of symptoms and the degree of impairment.

RECURRENT DEPRESSIVE DISORDER

This disorder is characterized by recurrent (at least two) depressive episodes (unipolar depression). The current episode in recurrent depressive disorder is specified as: mild, moderate, severe without psychotic symptoms, severe with psychotic symptoms, or in remission.

PERSISTENT MOOD DISORDER

These disorders are characterized by persistent mood symptoms which last for more than 2 years (1 year in children and adolescents) but are not severe enough to be labelled as even hypomanic or mild depressive episode. If the symptoms consist of persistent mild depression, the disorder is called as dysthymia; and if symptoms consist of persistent instability of mood between mild depression and mild elation, the disorder is called as cyclothymia.

API¹ Depressive Symptomatology

- 1) Pervasive and sustained mood of sadness.
- 2) Retardation activity, restless agitation, may lead to stupor.
- 3) Pessimism sense of hopelessness, helplessness, guilt self deprecation, and ideas or delusion of poverty, sin or crime.

- 4) Distortion of time sense (a moment seem an aternity)
- 5) Sensory perceptions, lack of brightness in things they see when handling things lack of sense of contact, people and places look different to them.

Physicals:

- 1) Loss of Appetite
- 2) Loss of weight
- 3) Loss of energy
- 4) Fatigability and multiple somatic complaints
- 5) Reduced sleep in quantity and quality, waking 2-3 a.m. failure sleep) nightmares, disturb dreams, fails to bring morning freshness. Sometime hypersomnia.
- 6) Suicidal ideations, feeling of guilt, sin, data indicate 18% suicidal behavior in major depression.
- 7) Delusion of illness like cancer.
- 8) Looking for older than age.
- 9) Interest, poor concentration, memory failure in social, occupational and sexual spheres.
- 10) Diurnal variation early morning worsening, improvement in late evening and early night. (Depressed patient whom morning sun foils to bring cheer, dislike breakfast, correspond to “owl type” said by William Osler.
- 11) Aches and pains associated with other depressive symptom.

- 12) Pain in head, face, eyes, neck, chest, abdomen, pelvis, limbs, back, facial and trigeminal neuralgias.
- 13) Acute localized pain may occur in emergencies, angina pectoris.

Dr. L.P. Shah, Mrs. Hema Shah³ Clinical Manifestation: Changes in Soma and psyche all systems are affected greater or lesser degree as

a) Physical b) Emotional c) Psychological.

a. _____ Physical: Tired, listless, rundown, fatigue, insomnia, anorexia, low weight, bulimia, increase in body weight, abdominal discomfort, hot flushes, vague aches and pains, tingling, numbness, dryness of mouth, constipation, urinary frequency, menstrual changes like amenorrhoea, menorrhagia, reduced sex, lack of interest and impotency, cardiovascular disturbances, pain in chest, palpitation, breathlessness, headache, heaviness of head, giddiness, blurred vision, dermatological disturbance, pruritis, rash, increased and decreased perspiration, neurodermatitis.

b. _____ Emotional: Despondency, gloomy, loss of cheerfulness, reduced enthusiasm, lack of interest, crying spells, lack of confidence, irritability, unexplained fears (phobias), hunting ideas (obsessions), anxiety, feeling of guilt, worthlessness,

c. Psychological: When specially enquired usually remains un-reported. Psychomotor retardation, slowing down physical and mental function, agitation, avoiding people, social responsibilities, tendency to postpone, neglect of daily routine, negativism, stupor, impaired concentration and forgetfulness, delusion of various types illusions, hallucination, unexplained worries and anxieties.

- i) Depressed mood
- ii) Slowed or Related thinking and
- iii) Psychomotor Retardation.

i) **Mild Depression:** The patient is rigid ethically and has moral standards. He is multicolor and perfectionist, self-depreciatory, sensitive to criticism. In mild depression the patient feels fatigued and staleness. Physical complaints with organic cause. Blue spells, the patient lacks confidence in himself. Low his zest and interest for living. Feels inadequate, shows growing aversion to activity. Likes

to be left alone and finds difficulty in perform his ordinary duties.

Appetite and sleep are decreased. The patient looks stale.

ii) **Acute or Severe Depression:** In these cases the patient's body is stooped, head flexed, face immobile forehead furrows, looks fixedly downward. Tongue is coated, markedly loss of appetite. Loss of weight, disturbed sleep. Hypochondrical ideas. Feelings- the patient says that he has no feeling, no interest in any activity. Retarded thoughts: the patient's replies are brief and monosyllabus. Expresses in a very low tone, answers with great effort and appear to use a lot of energy to answer questions. Has suicidal ideas. Psychomotor activity is markedly decrease. Is preoccupied in his own thought. Gradually these patients progress towards stupor, if not treated. Gradually these patients progress towards stupor, if not treated.

iii) **Depressive Stupor:** It is the most intensive form of depression. The patient present with acute dementia, mute, sensorium is clouded, and he is intensive preoccupied. He has dream-like hallucination and marked ideas death.

NOTE ON TYPES Dr. L.P. Shah, Mrs. Hema Shah³:

Typical: Appear in pure form

Atypical: Associated with other conditions.

Typical:

a. Autogenous:

- iv) Endogenous depression (due to autosomal dominant gene carriers, illness from parents to children).
- v) Involutional depression
- vi) Psychotic depression

b. Reactive depression (depressive neurosis)

- i) Bipolar or unipolar.
- ii) Primary or secondary

SL. No	Autogenous	Reactive
1.	Significant stress situation preceding attack minor.	Severe intensity
2.	Biological factors importance (heredity, constitution)	Environmental factors
3.	Cyclothymic persons (swings of mood)	Anxious persons
4.	Melancholic personality (severe form of major depression)	Obsessive personality
5.	Insomnia early morning 2-3 a.m.	Early night
6.	Miserable morning than evening	More worst evening than morning
7.	Feel same when alone or group	Feels better in group
8.	Suicidal tendency more	Less
9.	Relapses common	Uncommon

10. ECT and anti depressants

Psychotherapy and case work

Brief Description of various type:

- Depressive phase or manic depressive psychosis:
Is functional psychosis alternation with manic and depressive psychosis. Persons usually have cyclothymic temperament history of family member suffered, transmitted through autosomal genes (endogenous).
- Involution: Melancholia 45-55 years female-menopausal. Asthenic (weak) body weakness, anxiety, hypocondrias, obsessive.
- Psychotic Depression: To external stress traumatic experience, no history of repeated depressive episodes or cyclothymic mood swing pyknic body (short), hereditary not reported causes viral infection, mal nutrition, psychosocial environmental stress.
- Reactive Depression: In anxious, melancholic, obsessive personality. Illness preceded by physical, physiological and psychosocial stress like sudden death, loss of job, loss of prestige, financial stress, marital and sexual disharmony.

M.S. Bhatia⁸ Differential diagnosis of major depressive episode

- a. Organic Mood (Affective) Syndrome with depression.
- b. Primary Degenerative or Multi infarct Dementia.
- c. Schizophrenia
- d. Schizoaffective
- e. Dysthymic and Cyclothymic disorders
- f. Chronic Mental Disorders.
- g. Anxiety Disorders
- h. Uncomplicated bereavement
- i. Others, e.g. Primary hypochondriasis, traumatic neurosis or Adjustment Disorder with Depressive features.

NIRAJ AHUJA⁶ COURSE AND PROGNOSIS

Unipolar depression is common in two age groups: late third decade and fifth to sixth decades. Depressive episode lasts from 4-6 months. Unipolar depression lasts usually longer.

With rapid institution of treatment, the major symptoms of mania are controlled within 2 weeks and of depression within 6-8 weeks.

Nearly 40% of depressives with episodic course improve in 3 months, 60% in 6 months and 80% improve with in a period of one

year. 15-20% of patients develop a chronic course of illness, which may last for two or more years. Chronic depression is usually characterized by less intense depression, hypochondriacal symptoms, presence of co-morbid disorders (like dysthymic disorder, alcohol dependence, personality disorders and medical disorder), presence of ongoing stressors and unfavorable early environment.

As the age advances, the normal intervals between two episodes shorten and, the duration of the episodes and their frequency increase. Although not all patients have relapses, it has been estimated that up to 75% of patients have a second episode within 5 years.

Some patients of bipolar mood disorder have more than 4 episodes per year; they are called rapid cyclers. 70-80% of rapid cyclers are women. When the phases of mania and depression alternative very rapidly (in matter of hours or days), the condition is called as ultra-rapid cycling.

Some of the factors associated with rapid cycling include the use of tricyclic anti-depressants, low thyroxin levels, being a female patient, bipolar II pattern of illness, and the presence of neurological disease.

There is an increased mortality in patients with mood disorders by almost two times the general population. The most important cause of death is suicide, the life-time risk of which is 10-15 times higher in

depression. Patients with depression also exhibit a variety of disturbance in immune function.

PROGNOSIS

Classically, the prognosis in mood disorders is described as better than in schizophrenia. The good and poor prognostic factors in mood disorders are described below:

PROGNOSTIC FACTORS IN MOOD DISORDERS

Good Prognostic Factors:

- Acute or abrupt onset
- Typical clinical features
- Severe depression
- Well adjusted premorbid personality
- Good response to treatment

Poor Prognostic Factors:

- Co-morbid medical disorder(s), personality disorder(s) or alcohol dependence.

- Double depression (acute depressive episode superimposed on chronic depression or dysthymia)
- Catastrophic stress or chronic ongoing stress
- Unfavorable early environment
- Marked hypochondriacal features, or mood incongruent psychotic features.
- Poor drug compliance.

A NOTE ON GRIEF AND DEPRESSION

Features	Grief	Depression*
1. Identification with deceased	Normal	Abnormal
2. Ambivalence	Less	More
3. Suicidal ideas	Rare	Common
4. Global worthlessness	Rare	Common
5. Self-blame	Limited to loss	Global
6. Response evoked from others	Empathy; Sympathy	Annoyance; Irritation
7. Self-limited	Usually	May not be
8. Response to assurance	Good	Poor
9. Vulnerability to physical illness	Increased	Increased

* Depression means here severe depression

A. Altschul A.R., Simpson¹⁶ General Management and Nursing Care:

Nursing patients who feel depressed: Can keep Psychiatric nurses who know something about the disorders they are helping to prevent and cure, and about mental health which they are trying to restore. The nurse should be able to give warmth, even though she does not receive any response.

- 1) Physical Care
- 2) Suicidal tendencies, observations (routine, precaution against suicide)
- 3) Dangerous objects away (Eg. Poison, sharp instruments)

Elizabeth B. Hurlock¹⁷: Early Adulthood personal and social adjustment:

Early adulthood extends from age 18 to appointment age forty.

Early adulthood is a period of adjustment to new patterns of life and new social expectations. Early adulthood is

- a) Settling down age
- b) Period of emotional tension
- c) Period of social isolation
- d) Period of time of commitment
- e) Period of dependency
- f) Period of time of value change
- g) Period of as the time of adjustment to new lifestyle
- h) Period of creative age

When emotional tension persists their worried may be mainly concentrated on their work because they feel they are not advances as

rapidly as they or worries may be concentrated on marital parenthood problems. When they feels that they are not able to cope up with the problems, often emotionally disturbed that they contemplate or depressed attempts suicide.

Conditions responsible for interest change adulthood

- 1) Changes health condition
- 2) Changes in economic status
- 3) Changes in life patterns
- 4) Change in value
- 5) Sex role changes
- 6) Changes from single to married status
- 7) Assumption of Parental Role
- 8) Changes in Preference
- 9) Changes in cultural & environmental pressure

PSYCHOTHERAPY

Bimla Kapoor¹⁵ In treatment modalities for psychiatric patients the approaches used are: Psychopharmacology (Unit XV), Psychotherapies or Psychological treatments and somatic therapy or physical treatment. In this unit the emphasis will be on psychological treatment or psychotherapies. Psychotherapy is the treatment used for a patient with emotional and personality problems. It is also used for problems which originate due to psychological factors. The basic principle of psychotherapy is the Therapist-Patient Relationship. (Refer Chapter V, Unit XIII).

Psychotherapy involves talking with a trained mental health professional, such as a psychiatrist, psychologist, social worker, or counselor to learn how to deal with problems like anxiety disorders.

Definition Of Psychosocial Therapy

Psychotherapy is the treatment of personality problems, maladjustments and mental disorders by psychological means. Wolberg (in Longman Dictionary of Psychology and Psychiatry) defines psychotherapy as, "A form of treatment for problems of an emotional nature in which a trained person deliberately establishes a professional relationship with the objective of removing, modifying or retarding existing symptoms, of mediating disturbed patterns of behaviour, and of promoting positive personality growth and development".

Lego S. defines psychotherapy as, “A method of treatment based on the development of intimate (therapeutic) relationship between client/ patient and therapist for the purpose of exploring and modifying the client/patient’s behaviour in a satisfying direction”.

A Psychiatric Glossary (1980) defines psychotherapy as, “A process in which a person who wishes to relieve symptoms or resolve problems in living or is seeking personal growth enters in implicit contract to interact in a prescribed way with a psychotherapist”.

All the three definitions emphasize the basic concepts that: 1) In psychotherapy a therapeutic relationship is established between the patient and the therapist; 2) The purpose of psychotherapy is to modify, remove or reduce the factors causing a disturbed behaviour and, 3) To help the patient to grow and develop coping mechanism to face the problems in future, and improve in social functioning.

Goals Of Psychosocial Therapy

The goals of psychotherapy are to help the patient in:

- i) Changing maladaptive behaviour patterns.
- ii) Reducing or eliminating environmental conditions that may be causing such a behaviour.
- iii) Improving interpersonal and other competencies, i.e. communication skills.

