

# Effectiveness of Aurum Metallicum in Severe Major Depressive Disorder Assessed by Ham-D: A Case Report

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## Abstract

Major Depressive Disorder is one of the most prevalent psychiatric illnesses worldwide, yet evidence-based literature regarding its management through homoeopathy remains limited. This case report attempts to contribute to the existing evidence by demonstrating the role of individualized homoeopathic intervention in the management of severe Major Depressive Disorder without the use of conventional antidepressant medication. The case was assessed using the Hamilton Depression Rating Scale (HAM-D). The baseline HAM-D score of 24 (severe depression) gradually reduced to 0 (normal) within one month of treatment. The patient maintained sustained improvement during follow-up and was functionally well.

**Keywords:** Major Depressive Disorder, Severe Depression, Individualized Homoeopathy, Aurum metallicum, Suicidal Ideation, Hamilton Depression Rating Scale (HAM-D), Case Report, Mental Health.

## AIM

To study the role of individualized homoeopathic treatment in the management of Severe Major Depressive Disorder, assessed using the Hamilton Depression Rating Scale (HAM-D).

## OBJECTIVES

1. To assess and diagnose a case of Severe Major Depressive Disorder based on DSM-5 and ICD-11 diagnostic criteria.
2. To evaluate the baseline severity of depressive symptoms using the Hamilton Depression Rating Scale (HAM-D).
3. To formulate an individualized homoeopathic prescription based on detailed case taking, mental generals, physical generals, and miasmatic analysis.
4. To assess the clinical response to the selected homoeopathic medicine during treatment and follow-up.

5. To evaluate changes in depressive symptoms, suicidal ideation, sleep, appetite, energy levels, and functional status following homoeopathic intervention.
6. To document the overall outcome of treatment by comparing pre- and post-treatment HAM-D scores.

## MATERIALS AND METHODS

### Study Design

The present study is a single-case observational clinical case report conducted to evaluate the effect of individualized homoeopathic treatment in a patient diagnosed with Severe Major Depressive Disorder.

### Study Setting

The study was carried out at the Outpatient Department of Psychiatry, Hamsa Homoeopathy Medical College, Hospital & Research Centre, Ksheerasagar (V), Mulugu (M), Siddipet District, Telangana State, India.

### Study Subject

A 26-year-old male patient presenting with symptoms of severe depression and suicidal ideation was selected for the study after obtaining informed consent.

### Inclusion Criteria

- Patient fulfilling the diagnostic criteria for Major Depressive Disorder as per DSM-5 and ICD-11
- HAM-D score indicating severe depression
- Willingness to undergo homoeopathic treatment and regular follow-up

### Exclusion Criteria

- Patients with psychotic disorders, bipolar affective disorder, or substance-induced depression
- Patients on concurrent antidepressant or antipsychotic medication
- Presence of severe medical or neurological illness influencing mental status

### Case Taking and Clinical Assessment

A detailed homoeopathic case taking was conducted, covering:

- Presenting complaints and history of present illness
- Mental symptoms, emotional state, and stressors
- Physical generals and particulars
- Past, family, and personal history

A comprehensive Mental Status Examination (MSE) was performed to assess mood, affect, thought content, cognition, insight, and judgment.

### Assessment Tool

Severity of depression was assessed using the **Hamilton Depression Rating Scale (HAM-D)**:

- Baseline HAM-D score recorded before initiation of treatment
- Follow-up assessments conducted periodically to evaluate clinical improvement

### Homoeopathic Analysis

- Symptoms were evaluated and arranged into a **repertorial totality**
- **Miasmatic analysis** was carried out based on symptomatology
- Repertorisation was performed using standard homoeopathic references

- Final remedy selection was based on **individualization and similarity of symptoms**

### Intervention

Based on the totality of symptoms and homoeopathic analysis, **Aurum metallicum 1M** was prescribed as a **single dose**, followed by **Saccharum lactis** as placebo during the follow-up period.

### Follow-up and Outcome Assessment

- The patient was followed up at regular intervals
- Changes in mental state, suicidal ideation, sleep, appetite, energy levels, and functional status were recorded
- Improvement was assessed by comparing **pre- and post-treatment HAM-D scores**

### Review of Literature

#### Depression

Depression, clinically referred to as Depressive Disorder, is a common mental disorder characterized by persistent sadness, loss of interest or pleasure, reduced energy, impaired concentration, feelings of worthlessness or excessive guilt, disturbances of sleep and appetite, psychomotor changes, and recurrent thoughts of death or suicide, leading to significant distress or impairment in functioning <sup>[2,6]</sup>.

