

WORLD JOURNAL OF PHARMACEUTICAL RESEARCH

SJIF Impact Factor 8.084

Volume 9, Issue 5, 1040-1045.

Case Study

ISSN 2277-7105

AYURVEDIC MANAGEMENT OF DEPRESSION (UNMADA): A CASE STUDY

Amitava Acharyya¹, Shrawan Kumar Sahu², Rahul D. Ghuse³ and Ashok Kumar Sinha*⁴

¹Senior Research Fellow, Regional Ayurveda Research Institute (CCRAS, Ministry of AYUSH –Government of India).

^{2,3,4}Research Officer, Regional Ayurveda Research Institute (CCRAS, Ministry of AYUSH – Government of India).

Article Received on 20 Feb. 2020,

Revised on 12 March 2020, Accepted on 02 April 2020

DOI: 10.20959/wjpr20205-17252

*Corresponding Author Dr. Ashok Kumar Sinha

Research Officer, Regional Ayurveda Research Institute (CCRAS, Ministry of AYUSH -Government of India).

ABSTRACT

Depression is a disorder of major public health importance, in terms of its prevalence, suffering, dysfunction, morbidity, and economic burden. It is estimated that if current trends for demographic and epidemiological transition continue, the burden of depression will increase to such an extent that it would be the second leading cause of disability-adjusted life years (DALYs), second only to ischemic heart disease. Although, there are many Allopathic medicines available for its management but these are not free from their adverse/side effects. Further, their efficacy and effect is not sustainable unless the real cause of the disease is not rooted out. People are now looking for alternative medicines to avoid adverse effect of chemical medications. In this

paper, a case study of a 39 years old patient suffering from moderate depression is being presented which was successfully controlled by adopting Ayurveda, the Indian system of medicine. The management comprised of Shirodhara (ayurvedic treatment procedure of slowly and steadily dripping lukewarm medicated oil on the forehead of the person, resting quietly on a comfortable bed in a pleasant ambience) with Til taila coupled with oral administration of Ayurvedic formulations viz. Brahmi vati, Saraswatharista and Ashwagandha Churna for a period of 7 days. There was a drastic decline in the scores of Backs depression Inventory scale (BDIS) and Hamilton Depression Rating scale (HDRS) and no any adverse effect of the adopted management was seen during treatment and even after the 1 month of follow-up.

KEYWORDS: Depression, unmada, ayurveda, Shirodhara.

INTRODUCTION

Depression is a common illness worldwide, with more than 264 million people affected.^[1] The burden of depression and other mental health conditions is on the rise globally. A World Health Assembly resolution passed in May 2013 has called for a comprehensive, coordinated response to mental disorders at the country level.

Depression is defined as depressed mood on a daily basis for a minimum duration of two weeks. An episode may be characterized by sadness, indifference, apathy, or irritability and is usually associated with changes in sleep patterns, appetite, and weight; motor agitation or retardation; fatigue; impaired concentration and decision-making; feelings of shame or guilt; and thoughts of death or dying.^[2] The depression can lead to suicide. Every year close to 800,000/ people die due to suicide, which is the second leading cause of death in 15-29-year-olds.^[3]

Depending on the number and severity of symptoms, a depressive episode can be categorized as mild, moderate or severe. An individual with a mild depressive episode will have some difficulty in continuing with ordinary work and social activities but will probably not cease to function completely. During a severe depressive episode, it is unlikely that the sufferer will be able to continue with social, work or domestic activities, except to a limited extent.

There are effective treatments for moderate and severe depression. Health-care providers may offer psychological treatments such as behavioural activation, cognitive behavioural therapy (CBT) and interpersonal psychotherapy (IPT), or antidepressant medication such as selective serotonin reuptake inhibitors (SSRIs) and tricyclic antidepressants (TCAs). But these are either not free from adverse effects or are not easy to be practiced. Hence People are now looking for alternative system of medicine for better management.

On the basis of marked similarities in the signs and symptoms, Depression can be very well correlated with Unmada described in Ayurvedic texts and therefore, it can be managed accordingly.

