

Ayurvedic Management in Case of Depression W.S.R. to *Kapahaj Unmad* - A Case Study

Dr. Kavita¹, Dr. Shikha Pandey², Dr. Gyanendra Datta Shukla³

¹PG Scholar, ²Assistant Professor, ³Associate Professor,
^{1,2,3}Panchkarma Department, Gurukul Campus, Haridwar,
Uttarakhand Ayurveda University, Dehradun, Uttarakhand, India

ABSTRACT

Ayurveda gives a prime importance to positive mental health. In the present era, the rate of depression is raised to the alarming extent so that it becomes the disorder of major public health importance, in terms of prevalence, suffering and morbidity due to modified and stressful lifestyle. Depression would be the second leading cause of disability-adjusted life years (DALYs). *Kapahaj Unmada* can be equated to Depression. **Material and Methods:** In this study, a patient of 27 years old presented with complaints of disturbed sleep, headache, anger issues, lack of concentration, involuntarily redundant thinking on any point, suicidal thoughts and increased cry spells since last 2 years. In this present study, an attempt is made to study the efficacy of combined therapy of *Shirodhara* and *Nasya* along with Yoga and internal administration of *Saraswthaarishta* and *Brahmi vati*. **Result and Conclusion:** Result were assessed by the improvement in patient's symptoms based on Hamilton's Depression Rating Scale. During and after the treatment, no adverse events were observed.

KEYWORDS: Stress, *Kapahaj Unmada*, *Shirodhara*

INTRODUCTION

Depression/ Major Depressive Disorder or clinical depression is an episodic or constant disorder which cause a major impact on person's physical, mental, emotional and social life. It is the second leading cause of disease burden¹. Depression is a common illness worldwide, with more than 264 million people affected. Considering the impact of depression, the World Health Organization declared slogan of world health day 2017 as "Depression -Let's talk".² Depression is caused by multifactorial combination of genetic and environmental factors and can be defined as depressed mood on a daily basis for a minimum duration of 2 weeks³. The global pooled period prevalence of mood disorders was 5.4%⁴, and its prevalence in WHO-World Mental Health Survey ranged from 0.8% to 9.6% across countries⁵. The lifetime prevalence of DD was relatively high in 40–49 age group (7.47%) and marginally more in females (5.72%) when compared with males (4.75%).⁵ A meta-analysis found that the lifetime prevalence of

suicide attempts was 31% and one year prevalence was 8% in MDD patients⁶.

Somatic symptoms associated with anxiety and depression:

General – fatigue

Feeling restless

Psychological – Atypical anger

Irritability

Cognitive – Poor attention

Poor concentration

Impaired memory

Slow thinking

Musculoskeletal- muscle ache

Headache

Gastrointestinal – Dry mouth, chocking, nausea, vomiting.

Genitourinary – Loss of libido

How to cite this paper: Dr. Kavita | Dr. Shikha Pandey | Dr. Gyanendra Datta Shukla "Ayurvedic Management in Case of Depression W.S.R. to *Kapahaj Unmad* - A Case Study" Published in International

Journal of Trend in Scientific Research and Development (ijtsrd), ISSN: 2456-6470, Volume-7 | Issue-4, August 2023, pp.861-865,
URL:
www.ijtsrd.com/papers/ijtsrd59736.pdf



IJTSRD59736

Copyright © 2023 by author (s) and International Journal of Trend in Scientific Research and Development Journal. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (CC BY 4.0) (<http://creativecommons.org/licenses/by/4.0>)



Vishada and *Avsada* represents minor depressive disorder and MDD can related with *Unmada*. *Unmada lakshana* include dearrangement of *Mana*(mind), *Buddhi*(intellect), *Bhakti*(aspiration), *Sheela*(constitution), *Chesta* (psychomotor activity) and *Achara* (conduct) components. These characters are more prevalent in *Avara satwa*.⁷

Tushnibhava (low tone voice)

