

Ayurvedic approach in the management of depression: A case report

Case Report

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Abstract

Depression is the most prevalent psychiatric condition and WHO estimates that 280 million people worldwide have depression. *Avasada* and *Vishada* are two ailments that are referenced in the *Ayurvedic Samhitas* and have a close connection with depression. *Acharya Charak* states "*Vishado Rogavardhanam*" as the primary cause of any ailment to get worse. Many medications are available in allopathy science to treat mental health conditions, but they have lots of side effects. Prolonged use of these drugs puts the patient in progressively terrible conditions that eventually turn fatal. A 37 years old male patient approached the outpatient department of Kayachikitsa with complaints of anger, irritability, loss of activities and energy, disturbed sleep since 4 years. Patient had a past history of Schizophrenia before 12 years and had taken allopathy treatment for the same. Patient was not willing to continue allopathy medicine. He was treated with *Shamana* and *Shodhana chikitsa* as per the Ayurvedic principles along with *Bhramari Pranayama Yoga* and Meditation Treatment for 5 months with a follow up monthly. Hamilton's Depression Rating Scale (HDRS) was used to assess the patient before and after the intervention.

Keywords: *Vishada*, *Avasada*, Depression, *Bhramari Pranayama Yoga*, Meditation.

Introduction

Persistent unhappiness and a lack of interest in one's pleasurable or gratifying activities are characteristics of depression. Fatigue and difficulty in concentration are typical symptoms while sleep and appetite might often be disrupted. Depression is the most prevalent psychiatric condition in the world, impacting over 280 million people, according to WHO (1). Depression affects 5% of the general population and 10% to 20% of medical outpatients who are chronically unwell. It is a primary factor in both suicide and disability (2). Depression is caused by a number of variables, including anxiety disorders, adjustment problems, and some endocrine abnormalities such as Cushing syndrome, Alzheimer's disease, and others. The patient was diagnosed with depression based on the International Classification of Diseases (ICD-10) (3,4) because he had symptoms such as fatigue, trouble in sleeping and a depressed mood. Depression symptoms can be caused by both psychological and physical

issues. Depression that coexists with a medical illness can worsen impairment, reduce adherence to therapy and rehabilitation, and in some cases shorten life expectancy.

In Ayurveda based on symptoms, and *manasika* (psychological) and *sharirika dosha* (purposeful elements of the body which are *vata*, *pitta*, and *kapha*) Depression can be compared with *Vishada* (sadness), *Avasada* (exhaustion), and *Kaphaja Unmada* (5). Primary psychological states like *Raja* and *Tama*, according to *Ayurveda*, that are induced by *Manasa Dosha* include *Kama* (lust), *Krodha* (anger), *Lobha* (greed), *Moha* (delusion), *Irshya* (jealousy), *Mada* (euphoria), *Shoka* (grief), *Chinta* (anxiety), *Udvega* (neurosis), and *Bhaya* (fear). Symptoms of depression may include some of these symptoms. *Ayurveda* says that the main pathogenic elements contributing to the etiology of depression are psychological *Tama guna* hyperactivity and *Raja guna* unbalance. At the physical level, there is vitiation of the *Kapha Dosha* and depletion of the *Vata Dosha* (6).

Electro Convulsive Therapy, mood stabilizers, and antidepressants are recommended to treat depression. These have varied degrees of adverse effects and pharmacological interactions, although they are to a certain extent effective. In a situation like this, effective natural depression management is required to prevent future negative consequences. A psychological approach is the most effective way to maintain a

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positive and healthy mind, which speeds up the recovery from physical ailments and maintains one's psychological well-being. Ayurveda promotes effective *Panchakarma* treatments, such as *Snehan*, *Swedan* and *Shirodhara*. In addition to *Shamana Chikitsa* (internal medicine) recommends yoga and meditation for the treatment of depression.

Case Presentation

A 37 years male patient was suffering from anger, irritability, loss of activities and energy, disturbed sleep from 4 years. Patient had a past history of Schizophrenia before 12 years and taken treatment of allopathy medicine. He also had history of hypertension since 8 years under medication. He was diagnosed with Schizophrenia in 2012 and was consulting a psychiatrist of conventional medicine for the same. He was under allopathy medications for 3 years (2012 to Oct 2015). He was under regular follow up from 2015 to 2022, at a government hospital. The symptoms reappeared in April 2023 and the patient came to Kayachikitsa OPD of Dr. D.Y. Patil College of Ayurveda and Hospital, Pimpri-Pune, for Ayurvedic management.

