

III - CLASSIFYING FACES OF 'DEPRESSION' AND HOMOEOPATHY¹

Diagnosed more precisely as a result of what has been observed and described in various ways, what is generally called 'depression' or 'depressive state' has finally resulted in what is described as '**major depressive disorder**' in the DSM classification...

That justifies even more the need to clarify the meanings of the words used and what their various forms really cover.

MULTIFACETED 'DEPRESSION'...

'**Major depressive disorder**' is a mood disorder with emotional, affective and professional repercussions on the subject and a deterioration in their links with the outside world.

It is experienced for over two weeks, excludes depressive mood inherent in bereavement except if the latter takes on a pathological quality evoking melancholic-looking disorders.²

It also excludes all depressive disorders connected to the taking of drugs, alcohol or medicines, to that linked to an intercurrent disease, bipolar disorder, a mixed episode or of a schizo-affective or schizophrenic nature - or similar, delirious, any psychotic ones.

It is characterised every day, in a marked and regular manner, by :

Depressive mood - with, notably in the child, irritability.

Constant loss of interest and pleasure in activities generally enjoyed.

Smaller or bigger appetite.

Significant weight variations, that is, loss or gain without any particular diet.

Sleeping disorders like insomnia or hypersomnia.

Restlessness or, on the contrary, psychomotor inhibition.

Tiredness and loss of energy, difficulty in concentrating, making decisions and thinking.

The feeling of being useless.

Excessive or inappropriate guilt.

Morbid thoughts, the fear of dying but also recurrent thoughts about death, suicide or the desire to organise suicide with sometimes the carrying out of it.

Dysthymic disorder - or dysthymia as mentioned in the DSM - refers, as its etymology shows, to a 'mood disorder'.

It constitutes a mild type of chronic depression.

However, even if its symptoms are less severe than those of major depression, this does not mean that they are not constant and persistent.

They are sometimes increased by episodes of more intense depression - 'double depression' - after which they become again less severe and chronic as initially.

¹ Third section of a five-part article published under the title *Psychiatric classifications, "depression" and homoeopathy*, homeopsy.com, April 2015, Doctor Geneviève Ziegel.

² The symptoms persist for over two months or are characterised by major inhibition, morbid worries together with devaluation, suicidal thoughts and psychotic symptoms.

Variably important according to the days, the depression must be present for 2 years in the adult and 1 year in the child and adolescent who show a face of it characterised by irritability.

During this period, the subject must not :

- remain less than two months without having at least two of the following symptoms³ : hyper- or hypo- appetite or sleep disorders, asthenia, low self-esteem, difficulty in concentrating or making decisions, feelings of despair.
- have any straightforward episode of 'major depression' during the first two years (the first year in children and adolescents) or any manic, mixed, or cyclothymic episode.

Their symptoms must not be due to the direct effects of the use or abuse of substances : alcohol, drugs, medicines or to those of an intercurrent disease.

They must be the cause of great suffering or deficiencies in social, professional and educational links which are important enough to disrupt everyday life without hindering its going smoothly :

The subject suffering from dysthymia carries out their responsibilities and tasks but never feels quite well. They feel as if they have always suffered from depression and have to try hard to overcome their difficulties.

Bipolar disorder presents as a more or less marked alternation and at variable intervals of periods of depression and periods of elated mood.

At first glance, the latter may not seem, strictly speaking, pathological or, on the contrary, show more marked aspects from hypomania to mania with a more or less marked impact on the subject's behaviour and everyday life. They have sleeping disorders, are in a state of marked excitement, throwing money around every now and again, have a feeling of easiness and a tendency to excesses in their behaviour with sometimes rather brusque reactions.

Postpartum depression constitutes a more marked aspect of the classic 'baby blues'. It can also augur the outbreak of a pathology of a psychotic nature.

Seasonal affective disorder, affecting certain subjects at the beginning of winter, is characterised by tiredness, irritability and sensitivity to criticism and rejection.

The latter are accompanied by a tendency to isolation, withdrawal, depression with somnolence, bulimia with sugar and carbohydrate cravings and therefore weight gain...

Premenstrual dysphoric disorder (PMDD) : more marked, its symptoms are those of premenstrual syndrome.

Tiredness, anxiety, irritability, increased appetite, cravings, mood swings are accompanied by somatic symptoms in which abdominal bloating, pains in and sensitivity of the breasts are at the forefront.

Atypical depression is accompanied most of the time by signs of asthenic withdrawal with somnolence, hypersomnia, bulimia and hypersensitivity.

³ Present in 'major depression'.

DSM AND HOMOEOPATHY : SIMILARITIES AND ILLUSTRATIONS...

If what emerges from the information from the DSM has many inconveniences decried by psychiatrists and clinicians trained in various branches, it also has certain advantages.

Unpredictable, the latter concern the Hahnemannian approach on various points...

Not only are certain of the observations of a clinical nature which come from this view of healthcare reinforced by the different signs colligated, they offer an open field to reflection which is as much about the approach to the patient as their psychological pathology.

Certain aspects of mood swings mentioned in the DSM echo what emerged from certain 'pathogénésies' and the clinical experience concerning them :

There seems to exist a predisposition to a certain straightforward case of disorder.

It permits to support the fact that :

'Depression' can take various forms which, in order to give points of reference, can be classified⁴ ;

On certain points, the latter are illustrated by what comes from various 'pathogénésies' ;

The somatic basis which justifies its appearance undoubtedly plays a role in the aspect of the 'depressive disorder' :

The following show this :

The melancholic-looking or manic-depressive disorder observed in Aurum ;

Dysthymic disorder obvious in Lachesis or even sometimes, for analogous reasons on certain points, in Argentum nitricum and Arsenicum album⁵. The excitement and agitation mentioned about these types bring out the defensive potentialities of their organisms against the sclerosis which overcomes them⁶.