Sthanamekdeshe, alpchankraman, manda (feeling of fatigue)

Amarsha (irritability)

Arochakta (Anorexia)

Bibhatswa (Death glare)

Swapannityta (poor concentration)

Rhaskamta (poor attention)

Sttanniyatnam ch giramutsarg (increased cry spells)

Unmatchitta (obsessive thoughts)⁷

MATERIALS AND METHODS

A. Particulars of Patient:

Gender =female

Age = 27 years

Place = *Panchkarma* O.P.D. of Gurukul campus, Haridwar

OPD No.= 1235/23177

Religion = Hindu

Marital status = Unmarried

D.O.A. = 31/10/2022

D.O.D. = 10/11/2022

B. Chief complaints - Disturbed sleep, headache, anger issues, lack of concentration, involuntarily redundant thinking on any point, suicidal thoughts and increased cry spells since last 2 years.

C. History of Present Illness: According to the patient, she was quite asymptomatic before 2 years. After that, patient gradually started eliciting symptoms like anorexia, amenorrhea and suddenly started attaining weight. Patient symptoms are associated with low tone voice, pessimistic mood, loss of social activities, frequent waking during nighttime, loss of appetite and reluctance in doing activities. Day by day symptoms became worsen and patient became badly aggressive. The onset of symptoms was gradual. During initial phase, she was treated by selective serotonin inhibitors (SSRIs) along with counselling sessions. Patient took treatment and found mild significant relief. After that, patient approached towards Ayurvedic treatment with her mother. So, she came to UAU, Gurukul Campus Haridwar for further investigation and management.

D. History of Past illness: No history

E. Family history: Not any relevant family history

F. Menstrual history: presence of amenorrhea since 1 year

G. Obstetric history: NAD

H. Personal history –

General condition – dull

Appetite – Decreased

Bowel – Clear

Urine – Normal

Sleep – Decreased

Diet – Vegetarian

Patient was teetotaller, non- smoker, non- diabetic and non- hypertensive.

I. Examination at the time of admission:

Modern parameters -

BP = 126/84mm Hg

Pulse = 78/ min

RR = 18/min.

Weight = 61 kg

Ayurvedic Parameters –

Astvidha pareeksha =

Nadi- Vaat-pittaj, 78/min, Regular

Mala – Yellowish in colour having normal consistency

Mutra – Pale yellowish in colour with frequency of 6-7 times per day

Jihva – Coated

Shabd – Spast

Sparsh –*Ushna* and *ruksha sparsh*

Drik – *Samanya* (vision 6/6, clear conjunctiva)

Akriti – obese (BMI = 26.4)

Dashvidha pareeksha =

Prakriti – *Vaat-pitta* (having features like dry skin, poor physical strength, *bahubhuja*, *alpa nidra* etc.)

Vikriti – *Prakriti sam samvet*

Sara – *Madhyam*

Sanhanan – *madhyam* (BMI= 26.4, devoid of any structural deformity)

Aahar – *Aalp* (*Abhyavarana shakti*=less than 2-3 meals per day, *Jaran shakti*=not presence of all *Jirna Ahar lakshan* upto 5 hrs.after meal intake)

Satmya – *Deepan-pachan dravya*

Satva – *Aalp*

Vyay – *madhyam* (27 yrs.)

Vyayam – *Aalp*

Pramana – *madhyam* (Body weight =61 kg, Height = 152cm)

J. Diagnostic Assessment

During the reporting time at our hospital, the findings of the patient were as follows as per the diagnostic criteria –

Hamilton Depression Rating Scale = 21

Insomnia Severity index = 16

K. Therapeutic intervention

After taking informed and written consent of the patient and following international conference of Harmonization-Good clinical practice Guidelines (ICH- GCP) patient made to undergo following intervention.

