

AN APPROACH TO THE MANAGEMENT OF DEPRESSION WITH AYURVEDA - A CASE STUDY

Nidhi Gupta^{1*}, Gopesh Mangal², Jatinder Verma³

1. PG Scholar, PG Dept. of Panchkarma, National Institute of Ayurveda, Jaipur, Rajasthan, India.
2. Associate Professor, PG Dept. of Panchkarma, National Institute of Ayurveda, Jaipur, Rajasthan, India.
3. PG Scholar, PG Dept. of Panchkarma, National Institute of Ayurveda, Jaipur, Rajasthan, India.

Received: 28-08-2020; Revised: 21-09-2020; Accepted: 12-10-2020

Abstract

Depression is a state of low mood and aversion to activity that can affect a person's thought, behaviour, feeling and sense of well-being. It is estimated that one million people die per year due to on and off cause of depression. Symptoms includes, depressed mood, and reduced energy, disturbed sleep, anxiety of the depression. Antidepressant, mood stabilizers are found to be effective but have adverse effects if continued for long term. This is single case study of 55 years old male patient with the complaints of depressed mood, lack of pleasure since 4 years. He had associated complaints of excessive thoughts, sleeplessness, loss of activities and energy. According to Ayurveda the case was diagnosed as Kaphaja Unmada and treatment was started at Panchkarma Department. The treatment given was - Shirodhara, Nasya Karma along with Shamana Chikitsa (palliative treatment) in the management of the depression. The therapy provided marked relief in depressed mood, anxiety and sleeplessness and patient quality of life was improved. On the basis of this case study it can be concluded that Panchkarma with Shamana Chikitsa can play a vital role for the effective management of depression. Since the single case is not enough more rooted study in this is required.

Keywords: Depression; Panchkarma; Nasya; Shirodhara.

*Address for correspondence:

Dr. Nidhi Gupta,
PG Scholar, PG Dept. of Panchkarma,
National Institute of Ayurveda,
Jaipur, Rajasthan, India – 302 002
E-mail: drnidhigupta.20@gmail.com

Cite This Article

Nidhi Gupta, Gopesh Mangal, Jatinder Verma. An approach to the management of Depression with Ayurveda - A case study. Ayurpharm Int J Ayur Alli Sci. 2020;9(10):105-111.

INTRODUCTION

Depression is a most common psychological disorder affecting more than 264 million people worldwide. It is a disorder of major public health, in term of its prevalence, suffering, dysfunction, morbidity and economic burden. According to WHO, depression is characterized by persistent sadness and a lack of interest or pleasure in previously rewarding or enjoyable activities. Sleep and appetite may also disturb, tiredness and poor concentration are common.^[1] Several factors like some endocrine disorders - Alzheimer's disease, Cushing syndrome, etc. anxiety disorders, adjustment disorders are the causative factors of depression.^[2] Patient with depression have a profound loss of pleasure in all enjoyable activities, exhibit early morning awakening, feel that the dysphoric mood state is qualitatively different from sadness, and often notice a diurnal variation in mood.^[3] As per international Classification of Disease (ICD-10)^[4] patient was having symptoms like, depressed mood, reduced energy, disturbed sleep so it is diagnosed as depression. Ayurveda the traditional health care wisdom of orient, throughout its classics, has projected a regulated life style to maintain the healthy state of body and mind.^[5] According to Manasika (psychic) and Sharirika Dosha (functional component of the body which are Vata, Pitta, Kapha) and based on symptoms Vishada (sadness), Avasada (exhaustion) and Kaphaja Unmada^[6] are the conditions in Ayurveda, which are similar to depression. Many psychiatric conditions have been described in Ayurveda. Primary psychological conditions caused purely by Manasa Dosha like - Raja and Tama include - Kama (lust), Krodha (anger), Lobha (greed), Moha (delusion), Irshya (jealousy), Mada (euphoria), Shoka (grief), Chinta (anxiety), Udvega (neurosis), Bhaya (fear). Some of these symptoms may be found in depression.

