



## UNDERSTANDING VISHADA (DEPRESSION) THROUGH AYURVEDIC TREATMENT PRINCIPLES

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### ABSTRACT

Covid-19 has affected many lives till now. Covid -19 is emerging with variants that are being detected throughout the world. The outbreak of the covid-19 virus has an impact on the respiratory system and also on the mental health of people. Mental disorders are patterns of behavioral or psychological symptoms that impact multiple areas of life. Depression is a global burden. Depression is a long-term relapsing condition associated with high levels of disability and mortality. Vishada means grief is the normal response of an individual to the loss of a loved object. Acharya Charaka has explained that there is a relationship between depression and immunity. Numerous factors play a main role in the pathogenesis of Vishada like Prakruti, Deha Prakruti, Manas Prakruti, Manas Bhava, Triguna and Tridoshas, etc.

### KEYWORDS : Depression

#### INTRODUCTION-

In Ayurveda, more importance is given to the mental health of the rogi. Ayu is defined as the combined state of Shareera, Indriya, Satwa, and Atma. Here Satwa refers to Manas.

Psychiatric disorders have traditionally been considered mental rather than a physical illness. It is an old controversy and the psychologists of today have also not reached the stage where the issue of the (Physical or non-physical) nature of manas has been decided once forever.

#### Vishadha- "Vishada sarvada manah khedah"

Everyone at various times in his/her life feels sad or 'blue'. It's normal to feel sad on occasion. Acharya Charaka mentioned Vishada under 80 types of Vataja nantamaj vyadhi. Whereas Susruta mentions it under Manasa Roga.

World Health Organization (WHO) has reported that about 450 million people worldwide suffer from mental illness and one in four people meets criteria of mental illness at some point in their life<sup>1</sup>.

Rates of anxiety and depression among U.S. adults were about 4 times higher between April 2020 and August 2021 than they were in 2019. Some of the sharpest increases were among males, Asian Americans, young adults, and parents with children in the home, according to Centres for Disease Control and Prevention data<sup>2</sup>.

#### Literary Review-

According to Charaka Samhita-it is one among Vata Nanatmaja vikara and it is lakshana of Vataja Jwara and lakshana of hina satwa vyakti.

According to Ashtanga Hridaya- lakshana of Vataja Jwara and it is garbha bhava which is developed due to Tamasa guna.

According to Ashtanga Sangraha- it is nidana for Vyana Vata dushti.

According to Susruta Samhita- arised through the anger of brahma, it is manas roga.

#### DEPRESSION-

Different from usual mood fluctuations & short-lived emotional responses to challenges in everyday life. It is a serious mental disorder that has a lifetime incidence of up to 20% in women &

12% in mental health services. It's so serious that it interferes with someone's day-to-day life like working, studying, eating & sleeping, essentially leading to overall feeling that life isn't enjoyable.

#### Causes-

Ayurvedic part-

1) Prajnaparadha-just as prajnaparadha is the cause of all the agantuja vyadhis, in the same way, prajnaparadha has been said to be the root cause of all the Manas rogas.<sup>5</sup>

ईर्ष्याशोकभयक्रोधमानद्वेषादयश्चये |

मनोविकारास्तेऽप्युक्ताः सर्वे प्रज्ञापराधजाः ||५२ ||

Mental attitude related to knowledge is called "Prajna". It has three parts – Dhi, Dhriti & Smriti.

2) Bhramcharya- Bhramcharya and AtiBhramcharya, both of these reasons lead to manas roga. Atibhramcharya palana also lead to mana kshobha. Kama is the innate instinct of manushya. Excessive control over this tendency lead to manas vikruti.<sup>7</sup>

3) Durbhala Satwa- People who are of hina satwa. In such persons there is an uncontrolled generation of khrodha etc due to which manas vikara occur.

4) Durbhala Shareera- Ashrayasthana of mana is Shareera. When a person's body is weak due to any reasons, the mana is affected in two ways- mana kshobha due to dourbalya and poshanabhava of mana.

5) Vaishmyata of shareera dosha- If there is vaishmyata of shareerika dosha, then they also affect Manas. Manobhava of shareerika dosha-

	Vruddhi	Kshaya
Vata	Nidra nasha, bhrama	Apraharsha, mudha sanjnata
Pitta	Alpanidrata, murcha	Bhaya, krodha, mada, moha, glani, atipravrutti and indriya durbalya.
Kapha	Atinidra, tandra, smriti vruddhi & pramodha	Nidra nasha, vishishta manoabhighata dravya prayoga.

1) Unknown- We don't know exactly what specifically causes depression especially since it can be so different between patient.

2) Genetics- People with family members who have depression are 3 times more likely to have it themselves, & this link seems to increase with how closely related family members.

3) Biology- though, most medications focus specifically on neurotransmitters.

**Types<sup>8</sup>**

- 1) Melancholic
- 2) Atypical
- 3) Seasonal
- 4) Catatonic

American Psychiatric Association's Diagnostic Statistical Manual of Mental Disorders, fifth edition (DSM-5) classifies the depressive disorder into:

- Disruptive mood dysregulation disorder
- Major depressive disorder
- Persistent depressive disorder(dysthymia)
- Premenstrual dysphoric disorder
- Depressive disorder due to another medical condition.

**Samprapti ghataka**

Dosha	Manas – Tamas, Rajas (Predominantly Tamas) Sharira - Vata, Pitta, Kapha (Predominantly Vata)
Dushya	Manas, Sarvadhātu
Srotas	Manovaha Srotas (specifically)
Āgni	Jatharagni
Udbhavasthana	Manas (Hridaya)
Ādhishtana	Hridaya (Shirohridaya)
Vyaktisthana Manas	Sarvasharira
Rogamarga	Madhyam

**SAMPRAPTI –**

Nidana sevan like food with incompatible, contaminated & unclean properties, possession by spirits, mental trauma, etc., cause alpha satwa person this causes dushti of rajas, tama, vata, pitta, kapha. This causes jatharagni mandya.

