



THE FRACTURED BOND: A NARRATIVE REVIEW ON THE SCOPE OF HOMOEOPATHY IN ACUTE POST-BREAKUP SITUATIONAL DEPRESSION

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ABSTRACT: Breakups are a psychosocial stressor that can provoke grief-like distress, including intrusive recollections, sleeplessness, anxiety, sadness, reduced appetite and compromised attention. While breakups typically manifest as transient and acute, adjustment reaction, the subgroup experiencing clinically important depressive symptoms, self-harm risk, substance misuse, as a continuing dysfunction deserves attention. The present narrative review describes acute post-breakup situational depression - an understudied stressor-related clinical condition and explores the adjunctive scope of homoeopathy in this condition. Homoeopathic management involves an individualized approach to each patient. Remedy selection is based on overall totality of symptoms incorporating causation, mental state, sleep, appetite, modalities, physical generals and constitutional features. The available literature shows an important association between romantic breakups and depressive



symptoms in general population and also of 'breakup-specific' distress, particularly among younger adults. Breakup-related acute grief-like state needs to be differentiated from others. The Homoeopathy principles aim at treating individuals through a holistic approach. The emphasis should be on diagnosing and treating the underlying causes with evidence-based treatments. The current evidences to support Homoeopathy in generalized depression is very limited, so for acute post-breakup situational depression, it can be considered only as an adjunctive.

INTRODUCTION

Romantic attachment is a very strong and emotional bonding between two people. Break up may lead to a sudden loss of sense of identity, everyday life, social identity, future plans and self-esteem. Interpersonal loss is a potent psychosocial stressor. It can trigger many of emotions such as sadness, anger, disbelief, guilt, humiliation and rumination leading to disruption of sleep, appetite etc.

This review article discusses about epidemiology and clinical features of break up, its diagnosis, complications and homoeopathic approach and evidence towards it. This article also throws light on the various therapeutic options available in Homoeopathy for Acute Post-Breakup Situational Depression which may be considered as a useful adjunctive supportive therapy along with proper and thorough psychiatric and psychological evaluation. Acute post-breakup situational depression mentioned in this article is a review of descriptive term for many patients experience but not as a formal diagnosis for a condition with distinctive clinical features and therapeutic outcomes. The post-breakup presentations might best be characterized by adjustment disorder with depressed mood/mixed anxiety and sometimes major depressive episode or might manifest acute stress related symptoms that differ from normal grief. However, these clinical scenarios need a diagnostic workup and management in line with the severity and duration of symptoms, functional impairment, suicidal ideations, psychosis, substance abuse, bipolarity or comorbid psychiatric and medical illnesses.^{1,2,3,4,5,6,7,8}

Homoeopathic science approaches mental and emotional suffering through a process of individualization. This involves the breakup into the specific experience of loss by the individual concerned, as experienced by the patient. Loss can cause a patient to become silent and reserved, tearful in solitude, prone to panic and restlessness, filled with fear of abandonment or anger,



humiliation and indignation. They might instead be apathetic, exhausted and indifferent to life. Homoeopathy seeks to identify these distinct patterns but psychiatric safety and evidence-based care should remain important.

The aim of this article is to carry out a narrative review on epidemiology and clinical features of breakup, diagnosis, complications and homoeopathic approach with supporting evidence. Also, it will explore various therapeutic options of homoeopathy for Acute post breakup situational depression. It can be used as a useful supportive therapy along with proper and thorough psychiatric and psychological evaluation. It does not replace the advice of mental health professional or urgent care when needed.

METHODOLOGY

This article is a narrative review. The literature was searched using PubMed, Google Scholar, World Health Organization documents, clinical practice guidelines, systematic reviews, clinical trials and classical homoeopathic texts. The search terms included "breakup distress", "romantic relationship dissolution", "depressive symptoms after breakup", "situational depression", "adjustment disorder", "adjustment disorder treatment", "homeopathy depression", "homoeopathy depression", "homeopathy mental health", "Ignatia grief" and "homoeopathic Materia Medica grief".

