

A clinical study on the role of constitutional remedies in the management of minor depressive disorder in young age group

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ABSTRACT

Background: Minor depressive disorder (MDD) is an alarming psychological condition affecting various age groups, including the young population. Symptoms include changes in appetite or weight, guilt, worthlessness, hopelessness, diminished motivation, anxiety, sadness, and difficulty focusing. The study investigates the role of constitutional remedies in managing MDD among young adults. **Methods:** A non-randomized single-blind clinical study was conducted on 30 patients aged 18-35 who met the inclusion and exclusion criteria. Patients were treated based on their constitutional makeup after case-taking and repertorization using the synthesis repertory. The outcome was assessed using the Patient Health Questionnaire-9 (PHQ-9), and data were analyzed with the Wilcoxon signed rank test. **Results:** Constitutional prescribing played a significant role in managing MDD. The majority of cases (53.33%) were in the 18 to 21 age group. Males (63.33%) were more affected than females. Students comprised 86.67% of the study group. The most commonly prescribed remedy was Ignatia Amara (13.33%), followed by Nat Sulph and Nat Mur (each 10.00%). The mean score before treatment was 8.77, which dropped to 2.53 after treatment. A marked improvement was observed in 80% of patients. **Conclusion:** Constitutional homeopathic remedies, particularly Ignatia Amara, Nat Sulph, and Nat Mur are effective in managing Minor Depressive Disorder in young adults.

Keywords: Minor Depressive Disorder, Homeopathy, Constitutional remedy, PHQ-9.

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INTRODUCTION

Depression is one of the most prevalent mental health disorders worldwide, with a significant impact on the social, occupational, and psychological well-being of individuals¹. While major depressive disorder (MDD) has been extensively studied, minor depressive disorder (MiDD) remains a relatively underexplored condition despite its substantial burden on mental health². MiDD, classified under other specified depressive disorders (OSDD) in DSM-5, refers to a subthreshold mood disorder where individuals experience depressive symptoms that do not meet the full diagnostic criteria for MDD but still lead to significant distress and functional impairment³. These symptoms include persistent low mood, anhedonia, fatigue, irritability, cognitive disturbances, and emotional instability, which negatively affect daily activities, academic performance, social relationships, and overall quality of life. Although MiDD is often dismissed as a milder form of depression, longitudinal studies indicate that untreated subclinical depressive states increase the risk of developing MDD, suicide ideation, and anxiety disorders⁴. This underscores the urgent need for early identification and intervention, particularly among young adults, who represent a population highly vulnerable to stress-related psychological conditions. If the youth are not treated immediately then chances of developing major depression is very high⁵.

Despite its clinical significance, MiDD remains underdiagnosed due to the absence of severe depressive symptoms, such as suicidal intent or psychomotor retardation, which are commonly associated with MDD. Traditional pharmacological interventions, including selective serotonin reuptake inhibitors (SSRIs) and serotonin-norepinephrine reuptake

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inhibitors (SNRIs), are the mainstay of treatment for moderate to severe depression. In a study it is seen that long continued use of (SSRIs) have caused gastro intestinal trouble, insomnia, agitation and loss of libido⁶. However, their efficacy in mild and subclinical depression remains controversial. Meta-analyses have demonstrated that antidepressants do not show statistically significant benefits over placebo in cases of mild depression, raising concerns about the overprescription of psychiatric medications in individuals who may not require them⁷. Furthermore, the adverse effects, withdrawal symptoms, and long-term dependence associated with antidepressants. In a study it is seen that withdrawal symptoms of antidepressants are very severe causing insomnia, depression, suicidal thoughts etc⁸. There has been an increase interest in complementary and alternative medicine (CAM) approaches, including homeopathy, for managing mild

depressive states. In a study it is seen that use of herbal medicines as (CAM) are most commonly used for treating depression with a good outcome of reducing the severity⁹. There is a growing need for individualized, non-invasive, and integrative treatment options that can effectively manage MiDD while minimizing the risks associated with pharmacotherapy.