According to Ayurveda pathogenesis of depression is imbalance of Raja and aggravation of Tama guna at psychic level are the important pathological factors. Depletion of Vata Dosha and vitiation of Kapha Dosha is found at physical level.^[7]

Depression is more common in women than men. The prevalence of unipolar depressive episodes to be 1.9% for men and 3.2% for women, and the one-year prevalence has been estimated to be 5.8% for men and 9.5% for women. It is estimated that by the year 2020 if current trends for demographic and epidemiological transition continue, the burden of depression will increase to 5.7% of the total burden of disease and it would be the second leading cause of disability-adjusted life years (DALYs).^[8] It is estimated that one million people die per year due to on and off cause of depression.^[9] WHO specially introduced "The Mental Health Action Plan" October 2013-2020 and celebrates "World Mental Health Day" on 10th October every year.

Antidepressant, mood stabilizer and ECT are prescribed for the management of depressive illness. These are effective up to extent with varying degree of side effects and drug interaction. In such a scenario there is a need for the efficient management of depression in a natural way without leading to further adverse effects. Ayurveda classics explained different modality for the management of depression. Positive and healthy mind helps to recover physical ailment fast and keeps body healthy and it can be best achieved by psychological approach. Ayurveda advocates some fruitful Panchkarma therapies like Shirodhara and Nasya Karma. Hence an effort has been made to evaluate the efficacy of Shirodhara, Nasya Karma along with Shamana Chikitsa (palliative treatment) in the management of the depression.

CASE REPORT

This is single case study of 55 years old male patient (OPD Reg. No.70124062019) who was suffering from depressed mood, lack of pleasure since 4 years. His occupation was farming. He had associated complaints of excessive thoughts, sleeplessness, loss of activities and energy. Before 4 years, patient felt sadness and started crying without any reason, not getting proper sleep with unwanted thoughts coming to mind. He consulted a psychiatrist and started medicines for depression. He was feeling better on medication in the beginning and later he developed same symptoms. Patient took medication regularly for 4 years but the symptoms didn't get subsided. Hence patient came for the Ayurveda treatment and visited the Panchkarma OPD.

History of past illness

There was relevant past history of DM II and HTN under medication, no other major medical illness.

Family history

No member of the family had history of such illness.

Mental Status examination

Patient was moderately built, appearing appropriate to the age, depressed mood, and facial expression was sad and eye contact was not maintained properly, attitude with the examiner was co-operative. Psychomotor behaviours were markedly reduced. Voice and speech were low in volume and pitch with a hesitant flow of speech. Patient was answering only after question. On examination of the perception there was no auditory and visual hallucination.

Thoughts of the patient's were more of fearful and anxious along with hopeless and helpless. (Table 1)

Physical examination

Vital signs, other general examination and the systemic examination were found within the normal limit. (Table 2)

Investigation

Routine blood test, serum electrolytes were within the normal limits.

Intervention

Details of the medicine interventions are mentioned in Table 3.

Assessment criteria

Hamilton Depression Rating Scale was adopted to assess the result. (Table 4)

RESULTS

Assessment was done on the basis of sign and symptoms. Marked improvements were seen in depressed mood and anxiety of the patient. After completion of the treatment, patient's working power and activities were increased and his sleep becomes normal. On discharge patient was advised to continue the medicine for 2 months.

DISCUSSION

Depression is a leading cause of morbidity and mortality worldwide. Physiologically it can be defined as the state of decrease functioning of some part of brain. Decrease in serotonin and norepinephrine are the main neurotransmitters involved in depression.

Table 1: Manas Bhava Pariksha in Ayurveda

Manas Bhava Pariksha	Present / Absent
Bhaya	Absent
Krodha	Absent
Shoka	Present
Moha	Present
Chinta	Present
Smritihrasa	Absent

Table 2: Astavidha Pariksha

Astavidha Pariksha	Findings
Nadi	86bpm
Mutra	Samyaka
Mala	Sama
Jivha	Nirama
Shabda	Spasta
Sparsha	Samshitoshna
Drika	Spasta
Akriti	Samanya

