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AYURVEDA MANAGEMENT OF DEPRESSIVE DISORDER-A CASE REPORT

¹Durga E & ²Dr.Jithesh.M

¹Associate Professor,²Professor and HOD

¹Department of Kayachikitsa, Ahalia Ayurveda Medical College, Palakkad

²Department of Kayachikitsa,VPSV Ayurveda College, Kottakkal
Kerala University of Health Sciences, Thrissur,Kerala

Email- 1drdurgae@gmail.com , 2drjitheshm@gmail.com

ABSTRACT

Depressed mood is a common, normal human experience, but it can also reflect a seriously debilitating, distressing and potentially fatal condition. Depression can present in multiple ways, with many potential co-morbidities, precipitants, and reliably associated symptoms. In Ayurveda, the symptoms of Depressive disorder show the characteristics of *Kaphajonmada*. Ann Maria, a 45-year-old school teacher, presented in the OPD with sadness, social withdrawal, diminished pleasure in activities, and poor concentration. On enquiring, she reported that she had developed these symptoms over the last one year. Further interrogation revealed that she had extremely strained relationship with her husband and his family. Also, she was constantly tortured both physically and mentally since the past 15 years. She developed the above-mentioned symptoms gradually. On Mental status examination, she was found to have negative thoughts and suicidal ideations. Internally, she was given medicines to manage the symptoms. She was also advised procedures like *Snehapana*, *Sirodhara*, *Abhyanga* and *Ushma sweda*. *Virechana* was done as a *Sodhana* therapy .Thereafter, *Nasya*. During this time, she was also subjected to meditation and counselling techniques as well. The patient responded satisfactorily to the treatment and her symptoms improved significantly. The time spent in solitude, came down to half to one hour from 6 hours per day. Also, the HAM-D scale score before treatment was 21 while it reduced to 14, after treatment. On discharge, she was advised to continue medicines and relaxation techniques. The selected treatment protocol was found to be effective in managing Depressive disorder and highlighted the importance of Ayurvedic psychiatric management in similar conditions.

Keywords: Depressive disorder, HAM-D, Ayurveda, *Srotosodhana*

1.Introduction

Mood is a pervasive and sustained feeling tone that is experienced internally and that influences a person's behavior and perception of the world. Affect is the external expression of mood. Mood can be normal, elevated or depressed. Healthy persons experience a wide range of moods and have an equally large repertoire of affective expressions; they feel in control of their moods and affects. Mood disorders encompass a large spectrum of disorders in which pathological mood disturbances dominate the clinical picture. The first one is Major depressive disorders. (1)

In typical depressive episodes of all three varieties (mild, moderate and severe), the individual usually suffers from depressed mood, loss of interest and enjoyment and, reduced energy leading to increased fatigability and diminished activity. Marked tiredness after only slight effort is common. Other common symptoms are:

- a. reduced concentration and attention
- b. reduced self-esteem and self-confidence
- c. ideas of guilt and unworthiness
- d. bleak and pessimistic views of the future
- e. ideas or acts of self-harm or suicide
- f. disturbed sleep
- g. diminished appetite

The lowered mood varies little from day to day, and is often unresponsive to circumstances, yet may show a characteristic diurnal variation as the day goes on. For depressive episodes of all three grades of severity, a duration of at least 2 weeks is usually required for diagnosis, but shorter periods may be reasonable if symptoms are unusually severe and of rapid onset. (2). Some of the above symptoms may be marked

and develop characteristic features that are widely regarded as having special clinical significance. The most typical examples of these somatic symptoms are: loss of interest or pleasure in activities that are normally enjoyable; lack of emotional reactivity to normally pleasurable surroundings and events; waking in the morning 2 hours or more before the usual time; objective evidence of definite psychomotor retardation or agitation; marked loss of appetite; weight loss (often defined as 5% or more of body weight in the past month); marked loss of libido. (3)

As per Ayurveda, Depressive Disorder shows symptoms as mentioned in *Kaphajonmada*. In *Kaphajonmada*, there is significant impairment in the domains of *Manas, Budhi, Samjna jnana, Smriti, Bhakti, Seela, Cheshta* as well as *Achara*. Many of the *Nidana* mentioned in *Unmada* like *Virudha, Dushta, Ashuchi bhojana, Bhaya, Mano abhigata, Vishama cheshta* can be identified as the triggering factors in Depressive disorder. Also, symptoms as mentioned in the context of *Unmada* like *Dhivibhrama, Asthane rodana, akrosa, Krodha, Abhidrava, Arochaka, Alpa ahara vakyata, Raha priti* are manifested here. Hence, considering all these factors, the Ayurvedic diagnosis can be made as *Kaphajonmada*.