This study focuses on young adults aged 18–35 years diagnosed with MiDD. In a study it is seen that social media have damaged the young generation mentally. The youths are suffering from social status and prestige through online cyber bullying increasing cases of suicide and depression¹⁰. Young adulthood is a critical developmental stage where individuals are exposed to significant academic, professional, and social pressures that may contribute to increased vulnerability to psychological distress. Medical students are mainly more prone to depression due to their huge pressure in academics and are more prone to suicidal attacks¹¹. Given the limitations of pharmacological management in this group, there is a strong rationale for exploring alternative interventions such as constitutional homeopathic treatment. This study involves individualised constitutional homeopathic prescribing, a treatment approach that selects a remedy based on the patient's overall mental, emotional, and physical constitution rather than targeting specific symptoms in isolation¹². Unlike acute prescribing, which focuses on symptomatic relief, disease again recurs back when the medicine has finished its action. Modern drugs have got rebound effect where old symptoms reappear again in more strong intensity making the disease more difficult to cure¹³. The role of constitutional prescribing aims to address the patient's predisposition to illness, enhance emotional resilience, and restore homeostatic balance. This is particularly relevant in the context of MiDD, where conventional medicine often fails to provide sustained relief without the risk of medication dependency and leads to treatment resistant depression¹⁴. The role of constitutional homeopathy in mental health is an emerging area of research, with preliminary studies suggesting that homeopathic remedies may exert modulatory effects on the neuroendocrine system, neurotransmitter pathways, and immune-inflammatory processes, all of which are implicated in the pathophysiology of depression. The hypothalamic-pituitary-adrenal (HPA) axis dysfunction, chronic low-grade inflammation, and altered neuroplasticity have been recognized as key contributors to depressive states. It is seen that chronic stress leads to depression and it is a neurodegenerative process that in later life leads to Alzheimer's disease¹⁵. The outcome measures will include quality of life indices, functional capacity, and patient-reported well-being scores, providing a comprehensive evaluation of treatment effectiveness. The study aims to determine whether constitutional homeopathy can serve as a viable therapeutic option for young adults with MiDD, offering a holistic and patient-centered alternative to conventional pharmacotherapy.

MATERIALS AND METHODS

Study Setting

This study was conducted at the Bharati Vidyapeeth Medical Foundation Homeopathic Hospital OPD, IPD, and rural/urban camps. The ethical clearance for the current study was obtained from the Institutional Ethics Committee of Bharati Vidyapeeth (Deemed to be University) Homeopathic Medical College & Hospital (IEC No. BVDUHCMC/PG/2022/05), and the study had a trial registration CTRI/2023/01/049243. Suitable attending patients were approached with study information and explained about the study and their roles as prospective participants for the study. Written informed consent was obtained from all the participant volunteers. Throughout the study, the health statuses of the participants were closely monitored, and no adverse events or reactions were noted. There was no breach of confidentiality throughout the study.

Study Design

The research was designed as a non-randomized, single-blind clinical study over 18 months. Thirty patients aged 18-35, diagnosed with MDD using the PHQ-9 scale, were enrolled based on specific inclusion and exclusion criteria. The study was conducted with thirty patients.

Inclusion Criteria

Newly diagnosed patients of MDD (based on the PHQ-9 scale) with ages between 18-35 years and willing to provide informed consent and opt for homeopathic treatment only.

Exclusion Criteria

Patients suffering from life-threatening diseases requiring emergency medical interventions and pregnant or lactating women were excluded from the study. Patients diagnosed with moderate, moderately severe, or severe depressive disorders or who participated in other research studies in the last six months were also excluded from the study.

Intervention

Patients received constitutional remedies selected after detailed case-taking and repertorization using the Synthesis Repertory. Potencies varied from 30 to CM, depending on individual needs. Cardinal principles of homeopathy were strictly followed. The remedies were dispensed in liquid or powder form. Alongside treatment, lifestyle modifications, including exercise and meditation, counselling were recommended. The potency of the medicine used was selected based on the concept of individual susceptibility. The prescribed medicine was repeated on the improvement on the PHQ-9 scale and after evaluation during each follow-up according to the principles of homeopathy. Overall, five follow-ups were done on every individual at fifteen days intervals.

Outcome Assessment

The PHQ-9 scale was used to assess outcomes before

and after treatment. To determine the significance of the treatment, statistical analysis was performed using the Wilcoxon Signed Rank Test.

RESULTS

There were sixteen patients below the age of 21 years, four patients between 21-27 years, and ten patients above 27 years (Figure 1), with a total of 19 males and 11 females (Figure 1). The majority of these patients were students (26 out of 30). Depending on the requirements of the individual patients, they were prescribed with the homeopathic medicines. Ignatia Amara (13.33%) was the most prescribed remedy, followed by Nat Sulph (10.00%) and Nat Mur (10.00%). Other remedies included Aurum Metallicum, Conium Mac, and Sepia, among others (Figure 2).

