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EFFECT OF HOMOEOPATHIC MEDICATION ON DEPRESSION

Girija Shankar Shukla

Faculty of Health Sciences, Sam Higginbottom Institute of Agriculture, Technology & Sciences- Deemed University, Allahabad, Uttar Pradesh, India

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Correspondence to Author:

Girija Shankar Shukla

Faculty of Health Sciences, Sam Higginbottom Institute of Agriculture, Technology & Sciences-Deemed University, Allahabad, Uttar Pradesh, India

E-mail: girija.shukla@shiats.edu.in

ABSTRACT: Depression is a well-defined mood disorder which is characterized by state of disposition of mind and dislike or antipathy to activity that can affect an individual's thoughts, demeanor, sense of emotional touch and physical well-being. Depressed people may feel mournful, troubled, uneasy in mind, meaningless, helpless and unworthy, experiencing as if having committed an offence. They are easily annoyed and disinclined to rest. It is a very important public health problem which is devastating millions of life all over world and making the scenario very look very pathetic. Homoeopathic medicines are effective in the treatment of various acute and chronic diseases. Efficacy of homoeopathic medicines on depression is of great importance. Most mental health disorders like depression, anxiety tend to chronic illness that requires long-term treatment. Appropriate treatment of depression with homoeopathic remedies can help to prevent the likelihood of serious recurrences of depression. The advantages of homeopathic remedies are-it is effective in people of all age right from children to the elderly, is safe and has minimal side effects. The present research exertion exemplifies that Homeopathic remedies do not treat merely the symptoms in a patient but restore the complete homeostasis of body and mind. As different people respond to the same illness in different ways-- treatment for each person has to be individualized.

INTRODUCTION: Depression produces serious emotional and psychological disorders and has severe consequences if not managed at proper time. With the progression of emotional load of depression one is unable to cope up with the extreme negative feelings and tend to create the world of their own thoughts which may end with the end of their life.

Whatever forms of symptoms may be related to the grief, depression is far different from normal sadness in that it engulfs our day-to-day life interfering with ability to work, study, eat, sleep, and having fun. A number of attempts have been made to highlight incidence and prevalence of depression in the community. A study reported by BioMed Central¹ (the open access publisher on Global Depression statistics on July 22, 2011) claimed that approximately 121 million people are suffering from depression all over the world out of which approximately 850,000 people commit suicide every year. Also people in higher income group were more prone to be depressed than the people under the lower income group category.

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World Health Organization W.H.O. (Mental Health and Substance Abuse; Facts & Figures) reported that 15% of depressed persons end their lives in the form of suicide at younger age ². Tendency of developing suicidal behaviour among the depressed persons is very lethal entangled condition. People who have an impulsive desire to die or perceive suicidal thoughts are very risky. Simultaneously there are many depressed persons who do not have suicidal plan but they prefer to die through some sudden severely fatal medically induced diseases.

Several researches have proved that depression tends to cluster and run in families. Surveys conducted in the general population and among the families of affected persons have shown that parents, siblings and children of severely depressed patients have a 10-15% risk for depression as against 1-2% in the general population. Children of depressed parents are especially at high risk; up to 50-75% of children are likely to get depression if both parents are suffering from depression.

Early identification of children at risk is thus important. Genetic factors, however, do play a role in some, but not in all patients, since depression also occurs among individuals with no family history of depression. Genetic or chromosomal markers are yet to be discovered for making any accurate predictions. It is expected that molecular genetics may identify specific defects in the brain that cause either spontaneous disturbances of mood or a vulnerability to decompensate under stress.

Homoeopathy medical science is based on the therapeutic Law of Nature, "A weaker dynamic affection is permanently extinguished in the living organism by a stronger one, if the latter (whilst differing in kind) is very similar to the former in its manifestations" (Sec.26 of Organon of Medicine by Hahnemann)."

Homoeopathy is a therapeutic method which assumes that a deviation from the fundamental mean within reversible limits can be restored to normal by means of stimuli, usually applied in the forms of drugs only sub-physiological doses of which are necessary because of hypersensitivity in disease and whose action is always directed toward normal by virtue of altered receptivity of tissue to stimuli in disease" (Dr. W E Boyd, M. D. M. A.,

Mr. Brit, IRE) in the book Hahnemann's Organon of Medicine by B K Sarkar 2007 ³.

Hahnemann classified disease into two broad groups as acute and chronic diseases. Acute diseases are sudden in onset, rapid in process, finish their course rapidly, and have a characteristic of fixed duration which may terminate itself either in the form of recovery or in death. Chronic diseases are those diseases which are gradual in onset, unlimited in duration, no tendency to decline or recovery may continue for life long period and destroys the organism in the long term, if not treated by a suitable homoeopathic medicine.

The philosophy of homoeopathy as detailed by Dr. Hahnemann states that the concepts of health is equanimity of the human body physiology, illness is caused due to development of disequilibrium in the vital force and cure is the recovery of complete homeostasis in the human body functioning. It is important for a qualified homoeopath to recognize his every patient on the miasmatic characteristics.

