



RELEVANCE OF AYURVEDA IN MENTAL HEALTH WITH SPECIAL REFERENCE TO MAJOR DEPRESSIVE DISORDER: A CASE REPORT

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ABSTRACT In the Era of Rat race and Cut throat competition, we are under the influence of Rajabhava, one of the three aspects of Triguna. Ayurveda enumerates attributes of the mind to summarize these qualities in the form of Tamas, Rajas and Satwa, but when they are in a state of imbalance, mental illness like depression, loss of focus and extreme aggression may occur. Mental disorders arise due to the combination of both physical (sharirika) and psychological (manasika) factors. The conditions are usually caused by affliction of Mano doshas subsequently leading to the involvement of Sharirika doshas. Mental health is one of the most important health indications that causes considerable morbidity. According to WHO report in 2008, 1 every 5 adults experience mental disorder in the each year and roughly 29% had a history of mental illness during their lifetime. Ayurveda relies heavily on yoga, medications, pranayama to enhance mental health. Daiva vyapasrya therapies like prayer, mantras and chanting based on ones own belief system, Psycho behavioural therapy and mental hygiene are advised. Panchakarma procedures like snehapana, shirodhara, nasya, vamana, virechana, Vasti etc are very much useful for keeping our mental health in stable¹. A 34year old male patient came to OPD with complains of heavy sadness, helplessness, death wishes, excessive sleep, dis interested to do routine activities which was episodic once or twice a month lasting for one week to ten days. Such episodic nature of major depression was prevalent despite taking anti-depressants periodically. He was diagnosed as Major depressive disorder (MDD) as per DSM V criteria and as per Ayurveda the symptoms correspond to Kaphaja unmada. Patient was treated with shirodhara, shirolepa, Nasyam for 7days and shirovasti and shiropichu 14days along with some selective samana ausadhi. There was a drastic change in the behaviour of patient. There were no new episodes of depression for three months which included therapy period and observational period. Thus the Ayurvedic holistic approach showed efficacy in the management of MDD. The episode of suicidal tendency has been reduced.

KEYWORDS : Major depressive disorder(MDD), Mental health, Panchakarma, Kaphaja unmada

INTRODUCTION

In 2019, 280 million people were living with depression, including 23 million children and adolescents². It is estimated that women experience depression about twice as often as men. While the incidence of major depression in men increases with age, the peak for women is between ages 35 and 45. There is a serious risk of suicide with the illness; of those who have a severe depressive disorder, about one-sixth eventually kill themselves. Depression is different from usual mood fluctuations and short-lived emotional responses. This may be mild and influenced by daily activities or severe. During a depressive episode, the person experiences depressed mood (feeling sad, irritable, empty) or a loss of pleasure or interest in activities, for most of the day, nearly every day, for at least two weeks. People with depression are at an increased risk of suicide. Yet, effective psychological treatment exists, and depending on the age and severity, medication may also be considered.

In general, two major, or severe, mood disorders are recognized: bipolar disorder and major depression. Major depressive disorder is characterized by depression without manic symptoms. Episodes of depression in this disorder may or may not be recurrent. In addition, the depression can take on a number of different characteristics in different people, such as catatonic features, which include unusual motor or vocal behaviour, or melancholic features, which include profound lack of responsiveness to pleasure. People with major depression are considered to be at high risk of suicide. symptoms of major depressive disorder include a sad or hopeless mood, pessimistic thinking, a loss of enjoyment and interest in one's usual activities and pastimes, reduced energy and vitality, increased fatigue, slowness of thought and action, change of appetite, and disturbed sleep. Depression must be distinguished from the grief and low spirits felt in reaction to the death of a loved one or some other unfortunate circumstance. The most dangerous consequence of severe depression is suicide. Depression is a much more common illness than mania, and there are indeed many sufferers from depression who have never experienced mania. Childhood traumas or deprivations, such as the loss of one's parents while young, can increase a person's vulnerability to depression later in life, and stressful life events, especially where some type of loss is involved, are, in general, potent precipitating causes. Both psychosocial and biochemical mechanisms can be causative factors in

depression.

In Ayurveda, MDD can be closely related to kaphaja unmada in severe cases and in mild cases to vishada and avasada. The sign and symptoms of MDD are almost same as kaphaja unmada. The symptoms of kaphaja unmada are not interested in daily activities, less talkative, anorexia, like to sit alone, excess sleep, Vomiting³.

