

EFFICACY OF HINGWADI GHRITA IN THE MANAGEMENT OF VISHADA WITH SPECIAL REFERENCE TO DEPRESSION

¹*Dr. Khushboo Shailesh Akhade and ²Dr. Hiranman Warungase

¹P.G. Scholar, Final Year and ²Professor, HOD, Guide

Kayachikitsa Department, SMBT Ayurved College & PG Research Institute, Dhamangaon,
Nashik.

Article Received on
31 August 2023,

Revised on 21 Sept. 2023,
Accepted on 12 Oct. 2023

DOI: 10. 20959/wjpr202318-29984

*Corresponding Author

**Dr. Khushboo Shailesh
Akhade**

P.G. Scholar, Final Year,
Kayachikitsa Department,
SMBT Ayurved College &
PG Research Institute,
Dhamangaon, Nashik.

ABSTRACT

Depressed mood, helplessness, worthlessness and hopelessness were the symptoms present in more than 95% of the subjects. 33 subjects displaying the symptoms of *Vishada* (Depression) within the inclusion criteria were included in the study. Subjects with suicidal tendencies, other psychiatric disorders, major depressive disorders, and pregnant women were excluded. A dose of 10 grams of *Hingwadi Ghrita* was given twice in a day. The effect of the therapy was assessed using Hamilton's Depression Rating Scale, and Self-Prepared Rating Scale of *Vishada*, based on the scoring achieved by the subject before and after treatment. The result of the study can be summarized as follows - the overall effect of the therapy proves that after thirty days of treatment many symptoms of depression decrease in magnitude, with

statistical significance. The drugs present in *Hingwadi Ghrita* are *Srotoshodhaka* (purify the channels of the body), *Vatanulomaka* (corrects the direction of the flow of *vata*), *Kaphahara* (reduce the level of *kapha* present in the body) and stimulant in nature. These properties inherently remove the *avarana* of *Kapha* and act on *Vata*. At this juncture we can conclude that *Hingwadi Ghrita* has good results in managing *Vishada* (Depression), within 30 days of treatment.

KEYWORDS: *Vishada*, Depression, *Hingwadi ghrita*, *Strotoshodhaka*.

INTRODUCTION

Vishada is categorized under *Vata Nanatmaja Vikara*^[1] & also considered as *Apatarpanjanya Vyadhi*.^[2] "*Vishado Rogavardhananaam Shreshthah*"^[3] i.e. *Vishada* is one of the main

causative factor that increases the severity of all the diseases. Dalhana defined *Vishada* as "*Asiddhi Bhayat Vividheshu Karyasu Sado Apravrutihi*"^[4] i.e. a condition originated from apprehension of failure, resulting in incapability of mind & body to function properly with significant reduction in activity.

Aacharya Sushruta has mentioned *Vishada* under *Manas Rogas/Vikaras*.^[5] Understanding the feeling of fear in a person by seeing his depressed state of behavior i.e. *Bhayam vishadena*.^[6]

According to *Charaka Nidana* [Ch.7/ 7(3)] symptoms of *Kaphaj Unmada* like *Sthanam ek deshe*, *Tushni bhava*, *Achankramana*, *Rahaskamta*, *Bibhatsyatvam* etc. are also commonly seen in patients suffering from *Vishada*.^[7] Also, some of the *lakshanas* of *Vishada* are seen in *Kaphaj Unmada*. In both the conditions, *Mandcheshta* (reduced in psycho-motor activity) is distinctly observed as in the case of both neurotic & psychotic depressive illness.^[8] By the inference from above textual content, we can correlate *Vishada* to *Kaphaj Unmada*.

Depression is a state of low mood and aversion to activity that can affect a person's thoughts, behavior, feelings and physical well-being. It may include feeling of sadness, anxiety, emptiness, helplessness, worthlessness, guilty, irritability Or restlessness.^[9]

The symptoms of *Vishada* which are found in various text in Indian science, when compared to depression almost appear similar; so we can correlate *Vishada* with Depression.