Priority was given to peer-reviewed research articles, systematic reviews, meta-analyses, clinical guidelines and standard homeopathic texts. The review did not perform a quantitative meta-analysis or risk-of-bias assessment. The therapeutics section of the review was written based upon Classical Homeopathic Materia Medica and Repertorial indications; it should not be considered as a set of homeopathic prescriptions to be followed by the reader. Case reports, editorials and studies that do not pertain to psychological distress due to breakups were excluded.

EPIDEMIOLOGY

Depression is a common mental disorder worldwide. According to the World Health Organization, 5.7% of adults suffer from depression and it is associated with suicide. Treatments are available for depression in its mild, moderate and severe forms. The Global Burden of Disease has estimated that depressive disorders are a major cause of disability worldwide.^{1,2}



Adjustment disorder is a stress-related mental disorder characterized by one or more of the following sets of symptoms: emotional symptoms or Behavioral symptoms. These symptoms must be excessive and impairment must be present. Diagnostic definitions and classifications of adjustment disorder have varied over time in clinically and in epidemiology. The ICD-11 has further refined diagnostic criteria for adjustment disorder, focusing on the individual's preoccupation with the stressor and failure to adapt. This change was made to ensure consistent diagnosis regardless of the nature of the stressor. The International Adjustment Disorder Questionnaire was developed to assess adjustment disorder.^{4,5,7,8}

A common factor for adolescents and young adults has been the occurrence of romantic breakups. The meta-analysis revealed that the termination of romantic relationships was associated with several adverse mental health outcomes, including depression, self-harm, suicidal ideation and attempts. Although these findings were statistically important, the overall association was modest. Relationship quality was modestly associated with mental health outcomes. Romantic breakups have been identified as an important area of study because they provide an opportunity to examine stress-related depressive symptoms in healthy people.^{9,10,11}

Breakup distress varies greatly from one person to another. Several variables are associated with increased breakup distress, including the breakup happening a shorter time prior, not being the one to initiate the relationship and feelings of suddenness, rejection and betrayal. In addition, university students experiencing lack of a new relationship reported increased breakup distress. Those that had a new romantic relationship partner following their breakup reported less breakup distress than those without a partner. In fact, memory studies have shown that participants with more positive relationship memories may intensify breakup-specific distress, while those with more negative relationship memories report more breakup-specific distress. Participants who were higher in depressive symptoms also reported more breakup-specific distress.^{12,13}

CLINICAL FEATURES

The clinical picture may range from normal grief to severe depression. Common symptoms include sadness, crying spells, loneliness, emotional emptiness, intrusive memories, longing for the former partner, disbelief, guilt, irritability, anger, loss of interest, low energy, reduced appetite or overeating, insomnia or hypersomnia, poor concentration and loss of



motivation. The patient may repeatedly check messages or social media, avoid reminders, withdraw from friends or experience intense waves of distress triggered by places, songs, photographs or anniversaries.

Anxiety symptoms may coexist. Patients may present with palpitations, restlessness, panic-like episodes, fear of never being loved again, insecurity, repeated reassurance seeking or separation anxiety. Somatic complaints such as headache, chest tightness, gastric upset, tremulousness, fatigue and menstrual irregularity may appear in susceptible individuals. Some patients complain more of bodily symptoms than emotional pain.

A clinically important feature is impairment. The patient may stop attending college or work, lose academic performance, neglect hygiene, avoid food, misuse alcohol or sedatives, engage in impulsive contacting of the ex-partner or show risk-taking Behavior. In more severe presentations, hopelessness, self-harm thoughts, suicidal ideation, psychotic symptoms or features of bipolar depression may be present. These features require urgent assessment and should not be managed by homoeopathy alone.