A) Therapy procedure: Depression comes under *Unmada* category of Ayurveda. Two *Panchkarma* procedures are adopted to this patient. *Shirodhara*

with *Tila taila* for 10 days and *Nasya karma* with *Anu taila* for 10 days were administered {Table 1}. Along with *Panchkarma* procedure combinations of oral medications such as Tab. *Manasmitravatak* (MMV) 1 bd (two times) after meals. Tab. *Brahmi vati* 2 bd with *Saraswatharishtha* 20 ml (with normal water) daily two times after meals {Table 2}. These oral medications were continued in following 2 months after completion of *Panchkarma* interventions.

Table 1. Panchkarma Interventions

Panchkarma Procedure	Drugs	Method of application	Days of treatment
<i>Shirodhara</i>	<i>Ksheerbala taila</i> Ingredients: <i>Balamoola</i> (<i>Sida cordifolia</i>), <i>Tila taila</i> (<i>Sesame oil</i>), <i>Ksheera</i> (<i>Cow's milk</i>) <i>Tila taila</i> Ingredients- <i>Tilataila</i> - sesame oil, <i>Manjishta</i> <i>Rubia cordifolia</i> , <i>Lodhra</i> <i>Symplocos racemosa</i> , <i>Musta</i> - <i>Nagaramotha</i> <i>Cyperus rotundus</i> , <i>Amalaki</i> (<i>Emblica officinalis</i>), <i>Haritaki</i> <i>Chebulic myrobalan</i> , <i>Vibhitaki</i> <i>Belliric myrobalan</i> etc.	The person undergoing <i>Shirodhara</i> intervention is made to lie down on the table. Then, <i>Snehana</i> (oleation therapy) followed by <i>swedana</i> (sudation therapy) to make the body suitable for <i>Shirodhara</i> . <i>Siro-abhyanga</i> with <i>tila taila</i> for approx. 5-7 minutes followed by covering of Patient's eyes and ears with the help of cotton. Afterwards, the process of <i>Shirodhara</i> was done with <i>Tila taila</i> by manual <i>Shirodhara</i> instrument for 40-45 minutes under pleasant environment. After this process, the oil is to be wiped off and the patient is advised to take warm water bath after an hour.	10 days
<i>Nasya karma</i>	<i>Anu taila</i> Ingredients- <i>Jivanti</i> (<i>Leptadenia reticulata</i>), <i>Devadaru</i> (<i>Cedrus deodara</i>), <i>Twak</i> (<i>Cinnamon</i> <i>Usheera</i>) <i>Daruharidra</i> (<i>Berberis aristata</i>), <i>Prishnaparni</i> (<i>Uraria picta</i>), <i>Vidanga</i> (<i>Embelia ribes</i>), <i>Renuka</i> (<i>Vitex negundo</i>) etc.	Massage with <i>Ksheerbala taila</i> over face followed by <i>Mridu Swedana</i> . 2 Bindu of <i>Anu Taila</i> administered in the form of a <i>vichhinna Dhara</i> in each nostril followed by <i>Dhoompana</i> .	10 days

Table 2. Oral Medications

Name of the drugs	Dose	Anupana	Days
Tab. <i>Manasmitravatak</i> (MMV)	1 tablet (twice a day)	with Lukewarm water after meal	Two months from the first day of admission
Tab. <i>Brahmi vati</i>	2 tablets (twice a day)	with Lukewarm water after meal	
<i>Saraswatharishtha</i>	20 ml (twice a day)	with equal quantity of normal water	Two months from the first day of admission

Table 3. Yoga Chikitsa

Name of Yoga	Duration	Days
<i>Brahmari Pranayama</i>	10 min. twice a day	Two months from the first day of admission
<i>TratakaPranayama</i> <i>Surya namaskar</i>	15 min. twice a day. twice a day.	

Table 4. Aahar Chikitsa

Aahar	Advised (Pathya)	Avoid (Apathya)
Diet	Light (liquid or semisolid)	oily, refrigerated and junk food

OBSERVATION AND RESULT

The observation found that after the combined therapeutic treatment of 10 days there was improvement in patient. The difference observed before and after the whole treatment was observed accordingly and compared as shown in the given tables.

