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Abstract

Depression is a common as well as serious illness. Many people with a depressive illness never seek treatment. But the vast majority, even those with the most severe depression, can get better with treatment. Tension headache is the most common type of headache and is experienced at some time by the majority of the population in some form. Emotional strain or anxiety is a common precipitant to tension type headache and there is sometimes an underlying depressive illness. A case of tension headache with depressive disorder treated with Gelsemium is reported here.

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CASE RECORD

A Case of Depressive Disorder & Tension Headache

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Depression is a common as well as serious illness. Many people with a depressive illness never seek treatment. But the vast majority, even those with the most severe depression, can get better with treatment. Tension headache is the most common type of headache and is experienced at some time by the majority of the population in some form. Emotional strain or anxiety is a common precipitant to tension type headache and there is sometimes an underlying depressive illness. A case of tension headache with depressive disorder treated with *Gelsemium* is reported here.

Key words: depressive disorder, gelsemium, homoeopathy, tension-type headache

INTRODUCTION

The essence of *depression* is a low mood, along with reduced levels of activity and energy. The low or depressed mood is not just a normal day-to-day variation which is transient but should be sustained and persistent, present throughout the day and almost everyday for at least 2 weeks[1]. *Tension-type headache* is a non-specific headache, which is not vascular or migrainous, and is not related to organic disease. Some authorities believe that the pain syndrome represents dysregulations of central sensory systems rather than originating in peripheral pain receptors[2].

Depression is central to some clinical formulations of *Tension-type headache* but remains controversial as an etiological or risk factor in *Tension-type headache*. *Depression* is highly prevalent in chronic *Tension-type headache* sufferers seen in clinical settings, but various factors are likely operating to overestimate comorbidity[3].

Repeated use of pain killers aggravates the patient's headache[4] and there is an increased risk of committing suicide by patients on antidepressants[5].

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Case History

A male aged 21 yrs, presented at Homoeopathic Treatment Centre, Safdarjung Hospital, New Delhi complaining of headache and forgetfulness for 7 years (2002) and heaviness in eyes since 4 years (2005).

Patient started experiencing headache and forgetfulness for 7 years (2002) which was gradual in onset. Headache was located in the occiput, pulsating & bruising in character and aggravated from mental exertion. Headache was associated with heaviness and dullness of head. There is a history of injury to the occiput in 1998 after being hit by a cricket bat, but the patient did not consult any doctor.

Treatment History

Patient was treated by a local physician with pain killers, as stated by the patient. Headache subsequently increased and the patient developed heaviness in eyes. Patient was prescribed Amisulpride 50 mg, Amitriptyline 50 mg, Venlafaxine 75 mg, and Cetadom by conventional physician. The patient continued the treatment for 4 years. Then patient was treated for Recurrent Depressive Disorder with Amitriptyline 75mg and Levosulpride 50 mg at a premier institute in New Delhi for 2 months before presenting at Homoeopathic Treatment Centre.

Family History

Patient's mother is an asthmatic. Father – apparently healthy. The patient's elder brother had a history of depression and committed suicide in 2008, he was 26 years old and he had taken conventional treatment for 7 years.

Personal history

- Addictions – nil
- Habits – tea.

Physical generals

- Aversion – Bathing as it caused heaviness in head.
- Desire – Open air
- Appetite – God with 3 regular meals
- Thirst – Thirst less
- Stool – Satisfactory and regular
- Urine – Light yellow with occasional burning
- Perspiration – More from face, axillae, neck
- Sleep – Delay in getting sleep with disturbed sleep

Mental generals

Aversion to company, lack of concentration, forgetfulness, suicidal thoughts, pessimistic attitude and a feeling of being neglected by parents, Dull, Dreams of being tortured and failures.

General Physical Examination

The patient was well built.

- Weight – 58 kgs.
- Cyanosis – Nil
- Jaundice – Nil
- Pallor – Nil
- Clubbing/Oedema – Nil
- Pulse – 88/min.
- Respiratory rate – 17/min.
- B.P – 118/74 mm of hg.
- Tongue – moist and clear.

Systemic Examination

Nervous system - Emotional state- depressed, distressed. Cranial nerves-NAD, Motor functions-NAD, Sensory system-NAD, Cerebellar functions-NAD

GI Tract - Abdomen- scaphoid, no organomegaly

Cardiovascular system - S_1 and S_2 normal, no added sounds

Respiratory system – Normal breath sounds, no added sounds

Skin - NAD

Locomotor System- NAD

Hamilton Depression Rating Scale (HDRS) Score[8]– 20 points

Visual Analogue Scale (VAS) Score[9]– 9 on scale of 10

Investigations done

MRI brain was normal

EEG and Brain map analysis was normal

CT scan brain (Plain and Contrast enhanced) was normal.

Prescription and Followup

Initially *Natrum Sulph 200,* 3 doses was prescribed (07.09.2009) basing on history of injury to occiput in childhood. There was no relief. Then *Gelsemium 200* was prescribed (14.10.2009) based on the following characteristic symptoms:

Occipital headache < mental exertion.

Pulsating headache.

Thirstless.

Lack of concentration.

Forgetfulness

Sleeplessness.

Aversion to company.

Heaviness of eyelids.

After taking *Gelsemium,* headache decreased since 21.10.2009

The patient reported for follow-up again on 25.02.2010 there was no headache in between, cheerful mood, sleep sound, patient started concentrating in his studies, and intensity of forgetfulness had decreased. In this case, the patient's headache increased after taking painkillers repeatedly and the relief was not adequate for which he discontinued the same. As the intensity of headache decreased and he started concentrating on useful activities, his forgetfulness was also less.

Discussion and Conclusion

The patient's elder brother committed suicide in 2008 and was having a history of depression. Patient was taking antidepressants and painkillers since last four years before presenting at Homoeopathic Treatment Centre. There was no relief in his complaints. Repeated use of pain killers had worsened his

headache a condition called *'analgesic headache'*[4]. There is a higher risk of suicide associated with overdose Venlafaxine and other antidepressants, although Venlafaxine is used for patients with more severe and treatment resistant depression[5,6]. The patient had developed suicidal thoughts in due course. The patient's headache and sleeplessness increased after taking treatment at a premier institute in New Delhi, where he was asked to discontinue his studies temporarily for six months, by the physician. Initially the score in Hamilton Depression Rating Scale was 20 points which improved to 4 points, and the intensity of

Follow up				
	07.09.2009	14.10.2009	21.10.2009	25.02.2010
Symptoms	History of injury to occiput. Pulsating, headache, occipital, < mental exertion. Lack of concentration. Sleeplessness.	No improvement Occipital headache < mental exertion. Pulsating headache. Thirstless. Lack of concentration. Forgetfulness. Dullness Sleeplessness. Aversion to company.	Headache decreased. Heaviness in eyes decreased.	Headache absent. Heaviness in eyes absent. Started concentrating in his studies. Forgetfulness decreased. Cheerful mood.
Scoring	HDRS – 20 VAS – 9			HDRS – 4 VAS – 1
Medicine with dosage	1. Natrum sulph 200 tds 1 day 2. Sac lac 30 tds 15 days	1. Gelsemium 200 tds 1 day 2. Sac lac bd 1 month	Sac lac bd 1 month	Sac lac bd 1 month

headache was 9 out of 10 in Visual Analogue Scale which improved to 1 out of 10 which was also occasional. The patient is still under observation and symptomatically better till date.

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