

# Effectiveness of Homoeopathy as An Adjuvant Treatment in Recurrent Depressive Disorder - A Case Report

Dr Grace Thokchom<sup>1</sup>, Dr Girish Navada UK<sup>2</sup>, Dr Justina M Steefan<sup>3</sup>,  
Dr Petnikota Mounika<sup>1</sup>, Dr Lavanya Chandrasekaran<sup>1</sup>

<sup>1</sup>MD (Scholar) Department of Homoeopathic Psychiatry, Father Muller Homoeopathic Medical College, Mangalore, Karnataka, India,

<sup>2</sup>Professor and HOD, Department of Homoeopathic Psychiatry, Father Muller Homoeopathic Medical College, Mangalore, Karnataka, India

<sup>3</sup>Assistant Professor, Department of Homoeopathic Psychiatry, Father Muller Homoeopathic Medical College, Mangalore, Karnataka, India

Corresponding Author: Dr Grace Thokchom

DOI: <https://doi.org/10.52403/ijrr.20250307>

## ABSTRACT

Recurrent Depressive Disorder (RDD) is characterised by different repeated episodes of depressive episode. The age of onset and the severity, duration and frequency of episodes are highly variable. Individual episodes are often precipitated by stressful life events. Homoeopathy as an adjuvant treatment help to alleviate symptoms and improve mental health outcomes.

Patient presented with the complaint of low mood, lack of interest in activities, fatigability since, 6 years on and off more since, 3 years. After conducting a thorough case assessment and analysing the totality of symptoms, a treatment plan was developed. Staphysagria 200, along with other appropriate remedies, was prescribed based on the patient's individual needs. Following this course of treatment, the patient experienced significant relief from the symptoms, resulting in an overall improvement in mental health.

Although homeopathy offers potential benefits, its use in treating psychiatric disorders is often underrecognized. Consequently, patients frequently seek homeopathic treatment after exploring

conventional allopathic options. With a comprehensive understanding and careful application of homeopathic principles, it can be effectively utilized as an adjunctive treatment for such conditions.

**Keywords:** Recurrent depressive disorder, case report, adjuvant treatment, Homoeopathy, Staphysagria

## INTRODUCTION

Recurrent Depressive Disorder (RDD) is a chronic condition marked by repeated depressive episodes, often triggered by stressful events. A single episode of major depression often leads to recurrent episodes, with approximately 85% of individuals experiencing subsequent bouts of the condition<sup>[1]</sup>. Recurrent depressive disorder is characterized by a history of at least two depressive episodes. In a study of over 3,000 adolescents and young adults, 90% of those with recurrent depression reported significant impairment in work productivity and social interactions, with 40% seeking professional help due to the impact of their condition<sup>[2]</sup>.

The recurrent nature of depression can result in significant personal and public health

consequences. One meta-analysis revealed that the suicide rate among individuals with depression is roughly twenty times higher than that of the general population<sup>[3]</sup>.

Much research on recurrence of depression has relied on the criteria for major depressive disorder (MDD) relies on the International Classification of Disease 10. The disorder involves repeated episodes of depression (mild, moderate, or severe) without any history of mania or hypomania. Episodes generally last from 2 to 12 months, with a median duration of about 6 months, and they occur less often. Most patients recover between episodes, but a minority may experience chronic depression, especially in later life.

Recurrent depressive episodes can be sub classified into several types, including: recurrent depressive disorder (RDD) with a mild, moderate, or severe current episode (with or without psychotic symptoms), RDD in remission, other forms of recurrent depressive disorders, and recurrent depressive disorder, unspecified<sup>[4]</sup>.

Multiple controlled and non-placebo-controlled studies have demonstrated that homeopathy can effectively treat moderate to severe depression, with its efficacy exceeding that of placebo and being comparable to fluoxetine. Furthermore, the safety of homeopathic treatments has also been established<sup>[5]</sup>.

