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Post-partum depression managed with homoeopathic *Cimicifuga racemosa* in one week of inpatient treatment: A case report


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Abstract

Introduction: Post-partum depression (PPD) is a disabling psychiatric disorder that has long-term effects on the mother and the baby. Because many people do not comply with antidepressant medication, there is a great need for alternative treatment options like homoeopathy that are less harmful. **Case Summary:** Here, we have presented the case report of a woman with PPD, who experienced guilt, depressed mood, suicidal thoughts, restlessness and auditory hallucination. Based on repertorial totality, *Cimicifuga racemosa* 200C was prescribed. The case was screened using the Edinburgh Postnatal Depression Scale. To assess the outcome of the treatment, the 17-item Hamilton depression rating scale was used on the day of admission and on the day of discharge. This indicated a marked improvement within a short period. As this case falls under type 2 mental disease, according to the treatment procedure for this type, an acute medicine *Cimicifuga racemosa* 200C was administered, and was followed by an anti-psoric medicine, Phosphorous, to complete the cure.

Keywords: *Cimicifuga racemosa*, Homoeopathy, Post-partum depression

INTRODUCTION

Any psychiatric symptom appearing within 6 weeks of delivery and not fulfilling the criteria of major psychiatric disorders is called post-partum psychiatric disorder.^[1] Amongst them, the most frequent and disabling neurotic disorder is post-partum depression (PPD).^[2] It is characterised by a depressed mood, excessive anxiety, insomnia and a change in weight.^[3] It afflicts 10–15% of new mothers.^[4] PPD with psychotic features appears to occur in 1 in 500 to 1 in 1000 deliveries.^[5] It is associated with increasing age, childhood separation from the father, conflicts with mother-in-law and father-in-law, marital discord, mixed feelings towards the baby, physical problems in pregnancy and pre-natal period and lower socio-economic class.^[2] It is coded as a subtype of major depressive disorder in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders-5.^[3]

There is evidence supporting the role of neuroendocrine changes, neuroinflammation, neurotransmitter alterations, circuit dysfunction and the involvement of genetics and epigenetics in the pathophysiology of PPD. Those with altered

levels of reproductive hormones are obvious candidates for potential biomarkers.^[6] Recent research has shown that the sudden decrease in allopregnanolone levels after childbirth may play an important role in triggering PPD through gamma-aminobutyric acid (GABA) receptors.^[7] There is evidence of the role of aberrant neurosteroid regulation of the GABA receptor subunit in the aetiology of post-partum depression.^[8] The optimal time to evaluate for PPD is the first post-natal obstetrical visit since extensive data suggest the onset of post-partum disorders as occurring within the 1st month of childbirth.^[9] PPD is associated with negative effects on the mother and the child such as poor breastfeeding, lack of emotional sensitivity to the infant, atypical neurodevelopment and later behavioural problems in children.^[10] If left untreated, it can prolong up to 6 months and can cause marked disruption in the family.^[2]

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Most of the conventional therapeutic interventions for PPD have been adapted from the treatment of major depressive disorder, as currently there are no pharmacotherapies specifically approved for PPD.^[11] Treatment with conventional medicine can be difficult in PPD, as many patients are reluctant to take antidepressants for fear of transmitting the effects to their babies through breastfeeding.^[12] Selective serotonin reuptake inhibitors typically take 6–12 weeks to reach their full therapeutic effect.^[13] Alternative systems can play a significant role in its management. Furthermore, homoeopathic method of case-taking itself acts as psychotherapy for ailing mothers. Here, we intend to present a case of PPD which improved well within a week.

PATIENT INFORMATION

A multiparous female, aged 33 years, was brought to the outpatient department (OPD) of National Homoeopathy Research Institute in Mental Health, Kottayam, by her husband and relatives who found it difficult to manage her at home. She was then admitted to the inpatient department of the institute. On her first visit in OPD, symptoms were narrated mostly by her husband. The complaints had started 2 weeks after the delivery of the second child. A week before visiting the institute, she had the following symptoms: guilt feeling, a belief that she had been suffering from AIDS due to the immoral relationships she had been engaged in, the thought that she did not deserve her husband, frequent weeping, both mental and physical restlessness, despair about life and wanted to die. The woman also experienced sleeplessness, loss of appetite and heard voices of her deceased father and grandmother reproaching her and telling her to die. She had suicidal thoughts and had attempted suicide twice by hanging.