CASE REPORT

A 35 years old male patient having following complaints was came in OPD of Kayachikitsa Department, SMBT Ayurved College and Hospital, Dhamangaon, Nashik.

Chief complaints

1. Nishabdata
2. Ekantapriya
3. Dwesha
4. Achankramana

----- all above complaints present since 4 months

History of Present Illness

Patient was stable before 4 months. After that there was gradual increase in above symptoms, but above symptoms were aggravated in last 15 days. So, patient came to Kayachikitsa OPD

for further treatment and management.

Past History - No any History

Present Medicinal History - No any medicine taken

Past Surgical History - No any surgical history

Family History - Matruj Kul – NAD Pitruj Kul - NAD

Marital History - Married at the age of 30 yrs and took divorce in last year.

Occupational History - Resigned job in previous year

General Examination

Temperature	97.6 F
RR	20/min
Pulse Rate	88/min
Blood Pressure	110/70 mm of hg
Height	158 cm
Weight	65 kg

Systemic Examination

RS	AEBE Clear
CVS	S1S2 Normal
CNS	Conscious, oriented
P/A	Soft and non-tender

Ashtavidha Parikshana

<i>Nadi</i>	88/min
<i>Mala</i>	1 episode/day (Asamyak mala pravritti)
<i>Mutra</i>	5-6 times/day
<i>Jivha</i>	<i>Sama</i>
<i>Shabda</i>	<i>Aspashta</i> /Irrelevant
<i>Sparsha</i>	<i>Samashitoshna</i>
<i>Druk</i>	<i>Prakrit</i>
<i>Akriti</i>	<i>Madhyam</i>

Dashavidha Parikshan

<i>Prakruti</i>	<i>Vatanubandhi kapha</i>
<i>Dosha</i>	<i>Manasa - Rajasa, Tamasa</i> <i>Sharir - Vata, Kapha</i>
<i>Dushya</i>	<i>Manasa, Sarvadhātu</i>
<i>Mala</i>	<i>Sweda, Purisha</i>
<i>Sara</i>	<i>Avar (Hina)</i>
<i>Samhanana</i>	<i>Madhyama</i>
<i>Pramana</i>	158 cm
<i>Dehabhara</i>	65 kg

<i>Satmya</i>	<i>Madhyama</i>
<i>Satva</i>	<i>Avar</i>
<i>Ahara Shakti</i>	<i>Avar</i>
<i>Vyayam Shakti</i>	<i>Avar</i>

Vikrit Strotas Parikshan

Strotas Parikshan WNL Except

Manovaha Strotasa: Chinta, Bhaya, Dwesha, Shoka Annavaha Strotasa: Anannabhilasha,

kshudha mandyaRasavaha Strotasa: Mukhshosha

Medovaha Strotas: Prasweda

Purishvaha Strotasa: Asamyak Mala-Pravritti

Methods of selection of study subject

a) Inclusion criteria

1. Patients diagnosed as per the criteria for mild and moderate depression as per ICD-10.
2. Age between 18 to 50 yrs.
3. Patients irrespective of socioeconomic status.
4. Patient with history of depression less than one year.
5. Patients who were under medication for depression previously but not using now.

b) Exclusion criteria

1. Patients with other psychiatric disorders
2. Patients with major depressive disorder
3. Pregnant women
4. Patients with chronic illness like Cancer, Hypertension, Diabetes Mellitus, Hyper& Hypothyroidism.
5. Patients with suicidal tendency or thoughts.
6. Organic Mood disorders
7. Chronic drug abuse, e.g. barbiturates etc.
8. Chronic Alcoholic

Management

Drug	<i>Hingwadi Ghrita</i>
Route of drug administration	Oral
Dose	10 gm BD
Time	Half an hour before food
<i>Anupan</i>	<i>Koshna jala</i>
Duration of treatment	30 days

Hingwadi Ghrita

Ingredients: It contains *Hingu*, *Shunthi*, *Marich*, *Pippali*, *Goghrita*, *Gomutra* & *Sauvarchal Lavan* etc.

Table No. 1: Showing Properties of Drugs Used for Hingwadi Ghrita.