- iv) Helping the patient to resolve inner conflicts and overcome feelings of handicap (such as the patient feels he can't socialize, or take a decision or communicate effectively).
- v) Modifying an individual's accurate assessment of himself and the world around him.
- vi) Helping him to develop a sense of self-identity.

So, psychotherapy helps in reducing the patient's discomfort, improving his social functioning and ability to perform act appropriately.

Supportive Psychotherapy

It is a form of "surface therapy". The therapist helps the patient client to relieve emotional distress and symptoms without problem into the past or attempting to change or alter the basic personality of the client and utilizes various techniques such as:

- i) Ventilation
- ii) Environmental manipulation;
- iii) Persuasion;
- iv) Reeducation and v) Reassurance.

Behavioural Psychotherapy

It is a form of psychotherapy which focuses on modifying faulty behaviour rather than basic changes in the personality. Instead of

probing the unconscious or exploring the patient's thoughts and feelings, behaviour therapist tries to eliminate the symptoms and modify ineffective or maladaptive patterns by applying basic learning techniques. The approaches are based on the clinical application of classical and operant conditioning principles originated by Pavlov and Skinner respectively.

Interpersonal Psychotherapy (IPT)

Developed by Klerman et al (1984). It focuses on current interpersonal problems in out patient nonbipolar, nonpsychotic depressed patients.

Interpersonal therapy is the term used by J.L. Morena for a type of psychotherapy in which there is emphasis on the interpersonal relationship of the various persons involved, such as husband, wife and one or more other parties.

Coleman J.C. included marital and family therapy and transactional analysis in interpersonal psychotherapy.

Types

Marital Therapy:

This psychotherapy is directed at improving a disturbed marital relationship. It is centred on efforts to change the psychodynamics and behaviour of the partners. The sessions are usually conjoint. In a conjoint session two partners meet the therapist in joint sessions.

Marital therapy may be conducted on a problem solving level in which grievances are aired and clashes worked through or on a more analytic level focusing on dreams, unspoken communication and the sources of defensive or aggressive attitude.

For example, the husband may say during the sessions. "She does not have any complaint against me, but still she is not happy that makes me uncomfortable". During the session the wife may start crying and confess, "Often I wanted to reply him back but seeing his anger and children around me I have been withdrawing into silence. But what's the use of talking?"

In other words, insight is shared by the couple which may help them in a satisfactory marital relationship.

Family Therapy

It is a form of group psychotherapy in which the family is a therapeutic unit. Family is the matrix out of which all human interactions develop. The objective of family therapy is not merely to improve relationship but to modify home influences that process, the therapist helps individual members to become aware of their distorted reactions and defensive patterns used by them. The therapist also encourages the members to communicate more meaningfully and handle their difficulties in a constructive manner.

Most of the psychopathology in an individual occurs due to the way he deals with his intimate relationship with family members.

Changes in the individual behaviour can only occur if there is a change in all the members of the family.

Clifford T, Morgan, King, Neisz, Schopler⁴² Life experience, learning and social interaction in depression

In psychoanalytic theory Depression is seen as resulting from an overly demanding superego. One that sets standards too high for the person to live up to and from early loss or attachment figures.

Cognitive Processes and Depression

Depression involves a kind of “giving up”, or learned helplessness. Stop trying to make the things better. If people attribute this lack of control to personal causes their self esteem will be impaired. If they believe the causes are stable, then their depression will be long lasting. If they believe their lack of control extends to many situations, then their depression will be generalized across situations. In other words depression is colored by cognition.

Aaron Beck (1974, 1976) is another theorist who emphasizes cognitive, or thought aspect of depression. He sees primarily depression as a thorough disorder and secondarily as a mood disorder. According to Beck depressed persons are dominated by negative views of self, the outside world and the future. They see themselves as losers, and all their perceptions are coloured by this major premise, Beck (1974) further prepared than depressed people

experience major distortions of logical thoughts. These distortions include:

1. Arbitrary Inference: Drawing a conclusion base on too little evidence or no evidence at all (eg. A house wife concludes that her husband does not love her he leaves for work every morning.
2. Selective Abstraction: Drawing a conclusion by concentrating on an detailed aspect of situation.
3. Over Generalization: Unjustified generalization from limited evidence (eg. A student who receives a low grade on a single assessment is say that he or she failing the course and will never graduate or get a job).
4. Magnification and Minimization: Exaggerating or limiting the significance of information (A dropped stitching Sweater makes the Kitter want to thro it away (magnification), an employee continuous to feel in competent even after given a raise (minimization).

In contrast to Beck's view some recent research suggested the depressed people may actually make more accurate assessment of themselves and certain situation than non-depressed people. For example in one study (Lewinsohn et al, 1980) depression may be, inpart a breakdown of this process.

A careful review of the research on cognitive processes (Coyne and Gotlib 1983). Some truth in each model, but there may be also several ways of thinking that can go along with being depressed.

SHORT-TERM PSYCHODYNAMIC PSYCHOTHERAPIES:

- Group Therapy
- Millieu Therapy

HOMOEOPATHIC REVIEW

P.N. Banerjee¹⁸ Mental illness are recognized as disease only when the man is considered insane and is, as such, unable to perform his usual functions, and it is the monthly that some course of treatment is sought. But if are look deeper into the matter and watch the condition of minds of those around, perhaps we will hardly find one man with sound mind out of one thousand individuals. And yet there is no anxiety in any body for freeing the mind of its disease. It is really unfortunate. E.g. The thief certainly knows that stealing is bad will put him in “Jail”, when he is caught, and he is certainly, therefore,

tries to avoid stealing, but yet he steals. The explanation is that he cannot avoid it, and that means that his mind is ill, that his mind is diseased. The sound, healthy mind, cannot have the first impulse of stealing not to speak of making a habit of it. The sound mind cannot have the inclination for felling an untruth. Compulsions and tendencies comes from diseased mind. Bad thoughts and bad actions are impossible in a healthy mind. Disease originates from mind (38) evil thoughts – evil action – mind shapes the body. If you want to keep the body in health, you must take care of the mind first (39) when anything or any medicine acts an body, the first touch of that action is on the mind(40). Of the thing acting is a material. If any thing is to act on mind it has to be on the care plane, of the same fineness and subtlety as the mind. Because material enter converts in to a fineness to reach the mind (40). The mind of Psora Sycosis Syphilis are very fine-as fine as subtle as the mind, - as this is why they are able to act on it at once (40) higher potencies commenced their immediate action on mind (40).

P.N. Banarjee¹⁸ The elements of the mind are not considered to be if much consequence, at least so long as they do not assume such dimensions to affect notice and to render the man incapable of his usual duties, (34). Bad thoughts and bad actions are impossible in a healthy mind (36,37). Disease originates from mind. Evil thoughts first and than evil action (38). It is the mind that shapes the bodies.

Homeopathic medicine in low potencies fails to act on the mind, but when they are of higher potencies, this first action is on the mind (41). The primary infection of the mind mentioned above is connected at once, the mischief if ends there.

R.E. Dudgeon¹⁹ Eventually establishing a dramatic cure of a patient, Herr. Klockenbring. The account of this cure, was published in 1796 and this proves Hahnemann was one of the earliest, if not the very first, (1b1d) to advocate a “treatment” of the insane by mildness rather than coercion. In fact, it was on 2nd sep. 1793, that “Pinel made his first experiment of unchaining manias in the Bicetre”. Which was some 15 months after Hahnemann had-commenced treating Klockenbring.

This single incident undoubtedly provided Hahnemann with insane pioneering ideal about the nature of mental disease and how sufferings ought to be treated.

Richard Haehl, M.D.²⁰ As to the individual characteristics of each. Patient he had always been accustomed to pay the greatest attention, not only to the particular. Physical constitution, but above all to the mental and temperamental nature of the subject were are thus in a position to understand the unusual interest and the fine understanding

which is exhibited for the unfortunate victims of mental derangement with these principles. Hahnemann was originating entirely new methods in the treatment of mental patients, independently of his famous contemporaries Pinel and Reil. As a matter of fact Hahnemann actually acquired for himself in psychiatry a great on merit than Pinel. An impression that Hahnemann possessed on extraordinary understanding for the nervous and mental activities of his patients. Numerous passages in aphorism 210-230 prove irrefutably that Hahnemann was very much interested in these methods and indeed considered psychotherapy in certain cases to be more important, more applicable than the use of Homeopathic medicines.

_____ The Anatomist and psychiatrist Reil (1759-1813) was a “Friend of Goethe and publishers of various medical journals, who was the first to use the term” psychiatry. The treatment of melancholy included pleasing physical stimuli such as heat, studying esthetic paintings, strolling, and swinging”.

_____ The chief resource that is alluded to by others in support of Hahnemann superior and prophetic views on mental illness is his treatment Klockenbing in Georgen that in 1792. This even was certainly critical in formatively creating own views on this subject.

Hahnemann entry into the psychiatric field was four years before William Tuke, the English Quaker had finally established the retreat

in Yort-and a year before. Pinel reformed the Bicetre Asylum in Paris, (Hobhouse 85).

At the time of Hahnemanns incursion into his field, the insane were “treated like wild animals..... chained in dungeon-like cells”, (Cook, 62). The usual treatment at the time was “by violence..... whipping a dungeons”. (Bradford. 54).

Bradford²¹ Hahnemann also appreciated the importance of the law of similars when he referred to a cure by Hippocrates of his friends mania by the use of Hellebore (which can) produce the symptoms of mania, (Hobhouse, 92) Apparently this observation provided one confirmation for his idea of the central importance of similar medicine.

During the two years following his translation Cullen’s Materia Medica and the apochal Cinchona bark proving in 1790 that derived from it, Hahnemann “continued to experiment upon himself and on his family and certain of his friends with different substances”, (Bradford, 52). But he had not yet, tested the truth of his new principles the sick. The insanity of Klockenbring gave him the opportunity. However, for the first few weeks Hahnemann simply observed Klockenbring without giving him any medicine treatment. (Hobhouse, 89).

During the first weeks simply watched him, without giving him any medical treatment (Hael 1-42).

Klockenbring had been Hanoverian minister of police and secretary to the chancellery (and) in his fast life, he developed great eccentricity (Bradford, 53), but he became the subject of a satire claiming he was a close associate of drunken brothel keepers and that he had the most dangerous venereal disease and moral vices ranging from drunkenness to fraud. (Cook 62)

As a public figure and family man who could not stand such accusations, he became violently insane, (Bradford, 53). “In June 1792 he was brought to Georgenthal”, (Hael 2-33).

Richard Haehl²² Being so violent that he was escalated by two well-built men to keep him under control (Cook, 63). His face was covered with large spots, was dirty, and imbecile in expression. Day and night he craved. He was afflicted with strange Hallucinations would recite in Greek actual words of Hebrew text, Bible story to his keepers he destroyed his clothing and bedding, took his piano to pieces and exhibited most perfect form of excitable manias (Bradford, 54-55). As Cook suggests, it seems likely that his raving were indeed those of the tertiary stages of syphilis, (Cook, 63), as his cruel satirist had suggested in the first place.

Hahnemann found by experience that home treatment is not suitable for all cases of insanity (Haehl 1-43).

Dr. T.P. Chatterjee²³ In the present-day world, the stress strain syndrome has generated a vicious circle of disease for which everybody is paying dearly in the course of his struggle for existence. Brings about disharmony in the vital dynamic which languishes in its trail and struggle helplessly by giving more subjective symptoms – mental and emotional – than corporeal. Hahnemann who gave first scientific touch to the so called mental diseases in his organon, the Bible of Homeopathy. Classification as per modern terminology, may be called

- 1) Neurosis aph 224
- 2) Acute emotional diseases 221, 222
- 3) Psychosomatic disease 225, 226
- 4) Somato psychic disease 226, 229

Hahnemann recognized psora as the basic miasm has recommended anti - psoric remedies for a cure. (Any undue aberrations carried by sudden shock, strong emotion, maladjustment in social-economic life including marital relations deep resentment, suppressed desires and emotions, sensuous living, depressing disappointments in life, make the simple aberration of mind more permanent and it is here that psora gives a leading hand to the other 2

miasm. Inter-action of these miasm makes life miserable, to chronic diseases and prompts even suicide) (83).

Dr. Ortega²⁴ has point out

- 2) A slow sluggish or depressed mind – psoric
- 3) A hyperactive, hurried psychism will tend towards a changing and unstable psychism which will make evident the hypertrophy of the ego in the sycotic individual.
- 4) The degenerative depravation that should the spirit with its tendency towards destruction and death will constitute the syphillitic position (83).

Physician he has to be psychiatrist in addition. And here Hahnemanns “friendly exhortations”.

- a) Consolatory arguments.
- b) Sensible advice.
- c) Serious representation.
- d) Well disguised deception aph 226 comes into play.

He has advocated importance of

- 2) Gently
- 3) Sympathetic and human behaviour towards the mental patients.

Sarkar B.K.²⁵ Mental diseases and their treatment in apho 210-230
mental disease classification by Hahnemann.

- 1) Corpo - mental.
- 2) Mento corpal.
- 3) Sudden outburst of insanity and mania
- 4) Doubtful in origin.

PLACE OF DEPRESSION IN WOMEN DUE TO FAMILY **STRESSOR IN HAHNEMANNS CLASSIFICATION**

Hahemann considers mental disease as one sided diseases of the
chronic type affecting the whole psychosomatic entity where the front
of derangement has been shifted on the mental aspect of the human
organism after the physical disturbances have been suppressed by
unhomoeopathic treatment or through some other natural cause (215-
216).

Hahnemann states in mento-corporeal type. Where the mental
aspect is primarily deranged and those disturbances finding the body
slightly yielding to the altered psychological conditions maintain the
body in a disturbed condition and continue the psycho-pathological
state of the patient. These are also continued in a vicious circle by
emotional case, such as ancient worry vexation wrongs and the
frequent occurrence of great fear fright (414).

