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# A MULTIDISCIPLINARY APPROACH IN MANAGING SUICIDAL IDEATION AND DEPRESSION: A CASE REPORT

Ayurveda

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## ABSTRACT

**Background:** Depression with suicidal ideation is a major psychiatric emergency requiring comprehensive management. This case study presents a multidisciplinary and integrative approach incorporating Ayurvedic and modern psychological principles in managing a 29-year-old male with major depressive disorder and suicidal ideation. **Case Presentation:** The patient presented with persistent sadness, suicidal ideation, anxiety, guilt, and social withdrawal, worsened over a year. His history revealed childhood trauma, relationship stress, substance use, and psychosocial triggers. Ayurvedic diagnosis indicated kaphaja unmada with vatapitta anubandha, and the patient exhibited features like low mood, psychomotor retardation, and self-neglect. **Management:** A holistic Ayurvedic treatment protocol was administered for 35 days, including snehapana, nasya, virechana, yogavasti, abhyanga, swedana, herbal medications, yoga, pranayama, satvavajaya chikitsa, and cognitive behavioral therapy. Significant improvement was recorded on the Hamilton Depression Rating Scale (HAM-D), with scores reducing from 20 to 11 post-treatment. **Conclusion:** The case demonstrates the efficacy of a multidisciplinary approach combining traditional Ayurvedic therapies and modern psychotherapeutic techniques in managing depressive symptoms and suicidal ideation. Further controlled studies are warranted to validate these findings.

## KEYWORDS

Depression, Suicidal ideation, Ayurveda, Kaphaja unmada

## INTRODUCTION

Depression is a widespread chronic medical illness that can affect thoughts mood and physical health[1]. According to world health organization, there are an estimated 280 million people suffer from depression globally affecting approximately 5%-6% of people worldwide each year[2]. About 11%-15% of people suffer for a life time. In the Ayurvedic literature, kaphaja unmada is closely similar to depression. It comprises a condition were social withdrawal, reduced self-care, reduced intake of food, sitting idly, reduced psychomotor activity/movement is observed.

Mental health disorders are multi-factorial in origin, often demanding a biopsychosocial and holistic management strategy. Major depressive disorder (MDD) with suicidal ideation constitutes a serious psychiatric emergency. Ayurveda, the traditional Indian system of medicine, conceptualizes mental illnesses such as kaphaja unmada as disturbances in manasika doshas and srotas. The management is through general line of treatment explained for manasika vikara, i.e. daivavyapasraya, yuktivyapasraya and satvavajaya. Dhi, dhairya, and atmadi vigyana are indicated for the patients afflicted with predominant features of bhaya, dukha, and kopa[3]. This case illustrates how integrative psychiatric care using Ayurvedic principles can be employed effectively in managing depressive episodes with suicidal ideation.

## CLINICAL PRESENTATION WITH HISTORY

A 29-year-old man approached GARIM IP, presenting with symptoms of Variations in mood, Suicidal ideations and wishes, generalized weakness of body, negative thoughts, Increased fear and anxiety, Guilt feeling, hopelessness, helplessness, reduced interest in doing work since 1 year aggravated since 5 months. According to informant he had increased fear and anxiety, increased tension, Guilt feeling, Sitting alone since 5 months.

The patient, second child of non-consanguineous parents, was born full-term by normal delivery with normal development. Academically good, silent and ambivert, he had early interest in reading. He first consumed alcohol in 5th standard from home, tried beedi once, and used alcohol occasionally during school. His father's alcoholism and parental conflicts were traumatic. He completed M. Com and B.Ed; during college he developed anxiety with intrusive disaster-related thoughts, with occasional alcohol and brief tobacco/cannabis use. He worked as a Swiggy delivery boy and later as a teacher in Uttar Pradesh, where a possessive relationship and severe low back pain led to resignation. After treatment, he returned to delivery work and was diagnosed with hypothyroidism. In late 2023, while teaching in Tamil Nadu, he immersed in psychology and spirituality, faced relationship conflicts, financial loss of □3 lakh via WhatsApp scam, and resumed daily alcohol (1–2 pegs).

By January 2025, he developed depressive symptoms with escalating suicidal ideation without attempts. His relationship conflicts worsened by February and ended in breakup. Despite brief counselling, homeopathic treatment, and a short, poorly tolerated allopathic trial, his condition deteriorated further. He then consulted an Ayurvedic psychiatrist for two weeks and was referred to GARIMH IP for further management.

### Family History

First cousin is under treatment for depression

### Treatment History (SINCE 2023)

Thyronorm 100mg 1-0-0

### Clinical Findings

On physical examination, the patient was moderately built, pulse – 85/min, heart rate – 88/min, BP- 100/70 mm of hg, respiratory rate – 14/min.

## MENTAL STATUS EXAMINATION

The patient was neatly dressed, cooperative, with good eye contact and coherent, normally paced speech. Mood was sad with congruent affect. Thoughts were continuous but not goal directed, marked by hopelessness, helplessness, guilt, ruminations about his condition, death wishes and suicidal ideation. He was fully oriented, with intact cognition, grade-5 insight, preserved judgment, and suicidal impulsivity.