Drug	Rasa	Virya	Vipaka	Guna & Prabhav	Doshaghnata
<i>Hingu</i> (L.N.-Ferulanarhex)	<i>Katu</i>	<i>Ushna</i>	<i>Katu</i>	<i>Laghu, Snigdha, Tikshna-Uttejaka.</i>	<i>Vata, Kapha</i>
<i>Shunthi</i> (L.N.-Zinziber officinalis)	<i>Katu</i>	<i>Ushna</i>	<i>Madhur</i>	<i>Laghu, Snigdha, Uttejaka</i>	<i>Vata, Kapha</i>
<i>Marich</i> (L.N.-Piper nigrum)	<i>Katu</i>	<i>Ushna</i>	<i>Katu</i>	<i>Laghu, Tikshna, Uttejaka</i>	<i>Vata, Kapha</i>
<i>Pippali</i> (L.N.-Piper longum)	<i>Katu</i>	<i>Anushna -sheeta</i>	<i>Madhur</i>	<i>Laghu, Snigdha, Tikshna</i>	<i>Vata, Kapha</i>
<i>Goghrita</i>	<i>Madhur</i>	<i>Sheeta</i>	<i>Madhur</i>	<i>Snigdha, Mridu, Yogvahi, Shlakshana, Alpabhishyandi, Soumya</i>	<i>Vata, Pitta</i>
<i>Gomutra</i>	<i>Katu, Tikta</i>	<i>Ushna</i>	<i>Katu</i>	<i>Laghu, Tikshna</i>	<i>Kaph, Vata</i>
<i>Sauvarchala Lavan</i>	<i>Lavan</i>	<i>Ushna</i>	-	<i>Laghu, Sukshmastrotogami, Vishad, Agnideepak</i>	<i>Vata</i>

OBSERVATION AND RESULTS**Table no. 2: Table showing effect of therapy on signs and symptoms.**

Sr No.	Parameter	Finding	Points	Before treatment	After treatment
1	<i>Tushni Bhava</i> (observing silence)	Absent	0	3	1
		Mild impairment	1		
		Moderate impairment	2		
		Marked impairment	3		
2	<i>Sthanam Eka deshe</i> (staying in one place – catatonic features)	Absent	0	3	1
		Mild impairment	1		
		Moderate impairment	2		
		Marked impairment	3		
3	<i>Achankramana</i> (reduced or absence of activities)	Absent	0	3	1
		Mild impairment	1		
		Moderate impairment	2		
		Marked impairment	3		
4	<i>Rahaskamata</i> (prefer to stay alone)	Absent	0	3	1
		Mild impairment	1		
		Moderate impairment	2		
		Marked impairment	3		
5	<i>Bibhatsatvam</i> (disgust feeling)	Absent	0	3	0
		Mild impairment	1		
		Moderate impairment	2		
		Marked impairment	3		

Hamilton's Depression scale^[10]**I. Depressed Mood** (sadness, hopeless, helpless, worthless)

- 0 Absent.
- 1 These feeling states indicated only on questioning.
- 2 These feeling states spontaneously reported verbally.
- 3 Communicates feeling states non-verbally, i.e. through facial expression, posture, voice and tendency to weep.
- 4 Patient reports virtually only these feeling states in his/her spontaneous verbal and non-verbal communication.

II. Feeling of guilt

- 0 Absent.
- 1 Self reproach, feels he/she has let people down.
- 2 Ideas of guilt or rumination over past errors or sinful deeds.
- 3 Present illness is a punishment. Delusions of guilt.
- 4 Hears accusatory or denunciatory voices and/or experiences threatening visual hallucinations.

III. Suicide

- 0 Absent.
- 1 Feels life is not worth living.
- 2 Wishes he/she were dead or any thoughts of possible death to self.
- 3 Ideas or gestures of suicide.
- 4 Attempts at suicide (any serious attempt rate 4)

IV. Insomnia: Early in the Night

- 0 No difficulty falling asleep.
- 1 Complains of occasional difficulty falling asleep, i.e. more than 1/2 hour.
- 2 Complains of nightly difficulty falling asleep.