CASE REPORTS

A 34year old male patient from Natraj Nagar, ESI came to OPD of PANCHAKARMA DEPARTMENT, Dr. BRKR Govt. Ayurveda College and Hospital on 9th Nov 2022. He is a writer and producer of short films as profession. His main complaint was twice a month episodes of heavy sadness, helplessness, death wishes, excessive sleep, not interested to do daily activities which were episodic since last 15 years. The onset for his depression ailment was started when he was 19 years old and he was under the treatment of serotonin reuptake inhibitors (SSRIs) for 12 years on and off basis. The symptoms got aggravated much more severe during covid pandemic situation. Patient was apparently asymptomatic 19 years back. At the age of 19, he ran away from home because his parents haven't allowed him to join the television industry. Then he developed symptoms like extremely sadness, excess sleep, fatigue, not interested in any activities and suicidal tendency. After that he consulted a Psychiatrist and he was advised to take anti- psychotic drugs like Feliz s plus and SSRI (serotonin reuptake inhibitors) like Fludac 20mg etc. Patient was on and off of these medication so unable to get ride of these symptoms but able to manage little bit. During covid pandemic situation he lost his job and symptoms got more aggravated so, he came to Dr BRKR Govt. Ayurvedic college and hospital for treatment.

PERSONAL HISTORY

General Condition:- Confused look
Appetite :- Decreased
Bowel:- Regular
Urine:- Normal
Sleep:- Excess(hypersomnia)
Diet:- Mixed

Vitals

Pulse rate: 76/min, BP: 124/80mm of Hg, Pallor: +, Tongue: Coated, Icterus: Not present Cyanosis: Not present, Oedema: Not present, Lymph nodes: not enlarged, JVP: not raised Height: 196cm, Weight: 51 kg

Diagnostic Criteria

The patient was diagnosed by the Montgomery-Asberg depression rating scale (MADRS), Hamilton Depression Rating scale (HDRS), Beck Depression Inventory scale and Zung-self- rating depression scale.

Therapeutic Intervention

Ayurveda advocates almost all panchakarmas and different palliative measures for Unmada because in this condition vitiated doshas are in optimal level. The patient was kept on mild purgative for the purpose of kosta suddhi, in the form of triphala churna for initial 7 days. This was followed by the treatment plan as per the information furnished under.

1) Panchakarma

Sl no	Treatment given	No of Days
1	Shiro pichu with brahmi tailam	14days
2	Shiro lepa with Amalaki churna + Takra	7days
3	Shiro dhara with brahmi tailam	7days
4	Shiro vasti with brahmi tailam	14days
5	Nasyam with brahmi tailam	7days

2) Medicines

SL NO	Medicines
1.	Kalyana ghrita-1tsp morning, empty stomach before break fast.
2.	Aswagandha churna-1/2 tsp-1/2tsp with milk after food.
3.	Yastimadhu churna-1/2 tsp -1/2 tsp with lukewarm water.
4.	Brahmi vati-1 tab-1tab with water after food.

RESULTS

The patient got significant improvement symptomatically without any symptoms of depression and there is a drastic change in scores of MADRS, HDRS, Zung Self-Rating Depression and Beck's Depression Inventory after the therapy. There is no adverse effect and no re-occurrence of the depression symptoms during this treatment and follow up period.

Table:- Assessment Of Symptoms Before And After Treatment

	Before treatment	After treatment
1. MADRS	52	6
2. HDRS	19	2
3. Zung Self-Rating depression	80	28
4. Beck's Depression	54	4

DISCUSSION

Unmada is not a single disease but having a spectrum of psychiatric diseases. According to Ayurveda Unmada and Apasmara are the two conditions where all panchakarma can be applicable because dosha aggravation are in higher amplitude.

Kalyanaka ghrita contains drugs like indravaru, triphala, devadaru, elavaluka, ela, manjistha, danti, dadima, nila Utpala, sariva dwaya, tagara, haridra dwaya etc which is indicated in Fever, Piles, Emaciation, Convulsion, Anemia, Cough, Insanity etc. Yastimadhu, Brahmi are very good nerve tonic⁵ which are playing crucial role in the management of mental disorder. Aswagandha contains chemical constituents like alkaloids, steroidal lactones and flavonoids which are having properties like neuroprotective, antistress⁶ etc

Shiropichu applied on the scalp in an oil-solubilized dosage form. Mode of action of shiropichu can be pronounced locally and systemically. The transcranial route of drug delivery and possibility to deliver central nervous system drugs through the brain-targeted transcranial route^{7,8}. Shiro pichu works on Tarpaka kapha, Sadhaka pitta and Prana vayu⁹. Due to tikshana, vyavayi and Sukshma property of Taila¹⁰, it enters easily into Manovaha srotas modifying vitiation of Manadosha, vatasamana, Medhya properties of taila.

The sukha ushna dravyas usually used for shirovasti which stimulates the efferent blood vessels and causes vasodilation. Pressure is produced on the head due to basti dravya which makes tranquilising effect and relaxes patient pressure improves blood circulation, increases fresh oxygen and glucose supply to brain and relaxes muscles and nerve ending. Skin of scalp is reach in arterial supply and venous and lymphatic drainage. It also contains abundant sweat glands, sebaceous gland and hair follicles and that's why it is preferable

site for good trans- dural is preferable for better transdural absorption. In shirovasti karma used drug is absorbed by the venous systems and treat many scalp related problems and mental disorder. The drugs used for Shirolepa is Amalaki which is vatahara because of amlarasa, pitahara because of sita virya and madhura vipaka and kaphahara due to rukshya guna and kasaya rasa¹¹. Takra which is also vata and kapha hara¹².