Mind in Homoeopathy: The role of mental symptoms is very important in prescribing homoeopathic medicines. They represent the man as a whole and individualize the most similar one remedy to be prescribed. Homoeopathic medicines are proved on healthy human beings and changes occurred on mental and physical planes are recorded in the forms of symptoms ⁴. Thus, this system of medicine is very closely related with mental symptoms and it represents the depth of the feelings of the persons.

Depressed individuals have well thought justification for their thinking. Occurrence of any event does not affect with the equal intensity to everyone rather it is experienced on different levels and intensities. Human mind is an incredible, unique creation and full of various peculiarities.

The thought pattern and reaction to the specific situation and stimuli encountered by the persons in routine life and on specific occasions, represents the inner mind structure and personality of an individual ⁵. Even very dynamic and optimistic persons famous for their constructive creativity are found depressed and even seen committing suicide. It reflects that apart from a general established life on many occasions' people encounter certain

severely intense setback which disturbs the normal cognitive pattern of the individual and the person gets encapsulated into the envelop of pessimistic thought pattern. Certain characteristics which an individual inherits through the genes of their parents also affect thought pattern and reflect their effect into the form of specific behaviours ⁶.

Majority of the homoeopathic medicines have large number of symptoms related to the concerned organ systems of medicine. Simultaneously these effects vary in different modes upon different individuals. Some of the medicines are effective on specific body constitutions and mental temperaments.

Thus while prescribing a most similar one medicine to a patient, a qualified homoeopathic physician has to evaluate multi-dimensional approach including modalities and occurrence of symptoms in context to different factors.

Homoeopathic Medicines in Depression: There are few studies on the effectiveness of specific homeopathic remedies in depression but professional homeopaths may consider the (stated below) remedies useful for treatment of depression based on their knowledge and experience. According to the philosophy of Homeopathy, treatment of any illness is based on the totality of symptoms and selection of medicines through reportorial approach based on individualization ⁷.

The homeopathic physician after conducting the process of a detailed case taking including the clinical examination would prescribe medicine.⁸ Homeopathic remedies do not treat merely the symptoms in a patient but restore the complete homeostasis of body and mind.

As different people respond to the same illness in different ways-- treatment for each person has to be individualized ⁹. The ultimate objective is to suggest some solution to the public so that the upward going graph of depression could be stopped and the Homoeopathy could be used effectively in depression.

Since the works related on such model of treatment for depression, has not been carried on extensively, therefore, the investigation has been planned to answer the problems taken up.

MATERIALS AND METHODS:

Locale of the study: The study was conducted in district Sagar of Madhya Pradesh, India since May 2007 to January 2008 and thereafter in Allahabad, U.P. India, since February 2008 to 2012.

Sagar has a population of 2,378,295 (according to census report of 2011) and has a population density of 232 inhabitants per square kilometre. This city has a sex ratio of 896 females for every 1000 males and a literacy rate of 77.52%. Sagar lies in an extensive plain broken by low, forested hills and watered by Sonar River. Wheat, chickpeas, soghum, and oilseeds are chief crops of the region, there is extensive cattle raising. Sandstone, Limestone, iron ore and asbestos deposits are worked.

Allahabad is located on the confluence of holy rivers Ganga, Yamuna and Saraswati. It is located in the southern part of Uttar Pradesh, at 25.45 North and 81.84 East. According to Census 2011, Allahabad district has a population of 59, 59, 798 including 31, 33, 421 males and 28, 26, 319 females. Allahabad has a population density of 1,087 per square kilometre and has a sex ratio of 902 females for every 1000 males. Literacy rate of Allahabad is 74.41%. The main industries of Allahabad are tourism, fishing and agriculture. Allahabad city is the largest commercial centre in the state; it also has the second-highest per capita income and the third greatest GDP in the U.P.

Research Design: To facilitate the fulfilment of objectives of the research, the experimental as well as descriptive research designs have been followed in the investigation.

In order to determine the profile of respondents, first, an attempt was made to describe aetiological, sociological and psychological characteristic of the respondents through detailed case studies. Secondly, was to find out the depressive tendency to establish assessment and the effect of Homoeopathic medicines at individual level and as combined regimen of the duo as well as effect of placebo therapy on the depressive respondents.. The depressive tendency experiment used the Depression Scale decided by the score of questionnaire designed and given to the patient to determine the degree of depression.

Selection of Sample: The subjects who volunteered to participate in this study were selected from OPD centres of Sagar Homoeopathic Medical College and Hospital, Sagar- M.P and different Homoeopathic Centres in Allahabad. The patients were selected on the outreach basis and approximately 20 % of the total O.P.D. attendance related to psychological, psychosomatic/ somato-psychic disorders in a month. Certain criterion in the mind were kept regarding preference for selection of the patients e.g. cooperative in nature, willing to visit for follow up regularly, belonging mild and moderate to severe degree of depression etc.

Patients belonging to very severe degree of depression and having manic tendency were not included. Degree of depression was decided after the filling of questionnaire given to the patient by researcher and scoring the number by scored the patients. All this was drawn from the first level 'visiting up' patients to the hospital for the treatment. Only those patients were included who belonged to different SES (Socio Economic Status) and above High School-Education.