She had sought admission to a maternity ward of medical college hospital 2 days earlier than her expected date of delivery. Owing to the inadequacy of beds in the hospital at that time, the hospital staff scolded her for seeking early admission. However, the same day, in the evening, she experienced labour pain, and her family was hesitant to inform the hospital staff about the pain. However, when the pain intensified, she herself informed the staff. In the labour room, she overheard the conversation of the staff that she had high blood sugar and low blood pressure and that her labour might be complicated, which terrified her. Although her labour was a little prolonged, it progressed normally and she delivered the baby. During her delivery, she was anxious about her first child, a 2-year-old daughter. Two weeks after delivery, she had a dispute with her husband, and she did not talk to him for 2 days. When her husband expressed care and concern towards her, she suddenly started crying. On the following day also, she broke into frequent bouts of weeping and exhibited disorganised behaviour, as reported by her husband. She was confused about the place to urinate and tried urinating on the porch. Her attendants informed us that she frequently enacted like *Kodungalloor Devi* (a mythological goddess). While at home, she had once run amok out of the house and was brought

back by her husband by force. She even tried to commit suicide by hanging. She took care of the child and fed the baby till her admission in the hospital, though occasionally she would be reluctant to feed. She had no past history of psychiatric complaints, although her mother had symptoms of depression after the death of her father.

Life space investigation

She was the younger child of her parents and had an elder sister. When she was 2 years old, her father died due to a brain tumour after which her mother was depressed and tried to commit suicide along with her children on the day of his death. However, when her attempt failed, she decided not to commit suicide and take care of her children instead. Since her mother was busy doing her job, she and her siblings were raised by their grandmother. She used to be very caring towards her mother and used to save money to help her mother as far as possible. She even walked to her school in order to save the bus fare. She worked abroad as a nurse for 5 years and had returned to India after marriage. She hoped that her husband would help her family, which did not happen. She had high expectations from her husband and was disappointed on many occasions. She then started working at her native place but had to leave due to difficulties during her first pregnancy. She was very sad over the loss of her job. She also felt that her husband did not love her. She used to have conflicts with him frequently. She was obstinate since childhood. Her mother-in-law was possessive towards her son and, therefore, had frequent conflicts with her.

Pre-morbid personality

She was very social, though not much expressive in showing love, was good at studies and had a fear of snakes.

Physical generals

She had an increased thirst for cold water, profuse offensive perspiration, desire for salt and aversion to sweets and chocolate and was thermally chilly.

Clinical findings

Mental status examination

The patient appeared restless and her husband informed that she could not control her agitation. She had increased psychomotor activity. Rapport was established gradually. She appeared to be depressed and wept during the interview. She had a delusion of guilt (she would say that she was not a virgin, and she did not deserve her husband; she had many immoral relationships, so she thought that she had AIDS). She used to hear delusional voices of her dead father and grandmother reproaching her and instructing her to die. She had difficulty concentrating. She responded inappropriately to the proverb test. She related every question to the guilt feeling in her (in the fire test, she replied that she would not be able to help anyone since she was a bad person).

Diagnostic assessment

She was diagnosed with PPD (F53) by the consultant psychiatrist and admitted to the inpatient unit. During that time,

the patient's sister took care of the child. A baby was with the patient. The child was carried by her sister during feeding.

The totality of symptoms was constructed and repertorisation was done using RADAR software [Figure 1a and b].

The treatment outcome was assessed with Hamilton depression rating scale (HDRS) scores at baseline and post-treatment [Figure 2]. The score of the 17-item HDRS was 33 on the date of admission, and 0 at discharge.

Therapeutic intervention

This patient presented with symptoms of PPD. Based on the totality of symptoms of this case, repertorisation and reference to the homoeopathic materia medica, *Cimicifuga*

racemosa 200C/1 dose was prescribed on the day of admission (23 September 2021).