The mean PHQ-9 score before treatment was 8.77 ± 0.50 , which reduced to 2.53 ± 1.57 after treatment. The Wilcoxon Signed Rank Test revealed a statistically significant difference ($p < 0.001$) between pre-treatment and post-treatment scores. Marked improvement was noted in 80% of patients, 10% showed moderate improvement, and 10% showed relatively less improvement. The study concluded that constitutional remedies play a significant role in managing MDD in the young age group, with 80% of patients showing marked improvement after treatment.

DISCUSSION

This clinical study demonstrated the significant role of constitutional homeopathic remedies in managing minor depressive disorder among young adults, corroborating the same view of others. The findings indicate that personalized homeopathic prescriptions, tailored to the patient's constitution, resulted in marked improvement in the majority of cases. Out of the 30 patients included in the study, 80% experienced significant clinical improvement after treatment, as measured by a reduction in their PHQ-9 scores.

The study demonstrates the effectiveness of constitutional homeopathic remedies in managing Minor Depressive Disorder (MiDD) among young adults. The significant reduction in PHQ-9 scores from 8.77 to 2.53 suggests that constitutional homeopathy may be an effective therapeutic option for subclinical depression, particularly in populations where conventional pharmacological treatment is not the first line of intervention. However, the effectiveness of antidepressants in mild to moderate depression remains controversial. Large-scale meta-analyses have found that antidepressants provide minimal or no benefit over placebo in mild depression, raising concerns about their widespread use in cases where non-pharmacological interventions might be more appropriate¹⁶. The study's demographic data also correlates with previous research, with the high prevalence of MiDD among students (86.67%) and the predominance of male patients (63.33%), raising gender-based considerations. Overall many studies have shown that constitutional homeopathy offers a low-risk and personalized approach

to managing depression in young adults¹⁷. It is seen that after constitutional prescribing in many cases relapse was very less. There were very less reports of severity in disease progression and maximum gave improvement and no cases of bipolar disorder have been noted¹⁸.

The demographic analysis revealed that the majority of the patients (53.33%) were aged between 18-21 years, highlighting the prevalence of minor depressive disorder in this age group. Additionally, the study found that males (63.33%) were more commonly affected than females (36.67%), suggesting potential gender differences in the expression or reporting of depressive symptoms.

The most frequently prescribed remedies were Ignatia Amara (13.33%), Natrum Mur (10%), and Natrum Sulph (10%). These remedies, according to homeopathic literature, are commonly indicated for individuals experiencing symptoms such as grief, anxiety, and suppressed emotions, all of which are prevalent in depressive disorders. Ignatia Amara, in particular, is known for its efficacy in addressing acute grief and emotional distress, which may explain its frequent use in this study. The use of remedies like Natrum Mur and Natrum Sulph further supports the holistic nature of constitutional prescribing, where the treatment is tailored to the patient's physical, emotional, and psychological constitution.

A critical aspect of this study is the comparison of PHQ-9 scores before and after treatment. The mean PHQ-9 score before treatment was 8.77, which decreased to 2.53 post-treatment, signifying a substantial reduction in depressive symptoms. The Wilcoxon Signed Rank Test confirmed the statistical significance of this improvement, with a p-value of less than 0.001, indicating that constitutional homeopathic treatment has a meaningful impact on reducing the symptoms of minor depressive disorder.

It is also noteworthy that the majority of patients (86.67%) were students, which may reflect the unique pressures faced by this demographic, such as academic stress, social expectations, and the transition to adulthood¹⁹. This finding underscores the importance of addressing mental health concerns in young people, particularly those in academic environments.

Homeopathy's therapeutic effects are debated, with the placebo effect being particularly strong in psychiatric disorders like depression. In mild to moderate depression, placebo response rates can range from 40% to 50% rather than antidepressants²⁰. However, constitutional homeopathy offers several arguments against a purely placebo-driven effect. The individualized approach of constitutional prescribing, tailored to a patient's psychological, emotional, and physical constitution, enhances therapeutic efficacy²¹. The statistically significant reduction in PHQ-9 scores supports a real clinical effect beyond what is typically observed in placebo-controlled depression trials. The longitudinal study design with multiple follow-ups reduces the likelihood of short-term placebo responses, while sustained symptom improvement over several weeks indicates therapeutic efficacy. Future studies