Development of data gathering instrument: A suitable questionnaire was developed as well as following interview was developed in the light of objectives. The questionnaire was designed to elicit the following kinds of information about the respondent and his problem-

1. General information
2. Aetiological, Psychological and Socio-economic relationship with depression.
3. Metabolic and endocrine disorders, Mood disorders.

Methods of Data collection:

1. Primary source- Such information were collected by personally interviewing the patient at OPD centres of homoeopathic clinics through the case taking process.
2. Secondary sources- Some of the information which patient didn't provide, were obtained through other reliable sources.

3. Instruments – Case taking Pro forma, questionnaire sheet, Homoeopathic repertories, homoeopathic software, Sphygmomanometer, Stethoscope, Torch, weighing machine, Tendon hammer.
4. Statistical analysis of data- It included pretesting of interview schedule, data collection, tabulation, analysis and interpretation of data through statistical tools as per nature and requirements of Data such as descriptive and inferential statistic were applied for drawing valid explanation

For the follow up purposes the patients were called after every 10 days interval and the assessment of their health and complaints was done on the visit to the clinic. On the basis of the existing physical and mental symptoms and the progress of the patients, further treatment plan was decided. Maximum total duration of the treatment was 6 months. Separate groups were called on separate turns. Selection of homoeopathic medicines was done according to the principles of homoeopathic philosophy and similitum was prescribed with the aid of various Homoeopathic Repertories and after detailed case taking.

Post Test Trials Data collection and clinical treatment: Patient's visit was called once within 10 days for the treatment. Each group was given covered treatment regimen individually; one group was given treatment on one day. The next day other group would receive the treatment. After giving the required treatment the patients were called after every ten days, where the required treatment regimen was given and observation was recorded. The treatment procedure continued up to six months.

The instruments used for the purpose of research study were questionnaire consisting of score calculation system, Sphygmomanometer, Stethoscope, Small torch, Thermometer, Dr. Kent's and few other Homoeopathic Repertories, Homoeopathic Materia Medica by some eminent authors e.g. Dr. William Boericke-Pocket Manual of Homoeopathic Materia Medica, A Dictionary of Practical Materia Medica by Dr. J.H. Clarke etc. including Case taking format.

Homoeopathic Medicines given to the patients was in the form of globules and liquid.

RESULT AND DISCUSSION:

TABLE 1: TABLE SHOWING OCCURRENCE OF DEPRESSION ON THE BASIS OF AETIOLOGICAL INCIDENCE

Cause	Frequency	Percentage
Emotional	116	55.77
Financial	28	13.46
Grief	49	23.56
Miscellaneous	15	7.21
Total	208	100.00

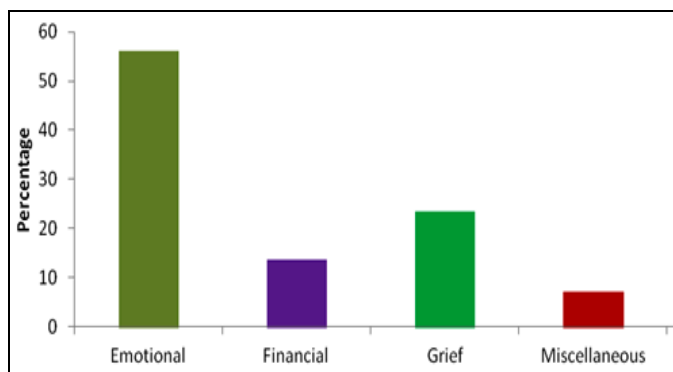


FIGURE 1

Table 1 represents the various data of the respondents related to the aetiological factor of Depression in the study. It had been found that the frequency of respondents belonging to age group 16-20 is 18.27%. The major causes behind the adolescent depression had been found e.g. Genetic, Biological, Deficits of social skills, Not properly supervised by their parents, Negative relationship with their parents, History of sexual abuse, difficulty in establishing self-identity, low self-esteem, poor performance in academics, matters related to peer groups, substance abuse, and failure in love affairs etc.

Maximum frequency was found between the age group of 20-40. The important causes for the age group 20-40 had been found extremely cut-throat competitive environment for employment and higher studies, examination results, life style, increasing tension and decreasing tolerance and patience level, disturbed family history and environment, stress due to personal relationship, financial problems of parents, peer pressure and various social restrictions, lack of suitable job and financial facility, home sickness and adjustment disorders etc.

The causes behind the depression for age group between 40-60 were chronic disease especially when there is impairment of function of any body system, genetic factors, disturbed marital history, loss of some most beloved one and unbearable psychological pain, loss of employment, Heavy financial loss, disturbed inter personal relations, frustration and hopelessness, worry related to children and post-traumatic stress etc.