Illness has been defined by F. Mobras a living even taking place in a living organism which is itself alive only by virtue of the fact that in it, psychic and somatic are united in a living unity. Certain stressors are there by set up that discharge. Themselves among the various peripheral nerves leading to development of somatic symptoms or certainly in the mind leading to changes in the persons personality.

Hahenemann provides, Here a very Ingeneous diagnostic Tests. If the mental effect proceeds from one or more factors belonging to psychological condition, that will be improved by sensible friendly exhortations, consolatory arguments, serious representations and sensible advice.

TREATMENT OF DIFFERENT TYPES OF MENTAL DISEASES:

In mental diseases originating predominantly from psychogenic causes and if they are of recent origin psychotherapy should be taken recovers to. Here is the scope for comparatively recently discovered psycho-analytical method of Freud, Young and Adler (though the actual details of these procedures could not have been possibly known to Hahnemann but he anticipated their utility) clearly mentioned that the patient is to be carefully encouraged to regain self confidence to remold his life in the path of retribute where there had been moral lipes. The physician to the patient should not only be his prescribed

but also his friend, philosopher and guide to keep the patient to resolve his complexes and revert to healthy growth and development of his personality very often the cause of mental de-arrangement lies in the failure on the part of the patient to adjust himself to the situation he finds himself in and through his defect further in roads of unsocial and immoral instincts which lay hither to dormant in this sub-conscious mind, take place in the surface consciousness. These develop in all the turmoils, dissociations and disintegration of personality to render a man misfit in the world of actual reality.

Hahnemann also mentioned in fact note (13) to sec 222 that. It very rarely happens that a mental or emotional disease of long standing cures spontaneously and they are reckoned as cured person. But he points out that these are only instances where internal dyscrasia transfers itself again to the grosser corporeal organs. But are careful scrutiny of patient even in that stage will reveal to the eyes of a discerning Homoeopath many symptoms indicated. The presence of psoric infection in the state of health of the individual and justifying the need of instituting anti-psoric treatment on the individual concerned. During Hahnemanns time mental cases were reckoned as cured cases often suppressed to be possessed by evil spirits; and so all the oppressive medical men could devise, were applied to the patients in the Lunatic Asylum. The credit of adopting humane methods in the management of insane persons, certainly goes to Hahnemann. And he with his phenomenal genius and clear institution anticipated the

broad principles of psycho-therapeutic method which are necessary in some cases solely; and also differentiated those cases which called for judicious combination of psycho-therapeutic and anti psoric drug therapy.

Rajan Shankaran²⁶ When you examine a remedy's physical and mental states you will find the connection so strong that it is difficult to deny. The physical and mental state are unity, whatever mental state is being caused, or at that time exists, must be in tune with physical state. It is much easier to identify the state of mind rather than the physical symptoms.

Herbert. A. Roberts.²⁷ The greatest force to rouse the evils of psoric dyscrasia is grief and sorrow. There emotions seems to have particular power in bringing out the exacerbation, and people under the influence of grief and sorrow will often develop immediately same acute sickness.

Psoric patients have much depression of spirit, if the patient is a women, she will suddenly bush out crying, which relieves the whole condition. When they get into this depressed condition everyone knows of their troubles, because they are not accustomed to silent grief. Melancholy patients on awakening from sleep have heart

palpitation, and they become nervous and anxious, constriction of heart flushes of heat. They pass from depression of spirits into moodiness, sulkiness or its of temper, then suddenly come out of these moods and act like a entirely different mood.

Aph-210 patient with inherited latent syphilis are mentally dull, heavy, stupid and especially stubborn, sulkem, morose, and usually suspicious. They are always depressed, but in the depression they keep their troubles to themselves and sulk over them, develop fixed ideas. Which are not irradiated by any amount of explanation or talk. Their mental powers are slow in reaction become melancholy, self condemn. Like to be alone, get desire to escape from themselves and as well as from others. In their slowness of comprehension, thoughts vanish, they forget, hard to get back-night.

(211) Tubercular patient manifest the union of syphilitic and psoric dyscrocias.

(231) Sycosis coupled with psora, is basis of most criminal insanity and of most suicide, and mentals > when warts and fibrous growth appear > return or breaking up of old ulcers > return of acute gonorrhoeal manifestation.

P.N. Banarjee¹⁸ It the soundness of if the real solution lies in making the mind sound and healthy how can that be affected? In order to

answer that question it is necessary first of all to find out why the mind becomes diseased. The mind is diseased by the same cause as the body. Because the mind is only a fine condition an immaterial spirited condition of the material body; The material body is product of mind. Psora, sycosis, syphilis disease our body and so do they disease the mood (39-40).

Psora, sycosis and syphilis can be removed from the system in a permanent manner only by Homoeopathy. Psora mental disquiet for no apparent cause moroseness, fearfulness P.No.280. Full of fear restless and fearful. Sycosis selfish, suspicious syphilis is very deep and incidious in its onset and night, He feels an irresistible impulse for committing suicide and thinks only of possible means for relating that impulse, forgets all have for life (305) psora is the outcome of evil thoughts while the other two are the outcome of evil action.

J.H. Allen²⁸ Quite often mental symptoms rise and fell with the general state of the health or through the influence of moon, or other planetary changes by atmosphere or barometric risings and falling now as the mentals, to a great degree, rules over the body. This is the reason Hahnemann gave them such great value, as they were primary or basic, and when a remedy was carefully selected, basing it upon the mental phenomena, the cures where prompt and quite often permanent.

Baldwin²⁹ The organon of the art of healing

(aph 210) The so caused diseases of the mind are the partial exhibition of chronic sickness, the physical symptoms of which are absured by the manifestations of the abnormal mental state. (aph 211) The state of the patients mind and temperament, least of all, should escape the physician's acute observation. (aph 212) The state of the mind and disposition is the principal feature of each disease. Each potent medicinal substance are alter, perceptibly, the mental condition and mad in its peculiar manner. (aph 213) Hence treatment of disease would not be in accordance with nature of mind a temperament were ignored when collecting the totality of symptoms for any particular case. (aph 214) Mental diseases are curable only by a remedy having a pathogenesis which is very similar to the totality of symptoms of the sickness, including both mental and physical symptoms. (aph 217) The remedy chosen should meet with the greatest similitude the mental and physical symptoms. (aph 222) Although a patient is relieved of an acute mental disorder by means of non anti-psoric medicine, he should not be considered entirely cured. (aph 223) Anti-psoric treatment should proceed, in order to avoid subsequent and more serious attack, which will arise from slighter cause and grow more difficulty curable. (aph 224) Mental diseases induced by bad habits or depressions experiences can be managed by admonition, sympathy or argument. If the malady is of a constitutional character it will be made worse by such procedure.

(aph 225) If the malady is the result of grief, mortification, vexation, insult, fear or bright it may profoundly affect the physical health. (aph 226) These, if treated early, may be cured by physical methods, gentle kind admonition appeal to reason, skillful deception, or carefully regulated habits. (aph 228) Diseases of the mind and temperament can be cured only by the Homoeopathic remedy supplemental with proper physical hygiene and psychical regimen strictly enforced by physician and attendant. (aph 229) The patient should be treated as if regarded rational, not reproached or vituperated. (aph 230) Minute doses of Homeopathic remedies will accomplish more than much allopathic medicine persistently administered. One of the triumphs of Homeopathy in its successful treatment of chronic mental diseases.

S.P. Dey³⁰ Mental diseases result from one maintaining causes e.g.- facts of education, bad practices, corrupt moral, neglect of mind; superstition of ignorance etc. can be treated sensible friendly exhortations, consolatory arguments, serious representations, sensible advice and deception in disguise. But if, even after removal of the maintaining cause, the patient though relieved is not completely cured, we are to think of some deep seated miasmatic treatment as said before. Emotional disease arising from some emotional upset e.g.- continued anxiety worry, vexation, wrong, bears etc. such cases mind is primarily affected and the disease may subsequently be

transformed into physical affection and in time may destroy the corporeal health to a great degree.

Along with the above advice appropriate diet and regimen is to be strictly followed. But the fundamental cause is most of these cases is psora and unless radical anti psoric treatment is carried out, these patients will not be cured completely and in future any slightest emotional upset may result in a relapse of the same mental disease, rather in an exaggerated form, may take the help of non-miasmatic symptomatic medicine for the acuteness of the attacks followed by anti-miasmatic treatment. Thus we see, emotional diseases arising and settling primarily in the mind are rather easier to cure than those transformed from corporeal diseases.

If we follow the directions of Hahnemann strictly, we can very well tackle almost all mental diseases provided we get sufficient scope and necessary amenities for the same we are anxiously waiting for the days when Homoeopathy may get chance of proving its efficiency and superiority in this highly important field of medicine.

Boericke Garth³¹ If a person has a well marked mental symptom of a drug and a well marked absolute symptom of another, the drug with the mental symptom makes precedence over the other. The mind is the highest form of cellular activity and changes here are always individuals. Moreover, it is recent changes brought about disease

which are significant, not the natural nature of the best. Thus, a sunny disposition becomes markedly irascible during illness. Phobias may develop apathy or the patient becomes sad and weeps. Again a word of caution-do not “fish” for mental symptoms. They must be very obvious to be reliable and then they take precedence over all other types.

James Tyler Kent³² The soul adopts the human body keeps that body animated, keeps it moving, perfects its uses, superintend all parts and at all same time keeps the operation of operation of mind and will in order.

Otto Leeser³³ In undertaking of a constitutional therapy there is already the implication that the constitution is not an unalterable state, this conception does not involve the restriction of constitution to inherited properties but the dynamic definition presume a psychosomatic constitution in which the following connection of inherited disposition up to the present disposition is regarded.

Dr. Samuel Hahnemann³⁴ explanation on treatment of so called mental and emotional diseases given in aph No 210 to 230.

Hahnemann considered mental diseases as one sided diseases of chronic type effecting the whole psychosomatic entity. All diseases are

psychosomatic in nature involves both psychic and physical sphere of the patient. Mind and body are absolutely 2 separate entity, but they form invisible whole, inseparable both under control of vital force. Mental symptom assure great importance to select simillimum.

- Mental disease which develop independent of corporeal (psychotic) diseases. Originates from emotional causes. (reactive depression).
- Mental disease which appear suddenly mainly comprise of manias can be considered sudden flaring up of dormant psora.
- Should be first treated with acute remedies helping in reverting the psora to its former latent state and there by, relieving patient. Permanent care and prevent recurrency treated with antipsoric remedies. Prevents second attack precipitated by slightest cause and thereby, making it more difficult to cure.
- (Aph 210) – Mental disease usually psoric in origin.
- (Aph 214) - For care of mental disease we should select a medicine which is capable of proving morbid state both in body a mind as similar as possible to the disease state.
- (Aph 223) – Hahnemann says that a chronic mental and emotional disease of long standing which started from or which started with corporeal diseases when treated with anti psoric medicine, does much better than by allopathic medicine.
- Decide whether the mental disease has developed fully or not, patient improves by sensible advice, Friendly exhortation than the disease has not developed & should be so treated. But if

they become worse then is a fully developed mental disease and should be treated with symptomatic remedies.

E.A. Farington³⁵ (mental symptoms –534) Lachesis and other allied remedies mental symptoms.

Lachesis – sadness, stupor.

Naja – Brings about depression of spirits etc. weak memory, natural result of poison which is so powerfully depresses the mind.

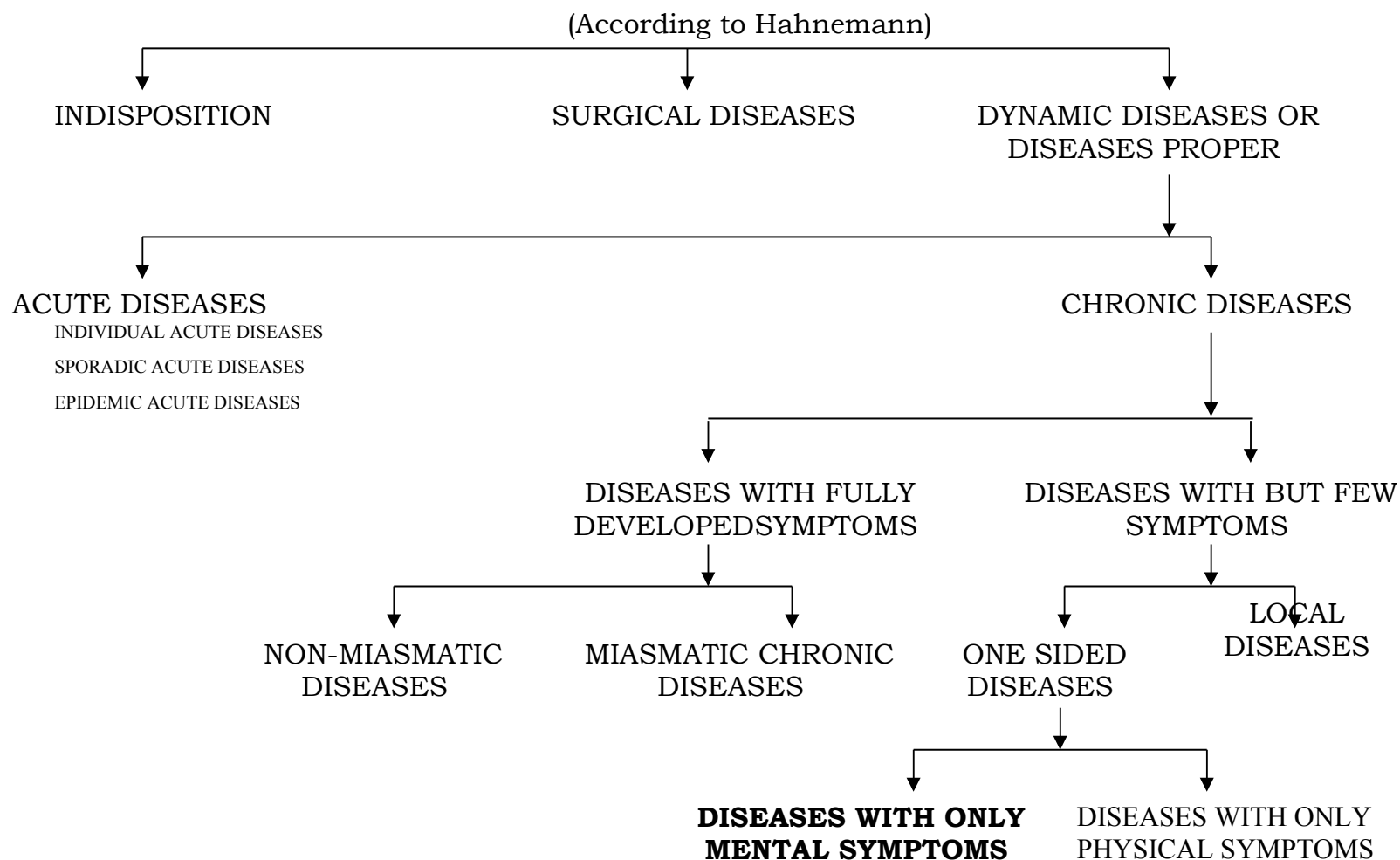
Ant Crud – Depression of the spirits or ecstatic mood.

