
DEPRESSIVE DISORDER (DEPRESSION) AND ITS HOMOEOPATHIC APPROACH USING SYNTHESIS REPERTORY- A REVIEW ARTICLE

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ABSTRACT

Globally, about 5% of adults suffer from depression.^[1]

Approximately 280 million people in the whole world have depression.

Depression is major growing health concern in India too. Allopathic medicine offers treatments such as antidepressants and psychotherapy, which may provide symptomatic relief but also carry the burden of side effects, medicine to be taken for longer duration, recurrence, or partial response. Homoeopathy offers an alternative holistic approach, where treatment is individualized based on the totality of symptoms, including mental, emotional, and physical dimensions.^[2,3]

KEYWORDS: Depressive Disorder, Depression, Homoeopathy, Repertory, Rubrics.

INTRODUCTION

In today's modern era, life has become very fast, very stressful, lot of competition in every field right from completing education, getting good job, getting married, earning a livelihood. Today's adults are living a very stressful life; many people cannot cope up with the disappointments, hardships, and failures in life, they land into the state of depression.

Depressive disorder manifests as persistent sadness, hopelessness, loss of interest or pleasure, loss of enjoyment, pessimism, guilt, changes in appetite and sleep, Fatigue, weight change, bowel disturbance and motor retardation (slowing of activity).

Depressive disorders are among the most prevalent mental health conditions worldwide and in India as well, causing substantial morbidity and a negative impact on quality of life.

According to NMHS survey ICD-10 DCR lifetime prevalence of Depressive disorder in India is 5.3% & current prevalence is 2.7%.

Global prevalence of depressive disorder varies from 3.2% to 4.7%, and about 5% people suffer with depressive disorder.

Defination

Depressive disorder/Depression is common mental disorder that presents with depressed mood, loss of interest or pleasure, decreased energy, feeling of guilt or low self- valuation, disturbed sleep or appetite and poor concentration.^[5]

Classification:[6,7,8]

Depressive disorders have been categorized in various ways, one of the common classifications includes major depression and different types based on etiology and symptomatology.

Major Depressive disorder (MDD)

Major depressive disorder, which is also known as depressive episode, is diagnosed when most of the key symptoms persist continuously for at least 2 weeks. These episodes are typically distinct, lasting from weeks to months, with an average duration of 6 to 9 months.^[8]

Diagnostic Criteria for MDD- Primary Criteria

1. Persistent depressed mood most of the time of the day and almost every day.
2. Markedly reduced interest or pleasure in most activities.

Secondary Criteria

In addition to the primary criteria, at least 3 of the following symptoms should be present for a minimum of 2 weeks, totaling at least five symptoms:

3. Significant weight loss or gain up to 5% of bodyweight.

4. Insomnia or hypersomnia.
5. Psychomotor retardation or agitation.
6. Fatigue or loss of energy.
7. Feelings of worthlessness or excessive guilt.
8. Difficulty concentrating or making decisions.
9. Recurrent thoughts of death or suicide.

10. Pathophysiology & Aetiology[6,7,8]

Depression's pathophysiology is intricate, involving a range of factors like- Although the precise mechanisms remain incompletely understood, several key elements have been identified:

1. Neurotransmitter Imbalance: Changes in neurotransmitters like serotonin, norepinephrine, and dopamine are pivotal. Depressive symptoms are often associated with low levels of these neurotransmitters, particularly serotonin.
2. Neuroendocrine Dysregulation: Dysfunction in the hypothalamic- pituitary-adrenal (HPA) axis and abnormal cortisol levels are implicated in depression. Prolonged stress can lead to HPA axis hyperactivity, contributing to depressive symptoms.
3. Neuroanatomical Changes: reduced volume in the prefrontal cortex and hippocampus can impact mood regulation, cognition, and emotional processing.
4. Inflammatory Processes: Elevated levels of pro-inflammatory cytokines are detected in individual with depression, and chronic inflammation may contribute to symptom development and persistence.
5. Genetics: Genetic predisposition significantly influences depression susceptibility. Family and twin studies have demonstrated a heritable component. People with family history of depression are more prone.
6. Environmental Factors: Adverse life events, like trauma, chronic stress, and social circumstances increase depression risk and interact with genetic predispositions and biological processes, shaping depression onset and progress of disease.

Symptoms[6,7,8]

1. Affective or Mood Symptoms

The predominant symptom of depression is a profound sadness, often accompanied by uncontrollable crying spells.

Difficult to alleviate their mood through usual activities or thoughts

Interest in daily activities diminishes, person feels sad, gloomy, or miserable, feeling as though a dark cloud envelops them.

Persistently unpleasant mood accompanied by psychic pain

Depressed mood persists despite distractions and remains unaffected by changing circumstances.