TABLE 2: FINANCIAL STATUS OF RESPONDENTS

Socio economic status	Frequency	Percentage
HIG	47	18.75
MIG	98	39.44
LIG	63	30.76
Total	208	100

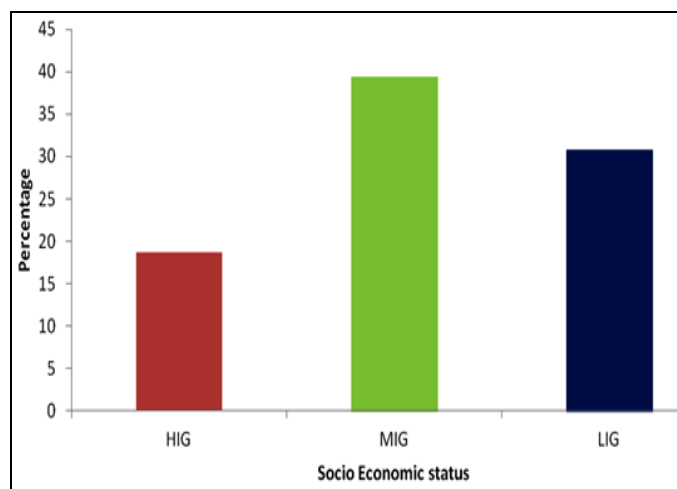


FIGURE 2

Table 2 reflects the frequency of prevalence of depression on the respondents of different income groups. Major depression was due to lifestyle that people were subjected to. The constant feeling of being part of a 'rat race' sapped the energy and enthusiasm out of them. Depression could be triggered by day-to-day problems such as relationship stress and work related hassles. Interestingly, depression affected the higher income group more.

Experts were of the opinion that rising income levels in India and the anxieties that it brought with it were the major factors leading to major depressive episodes. Individuals were constantly reeling under the preconceived threat of losing all that they had acquired; be it their loved ones or their career. Indians were slowly getting acclimatized to uniquely western concepts such as the nuclear family.

With no support system to fall back on and social networking sites alarming cutting off individuals from real life interactions, depression was a malaise that is slowly crippling the psyche of a number of modern day Indians.

TABLE 3: LOCALITY WISE DISTRIBUTION OF THE RESPONDENTS

Type of locality	Frequency	Percentage
Urban	147	70.67
Rural	61	29.33
Total	208	100

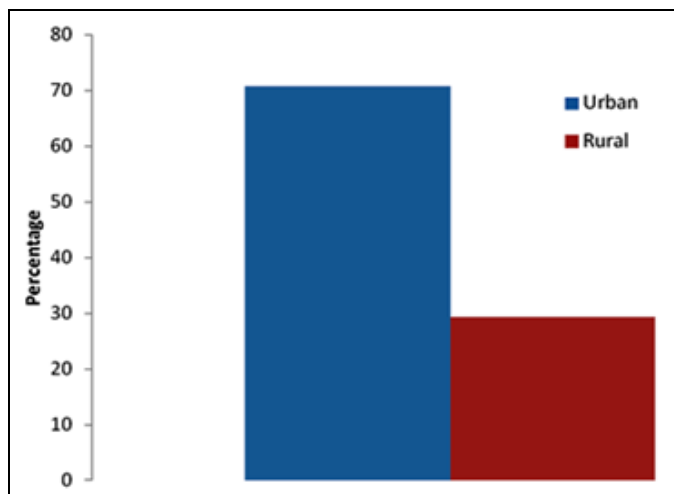


FIGURE 3

Table 3 shows that depression was common among urban gentry than rural population. The reason may be stress full life style, staying away from home, extreme competitive environment, financial crisis, and lack of time for family, uncomfortable relations between spouse, water and electricity scarcity, traffic problems, environmental pollutions, accidents, lack of good schooling, staying away of the children from families especially the girls were factors causing depression.

Table 4 confirms that the ratio of development of depression was more among females as compared to males. This finding also corroborates with the previous result

Depression in women was higher as that was in men. This is due in part to hormonal factors, particularly when it comes to premenstrual syndrome (PMS), Premenstrual Dysphoric Disorder (PMDD), postpartum depression and menopausal depression. As for signs and sleep excessively, overeating, and gain of weight. Women are also more likely to suffer from seasonal affective disorder.

TABLE 4: SEX WISE DISTRIBUTION OF RESPONDENTS

Gender	Locality urban frequency (Percentage)	Locality rural frequency(Percentage)	Total (Percentage)
Male	53 (65.43%)	28 (34.57%)	81 (100%)
Female	94 (74.01%)	33 (25.99%)	127 (100%)
Total	147 (70.68%)	61 (29.32%)	208 (100%)

