

**DEPRESSION-WHY TO TALK****Dr. Goyal Arun\***

\*Senior Consultant (Ayu.), M.D. (Ayu.), 743-A wing, Directorate General of Health Services,  
MoHFW, Nirman Bhawan, New Delhi-110011.

Article Received on  
23 April 2017,  
Revised on 13 May 2017,  
Accepted on 03 June 2017  
DOI: 10.20959/wjpr20177-8731

**\*Corresponding Author****Dr. Goyal Arun**

Senior Consultant (Ayu.),  
M.D. (Ayu.), 743-A wing,  
Directorate General of Health  
Services, MoHFW, Nirman  
Bhawan, New Delhi-  
110011.

**ABSTRACT**

Constricting families and rising fantasy is the new trend of modern era. This allows more freedom and bigger dreams to live with. But there is a dark side also i.e. "Depression". Moving recklessly, depression is covering almost 322 million population of all ages around the world in 2015<sup>[1]</sup>, without any bias. India is also not free from this spectre with estimated 57 million people (18% of Global estimate) affected by depression.<sup>[2]</sup> Sniggling in, depression is capturing the varied civilization of large joint families taking the physical and mental health of people in the balance. Scaling from a milder condition of sadness, negativity, fear, frustration to severe health problems and even suicide, depression affects every individual in different way. To treat this awful guest, WHO has initiated a campaign "Depression-Let's talk" for the

year 2017-18. Though there are several risk factors responsible for depression but the foundation stone is lack of expression. Talks not only help to treat depression but also prevent one from entangling into this sludge. Making it a way to check this menace, several aspects of talks has to be explored like what to talk, when to talk, why to talk etc. which can help to understand the need to talk.

**KEYWORDS:** Talk, Depression, Ayurveda, Depression-Let's talk, WHO.

**INTRODUCTION**

India is a country of assorted civilizations comprising of joint families with high morals that supports emotional integration of social, personal and cultural diversities. In such a colorful package of communities, depression is a taint creating personal and social restriction to live a healthy life. Increasing at a pace of storm, depression holds a dominant position as a causative factor for various biological and behavioral diseases as well as disorders. Being

unattended mainly due to unawareness or fear of being isolated due to social stigma, depression is one of the key factors that remains undiagnosed.

According to WHO, depression is one of the leading risk factors for NCDs and mental disorders contributing to significant morbidity, disability as well as mortality along with significant socio-economic losses.<sup>[3]</sup> In India, affecting people of all ages, genders, socio-economic group and religions, it Attributes approximately 15% of global DALYs to mental, neurological and substance use disorders (31 million) with depression, accounting for 37% (11.5 million) DALYs in 2013. By 2015, it may project to around 2.6 million DALYs (22.5%) due to population growth and ageing.<sup>[4]</sup>

Depression is a common mental illness characterized by persistent sadness and a loss of interest in activities that people normally enjoy, accompanied by an inability to carry out daily activities for at least two weeks.

According to ICD 10, diagnostic criteria for diagnosing depression include:

#### **Major symptoms**

- Feeling sad or depressed most of the day, nearly everyday
- Markedly reduced interest or pleasure in almost all activities, most of the day nearly every day
- Loss of energy or fatigue nearly every day.

#### **Minor symptoms**

- Loss of self- confidence or self esteem; unreasonable feelings of guilt nearly every day; recurrent thoughts of death or suicide, or suicidal behavior
- Diminished ability to think or concentrate bodily agitation or slowness, disturbed sleep (reduced or increased sleepiness) nearly everyday
- Gloomy and unhappy views of the future, increased or decreased appetite and/or weight

The symptoms need to be present for at least 2 weeks<sup>[5]</sup>

It affects social life, family relationships, career and one's sense of self-worth and purpose<sup>[6]</sup>

#### **RISK FACTORS**

1. **Abuse-** Physical, mental, sexual, or emotional abuse or maltreatment can increase the vulnerability to clinical depression later in life.

2. **Events-** Big events of Life like failure or unexpected success, marriage or divorce, entering into a job or resigning or losing a job, acceptance of love proposal or rejection causes stress that gradually leads to depression.
3. **Medications-** Some drugs, such as finasteride, alpha and beta interferones, Contraceptives like Norplant etc. are linked to cause depression<sup>[7]</sup>
4. **Conflicts-** Personal or professional conflicts with family, friends or colleagues increases the vulnerability for developing depression.
5. **Death-** Death or loss of family member, friend, beloved one or unnatural deaths around, may hurt and causes depression.
6. **Isolation**<sup>[8]</sup>- Living alone due to familial conflicts or deaths, social isolation resulting from mental disorders or non-acceptance in the community, imparts negative effect leading to development of depression.
7. **Substance abuse-** Associated with problems including gender-based violence, organized crime and the serious neglect of children.<sup>[9]</sup>
8. **Negligence-** Familial or social negligence either intentionally or unintentionally causes severe depressed states.
9. **Diseases-** Various communicable and non-communicable diseases are found to be a factor for depression and vice versa.
10. **Genetic predisposition-** A family history of depression is often related to be a significant risk factor for continuing the same in off-springs.