DIAGNOSIS

The assessment and differential diagnosis of a individual begins with a thorough clinical history, during which the patient is asked to describe the date and circumstances of the breakup, whether the breakup was sudden or expected, his/her role and perceived level of betrayal or humiliation at the time of the breakup, whether there was contact prior to breakup and current contact through social media and whether the individual has any supports.

The individual's psychiatric, medical and family history should also be elicited, as should the individual's history of mood disorder and substance use, sleep, appetite and current level of functioning. While the breakup itself is conceptualized as a stressor, the severity and duration of the breakup also need to be assessed.

Adjustment disorder with depressed mood happens when depressive symptoms can be clearly linked to an obvious stressor but where the full criteria for a mental disorder are not met. There should also be evidence of associated distress or impairment. Diagnostic criteria for adjustment disorder with depressed mood are contained in DSM-5-TR specifiers including



depressed mood (with depressive symptoms), as well as with anxiety and mixed anxiety and depressed mood. In ICD-11, the diagnostic focus is a clear stressor and subsequent preoccupation with this stressor and/or failure to adapt to the situation with marked functional impairment.^{3,4,8}

A major depressive episode is diagnosed if a person has persisted for at least two weeks in a low mood or loss of interest most of the day, nearly every day. This includes as well associated neurovegetative, mental and functional symptoms. The severity of depressive symptoms can be monitored using a validated tool such as the Patient Health Questionnaire-9. Suicide risk should always be assessed directly and repeatedly and structured tools such as the Columbia-Suicide Severity Rating Scale can assist but do not replace clinical judgement.^{14,15}

Physical disorders such as hypothyroidism, anemia, mood symptoms due to medications, including those used to treat medical illnesses, should also not be ruled out. Finally, a proper assessment for suicide risk or self-harm is important and necessary.

Differential diagnosis includes normal grief reaction, adjustment disorder, major depressive disorder, bipolar depression, acute stress disorder, post-traumatic stress disorder, prolonged grief-like reactions, substance-induced mood disorder, personality-related crisis, hypothyroidism, anaemia and medication-related mood symptoms. Red flags include suicidal plans, self-harm behavior, psychosis, severe insomnia, refusal of food or fluids, catatonic symptoms, mania, intoxication, overdose, violence risk and inability to maintain basic safety.

COMPLICATIONS

The distress decreases over time with the support and adaptive coping but risk of negative outcome or relapse is increased with rejection sensitivity, insecure attachment, previous depression or trauma, social isolation, academic and financial stress, substance use, harassment and surveillance.

Continuing depressive symptoms, panic, obsessive rumination, complicated grief-like distress, self-harm, suicidal ideation, anger dysregulation, impulsive behaviour. Relapse is increased with pre-existing psychiatric illness. Poor academic performance, absenteeism from work and social withdrawal as a complication. Neglect of health including disturbed sleep-wake rhythm. Repeated attempts at contact, stalking-like behaviour and unsafe rebound relationships.



Insomnia, appetite change, substance use, reduced exercise and neglect of medical care. Severe depression negatively affects immunity, endocrine regulation, sexual health, pain perception. Suicide is the most serious complication. Any expression of hopelessness, thought of self-harm or plan should be addressed as it may show suicidal ideation.

HOMOEOPATHIC APPROACH

Homoeopathy is an approach based on individualization, the totality of symptoms and the minimum dose. While homoeopaths traditionally consider the patient's total clinical picture rather than a disease name, a homoeopathic prescription for a specific grief reaction will be different than the prescription for another individual's reaction to the same event because each person responds in a characteristic way. Therefore, homoeopaths will consider details about the breakup such as the patient's mental generals, physical generals, modalities and concomitants to determine the correct homoeopathic prescription for that patient.¹⁹

To take a complete case, the practitioner might ask about the nature of grief, for example: what do you like to do when you are grieving? what are you unable to do when you are grieving? what makes your grief better? what makes your grief worse? are there times when you can't cry? is there anger, humiliation, guilt, jealousy or betrayal associated with your grief? are there times when you feel as if you are going to die? Are there changes in sleep pattern or dreams? Is there an increase or decrease in appetite or thirst? Are there cravings or aversions? Is there a change in menses? Is there a sensation of heat or cold? Is there a desire or aversion to substances? Is there a past history of losses, abandonment or trauma that might be triggered by this present loss?