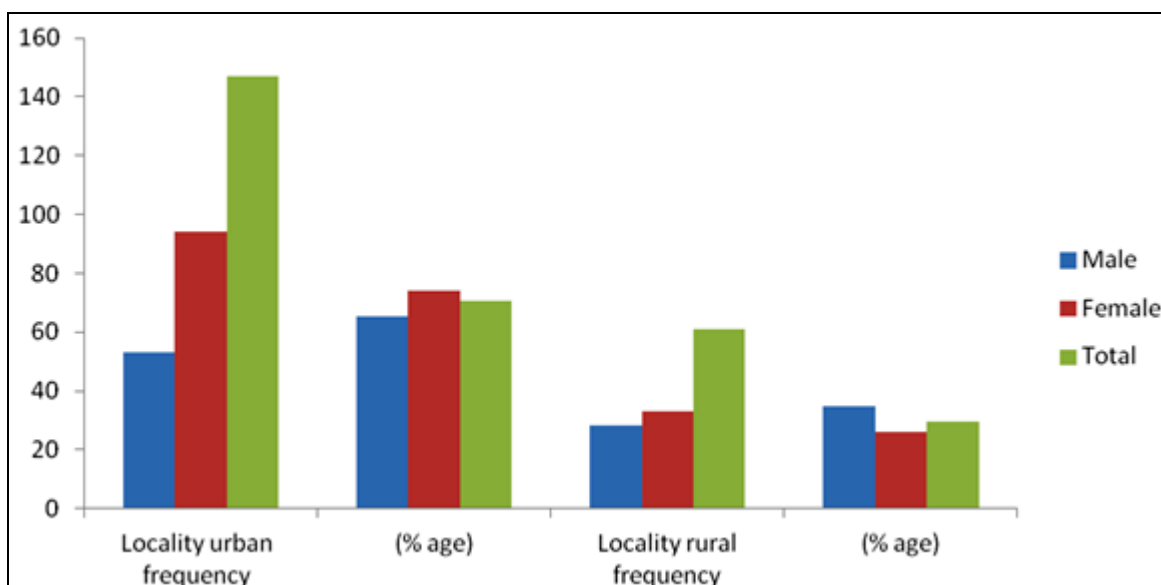


FIGURE 4

Some depressed teens appeared sad while others did not. In fact, irritability rather than depression was frequently the predominant symptom in depressed adolescent and teens. A depressed teenager might be hostile, grumpy, or easily loses his or her temper. Unexplained aches and pains were also common symptoms of depression in young people.

Left untreated, teen depression could lead to problems at home and school, drug abuse, self-loathing even irreversible tragedy such as homicidal violence or suicide. But with help, teenage depression was highly treatable.

The difficult changes that many older adults faced such as bereavement, loss of independence, and health problems- could lead to depression, especially in those without a strong support system. However, depression was not a normal part of aging. Older adults tended to complain more about the physical rather than the emotional signs and symptoms of depression, and so the problem often went unrecognized. Depression in older adults was associated with poor health, a high mortality rate, and an increased risk of suicide, so diagnosis and treatment were extremely important.

TABLE 5: FAMILY SIZE WISE DISTRIBUTION OF THE RESPONDENTS

Family Size (number of members)	Frequency	Percentage
1-4	117	56.25
5-8	64	30.77
More than 8	27	12.98
total	208	100.00

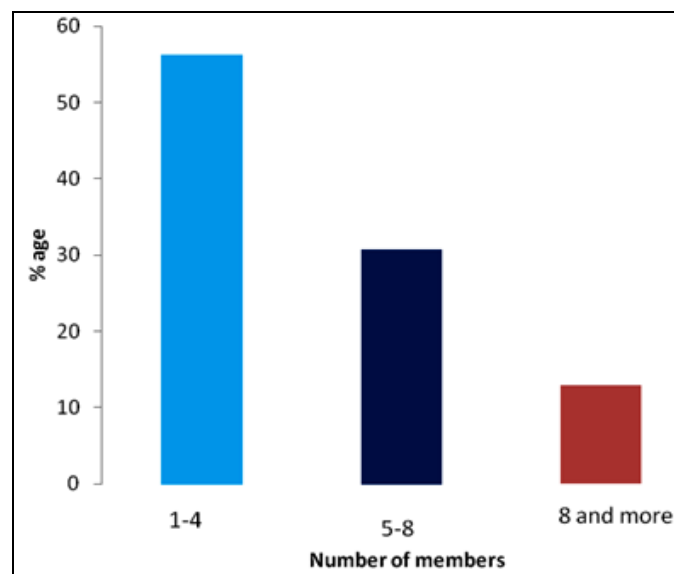


FIGURE 5

$$X^2 \text{ calculated} = 1.75; X^2 \text{ tabulated} = 3.84; df = 1$$

The calculated value (X^2 calculated = 1.75) is less than the tabulated value (X^2 tabulated = 3.84) at 0.05 level of significant, therefore it is concluded that there have any difference between male and female respondents as well as residence of the respondents regarding CBT.

Table 5 represents the prevalence rate of depression on the basis of gender. It was found that the frequency of occurrence among female was much greater in comparison to the males. Women residing in urban region were more prone to depression than among those of rural territory. The reason behind was the women in urban region were academically stronger and more conscious about the establishment of their self-identity in the society. They were more prone to become frustrated.

The reason behind greater susceptibility of females to the depression were marriage, separation and divorce, illiteracy and unemployment, neglected by family especially by husband, domestic violence, corporal and mental torture, financial crisis in family, being alcohol or drug abuse of husband, loss of child, infertility and sterility, unwanted pregnancy and sexual assault, excess number of girl child, widowhood, disease, hormonal changes especially during peri-menstrual and menopause durations, load of domestic works, family and social restrictions.

The multiple roles that they had to fulfil in society made them prone at greater risk of experiencing mental problems than males in the society. Women shouldered the major burden part of responsibility associated with being wives, mothers and carers of others. There had been tremendous increase in share of employment opportunities among women hence; increasing extra load of responsibilities also made them susceptible for depression.

