

Five to ten per cent of patients visiting their GP will be suffering from “clinical” or “major” depression. This means that as a GP, two to three of the patients I see in a normal working day will be experiencing debilitating and disabling symptoms of feeling down, depressed or hopeless and will have little interest or pleasure in doing things. Too many people still think that depression is “all in the mind” and there is a great deal of guilt felt by sufferers that they cannot just snap out of it. Having a “nervous breakdown” still carries a stigma, especially if symptoms are severe enough to need a hospital admission or referral to a psychiatrist. I spend a great deal of my professional life reassuring people that they are not going mad and their symptoms do have a rational explanation.

As well as clinical depression, where symptoms are severe enough to affect day to day living, 15 to 30 per cent of my patients will have depressive symptoms but still manage to continue with work or home life without serious problems. This situation is referred to as “subthreshold” or “mild” depression, depending on the severity and number of symptoms. This is probably the largest group of patients with a psychological problem that I see in my surgery every day. People come with a variety of complaints, including a feeling of persistent fatigue, lack of appetite or excess appetite resulting in comfort eating, not being able to look forward to enjoyable events such as holidays or family celebrations, poor sleep, feelings of anxiety and low self-esteem, guilt for “not really being ill”, feelings of not coping, lack of interest in activities or relationships, loss of sex drive and generally feeling cut off from the world. Whilst most of us can experience all of these feelings at some time to a greater or lesser extent, it is when they last for weeks on end that we start to feel unwell and out of balance. It is in these circumstances that the body starts to need a little help to recover.

### The good mood hormone

What causes depression? Most people know that our brain produces a “good mood” hormone called serotonin. If we do not produce enough of it or it gets broken down too quickly, then a low mood results. Quite what triggers off this chemical imbalance is the subject of hot debate by scientists, but its results are only too clear to sufferers of this common condition. There may be an inherited element to depression, possibly a

genetic factor but scientists are unsure whether depression is due to nature or nurture. I suspect it is a mixture of both. Certainly I come across some people whose brains permanently seem to produce low levels of good mood hormone, meaning they always feel somewhat under par mentally.

### Treatment

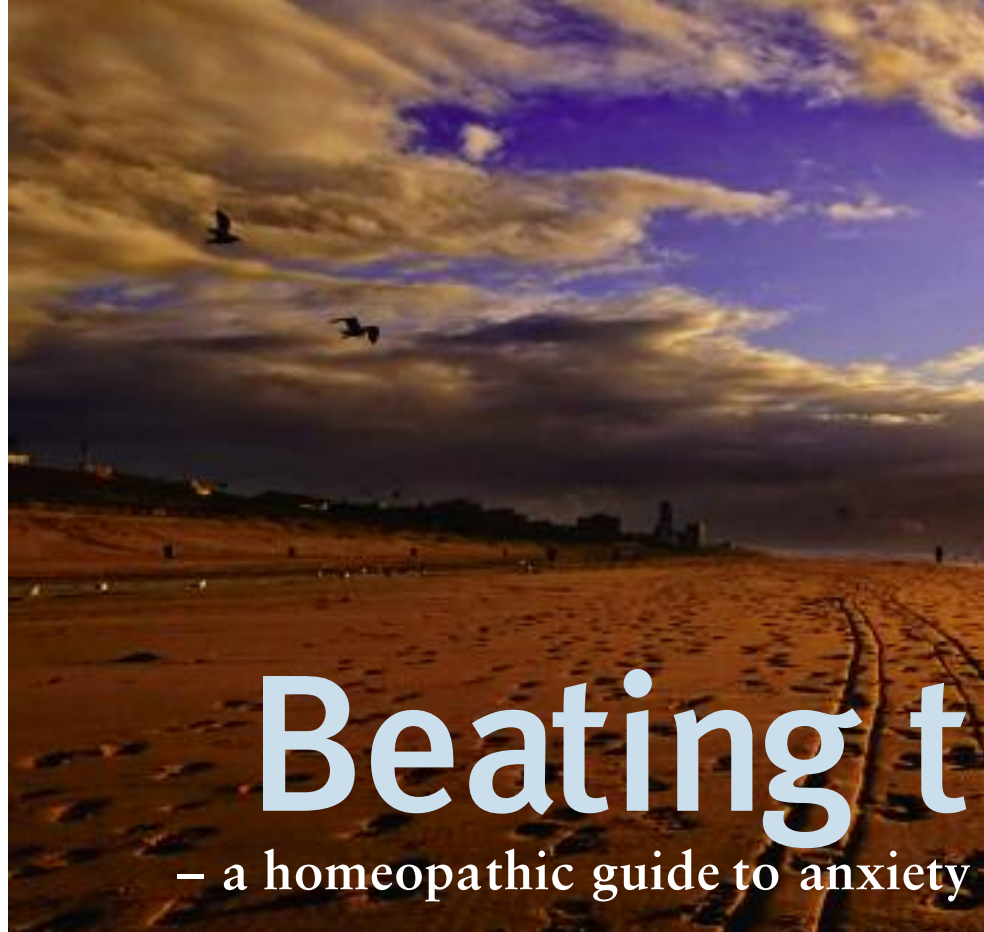
In the past, people with symptoms of depression or anxiety were often treated with tranquillizers, or benzodiazepines like diazepam (Valium). This is because depression is really a mixture of feeling low combined with symptoms of anxiety. The latter can range from waking up with a sinking feeling or butterflies in the stomach or panic attacks to full blown physical symptoms of acid indigestion, problems with swallowing, diarrhoea, a feeling of tightness in the throat, difficulty breathing, weight loss, and a sureness that “something serious is wrong with me”. Although tranquillizers may still be used by the medical profession if symptoms of anxiety are very severe, they are now generally recommended only for short term use (up to two weeks at a time).

