



The Fundamental Perspective on Approaching Depression

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Opinion

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Opinion

This is a true epidemic: the rising number of people using antidepressant medications. The data does not lie. Among younger Americans, for example, the increase has been 64% over the past four years [1]. There were 221 million prescriptions for this age group in the United States (12 to 25 years old) during the same period. Adults are also more medicated than before: in England, almost nine million men and women use antidepressants [2]. In Sweden, 67% of the population received at least one prescription during the year 2023 [3], and in my country, Brazil, the number of antidepressant and anxiolytic prescriptions increased by 53% in just four years [4] (2017-2021). In major Brazilian cities, it is common to hear people discussing frequently used medications, alongside the widespread perception that mental health has become a luxury. The reasons behind this reality, evidenced by numbers and common perception, are generally explained scientifically: the increased use of screens (computers, tablets, and smartphones), sedentary lifestyles and the modern Western way of living, diets rich in sugar and ultra-processed foods, economic difficulties in some countries, and the fears and traumas triggered by COVID-19. Personally, I do not dismiss these explanations. It is true that our lifestyle, diet, and even our fears and emotional struggles influence the improvement or worsening of mental health. In my view, it is not merely a coincidence that the consumption of ultra-processed foods has risen since the last global pandemic, alongside the alarming data on depression and anxiety [5].

However, the focus of this article is different-not to define the various elements that may trigger mental health issues,

but to understand them on a personal level. In other words: what truly happens to a person suffering from depression, beyond the usual physiological or circumstantial factors that led to the diagnosis? Put differently, and based on my clinical experience and studies in psychoanalysis and homeopathy, how can we describe the reality of depression in a way that allows us to act both humanely and professionally in pursuit of its cure? Because we cannot fight what we do not understand, and the exclusive use of antidepressant medications does not seem to provide the relief and cure desired by both patients and professionals. If this were not the case, relapses and recurring episodes would not be so frequent among antidepressant users, as any professional can attest in their clinical practice-not to mention those cases in which a patient remains on medication for prolonged periods, often for years, unable to free themselves from the chemical support it provides.

What is my theoretical proposal regarding this? A deeper and more holistic understanding of depression, which I believe is characterized by the impairment of the personal core-the patient's unique and subjective reality-rather than merely a biochemical imbalance and its correlates. In truth, a depressed person is afflicted at the deepest level of their individuality, and the loss of motivation, drop in neurotransmitters, lack of appetite, or any other commonly associated symptoms are effects, consequences-not the root cause of the diagnosis. According to Dr. Jean Pierre Gallavardin, author of *Psychism and Homeopathy* [6], depression is a type of character disease (a disorder in the way a person expresses themselves). Once we adopt this broader perspective, we begin to understand why prescribing antidepressants alone is not enough to cure the illness: because these medications act on the consequences, or on the most evident (though still important) aspect of the disorder-but not on the core, character, or vital essence of the individual. Treating the biochemical imbalance in the brain is, therefore, a management of symptoms, a way to

provide relief for the patient. True healing, desired by both the patient and the professional assisting them, can only be achieved by addressing the root cause-the deeper dimension of the disorder. In this sense, it is essential to recognize that depression is ultimately marked by a reduction in vitality and a narrowing of one's vital space, resulting from the impairment of the person's core-what fundamentally defines them and predisposes them to live. For this reason, a depressed patient exhibits low vital energy, which becomes increasingly apparent the more they are inwardly constrained.

As should be clear by this point, the standard scientific language-or as I called it in an article published in 2023, the modern Cartesian paradigm [7] does not provide the necessary signs or intellectual framework for the proper description and approach to a human drama such as the one discussed here. That is to say, modern scientism, with its demand for numerical and statistical translation of reality-and its consequent skepticism of anything beyond that translation-is incapable of adequately and effectively addressing issues of this nature, such as depression, existential crises, or simply the decline of personal vitalism. Merely mentioning these terms already renders this article somewhat of a paradigmatic intruder, excessively steeped in philosophy, anthropology, and other non-exact sciences. However, this is precisely the point being emphasized here, and the consequences are relatively clear, I believe: either we expand our understanding of illness and human health-embracing not only so-called traditional medicines, such as homeopathy and Ayurveda, but also adopting a new scientific paradigm that is more integrative and connective than the Cartesian model-or we will continue merely alleviating symptoms and achieving only partial improvements. Unfortunately, it is also a fact that many practitioners of traditional or alternative medicine still operate with a scientific, Cartesian mindset, reducing their clinical practice to a kind of allopathic medicine with different terminology ("holistic").