TABLE 6: FAMILY TYPE WISE DISTRIBUTION OF THE RESPONDENTS

Type of family	Frequency	Percentage
Nuclear	141	67.78
Extended	67	32.22
Total	208	100

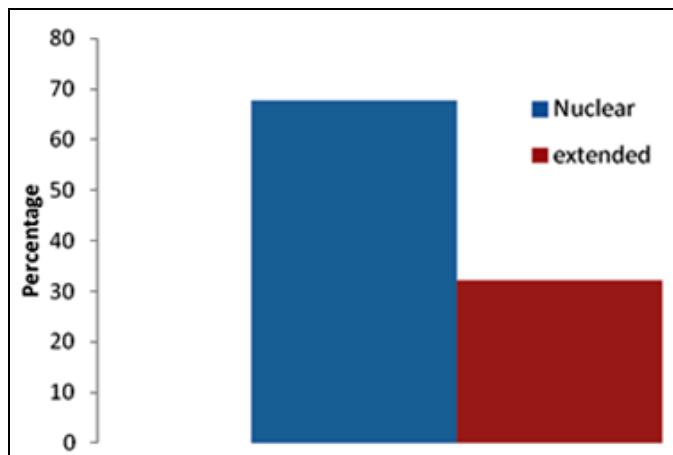


FIGURE 6

Table 6 shows the maximum prevalence of depression among the people residing in nuclear family. Rapid growing urbanization and industrialization is causing rapid growth of the nuclear family system in the society which also causes deficiency in the support and care for the elderly in the family and preparing platform for the depression. It also minimizes the chance of interaction between elders and children. The life style of the urban nuclear family has become very fast and the parents have to go for work for a longer duration and the children are deprived of their important association and its benefits.

Without grandparents children feel neglected and often the psychological problems begin at this juncture. An extended family situation is better than a nuclear family, but a nuclear family is far better than a single parent household. In conclusion, the stresses created by situation all parental responsibility on one man and one woman can cause many problems that are prevalent in today's society. Extended families give greater flexibility and a larger support network for all involved.

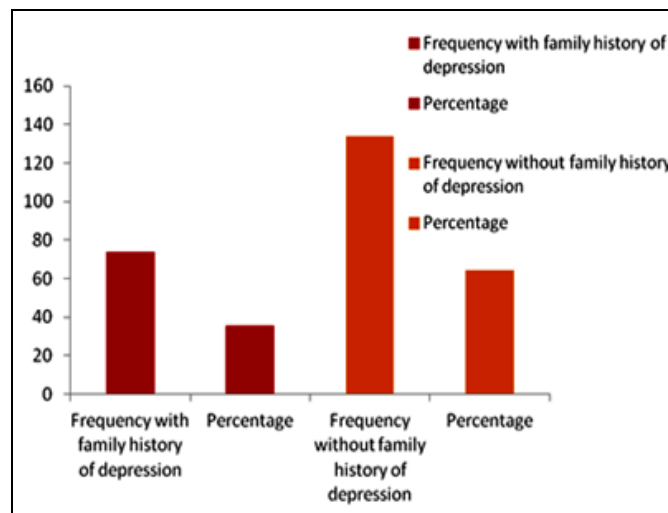


FIGURE 7

TABLE 7: FREQUENCY OF DEPRESSION IN HEREDITARY AND NON-HEREDITARY RESPONDENTS.

Frequency with family history of depression	Frequency without family history of depression
74 (35.58 %)	134 (64.42%)

The present study has revealed that 35.57% of respondents had family history of some depressive episode and remaining 64.43% had no family

history but were depressed due to various other causes. It reflects that besides genetic factors, lots of other factors were triggering depression.

TABLE 8: RESPONSE OF HOMOEOPATHIC MEDICINE ON DEPRESSION IN DIFFERENT AGE GROUP

Age group in years	Frequency	Good improvement	Moderate improvement	Mild or No improvement
16-20	6	4 (66.66%)	1(16.68%)	1 (16.68%)
20-40	27	18 (66.68%)	5 (18.51%)	4 (14.81%)
40-60	19	11 (57.90%)	4 (21.05%)	4 (21.05%)