Major Depressive Disorder (MDD) is diagnosed when these symptoms persist for at least two weeks and represent a change from previous functioning, with at least one of the symptoms being depressed mood or loss of interest or pleasure <sup>[2]</sup>.

#### Types of Depression

According to DSM-5, depressive disorders include the following main types <sup>[2]</sup>:

- Major Depressive Disorder (MDD):** Presence of one or more major depressive episodes characterized by depressed mood and/or anhedonia with associated cognitive, emotional, and somatic symptoms.
- Persistent Depressive Disorder (Dysthymia):** Chronic depressed mood lasting for at least two years, accompanied by additional symptoms such as low self-esteem, fatigue, and hopelessness.
- Disruptive Mood Dysregulation Disorder:** Severe recurrent temper outbursts with persistent irritability, mainly in children and adolescents.
- Premenstrual Dysphoric Disorder:** Cyclical mood symptoms occurring in the premenstrual phase and remitting after onset of menstruation.
- Substance/Medication-Induced Depressive Disorder:** Depressive symptoms resulting from the effects of substances or medications.
- Depressive Disorder Due to another Medical Condition:** Depression attributable to the physiological effects of a medical illness.

### Introduction

Major Depressive Disorder (MDD) is a common and disabling mental illness characterized by persistent low mood, anhedonia, reduced energy, cognitive and psychomotor disturbances, sleep and appetite changes, and possible suicidal ideation <sup>[2,3]</sup>. It significantly impairs functioning and quality of life <sup>[6]</sup>.

Although conventional treatments are effective for many, incomplete response and adverse effects emphasize the need for complementary, individualized approaches. <sup>[5,7]</sup>

## Case report

### Patient information

A 26-year-old male accountant was brought to the Outpatient Department with complaints of persistent sadness and low mood for the past two months. About one and a half months ago, he developed a marked loss of interest and pleasure in work and daily activities, along with decline in work performance. For the past one month, he has been experiencing significant lack of energy and sleep disturbance, mainly difficulty in initiating sleep due to intrusive negative thoughts. Over the last twenty days, he has developed feelings of worthlessness and excessive guilt and admits to suicidal ideation, mainly passive in nature, without any plan or past attempts.

### History of present illness

The onset of illness was gradual, beginning two months prior to presentation. A significant precipitating factor was identified in the form of workplace stress and a false accusation regarding financial manipulation, which the patient perceived as a blame and which acted as a trigger for the development and progression of his symptoms, leading to a downward emotional spiral. Associated disturbances include decreased sleep, significantly reduced libido, and social withdrawal characterized by avoidance of friends and colleagues.

### Physical generals

Appetite: Decreased.

Desires: Strong craving for spicy food

Thermal Response: Chilly

Perspiration: Moderate.

Thirst: 3 liters per day

### Mental Status Examination

General appearance and behavior: The patient is conscious, cooperative, unkempt and not appropriately groomed with adequate personal hygiene. Appears sad and tired, with slouched posture. EEC (eye-to-eye contact): Reduced. PMA (Psychomotor activity): Decreased (mild psychomotor retardation). IPR (Interpersonal relationship): Poor. Speech: Spontaneous, decreased in amount, slow, low volume, coherent and relevant. Mood: Depressed. Affect: Depressed, constricted, congruent with mood, appropriate.

Thought: Flow: Slowed. Form: NAD (no flight of ideas, circumstantiality, tangentiality, or loosening of associations). Content: Ideas of worthlessness, excessive guilt, hopelessness, and passive suicidal ideation without plan or intent. No delusions. Perception: No hallucinations. Orientation: To time, place, and person is preserved. Memory: Immediate, recent, and remote – Adequate. Attention & concentration: Mildly impaired. General information & intelligence: Adequate as per age and education. Abstract thinking: Normally maintained. Judgment: Social and test judgment – Adequate. Insight: Present.

**Diagnosis and assessment**

The case was diagnosed as Major Depressive Disorder, Severe. ICD-11 Code: 6A70, DSM-5

**HAM- D SCORE: 24 (VERY SEVERE)**

- DEPRESSED MOOD: +3 (FREQUENT WEEPING)
- FEELINGS OF GUILT: +3 (PRESENT ILLNESS IS A PUNISHMENT, DELUSIONS OF GUILT)
- SUICIDE: +2 (WISHES SHE WERE DEAD)
- INITIAL INSOMNIA: +2 (FREQUENT)
- INSOMNIA DURING NIGHT: +2 (FREQUENT)
- DELAYED INSOMNIA: +2 (FREQUENT)
- WORK AND INTRESTS: +4 (UNABLE TO WORK)
- RETARDATION: +1 (SLIGHT RETARDATION AT INTERVIEW)
- GASTROINTESTINAL SOMATIC SYMPTOMS: +2 (LOSS OF APPETITE)
- WEIGHT LOSS: +1 (SLIGHT)
- INSIGHT: +2 (LOSS OF INSIGHT)

**Miasmatic Understanding**

The presence of suicidal disposition and deep delusions of melancholy indicates a Syphilitic miasm predominance.