Lyco- Depression of spirits, angry, proud etc.

R. Gibson Miller and James Tyler Kent³⁶ In the highest ranks must be placed all mental symptoms, and of these all symptoms of the will and affections, including desires and aversions, also irritability and sadness, are the most important, of less importance are disorders of the intelligence, while those of memory rank lowest or the mental symptoms.

HAHNEMANN'S CLASSIFICATION OF DISEASES

CLINICAL CLASSIFICATION OF DISEASES



**VIEWS OF DIFFERENT AUTHORS ON DEPRESSION /
MELANCHOLY AND ITS TREATMENT**

Richard Hughes³⁷ Melancholia which is out of all proportion to any bodily disorder on which it is engrafted; which is traceable; to inheritance or acquirement to psychological cause; and which requires remedies or another group. I am glad to find that Dr. Talcott confirms my recommendation of Ignatia as the best medicine in recent cases. He emphasized the suspension of the power of weeping as calling for it, where also “ the grief that cannot speak “ Whispers O’ erfraught heart, and bids it break. (Some cases illustrated the sphere of Arsenicum, Aurum and pulsatilla in the melancholia, by Dr. Junge, may be read in J.B. H; S, iv., 137. North American Journal of Homoeopathy: Feb; 1837.

Where the patient weeps overmuch, and the physical state is of the Anaemic, atrophic state; characteristics of it; Natrum muriaticum may take the place of Ignatia.

In more confirmed cases over choice generally lies between Aurum and Aurum and Aresenicum. Dr. Talcott has been disappointed in the former metal; but this is probably because his hospital patient are in too low a physical condition to render it suitable. The testimony borne to it by Hahnemann himself and several of his followers is too strong to be neglected. It is ; as you know, when suicidal tendencies manifest themselves has so much repute among us; and I have suggested that its mental State, though urgently demanding treatment

on its own merits, is one primarily engrafted on hepatic or testicular disease. But while Vindicating the traditional claims of Aurum, I fully subscribe to all that Dr. Talcott has written in praise of Arsericum Dr. Morris Butler – who worked with Dr. Talcott opines. Seratrunalb in melancholia Attonita. Melancholy characteristic of opium eaters.

Samuel Lilienthal³⁸ Melancholia cum stupore, attonita: Apis, Bapt, Dig, Gels. Oleand., Op., Veratr. Alb.; or Arg. nit Ars., Chin ., Cimicif., Crot. tigl., Ust.

Melancholia religiosa: Ars., Aur., Croc., Lye., Melilot., Puls., Sil., Stram., Sulph., Veratr., Zinc.

Anxiety as if the had committed as crime: Alum, Ars., Chel., Cocc., Cycl., Dig., Ign., Merc., Sulph., Veratr.; **as if persecuted:** Chin., Lach., Sulph., etc.

Anguish and despair: Acon., Amb., Calc., carb., Ign., Lach., Lye., Puls., Sarsap., Vat., Vertr.

Jealousy: Apis, Hyosc., Lach; **hate against loved ones:** Agn, Fluor. Ac., Sep.; **avarice:** Calc, fluor., Lys.; **wishes to be alone:** Acon., Bell., Coca, Dig., Rhus.

Suicidal tendency: Ars., Aur., Ant. Crud., Caps., Carb. v., Chin., Merc., Naja, Nux v., Puls., Psor.; Agn, cas., Alum.; **drowning:** Bell., Dros., Helleb., Hyosc., Puls., Sec., Veratr.; **hanging :** Ars.; **shooting:** Ant. Crud., Carb. v.; **to throw himself from a height :** Bell.; **hopelessness:** Arn., Aur., Cham., Cocc., Helleb, Hyosc., Ign., Op.; **sadness:** Abies, Acon., Caust., Cepa, Cimicif., Ign., Natr. m.

Variableness: Alum., Fer., Ign., Plat., Puls., Sep., Sulph. ac., Zinc.

Abrotanum. – Great anxiety and depression, gloomy and desponding (abdominal); ill-natured, irritable and peevish, **feels as if she would do something cruel; no humanity;** easily tired out by conversation or mental efforts; indolence and aversion to physical exercise; head weak, can hardly hold it up; face wrinkled old pale.

Agnus castus. – Sexual melancholia; **atonic condition of sexual organs;** hopelessness; patient thinks there is no use to do anything, as death is sure to come soon.

Ailanthus. – Low spirited. Continued sighing, restlessness, confusion of ideas; electrical thrill, starting from the brain, running to the extremities; **perfect indifference to what might happen.**

Alumina. – Intolerable ennui, time passes too slowly; depressed and lachrymose; sad thoughts in the morning, feels joyless and comfortless in the morning on waking; trifling things appear insurmountable; dread of death, with thoughts of suicide; **seeing blood on a knife, she has ideas of killing herself, though she abhors the thought;** no desire to do anything, especially something serious.

Ambra grisea. – Melancholy, sits for days weeping, with great weakness, loss of muscular power and pain in small of back; constipation, sadness; sleeplessness after business embarrassment; the presence of other people makes her feel worse.

Anacardium orient. - Everything appears as in a dream; excessive forgetfulness, even of recent events; fixed idea that mind and body are separated that strange forms accompany him; a slight offense makes him very angry, curses and swears, break out into personal violence; want of moral feeling; depravity; ungodliness; inhumanity; **feels as if he had two wills, one commanding to do what the other forbids**; he is separated from the whole world; and having lost all confidence in himself he despairs of accomplishing anything. **Melancholia after childbed.**

Antimonium crud. – **Loathing of life**; sorrowful and irritable, anxious in relation to present and future condition; ecstasy and exalted love, with great anxiety about his fate and inclination to shoot himself; < when waling in moonlight; sexual desire and erections when getting warm in bed.

Antimonium tart.- Apathy and indifference; even death would be welcomed; hopeless and despondent, inclined to violence; children get angry, weep and cry.

Argentum nit.- Loss of memory; lies with closed eyes, shunning light and conversation; he cannot find the right word, hence falters in speech; feels that all his undertakings must fail, is lost beyond hope for this world, in neglected and despised by his own family; all desire for labor lost; objects to whatever is proposed, **he seems utterly bereft of all power of will**; agoraphobia and hypochondriasis.

Arsenicum.—**Profound exhaustion after long wasting diseases;** physical disease and consequent exhaustion lead to self-mutilation and suicidal ideas; gloomy disposition of mind with religious apprehensions; attacks to anxiousness, especially at night, or in the evening in bed, obliging one to rise, with oppression and difficulty to breathing; anxiousness at the heart, with fainting and could trembling; conscientious scruples, as if having offended everybody and could not be happy; and dread of being alone; great dread of death and still inclination to commit suicide; sensation as if warm air were coursing up the spine into the head; burning neuralgia with agony and great restlessness, and this anxiety drives him from one place to another.

Asafoetida. – Anxious sadness and apprehension of dying, is afraid to be alone; unsteady and fickle, cannot preserve in anything, wants one thing and then a another; walks from one place to another; physical and mental over sensitiveness; globus hystericus, nymphomania.

Aurum met. – Woefulness and dejection, with longing for solitude; solitude in regard to the loss of love and respect of others, with deep grief and weeping; religious solicitude, with weeping and praying, has no confidence in himself; great longing for death, as he thinks himself unsuited in this world, weeps in the evening and wishes to die; feels hateful and quarrelsome, without hope; staring dreary look; wavering uncertain gait; insomnia offensive, breath, reddish tongue and copious salivation; loss of taste, diarrhoea and

constipation alternate; rush of blood to head, roaring in Ears; motes and sparks before eyes; all symptoms > in fresh air Hepatic and testicular (atrophy) disorders, syphilo-mercurialism; spasmodic asthma; climaxis; puerperal melancholia.

Baptisia. - Melancholia cum stupore; mentally restless, but too lifeless to move; indisposed to give vent to his thoughts, want of power and perfect indifference to do anything, inability to fix the mind on any work; mind wanders as soon as his eyes are closed; marked changes to the vital fluids; degeneration of tissues; high temperature; anxious, frightened look; foul breath; dry, parched tongue; head heavy as if he could not sit up.

Belladonna. – Dejected and discouraged; disgust of life, < in open air, with inclination to drown himself; continual moaning and sighing, even during sleep, and restlessness drives him out of bed; anxiety and great anxiousness, < evening, headache, red face, bitter taste, sweat and longing for death; dread and tendency to start easily, with mistrust and tearfulness; solicitude about sudden death; of putrefying while yet alive. Of being poisoned and everlastingly damned; suicidal tendencies in patients suffering from acute violent alcoholism; persistent insomnia, leaving the mind extremely dull, stupid, slow to act, indifferent and pathetic; nothing produces an impression.

Bismuth. – Anguish, at times he sits, then walks, then lies down, never long in one place, he is morose and discontented with his condition and complains about it; **solitude is unbearable;** pressure

like a load in the stomach; great debility, languor, prostration; restless, unrefreshing sleep.

Bromium. Great despondency, looks constantly in one direction without saying anything; she does not feel as she generally does, and does not know why; fullness in head and chest; much pain in left hypogastric and iliac regions, especially before menses; carcinoma mammae; swelling of testicles.

Bryonia.- Great depression and anxiety, with fright, fear and apprehension of future trouble and misfortune; irritability, weeping and moroseness; mental exhaustion and confusion of mind; sticking, jerking, throbbing headache; marked inactivity of liver or rheumatic diathesis.

Cactus grand. – Melancholia, particularly in women, with sensation of stricture around heart; unconquerable sadness, fear of death (Acon); cries without cause but from sympathy; often awakes in a fright, but cannot tell the cause of alarm.

Calcarea arsen. .- Mind much depresses with great anxiety about still greater evils in the future; the slightest emotion causes palpitation of heart (Lith); dull, stupefying headache in different parts of head, but especially above and behind ears; desire for wine and liquors.

Calcarea carb.- Malnutrition and malassimilation; fears she will lose her reason and people will observe her mental confusion; feeling of oppression, with heaviness of legs, trembling of body and frequent weeping, < evening and when admonished; grief and complaining about old offences' dread of solitude which is unbearable; dread of being seized by misfortune, on account of her ruined health; loathing of work, with irritability; great tendency to be frightened, the least noise, the most trifling unexpected occurrence fatigues and causes trouble; does not like to talk.

Calcarea fluor .- Unusual tendency to look at the dark side of everything; feeling of unnecessary anxiety about everything; disposition to set a higher value on money than natural to him; avarice (Lyc.) thinks he will come to want or would soon be running financially behind.

Cannabis Ind. – Overestimation of time and space; nervous depression and distressing fear of an imaginary character, nervous organization; constant fear he would become inane; horror of darkness, moaning and crying; anguish, with great oppression, > in fresh air.

Carbo an.- Sorrowful feeling of dereliction, faintheartedness, desire for solitude, sad thoughts and great tearfulness; despair day and night; timidity and tendency to start.

Caulophyllum. – Melancholia following long-continued menstrual irregularities and uterine disorders; weakness of mind and memory; fretful and irritable; insomnia and restlessness during menses; tremulous weakness felt over entire body.

Causticum. – Mental ailments from long – lasting grief and sorrow; excessive sympathy for others, always afraid others might take harm, no desire for life on account of that constant dread and anxiety; timidity about the future or as if he had committed a crime; great sadness, with weeping on the slightest provocation; looks at the dark side of everything, especially before and during menstruation, which flows only in daytime, none at night; deep yellow complexion, sour sweat.

Chilidonium.- Anxiety, allowing no rest at any employment, as if she had committed a crime; fear of getting crazy, with restlessness and heat; distaste for mental exertion or conversation; forgets what she wants to do or has done

China.- Mental depression as reflex of general lowered vitality; low spirited, despondent and tired of life, with suicidal tendencies; great sensitiveness; easily moved to tears by the least contradiction; indifference and apathy with obstinate taciturnity; weakness and exhaustion after the least exertion, > in the evening and at night; nocturnal dread of dogs and other animals; desire for solitude.

Cicuta.- Anxious thoughts about the future, feels sad; excessively affected by sad stories; weeping, moaning and howling; fondness of solitude; great dislike to society; indifference and apathy; disposition to be frightened. Mistrust and shunning of the male sex (Bar).