Homoeopathy may be considered only after safety assessment. Patients with suicidal plans, psychosis, severe depression, mania, self-neglect, intoxication, overdose, abuse or violence risk require emergency psychiatric care. For less severe cases, supportive listening, sleep hygiene, social reconnection, reduced digital checking, structured routine, psychological therapy and family support should be encouraged. NICE guidance for depression emphasises assessment, shared decision-making and evidence-based psychological and pharmacological options according to severity. Homoeopathy, when used, should remain adjunctive.¹⁶ Homoeopathy can be used adjunctively, if appropriate.



REPERTORIAL RUBRICS

Repertorial analysis plays a basic role in the management of acute post-breakup situational depression. This condition is characterized by disturbances in mental and emotional health and the symptoms exhibited by each individual will be different. So, the choice of remedy is based upon the mental-emotional state, the causative factors of the condition, the individual's reactions to grief and loss, the physical generals of the individual, their modalities and their concomitant symptoms. The repertorial approach to analysis allows for the evaluation of the totality of symptoms exhibited by an individual and helps to determine which remedy best fits the individual's unique condition.

Rubric selection in acute post-breakup situational depression is guided by the homoeopathic principle that mental generals, emotional causation and characteristic reactions to grief or disappointment have more individualizing value than common depressive symptoms alone. Symptoms of depression such as sadness, insomnia or loss of appetite are encountered in many other mental health conditions; however, the relationship between these symptoms and the emotional factors of the individual that may be contributing to their depression, such as disappointed love, betrayal, humiliation, abandonment, suppressed grief or dwelling upon past relationships, helps to narrow down the selection of homeopathic remedies that may be most effective.

Rubrics from Kent's Repertory²⁰

MIND – LOVE – ailments from disappointed

MIND – GRIEF

MIND – FORSAKEN FEELING

MIND – SADNESS AND MENTAL DEPRESSION

MIND – DWELLS on past disagreeable occurrences

MIND – WEEPING – alone, when

MIND – WEEPING – consolation agg.

MIND – ANXIETY – future, about



MIND – MORTIFICATION – ailments after

MIND – INDIGNATION

MIND – JEALOUSY

MIND – DESPAIR

MIND – SUICIDE – disposition to commit

MIND – FEAR – solitude, of

Rubrics from Synthesis Repertory, Edition 9.1

MIND – AILMENTS FROM – grief – silent grief

MIND – BROODING – grief; over

MIND – DWELLS – disappointments, on

MIND – GRIEF – silent – love; from disappointed

MIND – SADNESS – love; from disappointed

MIND – DESPAIR – love, from disappointed

MIND – DWELLS – past disagreeable occurrences, on – disappointments; on

Rubrics from Boenninghausen's Therapeutic Pocket Book ³⁰

MIND AND DISPOSITION – SADNESS

MIND AND DISPOSITION – DESPAIR

AGGRAVATIONS – EXCITEMENT, EMOTIONAL – GRIEF AND SORROW

AGGRAVATIONS – EXCITEMENT, JEALOUSY

AGGRAVATIONS – EXCITEMENT, EMOTIONAL – UNHAPPY LOVE

AGGRAVATIONS – EXCITEMENT, EMOTIONAL – MORTIFICATION

AGGRAVATIONS – EXCITEMENT, EMOTIONAL – VEXATION – WITH QUIET GRIEF

AGGRAVATIONS – EXCITEMENT, EMOTIONAL – VEXATION – WITH INDIGNATION

In Repertorial analysis, each of the rubrics listed for each individual represents the individual's unique emotional responses to the dissolution of a romantic relationship. Each of these expressions of emotion provide more individualized value than the rubrics of the general manifestation of depression.