## AETIOLOGY OF DEPRESSION

In the throng of large number of risk factors, the root cause for depression is Lack of Expression i.e. restricted / constricted affect or emotional blunting. Fear/ inability to express emotions, internal conflict or suppression of emotional urge due to personal or social insecurity or inability to trust leads to a state where the thoughts overpower your mental health that causes disturbance in your daily tasks.

Ayurveda conceptualize the relationship between mind and body that mental illness can lead to diseases of body and vice versa. The fact is also supported by the WHO findings about connection of depression with NCDs and the opposite in the same way.

Mental health is governed by Satva, Rajah and Tamah. Out of these, elevation in Rajah and Tamah factor leads to depression while increase in Satva leads to happiness. However, disturbance of any of the mental humors affects the bodily humors also that are Vata, Pitta

and Kapha and vice versa. This in turn can cause a variety of disease and disorder of body that may affect the person's life for short as well as long term. Ayurveda further discloses that mental health of an individual also regulates digestive activities that even the healthiest and quantified food is poorly digestible if the person's mind is distorted.<sup>[10]</sup>

### COMPLICATIONS OF DEPRESSION

Depression, if undiagnosed or left untreated, can cause serious problems including Physical, mental illness with social isolation.

Some complications associated with depression include:

1. Nutritional disorders like Obesity<sup>[11,12]</sup> or Starvation<sup>[13,14]</sup>
2. Suicidal tendencies<sup>[15]</sup>
3. Psychological problems like Anxiety, Mania or Phobia
4. Substance misuse like Alcohol or drugs addiction<sup>[16]</sup>
5. Familial and social isolation<sup>[17]</sup>
6. Complications in diseases like Diabetes<sup>[18]</sup>, Cardiovascular diseases<sup>[19,20]</sup>

### TREATMENT

Treatment modalities for depression include:

1. Anti depressant medication
2. Psychiatric consultations
3. Electroconvulsive Therapies (ECT)
4. Other that may include:
  - a. Yogic exercises
  - b. Indulging into work
  - c. Socializing yourself etc.

Although several modalities are available to manage cases of depression but for effective treatment, the first and foremost therapy is to break the pathogenesis. This can be done by removing the root causes of depression<sup>[21]</sup> i.e. lack of expression. Expressing yourself is a way/medium to explore what you feel; what you demands; what is expected; what is necessary and what is satisfactory.

**What to talk**

Lack of expression is your biggest enemy. Be free enough to talk everything about your disease or danger; anxiety or anger, distress or dilemma; conviction or aversion, instinct or abuse, success or heaps of refuse, dare or nightmare; something common or very rare, happiness or horror; stress or sorrow. Express the emotions that you feel; the problems that you cannot deal, your zeal or even the hunger for meal.

**When to talk**

Never allow thing to accumulate in your mind. Securing things and accumulation are two different aspects. The later one turns into eccentricity that keeps on reminding you the same event for long which will impede the usual tasks. This in turn reduces your efficiency in every field that further worsens the mental health. Thus, be quick enough to get off the emotional stress and remove the clouds of sorrow. Because for emotions, there will never be tomorrow. Talk's makes you calm and helps you to analyze what is right and what should be done to tackle the current situation.

**Why to talk**

Restricting emotions not only insults you but also to those who are attached to you personally, emotionally, socially and economically. Depression is a black hole that engulfs you without getting noticed and living isolated is a null and void situation. Self centeredness, lack of sharing makes you stand alone in a crowd of voices with no body to listen; no body to share, no body to understand and no body to care.

Depression is a lonely island impregnated with grieves. The moment you step in, you will die off thinking and the moment you step out, you will see your stars blinking. The only way to get rid of this situation is "Talk" because

Its "talks" that relieves you;

Its "talks" that make people to believe you.

Its "talks" that ease out your work;

Its "talks" that brings you out of emotional jerk.

**Whom to talk**

Be free to express your discomforts to your friends, beloved ones, family member, spouse, kids, guardian/care taker, doctor or even god.

Stop thinking what people will think about;

Stop thinking what will happen if your emotion goes out.

Stop thinking why people create doubt;

Start thinking when to move in or when to step out.

If you found nobody to who you think is the right one to understand your sentiments, two persons can help you out. First one is you. Extract some time for yourself. Explain the things to you and discuss whether you have chosen the right path or not. If still there is no answer, leave the things on god and express your emotions in terms of your love to your pets. They are the one who never ignores you. They will not understand your pathos but they can cheer your sheer love and care by giving you more love in return.

Forgive those who say you are insane; forgive those for whom your emotion goes in vain.

Forgive those who laugh at your pain; forgive those who leave you in emotional rain.