Follow-up and outcome

The follow-up of the case is given in Table 1. As per the modified Naranjo criteria [Table 2], there was an improvement in the primary symptom (depressed mood and guilt) (+2); within a plausible time frame relative to the intake of *Cimicifuga racemosa* 200C (+1); with an improvement in other symptoms such as appetite, sleep and sociability (+1) and overall well-being (+1); with no other alternative causes that could have caused the improvement (+1). Further, there was a confirmation of improvement by clinical observation under the supervision of a psychiatrist as well as the improbability of spontaneous remission, objective improvement

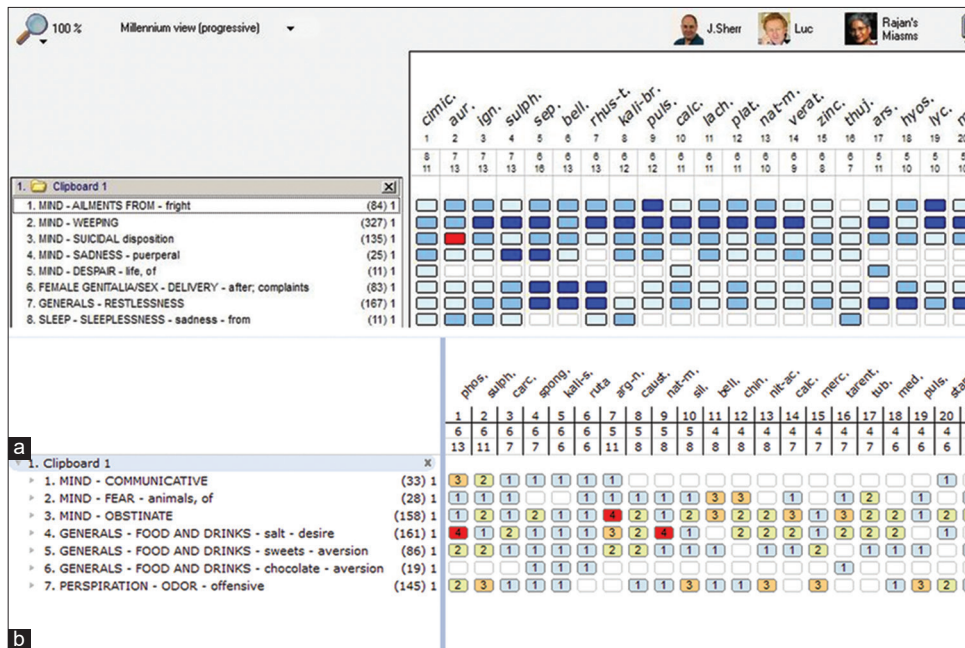


Figure 1: (a) Repertorial analysis (acute). (b) Repertorial analysis

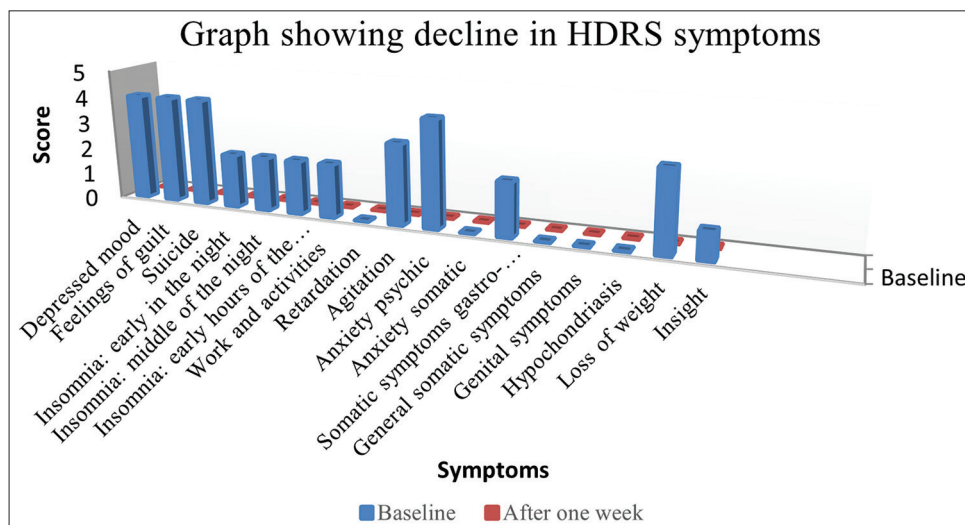


Figure 2: Changes in the scoring of Hamilton depression rating scale at baseline and after a week