The value of Kent's Repertory lies in its ability to represent mental generals and emotional states in patients that are experiencing depression following a breakup. The Synthesis Repertory offers expanded rubrics and terminology to help with repertorizing patients with emotional disturbances. The Therapeutic Pocket Book of Boenninghausen offers insights into the potential causes of the mental states of patients and the relationship between their mental and physical health.

By using these repertories, the homoeopathic physician can evaluate both the physical and psychological symptoms of the patient, as well as select an individualized remedy that addresses the patient as a whole, as opposed to just addressing the symptoms of post-breakup situational depression.

HOMOEOPATHIC THERAPEUTICS

Classical homoeopathic literature lists various medicines that can be prescribed to patients who are grieving, suffering disappointment in love, experiencing shock or emotional trauma or are in a state of depression. However, all such homoeopathic medicines can be used in situational depression caused by a recent break-up only after careful individualization and the choice of a correct medicine must always depend on the mental generals, the patient's mental reaction to the break-up, physical generals, modalities, associated symptoms and constitutional characteristics. Homoeopathic medicines can only be used as a complement to evidence-based psychiatric and psychological care and first of all, after careful assessment of the severity and suicide risk.

Ignatia amara

Ignatia amara is a leading remedy in the acute stage of grief and disappointed love. It is particularly suited to patients who are suddenly shocked out of love, showing opposite and changing mental states. They laugh and cry alternately. They are silent and then give vent to grief. Frequent sighing, a feeling of a lump in the throat, hysteria, sleeplessness, etc. Are symptoms. The person is very sensitive to emotional impressions and conceals feelings, which



leads to internal conflict and exaggerated reactions. *Ignatia amara* is particularly useful when the grief is acute, shortly after a disappointment, etc.

Natrum muriaticum

Natrum muriaticum is for those who suffer a deep, silent and protracted grief, in consequence of an emotional disappointment or separation. Such patients prefer solitude; they reject consolation and often think about the painful memories of former loves. They look calm and restrained on the outside but they are suffering from deep emotional pain on the inside. Prolonged brooding, hurt self-esteem, disappointment in love and prolonged repression of emotions are characteristic. Physically, the patients may suffer from headache, poor sleep and loss of appetite, in addition to the emotional problems. This remedy is best suited to those patients who keep reliving a breakup long after the event happened and find it difficult to forgive or forget emotional hurts.

Aurum metallicum

Aurum metallicum is associated with people experiencing severe depressive states. The individual feels hopelessness, guilt over past mistakes and feelings of failure following the loss of someone important to them. Suicidal thoughts may happen. For these reasons, a psychiatric evaluation of the individual is necessary prior to administering the remedy. The emotional disappointment of the individual may also lead to feelings of guilt and meaninglessness in life. *Aurum metallicum* should never delay the necessary psychiatric management of people at high risk of suicide.

Phosphoric acid

Phosphoric acid is the remedy for grief when it has become hopeless and when all energy seems exhausted. In other words, Phosphoric Acid is the remedy for hopelessness and when one feels hopeless, hopelessness is exactly what they become. The person becomes without hope and without energy. And the more they feel hopeless, the more hopeless they become. They tend to have little or no interest in anything or anyone. They lack the energy to perform even the simplest



of tasks. They may have headaches, fatigue, mental foggy and many other symptoms but most importantly, they have hopelessness.