## AYURVEDIC MENTAL STATUS EXAMINATION

Ashtavibhrama refers to distortions in cognition, behavior, and emotions, affecting various mental faculties. Manovibhrama led to increased negative thoughts, death wishes, failed to control his thoughts, suicidal ideations. No vibrama noted in domains of Budhi, Smriti, Samjna jnana. Bhakti vibrama present with reduced interest in job. Seela Vibhrama manifested as changes in behavior, crying spells. Chesta vibrama present like to sit alone. Achara Vibhrama noted when he has reduced interest in personal care.

## DASAVIDHAPAREEKSHA

The patient has Kapha Vata prakruti, with avara satwa bala, sarvarasa satmya and vishamagni. Aharasakthi and jaranasakthi was found to be Madhyama, with madhyama roga bala and rogi bala. Main doshas

involved in him was kapha and vata and the dathu was rasadhatu.

**Diagnostic Assessment**

The patient has diagnosed as depression and the symptoms can be related to kaphaja unmada lakshana. So, in Ayurveda the case was considered as kaphaja unmada with vatapitta anubhanda.

**Table 1: Treatment Procedure with Duration**

| Treatment | Days | Medicine | Rationale | Observations |
|---|---|---|---|---|
| Nasyam | 3 | Vilwadi gulika | Kapha vata samana, Srothosodhana | Reduction in sad mood |
| Siro kashaya dhara | 2 | Purana dhatri+usheera+guduchi | | Heaviness over head |
| Rookshana | 2 | Gandharvahasthadi kashayam 90ml bd Shaddharanam gulika 1-0-1 | | Heaviness reduced, increased appetite |
| Snehapanam | 7 | Panchagavya grutham 30ml-250ml | Snehana , kapha vata hara | Initially fluctuations in mood was present later mood improved, reduced negative thoughts |
| Abyangam + ushmasweda | 2 | Dhanwantharam taila | Dosha vilayana | Improvement in irritability and anger, improvement in fatigue |
| virechana | 1 | Avipathy choorna 30gm with luke warm water | Srotovisudhi, indriya suddhi, pittahara | Appetite normal, sleep improved, improvement in social mingling |
| Samsarjana krama | 1 | | Deepana pachana | Patient comfortable |
| yogavasthi | 8 | Snehavasti (5 days) with panchagavya ghrita<br>Kashayavasti (3 days)- erandamooladi | Manobhuddhi prasadanam, indriya prasadana | Patient comfortable |
| Kalka nasya | 7 | Vilwadi gulika | Kapha vata samana, Srothosodhana | Patient became active, started to mingle more |
| Doopana | Daily | Hingu, sarshapa, brahmi, maricha, siresha | | Improvement in mood |
| Yoga | Daily | Swasthikasana, thadasana, padahastasana, veerabhadrasana, janusheershasana, savasana | Helps in reducing the level of cortisol which is related to brain changes in the hippocampus, prefrontal cortex and amygdale of depressive patients. | Feels relaxed |
| Pranayama | Daily | Nadishuddhi pranayama, bhramari, seethkari, chandrabhedana, bhastrika | Pranayama induces the body relaxation response and helps in lowering the cortisol level. | Feels relaxed |
| Psychotherapy | Daily | CBT, Psycho education | | Reduced negative thoughts |
| Satvavachaya | Daily | Counseling to boost confidence and for self-realization | Helps to improve the intellect which helps in reducing negative thoughts and building positive attitude towards life. | Reduced negative thoughts, positive attitude towards life |

**FOLLOW UP AND ASSESSMENT**

The patient undergone treatment from the inpatient department of GARIMH, Kottakkal for a period of 35 days. After treatment the following follow up medicines were given for one month. Assessment was done before and after treatment using Hamilton depression rating scale (HAM D)

1. Varavishaladi kasayam -15 ml ksm + 45 ml luke warm water BD, B/F
2. Kalyanaka grutha – 2 tsp, HS
3. Manasa mitra vatakam 1-0-1 A/F

**RESULT**

After the course of treatment, it was noticed that patient got 50% relief in his symptoms. Thoughts reduced, fear and anxiety reduced.

**Table 2: Hamilton Depression Rating Scale**

| Date | Score |
|---|---|
| 13/05/2025 | 20 (Before treatment) |
| 16/06/2025 | 11 (After treatment) |

**DISCUSSION**

The patient is presented with kaphaja unmada lakshanas like rahaskamadha, shouchadwesha, annana abhilaksha, stanam ekadesam, alpasa cankramana. paittika lakshanas like amarsha, krodha. vataja lakshanas like rodhana, parooksha vak, karkasa vak. Based on these, the diagnosis was kaphaja unmada with vatapitta anubhanda.