The most common medications for depression these days are antidepressants which help to rebalance the mood hormones, commonly selective serotonin reuptake inhibitors (SSRIs) and less often, the tricyclic antidepressants (TCAs). However, their effectiveness in mild or subthreshold symptoms is questioned

by modern research and they are now not routinely advised for GP use by the National Institute of Health and Clinical Excellence (NICE). Herbal treatments also work in a similar way to conventional antidepressants although usually with a lower rate of side effects: they often have a combination of active ingredients as opposed to the synthetic medications, which are single substances in a potentially more potent form.

### Talking therapies

NICE suggests that GPs use either counselling or cognitive behavioural therapy (CBT) to treat mild depression. This has been shown to be more effective in the first instance than medication for most sufferers with less troublesome symptoms, but unfortunately availability varies greatly throughout the UK. I find the so-called talking therapies extremely useful to help people change their sometimes negative way of thinking and such treatments can be life changing, helping people regain normal function without a reliance on tablets. I have worked as a GP in both Dorset and Hampshire and have always been able to refer patients on the NHS, but waiting times for non-urgent cases have become longer and longer over recent years, as more and more people are referred. So although my patients and I can access this invaluable treatment free of charge, there can be a three to four month wait to see a therapist and sessions may be limited to



# Beating t

– a homeopathic guide to anxiety



# he blues

## and depression by Jeni Worden

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a certain number rather than what the individual really needs. This can be very frustrating for both client and therapist!

### Homeopathy's place

It is whilst waiting to see a therapist that I find homeopathy has a place for my patients. It can also be used as a sole treatment if patients do not feel that they want to see, or need to see a counsellor or therapist but nevertheless want some help to recover from their illness. I would emphasise that I am not suggesting that homeopathy should be used as the only treatment in serious depressive illness where there are feelings of wanting to die or a risk of suicide, or in mental health problems such as bipolar disorder (manic depression), schizophrenia or severe post-natal depression. These are complex and potentially life threatening illnesses and need advice from a psychiatrist alongside the GP and other healthcare professionals. Homeopathy may have a part to play as an additional or complementary treatment but NOT as a stand alone therapy in these situations.

There are so many homeopathic medicines that can be used to treat the numerous symptoms of depression and anxiety that it can be difficult to know where to start. It is important to make sure that your symptoms are not due to another illness such as an underactive thyroid or a stomach ulcer, so please talk to your GP first to make sure of the diagnosis before starting homeopathic treatment.

### Arsenicum album

One of the first medicines that I think of when I see someone with all the symptoms of anxiety with depression, particularly when there are gastric symptoms of indigestion and diarrhoea, combined with panic attacks, is Arsenicum album. This medicine is based on white arsenic which causes severe gastroenteritis if taken in a toxic dose, which is why it can help similar symptoms when taken in a homeopathic potency. Somebody doing well with Arsenicum will probably be neat, tidy but restless. They may look anxious and drawn and tend to have a fastidious way about them, being able to give a lot of detail to their symptoms. Often I find that such a patient has to tell me all their troubles in a very methodical but sometimes time consuming way.

Arsenicum patients can be convinced that they have a physical illness which is being missed because they feel so ill and may in fact end up having a number of investigations such as endoscopy and colonoscopy before finally accepting what is wrong with them. They can feel that they will never be well again. Fear is a prominent symptom, causing apprehension and dread, with an overwhelming feeling that everything will go wrong, and they despair of their recovery. These can be patients that I have to try very hard to reassure and I will often use a 30c dose, three to four times a day, with Aconite 30c taken as needed if they are having additional panic attacks.

### Ignatia

Where depression follows from bereavement, loss, or a shock, such as witnessing a fatal road accident, Ignatia can be useful. The symptom picture is typified by emotional ups and downs with mood swings and is often quoted in homeopathic reference books as "laughter alternating with tears". Having suffered the loss of my own parents, I know myself the separation feeling that one undergoes when someone close to you dies and I remember being able to talk quite calmly one minute, and then being overcome with tears soon afterwards before becoming calm again a few minutes later.