Pulsatilla nigricans

Pulsatilla nigricans is suited to patients who become tearful, affectionate and emotionally dependent following the separation from a loved one. These people seek consolation, companionship and reassurance from others following such a separation. They are likely to feel abandoned following the breakup of a relationship. Their emotional state is variable and changeable and they are prone to crying spells that are relieved by sympathy and gentle support from others. Also, their emotional state is likely to be accompanied by disturbances in their sleep patterns, their appetite and their desire for open air. Overall, these people exhibit a mild and yielding temperament and a strong need for emotional support from others.

Nux vomica

Nux vomica is frequently indicated when the emotions of the individual lead to irritability, anger and mental tension. The individual is easily offended and is unable to relax despite being physically exhausted. Sleeplessness is common in these people due to continuing thoughts, excessive work or due to stimulants or emotional stress. These people also suffer from digestive disturbances. The remedy is often used for people who are ambitious but suffer from frustration, impatience and increased sensitivity.

Coffea cruda

Coffea cruda suitable to those whose brains work very much after the heart has had its most intense reaction or shock. Such people repeat their conversations endlessly, hold continuing thoughts of past loves and cannot bring their minds to rest. *Coffea cruda* can help to overcome insomnia of this kind. It may also cause insomnia in someone whose sensitiveness to emotions, pain, noises or external impressions has been heightened. He will lie awake, tossing about, because his brain works too much. He will be so tired that he cannot even stay on his feet and yet he cannot sleep. It is also very useful for insomnia happening after an emotional shock or particularly after a break-up.



Aconitum napellus

Aconitum napellus is indicated in the first stage of acute shock from a sudden loss in love relations. The patient feels intense fear, panic, restlessness and anxiety immediately after an unexpected separation from their lover. It includes palpitations, tremblings, fear of death, intense emotional excitement and various psychological disturbances. The sudden beginning of the symptoms after an unexpected traumatic event is a clear indication for *Aconitum napellus*.

Staphysagria

Staphysagria is a remedy that suits people who try to swallow their feelings and emotions after an experience of betrayal, humiliation or shame due to a failed relationship. They look calm and composed but are boiling with emotions of rage, resentment, anger, shock and pain inside. Their feelings are pent up. They suffer in silence and seethe inwardly. They even indulge in a lot of brooding over the injustice and suffering inflicted on them. They are hurt because of love or due to rejection. It is useful when one feels suppressed.

Gelsemium sempervirens

Gelsemium sempervirens is indicated in cases where the patient experiences dullness, weakness and mental inactivity as a result of stress. The patient prefers to be alone and in quiet environments. They exhibit trembling, heaviness and prostration and have difficulty responding emotionally. They exhibit anticipatory anxiety, emotional exhaustion and reduced mental alertness. People who exhibit paralysis of emotions as a result of grief benefit from this remedy.

Lachesis mutus

Lachesis mutus is often indicated for emotionally intense people who experience jealousy and suspicion following the separation from their partner. These people may become excessively talkative, emotionally excitable and unable to control their thoughts of betrayal or abandonment from their partner. These mental symptoms are often accompanied by increased sensitivity to emotions and exacerbation of emotional states following sleep. These symptoms are a guiding criterion in the prescription of *Lachesis mutus*.



Sepia officinalis

Sepia officinalis is used in cases where the individual has experienced emotional detachment from others. They develop feelings of irritability and aversion to those who are dear to them. Such people also experience a diminished interest in their relationships with others and may develop emotional exhaustion, hormonal disturbances, domestic stress and depression. Unlike other remedies that focus upon the grief of the individual, *Sepia officinalis* aims to treat the emotional fatigue of those who become emotionally detached from others.

EVIDENCE SUPPORTING HOMOEOPATHY

There are no published clinical trials that have evaluated individualized homoeopathic treatments for acute post-breakup situational depression. So, available evidence must be derived from studies that investigated major depressive disorder, depressive symptoms, adjustment disorders and homoeopathy research in general. While these studies provide indirect evidence, they are insufficient to create the efficacy of homoeopathy for people experiencing breakup-related psychological distress.