History of current illness

Table 1: Treatment taken in Past

| Timeline | Health events |
|-------------------------------|---|
| 2012 | Diagnosed as Schizophrenia and consulted a psychiatrist of conventional medicine |
| 2012 to October 2015 | Regular follow ups under allopathy medications for 3 years |
| October 2015 to November 2022 | Regular follow ups at government hospital. Allopathy medicines were tapered. Diagnosed with hypertension and taking antihypertensive medicine |
| November 2022 to March 2023 | Symptoms flared and on regular allopathy medications as advised by psychiatrist |

Treatment history

Anti-schizophrenic medications were taken under the guidance of Psychiatrist before 12 years for 4years.

The following were the medicines taken during the duration. 1. Tab. Clzorest 200mg – 1 tablet once in a day. 2. Tab. Serquit plus – 1 tablet once in a day. 3. Tab. Relihexy 2mg – 1 tablet once in a day. 4. Tab. Neuro beta 10mg – 1 tablet once in a day. 5. Tab. Oliramp 2.5mg – 1 tablet once in a day. 6. Tab. Vibraset CD3 – 1 tablet once in a day. 7. Tab. Tadacool 2.5 mg - 1 tablet once in a day.

Clinical findings

General examination

Temperature – 98F; Pulse rate – 76/min; Blood pressure – 130/90mmHg.

Systemic Examination

The systemic examination showed no abnormalities in respiratory, cardiovascular and central nervous systems. But the symptoms caused disturbed sleep and made patient anxious.

Asthavidha Pariksha

Nadi – *Vatakaphaja*, *Mala* – *Pichila malapravrutti*, *Mutra* – Normal, *Jivha* – *Prakrut*, *Shabda* – *prakrit*, *Sparsha* – *Sheet*, *Drik* – *Prakrut*, *Akruti* – *Madhyam*, *Sara* – *Madhyam*, *Samhanana* – *Madhyam*, *Pramana* - *Sama*, *Satmya* – *Madhyam*, *Satva-Madhyam*, *Vyayamshakti* - *Madyayam*, *Aharshakti* – *Madhyam*, *Jaranshakti* - *Madhyam*

Per abdominal examination

Per abdomen examination revealed that abdomen was soft, non-tender and no organomegaly was detected.

Manas bhava parikshan

The patient had a depressed behavior, a sad facial expression and a improper eye contact.

Table 2: Manas Bhava pariksha

| Manas Bhav Pariksha | Present/Absent |
|---------------------|----------------|
| <i>Bhaya</i> | Present |
| <i>Krodha</i> | Present |
| <i>Shoka</i> | Present |
| <i>Moha</i> | Absent |
| <i>Chinta</i> | Present |
| <i>Smritihrasa</i> | Absent |

Diagnostic assessment criteria

Charaka Samhita has given the inference for understanding of physical as well as mental criteria aspects briefly. This is included in *Anumana Pariksha* and such aspects are described as *Anumanajanya Bhava*. With this concept in view the condition was diagnosed as *vishada* with symptoms of *bhaya*, *krodha* and *shoka*. All parameters evaluated during a standard blood investigation were confirmed to be normal. The patient was assessed using Hamilton's Depression Rating Scale (HDRS) both before and after treatment (Table5).

The patient was classified as having moderate to severe depression based on the conventional scale range, as shown by the Hamilton's Depression Rating Scale, which had a rate of 26 before treatment.

Ayurvedic Therapeutic Line of Treatment

The treatment was carried out with the following medicines for five months. With the internal medicine patient underwent 14 days of *snehan*, *swedan* and *shirodhara*. During this period, the patient was advised to follow Yoga and Meditation. All allopathy medicine were kept on hold during the *Ayurvedic* treatment unless the patient had any aggravation of symptoms. Hamilton's Depression Rating Scale was used to access the condition of the patient before and after treatment.

Table 3: Time line of Ayurvedic Treatment

| Duration | Clinical features | Treatment |
|----------------------------|---|--|
| 25 April 2023 - 8 May 2023 | Symptoms like anger, irritability, loss of energy in regular activities and <i>disturbed sleep</i> | <i>Snehan, Swedana and shirodhara</i> for 14 days along with ayurvedic medicines. |
| 8 May 2023 - August 2023. | Symptoms like anger, irritability, loss of energy in regular activities and <i>disturbed sleep</i> gradually subsided | Ayurvedic medicines were continued along with <i>Brahmari Pranayama Yoga</i> and Meditation. |

Panchakarma

1. *Snehana* therapy - *Tila taila snehana* for 14 days daily.
2. *Swedana* therapy - *Nadi sweda* with *Dashmoola kwath* for 5- 10 min for 14 days daily.
3. *Shirodhara* (after *Snehana-Swedana*) - For 45 min with *Ksheerbala taila* for 14 days daily.