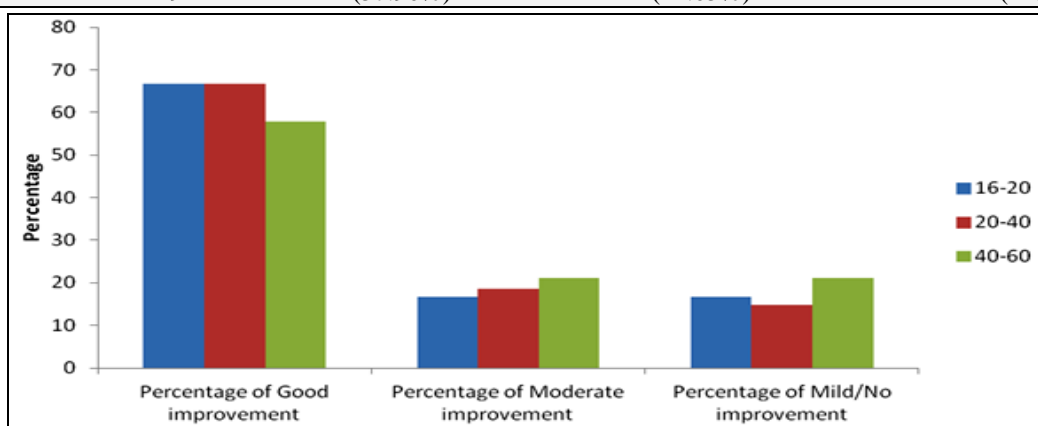


FIGURE 8

X^2 calculated= 5.28; X^2 tabulated= 9.49, df= 4

The calculated value (X^2 calculated= 5.28) is less than the tabulated value (X^2 tabulated= 9.49) at 0.05 level of significant. Therefore, it is concluded that the response of homoeopathic medication on depression particularly on different age group were not statistically significant. It means that every age group has responded almost in similar ratio.

Table 8 shows information about the efficacy of homoeopathic medicines in the respondents of different age group. There was significant improvement in the respondents of all age groups.

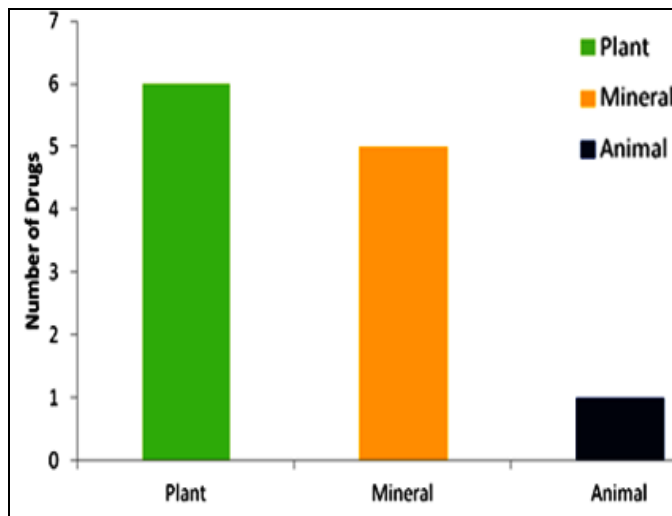


FIGURE 9

TABLE 9: KINGDOM WISE SOURCE OF HOMEOPATHIC MEDICINES USED IN STUDY

Name of kingdoms	Number of drugs
Plant	06
Mineral	05
Animal	01

Table 9 shows that most of the medicines used in the study belonged to plant and mineral kingdoms while only one medicine was from animal kingdom.

TABLE 10: SCORE WISE DATA OBTAINED THROUGH THE QUESTIONNAIRE (PRE AND POST TEST)

Score group	Degree of depression	Pre test frequency	Percentage	Post test frequency	Percentage
0-9	Depression likely	5	2.40	0	0
10-17	Possibly mild	9	4.33	0	0
18-21	Border line	32	15.38	10	4.80
22-35	Mild to moderate	83	39.90	24	11.53
36-53	Moderate to severe	49	23.56	19	9.13
54 and above	Very Severely depressed	30	14.43	13	6.25

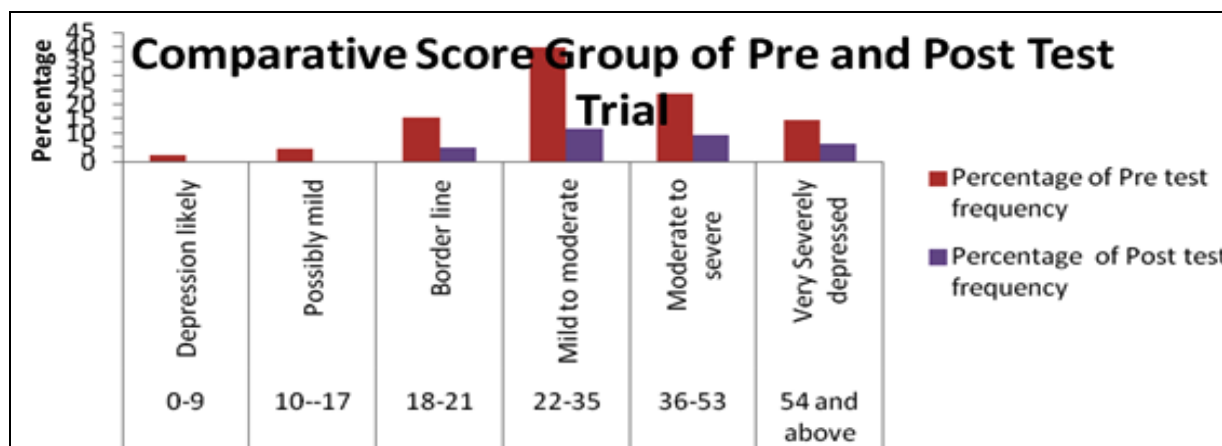


FIGURE 10: T-TEST: TWO-SAMPLE ASSUMING UNEQUAL VARIANCES

	Variable 1	Variable 2
Mean	34.66666667	11
Variance	821.8666667	96
Observations	6	6
Hypothesized Mean Difference	0	
df	6	
t Stat	1.913475562	
P(T<=t) one-tail	0.052102273	
t Critical one-tail	1.943180274	
P(T<=t) two-tail	0.104204546	
t Critical two-tail	2.446911846	

The result of the dependent t-test can be seen in the above table. The value of t (t Stat) is 1.913475 which can be round off to 1.92.