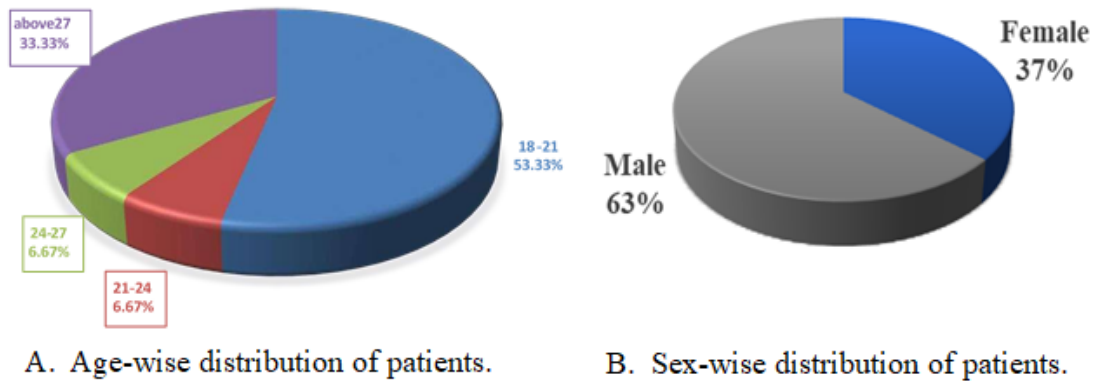


Figure 1: Age- and Sex-wise distribution of patients

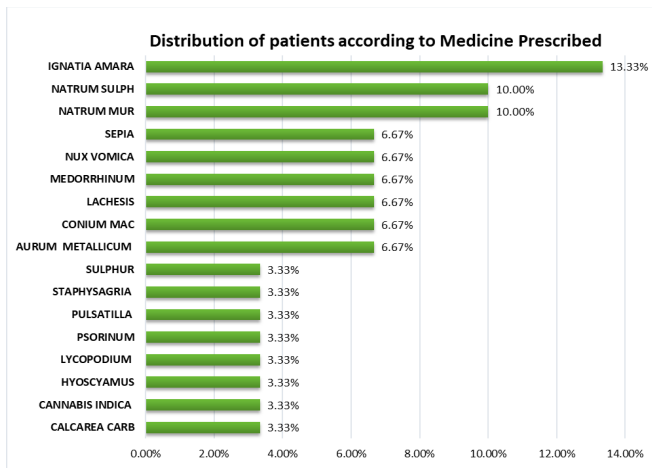


Figure 2: Distribution of patients according to the prescribed medicine

should incorporate double-blind, randomized controlled trials, objective biomarkers of depression, and blinded clinician assessments to definitively rule out placebo effects. The results of this study support the hypothesis that constitutional remedies play a significant role in managing minor depressive disorder in young adults. However, further research with larger sample sizes and randomized controlled trials is needed to validate these findings and explore the long-term efficacy of homeopathic treatment for depressive disorders²².

The study on the effectiveness of homeopathy in treating depression has several limitations. The lack of randomization introduces potential selection bias, as participants who actively chose homeopathic treatment may have been more receptive to CAM therapies. Future research should adopt randomized controlled designs for greater validity. The small sample size of 30 participants limits statistical power, and the short follow-up duration of five follow-ups is necessary for long-term studies. The study also lacks an active control group, which could clarify the relative efficacy of homeopathy compared to standard antidepressants or psychotherapy.

The subjective outcome measure, the PHQ-9 scale, could be improved by integrating clinician-rated scales and objective biomarkers. The study also acknowledges potential observer bias and the influence of lifestyle factors on the results. Future research should focus on double-blind RCTs, large-scale multicenter trials, long-term studies assessing relapse prevention and sustained symptom remission, neurobiological investigations, and genetic and epigenetic studies²³.

CONCLUSION

This study highlights the potential of homeopathic constitutional remedies as a valuable therapeutic option for managing minor depressive disorder in the young age group, offering a holistic and individualized approach to mental health care. Constitutional Prescribing plays a vital role in treating the cases of MiDD. *Ignatia Amara* (13.33%) is the most prescribed medicine to the patients and 80% of the patients markedly improved (mean PHQ-9 score reduced from 8.77 to 2.53) after the treatment. The mean Score before the treatment was 8.77 and after the treatment, the score was reduced to 2.53.

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PEER-REVIEWED CERTIFICATION

During the review of this manuscript, a double-blind peer-review policy has been followed. The author(s) of this manuscript received review comments from a minimum of two peer-reviewers. Author(s) submitted revised manuscript as per the comments of the assigned reviewers. On the basis of revision(s) done by the author(s) and compliance to the Reviewers' comments on the manuscript, Editor(s) has approved the revised manuscript for final publication.