During Shirodhara treatment the continuous pressure by falling of fluid on the forehead produces a vibration which generates electromagnetic waves and it reaches the brain cortex producing a tranquilizing effect. The anatomy of the forehead includes skin from the surface to the underlying rigid bone of the skull. The soft tissue of the human forehead includes skin, subcutaneous layer and muscle. The epidermis and neurons embedded in the skin show the Piezoelectric effect¹³. The piezoelectric effect is observed when this epidermal surface is connected to the central nervous system.

Nasya dravyas is reaching the brain and acting on important centres controlling different neurological, endocrine and circulatory functions and thus showing systemic effects. In mechanism of drug absorption, transcellular passive diffusion, drug diffuses through membrane. It is an active transport process. More suitable for lipophilic drug. Sneha nasya may absorb through this process. Para cellular passive diffusion-drug is transported between the cells and transcytosis by vesicle carrier¹⁴.

CONCLUSION

The single case study of Major depressive disorder which is correlatable with Kaphaja unmada in Ayurveda has been effectively treated with Shiro pichu, Shirodhara, Shirovasti and Nasya karma. Oral medication of Kalyanaka ghrita in a dose of 1 tsp OD with ushna jala as anupana along with different panchakarma procedures was effective in the remission of sign and symptoms of kaphaja unmada. On assessing the patient condition before and after treatment the improvement was found to be significant, within a very short period of time, which shows panchakarma and oral medicine plays very important role in treating the psychological disorder like major depressive disorder.

REFERENCES

- Pandit Kasinath pandeya, Dr Gorakhnath Chaturvedi, Charak Samhita, Vol 2, published by choukhamba Sanskrit sthana, Varanasi pg no 316 -(ch.chi.sta-26/9)
- <https://www.bing.com/search?q=In+2019%2C+280+million+people+were+living+with+depression+%2C+including+23+million+children+and+adolescents.&form=ANSPH1&refig=6c13e2c4224e4f7d9bc3edcb582bb0ff&pc=U531&sp=4&iq=0&q=HS&sk=HS3&sc=7-0&cvid=6c13e2c4224e4f7d9bc3edcb582bb0ff>
- Pandit Kasinath pandeya, Dr Gorakhnath Chaturvedi, Charak Samhita, Vol 2, published by choukhamba Sanskrit sthana, Varanasi pg no- 309, (ch.chi.sta-14/9)
- Pandit Kasinath pandeya, Dr Gorakhnath Chaturvedi, Charak Samhita, Vol 2, published by choukhamba Sanskrit sthana, Varanasi pg no- 318 (ch.chi.sta-36-41/9)
- Pandit Kasinath pandeya, Dr Gorakhnath Chaturvedi, Charak Samhita, Vol 2, published by choukhamba Sanskrit sthana, Varanasi pg no- 39 (ch.chi.sta-30/1)
- Muzamil Ahmad, Nawab j. Dar, in sustained Energy for Enhanced Human Functions and activity, 2017
- <https://www.sciencedirect.com/science/article/pii/S0975947621000565/pdf?md5=5e7a34e2cb4b7cb7d5683a0b28c7a2d5&pid=1-s2.0-S0975947621000565-main.pdf>
- Thirana W. Kariyawasam S.H., Tibbotumunuwa H., Perera K. Brain targeted transcranial route of Drug delivery of Diazepam, Indian Journal of Pharmaceutical sci. 2006; 68: 493-496.
- Dr Arun kumar Gupta, Dr Trupti Gupta, World of journal of Pharmaceutical and Medical Research, Vol-6 issued by 10, 2020, pg no-291
- Kaviraj dr Ambika dutta sastry, Sushruta Samhita, Vol-1, published by choukhamba Sanskrit sansthana, Varanasi, pg no-230 (su.su-45/112)
- Kaviraj dr Ambika dutta sastry, Sushruta Samhita, Vol-1, published by choukhamba Sanskrit sansthana, Varanasi, pg no-255 (su.su-46/143)
- Kaviraj dr Ambika dutta sastry, Sushruta Samhita, Vol-1, published by choukhamba Sanskrit sansthana, Varanasi, pg no-226 (su.su-45/84)
- Kalpana D. Dhuri, Prashant V. Bodhe, Ashok B. Vaidhya Department of Clinical Research JCMR Advanced Centre of Reverse Pharmacology in Tradition Medicine, Medical Research centre Kasturba Health Society, Mumbai, India- Shirodhara: A psycho-physiological profile in healthy volunteers.
- Smita Lokhande: Probable mode of Action of Nasya-An overview