## DISCUSSION

Depression is not a mental disease. It is a state of mind where person finds himself/ herself unable to share his/her emotions. Personal/social insecurity aggravates the situation. Sometimes sarcasm or abuse causes fear to raise the voice and puts the person into pit of depression. Keeping emotions inside acts like a foreign body. It harms but person still nourishes it by not revealing his/her pathos. This lack of expression leads to social isolation, diminished joy and zest in most of activities, diseased body with never ending grieves. To overcome this mess, the ray of hope comes out in the form of talks. This helps to relieve burden from heart, create ways for a new start, open window of opportunities like a mart and fills life with happiness like a tasty meal in your cart. Hands are there for help; just raise your finger that you are there. Let's Talk.

## REFERENCE

1. Depression and other common mental disorders: global health estimates. Geneva: World Health Organization; 2017.
2. Depression and other common mental disorders: global health estimates. Geneva: World Health Organization; 2017.
3. [http://www.searo.who.int/india/depression\\_in\\_india.pdf](http://www.searo.who.int/india/depression_in_india.pdf).
4. Charlson FJ, Baxter AJ, Cheng HG, Shidhaye R, Whiteford HA, The burden of mental, neurological, and substance use disorders in China and India: a systematic analysis of community representative epidemiological studies. Lancet, 2016; 388: 376–89.

5. [http://www.searo.who.int/india/depression\\_in\\_india.pdf](http://www.searo.who.int/india/depression_in_india.pdf).
6. Neena Bohra, Shruti Srivastava,1 and M.S. Bhatia1, Neena Bohra, Shruti Srivastava,1 and M.S. Bhatia1, Depression in women in Indian context, *Indian J Psychiatry*. 2015 Jul; 57(Suppl 2): S239–S245.
7. Rogers D, Pies R., General Medical Drugs Associated with Depression. *Psychiatry (Edgmont)*, 2008; 5(12): 28-41.
8. Singh Archana and Nishi Misra. "Loneliness, Depression and Sociability in Old Age," *Industrial Psychiatry Journal*, 2009; 18.1: 51–55.
9. B Hanna F, Alcohol and substance use in humanitarian and postconflict situations. *East Mediterr Health J*. 2017 May 1;23 (3):231-235.
10. Agnivesh, Charaka Samhita, Ed. Vd. Yadavaji Trikamji Acharya, Chaukhamba Sanskrit Sansthan, Varanasi, Reprint, 2004, Vimanasthan 2/9.
11. De Wit, Leonore, et al. "Depression and obesity: a meta-analysis of community-based studies." *Psychiatry research*, 2010; 178.2: 230-235.
12. Blaine, Bruce. "Does depression cause obesity? A meta-analysis of longitudinal studies of depression and weight control," *Journal of health psychology*, 2008; 13.8: 1190-1197.
13. Polivy, Janet and C. Peter Herman, Clinical depression and weight change: A complex relation. *Journal of Abnormal Psychology*, 1976; 85.3: 338.
14. Morley, John E. and Dale Kraenzle, Causes of weight loss in a community nursing home, *Journal of the American Geriatrics Society*, 1994; 42.6: 583-585.
15. Anjana Bhattacharjee and Sibnath Deb, Suicidal Tendencies among Depressive Patients, *Journal of the Indian Academy of Applied Psychology*, July 2007; 33(2): 213-218.
16. Skitch, Steven A. and John RZ Abela, Rumination in response to stress as a common vulnerability factor to depression and substance misuse in adolescence. *Journal of Abnormal Child Psychology*, 2008; 36.7: 1029-1045.
17. Michael F. Steger, Todd B. Kashdan, Depression and Everyday Social Activity, Belonging, and Well-Being, *Journal of Counseling Psychology*, 2009; 56(2): 289–300.
18. Egede LE, Ellis C., The Effects of Depression on Metabolic Control and Quality of Life in Indigent Patients with Type 2 Diabetes. *Diabetes Technology & Therapeutics*, 2010; 12(4): 257-262. doi:10.1089/dia.2009.0143.
19. Musselman DL, Evans DL, Nemeroff CB., The Relationship of Depression to Cardiovascular Disease Epidemiology, Biology and Treatment. *Arch Gen Psychiatry*, 1998; 55(7): 580-592. doi:10.1001/archpsyc.55.7.580

20. Van der Kooy, K., van Hout, H., Marwijk, H., Marten, H., Stehouwer, C. and Beekman, A. (2007), Depression and the risk for cardiovascular diseases: systematic review and meta analysis. *Int. J. Geriatr. Psychiatry*, 22: 613–626. doi:10.1002/gps.1723.
21. Sushruta, Sushruta Samhita, with Nibandhasangraha Commentary Of Sri Dalhanacarya Ed. Vd. Yadavaji Trikamji Acharya & Narayana ram Acharya “Kavyatirtha”, Chaukhamba Orientalia, Varanasi, 8<sup>th</sup> Edi, (2005), Uttarsthan 1/25.