This case report highlights the successful use of homeopathy in a patient with a 6-year history of recurrent depression, characterized by low mood, lack of interest, irritability and lack of concentration as the main symptoms. After experiencing limited improvement with conventional treatments, the patient turned to homeopathy as a subsequent option. The prescription of Staphysagria 200 and other indicated remedies resulted in significant symptom alleviation, demonstrating the potential of homeopathy as an effective adjuvant treatment for RDD. This case underscores the importance of a personalized, holistic approach in managing mental health conditions, particularly when conventional therapies prove inadequate.

## **MATERIALS & METHODS**

### **The Case-**

#### **Patient Information:**

A 44 years old male, K/C/O Recurrent Depressive Disorder and Migraine since, 6 years came to Father Muller Homoeopathic Medical College and Hospital OPD on 12/9/2023 with the complaints of low mood 2+, feeling of loneliness, 3+ nervousness when meeting people 2+, fear about future 3+, lack of concentration 3+ since, 6 years on and off episodes and increased since, 3 years. He also presented with the complaint of bilateral temporal and occipital headache which presented occasionally.

#### **History of Presenting complaint.**

The patient was reportedly healthy six years ago, K/C/O Recurrent Depressive Disorder and Migraine on allopathic medications since, 6 years for the same complaints, presented to the OPD of Father Muller Homoeopathic Medical College Hospital with the fourth episode of depression. The main complaints included low mood 2+ a lack of interest in activities (3+), feelings of loneliness (2+), nervousness when meeting people (2+), fear about the future (3+), and lack of concentration (3+), all of which had been present intermittently for the past six years but had worsened over the past three years. Additionally, the patient reported occasional bilateral and occipital headaches, which were aggravated by exposure to sunlight and lack of sleep. The current stressors reported were rejected marriage proposals and the lack of a secure job.

Negative history: No history of episodes of elevated mood, anger or irritability

No history of self-talking.

No history of any hearing voices or seeing things or objects.

No history of any false unshakable belief out of cultural norms.

No history of substance use.

No history of head injury, epilepsy.

Treatment history- Allopathic medications

Tab. Waklert 150 mg (1-0-0)

Tab. Pronate TR 20 Mg (1-0-0)

S Celepra 5 mg (0-0-1)

**Past History:** In 2017, the patient developed feelings for a girl from his church but, due to shyness, was unable to express them. Eventually, he learned that the girl had become engaged, which triggered his first episode of depression, which lasted for than a year, where he experienced lack of interest in doing activities, cries when alone, low mood and decreased appetite. For the same, he started consulting a local psychiatrist and started the treatment with minimum improvement.

After around 5 months of symptom free period, he got the 2nd episode of low mood, lack of interest in doing activities and lack of concentration in 2020 which lasted for more than 8 months. In 2019 July patient moved to Dubai when he got a job as a clerk there with the help of one of his relatives. But he had to return back to India after few months due to the Covid Pandemic, which result in the relapse of the depressive episode.

He got the 3rd episode of depression in 2021 presented with low mood, lack of interest in doing activities and excessive fear about future which lasted for a year, following 3 months of symptom free period, reported unemployed being the major stressor after returning back to Mangalore. Later, he found a job as a manager in one of the furniture shops in Mangalore and currently working in this shop.

After maintaining around less than 3 months of symptom free period, on September 2023, patient again notice the increase in symptoms of low mood, lack of interest in activities with lack of concentration. Hence came to FMHMC Hospital OPD in the 4th episode.

**Family history:** Father had history of Alzheimer's disease at the age of 76 years, Mother: HTN, Type2 DM

**Personal History:** Biological functions adequate- Appetite is good, drinks 1-2 litres of water per day, bowel habit-1 time/day which is satisfactory, micturition 4-6 times/day and adequate, refreshing sleep for 6 hours. Thermally- chilly.