Table 1: Timeline

Date of follow-up	Symptoms	Prescription	Justification of prescription	HDRS score
23 September 2019	Presenting symptoms	<i>Cimicifuga racemosa</i> 200C/1 dose		33
24 September 2019	Suicidal thoughts - most of the time Delusion of guilt-severe Labile mood Auditory hallucination - howling noise Appetite reduced Relevant talk Slept well Less communication	Placebo/3 doses	As the patient was feeling better, placebo was given	
25 September 2019	Suicidal thoughts reduced Wants to see her husband and children. Moderate depressed mood, weepy Delusion of guilt - slightly reduced Auditory hallucination reduced Appetite reduced Slept well Less communicative	Placebo/3 doses	As the patient was feeling better, placebo was given	
26 September 2019	Suicidal thought absent No weeping Delusion of guilt absent Mood stable Appetite improved Slept well	Placebo/3 doses	As the patient was feeling better, placebo was given	
27 September 2019	Suicidal thoughts absent Delusion of guilt absent Weeping absent Euthymic mood Sociability and communication improved Slept well Good appetite	Placebo/3 doses	As the patient was feeling better, placebo was given	
28 September 2019	Weeping absent No suicidal thoughts Delusion of guilt absent Taking care of the child well Feeding the child Slept well Good appetite Discharged from the inpatient department	Placebo/3 doses	As the patient was feeling better, placebo was given	0
Outpatient follow-up				
07 October 2019	Slept well Good appetite	Placebo/4 doses 2 days/week	As the patient was feeling better, placebo was given	
20 October 2019	Generals normal Taking care of the child Feeding baby regularly.	Placebo/4 doses 2 days/week	As the patient was feeling better, placebo was given	
8 November 2019	Mood stable Generals normal	Placebo/4 doses 2 days/week	As the patient was feeling better, placebo was given	
25 November 2019	Generals normal Feeding baby regularly Mood stable	Placebo/8 doses 2 days/week	As the patient was feeling better, placebo was given	
06 January 2020	Sleep good Good appetite No sadness	Placebo/8 doses 2 days/week	As the patient was feeling better, placebo was given	

(Contd...)

Table 1: (Continued)

Date of follow-up	Symptoms	Prescription	Justification of prescription	HDRS score
24 February 2020	Sleep good Bowels regular, Interested in doing job Last menstrual period - 07 February 2020	Placebo/8 doses 2 days/week	As the patient was feeling better, placebo was given	
29 May 2020	The patient reported after 3 months, with no complaints	Phosphorous 200C/1 dose	As this case falls under type 2 of mental disease and according to the treatment procedure for this type of mental illness, an acute medicine is followed by an anti-psoric medicine. Considering pre-morbid personality, <i>Phosphorous</i> was given to complete the cure	
03 June 2020	No sadness or weeping Slept well Appetite normal	Placebo/8 doses 2 days/week	As the patient was feeling better, placebo was given	
23 September 2020	The patient reported after 3 months Feeling happy Appetite normal	Placebo/8 doses 2 days/week	As the patient was feeling better, placebo was given	
28 October 2020	Sleep refreshing Appetite normal. Easily communicative.	Placebo/8 doses 2 days/week	As the patient was feeling better, placebo was given	
17 September 2021	The patient reported after 11 months along with her husband and her child. Feeling happy General well-being.	Placebo/8 doses 2 days/week	As the patient was feeling better, placebo was given	

after the remedy, evidenced by HDRS score (+2). Thus, in this case, the total score of +8 establishes a definite causal attribution of homoeopathic treatment with the outcome.