Table 3: Timeline

Date	Intervention / Drugs	Dose	Time
25/06/2019 to 08/07/2019	Shirodhara with Dashmoola Siddha Ksheera	1-1.5 Litre	14 days at morning time
25/06/2019 to 08/07/2019	Nasya with Ksheer - Bala Taila	4 drop each nostril	14 days at morning time
	Bramhi Ghrita	5 ml	Empty stomach Twice in a day
	Sarasvata Churna	3 g	Twice in a day after meal
	Madhuyashti Churna	1 g	
	Shatavari Churna	2 g	Twice in a day after meal
	Ashwagandha Churna	3 g	

Shirodhara is a procedure which comes under the external application of medicated liquid poured from the height of 4 Angula (inches) over the forehead and it is mostly used for neuromuscular relaxation and nourishment. Shirodhara is a relaxation therapy which relieves mental exhaustion as well as pacifies the aggravated Vata Dosha.^[10]

Dhara produces some magnetic waves due to flow of oil. Strikes on the surface of the skin produce vibrations (electrical waves) which are transformed to the cerebral cortex & hypothalamus. Hypothalamus acts as the centre of the stimulation & inhibition centre in the body, hence soothing effect created on hypothalamus. It results in the secretion of various neurotransmitters like epinephrine, serotonin, and dopamine etc.^[11]

Table 4: Hamilton Depression Rating Scale

Sl.No.	HAM-D rating scale	Before treatment	1 st follow-up	2 nd follow-up
1	Depressed mood 0, 1, 2, 3, 4	4	1	1
2	Guilt feeling 0, 1, 2, 3, 4	2	1	1
3	Suicide 0, 1, 2, 3, 4	0	0	0
4	Insomnia-early 0, 1, 2	2	0	0
5	Insomnia-middle 0, 1, 2	0	0	0
6	Insomnia-late 0, 1, 2	0	0	0
7	Work and activities 0, 1, 2, 3, 4	4	3	2
8	Retardation 0, 1, 2, 3, 4	3	3	3
9	Agitation 0, 1, 2, 3, 4	3	2	2
10	Anxiety- psychological 0, 1, 2, 3, 4	4	2	1
11	Anxiety- somatic 0, 1, 2, 3, 4	2	2	1
12	Somatic symptoms GI 0, 1, 2	0	0	0
13	Somatic symptoms- general 0, 1, 2	0	0	0
14	Sexual dysfunction 0, 1, 2	0	0	0
15	Hypochondrias 0, 1, 2, 3, 4	3	2	2
16	Weight loss 0, 1, 2	0	0	0
17	Insight 0, 1, 2	1	0	0

HAM-D score level of depression
 10-13- mild
 14-17- mild to moderate
 >17- moderate to severe

Shirodhara was done for 14 days and it was observed that immediately after Shirodhara sleep got improved.

Ksheerbala Taila administered through nose as Nasya dravya is reaches to the brain through the Shringataka Marma which can be correlated with cavernous and intercavernous sinus according to modern.^[12]

Ushna guna of Ksheerbala taila acts without having adverse effect on Dhatu. This clears the channels, thereby allowing the action of the properties like Snigdha, Manda, Sukshma and Vyavayi.^[13] Nasya with Ksheerbala Taila on an intension of removing Avarana of Kapha Dosha and Tama Dosha in Urdhvajatrugata Pradesha (head region). After the Nasya procedure, nervousness of the patient was reduced.

Bramhi is one of the Medhya drug (nootropic action) and may used for enhancement of speech and memory.^[14] It is recommended for various psychological disorders like Unmada and Apasmara according to Charaka.^[15] Ghrita having lipophilic action and it act on brain. It is established that it can cross the blood brain barrier.

Sarasvata Churna was given by oral route. It contains like Vacha (*Acorus calamus* Linn.), Brahmi (*Bacopa monnieri* Linn.), Shankhapushpi (*Convolvulus pluricaulis* Choisy Linn.) etc. which belongs to the group of Medhya Rasayana (Memory boosters) drugs. It has mainly nootropic and cognitive enhancing property and used for improvement in the nutritional status of the brain tissue.^[16]

A combination of Madhu yashthi (*Glycyrrhiza glabra* Linn.), Ashwagandha (*Withania somnifera* Dunal.) and Shatavari (*Asparagus racemosus*) Churna (powder) were administered orally. These all drugs have Rasayana Property and Rasayana drugs may help in the performing the Sroto-Shodhana (removal obstruction of the channels). It helps to promote the function of Buddhi (intellect) and Mana (mind) by correcting the disturbance of Raja and Tama (qualities of mind) which are involved in pathogenesis of depression.