Pilkington et al. were one of the first to conduct a systematic review on homeopathy for depression. They undertook a complete literature search of biomedical and complementary medicine databases and found only two RCTs to meet the inclusion criteria. They concluded that there was insufficient evidence to draw firm conclusions due to the small number of high-quality RCTs, methodological limitations and small sample sizes. They highlighted that better quality RCTs are required before homeopathy can be considered as a treatment option.²³

Katz et al. conducted a randomised controlled trial of homoeopathy for depression in primary care to see whether it could be done. While this succeeded, the trial was difficult to recruit for because of participants' strong preferences for homoeopathic treatment. The real story, therefore, is about the difficulties of arranging placebo-controlled trials, rather than any therapeutic efficacy of homoeopathy.²⁴

Adler et al. performed a more thorough investigation of homoeopathic depression treatment in the DEP-HOM trial, a randomized, partially double-blind, placebo-controlled trial



that compared individualized homoeopathic Q-potencies, consultation intensities and fluoxetine treatment. The DEP-HOM trial was one of the largest and most methodologically thorough trials of its kind. Although individualized homoeopathic depression treatment did show some improvement in depressive symptoms within the study period, no superiority of homoeopathic treatment over placebo was demonstrated within the trial. Nevertheless, the trial utilized randomized allocation of participants to treatment groups, blinded assessments of treatment outcomes and standardized outcomes measures for each treatment group. These features of the trial make it an important contribution to the field of homoeopathic depression research.²⁵

The review published by Viksveen et al. updated the review with studies published between 1982 and 2016. Eighteen studies investigated the use of homoeopathy for depression. These studies included both randomized controlled trials and uncontrolled studies. The review indicated that several studies indicated the potential for homoeopathy to provide some benefit for the treatment of depression; however, the variability within the studies made it impossible to draw any conclusions regarding the efficacy of homoeopathic treatments for depression. The authors recommended that future studies should include well-designed randomized trials with standardized reports in order to set up the efficacy of such treatments for depression.²⁶

Conversely, the study published by Shang et al. in *The Lancet* compared the effectiveness of homoeopathy to that of placebo in clinical trials. The study concluded that the clinical effects of homoeopathy were compatible with those of placebo when only trials of larger sample sizes and higher methodological quality were included in the analysis. The study was the subject of large debate regarding the selection of trials, the quality of those trials, potential publication bias in the selection of trials that were published and the interpretation of the data that was included in the study. The study is still extensively discussed in the literature of both conventional and complementary medicine.²⁷

Mathie et al conducted two systematic reviews including meta-analyses of randomised placebo-controlled trials (RCTs) of individualised homoeopathy.

For the pooled estimates of treatment effects from the RCTs of individualised homoeopathy with a low risk of bias and adequate sample size, the 95 % confidence intervals



could not exclude the possibility that the effects were due to placebo and/or to bias or confounding.

In both reviews we found inconsistent results and generally low confidence in the estimates of treatment effects from the included RCTs.

The authors also performed three further systematic reviews of non-randomised studies of individualised homoeopathic treatment for various health conditions; these studies provide no firm evidence of any treatment effect above and beyond that of a placebo.^{28,29}

In general, then, while there may be some studies that show that homoeopathy may be effective in treating certain forms of depressive disorder, the overall evidence for homoeopathy in treating situational depression following a breakup is limited. Also, studies on the use of homoeopathy in the treatment of depressive disorders are often of poor quality. So, while homoeopathy may be considered as a potential adjunct to other treatments for depression, it should not be considered as a primary treatment for depression of any kind. Instead, complete assessment of the patient's psychiatric health, evaluation of the patient's risk of suicide, evidence-based treatments for depression and timely referral to appropriate mental health professionals should be considered as the foundation of treatment for patients with moderate to severe forms of depression or who are experiencing suicidal ideation. Further studies on the use of homoeopathy in the treatment of depressive disorders following a breakup should employ randomized controlled trials with a sufficient number of participants, use standardized diagnostic criteria and use depression rating scales to assess the severity of the depression. Also, such studies should report on the specific homoeopathic remedies used for each individual patient and include follow-up assessments of the patients over a long period of time to determine the long-term efficacy of homoeopathy in treating depressive disorders following a breakup.