Returning to a comprehensive understanding of depression: if it compromises or wounds the core of one's individuality, deteriorating their will to live and the fundamental drive for actions that bring happiness, it is reasonable to consider that vitalism-or vital force, as homeopaths describe it-immediately suffers the effects of this impairment in personal space. A depressed individual is clearly weaker, energetically speaking, which is why their motivation and enthusiasm for life diminish as the condition progresses. But this decline did not occur due to a supposed drop in serotonin levels; rather, the opposite is true: because the disease affects the person in their totality and at the deepest dimensions of their being, neurotransmitters are suppressed. In other words, it is not physiology that makes

a person ill, nor is the physical body the original source of disease; rather, it is ontology-the essence where energy and personal vitalism reside. From this core, the consequences of illness emanate, like streams and waterfalls flowing from their source to their mouth, manifesting both emotionally and physically and if this is the reality, how should it be treated? How can we restore to a depressed individual the joy and pleasure of living, the primordial vitalism lost when the disease compromised their individuality? In my clinical experience, through an integrative treatment that combines psychotherapy and homeopathy. Over the past fifteen years, I have treated men and women with depressive symptoms using this approach, prioritizing the restoration of vital force and the understanding of the true reasons behind their illness. This is where psychotherapeutic conversations come in-each lasting one hour-during which the patient is invited to express themselves freely and narrate their story, struggles, and challenges. A good psychotherapy process reveals the historical and personal backbone of the illness-the biographical reasons that shaped that condition. I believe that without this resource, everything else becomes generic and insufficiently personal in the treatment of mental disorders.

Personally, I have witnessed remarkable transformations in my patients-their recovery from depression and anguish, the restoration of their vitality, and the discontinuation of chemical medications. Guidance on a healthy lifestyle, balanced nutrition, and regular physical activity also plays a supporting role in the gradual withdrawal from allopathic medications, while psychotherapy and the foundational homeopathic remedy carry out the primary work. By "foundational remedy," we refer to the homeopathic medicine that best aligns with the patient's reality, establishing a kind of person-remedy identification, in accordance with the fundamental principles of homeopathic therapeutics (the law of similars combined with the principle of the single remedy). The results are encouraging because the strategies are primarily directed at that personal core, which is treated using the aforementioned methods. Everything is designed to enhance the patient's vital force as a unique individual; in some cases, the process takes months, in others, a couple of years. However, I am convinced that a harmonious and fulfilling life is entirely possible even for those considered borderline or diagnosed as treatment-resistant (as an example, there is a scientific article on treatment-resistant depression managed exclusively with homeopathy) [8].

Therefore, in my view, it is urgent that we deepen our studies, discussions, and exchanges of experiences regarding the truly integrative and holistic treatment of illnesses such as depression-focusing on the restoration of the patient's vitalism and personal freedom. If the primary and most significant symptom of depression is the depletion of vital

force, conventional approaches will not be effective in resolving the condition and restoring health. After all, can clonazepam restore a person's energy by suppressing their central nervous system? The answer seems clear to me, and this does not mean disregarding the clinical, physiological, and measurable aspects of depression. Rather, it means encompassing them within a broader paradigm that is more faithful to human reality—a multidimensional, energetic, and complex reality that will be honored as we approach it through the fundamental laws and principles of the traditional sciences we already practice, avoiding the mistake of attempting to provide deep (and energetic) healing with a mechanistic mindset.

References

1. Ayana A (2024) The Rate of Antidepressants Prescribed to Young People Surged during the Pandemic, NPR.
2. (2022) BBC News, Nearly Half a Million More Adults on Antidepressants in England.
3. (2023) Statistics on Pharmaceuticals.
4. Lucas R (2023) Uso de Medicamentos Para a Saúde Mental Cresce No Brasil; Especialistas Alertam Sobre Cuidados.
5. Coletro, Nascimento H, Mendonça RDD, Meireles AL, Machado-Coelho GLL, et al. (2022) Ultra-Processed and Fresh Food Consumption and Symptoms of Anxiety and Depression during the COVID - 19 Pandemic: COVID Inconfidentes. *Clinical Nutrition ESPEN* 47: 206-214.
6. (1997) Jean-pierre Gallavardin. *Psychism & Homoeopathy*. B Jain Publishers India.
7. Amorim T (2023) The Homeopath's Paradigm.
8. Quiroz Z, Noheli, Reséndiz RL, Soto-Sánchez J (2021) Efficacy of Individualized Homeopathy in Treatment-Resistant Depression. *Cureus* 13(10).