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A Narrative Review of Depression and Phytopharmacotherapy

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Introduction

Depression is a mental health condition caused by complex psycho-neuro-immuno-endocrinological disturbances. This disease causes distress to the patient by causing mood disturbances, persistent sadness, loss of interest, and impaired cognition, which has a significant impact on the patient's ability to function and have a satisfying family, social, and professional life. Depression necessitates multifaceted treatment, including pharmacological intervention. Because depression pharmacotherapy is a long-term process associated with the risk of numerous adverse drug effects, much attention is paid to alternative therapy methods, including phytopharmacotherapy, particularly in the treatment of mild or moderate depression. Preclinical and previous clinical studies confirm the antidepressant activity of active compounds in plants lemon balm, and lavender, as well as roseroot, ginkgo, Korean ginseng, borage, brahmi, mimosa tree, and magnolia bark, which are less well known in European ethno pharmacology [1].

Description

Depression is a mental health condition characterised by complex psycho-neuro-immuno-endocrine disturbances. This disease causes the patient distress by causing mood disturbances, persistent sadness, loss of interest, and impaired cognition, all of which have a significant impact on the patient's ability to function and have a satisfying family, social, and professional life. Depression requires a multifaceted approach, including pharmacological intervention. Because depression pharmacotherapy is a long-term process associated with the risk of numerous adverse drug effects, alternative therapy methods, including phytopharmacotherapy, are receiving a lot of attention, especially in the treatment of mild or moderate depression. Preclinical and previous clinical studies confirm the antidepressant activity of active compounds in plants [2].

Depression is a major mood disorder characterised by a persistent sense of sadness, a crippling low mood, impaired cognition, and loss of interest. Individually, biologically, and socially, depression has a profound impact on the functioning of the affected person. Depression is characterised by intense sadness, hopelessness, sorrow, emptiness, and despair. It may also include a loss of pleasure, psychomotor dysfunction, changes in sleep and eating habits, difficulty concentrating, and suicidal thoughts over time. In fact, depression is part of a diverse group of diseases that are broadly classified in the World Health Organization's International Classification of Diseases. The current ICD-11 version distinguishes two types of depressive disorders: single episode depressive disorder (moderate with or without psychotic symptoms) and recurrent depressive disorder [3].

Depression, as presented in this review, is currently one of the most important diseases of civilization and a major public health issue. As a result, it appears critical to conduct a periodic, comprehensive analysis focusing on the description of this disease and its therapeutic management options, including phytopharmacotherapy, which is less common in everyday clinical practise. The purpose of this paper is to provide a concise overview of the most important issues concerning the epidemiology, pathophysiology, symptomatology, and treatment of depression. It also discusses the significance of phytopharmacotherapy in the treatment of this disease and provides an overview of the phytopharmacodynamics of medicinal plants with antidepressant activity, with a focus on the anti-inflammatory effect.

According to the World Health Organization, depression affects 3.8% of the world's population, including 5.0% of adults and 5.7% of adults over the age of 60. Depression affects approximately 280 million people worldwide. The disease is a leading cause of disability worldwide and a significant contributor to the overall global disease burden. Depression affects more women than men. A population-based study in Europe conducted between 2013 and 2015 using data from 27 countries revealed that the overall prevalence of current depressive disorder is high, with significant variation across European countries, ranging from 2.58% in the Czech Republic to 10.33% in Iceland. Similarly to WHO data, the study found that women had a higher prevalence of depression than men, with clear gender differences in all countries except Finland and Croatia [4,5].

Conclusion

Many medicinal plants have a variety of psychotherapeutic effects on central nervous system activity, such as antidepressant, anxiolytic, sedative, hypnotic, or cognitive effects. Furthermore, adaptogenic and toning medicinal plants are important in phytopharmacotherapy because they are thought to improve adaptation to exogenous stressors via complex and pleiotropic neuroendocrine mechanisms. The discussion in this review demonstrates the pharmacological efficacy of phytotherapy in correcting pathophysiological disturbances and alleviating depression symptoms. This narrative review's mechanisms of action of herbal-derived active compounds with antidepressant activity confirm similar pharmacodynamics to synthetic antidepressants. Furthermore, a review of the literature revealed some scientific evidence indicating the clinical effectiveness of the medicinal plants discussed in this paper in treating mild to moderate depression.

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