DISCUSSION

Breakup-related depression is located between ordinary sadness, on the one hand and depression or other psychiatric disorders, on the other. Most patients recover within weeks or months but some experience important, debilitating symptoms. The physician is asked to



acknowledge the emotional pain while avoiding over-diagnosis and not to brush off important warning signs under the idea of heartbreak.

Considering the event in light of the whole person - temperament, coping style, previous losses, attachment pattern and so on - can confer important clinical value. The approach has natural affinity with homoeopathic case-taking. By considering the totality and not just the event that triggered the reaction, it invites the practitioner to hear and respond to the patient's unique experience of suffering. The remedy, accordingly, is not just for the event but for the person as a whole, in relation to the event.

However, integrative models of care for grief need to be held under clinical responsibility and patients with depression of any severity, including grief-related depression, with symptoms such as suicidal ideation, severe insomnia, inability to eat or function or psychotic symptoms, need urgent psychiatric and mental health care. Psychotherapeutic approaches, including CBT, are supported by stronger evidence for depression than homoeopathy for any type of stress adaptation. In clinical practice, guideline-concordant care should be offered to people with major depression.

There are no condition-specific trials in the homoeopathic literature for grief or depression. Further research should consider the population, potencies, consultation style and outcome measures. The current evidence cannot prove that homoeopathy would be effective in reducing breakup-specific distress, let alone preventing transition to major depression. Well-designed future trials of homoeopathy for depression should have clear diagnostic criteria (including suicide-risk exclusions and safeguards), use standard depression rating scales such as the PHQ-9 and IADQ, as well as the Breakup Distress Scale, transparent reporting of remedies and potencies, good follow-up and monitoring of potential adverse-events.

A safe and effective integrative treatment model can combine mental health screening, psychoeducation, crisis planning, re-establishment of sleep, mobilising social support, provision of psychotherapy referrals (psychotherapist, therapist, counsellor) and homoeopathic individualisation, if appropriate and desired. In grief work, maintaining a patient's dignity and sense of self-care is often most important, particularly when the goal might not necessarily be



about removing pain but rather enhancing a patient's sense of control and ability to return to functional stability.

CONCLUSION

Acute post-breakup situational depression can be clinically relevant owing to a romantic loss which leads to a grief like distress that includes depressive symptoms, anxiety, insomnia, rumination and functional impairment. With time and support, most recovered. However, some may require a formal diagnosis and a mental health intervention.

The principles of Homoeopathy aim at treating individuals through a holistic approach. Homoeopathy treats the 'person' and not the 'disease'. According to the cardinal principles of the homoeopathy, 'similia similibus curentur', it aims at curing the overall function of the body. The emphasis should be on diagnosing and treating the underlying causes with evidence-based treatments.

Homoeopathy may have a limited adjunctive role in some selected and stable patients only. When a homoeopathic practitioner treats such cases with homoeopathic medicines, he selected based on the individualisation and totality of the symptoms. For different grief patterns, homoeopaths use medicines such as Ignatia amara, Natrum muriaticum, Aurum metallicum, Phosphoric acid, Pulsatilla nigricans and Nux vomica. These drugs, however, should not be considered as fixed prescriptions nor as an alternative to the orthodox management by a psychiatrist.

Overall, the current evidence bases to support Homoeopathy in generalised depression is at best indirect and is very limited. So, for acute post-breakup situational depression, it can be considered only as a supportive or complementary intervention. However, for patient safety, suicide risk-assessment, evidence based psychological care and timely referral must always remain a priority

DECLARATIONS

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