V. Insomnia: Middle of the Night

- 0 No difficulty.
- 1 Patient complains of being restless and disturbed during the night.
- 2 Waking during the night – any getting out of bed rates 2 (except for purposes of voiding).

VI. Insomnia: Early hours of the Morning

- 0 No difficulty.
- 1 Waking in early hours of the morning but goes back to sleep.
- 2 Unable to fall asleep again if he/she gets out of bed.

VII. Work & Activities

- 0 No difficulty.
- 1 Thoughts and feelings of incapacity, fatigue or weakness related to activities, work or hobbies.
- 2 Loss of interest in activity, hobbies or work – either directly reported by the patient or indirect in listlessness, indecision and vacillation (feels he/she has to push self to work or activities).
- 3 Decrease in actual time spent in activities or decrease in productivity. Rate 3 if the patient does not spend at least three hours a day in activities (job or hobbies) excluding routine chores.
- 4 Stopped working because of present illness. Rate 4 if patient engages in no activities except routine chores or if patient fails to perform routine chores unassisted.

VIII. Retardation (slowness of thought and speech, impaired ability to concentrate)

- 0 Normal speech and thought.
- 1 Slight retardation during the interview.
- 2 Obvious retardation during the interview.
- 3 Interview difficult.
- 4 Complete stupor.

IX. Agitation

- 0 None.
- 1 Fidgetiness.
- 2 Playing with hands, hair, etc.
- 3 Moving about, can't sit still.
- 4 Hand wringing, nail biting, hair-pulling, biting of lips.

X. Anxiety Psychic

- 0 No difficulty.
- 1 Subjective tension and irritability.

- 2 Worrying about minor matters.
- 3 Apprehensive attitude apparent in face or speech.
- 4 Fears expressed without questioning.

XI. Anxiety Somatic (physiological concomitants of anxiety) such as gastro-intestinal – dry mouth, wind, indigestion, diarrhea, cramps, belching, cardio-vascular – palpitations, headaches, respiratory –hyperventilation, sighing urinary frequency, sweating.

- 0 Absent.
- 1 Mild.
- 2 Moderate.
- 3 Severe.
- 4 Incapacitating.

XII. Somatic Symptoms Gastro-intestinal

- 0 None.
- 1 Loss of appetite but eating without staff encouragement. Heavy feelings in abdomen.
- 2 Difficulty eating without staff urging. Requests or requires laxatives or medication for bowels or medication for gastro-intestinal symptoms.

XIII. General Somatic Symptoms

- 0 None.
- 1 Heaviness in limbs, back or head. Backaches, headaches, muscle aches. Loss of energy and fatigability.
- 2 Any clear-cut symptom rates 2.

XIV. Genital Symptoms (symptoms such as loss of libido, menstrual disturbances)

- 0 Absent.
- 1 Mild.
- 2 Severe.

XV. Hypochondriasis

- 0 Not present.
- 1 Self-absorption (bodily).
- 2 Preoccupation with health.
- 3 Frequent complaints, requests for help, etc.

4 Hypochondriacal delusions.

XVI. Loss of Weight (RATE EITHER a OR b)

a) According to the patient:

- 0 No weight loss.
- 1 Probable weight loss associated with present illness
- 2 Definite (according weight
- 3 weight
- 4 Not assessed.

b) According to weekly measurements:

- 0 Less than 1 lb weight loss in week.
- 1 Greater than 1 lb weight loss in week.
- 2 Greater than 2 lb weight loss to patient) in week.
- 3 Not assessed

XVII. Insight

- 0 Acknowledges being depressed and ill.
- 1 Acknowledges illness but attributes cause to bad food, climate, overwork, virus, need for rest, etc.
- 2 Denies being ill at all.

Total score^[23]

A total score is calculated by summing the individual scores from each question.