Internally gandharvahastadi kashaya was administered for amapachana and agni deepana. Aswagandha choorna along with vacha and yashti were given. Aswagandha enhances brain function, memory, and stress resilience. Yashtimadhu is Vata Pitta shamaka, with cerebroprotective and memory-enhancing properties. Vacha has katu, tikta rasa, ushna veerya, is pachana, medya and unmadahara. Kalyanaka ghruta along with panchagavya grita was given at night which has a property of laghu, ushna, tiksna, and kaphahara. It is also very effective in thought abnormalities. Manasamitra vataka helps to improve sleep and manodoshara[9].

**MANAGEMENT**

**Internal Medications**

1. Yashti[4] + vacha+ Aswagandha[5] ½ tsp BD after food
2. Gandharvahastadi kashayam[6] -15 ml ksm + 45 ml luke warm water BD, B/F
3. Kalyanaka grutha[7] + panchagavya ghrutha – 2 tsp, HS
4. Manasa mitra vatakam[8] 1-0-1 A/F

Initially nasyam with vilwaadi gulika was done. Since the patient shows helplessness, hopelessness, reduced mingling and increased kapha lakshana. Vilwadigulika is the drug predominantly of katu, tikta rasa, katu vipaka, ushna virya, laghu, ruksha guna and kapha vata samana in action[10]. nasa is the entrance of siras[11]. Nasya is medicine that delivered through the nose then it enters in to the brain, helps to eliminate the morbid dosa. Preceded by siro-kashayadhara with puranadhatri, usheeram and guduchi. In shirodhara, prolonged and continuous pouring of liquid on forehead results in nervous stimulation and tranquilizing effect[12]. Shirodhara normalizes the two important neurotransmitters serotonin and norepinephrine, which regulates a wide variety of neuro-psychological processes along with sleep[13]. After sirodhara he started complaining of heaviness over head along with headache so dhara stopped. Rookshana was done with gandharvahastadi kashayam, shaddharanam gulika as it is having amahara and kaphavata hara properties. Rookshana was done prior to snehapana to maximize its effects. Snehapanam is done with panchagavya grtham. The drug is kapha vatahara[14] and cleans the channels in the body which brings clarity to the mind and its function. Blood–Brain Barrier (BBB) has a lipophilic molecular structure. This makes the lipids and lipid-soluble drugs absorb easily through BBB. Hence, the drugs which are given in the form of Ghee can quickly be absorbed through this barrier. Traditionally prepared Ghee contains docosahexaenoic acid, an omega-3 long-chain polyunsaturated fatty acid,that has shown a positive outcome in cognitive decline[15]. Ghee is known to have antioxidant property, which acts upon the degenerative

brain cells and helps to repair them[16]. Abhyanga and ushma sveda were done to liquefy doshas for elimination. Virechana was done with avipathy choornam (20gm), as the prime pittahara therapy, promotes indriya prasada, budhi prasada, srotosudhi, agnivridhi and vata anulomana[17]. Poor diet, stress, lack of exercise, and improper sleep may alter microbial dysbiosis in the gastrointestinal (GI) tract resulting in causing depression[18]. Various neuropeptides and hormones of the gut are found in the brain[19,20]. Virechana might enhance the amount of these neuropeptides by cleansing the GI tract. As a result, the quantity of neuropeptides might rise that in turn might have affected the brain and modify its various functions.

Post virechana yogavasti was done. Snehavasti done with panchagavya gritam. Kashaya vasti done erandamooladi kashayam. Vasti is the main treatment of vata which is considered as controller of mind. Sodhana therapy can modulate gut-brain axis. Gut microbiota plays a potential role in modulating psychological stress via the vagus nerve. Gut microbiota stimulates the stress response and the activity of the corticosterone pathway[21]. Kalkanasya done with vilwadi gulika. The drug is predominantly of katu, tikta rasa, katu vipaka, ushna virya, laghu, ruksha guna and kapha vata samana in action. By virtue of its teekshna guna and ushna virya, vilwadi gulika became capable of traversing through the srotas and is having the ability to attenuate kapha and also normalize vata and so it is found effective in managing depression. Dhupana was given daily, which act as a stimulant and makes it useful when combained with medications that have srotosodhana effects.

Yoga and Pranayama help in reducing the levels of cortisol[22]. Increased cortisol is related to brain changes in the hippocampus, prefrontal cortex, and amygdale which is present in depressive patients[23,24]. The added effect of Satvavajaya chikitsa that is Dhi chikitsa, Dhairya chikitsa and Atma vijnana, helps in assurance and replacement of emotions, regulation of thought process, reframing of proper ideas for proper guidance and advice for taking right decisions which finally results in controlling of Manas from Ahita artha[25].

## CONCLUSION

The case was diagnosed with kaphaja unmada with vatapitta anubhanda. A combained approach of Ayurvedic therapeutic approaches including siro-kashaya dhara, rookshana, snehapana, abyanga, ushma sweda, virechana, yogavasti and kalka nasya along with yoga, pranayama, satwavajaya, psychotherapy is found to be effective in reducing the symptoms. Further researches are needed in order to validate and generalise these findings.

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