The appearance of pathological expression at or in a particular point or way mentioned in the DSM is another of the elements which confirms what comes from 'pathogénésies' ;

One can even say that the latter illustrate them.

For both of these approaches, this is not uninteresting.

⁴ The interest of which is a common language and the possibility of a more appropriate therapeutic orientation, provided that does not lead somehow or other to prescribe a certain treatment according to pre-established protocols or to an 'order' to give a certain type - or category - of medicine, as it has been mentioned, undoubtedly for economic reasons and with the aim of somehow standardising healthcare, several times until very recently...

⁵ Faced, too, with the ossifying effects on their circulatory systems, with the consequences for their behaviours and the evolution of their mentality.

⁶ This is their way of fighting their fear of the unknown and long-term depression given the difficulty of the first in coming to terms with their 'powerlessness to' and lack of control over reality and that of the second - that of assuming, not controlling and 'emptiness' inherent in life...

This permits a form of 'confirmation' and 'objectivisation' of what they suggest for different reasons and to take them out of a restrictive perspective and preconceived idea which tend to confine them to sorts of 'purely theoretical views'⁷.

As the following, echoing what emerges from the DSM, show :

Depression at the start of winter observed in Aurum and often in Sepia ;

Premenstrual syndrome contributing to :

- a depressive state in Sepia, inconvenienced by her hormonal problems, liver dysfunction and perturbing fatigability at a time when she would be tempted to feel like tidying up everything around her to get ready to... ;

- a mixed state in Lachesis, perturbed by too many hormones, the congestion of her genitals and head and the unavowed perception of her fragility and fatigability ;

The fragility characteristic of certain situations (periods, bereavement...) :

- separation in Pulsatilla,

- the loss of points of reference in Calc carb,

- bereavement in Phosphoric Acid or Natrum mur,

- periods in Actaea Racemosa, Lachesis or Sepia,

- somatic fragility predisposing to depression in Natrum mur, Phosphoric Acid and Silicea deficient in essential minerals or in others, inconvenienced by insufficient elimination, such as Arsenicum album, Psorinum, Causticum or Thuja...

In this perspective, the Hahnemannian approach is not uninteresting.

If it shows the more marked predisposition of certain types and diatheses to certain disorders affecting mood, ideas and behaviour, practically speaking it opens the door to a more appropriate course of action :

By initiating reflection on the change commenced these last years as regards the way of dealing with symptoms and giving them a meaning at different levels, it leads one to pay more attention to many signs 'shown' and to use them in a more appropriate manner.

By leading one to examine the way a course of treatment, whose choice is gradually changed by the appearance of a new methodology, can be envisaged, resulting in one going imperceptibly and very unconsciously from the approach to a 'subject' to that to a 'case'⁸, it forces one to clarify its content and confirm its appropriateness in terms of pertinence to the disorder presented.

By permitting to go and get, beyond visible signs, the hidden symptoms which show the actual pathogenesis, it contributes to a prescription more in line with the basic pathology, whether it is allopathic or homoeopathic⁹.

Certain anxiety disorders which mask underlying depression therefore require not tranquillisers but mood stabilisers : outwardly nothing suggests that there are such

⁷ Whereas - which is not uninteresting as regards the questions they lead to raise concerning the imprint and contribution of two different periods - they express their way of thinking and dealing with the illness and a better apprehension of its treatment.

⁸ That is to say, a representative entity of an illness or disorder from pre-established and colligated criteria and visible signs and not carrying its singularity to be observed, analysed and qualified to permit a more appropriate approach to the pathology.

⁹ Or both at the same time...

excitement and stress inside. And yet, they indicate dysthymia and engender inconvenience and the difficulty in enduring limitations and non-control of reality.

To choose to prescribe a mood stabiliser at a chosen dose but also Argentum nitricum to a subject who shows the signs of it and is inconvenienced by giddiness which indicates their 'de-press-ion' is useful : it can sometimes permit to see afterwards the expression of the obsessional problem and perfectionism of a subject of the Arsenicum album type incapable of taking any rest.

It is not possible to choose a therapeutic strategy without understanding what is really at stake to prevent sleep and maintain the disorder :

It is only by analysing the meaning of the various aspects of the 'depression' which explains the consultation that it is possible to understand its true cause and prescribe what is appropriate, either in allopathy or homoeopathy.

A low-dose prescription, at a precise moment, of a molecule chosen according to the diagnosis can therefore be justified in addition to the homoeopathic treatment or vice versa¹⁰.

The meaning of the symptoms will only be clarified and the therapeutic strategy refined because of this.

In this matter, one should remember the meaning of the agitation observed in the 'psoro-luétique' subjects and the necessity not to stimulate them with antidepressants : inappropriate or prescribed at the wrong moment and not at the most adequate dose, the odds are that they will make the 'depressed' subject switch from excitement to phobia...

One should forget neither the weakness of the elimination capacities nor the defensive meaning of agitation which, through movement, tries as much to face physical and psychological anoxia as to maintain the feeling of being 'alive' and fighting pressing anxiety in the face of uncontrollable reality.¹¹

To be continued...

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¹⁰ - given that the latter can contribute to the decrease in the already prescribed doses.

¹¹ Translated by Pascale Tempka