Cimicifuga.- Deep melancholy, with sleeplessness; a heavy black cloud has settled over her, so that all is darkness and confusion, while at the same time it weighs like lead upon her heart; perfect indifference; taciturnity; takes no interest in household affairs, sights and moans and is suspicious of everybody; brain feels too large for the cranium, a pressing from within outward; sensation of enlargements of the eyeballs, which feel as, if they would be pressed out of the orbits; foul breath; faintness and goneness in the epigastrium; prolapsus uteri; nervous exhaustion from the least exertion; chorea, puerperal melancholia.

Coca.- melancholy from nervous exhaustion; bashful, timid, ill in society; peevish; delight in solitude and obscurity.

Cocculus.- Great sorrowfulness, with constant inclination to sit in a corner buried in thought, and to take no notice of anything about him; discontented with himself and still easily offended; great anxiousness as if he had committed a crime; confused feeling in the head, especially after eating spasms and dysmenorrhoea; excessive prostration, as if it were impossible to make any exertion.

Colchicum.- Arthritic melancholia with suicidal thoughts; peevish and dissatisfied; want of memory.

Colocynthis.- Absence of religious sentiments; apathy with lassitude, cannot bear the society of persons he is intimate with; laconic mode of expression; no disposition to talk; dissatisfied with everything; consequences from indignation and internal gnawing grief over his imaginary or real troubles.

Conium.- the great inhibitory remedy of the sexual passions; excessive nervous prostration, with vertigo when lying down and when turning over in bed; great concern about little things, and becomes easily excited; dreads being alone, and still avoids society; praecordial anguish; superstitious and full of fear, with frequent thoughts of death; loss of memory; alternate fits of silent depression and quarrelsome liveliness; and mood serious; unsympathizing, from indolence and want of proper will -power; cannot endure any kind of excitement, it brings on mental and physical depression, with weakness; confused feeling in head, often sits lost in thought.

Crocus.- Fearful, apprehensive sorrowfulness, even of a religious kind; is not fit to live; alternations of excessive happiness, affectionate tenderness and rage; takes everything in anger and suddenly repents having injured others; restless, anxious, timid; gay extravagance and liveliness alternate with sorrowful dejection.

Crotalus cascavella.- Insomnia, great sadness; her thoughts dwell on death continually, especially when alone; dreams about the dead, when she falls asleep.

Crotalus horridus.- Timidity, fear, anxiety; weeping or snappish temper, cross; irritable, infuriated by the least annoyance; sadness; her thoughts dwell on death continually; twitching and nervous agitation; lethargy, loss of co-ordination; incipient stage of senile dementia.

Croton tigl.- Melancholia attonita; feeling as if one cannot think outside of himself, feels all pent up inside and no chance for the thoughts to flow outside; feeling of anxiety as if some misfortune would befall him; morose, dissatisfied.

Cuprum.- Mental and bodily prostration after overexertion of mind an loss of sleep; anxiety, fear of persecution, is in despair, with very difficult breathing and faint felling; skin cool, covered with cold sweat; unconquerable sadness and restlessness, as if some misfortune were approaching; weeps often, shuns the sight of people, seeks and loves solitude; anxious concerning death, which she believes near an inevitable.

Digitalis.- Great anxiety, depression and dread of the future, with sadness and weeping, < about 6 P.M. and by music; morose, irritable and gloomy; weakness of memory, mind dull and confused; sleep unrefreshing, with frequent waking; aguish, which seems to proceed from epigastrium; weakness and exhaustion; slow pulse; relief of stupor by weeping.

Elaps coral.- Excessive horror of rain; dread of being alone, as if something would happen; violent headache when the desire for food is not immediately satisfied, < from fruits or cold drinks; irregular menses, weight in vagina with violent itching; weakness and trembling.

Eugenia jambos.- Desires fro solitude, mental depression, loss of memory; his mind seems to brighten up after urinating, feels depressed before and shivering after urination.

Ferrum.- Mind exceedingly oppressed; great solicitude about those belonging to him, with constant thoughts of death; anxiety as after committing a crime; from slightest cause anxiety, with throbbing in pit of stomach; excited by slightest opposition, everything irritates and oppresses her; anaemia and debility with congestion to head and chest.

Graphites- Herpetic constitution; gloomy and low-spirited; great inclination to grief, even to despair, propensity to feel himself unhappy, with thoughts of deep grief and weeping; timid restlessness, < mornings; oppression about heart, with uneasiness in stomach, great anxiousness as if after the commission of a crime or as if a misfortune impended, with hot face cold extremities; anxiety when seated at work; repugnance to labor; venous persons. With disposition to obesity.

Helonias.- Mind exceedingly dull and inactive; desires solitude: irritable, faultfinding, cannot bear the least contradiction, all conversation is unpleasant; pressure from within upward to the vertex, aggravated by looking steadily at any fixed point; atonic condition of the sexual organs.

Helleborus.- Quiet, placid melancholy, with sighing, moaning and dread of dying; feels unhappy in presence of cheerful faces; anxiousness about the heart, which prevents him from resting anywhere; ameliorated by vomiting; slow comprehension; obstinate silence; homesickness. Repercussion of exanthemata.

Hepar.- The patient is impelled by unaccountable attacks of internal anguish, which sometimes comes on quite suddenly, to attempt suicide (Alum); chronic abdominal affections; excessive from abuse of mercury; dejected, sad, fearful; repulsive mood and desire to be left alone; dementia, with stupidity, sits silent and speechless in a corner; violent outbursts of passion, so that he does not wish to see the members of his own family; hasty speech and hasty drinking.

Hyoscyamus.- Nervous irritability without hyperaemia; malencholy with despair and propensity to drown himself (Bell) and total indifference to food and drink; reproaches of conscience; dread of being sold, poisoned, bitten by animals; syphilophobia; jealousy with attempt to murder, aversion to mankind, mistrust and indolence; hyperaemia cutanea, wants to go naked, with loss of all shame; constant absurd talking or muttering to himself.

Ignatia.- Tears wept inwardly; suicidal desire to be released from what seems to be a perpetual burden of sorrow; desire for solitude so that he may still more nourish his inward grief; great anxiousness at night or awaking in the morning, with taciturnity; fear of thieves on waking after midnight; timidly and fear of contracting disease; aversion to any amusement; vacant gaze, sits quietly; face distorted, earthy, pale and sunken; no desire to eat or drink; weak memory; heaviness of head, losing hair in one side; voice low, trembling; staggering walk; general weakness; cold feet, mostly evening; sexual desire with impotence;

menses scanty, black, of a putrid odor; increased stools and urine; recent cases.

Indigo.- Patients feels very gloomy, taciturn, timid, is tired of life, spends his nights crying; epileptic convulsions; flushes of heat from abdomen to head; sensation as if the head were tightly bandaged around forehead; the epileptic fit always commencing with dizziness; undulating sensation through the whole head from behind forward.

Iris vers.- Biliousness, despondency, low-spirited, easily vexed; confusion of mind with mental depression; habitual headache from gastric or abdominal causes.

Iodum.- Melancholy, must keep in motion day and night; brain feels as if were stirred up, feels as if it were stirred up, feels as if going crazy; shunning and fear when any one, comes near, particularly the physician; excessive excitability and sensitiveness; expects an accident from every trifle.

Kali ars. – Scolding, morose, retired, quarrelsome and discontented; jealous, indifferent to everything, scarcely answers questions, or replies in a peevish tone; eyes have a fixed look; face frightened and anxious.

Kali bichrom.- Anthrophobia; weakness, aversion to business, indifference, fretfulness, irritability, anxiety arising from chest; distress in stomach; averse to motion, inclination to lie down.

Kali brom.- Imagines he is especially singled out as an object of Divine vengeance, thinks all her friends have deserted her, is full of religious delusions and a feeling of moral deficiency; nervous restlessness, can not sit still, must move about or otherwise occupy himself; insomnia; frequent shedding of tear; low-spirited, childish giving way to her feelings; indifference and almost tired of life; profound anaemia.

Kali carb.- Alternating mood, at one time good and quiet, at another excited and angry at trifles; constantly in antagonism with herself, frequently despondent; frets about everything, peevish, impatient, contented with nothing; great aversion to being alone.

Kali hydr.- Very great irritability and unwonted harshness of demeanor; his children, to whom he is devotedly attached, become burdensome to him; very passionate and spiteful temper; inclined to sadness and weeping, with constant apprehension of impending evil.

Kali phos.- Religious melancholia with fear of hell; refuses food and drink and tars everything; hyperaesthesia of senses with anaemic weakness and failure of strength as after mental overstrain, depressing emotions, or from exhausting drainings affecting nerve-centres of cord; hysteria with globus.

Lac caninum.- Thinks she is looked down upon by everybody, that she is of no importance (Pallad); doubts her own ability and success; weeps easily, exceedingly nervous and irritable.

Lac defloratum.- Depression of spirits, does not want to live and does not want to see or to talk to any one; no fear to death, but is sure to die.

Lachesis .- Quiet sorrowful lowness of spirits relieved by sighing; repugnance to society and dislike to talk; solicitude about the future with disgust of life; inclination to doubt everything; mistrusts and misconstrues everything in the worst way; indolence, with aversion to every kind of labor and motion; insane jealousy.

Laurocerasus.-Indolence and Indisposition to either physical or intellectual labor, so that patient becomes disgusted and tired of his life; fear and anxiety about imaginary evils; disposition to sleep; titillation in face, as if flies and spiders were crawling over face; want of energy of vital powers, no reaction, a paralytic weakness.

Leptandra.- hepatic derangement.- Languid, tired feeling, with great prostration; gloomy, desponding; drowsy; physically and mentally depressed.

Lilium tig.- Indecision of character, and depends entirely upon others; dislikes being alone, but has no dread of being so; opposite mental states, feel nervous, irritable, scolding, and still in a pleasant humor; constant inclination to weep; has to keep very busy to repress sexual desires; great bearing down in pelvic regions, as if everything from the chest down would fall out; the heart feels as if it were full of blood, with depression of spirits and apprehension of impending evil; blurred vision.

Lithium carb.-Disposition to weep about his lonesome condition; difficulty in remembering names; sensation of entire helplessness, especially at night.

Lobelia infl.- Fear of death from difficulty of respiration; restless sleep, with anxious and sad dreams; excessive weakness of the stomach, extending into the chest, with oppression of chest; sudden shocks through the head.

Lycopodium.- Want of self- confidence; fear of phantoms in the evening, with anguish; pusillanimous, nervous irritable and peevish; seeks disputes, which is followed by supreme indifference hypochondriasis; confusion of thoughts and forgetfulness, using wrong words, supposing himself to be at two places at once; fear of going to bed in the evening, is sure to hear somebody in the room; satiety of life, particularly mornings in bed; dread of men, wants to be alone or dread of solitude with irritability; misanthropy with miserly disposition, fears even from his own children, abdominal and mental torpor.

Lyssin (Hydrophobium).- Cannot rid himself of the tormenting idea that something terrible was going to happen to him; fits of abstraction, he takes hold of wrong things, does not know what he wanted; uses words which have but a remote similarity of sound; two distinct trains of thoughts seem to be operating at the same time; imagines to be abused by others and tries to defend himself.

Melilotus.- Religious melancholia with weeping and indolence; reluctant to rise in morning, sits and does nothing; face always hot and flushed, throbbing of carotids; constipation; > by nosebleed or any other haemorrhage.

Mercurius.- Inexpressible pain of soul and body, anxious restlessness, as if some evil impended, worse at night, with praecordial

anguish; sweat of the hands and heat of the face; disgusted with himself, has not enough courage to live; constant suspicion, considering everybody his enemy.

Murex. - Great depression of spirit, she considers himself hopelessly ill, goes to bed and remains there; great debility of the muscles; sinking of stomach; sensation of dryness or constriction of uterus.

Mygale. - Constant talk about business, restless at night; despondent with anxious features; tremulousness of whole body in the evening; nausea, with strong palpation of heart; dimness of sight; general weakness and fear of death.

Naja tripudians. - Suicidal insanity, broods constantly over imaginary troubles; sleep full of frightful dreams, and wakes with dull pain in the head, and fluttering of the heart; uneasy dryness of the fauces; grasping of throat, with sensation of choking, and lividity of the face.

Natrum carb. - Aversion to man and society; sadness, depression of spirits, head feels stupefied if he tries to exert himself; avarice (Lyc, Calc, fluor.); restless, with attacks of anxiety, especially during a thunder-storm, playing piano for a short time causes painful anxiety in chest, trebling of body and weariness; must lie down; phlegmatic indolent disposition, with repugnance to speaking, to work, or any occupation.

Natrum mur. - Crowing of gloomy thoughts which recall insults long since suffered, with want of self-reliance and palpitation of heart; great inclination to weep, and condoling only makes things worse; timid inquietude about the future, with inclination to remain for hours buried in thought; indifference from hopelessness and mental languor, wishes only to remain quiet and to sleep; sallow complexion; excessive sadness during menses, with palpation and morning headache; he loses flesh though living well.

Natrum sulph. - Music unbearable, makes him melancholic, even of a lively kind makes him weep; suicidal tendency, must exercise restraint, attended with wildness and irritability, due to gastric, bilious conditions, < in wet weather and damp dwelling, and > in warm, dry weather.

Nitric acid. - Dread of contentions, quarrels and lawsuits; frequent sorrowful thoughts of past events; fearful and easily frightened; disgust of life, with longing for death, which, however, is dread; reserved and does not wish to talk.

Nux vomica. - Mental recklessness, desperation and hot, irritable temper. Wants to kill those she loves best; nervous excitement and mental worry, inability for mental work; taciturn, desire for solitude; afraid he might not have enough to live on and great propensity to end his existence; abdominal plethora and constipation.