Physical manifestations of a depressed mood include a sad facial expression with downturned mouth corners, downcast eyes, and raised eyebrows. The forehead may show furrows, and tears or dry-eyed sadness may be present.

2. Cognitive or Thought Symptoms

Feelings of worthlessness, hopelessness, or guilt, difficulty concentrating, making decisions, or recalling information. Negative self-perception and pessimistic outlooks on the future.

3. Behavioral Symptoms

Social withdrawal or decreased activity levels. Irritability, agitation, or restlessness may also manifest in others.

4. Physical, Bodily, or Somatic Symptoms

Physical complaints, including fatigue, sleep disturbances, changes in appetite or weight, and psychomotor agitation or retardation, are often reported in depression.

5. Biological Symptoms

Biological symptoms encompass physiological changes associated with depression, such as alterations in sleep patterns, appetite, and libido.

6. Psychotic Symptoms:

Such as delusions or hallucinations.

7. Neurocognitive Symptoms:

These symptoms involve impairments in cognitive functions such as memory, attention, and executive functioning, which may be observed in some individuals with depression.

Investigations[6,7,8]

1. Physical examination,

2. Psychological assessment
3. Lab investigation like thyroid function test, CBC to rule out anemia, electrolytes, RFT, Vit D level and HIV to rule out conditions mimicking depression
4. Neuroimaging- to rule out neurological abnormalities
5. Genetic testing
6. Sleep studies

PHQ-9 Questionnaire To access the level of depression

No.	Question	Not at all (0)	Several days (1)	More than half the days (2)	Nearly every day (3)
1	Little interest or pleasure in doing things				
2	Feeling down, depressed, or hopeless				
3	Trouble falling or staying asleep, or sleeping too much				
4	Feeling tired or having little energy				
5	Poor appetite or overeating				
6	Feeling bad about yourself — or that you are a failure or have let yourself or your family down				
7	Trouble concentrating on things, such as reading or watching TV				
8	Moving or speaking slowly or being unusually fidgety/restless				
9	Thoughts that you would be better off dead, or of hurting yourself				

(Please tick ✓ the appropriate response) There are 9 questions in total, assessing symptoms over the past 2 weeks. Each item is scored from 0 to 3, 0= not at all, 1=several days, 2=more than half days and 3= nearly every day

Total Score = Sum of all scores (out of 27)

Interpretation

0–4: Minimal depression

5–9: Mild depression

10–14: Moderate depression

15–19: Moderately severe depression

20–27: Severe depression

Homoeopathic Approach[2,3]

Homoeopathy believes in concept of individualization and offer a holistic treatment to patients of depressive disorder.

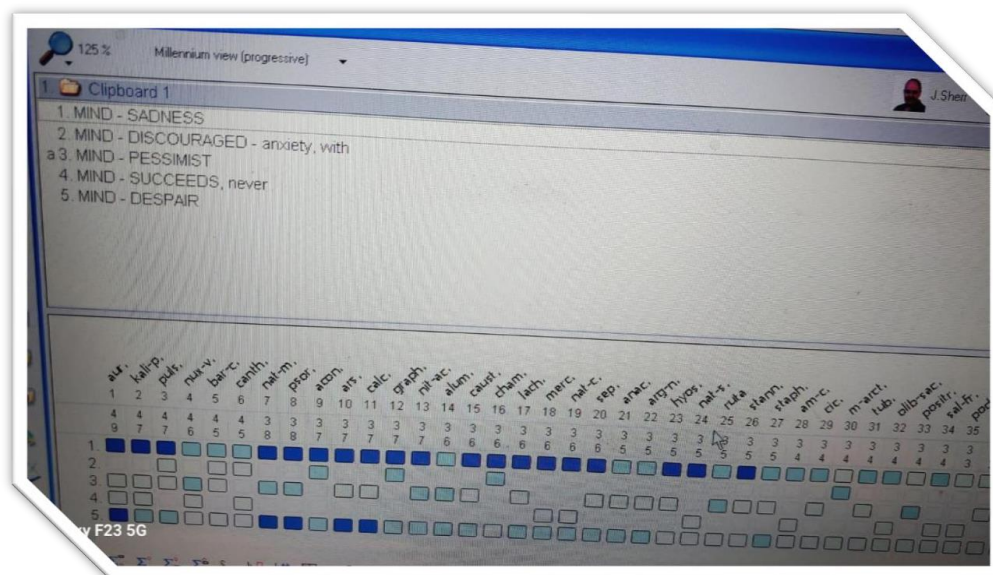
But the accuracy of result would depend on accurate selection of Homoeopathic remedy based on derived totality of symptom both generals (Mental & Physical) and characteristics. Here repertory is an important tool in the process of case analysis, searching proper rubrics and needed for repertorization to arrive at a group of similar remedies.