CASE REPORT

A male patient of 39 years with middle socio-economic background from Gangtok visited O.P.D of Regional Ayurvedic Research Institute, Gangtok on 16th June 2019. He is a

registered nurse, practicing in a tertiary level hospital in North Eastern state of India. His main complaints were insomnia, excessive anger, involuntarily repetitive thinking on any point, and reluctance in performing his daily activities along with no care about his happiness. The onset was gradual and started in 2016 when he was posted at Imphal. During that period, he was treated by selective serotonin reuptake inhibitors (SSRIs) for 6 months. The problem reappeared after 6 months of discontinuing treatment and he had to continue the treatment. In 2018, the symptoms raised gradually though he was on the medicament. His treating physician gradually increased the doses of medicines to subside the symptoms. The subject was non-alcoholic, non-smoker, non-diabetic, and non-hypertensive. Although his family had a history of depression and suicide, the Subject's marital history and family support were satisfactory as his wife and family members were very cooperative and supportive.

The personal history of the patient was as follows

General condition (G.C): Dull - Confused look

Appetite: Decreased

Diet: Non-vegetarian

Urine: Normal frequency and amount

Bowel: Normal Thirst: Normal

Sleep: disturbed (insomnia)

The findings of local and systemic examinations revealed following points

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: 165cm, Weight: 78kg

Diagnostic Assessment

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

Backs depression Inventory scale: 21 (Borderline clinical depression)

Hamilton Depression Rating scale (HDRS): 18

Therapeutic intervention

On the basis of marked similarities in the signs and symptoms, Depression can be very well correlated with Unmada described in Ayurvedic texts. Hence, in accordance with ethical principles by following international conference of Harmonization-Good clinical Practice Guideline (ICH-GCP) and after taking informed and written consent of the patient, he was made to undergo following procedures and medicament on this very line of treatment of Unmada.

A. Panchakarma (**Ayurvedic detoxification procedure**): First of all, the patient was given Snehana (massage and oleation therapy) followed by Svedana (sudation therapy) to prepare the body for the main procedure {Shirodhara}. Afterwards, the procedure of Shirodhara was continued for a period of 40-45 minutes. These procedures were carried for a period of 7 successive days. The details are as follows:

Step 1: Full body massage (Sarvanga abhyanga) with Mahanarayan taila for 15 minutes. (According to traditional Ayurvedic massage protocol).

Step 2: Full body sudation (Vaspa svedana) for 5-8 minutes. (According to patient's comfort and sign of perfect sudation (Samyok Svedana lakshana).

Step 3: Shirodhara with Til taila by manual Shirodhara instruments for 40 to 45 minutes under comfortable ambience with pleasant music.

B. Medicines

Tab Brahmi vati -2 tab with Saraswatharistha 15 ml (with normal water) daily two time after food

Tab Ashwagandha churna 3gm daily two times with milk after food.

C. Aahar (**Diet**): Light diet (Semi-solid diet) garnished with kitchen spices like ginger, pepper, cumin seed, fresh fruit, seasonal vegetables, warm water [avoiding fried and refrigerated food, smoking, heavy food, oily food, cold water, fermented foodetc].

RESULT

An excellent improvement was noticed in the clinical conditions of the patient whose depressive condition reverted back to normal and it was depicted by the drastic decline in the scores of BDIS and HDRS scales used for measuring depression (Table-1). No any adverse effect of the adopted management was seen during treatment and even after the 1 month of follow-up.

Table 1: Clinical assessment scales before and after treatment.

Name of assessment scale	Before Treatment	After Treatment
Backs depression Inventory scale (BDIS)	21	4
Hamilton Depression Rating scale (HDRS)	18	4

DISCUSSION

The reason behind the excellent result in the present case may be the capacities inherent in the procedures adopted and the medicines used.