Oleander. - Absentmindedness and slowness of perception; utter indolence and aversion to do anything, will not dress or eat; cannot bear the slightest handling and becomes greatly enraged if touched by any one; breathing oppressed and heavy; head hanging down; itching of

scalp with constant tendency to scratch the head; rumbling and flatulence of bowels, with hard difficult stool; urine brown, normal in quantity.

Opium.- Hallucinations of specters and animals with great fear; imagines parts of body very large; imbecility of will. As if annihilated.

Petroleum.- Fear of death; great irresoluteness, no desire for work and dissatisfied with everything; sensation as if there were a cold stone in the heart; emaciation; profuse night- sweats; mucous diarrhoea.

Phosphoric acid.- Chronic and long- lasting effects of grief, with night- sweats from sheer exhaustion; heavy pressure on top of head, as if a great load lay there; indifference and unwillingness to speak; homesickness, with inclination to weep; hysteria during climaxis.

Phosphorus.- Sadness recurring regularly at twilight, anxiety and irritability; melancholy, only by vehement weeping, depression with foreboding of calamity; fearfulness and restlessness, which seems to arise from left chest and attended by palpitations; prostration from least unpleasant impression; indifference, even towards his own children.

Platina.- Melancholia activa, the mind rises in defiant and distorted superiority over vexation and sorrow; personal demonstrative apprehension, alteration of weeping and boisterous mirth; indifference to others, but anxious about herself, ill- humor, dizziness, she dare not move her eyes; <in daytime, with palpitation of heart and internal and external coldness, except the face,> in open air ; mental symptoms associated with hysteria and disorders of sexual organs.

Pulsatilla.- Religious melancholia which finds consolation in prayers; grief and sorrowful timidity on account of his worldly and eternal affairs; anxious and weary of life, sad and gloomy, easily bursting into tears; dissatisfied; very easily frightened; frequent profuse epistaxis; anxious dreams with praecordial anguish and ideas of suicide; mild, yielding disposition, clinging to others and seeking consolation; earthy, dark ring about eyes; dislike to bread and meat; nausea and bitter, slimy vomiting, flushes of heat, pale face and cold hands.

Senecio.- Inability to fix the mind on any one object for any length of time; depression of spirits, alternating with cheerful mood; meditative, but don't know of what he thinks, especially in the evening; hysteria; great sleeplessness, or sleep with vivid unpleasant dreams.

Sepia.- Organic disease of female genital organs(Lil. Functional); full of despair, down-hearted, with suicidal ideas; great disinclination to work and motion; sadness, worrying about her health and the future, with frequent attacks of weeping, and indifferent about the health or affairs of her own family;< evenings and in open air; fits of involuntary laughter and weeping; dread of being alone; very irritable, inclined to vehement; weak memory, difficulty in expressing her thoughts and dislike to mental labor; relief by violent exercise, as walking; indifference to her household affairs, to which she was formerly attentive.

Silicea.- Want to vital warmth, even when taking exercise; secret disgust for life; faint- hearted, anxious mood; stings of conscience, as if he had committed a crime, worse during growing moon.

Staphisagria.- Inwardly gnawing grief and anger, he looks at everything from the darkest side, with desire to die; disinclination to work and to think; dread of the future and dread of being constantly pursued by others; a sorrowfulness ending in paralysis of the intellect; constant chillness, even in summer, vertigo and sensation of seasickness; scurvy.

Stramonium.- Melancholy, with desire for society and sunshine; fear and trembling when alone or in darkness; welcomes the thought of death when alone; indomitable rage, with great desire to bite and tear everything to pieces.

Sulphur.- Religious melancholy; reproaches of conscience, despair of salvation, much weeping; abdominal venous plethora, venous lethargy; inclination to consume hours in doing nothing; does not take any interest in anything; pusillanimity and disgust for life, being too lazy to rouse himself up, and too unhappy to live, wishes to be alone, as soon as he sees anybody, he feels a weakness all over, but worse in stomach, followed by sweat on head and flushed face.

Tabacum.- Despondency, gloomy, apprehension of sudden death; fear of death, yet attempting suicide; great timidity, fear to undertake what he has frequently done; difficulty in concentrating his mind for any length of time on one subject.

Tarentula Hisp.- Consciousness of unnatural state of mind, hence despondency, sadness, moral depression and relaxation with complete loss of memory; fear of contracting disease(Hyosc.); mental chorea; hyperaemia and hyperaesthesia of female sexual organs.

Veratrum alb.-Religious melancholy; with reproaches of conscience, talks a great deal about religious things; suicidal melancholy; this conditions frequently ends in raving mania, with cursing and scolding; endeavors to escape; bites everybody, and tears everything that offers opposition; foolish imaginings; placid sadness, with weeping, discouragement and despair; apprehension of misfortune; conscious about his unworthiness; despair about his position in society; very taciturn; sudden paroxysms of sinking of cerebral innervation, characterized by sudden loss of power to control his movements; melancholia; cum stupore, mind dull and stupid, with obstinate taciturnity.

Veratrum vir .- Great depression of spirit; mental confusion and stupefaction; will not see her physician, fears of being poisoned; sleepless, can hardly be kept in her bedroom; cerebral hyperaemia with coldness of whole body.

Anxiousness: Alum., Anac., Ant Crud., Ars., Aur., Bell., Caust., Con., Chin., Graph., Hyosc., Kali carb., Lach., Laur., Merc., Natr. carb., Natr.m., Nux. v., Puls., Sep., Staph., Veratr.; of conscience: Alum., Amm carb., Ars., Aur., Carb.v., Caust., Con., Graph., Hyosc., Ign.,Merc., Nux v., Puls., Sil., Veratr.

Dread of being condemned: Alum., Amm., Ars., Aur., Bell.,Carb. v., Caust., Con., Graph., Merc., Nux. v., Merc., Puls., Sil., Sulph., Veratr.; Of everlasting damnation: Alum., Anac., Ant Crud., Ars., Aur., Bell., Caust., Con., Chin., Graph., Hyosc., ., Lach., Laur., Merc., Nux. v.,

Puls., Sil., Sulph., Stram., Veratr; of misery: **Anac., Ant Crud., Calc., Caust., Lach., Natr. carb., Natr.m., Phos., Sep., Sulph. Staph.;** of pursuit by enemies: **Anac., Aur., Bell., Cic., Con., Hyosc., Helleb., Lach., Lyc., Merc., Natr., Nux. v., Puls., Rhus;** of being poisoned: **Bell., ., Hyos., Rhus;** of being murdered: **Calc., Hyosc., Rhus, Staph.**

Easily frightened: **Acon., Alum., Ant., crud., Bell., Calc., Caust., Cic., Helleb., Ign., Lach., Merc., Nitr.ac., Nux. v., Plumb., Puls., Stram., Veratr.**

Groaning and moaning: **Acon., Amm.carb., Bell., Chin., Cocc., graph., Helleb., Ign., Lach., Merc., Nitra.ac., Nux. v., Plumb., Puls. Sep., Stram., Veratr.**

Indifference: **Arn., Ars., Bell., Calc., Chin., Cic., Caust., Croc., Helleb., Ign., Lach., Merc., Natr .carb., Natr .m., Nitra .ac., Phos. Ac., Plat., Puls., Sep ., Sil., Staph., Stram., Veratr. ;** to business : **Arn., Sep ., Stram. ;** to family: **Lyc., Phos., Plat., Sep.**

Distinguish life: : **Alum., Ant., crud., Arn., Aur., Bell., Caust., Con., Chin., Hep., Hyosc., Lyc., Merc., Natr .carb., Natr .m., Phos., Plat., Sep ., Sil., Staph., Stram., Sulph., Thuja.**

Repugnance to society: **Acon., Amb., Anac., Arn., Bell., Cic., Con., Hyosc., Lyc., Natr .carb., Puls., Rhus., Sulph.;** will not talk: **Alum., Ambr., Ars., Bell., Calc., Chin., Cic., Ign., Lach., Merc., Natr.carb., Nux .v., Phos. ac., Plat., Plumb., Puls., Staph., Sulph., Veratr.**

Praying, frequent: **Aur., Bell., Natr.m., Puls. Stram. Veratr.;** religious fear: **Alum., Amm., Ars, Aur., Bell., Caust., Con., Croc., Graph., Lach., Lyc., Merc., nuxv., Puls., Stram., Sulph.**

Solitude, aversion to: **Ars., Calc., Con., Dros., Lac can., Lyc., phos., Stram.;** Love of: **Aur., Bell., Chin., Cic., cupr., Graph., Ign., Led., lyc., Nux.v., Rhus., Sep.**

Obstinacy: **Acon., Alum., Amm., Anac., Calc., Caps., Caust., Chin., Dross., Kalicarb., Lyc., nitr. Ac., Nux v., Phos.ac. Phos sil., Sulph.**

Tearfulness and weeping: **Acon., Alum., Anac., Arn., Ars., Aur., Bell., Caust., Cocc., Con., Cupr., Dig., Dross., Graph., Hep., Lan can., Lach., Lyc., Merc., Natr .carb., Natr.m., Nitr.ac., . Nux. v., Phos. ac., Phos Puls., Pallad., Plat., Sep., Staph., Stram., Veratr.**

No inclination to work: **Alum., Amm., Anac., Arn., Aur., Calc., Caust., Cupr., Ign., Lach., Merc., Natr .m., Nitr .ac., Nux .v., Phos., Plumb., Puls., Rhus., Sep., Sil., Staph., Sulph.**

J.T.Kent³⁹ Sadness First grade Remedies :- **Acon., Ars., Ars I., Aur., Aur.m., Calc., Calc ars., cals., Carb. an., Carbs., caust., Cham., China., Cimic., Crot.t., Ferr., Ferr.Iod., Gels., Graf., Hell., Ign., Jod., Kali Br., Kat p., Lach., Lept., Littig., Lyc., Merc., Mez., Murx., Nat.a., Nat.c., Nat.m., Nat.s., Nit.Acid., Plat., Psor., puls., Rhus., Tox., Sep., Stann., Sulp., Thuja., Verat., Zinc.**

Morning:- Lach.

Waking on : - Alum., Lach.

Evening :- Aur, Puls., Nit.A.

Errors of Diet:- N.Carb

Menses:- N.mur., Puls., Stann.

Stories- Cic.

**Perspiration :- Con.
Warm room- Puls.**

J.K.Kent⁴⁰ – Proclaims efficacy of following remedies.

Alumina – very sad, constantly sad, Incessantly moaning, groaning, worrying fretting and in during, wants to get away from place, full of fears < morning, waking. Sadness and weeping on waking in the morning.

Aur. Met. - Depression of spirits that there is absolute loss of enjoyment in everything. You take away mans hopes and he has nothing to the for he then wants to die. Self- condemnation, self- criticism. Future looks dark. In most profound states or melancholy and depression where sits silent and says nothing. A/F disappointment have, fright, grief, contradiction.

Graphitis. - Mental depression extreme., and is made worse by music; her sadness is so great that she thinks only on death and salvation. Grief and vexation cause a recurrence of all her distressing mental sufferings, distress in morning great active till midnight prevents sleeps distress in morning.

Ignatia. – Who suffers from grief. Headaches, sleepless, weeping spell unable to control herself. Grief torn her to pieces in sensitive, Delicate; emotional women; hysterical.

Nat mur.- Will finish up Ignatia cure. It will nerve her up help her to bear her sufferings. It is the natural chronic of Ignatia. When the troubles keep coming back, and Ignatia comes to a place when it will not hold any longer.

Lachesis.- Cloudy state, sadness, melancholy, with sorrows from head to foot. < Warm bath sleep.

Pulsatilla.- Melancholia ; sadness, weeping, despair, extremely touchy mild gentle tearful.

Boericke⁴¹:- Recommends remedies

Melancholia : First Grade - Alum, Aur, Cimi, etc.

Melancholia, despondent, depressed, low spirited, gloomy- Alum, Anac, Aur, China, Cimic, Graph, Ign, Lil.tig, Nat.m Nux, Phos, Plat, Plb, Puls, Sep, Sil, etc.

METHODOLOGY

1. The present study consisted 30 patients of depression, who attended my clinic during the period of 29-10-2003 to 31-03-2005.
2. The 30 cases of depression were selected on the basis of inclusion criteria, which all are females.
3. Females of reproductive age group were considered from menarche to menopause, as per my studies highest number of patients seen between 30-42 years age group.
4. The cases were recorded keeping the Holistic and individualistic concept in mind.
5. Case taking was done according to the scheme of model case paper (Appendix-I) with a special emphasis to ascertain the following points.

a. Mode of presentation of the disease: All the symptoms presented by different patients have been recorded in every case in chronological order.

b. History of present complaints: The details of the present complaints along with the onset, duration have been recorded with a

special emphasis to the family stressors pertaining to the present, complaints along with concomitants.

c. Past History: History of similar complaints and their treatment was recorded. Any other complaints were recorded in chronological order with the nature, treatment and results or treatment to understand miasmatic cleavage.

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d. Family History: Detailed family history was taken to find the incidence of similar complaints or any other acute / chronic disease in the family to evaluate the miasmatic background and inherited in the family. (Types of Family & Family Dynamics)

e. Personal History: All the generalities of the patients to relate the patient as a whole were recorded with a special emphasis to thermals, mental reactions, aversion, desires aggravation with food and food habits, appetite, thirst, bowels, perspiration, sleep, dreams. Female menstrual history, finding and observation and examination.

f. General physical examination: The positive findings of built nourishment and vital data were recorded and all other details to assess constitution of persons.

g. Systemic examination: The positive findings were noted.

h. Investigations:

Blood routine: Hb%, TG, DC, ESR, Peripheral smear was carried out in most of the cases.