The probability of this result being due to chance can be read from the table as 0.1042045 (two-tail) which means that this result is significant at the 0.11 level.

We will set our alpha level as .05, so we will say that $p < .05$ rather than that $p = 0.11$. We could also look up the t critical value or cut-off value for t from the table by looking at t Critical one-tail which is 2.4469 without using the spreadsheet.

We now have all the information we need to complete the six step statistical inference process:

1. **State the null hypothesis and the alternative hypothesis based on your research question:**

Null hypothesis: There is no significant difference between the heights of the two samples of snail shells.
Alternative hypothesis: There is a significant difference between the heights of the two samples of snail shell.

2. **Set the critical P level (also called the alpha level): $P=0.05$**
3. **Calculate the value of the appropriate statistic. Also indicate the degrees of freedom for the statistical test if necessary: $t = 1.91$**

$df = 06$ (unpaired, unequal sample variance)

4. **Write the decision rule for rejecting the null hypothesis:** Reject null hypothesis since $t \leq -2.4496$
5. **Write a summary statement based on the decision:** Reject null hypothesis, $p < .05$, two-tailed
6. **Write a statement of results:** There is a significant difference between the pre test and post frequencies. Post test frequencies

are much more significant as compared to the pre-test frequencies. Therefore we can conclude from the above t-test that the patients with mild to moderate degree of depression were benefitted significantly.

Table 10 shows the comparative feature of score of depression calculated on the basis of questionnaire of pre and post test status. Respondents falling in the score group 0-9 & 10-17 have responded excellent. Score group between 18-21 and 22-35 responded good whereas respondents of score group 36-53 had shown moderate response and the score group 54 and above only mild improvement was noted. It denotes that depression of mild and borderline nature responded in excellent way while moderate degree of depression gives good response. Moderate to severe degree depression responds moderately while those falling in severe depression category do not show desired result but improve significantly.

DISCUSSION: There are certain events in the daily life of almost every one that make them feel sad or disappointed. These events tip emotional balance diverted towards the pessimistic world. Depression has become very common, now days. Feeling down from time to time is a routine part of our normal life. But when these negative feelings hold their roots strongly on the mental faculty of any one, life becomes painful and starts engulfing ones day to day life. Sadness is a normal reaction to life's struggles, setbacks and disappointments.

Depression varies from person to person, but there are some common signs and symptoms which are resented with almost every one suffering from depression. Depression is more common among women than men. This is due in part to hormonal factors, particularly when it comes to premenstrual syndrome (PMS), premenstrual Dysphoric disorder (PMDD), postpartum depression, and premenopausal depression.

The major findings of the study are summarized as infra: After the statistical analysis of the data, it has been confirmed that the various aetiologies play their role behind development of depression. Out of 208 respondents 116 suffered with depression due to emotional causes, 28 due to financial crisis, 49 because of some tragedy resulting into grief, and 15 suffered with some

other miscellaneous factors. It had been found that number of women was 127 (61%) while men were 81(39%). Maximum frequency was found among the respondents of age group of 20-40 years (41.35%). Reasons behind were extremely cut-throat competitive environment for employment and higher studies, examination results, life style, increasing tension and decreasing tolerance and patience level, disturbed family history and environment, stress due to personal relationship, financial problems in family, peer pressure and various social restrictions, lack of suitable job and financial resources, home sickness and adjustment disorders etc.

On the second position was the age group of 41-60 years (40.38%) and the reason behind them were chronic disease especially when there is impairment of function of any body system, genetic factors, disturbed marital history, loss of some most beloved one and unbearable psychological pain, loss of employment, Heavy financial loss, disturbed inter personal relations, frustration and hopelessness, worry related to children and post-traumatic stress etc. The prevalence of depression among adolescents of age group 16-19 years was 18.27%. The major causes were genetic inheritance, biological, social disorders, lack/ disordered parental care and development of weaker bonds with parents, sexual abuse, failure in establishing self-identity in society, poor academic performances, peer pressure and substance abuse etc.

64.42% respondents had no prior family history of depression while 35.58% had positive family history of past association with depression. It confirms that although genetic factor is an important factor in the genesis of depression but non genetic factors are also very responsible to cause depression. Prevalence of depression among nuclear families was 67.78% while in joint/ extended family was 32.22% only. Family size of 1-4 members had prevalence of 56.25%, 5-8 30.77% while families having more than 8

members had depression frequency of only 12.98%. Prevalence of depression among urban regions was 70.67% while that of rural areas was only 29.33%. Respondents belonging to higher socioeconomic status were 18.75%, medium socioeconomic status were 39.44% while those of lower socioeconomic background were 30.76%.

According to the statistical analysis it has been proved that the patients receiving the Homoeopathic medicines were significantly benefited. Therefore we can conclude that Homoeopathic therapy plays a crucial and beneficial role to the depressed people.

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