**Birth History-** Normal uncomplicated vaginal delivery  
Normal developmental milestones were attained.

**Temperamental-** shy and timid

**Schooling history-** Average in academic, studied till 12th, diploma course in Computer Discontinue as he wanted to work

**Occupational history:** Worked as a clerk in a company in Mangalore for few years, discontinued due to the 1st episode of depression (2017)

2019- Clerk job in Dubai for few months, Lost due to covid pandemic

2022- Manger in a furniture shop (current)

**Marital History-** single.

**Life space Investigation.**

Patient belongs to a lower middle socio-economic family. Father worked in a laundry shop and mother was a housewife. He is the youngest among his 2 siblings, elder brother is an auto driver and sister is a housewife (married and settled). He grew up as a shy and timid child, average in studies. He did not participate in any of the co- curricular activities at school out of stage fear. After 12th standard, he managed to complete a diploma course in computer and discontinue further studies as he wanted to work and help his family financially. In 2017, there was an incident of disappointed romantic failure which led him to experience first episode of low mood, lack of interest in activities and social withdrawal. In 2019 he got a job in Dubai as a clerk but could not continue the job due to covid pandemic which further add on as a stressor to his depression.

Currently he is working as a manager in one of the furniture shops in Mangalore but patient expressed a fear of insecurity with the present job. He also reported worries regarding his marriage as he cannot find a right match for himself.

As a person- Quiet, Timid and shy person, Feel nervous when people around, keep goal

beyond practicable, ambitious at the same time fear about future

### CLINICAL FINDINGS-

**Physical examination** – Afebrile, Weight - 81 kg, BP -140/100mmHg, Pulse rate- 72b/min.

No sign of Cyanosis, clubbing, lymphadenopathy, Icterus  
Systemic- Respiratory- S1S2 heard, No added sound. CVS- S1S2 heard

### Mental Status Examination-

1. General appearance and behaviour- Adequately groomed, hygiene maintained, cooperative, rapport established, psychomotor activity- normal, eye to eye contact maintained.
2. Speech- Spontaneously responded, low tone and volume, moderate rate and quantity.
3. Mood and affect- Low and with dull affect.
4. Thoughts- That he is alone, his future is not secure, fear that something bad would happen to him
5. Perception- No abnormalities.
6. Cognition- Patient is conscious, well oriented with time, place and person, attention-good, concentration- poor, good memory, intelligence and abstract thinking.
7. Insight- present, grade 5. (grade of 0-5)
8. Judgement – good

**Provisional Diagnosis:** Recurrent Depressive episode, current episode moderate F33.1

### Assessment

The assessment was done at baseline before the homoeopathic treatment using HDRS (Hamilton Depressive Rating Scale) [6] and repeated reassessments were done in each follow ups.

### Intervention

Staphysagria 200 was selected after considering the presented symptoms and individualizing the patient as per Homoeopathic principles. As the clear picture of the symptoms were unavailable, zig- zag method of prescription was adopted based on the available symptoms and presentation.

Totality of symptoms considered for selection of remedy -

Mind – Shy, timid, quiet, ambitious to the level of near impossible

Low mood, Loneliness, suppressed emotion

Thermally- chilly

Figure format: Fig 1: -Repertorial Totality considered for the patient.

MIND			
1 MIND - ANXIETY - future, about			⊗
2 MIND - EMOTIONS - suppressed			⊗
3 MIND - TIMIDITY			⊗
Remedies	ΣSym	ΣDeg	Symptoms
staph.	3	6	1, 2, 3
tritic-vg.	3	6	1, 2, 3
caust.	3	5	1, 2, 3
nat-m.	3	5	1, 2, 3
cupr.	3	4	1, 2, 3
nat-ar.	3	4	1, 2, 3
aeth.	3	3	1, 2, 3

### RESULT

The patient's HDRS scores showed a significant decrease, from HDRS- 17 to Score of 7 indicating a positive outcome despite the ongoing stressor of the mother's death. Notably, the patient maintained stability without any increase in the dosage of allopathic medication. In fact, a reduction in the dosages of allopathic medications was observed, further highlighting the successful management of the patient's condition