Urine routine: For sugar, albumin and microscopic examination of the urine sample was carried out in many cases.

Diagnosis: Diagnosis of depression where made on following points.

a) Basic and absolute manifestation with determinative symptoms of the disease. (As per ICD-10 Classification of Mental disorder) and Criteria for major depressive episode (Source – Diagnostic and Statistical manual of Mental disorder, 4th edition).

b) Determinative symptoms of an individual on the basis of totality of symptoms.

i) General Management:

1. Counseling patient and family.
2. Brief advice on coping with depression.
3. Fast moves to download stress.
4. Keep family atmosphere healthy.

5. Regular exercise / relaxing techniques

6. Yoga

7. Nutritious

8. Balance diet

6. Steps for Homoeopathic Prescription:

a) The cases were analyzed and evaluated according to Kertanian method.

b) Repertorisation:

Kent's repertory was used where prime importance was given to:

1) Mental Generals

2) Physical generals (including modalities) to the

2nd stage.

3) Characteristic particular were considered for repertorisation.

Computer repertorisation was done in all the cases.

c) Miasmatic diagnosis: Analyzed symptoms were repertorised using the Dr. R.P. Patel's "The Repertory of Miasms".

d) Selection of remedy was done on the basis of repertorial results, characteristic symptoms and miasmatic diagnosis of the patient.

e) Complementary Remedy: was used when indicated remedy gave relief to some extent and failed to bring disorder deep seated,

another remedies that was cognate of the indicated remedy and more deep acting was prescribed.

d) Intercurrent remedy: Intercurrent remedy was given when the miasmatic block was suspected, when indicated remedy, which was tried in various potencies and with appropriate repetition.

e) Constitutional Medicines: Ghatak states, the difference between acute and chronic prescription is that in chronic the medicine has to be miasmatic while in acute it need not to be so. The medicine indicated by the totality of the symptoms of the miasm predominant will have to be selected and not the medicine indicated by the totality of the symptoms of the whole case. In brief the prescription must be miasmatic constitutional medicines were selected on the basis of totality of symptoms and reportorial results after repertorisation.

f) Potency and Repetition: Indicated remedy was prescribed in 200th potency in the beginning. It was reported depending on the severity of the complaints higher potencies were administered after the first potencies to give relief depending upon the merit of the case.

7. All the cases were revived once in 7 days for the first two months, then once in 15 days for the first two months and latter every 30 days for the remaining period of study or as per the demand of the case and the progress was recorded.

8. The following parameters were fixed according to the type of response obtained after treatment and these criteria should be fulfilled for at least 6-12 months.
- a) Improved: Patient has showed remarkable positive response to the treatment and completely rid of sufferings for a considerable period. Patients who was very happy and didn't return.
- b) Not Improved: Initial response, no response, no reduction of frequency / reduction of complaints even after defined period of treatment.

SYNOPSIS OF CASES

1. The patient name Mrs. K.G. aged 38 years, presented with depressed mood, loss of interest in work. Suicidal thoughts was diagnosed as recurrent mild depression. She had also had Epigastric pain flatulency. She had past history of depression, family history says. Father suffered from Eczema, miasmatic diagnosis was psora. Base on all above data and other general characteristic symptoms chilly, dread of animals, suicidal thoughts but lack of courage. Aversion fish *CHINA* was given as constitutional medicine there was remarkable improvement in patient.
2. The patient named Mrs. R.M. aged 30 years presented with sad mood, hopelessness, helplessness. Diagnosed as recurrent mild depression. She had past history of depression and family history says mother suffering with depression. The miasmatic diagnosis was psora. Base on above data and other general characteristics like. Long involuntary sighing, desire for onions, desire for bread, aversion to milk, consolation aggravates complaints, talks more when sad. Ignatia was selected as a constitutional remedy. There was slight improvement. *NAT.MUR* was given as complementary remedy. There was remarkable improvement.
3. The patient named Mrs.H.M. aged 29 years sad weeping mood whole day she was diagnosed as cases of mild depression. She had

also had cough with expectoration. She had past history of repeated cold. Her family history shows mother suffered from Gastritis. The miasmatic diagnosis was psora. Based on above data and general characteristics on Ambithermol weak look, offensive perspiration, cough better expectoration, cough waste night, warm drinks, talking, laughing, singing, feels crying all the time. Sadness before menses *STANNUM.MET* was given as constitutional remedy patient showed tremendous improvement.

4. The patient named Mrs.A.B. age 40 years presented complaints of sad mood, melancholy was diagnosed as recurrent mild depression. The other complaints where menstrual irregularity. Her past history showed depressive episodes. She presented family history, where mother suffered from hypertension. Miasmatic background was Psora. Considering above data and general characteristic symptoms as Hot patient, jealous, C/F long lasting grief, greedy nature, complaints better menstrual flow, more sad after sleep. *LACHESIS* was selected as constitutional remedy. Patient showed much improvement, episode reduced.
5. The patient named Mrs. P.C. presented with weeping sad mood was diagnosed as recurrent mild depression. Other complaints were headache. Past history showed depressive episodes. She had family history father suffered with Eczema. The miasmatic was Psoro-sycosis. Base on above data and general characteristic symptoms as Ambithermal, mild nature, fear of darkness, highly emotional, desire consolation, weeping disposition thoughts of

death. *PULSATILLA* was selected as constitutional remedy. Patient showed remarkable improvement. Episodes reduced.

6. The patient name Mrs.C.S. aged 39 years presented with sad mood persistent melancholy was diagnosed as persistent mild depression. The other complaints were headache. Past history of depressive mood and family history showed, mother suffered from CCF. The miasmatic diagnosis was psora-sycosis-syphilis. Based on above data and characteristic symptoms as Chilly nervous, temperature. Desire to cause, despair, forgetful, proud, adamant, constantly thinking past thing. *NITRIC.ACID* was selected as she had very stubborn nature, adamant. Proud not regular in treatment, didn't showed improvement.
7. The patient name Mrs.I.M. aged 30 year presented complaints of sad mood, lack of interest in work was diagnosed as recurrent mild depression. She had secondary sterility with past history of depression, abortion. Family history showed maternal grandmother suffered from Hypertension. The miasmatic diagnosis was psor-sycosis. Based on above data and characteristic symptoms as tendency for abortion, early menarche, aversion to music, C/F grief. *SABINA* was selected as constitutional remedy. Case shown good improvement.
8. The patient named Mrs.A.M. aged 39 years presents with complaints of sad mood. Despair melancholy. Diagnosed as recurrent moderate depression. Also had menstrual irregularity

skin eruption. Her past history showed skin eruptions, depression. Family history mother suffered from depression. The miasmatic diagnosis was psoric. From the above data and general characteristics as sees darkness around with helplessness, offensive menstrual flow and perspiration, better perspiration. *PSOR.NUM* was selected as a constitutional remedy. *SULPHUR* was given as complementary remedy patient showed tremendous improvement.

9. The patient name Mrs. K.H. aged 35 years presented complaints of sadness and weeping disposition. The other complaints were apthous ulcers. The case was diagnosed as mild depression. The past history showed repeated attacks of apthous ulcers, menstrual irregularity. The family history showed. Mother suffering from Schizophrenia. The miasmatic diagnosis was psoro-syphilis. Based on above data and general characteristics as disgust for life, A/F fear, coated tongue, offensive breath, bitter taste. *MERC.SOL* was selected as a constitutional remedy patient showed tremendous improvement.

10. The patient named Mrs. N.M. aged 25 years presented with complaints of depressed sad mood. The other complaints where dandruff. The case was diagnosed as recurrent moderate depression. The past history showed menstrual irregularity, depression. Family history showed father suffered from diabetes. The miasmatic diagnosis was psoro-syco-syphilis. Base on above data general characteristics as suicidal thoughts, unwilling to talk,

as work slow, fear of darkness, thinking slow, frightened, intermittent menstrual flow. General and characteristics *PHOSPORUS* was selected as constitutional remedy patient showed good improvement.

11. The patient named Miss. S.M. Aged 16 years presented with complaints of sad weeping mood. The other complaints were headache. The case was diagnosed as recurrent moderate depression and the past history showed G. Seizers, menstrual irregularity, depression. Family history showed mother suffered with Epilepsy. The miasmatic diagnosis was psora. Based on above data and general characteristics as C/F long standing mental exertion, easily angered, wants to die but afraid to die, desire fruits, aversion vegetables, hungry but dislikes food, cries in sleep. *NUX.VOMICA* was selected as constitutional remedy. Patient showed tremendous improvement.

12. The patient named Mrs. M.G. Aged 30 years sadness weakness. The other complaints were constipation. The case was diagnosed as mild depression. The passed history showed cold and coryza. The family history showed mother suffered with Epilepsy. The miasmatic diagnosis was Psoric. Based on above data and general characteristic as timid, involuntary sighing, desire fruits, aversion milk, ambithermal, emotional C/F coffee as constipation. Shy nature *IGNATIA* was selected as constitutional remedy. Patient showed good improvement.

13. The patient named Mrs.F.S. aged 30 years presented with complaints of sad mood weeping disposition in recurrent episode. The other complaints were headache. The case was diagnosed as recurrent mild depression. The past history showed history of abortions. The family history showed maternal uncle suffered with diabetes mellitus. The miasmatic diagnosis was psoric. Based on above data and general characteristics as chilly, headache < heat of sun, C/F disappointment of love, aversion milk, suicidal thoughts. *NATRUM.CARB* was selected as constitutional remedy. Patient showed tremendous improvement. Episode not repeated.
14. The patient named Mrs.S.S. aged 38 years. Presented with sad mood, lack of interest suicidal thoughts repeatedly. The other complaints were fullness of abdomen flatulency. The case was diagnosed as recurrent mild depression. The past history showed depression and undergone thyroidectomy. The family history showed mother suffered from depression. The miasmatic diagnosis was psoric. From the above data and general and characteristics as Robust but weak lady, sensitive to cold, suicidal thoughts but lack of courage, desire sour things, C/F mental emotions. *CHINA* was selected as constitutional remedy. Recurrent episodes were reduced patient showed good improvement.
15. The patient named Mrs.C.N. aged 42 years presented with sadness. Hopelessness, worthlessness, suicidal thoughts. The other complaints where disturbed sleep. The case was diagnosed as recurrent mild depression. The past history showed depression.

The family history showed mother suffered from diabetes mellitus. The miasmatic diagnosis was psoro-syco-syphilitic. Base on above data and general characteristics as C/F loss of dearest one (son), loss sleep, selfishness, unsympathy, rude, depression < evening, sadness before menses. *NITRIC. ACID* was selected as a constitutional remedy. In 6 months only once the episode was repeated initially with in 3 months later episode not repeated the patient showed good improvement.

16. The patient named Mrs.S.E. aged 30 years presented with sad mood lack of interest in mental and physical work in repeated episodes. The other complaints were reduced appetite. The case was diagnosed as recurrent mild depression. The passed history showed H/O depression and malaria. The family history showed mother suffered from Goiter. The miasmatic diagnosis was psora. Base on above data and general characteristics as excess tea drinker, C/F loss sleep, mental emotion, anaemic P/A of malaria. *CHINA* was selected as an constitutional remedy. Episode not repeated patient showed tremendous improvement.

17. The patient named Mrs.M.S. aged 25 years presented with sadness. The other complaints were leucorrhoea. She was diagnosed as a case of mild depression. The past history was suffered from cold and coryza. Her family history showed mother suffered from gastritis. The miasmatic diagnosis was psora. Base on above data and general characteristic symptoms as C/F fear, weeping wants to weep all the time, sadness before menses,

mentals better menstrual flow. *STANNUM.MET* was selected as constitutional remedy. There was a remarkable improvement.

18. The patient named Mrs.P.T. aged 38 years presented with sadness, melancholic mood. The other complaints were constipation. She was diagnosed as a case of mild depression. Her past history showed repeated attack of cold / constipation. Her family history showed mother suffered from depression. The miasmatic diagnosis was psora. From the above data and general characteristics as chilly, habitual constipation. Constipation better hot milk, constantly remedies past events, music makes any hesitation in decision. *GRAPHITES* was selected as constitutional remedy. Patients showed tremendous improvement.

19. The patient named Miss.N.D. aged 19 years presented with sadness, continuous weeping disposition, her other complaints were headache. The case was diagnosed as recurrent mild depression. Her past history showed repeated attack of cold. Family history sister suffering with gastritis. The miasmatic diagnosis was psora. Based on above data and general characteristic as C/F fear, feeling shame, weeping disposition, timid. *IGNATIA* was selected as constitutional remedy. Patient didn't showed improvement and discontinued.

20. The patient named Mrs.B.M. aged 42 years case with complaints of sad mood, suicidal thoughts, melancholy. The other complaints were headache. The case was diagnosed as mild

depression. Her past history showed repeated attack of headache. Family history mother suffered from C.C.F. The miasmatic diagnosis was psoro-syco-syphilis. Base on above data and general characteristics as hot yet catches cold easily, C/F bad effects of anger. Constantly recalls unpleasant occurrence, craving for fish, milk, aversion, bread. *NAT.MUR* was selected as constitutional remedy patient showed tremendous improvement.

21. The patient named Miss.G.N. aged 32 years case with the complaints on sad mood, weeping disposition. The other complaints were headache. The case was diagnosed as mild depression. Past history showed repeated cold and coryza. Family history father suffered from Hypertension. The miasmatic diagnosis was psoro-sycosis. From the above data and general characteristics as tall, slim, nervous lady, aversion towards men, frequent attacks of weeping, consolation aggravates. *SEPIA* was selected as constitutional remedy. Patient showed tremendous improvement.