Table 1. Comparison of Sign and Symptoms

Symptoms	Before treatment	After treatment
Appetite	Poor (++)	Improved (+)
Episodes of crying	5-6 times in whole day	1-2 times in a day
Social attitude	Secluded behaviour	Interactive behaviour
Sleep	Frequent awakening (5-6 times/night)	1-2 times / night
Weight	48 kg	61 kg
Mood	Pessimistic mood	Optimistic mood
Heart rate	100-120/min.	70-80/min.

Table 2. Hamilton's Depression Rating Scale before and after treatment

S. No.	Symptoms	BT	AT
1.	Depressed mood	2	1
2.	Feeling of guilty	1	0
3.	Suicide	2	1
4.	Insomnia: in early hours of night	0	0
5.	Insomnia: middle of night	1	0
6.	Insomnia: late hours of night	1	1
7.	Work and activities	2	1
8.	Retardation	0	0
9.	Agitation	2	1
10.	Anxiety psychic	3	1
11.	Anxiety somatic	1	0
12.	Somatic symptoms gastrointestinal	1	1
13.	General somatic symptoms	1	0
14.	Genital (menstrual) symptoms	1	1
15.	Hypochondriasis	2	1
16.	Weight loss	0	0
17.	Insight	1	1
	Total	21	10

Table No. 3 Insomnia Severity Index

S. No.	Symptoms	BT	AT
1.	Difficulty falling asleep	2	0
2.	Difficulty staying asleep	3	1
3.	Problems waking up too early	0	0
4.	How satisfied/ dissatisfied with our current sleep pattern?	3	1
5.	How noticeable to others do you think your sleep in terms of impairing the quality of life?	3	1
6.	How worried / distressed are you about your current sleep pattern?	3	1
7.	To what extent do you consider your sleep pattern interfere with your daily functioning currently?	2	1
	Total	16 (Clinical Insomnia)	5 (No Clinically significant Insomnia)

DISCUSSION

In this case, combined therapy of *Shamana Chikitsa*, *Yoga Chikitsa* along with *Panchkama (Upkarma)* has been shown benefit.

As we all know acc. to *Ayurveda*, *vata* dosha is responsible for all movements and activities of body and brain.⁸ When there is imbalance of *vata* dosha in body, the symptoms like *bala-chesta nasha* will be found which is main characteristic feature of

depression⁸. For *Shamana* of *vata dosha*, *Snehan* therapy in the form of *Shirodhara* process was done⁸.

Snehana – *Swedana* are the *purvkarma* of *shirodhara* which helps in relaxation of body before *shirodhara*. *Snehana* causes viscosity, softness and *kleda* in the body as mentioned by Acharya Charaka. *Swedana* causes vasodilation all over the body. In ayurvedic classics *Shirodhara* can be correlated with *Shiroparisheka*⁹. *Shirodhara* means pouring of either *taila*, milk or *takra* gently over forehead in a continuous stream at a particular point (Agya Chakra) from a definite height (approx. 4-5 inches)¹⁰. *Shirodhara* has shown its anti-anxiety, anti-hypertensive and sleep-inducing effects in few studies. Effects of *Shirodhara* are found to be responsible for reduction in catecholamine and an increased serotonin uptake¹¹. This center of forehead are believed to be linked with the pineal gland (often called third eye) of the body¹² which helps in controlling circadian cycle of the sleep and wakefulness by secretion of melatonin hormone.

Continuous pouring of *Taila* over forehead for a specific period has a tranquilizing effect and induce sleep by reaching the brain cortex and correct deficiency of certain neurotransmitters¹³. As per modern science, we all know that after local application as an ointment a drug may pass through the stratum corneum and into the blood vessels to produce desirable effect at a remote target organ. *Tila taila* possess anti *vata dosha* properties⁸ and its *snigdha* property helps *trpaka kapha* of brain cells in properly maintaining the connection of *Indriyas* and *Vishaya* which may have been deranged by aggravated *Vata*.