CONCLUSION

In Ayurveda Psychiatry have several approaches to understand the mental health problem and its management. In this case maximum symptoms of depression were diagnosed as Kaphaja Unmada and the condition was managed accordingly. Total score of HDRS found within the mild range after the treatment. So it can be concluded the Ayurvedic therapies like Shirodhara, Nasya along with Shamana Chikitsa is effective in the management of depression.

More research works must be conducted on large samples for exploring further scope of the same.

REFERENCES

1. Retrieved from: http://origin.who.int/mental_health/management/depression/en/ [Accessed on: 30/04/2020]
2. Arvind Arora, Kalpana Arora. Text book of self assessment and review of Psychiatry, Vol. 1. 6th ed. Gorakhpur: Pulse Publication; 2018. p. 318.
3. Kaplan, Harold I, Sadock BJ. Synopsis of psychiatry. 6th ed. Baltimore, Maryland, U.S.A.: Willium and Wilkins; 1991.
4. Arvind Arora, Kalpana Arora. Text book of self assessment and review of Psychiatry, Vol. 1. 6th ed. Gorakhpur: Pulse Publication; 2018. p. 320.
5. Jitendra Kumar, Girish Singh, Bertrand Martin, Ram Harsh Singh. Clinical Assessment of the impact of Shirodhara with water treatment in the management of primary headache with associated Anxiety and depression. Annals of Ayurvedic medicine, 2018;7(1-2).
6. Yogesh S Deole, Chandola HM. A clinical study on effect of Brahmi Ghrita on Depression. AYU, 2008;29(4):207-214.
7. Charaka. Charaka samhita of Agnivesha. Sashtri K, editor. Varanasi: Choukhamba Bharti Academy; 2013. Sutra sthana, 12/8. p. 273.
8. Retrieved from: <https://www.questia.com/library/journal/1G1-238464419/an-overview-of-indian-research-in-depression> [Accessed on: 15/04/2020]
9. Retrieved from: https://www.researchgate.net/publication/285075782_Depression_A_global_public_health_concern [Accessed on: 15/04/2020]
10. Gopesh Mangal, Nidhi Gupta, Pravesh Srivastava. An Ayurveda Approach to Anidra w.s.r. to Anxiety induced Insomnia: A Case Report. AYUHOME,2020;6(1):27-31.
11. Nidhi Gupta, Gopesh Mangal, Jatinder Verma. Concept of Murdha Taila and its Role in Psychological Disorder: A Review. Int J Ayu Pharm Chem. 2019;11(3).
12. Salunke Amrut, Kendre Kranti. A clinical study to evaluate the combined effect of Kesharsiddha Ghrita Nasya and Yoga Basti along with Tab. Pathyadi Ghanvati in Ardhavbhedaka w.s.r. to migraine. IJAPR, 2019;(7):11.



www.ayurpharm.com

ISSN: 2278-4772

Ayurpharm Int J Ayur Alli Sci., Vol. 9, No. 10 (2020) Pages 105 – 111

13. Jatinder Verma, Gopesh Mangal. New perspective of Ksheerbala Taila (oil): A critical review. IJATM, 2019;1(1).
14. Priyanka Rao, Nataraj HR. Integrated approach to combat depression with special reference to Medhya Rasayan. IJHM 2017;5(6):79-82.
15. Charaka. Charaka samhita of Agnivesha. Sashtri K, editor. Varanasi: Choukhamba Bharti Academy; 2013. Chikitsa sthana; 10/62. p. 388.
16. Radheshayam Tiwari, Jyoti Shankar Tripathi, Sanjay Gupta. Pharmaceutical and clinical studies on compound Ayurvedic formulation, Saraswata Churna. IRJP, 2011;2(6):77-84.

Source of Support: Nil

Conflict of Interest: None Declared