**Table 1: Follow ups with medications**

Date	Follow up	HDRS	Medicine with potency
1 <sup>st</sup> visit 12/9/23	low mood <sup>2+</sup> , feeling of loneliness <sup>2+</sup> , nervousness when meeting people, fear about future, lack of concentration <sup>3+</sup>	17	<b>Staphysagria 200</b> 1 dose
29/9/23	low mood, Lack of concentration- reduced Bilateral temporal headache- better <sup>2+</sup> Fear about future- Better with adequate biological functions	15	Staphysagria (0) 1 dose
7/11/23	Low mood- better <sup>2+</sup> Improved in concentration and headache symptoms fear about future- Reduced <sup>2+</sup> Biological functions- adequate	7	Staphysagria (0) 1 dose
26/11/23	Mood- good, no new complaints Headache- better <sup>2+</sup> Adequate biological functions	7	Staphysagria (0) 1 dose
6/2/24	lack of concentration- better <sup>1+</sup> <b>Irritability reported by patient.</b> Adequate biological functions	9	Staphysagria 1M 1 dose
15/3/24	Headache symptoms increased which is more when <b>expose to sunlight, associated with irritability</b> Biological functions adequate	7	<b>Nux Vomica 200</b> 1 dose
13/4/24	Mood symptoms better, headache- reduces Adequate biological functions	7	Nux Vomica (0) 1 dose
31/5/24	Patient reported <b>increased in irritability</b> and nervousness. Feels sad as his mother diagnosed with Cancer	7	<b>Nux Vomica 1M</b> 1 dose
12/7/24	Mood symptoms- <b>increase after mother expired. Patient reports of low mood and loneliness<sup>3+</sup></b> Complaint of hopelessness, pessimistic view about future- present	15	<b>Ignatia 200</b> 1 dose
13/8/24	low mood, lack of interest present Appetite-reduced	8	<b>Ignatia 1M</b> 1 dose
4/10/24	Mood symptoms better No new symptoms with adequate biological function	7	Ignatia (0) 1 dose

## DISCUSSION

The contributing factors to the patient's recurrent depressive disorder (RDD) are complex and can be explored from various perspectives. In this case, the BPS (Biopsychosocial) model provided valuable insight into the patient's stressors, such as the social pressure of being single, financial strain, lack of job security, and the loss of a mother, all of which contribute to the persistence of depression. Additionally, as a social being, the patient's need for support is evident; however, being unmarried, the patient lacks the necessary social support system.

Furthermore, according to Carl Rogers' theory, the patient's ideal self—what he strives to achieve—appears unattainably high, creating a significant gap between his

real self and his expectations <sup>[7]</sup>. This incongruence between his real and ideal self leads to emotional distress and, ultimately, depression. This idea of incongruent with the goal and real self is well explain as the core symptom of Staphysagria by Dr Rajan Sankaran <sup>[8]</sup>.

In addition, since the patient is already undergoing conventional allopathic treatment, the full extent of the depression is somewhat obscured. In this context, we adopted a zigzag method of prescription, particularly for one-sided diseases in Homoeopathy <sup>[9]</sup>, Accordingly, as indicated the homeopathic remedy Staphysagria was administered, followed by a series of anti-psoric remedies—Nux Vomica and Ignatia—increasing in potency <sup>[8,10]</sup>. Nux vomica is prescribed for headaches linked to irritability,

especially when caused by lack of sleep, which helped the patient. Ignatia was prescribed to address the emotional distress and grief following the loss of the patient's mother. And subsequently, the HDRS scores decreased shows a positive outcome by preventing further relapse despite the continued stressor of the mother's death. The patient maintain stability without any increase in the allopathic dosage, and in fact, a reduction in the doses of allopathic medication was observed.

One RCT study on the efficacy of mindfulness-based compassionate living compared with treatment-as-usual on depressive symptoms and its consolidation at longer term follow-up showed continued improvement in depressive symptoms with mindfulness based compassionate living along with the usual treatment at long-term follow-up [11]. These results suggest that incorporating MBCL into clinical practice could offer lasting benefits for patients with recurrent depression. Hence, combining MBCL with homeopathic treatment as an adjuvant may further enhance outcomes. Further studies are needed to confirm the efficacy of this combined approach in the treatment of RDD.