2.Presenting complaints with history

A 45-year-old school teacher from Pollachi reported in the OPD saying that she is suffering from sadness, diminished pleasure in activities, and poor concentration for one year. According to her informant, who was her daughter added that her mother used to spend most of the time in solitude.

On taking the history, it was reported that the patient was born as the youngest daughter of non-consanguineous parents who belonged to a well-reputed family. She got married at the age of 21 years to her husband who was well-educated but belonged to lower social economic status as compared to her. At her husband's place she was required to do all the household chores all by herself. Also, her husband and her in-laws were not at all supportive and used to abuse her physically and mentally. They used to fight over very silly matters and her husband used to beat and scold her in front of everybody even on roads and public places. If anything went wrong in the house, he used to blame her for that and used to scold and beat her. This gradually decreased her confidence in doing even the smallest of things as she felt that he would end up beating her. She gradually developed sadness of mood, poor concentration and negative thoughts. She lost interest in teaching and became gloomy. She stopped cooking food and preferred to spend time in solitude.

She consulted various psychiatrists and took a lot of medicines. But her husband used to taunt her for this also telling that all his money is being spent because of her. As a result of all these, she made a suicide attempt eight months back by trying to hang herself.

3. Clinical Examination:

On assessing the mental status examination of the patient, she was not well-dressed, not co-operative towards the examiner, slow gait, stooped posture, motor activity was decreased, and rapport was not properly established. On

assessing speech, rate and quantity was decreased, volume was decreased and flow and rhythm was interrupted occasionally. Mood and affect were found to be sad and depressed both subjectively and objectively. Also, mood and affect were congruent. Stream and form of thought were not goal oriented. No abnormalities in perception, i.e., no hallucinations were reported. In cognition, patient was found to be conscious, oriented to time, place and person. Attention and concentration were impaired. General intelligence was appropriate. Abstract thinking was impaired. Immediate and recent memory were impaired, but remote memory was intact. Insight was found to be grade 3 and judgment was also impaired.

4. Ayurveda clinical examination

Ashta vibhrama as mentioned in *Unmada* was assessed. (4) *Vibhrama* in *Manas* was found to be present as there was impairment in *Manonigraha*, *Ooha* and *Vichara* as she was unable to resist her negative thoughts. Impairment in *Budhi* was also present as she felt that it is negative people everywhere. No impairment in *Samjajnana*, but impairment in *Smṛti* was present. *Bhakti* showed impairment as her desire for food was uncontrollable. *Sheela* was also impaired as she had excess sleep. *Cheṣṭa* and *Acara* were impaired as she had slowness of activities which make others irritation.

Dasavidha pareekṣa was also done. (5) *Duṣya* was found to be as *Tridosha* and *Rasa dhatu*. She belonged to *Anupa desha* and *Deha desha* was found to be *Manas*. *Roga bala* was *Pravara* while *Rogi bala* was *Madhyama*. *Kshaṇadi kala* was

Hemanta while Vyadhyavastha kala was Purana. Anala was Teekshna. Deha prakrti was of Vata-Kapha while Manasika Prkrti was Tamo-Rajas. Vaya was

Madhyama. She was assessed to be of Avara satva and Sarvarasa satmya. Abhyavaharana shakti was Pravara while Jaraṇa shakti was Madhyama.