**Repertorial totality**

- MIND – WEEPING, TEARFUL MOOD; REPROACHES FROM MIND – DELUSIONS, IMAGINATIONS; WORTHLESS, HE IS MIND – SUICIDAL DISPOSITION
- SLEEP – SLEEPLESSNESS; THOUGHTS FROM; SAD
- STOMACH – APPETITE; DIMNISHED
- GENERALITIES – COLD; AGG

Remedy Name	Aur	Staph	Nat-m	Op	Rhus-t	Anac	Ant-c	Ant-t	Ars	Aur-m	Calc	Chin
<b>Totally</b>	9	7	7	7	6	6	6	6	6	6	6	6
<b>Symptoms Covered</b>	3	3	2	2	3	2	2	2	2	2	2	2
<b>Kindom</b>												
(Kent) (Mind)Reproaches:Ailments, after: (5)		2		3								
(Complete) (Mind)Delusions, imaginations:Worthless, he is: (24)	3	1										
(Kent) (Mind)Suicidal disposition: (70)	3				1	2	2	2	2	3	2	2
(Complete) (Sleep)Sleeplessness:Thoughts, from:Sad: (6)			3		1							
(Complete) (Stomach)Appetite:Diminished: (864)	3	4	4	4	4	4	4	4	4	3	4	4

**Prescription**

3/11/25 - AURUM MET 1 M – 1 DOSE

SAC LAC – 1 WEEK

**Follow up**

SL NO	DATE	SYMPTOMS	HAM- D SCORE	REMEDY
1	10/11/25	Mood significantly better, interest in work returning, sleep improved, no suicidal ideation	HAM- D SCORE: 4 (NORMAL) DEPRESSED MOOD: +2 (OCCASIONAL WEEPING) INITIAL INSOMNIA: +1(OCCASIONAL) INSIGHT: +1 (PARTIAL OR DOUBTFUL LOSS)	SAC LAC
2	1/12/25	Mood significantly better, normal sleep, good energy, resumed work efficiently	HAM- D SCORE: (3) DEPRESSED MOOD: +2 (OCCASIONAL WEEPING) INSIGHT: +1 (PARTIAL OR DOUBTFUL LOSS)	SAC LAC
3	14/12/25	Good improvement with no relapse	HAM- D SCORE: (1) INSIGHT: +1 (PARTIAL OR DOUBTFUL LOSS)	SAC LAC
4	30/12/25	Good improvement with no relapse	HAM- D SCORE: (0)	SAC LAC

**DISCUSSION**

Major Depressive Disorder (MDD) is a highly prevalent and disabling mental disorder, with increased vulnerability among young adult females [1,3]. Severe depression with suicidal ideation poses a major public health concern [6]. Despite advances in conventional treatment, incomplete remission and adverse effects remain common, highlighting the need for complementary and individualized approaches [5,7]. In this case, a 26-year-old female presented with persistent sadness, marked anhedonia, reduced energy, sleep disturbance, feelings of worthlessness, excessive guilt, and passive suicidal ideation, precipitated by perceived humiliation related to workplace stress. From a homoeopathic perspective, such profound mental suffering indicates deep disturbance of the vital force with syphilitic miasmatic predominance

[5,8]. Aurum metallicum was selected based on close similarity between the patient's symptom totality and the remedy picture, particularly self-reproach, hopelessness, despair, and suicidal thoughts following a sense of failure [5,7]. Individualized prescription of Aurum metallicum 1M resulted in gradual and sustained improvement, supported by a marked reduction in HAM-D scores [4,5]. This case highlights the potential role of homoeopathy as a holistic and patient-centred approach in the management of Major Depressive Disorder [5,7,8]. Larger, well-designed studies are required to further establish its effectiveness. [1,3]

### Conclusion

This case provides evidence for the beneficial effect of homoeopathic medicine in the management of severe depressive symptoms, including suicidal ideation, through a well-selected potency. The study also reflects the positive role of individualized homoeopathic treatment in alleviating core symptoms of Major Depressive Disorder, as measured by HAM-D scores. Well-planned future research studies with appropriate study designs and calculated sample sizes are necessary to further establish the effectiveness of homoeopathy in the management of severe depression.

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