Shirodhara is a well-established traditional ayurvedic treatment procedure of slowly and steadily dripping lukewarm medicated oil on the forehead of the person, resting quietly on a comfortable bed in a pleasant ambience.^[4] The concentration on Dhara Dravya (til taila) which is falling on his head of the patient during the procedure increased the intensity of brain waves and decreases the brain cortisone and adrenaline level. This factor also contributes in anti-stress effects of Shirodhara.^[6,7]

Shirodhara acts by trans-cutaneous penetration of medicine through the skin and absorption by capillary infiltration. The tactile and thermo-receptive sensations may be the mode of action of Shirodhara. This procedure produces a constant pressure and vibration which is amplified by hollow sinus present in frontal bone. This vibration along with little temperature may activate the function of thalamus and the basal forebrain which secrete serotonin and catecholamine. If prolong pressure is applied to a nerve, impulse conduction is interrupted and part of body relax. In the procedure of Shirodhara prolonged and continues pressures over the forehead causes tranquillity of mind and reduce stress by modulating the nerve stimulation.^[5]

According to Ayurveda, the site of Dhara is Shira (head) and it is the major Sthana (site) of Prana Vayu^[8], Majja Dhatu and most of the Indriyas. Therefore, Shirodhara helps in balancing the Prana Vayu and nourishes Majja dhatu and Indriyas. Prana vayu is one of a vital element which maintains the activity like judgment, intelligence and memory power. Overall Prana vayu can be compared to the CNS anatomically and physiologically as it integrates the sensory impulses from all over the body.^[9]

The medicine used apart from Shirodhara like Ashwagandha churna (Kaphahara, Vataanulomok, anti-oxidant, anti-inflammatory, anti anxiety and tranquilizer), Saraswataristha (anti-anxiety, memory enhancing, anti-oxidant, anti-inflammatory) and

Bramhi vati (anti-oxidant, anti-inflammatory, anti anxiety and tranquilizer) are well established Medhya Rasayan(brain tonic) in Ayurveda.^[10]

CONCLUSION

Ayurveda is very much capable of treating/managing depression and other mental disorders. Shirodhara with Til Taila along with Medhya Rasayana is an effective treatment regimen for moderate depressive disorder patient and it can be used without any adverse effect. A case series /pilot study/RCT should be carried out in such cases to validate this case report which will lead to national prosperity by managing the disorders.

REFERENCES

- GBD 2017 Disease and Injury Incidence and Prevalence Collaborators. (2018). Global, regional, and national incidence, prevalence, and years lived with disability for 354 diseases and injuries for 195 countries and territories, 1990–2017: a systematic analysis for the Global Burden of Disease Study, 2017. The Lancet. DOI.
- 2. Kaplan, Harold I, Sadock BJ. Synopsis of Psychiatry. 6th ed. Baltimore, Maryland, U.S.A.: Willium and wilkins, 1991.
- 3. Julie Cerel, John R Jordan, and Paul R Duberstein. The impact of suicide on the family. Crisis, 2008; 29(1): 38–44.
- 4. Dhuri KD, Bodhe PV, Vaidya AB. *Shirodhara*: A psycho-physiological profile in healthy volunteers. J Ayurveda Integr Med., 2013; 4: 40-4.
- 5. Sahu AK, Sharma AK. A Clinical study on Anidra and its management with Shiradhara and Mansyadi Kwath. Journal of Ayurveda, 2009; 3.
- 6. Young SN. How to increase serotonin in the brain without drugs. Rev. Psychiatr Neurosci, 2007; 32(6): 394-99.
- 7. Lesch KP, Bengal D, Helis A, Sobal SZ, Greenberg BD, Petri S, et al. Association of anxiety –related traits with a polymorphism in the serotonin transporter gene regulatory region. Science, 1996; 274(5292): 1527-31.
- 8. Tripathi, B. (editor) Charaka Samhita with Charaka Chandrika -*Sutrasthana*. Chaukhamba Surbharti Prakashan, 2001; 12(8): 254-255.
- 9. Moharana P, Rouhan R. A Critical Review of Prana Vayu in the Modern Perspective. Int J Ayu Pharm Chem., 2018; 9(1). Online-ISSN 2350-0204.
- 10. Niranjan S, Swayamprava S. A case study on the management of Obsessive Compulsive Disorders (OCD) in Ayurveda Case Report. Inter J Ayur Med., 2015; 6(3): 272-275.