Often the sufferer can prove difficult for friends and loved ones to deal with as they are SO up and down, being resistant to sympathy and oversensitive to well meaning advice, which may be wrongly taken as criticism. Ignatia patients tend to "bottle things up" and cry and give deep sighs during the course of their consultation. It may be hard for them to talk if they are overcome with their miserable situation and friends can find it well nigh impossible to cheer up such patients. Poor sleep is common and so is the feeling of a ball or something stuck in the throat, known conventionally as globus syndrome. I often give a few Ignatia 30c tablets to recently bereaved patients to take when needed, especially around the time of the funeral, and will use a 200c on a weekly or monthly basis for persistent depressive symptoms.

### Natrum muriaticum

Another remedy that can bottle things up, but reacts quite differently to the Ignatia patient is Natrum muriaticum. This is one of my most frequently used homeopathic treatments for symptoms of stress, such as those typified by mild depression. I find it very useful when a patient has never been well since a shock or loss and feel as if they have a glass wall between them and the rest of the world. Often they have been unable to cry since bereavement and feel that they have not grieved properly for their loss. They feel worse for sympathy yet are very empathetic people. They sometimes build up a barrier emotionally and can appear somewhat cold and distant. They can worry about upsetting people unintentionally by saying the wrong thing and also can take things the wrong way.

I tend to view these people as the "salt of the earth" type, having a strong sense of duty, but can find themselves being overwhelmed by the responsibility of their work, especially if they are caring



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*Find a quiet place and take some time for yourself to relax and do things you enjoy*

pressant medication is often given by doctors if such symptoms appear. Unfortunately it can take up to three months for conventional treatment to have a full effect, and because memory problems may affect an older person's health, and their ability to stay at home to a great extent, doctors tend to treat earlier than later. If you have a sympathetic GP, or, even better, one that it is homeopathically trained, it may be possible to try a remedy such as Alumina for a trial period first. This is a homeopathic potency of aluminium and is indicated where there is confusion about time ("time seems to pass too slowly"), difficulty making decisions, unease in the evening ("as if something were going to happen"), involuntary weeping without cause and a dazed feeling, making mistakes in writing and speaking. All such symptoms are worse in the morning and tend to improve as the day goes on.

An alternative to try is Baryta carb, which I have found especially helpful if symptoms are worse with worry or come on after a stroke. Both Alumina and Baryta carb can be given at 30c strength daily.

### Finding a quiet place

Depression is all too often seen as a problem of women, and although it is true that twice as many female patients are treated for anxiety and depression as men, both sexes can be affected. However, it does not have to be the "black dog" that the late Winston Churchill suffered from and does not always need to be treated with medication. Regular exercise can help, as this increases the endorphins produced by the brain, which are responsible for the highs that athletes can experience. Many GPs can refer patients to local "exercise on prescription" schemes which often offer a supervised course of gym sessions at a reduced fee. Finding a quiet place, through meditation, painting or walking the dog, can really help rebalance the mind and body; too many patients look blank when I ask them "and what do you do for yourself?" after listening to what they do for others. Look for your own quiet place if any of the above applies to you and please take further advice. It *will* be worth it, I promise!

for an elderly or sick relative. Such patients can feel that they should be doing more, not less, and feel they must "just get on with it", and yet feel more and more tired and low in spirit as time goes on. Grudges can build up, with resentment. There may be an increased sensitivity to noise; certain passages of music may move them to those long awaited tears, but without relief from their low mood. I have discovered to my cost that using too high a dose of Natrum mur can cause emotional upset without improving the symptoms of depression so I tend to use a one off dose of 200c when there is a clear history of a definite cause to the illness and a daily 30c dose if the trigger is less clear.

### Sepia

When all energy is drained, and my patient feels that they are unworthy of anybody's love or attention, I turn to Sepia, a remedy which I have written about in the past for its use in the menopause and post-natal depression. I have used this almost exclusively for women who are sad, silent, solitary individuals, completely lacking in zest. Tears are never far away and a feeling of having to keep emotions under control otherwise one will have to scream is typical of the strain that such patients can feel. There is a wish to keep busy but with no incentive to do so and these patients can spend hours sitting motionless in sadness.

Sepia women will often tell me that they love their husbands or partners but cannot manage the physical side of the relationship, which they feel is starting to cause difficulties for their other halves. Sepia usually suits women who tend to feel chilly and they can either feel incredibly hungry, being unable to ever feel full or have nausea at the mere smell of food. They often have a sinking, or "all-gone" feeling in the pit of the stomach, especially when they wake, which is not relieved by eating.

### Older people

One area of depression and anxiety I would like to mention is that of the older patient. I am really referring to the over 75s and those perhaps with physical frailty or other health problems and not all "pensioners", as the media seems to refer to anybody over the age of 60 these days. Depression in this older age group can sometimes give rise to symptoms of forgetfulness and memory loss and lead to a mistaken diagnosis of dementia or Alzheimer's disease. This is why antide-



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