The patient was evaluated in the OPD after discharge, as mentioned in Table 1. After she recovered from an acute state, based on the totality of symptoms, an anti-miasmatic remedy *Phosphorous 200C/1* dose was given considering the pre-morbid personality. She did not report any symptoms or difficulties.

DISCUSSION

This is a case of post-partum depression managed within a week with a single dose of individualised homoeopathic medicine *Cimicifuga racemosa 200C*. For a large number of mothers, the feeling of depression, after the delivery of a baby, is so intense that they may need inpatient treatment since they are no longer in a position to take care of themselves and/or their infants. Several studies have stressed the need for inpatient treatment in severe cases of PPD.^[14] This patient was also admitted to hospital with symptoms such as suicidal ideation, guilt, depressed mood, restlessness and auditory hallucination. Symptoms were narrated by the patient and her bystander. The selection of *Cimicifuga racemosa* was based on the acute totality, repertorisation [Figure 1a] and final reference to the materia medica.

Psychotherapy or counselling was not given to the patient. The patient had only been on homoeopathic medicine from the day of admission to the day of discharge. She had manifested improvement with a single dose of *Cimicifuga racemosa 200C*. There was no need for repetition since the patient had shown improvement. She had been on placebo for the rest of the period. She was discharged in a week, with symptomatic improvement observed in 3 days. After discharge from the hospital, the patient was followed regularly in OPD.

PPD can be included under the second type of mental disorder according to the Hahnemannian classification.^[15] *Cimicifuga racemosa*, which covers the psoric miasm,^[16] had been given to the patient which was in conformity with the treatment method advocated by our master. Much previous literature has confirmed the usefulness of *Cimicifuga racemosa* in the treatment of PPD.^[17] Improvement is evident from the reduction in HDRS score from the baseline value of 33 to 0 by the end of 1 week of inpatient treatment.

During the follow-up, physical general symptoms such as desires, aversion and thermal symptoms were collected after developing rapport with the patient. These symptoms were considered for constructing the constitutional totality of symptoms. Moreover, in this case, some of the risk factors associated with PPD were evident in the personal history of the patient, such as childhood detachment from the father

Table 2: Modified Naranjo criteria

Domains	Yes	No	Not sure
1 Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2	-1	0
2 Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?	+1	-2	0
3 Was there a homeopathic aggravation of symptoms?	+1	0	0
4 Did the effect encompass more than the main symptom or condition (i.e. were other symptoms, not related to the main presenting complaint, ultimately improved or changed)?	+1	0	0
5 Did overall well-being improve? (suggest using validated scale)	+1	0	0
6 a Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	0	0
6 b Direction of cure: Did at least one of the following aspects apply to the order of improvement of symptoms: • –From organs of more importance to those of less importance? • –From deeper to more superficial aspects of the individual? • –From the top downwards?	+1	0	0
7 Did ‘old symptoms’ (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	+1	0	0
8 Are there alternative causes (i.e. other than the medicine) that - with a high probability - could have produced the improvement? (consider known course of disease, other forms of treatment and other clinically relevant interventions)	-3	+1	0
9 Was the health improvement confirmed by any objective evidence? (e.g. investigations and clinical examination)	+2	0	0
10 Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	0

Total score: 8

*The numbers in bold font represent the option selected

and conflict with the mother-in-law and husband. Besides, her mother had a history of depression. Considering all the symptoms collected from the patient in the present, past and family history, this case falls under type 2 of mental disease, as described by Dr. Hahnemann in his Organon of Medicine. In this type of mental disease, the symptoms suddenly break out as an acute disease in the patient’s ordinary calm state. When it occurs in an acute manner, it should be immediately treated with acute medicine and never be regarded as cured. No time should be lost in attempting to completely free him. Therefore, it should be immediately followed by anti-psoric medicine. Accordingly, for this type of acute mental illness, *Cimicifuga racemosa* 200C was followed by an anti-psoric medicine *Phosphorous* to complete the cure. *Phosphorous* was selected based on analysis of the constitutional totality,

pre-morbid personality, repertorisation [Figure 1b] and consultation with materia medica. The last visit of the patient to the hospital was on 17 September 2021. With the individualised homeopathic treatment, there was an improvement in the symptoms as well as in the general condition of the patient.