In *Ashtanga Samgraha* it is explained that *Nasa* being the door way to *Shira* (heard), the drug administered through nostrils, reaches *Shringataka* (a *Sira Marma* by *Nasa Srota* and spreads in the *Murdha* (Brain) taking route of *Netra* (eye), *Shrotra* (ear), *Kantha* (throat), *Siramukhas* (opening of the vessels) etc. and scratches the morbid *Doshas* in supra clavicular region and extracts them from the *Uttamanga*¹⁴ Nasal drops inserted in the nose during *nasya* process induce inflammation in nasal epithelium causing elimination of morbid materials¹⁵

These medicines used apart from *Shirodhara* like *Saraswataristha* (anti-inflammatory, anti-anxiety, memory enhancing, anti-oxidant) and *Bramhi vati* (anti-oxidant, anti-inflammatory, antianxiety and tranquilizer) are well established *Medhya Rasayan*(brain tonic) in Ayurveda.

CONCLUSION

It may be concluded that *Shirodhara* is an effective treatment in the management of *Unmada*. *Shirodhara*

along with these drugs helpful in decreasing manifestations of *vikriti of mana* (*chintya*, *vicharya*, *uhaya*, *dheya* and *snkalpa*), *buddhi* (abnormal acumen power), *smriti* (not memorizing beautiful memories), *achar* and *chesta dusti* (presence of crying spells) etc.

Informed consent: Informed consent was taken from the patient for this study.

REFERENCES

- [1] Reddy MS. Depression: The Disorder and the Burden. *Indian J Psychol Med* 2010; 32: 1–2.
- [2] Farahzadi MH, Services H. Depression; Let's talk. 2017.
- [3] O'Connor E, Whitlock E, Gaynes B, Beil T. Screening for Depression in Adults and Older Adults in Primary Care. *Agency Healthc Res Qual US* 2009: 167.
- [4] Steel Z, Marnane C, Iranpour C, Chey T, Jackson JW, Patel V, *et al*. The global prevalence of common mental disorders: A systematic review and meta-analysis 1980-2013. *Int J Epidemiol* 2014; 43: 476–93.
- [5] Arvind BA, Gururaj G, Loganathan S, Amudhan S, Varghese M, Benegal V, *et al*. Prevalence and socioeconomic impact of depressive disorders in India: Multisite population-based cross-sectional study. *BMJ Open* 2019; 9.
- [6] Ye G, Li Z, Yue Y, Wu Y, Yang R, Wang H, *et al*. Suicide attempt rate and the risk factors in young, first-episode and drug-naïve Chinese Han patients with major depressive disorder. *BMC Psychiatry BioMed Central*; 2022; 22: 1–10. Available from: <https://doi.org/10.1186/s12888-022-04254-x>.
- [7] vidyotini teeka on charak samhita .pdf.
- [8] Charaka Sootra Sthana Global .pdf.
- [9] Sushrut Samhita -2 - Ambikadutta Shastri (AyuTech).pdf.
- [10] Rathod D m. *Shirodhara With Oil*: 1–2.
- [11] Divya Kajaria J. An Appraisal of The Mechanism of Action of *Shirodhara* -. *Ann Ayurvedic Med* 2013; 2: 114–7.
- [12] Gaikwad A, More N, Wele A. International Journal of Ayurveda and Pharma Research. 2015; 3: 2322–902.
- [13] Dhuri KD, Bodhe P V., Vaidya AB. *Shirodhara* : A psycho-physiological profile in healthy volunteers. *J Ayurveda Integr Med* 2013; 4: 40–4.
- [14] Astanga-Sangraha.pdf.
- [15] Deepak VM, Suwarna VD, Pawan LS, Sunil TG. *Nasya Karma Karmukatva-a Review Article*. Available from: www.iamj.in.