5. Diagnosis and assessments:

The patient was diagnosed as having depressive disorder as per ICD-10. (6) She was assessed with HAMD (Hamilton's Depression Rating Scale) for Depressive disorder. (7)

Procedure	Number of days	Medicines	Rationale
<i>Snehapana</i>	7	<i>Mahat panchagavya Ghṛta</i>	<i>Snehana</i>
<i>Sirodhara</i>	7	<i>Kshirabala</i>	<i>Doshasamana and Tarpana</i>
<i>Abhyanga+ushma sweda</i>	7	<i>Dhanwantaram thailam</i>	<i>Snehana and swedana</i>
<i>Virechana</i>	1	<i>Avipatti churna 15 g with hot water</i>	<i>Sodhana</i>
<i>Nasya</i>	7	<i>Vilwadi gulika 2ml in each nostril</i>	<i>Srotosodhana</i>
<i>Dhupana</i>	7	<i>Jatamanchi, kushta, vacha, haridra, daru haridra, hingu</i>	<i>Srotosodhana</i>

6. Discussion:

In clinical practice, it is observed that depressive disorders are very commonly associated with stress which indicate the derangement of Kapha and Vata in the individual. Also, the person fails to resist the negative thoughts that come into her mind which can be considered as *Vibhrama* of *Manas* as well as *Budhi*. Again, when these acts are carried out repeatedly, there occurs the *Vibhrama* of *Sheela*, *Cheshta* as well as *Achara*. The *Vibhrama* of *Manas* and *Budhi* gives an impression of an evident *Srotorodha* which needs to be considered while formulating the treatment protocol. Hence, while planning the treatment, the derangement of all the *Doṣha* were considered along with an implication for *Srotosodhana*. (8)

Snehapana was done with *Mahat panchagavya Ghṛta* which has a property of *Medhakṛt* with a starting dose of 30 ml and went up to 210 ml in 7 days.

She was also given *Kshirabala taila* for *Sirodhara* which has a soothing as well as a calming effect over the *Indriyas* and *Manas*. Along with *Sirodhara*, *Abhyanga* and *Ushma sweda* was done followed by *Virechana*. *Samsarjana krama* was done for three days. After this, she was again subjected to *Nasya* with *Vilwadi gulika* which has the property of curbing *Vata*. She was also advised to undergo *Dhupana* daily with drugs having *Srotosodhana* properties. During this time, she was also subjected to take internal medicines *Drakshadi Kashaya-15ml* along with warm water 60ml, *Aswagandha-kushta-Sankhupushpi churna-1/2* teaspoon twice daily after food, meditation and counselling techniques as well which helped to relax her and calm her down enabling her to think logically and rationally. As a result of all these combined treatment modalities, she started responding satisfactorily. She was able to do her daily activities properly after the *Virechana* was done followed by *Samsarjana krama* itself.

She showed significant reduction in the HAM-D Score to 14 from an initial 21. On discharge, she was advised to continue the medications along with the meditation and relaxation techniques that she was doing while under treatment.

Ayurveda, which adopts a holistic and comprehensive approach of an individual's physical as well as mental aspects attributes symptoms like

depression to *Kaphajonmada*. Ayurveda treatment of depressive disorder therefore involve curbing aggravated *Doshas* and increasing *Satva guṇa* which envisages a stable and peaceful mind through self-realization and self-control, along with appropriate changes in diet and lifestyle.

HDRS	BT	AT
Depressed mood	3	2
Feelings of guilt	3	2
Suicidal ideations	3	2
Insomnia early in the night	0	0
Insomnia middle of the night	0	0
Insomnia early hours of the morning	0	0
Work and activities	3	2
Retardation	2	1
Agitation	0	0
Anxiety psychic	0	0
Anxiety somatic	0	0
Somatic symptoms gastro intestinal	0	0
General somatic symptoms	2	1
Genital symptoms	0	0
Hypochondriasis	3	3
Loss of weight	0	0
Insight	2	1
Total	21	14

7. Conclusion:

The medical field has advanced alongside and is able to provide treatment for the needy. In Ayurveda, the prime focus while treating any disease is to identify the impaired equilibrium of the *Tridosha* and thereby incorporating treatment modalities that address the vitiated *Doṣha* and bring them back into normalcy. We also need to understand

that along with internal medicines as well as external treatment procedures, techniques like counselling, relaxation and meditation also have an important role to play in helping the patient deal with their psychiatric disorders. The selected protocol was observed to be effective in depressive disorder. Furthermore, evaluations regarding follow ups along with more documentations are

required for generalization of the observed results.

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