- Scores below 7 generally represent the absence or remission of depression.
- Scores between 7-17 represent mild depression
- Scores between 18-24 represent moderate depression
- Scores 25 and above represent severe depression

DISCUSSION

The drug 'Hingwadi Ghrita' has Vatakapha Shamana property and is predominantly kapha Shamaka. It is also Agni Deepaka and Stroto Shodhaka. Some of its Ingredients have Anulomana property, which also acts on Vata. The drug as a whole is Medhya, Ojasya, Rasayana. Considering all these properties, the drug can act on the mind. The abnormalities in Vishada are greatly Vata predominant and are cured by the Vata Shamaka action of the drug. The Strotoshodhaka action of the drug helps to act deeply on the mind destructing the Aavarana of Tamas. The ingredients like maricha, pippali and shunthi are proven CNS antidepressants. The exact mechanism behind the observed CNS antidepressant effect needs to be elucidated. The probable mechanism is due to synapses block of afferent pathway or due to overall CNS antidepressant action. Chronic treatment of Piperine which is a constituent

isolated from black pepper or long pepper enhances the serotonin level in the hypothalamus and hippocampus. Essential fatty acid necessary for the production of serotonin are the omega 3's. Thus omega 3 fatty acid deficiencies may lead to depression by hampering serotonin production.

CONCLUSION

The overall effect of the therapy proved that after thirty days of treatment many symptoms of depression have come down with statistical significance. At this juncture we can conclude that Hingwadi Ghrita has good results in managing Vishada within thirty days of treatment. This is a real help for the large number of patients suffering from depression that is not being provided with effective managements even after all the modern advancement in science.

REFERENCES

1. *Charaka Samhita* with Ayurveda Dipika commentary by Chakrapanidatta, edited by Vaidya Yadavaji Trikamaji Acharya, *Sutra Sthana* 20/11, Chaukhamba Prakashana, Varanasi, Reprint, 2010; 113.
2. *Charaka Samhita* with Ayurveda Dipika commentary by Chakrapanidatta, edited by Vaidya Yadavaji Trikamaji Acharya, *Sutra Sthana* 23/26-29, Chaukhamba Prakashana, Varanasi, Reprint, 2010; 123.
3. *Charaka Samhita* with Ayurveda Dipika commentary by Chakrapanidatta, edited by Pra. Vaidya Ya. Go. Joshi, *Sutra Sthana* 25/40 Vaidyamitra Prakashana, Pune. Reprint, 2014; 306.
4. *Sushruta Samhita*, Dalhanacharya, Nibandhasangraha commentary, edited by Vaidya Yadavaji Trikamaji Acharya, *Sutra Sthana* 1/3, Chaukhamba Prakashana, Varanasi. Reprint, 2004; 6.
5. *Sushruta Samhita*, Kaviraj Ambikadutta Shastri, P. M. Mehta, *Sutra sthana*, 1/33, Chaukhamba Sanskrit Sansthan, Varanasi, Reprint, 2018; 10.
6. Charaka, *Charaka Samhita* with Ayurveda Dipika commentary by Chakrapanidatta, edited by Pra. Vaidya Ya. Go. Joshi, *Viman Sthana* 4/8, Vaidyamitra Prakashana, Pune, reprint, 2014; 537.
7. Charaka, *Charaka Samhita* with Ayurveda Dipika commentary by Chakrapanidatta, edited by Pra. Vaidya Ya. Go. Joshi, *Nidana Sthana* 7/7, Vaidyamitra Prakashana, Pune, reprint, 2014; 481.
8. Manovikaras with special reference to Udvega (Anxiety) & Vishada (Depression). M.G.

- Ramu, B.S. Ventkataram & - Ayurvedic Research Unit (CCRAS), National Institute of Mental Health & Neuro sciences. Bangalore-560029, India.
9. N Janakakiramaiah, Dept. Of psychiatry, National Institute of Mental Health & Neuro Sciences, Bangalore 560029, India, January 1988; 06: 41-46. <https://nimhans.ac.in>
 10. Gabbard, Glen O. Treatment of Psychiatric Disorders. 2(3rd ed.) Washington, DC: American psychiatric publishing, 1296.
 11. Hamilton M. A rating Scale for depression (HDRS) J Neurol Neurosurg Psychiatry, 1960; 23: 56-62. (<http://dcf.psychiatry.ufl.edu>)