## CONCLUSION

This case highlights the complex nature of recurrent depressive disorder (RDD), with multiple stressors influencing the patient's condition. Homeopathic treatment, using remedies like Staphysagria, Nux Vomica, and Ignatia, showed promising results in reducing HDRS scores and preventing relapse. Additionally, the reduction in allopathic medication doses suggests the effectiveness of homeopathy as an adjunct therapy in managing RDD.

## Declaration by Authors

**Informed consent:** Obtained for publication

**Acknowledgement:** We express our sincere gratitude to Management committee of Father Muller's Homoeopathic Medical College and Hospital giving us the opportunity to conduct this study and Dr ESJ

Prabhu Kiran, Principal and Head of Department, Department of Anatomy, Father Muller's Homoeopathic Medical College and Hospital for his support and encouragement in publishing this case report.

**Source of Funding:** None

**Conflict of Interest:** No conflicts of interest declared.

## REFERENCES

1. Sadock BJ, Kaplan HI, Sadock VA. Kaplan & Sadock's synopsis of psychiatry: behavioral sciences/clinical psychiatry. Philadelphia: Wolter Kluwer/Lippincott Williams & Wilkins; 2007.
2. Wittchen HU, Nelson CB, Lachner G. Prevalence of mental disorders and psychosocial impairments in adolescents and young adults. *Psychological Medicine*. 1998; 28:109–126. doi: 10.1017/s0033291797005928.
3. Harris EC, Barraclough B. Suicide as an outcome for mental disorders: A meta-analysis. *British Journal of Psychiatry*. 1997; 170:205–228. doi: 10.1192/bjp.170.3.205.
4. World Health Organization. International Classification of Disease. 9. Geneva: World Health Organization; 1978.
5. Zepeda-Quiroz N, Luna-Reséndiz R, Soto-Sánchez J. Efficacy of Individualized Homeopathy in Treatment-Resistant Depression. *Cureus*. 2021 Oct 2;13(10):e18444. doi: 10.7759/cureus.18444. PMID: 34737912; PMCID: PMC8559976.
6. Williams JB. Standardizing the Hamilton Depression Rating Scale: past, present, and future. *Eur Arch Psychiatry Clin Neurosci*. 2001;251 Suppl 2: II6-12. doi: 10.1007/BF03035120. PMID: 11824839.
7. Morgan, T. C., & A. R. King (1981). Introduction to psychology (6th ed.). Sinagore City: McGraw-Hill. Sankaran R. The soul of remedies. Mumbai: Homoeopathic medical publishers; 2014.
8. Sankaran R. The soul of remedies. Mumbai: Homoeopathic medical publishers; 2014.
9. Hahnemann S. Organon of Medicine. Ravenio Books; 2014.
10. Boericke W, Boericke O. Pocket Manual of Homeopathic Materia Medica and Repertory. New Delhi: Indian Books & Periodicals Publishers; 2004. Schuling R, Huijbers

11. MJ, van Ravesteijn H, Donders R, Cillessen L, Kuyken W, Speckens AEM. Recovery from recurrent depression: Randomized controlled trial of the efficacy of mindfulness-based compassionate living compared with treatment-as-usual on depressive symptoms and its consolidation at longer term follow-up. *J Affect Disord.* 2020 Aug 1; 273:265-273. doi: 10.1016/j.jad.2020.03.182. Epub 2020 May 4. PMID: 32421612.

How to cite this article: Grace Thokchom, Girish Navada UK, Justina M Steefan, Petnikota Mounika, Lavanya Chandrasekaran. Effectiveness of homoeopathy as an adjuvant treatment in recurrent depressive disorder – a case report. *International Journal of Research and Review.* 2025; 12(3): 39-45. DOI: <https://doi.org/10.52403/ijrr.20250307>

\*\*\*\*\*