Mental diseases are similar to any other disease, because in other bodily disease also, the state of mind and disposition is altered. In all diseases, state of mind and disposition has to be noted, to form an accurate totality of symptoms and trace the picture of the disease (§ 210) in such cases, the state of disposition of the patient is important factor in the totality of symptoms that helps in the selection of the remedy. (§ 211) (1)

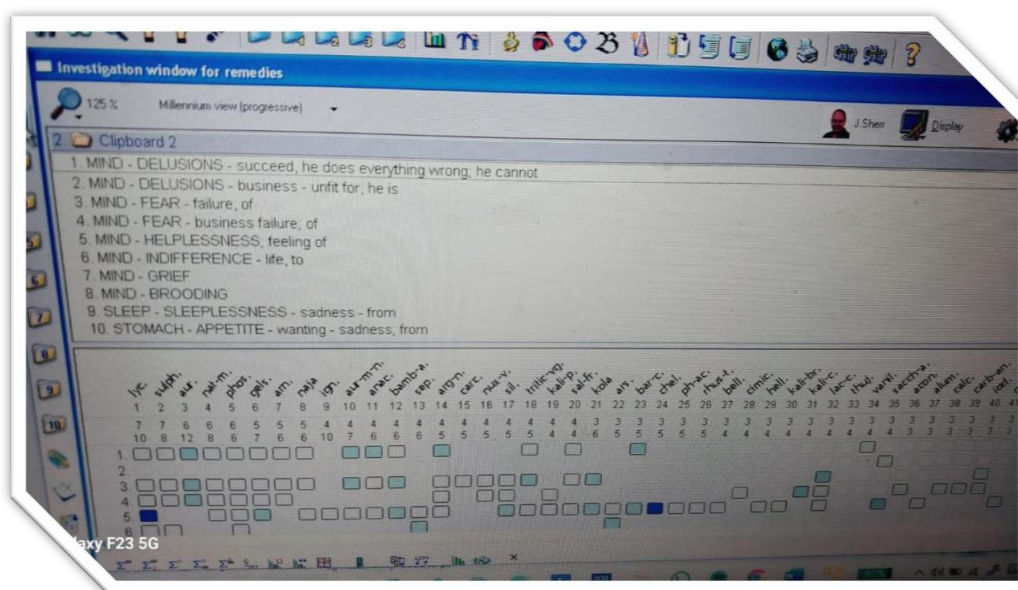
In Synthesis Treasure edition Repertory, we have many rubrics related depressive disorder like[4]

- Mind Sadness,
- Mind- Discouraged
- Mind- Pessimist
- Mind- Succeeds Never
- Mind- Despair
- Mind- Resignation
- Mind- Delusion- succeed he does everything wrong: he cannot
- Mind- Delusion-Business-unfit for, he is
- Mind- Fear- failure of
- Mind- Fear-Business failure of

- Mind - Helplessness, feeling of
- Mind- Indifference -life to
- Sleep- Sleeplessness- sadness -from
- Mind- Grief
- Mind- Inconsolable
- Mind- Brooding
- Stomach- Appetite - wanting-sadness, from[4] And many more rubrics.



Clipboard 1- showing rubrics related to depression from synthesis Treasure edition.



Clipboard 2- showing rubrics related to depression from synthesis Treasure edition.

Homoeopathic Therapeutics- In our materia medica we have many polychrest remedies like Aurum met, Aurum mur, Arsenic Alb, natrum muriaticum, sepia, Phosphorus, Pulsatilla, Kali Phos, Lycopodium, platina, Natrum Mur, etc which have been used successfully in the management of depression.

Aurum metallicum- Feeling of self-condemnation and utter worthlessness. Propound despondency, with increased blood pressure a thorough disgust for life and suicidal thoughts. Thinking of suicide. Talks of committing suicide. Great fear of death. Mental derangement. Over sensitiveness to noise excitement confusion.

Arsenicum Album- great anguish and restlessness please stop changes place continuously. Fear of death fear of being alone. Great fear with cold sweats. Feels it is useless to take medicine. Suicidal despair drives in from place to place miserly malicious selfish lacks courage. General sensible sensibility increased. Sensitive to disorder and confusion.

Natrum Muriaticum- psychic causes of diseases, ill effects of grief, fright, anger etc. Depressed particularly in chronic diseases. Consolation aggravates. Irritable get into a passion about trifles. Awkward hasty. Wants to be alone to cry tears with laughter.

Sepia Officinalis- Indifference to those loved best. Averse to occupation, to family. Irritable easily offended. Dreads to be alone. Very sad. Weeps when telling symptoms. Miserly. Anxious towards evening, indolent.⁽⁹⁾

CONCLUSION

Homoeopathy offers a safe, long term good results in the management of Depressive disorder. Skill full case-taking & seeking help of synthesis repertory can help us in each case keeping in mind the importance of individualized homoeopathic treatment based on cardinal principles of Homoeopathy.

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