Yoga and meditation

Brahmari Pranayama Yoga and Meditation - 15 min twice a day daily.

Table No. 4 - Shamana chikitsa (Internal medicines)

| Medicine | Dose | Time | Anupana |
|----------------------------|---------------------|--|---------------------------------|
| Syrup Brahmi Prash | 20 ml | <i>Pragabhakta (Before food empty stomach)</i> | <i>Koshna jala (warm water)</i> |
| Guduchi Ghanavati | 2 tablets of 250 mg | <i>Pragabhakta (Before food empty stomach)</i> | <i>Koshna jala</i> |
| Saraswatari shta | 40 ml | <i>Nishakale (at night)</i> | <i>Koshna jala</i> |
| Avipattikara Churna | 3 gm | <i>Nishakale</i> | <i>Koshna jala</i> |
| Tablet Tagar | 2 tablets of 250 mg | <i>Nishakale</i> | <i>Koshna jala</i> |

Observations and Results

After Ayurvedic treatment the changes in Hamilton’s Depression Rating Scale are noted in table no 5.

Hamilton’s Depression Rating Scale - Score level of depression

- Mild - 10 to 13
- Mild to Moderate - 14 to 17
- Moderate to Severe - >17

The initial score on HDRS of the patient before Ayurvedic intervention was 26 and after the treatment it was 11. The scoring change was significant from Severe to Mild.

Table 5: Hamilton’s Depression Rating Scale (7)

| Symptoms | Pre-treatment | Post-treatment |
|-------------------------|---------------|----------------|
| Depressed mood | 3 | 1 |
| Guilt feeling | 3 | 1 |
| Suicide | 0 | 0 |
| Insomnia- Early | 0 | 0 |
| Middle | 2 | 1 |
| Late | 0 | 0 |
| Work and Activities | 2 | 1 |
| Psychomotor retardation | 1 | 0 |
| Agitation | 3 | 1 |
| Anxiety – Somatic | 3 | 2 |
| Psychological | 2 | 1 |
| Somatic symptoms of GI | 0 | 0 |
| General | 1 | 0 |
| Hypochondriasis | 3 | 1 |
| Weight loss by history | 1 | 0 |
| Insight | 2 | 2 |
| Total score | 26 | 11 |

Discussion

The combined benefits of Panchakarma therapy, Shamana chikitsa, Yoga, and Meditation have been significantly demonstrated in this case study. *Snehana* and *Swedana* are *Purvakarma* which poses the body to relax. *Shirodhara* induces a state of relaxation to the mind, leading to a state of dynamic psycho-somatic equilibrium. During this phase, it gives a complete mental clarity, contentment, and comprehension (8, 9). With the intention of relieving the *Avarana* of *Tama dosha* and *Kapha dosha* in *Urdhvajatrugata pradesha* (the head region). *Yoga* and Meditation with *Bhramari pranayama* were the forms of *yogic* treatment that were intended to elevate *Satva guna*. *Yoga* breathing techniques like *Bhramari pranayama* influence the autonomous nervous system's response, which in turn affects adrenaline levels and helps lower the neuro hormones that cause stress, anxiety, and depression (10,11). Stress and anxiety levels are lowered by the meditation technique because it balances the sympathetic and parasympathetic nervous systems.

Brahmiprash syrup having *medhya* drugs (nootropic medicine) that are used to improve speech and memory. (12). According to *Acharya Charaka* these *medhya rasayana* drugs are advised for a number of psychological conditions, including *Unmada* and *Apasmara*. *Guduchi* is a potent *Rasayana* medication that stimulates nonspecific immune-modulatory processes to provide antidepressant, anxiolytic and immune-modulatory effects (13, 14, 15). *Saraswatarishta* enhances quality of life and has anxiolytic, antidepressant and sleep-promoting properties. *Avipattikara Churna* its *Deepan* (appetizer), *Pachan* (digestion), and *Rechana* (laxative) qualities aid in the process of food digestion. Tablet *Tagar* has antidepressant activity and sleep enhancing activity (16).

Conclusion

Psychological disorders are understood and treated in Ayurveda using a variety of treatment modules. In this case, the majority of the symptoms were related to Depression and were compared with *Vishada in Ayurveda*. The HDRS total score before treatment was 26 and after treatment it was 11, which ranged from severe to mild after the Ayurvedic intervention. Exploring similar cases with Ayurvedic intervention could lead a better scope for a substantial inference.

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