22. The patient named Mrs.N.M. aged 30 years case with complaints of sad weeping mood the other complaints were constipation. The case was diagnosed as recurrent moderate depression. Had past history of cold, depression. Family history maternal grandmother suffered from Arthritis. The miasmatic diagnosis was psoric. Based on above data and general characteristics as wants to feel like crying but cannot cry,

constipated, hard, knatty, despair of life. *AMMNIUM.MUR* was selected as a constitutional remedy. The patient improved a lot.

23. The patient named Miss. A.M. aged 18 years presented with complaints of sad and weeping mood. The other complaints was headache. She was diagnosed as a case of mild depression. The past history showed cold and coryza. The family history showed mother suffered hypertension and maternal grandmother Anaemia. The miasmatic diagnosis was psoro-syco-syphilis. From the above data and general and characteristic symptoms as sensitive to all impressions, chilly yet desires cold drinks, sweating in palms which is offensive. *SILICEA* was selected as a constitutional remedy. *PULSATILLA* was given as complementary remedy. The patient showed good improvement.

24. The patient named Mrs.K.G. aged 21 years case with complaints of sad, waste of interest mood. The other complaint was headache. The case was diagnosed as persistent mild depression. The past history showed depression. Family history nothing significant. The miasmatic diagnosis was Syphilitic. Based on above data and general and characteristics as C/F disappointment, suicidal thoughts, cannot do any work fast, self condemnation. *AURUM.MET* was selected as constitutional remedy. *SYPHILINUM* was given as complementary remedy. Patient discontinued treatment.

25. The patient named Mrs.S.G. aged 30 years came with complaints of sad weeping mood. The other complaint was headache. The case was diagnosed as mild depression. The past history showed repeated attack of headache. Family history father suffered from Arthritis. The miasmatic diagnosis was psora-syco-syphilis. From the above data and general and characteristic symptoms as aversion to people thinks offended her, headache every 2 weeks, dreams full of sorrows, thirsty. ARSENIC.ALB was selected as constitutional remedy. Patient discontinued.
26. The patient named Mrs.R.G. aged 42 years came with complaints of sad mood, the other complaint was skin eruptions. The case was diagnosed as mild depression. The past history showed skin eruptions. The family history showed mother suffered with diabetes mellitus. The miasmatic diagnosis was psora. Based on above data and general and characteristics symptoms as indolent, craving for sweets, aversion meat, itching of skin late night. SULPHUR was selected as constitutional remedy. TUBERCULINUM was given intercurrent remedy. Patient showed tremendous improvement.
27. The patient named Miss.M.G. aged 18 came with complaints of depressed mood. The other complaint was constipation. She was diagnosed as a case of mild depression. The past history showed repeated attack of cold and coryza. The family history father suffered from Eczema. The miasmatic diagnosis was psora. Based on above data and general and characteristic as over

sensitiveness and irritability. NUX.VOMICA was given as constitutional remedy. Patient showed tremendous improvements.

28. The patient named Miss.L.G. aged 18 years came with complaints of depressed mood. The other complaint was dry skin eruption. The case was diagnosed as recurrent moderate depression. The past history showed dry skin eruptions, depression. Family history, maternal grandfather suffered from Arthritis. The miasmatic diagnosis was psora. Based on above data general and characteristic symptoms as female with offensive body odour, makes our life and around her miserable, skin eruptions every winter. PSORINUM was given as constitutional remedy. SULPHUR was given as intercurrent remedy. Patient showed tremendous improvement.

29. The patient named Mrs.S.G. aged 38 years came with complaints of depressed mood, the other complaint was headache. She was diagnosed as recurrent mild depression. The past history showed repeated attack of cold and coryza. Family history mother suffered from depression. The miasmatic diagnosis was psora. Based on above data general and characteristics, as music makes her weep, thinking causes headache. Strong aversion to milk. NATRUM.CARB was selected as constitutional remedy. Patient showed good improvement.

30. The patient named Mrs.G.B. aged 32 years presented with complaints of sad, depressed mood. The complaint was headache.

She was diagnosed as a case of mild depression. The family history showed mother suffered from Gastritis. The miasmatic diagnosis was psora. Based on above data, general and characteristic symptoms as shy nature, timid, involuntary sighing indifferent, wants to be alone, disturbed by slightest emotions. IGNATIA was given as constitutional remedy. The patient showed tremendous improvement.

SUMMARY

30 cases of Depression in Females from menarche to menopause. That is Reproductive age group, which satisfied the inclusive and exclusive criteria, were considered to study the response of Homoeopathic management in depression I present the list of my entire studies in the following points.

- 1) The most age of incidence of depression in Female which family stressors was found common between 31 to menopause.
- 2) As depression more common in Females my 30 cases study was only on female which met inclusive criteria.
- 3) Maximum No. of Females were from rural area.
- 4) Maximum Females where non- working women.
- 5) The most commonly affected Female where from Joint Families, because of unnecessary tortures and spoiled relations with in laws, spouse etc.,
- 6) Most common sufferers were low socio- economic group of Females.
- 7) Uneducated females are common sufferers.
- 8) Commonly seen precipitating factors was negative thinking, lack of confidence, lack of scope to express their feelings.
- 9) Common sufferers were females who's relations disturbed with spouse, in-laws, widows, divorces.
- 10) The most common past history were found to be depression, cold and coryza, menstrual disorder, skin complaints, headache, abortion.
- 11) The most common family history to be found was Gastritis, Depression, Joint complaints, skin disorders, Hypertension, Diabetes Mellitus.

- 12) Most of the cases were mild and recurrent mild depression others recurrent moderate & persistent mild depression.
- 13) The miasmatic background of most of the cases was found to be psoric (predominant miasm) and few cases all 3 miasm. Hence it may be safely concluded that depression covers all three miasm.
- 14) Most commonly used constitutional remedies were China, Ignatia, Stann.Met, Nit acid, Psorinum, Nux.V, Nat.Carb other constitutional remedies used were Lach, Puls, Sabina, Mer.Sol, Phos, Graph. sili, Aur.Met, Ars, Sulp, Nat.Mur, Sil, Amm.Mur.
- 15) The intercurrent remedies used were Sulphur and Tuberculinm.
- 16) The complementary remedies used were Puls, Syphil, Nat.Mur and Sulphur.
- 17) It was found that even in spite of family stressors. Finally were able to cope up with problems with positive thinking tolerance and courage.
- 18) It was found that the severity, frequency and recurrence (episodes) of the complaints were reduce with help of Homoeopathic Medication.
- 19) This was the time bound study, therefore could not follow the cases for longer period.
- 20) In the treatment counseling and psychotherapy played a important role.
- 21) In the studies potency used was 200 to 10M. 1 M was the most commonly used potency. Most important part of prescription was Placebo helped tremendously in all the cases.

DISCUSSION

Depression is one of the most common disorder, which is recurrent sometimes persistent has multiple somatic complaints requires medical affection. This disorder is outcome of changed living life styles. Effects of stressful life condition, worries which often follow chronic progressive interferes the routine activities of the patient. Present literature, which has explained its importance and management of such disorder needs, a detailed study for further understanding and better management by Homoeopathy.

The present study was carried out in 30 cases that fitted into the inclusion criteria, to study the Homoeopathic management of this condition.

As per the tables:

- 1) Age Incidence:** The highest incidence was seen in age group of 30-menopause years. Age group between menarche-20 were 16.67% cases, 21-30 were 33.33% and 31-menopause i.e., 50%. The youngest age of the patient is 18 years and oldest 42 years.
- 2) Urban and Rural Area Females:** The study showed the maximum number of patients where from rural area that is 18 patient, 60% remaining 12 patients i.e., 40%.

- 3) **Occupation:** The study showed maximum number of patients were non-working women i.e., 20 cases, 66.67% and remaining 10 cases 33.33% working women.
- 4) **Family:** The study showed maximum number of females from joint family i.e., 18 cases 60% and remaining 12 cases nuclear family 12 cases i.e., 40%.
- 5) **Socio-Economical Background:** From the study it is seen that most of the patient is from low socio-economic group and not well to do family. 20 cases 66.67% remaining 10 cases good socio-economic condition i.e., 33.33% dependency rate is increased.
- 6) **Education:** The study showed maximum females were uneducated 17 cases i.e., 56.67% and 13 cases educated females i.e., 43.33%.
- 7) **Type of Marriage:** The study showed maximum number of females of arrange marriage i.e., 76.67%, love marriage 6 cases i.e., 20% and love cum arrange marriage 1 case 3.33%.
- 8) **Marital relations:** The study showed maximum number of females whose relations disturbed with spouse 8 cases i.e., 26.66%, widows and divorcees 5 cases each i.e., 16.67% and relations good with spouse with other problems 6 cases i.e., 20% and unmarried 6 cases i.e., 20%.

9) Past History: The study showed depression 11 cases i.e., 36.66%, cold and coryza 9 cases i.e., 30%, menstrual disorder and skin complaints 3 cases each i.e., 10%, abortion and headache 2 cases each i.e., 6.67%.

10) Family history: Miller⁴³ 1993 says, “In many old standing chronic cases, especially those that have been long under allopathic treatment, these peculiar and characteristic symptoms have so completely disappeared, or have been so utterly forgotten, that difficulties are thereby increased. May, it is even the case at times that the characteristics symptoms may never have existed except in the patients ancestors and under these circumstances cure is practically impossible.

_____ The study showed that family history of depression 13.33%, mental disorder 3.33%, heart diseases, 6.67%, skin disorders 13.33%, epilepsy 3.33% hypertension 13.33%, diabetes 13.33%.

11) Miasmatic Background: It has been observed than study showed Psora is the background for 19 cases 63.33%, Sycosis –10 33.33%, Syphilitic 2 6.67% psora-sycosis 6.67%, all 3 miasms 6.20%.

_____ According to Ortega 1980²⁴, “The miasms are always mixed together in the individual, so that even when his attitude and appearance. Correspond more to one of these fundamental modulations, he will still inevitably contain traits and some or more

manifestations of the other two, although at each stage of his life one of the three – psora, sycosis or syphilis will dominate.

12) Constitutional Remedies: Orgeta⁴⁴ 1989, tells us: “The actual sickness presented by the patients should not be viewed as a separate from its vital antecedents, but rather as a metastasis aspect of a morbid situation; it stands out like a wave of greater or lesser magnitude against the constitutional background..... dyscrasic or diathesis states which condition the emergence of sicknesses or syndromes, each of the latter being erroneously regarded as a separate and independent clinical entity Morbid alterations of the individual and thus affects his genotype.... Which can be considered constitutional illnesses, that distinguish one human from others”.

_____ According to **Garth Boericke³¹**, “All treatment of difficult cases is constitutional, and it has been found that a certain class of remedies is best for this purpose. Such drugs profoundly affect metabolism and physiologic process, in contradiction to the more superficial remedies whose sphere is functional change and whose action is comparatively short. Constitutional treatment is never taken at bedside but only after a most exhaustive examination, with due regards to history, physical examination and laboratory finding”.

_____ Constitutional medicines were selected on the basis of totality of symptoms and reportorial results after repertorization

with the Kent's repertory and Dr.R.P. Patel's repertory of chronic miasms.

The constitutional medicines used for the treatment for 30 cases. Ignatia was used frequently indicated remedy i.e. 13.33%, china was indicated as constitutional remedy in 3 cases that is 10%, stann.met, Nit.Acid, Psorinum, Nux.vom, N.Carb were indicated as a constitutional remedies in 2 cases each i.e. 6.67%. Following Lach, Puls, Sabina, Mersol, Phos, Grap, Silicea, Aur.met, Arsenic, Sulp, N.Mur, Sepia, Amnon.Mur (1) cases each i.e. 3.33%.

By giving constitutional treatment patients are saved from recurrent attacks, complications and side effects caused by allopathic medicines. Females developed positive attitude to face problems of life.

13) Complementary Remedies: Boreike, Garth³¹ 1994 writes in A compared of the principles of Homoeopathy for students in medicines as,

Complementary relationship is same what similar in as much as they must be compatible, but here work done by one remedy is completed by another complementary action.

Out of 30 cases only 4 patients required complementary remedies, 1case of each i.e. Pulsatilla 3.33%, Syphillinum 3.33%, Nat.Mur 3.33% and Sulp 3.33% as complementary remedies.

- 14) Intercurrent Remedy: Otto Lesser³³** opines “Sulphur is indicated by the special symptoms of the single case or occasionally if it is used as an interpolated remedy when the reaction to another correctly chosen remedy is insufficient.”

_____ 30 cases were taken up for study to analyze the intercurrent remedies used during the course of treatment. Out of 30 cases 2 cases were required intercurrent remedies. Sulp and Tuberculinum each 3.33%. _____

- 15) Result of treatment:** In this study, it was seen that 86.66% (26) cases showed good improvement with Homoeopathic medications. 6.67% (2) cases failed to show the desirable improvement and 6.67 (2) cases discontinued in between. This percentage of improvement was because Homoeopathic medicines along with counselling and rehabilitation and general management as nothing else can bring out such a tremendous result.

_____ It is well known fact that the conventional mode of treatment, apart from treating the presenting complaints produces other distressing symptoms. But this is not observed in our homoeopathic mode of treatment and also in the present study. _____

CONCLUSION

- I arrived at the conclusion that Homoeopathic Management of Depression in females with family stressors along with counseling and psychotherapy has shown tremendous result in most of the cases taken for my study.
- After prescribing indicated remedy patient started improving mentally and physically, as the prescribed remedy has reduced episodes, unnecessary imaginative process come unnecessary in mind.
- Hence she started feeling better, sense of well being is also followed by.
- Indicated Homoeopathic remedy after prescribing created awareness to the patient that she is unnecessarily over reacting to the situation around her, and also Homoeopathic indicated

remedies will minimize negative reactions to all exposures like mental stress.

- The Homoeopathic medicines seems to be efficacious in reducing recurrence and bring about significant improvement.