Only one case report could be found in the peer review literature which pointed to the usefulness of *Agnus castus* in the successful treatment of PPD.^[18] We propose a study be taken up on a larger population to validate the results of homeopathy in such clinical conditions to generalise the outcome of this case study to a wider population.

CONCLUSION

In this evidence-based case report, individualised homeopathic medicine helped in the management of PPD, along with improvement in general well-being. Individualised homeopathic medicines are thus a safe mode of treatment, which may be verified through more research on this topic.

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The authors acknowledge the patient and her family members for compliance to treatment and consent for publication of the case.

Declaration of patient consent

Informed consent for investigations, as well as for potential future use of the patient’s data for scientific publication, was taken.

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Nil.

Conflicts of interest

None declared.

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Dépression post-partum Prise en charge par *Cimicifuga racemosa* homéopathique au cours d'une semaine de traitement en établissement: Rapport de cas

L'Introduction: La dépression post-partum (PPD) est un trouble psychiatrique post-partum invalidant qui a des effets à long terme sur la mère et le bébé. En raison du taux plus élevé de non-conformité aux médicaments antidépresseurs, il y a un grand périmètre pour le traitement avec des méthodes alternatives comme l'homéopathie, qui est le moins nocif pour la mère et le bébé.

Résumé du cas: Ici, nous avons présenté le rapport de cas d'une femme avec PPD, qui a présenté avec la culpabilité, l'humeur déprimée, les pensées suicidaires, l'agitation et l'hallucination auditive. *Cimicifuga racemosa* 200c, 1 dose a été prescrite en fonction de la totalité du répertoire. Le cas a été dépisté à l'aide de l'échelle de dépression postnatale d'Édimbourg (EPDS). L'Échelle d'évaluation de la dépression de Hamilton en 17 points a été utilisée pour évaluer le résultat du traitement à la date de l'admission et à la date du congé. Cela indique une nette amélioration en peu de temps. Comme ce cas relève de la maladie mentale de type 2, selon la procédure de traitement de ce type, un médicament aigu *Cimicifuga racemosa* 200c a été administré et a été suivi d'un médicament antiseptique pour compléter le traitement.

Postpartale Depression, behandelt mit homöopathischem *Cimicifuga racemosa* in einer Woche stationärer Behandlung: Ein Fallbericht

Einleitung: Die postpartale Depression (PPD) ist eine behindernde postpartale psychiatrische Störung, die sowohl für die Mutter als auch für das Kind langfristige Auswirkungen hat. Aufgrund der hohen Non-Compliance-Rate bei der Einnahme von Antidepressiva besteht ein großer Spielraum für die Behandlung mit alternativen Methoden wie der Homöopathie, die am wenigsten schädlich für Mutter und Kind ist.

Zusammenfassung des Falles: Hier haben wir den Fallbericht einer Frau mit PPD vorgestellt, die sich mit Schuldgefühlen, depressiver Stimmung, Selbstmordgedanken, Unruhe und auditiven Halluzinationen vorstellte. *Cimicifuga racemosa* 200c, 1 Dosis wurde aufgrund der repertorischen Gesamtheit verschrieben. Der Fall wurde mit der Edinburgh Postnatal Depression Scale (EPDS) untersucht. Die 17 Punkte umfassende Hamilton Depression Rating Scale wurde verwendet, um das Ergebnis der Behandlung am Tag der Aufnahme und am Tag der Entlassung zu bewerten. Dies deutete auf eine deutliche Verbesserung innerhalb eines kurzen Zeitraums hin. Da es sich um eine psychische Erkrankung des Typs 2 handelte, wurde gemäß dem Behandlungsverfahren für diesen Typ ein Akutmedikament *Cimicifuga racemosa* 200c verabreicht, gefolgt von einem Anti-Psorium, um die Heilung abzuschließen.