The Annavaaha srotas dushti occur. There will be vikriti in manovaha srotas causing psychic personality and these doshas get localized in hridaya, Vishada is developed.

**Purvarupa- Alpavyakta**

**Rupa-Manas** - Mano bhrama, Anavasthitachitta, Avasada, Atmano, Ashakta Jananam, Chittodvega, Asiddhi bhayat, Karmeshu apravritti, Kheda, Dukhatvam, etc.

**Sharira-** Vepathu, Prasveda, Romaharsha, Gatrasada, Mukhshosha, etc

**Pathophysiology<sup>9</sup>**

There are various hypotheses such as

1. Monoamine hypothesis
2. Neurotrophic hypothesis
3. Neuroendocrine hypothesis

**Symptoms & Pattern-**

- Single episode depressive disorder, meaning the person's first & only episode.
  - Recurrent depressive disorder, meaning the person has a history of at least two depressive episodes &
  - Bipolar disorder, meaning that depressive episodes alternate with periods of manic symptoms-
- 1) Depressed mood
  - 2) Reduced interest/pleasure
  - 3) Weight loss/gain
  - 4) Inability to sleep or oversleeping
  - 5) Psychomotor agitation /impairment

- 6) Fatigue
- 7) Feeling of worthlessness/guilt
- 8) Reduced concentration
- 9) Thought of death or suicidality.

Including suicidal thoughts, with or without a specific plan as well as suicidal attempts.

**Chikitsa<sup>10</sup>**

The methods of treatment in *Ayurveda* are generally classified into three groups. Charaka and *Vagbhata* primarily classified them into the following three.

1) *Daivavyapasraya* – Treatment is a play of faith and if the patient has got no faith in the medicine and the method of treatment, he cannot be cured, in spite of the best treatment. *Mantra*, *Aushadha*, *Mani*, *Mangala*, *Bali*, etc are recommended for the treatment of diseases caused by deva. This divine intervention is mostly for *Karmaja vyadhis*. In this way, only by maintaining *shraddha* in data and having *Vishwas* in daiva, the body can gain both *shareerika* and *manasika labha*.

2) *Yuktivyapasraya- "Punah ahara-auoshadha dravya nam yojana"* treatment of disease caused by Dosa-Dhatu Samurcchana body dosha done by a planned regimen of food and medicine.

**The Chikitsa Sutra**

deepana, pachana	Essential to stimulate and improve body metabolism
virechana	Balances pitta & vata dosha, which are related to mood, intelligence etc.
nasya	Strengthens mind and sense organs

*Ekala Dravyas* used in *Vishada-Jyotishmati*, *Brahmi*, *mandukaparni*, *vacha*, *jatamansi*, *hingu*, *ashwagandha*, *pushkaramula*, *jeeraka*, *haridra* and other *medhya varga dravya* can be used.

**Formulations-**

- *jyotishmati taila*,
- *mamsyadi Kashaya*,
- *anu taila*,
- *ashwagandharishta*,
- *hinguvachadiurna*,
- *pushkaramoolasava*,
- *brahmi ghrita*,
- *dhanvantaram gulika*,
- *siddartaka ghrita* and
- *mahapaishachika ghrita*.

*Satwavajaya*- It is an approach that prevents the impairment of intellect, patience, and memory & brings them back to normal state. There by all the measures are included under *Satwavajaya* i.e., *Jnaanam*, *Vijnnaanam*, *Dhairya*, *Smriti*, *Harshana*, *Aashwasana*, etc. *Satwavajaya* literally means overcoming of mind or victory over the mind or control of the mind.

**Treatment-** Treatment can come in many forms and is most commonly grouped into one of 2 major categories.

- 1) non-Pharmacological- approaches, in other words, things other than medication.
  - Benefits of physical activity in helping with depression. There are various reasons why it's thought to work. Ranging from the release of neurotransmitters, endorphins, and endocannabinoids to raising the body temperature and relaxing tense muscles. Exercising for 20mins 3 times a week can help alleviate depression symptoms.

- Diet – beyond physical activity & healthy eating which is more helpful for a number of reasons.
- Talk therapy- this therapy is preferred for young patients and for those with milder symptoms.

There are a few popular approaches including cognitive behavioural therapy & interpersonal therapy & the most important thing here is that these approaches depend heavily on the relationship between the patients & the therapist, as well as the clinical skills of the therapist.

If patients have more severe depression or mild depression for a long period of time.

2) Pharmacologic- antidepressant medications might be prescribed along with therapy. The most commonly prescribed medications are Selective Re-uptake inhibitors (SSRI's). Other classes of anti-depressants that are less commonly prescribed are Monoamines Oxidase Inhibitors (MAOI's) & Tricyclics.

As a final, last-line treatment for severe depression ECT (Electro Convulsive Therapy) might be performed. When a small & controlled amount of electric current is passed through the brain while patients are under general anesthesia & this induces a brief seizure.

## DISCUSSION- CONCLUSION-

Knowledge of the Mind and its functions is essential for better managing psychic disorder. The planning of treatment for psychic disorders should be by the combination of Trividha oushadha. Daivavyapashraya, Yuktivyapashraya & Satwavajaya treatment holds an equal role. The psychic derangement may be caused by many reasons. Identification of such reasons and considering their opposite aspects is ideal in managing any disease, especially psychic disorder. Counselling as consolation & mental assurance proved its role in curing psychic disorders.

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