

ABOUT A META-ANALYSIS...
REFLECTIONS OF A HOMOEOPATHIC SHRINK¹.

Antidepressants increase the risk of relapses of depression, according to an important study. Frontiers of Psychology, 22/07/2011².

According to a Canadian study published in the journal, *Frontiers of Psychology*, the subjects who take antidepressants 'are more at risk of suffering relapses of severe depression than those who do not take any medicines'. That is what emerges from a meta-analysis carried out by Paul Andrews, an evolutionary psychology researcher from McMaster University, and his colleagues. The people who take antidepressants thus run 'a 42 or more per cent risk of depressive relapses' whereas it is of '25 per cent for those who do not take any'. According to the researcher, all antidepressants interfere with 'the bodily regulation of serotonin and other neurotransmitters by the brain, with a perturbation of bodily mechanisms of regulation of the brain'. The more those medicines affect serotonin and other neurotransmitters, the higher the risk of relapses is when they are stopped. Results suggest 'a rebound effect when they are stopped', which might induce the need to take them again 'to prevent the symptoms from appearing again'.

According to the researcher, depression is 'a natural and beneficial, albeit painful, state in which the brain tries to deal with stress' and the question is whether 'depression is really a disorder or else an evolutionary mechanism of adaptation which carries out something useful'. Longitudinal studies show that '40 per cent of people could suffer from severe depression in their lifetime'. Most depressive episodes 'are triggered by traumatic events such as a death, the end of a relationship or the loss of a job'. But the author adds that 'each case is different, and some severe cases can reach the point where depression is harmful'.

'Antidepressants increase the risk of relapses of depression...': the title causes a sensation... It suggests the massive distribution of antidepressants, far from being harmless - which is partly true - tends to generate disorders...

And yet the absoluteness of that partial piece of information and what it implies with its somewhat eye-catching words are confusing. As it is problematic, it leads to some reflections...

In point of fact, save - fortunately and most discreetly - for the very last sentence: on the one hand, it might suggest antidepressants are useless or even harmful as regards the dependence they cause; on the other hand, it poses the problem of meta-analyses which, if they are disparaged, are nonetheless used and put forward problematic conclusions as regards the way the subject's pathologies will be approached.

If the conclusions put forward here can, at first sight, be considered to be exact in many respects, they should also be qualified and clarified.

In the case of problems of a melancholic nature, the 'Rebound' actually exists. That is obvious and can be spotted both biologically and symptomatically. The diagnosis, made through the

¹ Translation : Pascale Tempka. Montpellier.

² An article quoted in *Extranet des Psys*, No. 22072011

prism of homoeopathy, even if it is not that of a psychiatric specialist, leaves no room for doubt. It can even, on certain points, be better than that made through the approach of a therapist only centred on the psychological aspect of the disorder.

Moreover, when antidepressants prescribed advisedly for obvious or minimum problems of a melancholic nature are stopped, the symptoms will inevitably - sooner or later according to the duration of the previous treatment - appear again.

In the case of disorders 'following a death, trauma or illness', the depressive 'rebound' can actually occur when antidepressants are stopped...

It is important to point out that the term 'rebound' used by the author requires a more precise definition to avoid some unfortunate confusion, as it is impossible to know which level the author refers to : the biological level, or the symptomatic level ?

It can happen within a variable period of time which it would be useful to estimate to find out if the fall in the level of certain metabolites or the lessening of the interest shown in the patient³ or else other elements still to estimate contribute to it. The 'rebound', from clinical experience, is not inevitable. Many factors play a part and can alter or stop its happening. Moreover, in those cases, antidepressants should have been either put aside or prescribed in high doses for a very short period of time to help the subject get over the worst before the therapeutic - homoeopathic and psychotherapeutic - care was effective.

In that case, the risk of depressive relapses is possible but the 'rebound effect', which seems, according to the term used, centred on the only effects of the only molecule, deserves to be studied more profoundly and understood through a prism linking the soma with the psyche. Even if it can be quantified through the reappearance of symptoms, biological criteria or brain scans, it does not provide the explanation for everything but is a consequence of the fact that the organism has not been given the possibility of repairing its unbalance itself.

The production of serotonin and certain neurotransmitters produced in other parts of the organism apart from the brain, particularly the digestive system, can be stimulated in various other ways, such as homoeopathy and psychological support, or both simultaneously, which will speed up the process back to balance. One should bear in mind that the prescription of Nat mur, Sepia, Arnica, Staphysagria or else Calc carb or Graphites will often be sufficient, and all the more so since it is accompanied by psychological support.

Inasmuch as antidepressants, prescribed too hastily, thoughtlessly and perhaps ill-advisedly, prevented the meaning of the symptom from being analysed and a defence strategy from being elaborated, which would have made it possible to regain balance and find a way of producing the deficient metabolites, the relapse of depression is understandable... Since antidepressant medications were prescribed thoughtlessly, only 'erasing the Emptiness' without providing the means of facing it otherwise, the fact that they are stopped leaves the subject in the same psychological distress and results in them having recourse to them. Perhaps they could have been avoided or else the length of the treatment could have been shortened if appropriate support had been envisaged...

³ As has been said about certain experiments regarding Ritaline® (Cf. Ziegel, Geneviève: *De l'hyperactivité aux nouvelles pathologies*. Editions Homeopsy)

What the article puts forward labours 'an obvious point', so to speak... But the problem does not arise only in this respect. What about the meta-analyses that contributed to its elaboration? It is a fact that they are seriously questioned at the moment, as they often lead to hasty conclusions that are out of line with clinical reality. "Cases" of some pathology or other are added to them. The diagnoses are made in accordance with predefined criteria, such as a symptom or group of symptoms, without their meaning or insertion into the somato-psychological whole that the subject represents being taken into account... It thus seems inevitable that, seen through that prism, all the experiments concerning homoeopathy will either be doomed to failure or get the label of 'placebo'... Perhaps it would be interesting to compare, according to certain precise criteria, the effects of Prozac®, the antidepressant the most analogous to Nat mur⁴, with a prescription of Nat mur given on very precise criteria after a death and to analyse its effects, two months and then six months later, on the presence or not of the same symptoms - depressive elements, creativity, improvement of sociability...

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⁴ Cf. Ziegel, Geneviève : *De la psychiatrie à l'homéopathie*. Editions Similia.