होम्योपैथिक सिमिसिफ्यूगा रैसीमोसा द्वारा पोस्टपार्टम अवसाद का एक सप्ताह के आंतरिक रोगी उपचार द्वारा प्रबंधन: एक केस रिपोर्ट

परिचय: पोस्टपार्टम अवसाद (PPD) एक अक्षम कर देने वाला पोस्टपार्टम मानसिक विकार है जिसमें माँ के साथ-साथ बच्चे पर भी लंबे समय तक रहने वाले प्रभाव होते हैं। एंटी-डिप्रेसेंट दवा का अनुपालन ना होने के कारण, होम्योपैथी जैसी वैकल्पिक विधियों से उपचार की अत्यधिक उम्मीद की जाती है, जो माँ और बच्चे के लिए सबसे कम हानिकारक होती है।

केस का सारांश: यहां, हमने PPD से ग्रस्त एक महिला की केस रिपोर्ट प्रस्तुत की है, जिसमें ग्लानी, अवसाद ग्रस्त मनोदशा, आत्महत्या के विचार, बेचैनी और श्रवण मतिभ्रम जैसे लक्षण थे। सिमिसिफ्यूगा रैसीमोसा 200C, रेपटोरियल/ टोटैलिटी के आधार पर इस की 1 खुराक लेने की सलाह दी गई। केस की स्क्रीनिंग एडिनबर्ग पोस्टनेटल डिप्रेषन स्केल (EPDS) द्वारा की गई। उपचार के परिणाम का मूल्यांकन करने के लिए 17-आइटम हैमिलटन डिप्रेषन रेटिंग स्केल का प्रयोग भर्ती होने और छुट्टी होने के दिन किया गया। इससे कम अवधि में उल्लेखनीय सुधार के संकेत मिले। चूंकि यह केस टाइप-2 मानसिक रोग के तहत आता है, तो विकार के इस प्रकार की उपचार प्रक्रिया के अनुसार, एक एक्यूट दवा सिमिसिफ्यूगा रैसीमोसा दी गई और उपचार पूरा करने के लिए इसके बाद एंटी-सोरिक दवा दी गई।

Depresión posparto Manejado con *Cimicifuga racemosa* homeopática en una semana de tratamiento hospitalario: Un informe de caso

Introducción: La depresión Posparto (DPP) es un trastorno psiquiátrico posparto incapacitante que tiene efectos a largo plazo en la madre y en el bebé. Debido a la mayor tasa de incumplimiento de la medicación antidepressiva, existe un gran margen para el tratamiento con métodos alternativos como la homeopatía, que es el menos dañino para la madre y el bebé.

Resumen del caso: Aquí, hemos presentado el informe del caso de una señora con DPP, que presentó culpa, estado de ánimo deprimido, pensamientos suicidas, inquietud y alucinación auditiva. *Cimicifuga racemosa* 200c, se prescribió 1 dosis basada en la totalidad del repertorio. El caso fue examinado utilizando la Escala de Depresión Postnatal de Edimburgo (EPDS). Se utilizó la Escala de Calificación de Depresión de Hamilton de 17 ítems para evaluar el resultado del tratamiento en la fecha de ingreso

y en la fecha de descarga. Esto indicó una marcada mejora en un corto período de tiempo. Como este caso se encuentra bajo la enfermedad mental tipo 2, de acuerdo con el procedimiento de tratamiento para este tipo, se administró un medicamento agudo *Cimicifuga racemosa* 200c y fue seguido por un medicamento Antipsóricico para completar la cura.

在一周的患者内治 中，用同型 状升麻治 后抑郁症：病例报告

引言： 后抑郁症（PPD）是一种致残性 后精神障碍，对母亲和 儿都有 期影响。由于抗抑郁 物的不依从率高，因此有很大的治 余地，可以使用对母亲和 儿危害最小的替代方法，如 势 法。

病例 ：在此，我 介 了一位患有PPD的女士的病例报告，她表 出内疚、抑郁、自 念头、 躁不安和幻听。外消旋升麻200c，1 是根据 量 具的。 病例采用 丁堡 后抑郁量表（EPDS）行 查。使用17 密尔 抑郁量表来 估入院日期和出院日期的治 果。这表明在短时 内有了明 的改善。由于 病例属于2型精神疾病，根据 类型的治 程序，服用了急性 物外消旋升麻200c，随后服用了抗精神病 物以完成治 。