Depressive Disorders: A Bane for Society

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A depressive disorder is a persistent state of sadness and worthlessness with a lack of desire to engage in formerly pleasurable activities.¹ It involves the triangle of body, mood and thought, interferes in daily life and is painful for both the suffering person and those who care for him.² Depression is a common disorder affecting over 120 million people worldwide from both developed and developing countries. Females tend to suffer more from depression than males. French data from the European Study of the Epidemiology of Mental disorders (ESEMeD) supported this finding—that globally, approximately twice as many women suffered from depression as men.³ Depression is a common but serious illness and appropriate treatment can help most of the people who suffer from it.

Though the diagnosis is mainly clinical, but the presence of anxiety with depression can increase difficulties in diagnosis. Some researchers argue that establishment of anxious depression as a specific diagnosis would substantially improve identification of depression in primary care settings. Such a category has been proposed for the fifth edition of Diagnostic and Statistical Manual of Mental Disorders (DSM-5) and for 11th revision of (ICD-11).⁴

The depressive disorders pose a serious psychosocial, economic and family burden in addition to its influence on mortality rates. Disability-adjusted life years (DALY) is the sum of life years lost due to premature death and years lived with disability adjusted for severity. It integrates the notions of individual mortality and disability with global disease prevalence. Using the DALY, unipolar MD was classed in 1990, as the fourth leading burden of disease or injury cause worldwide for both sexes, behind lower respiratory infections, diarrheal diseases and perinatal disorders.⁵ With the advent of antibiotics and increasing awareness about sanitation, the infectious diseases in developing countries are controlled. Depression is predicted by World Health Organization to become the major health burden worldwide by 2030 affecting people from both developed and developing countries.

In this issue, we are publishing a paper related to depressive disorders, ‘Evaluation of Homoeopathic Treatment Approach in Depressive Disorders of Hyderabad Urban Population: A Prospective, Noncomparative, Open-label Observational Study.’

Also, presented is a review on homoeopathic remedies and their relationship, an open observational trial on rheumatoid arthritis evaluating the role of homoeopathic intervention in this disabling condition, some interesting case reports, book review, clinical images and a report on 74th annual meeting of LMHI, Liga Medicorum Homeopathica Internationalis held in September this year in Sorrento, Italy.

We also pay tribute to Dr. Mohinder Singh Jus (September 10, 1947–June 10, 2019), a legend in homoeopathy and Dr R.P. Patel, a legendary homoeopath. Dr Jus was also a poet, philosopher and accomplished painter. With his wife Martin Jus, he founded the Swiss Homoeopathic Institute (SHI) in Zug, a small town in Zurich in 1993 which includes the SHI Homeopathic College and Clinic, the Dr. B.K. Bose Trust as well as a homoeopathic pharmacy. He devised a four and half year study program and wrote three volumes of Practical Materia Medica, books on child types, first aid and trauma.⁶ He started the quarterly magazine Similia that he edited for many years. He engaged himself in various research projects and conducted homoeopathic provings, on Hekla Lava, Amyl nitrosatum, Guarana, Natrium arsenicosum and Adonis vernalis, etc.

References

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