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Case Study

AYURVEDIC MANAGEMENT OF MODERATE DEPRESSIVE DISORDER- A CASE REPORT

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ABSTRACT

Depressive disorders are highly prevalent mental disorders characterized by sadness, loss of interest or pleasure, feelings of guilt or low self-esteem, disturbed sleep or appetite, feelings of tiredness and poor concentration. About 300 million people are estimated to suffer from depression at a global level and in India the figures approximate to about 45.7 million. As per WHO, depression will be the leading cause of burden of disease by 2030 and the prevalence, incidence, and the morbidity risk of depression appears to be more in females than males.

A 42-year-old lady presented with primary concerns of increased thoughts, decreased sleep, discomfort in stomach, abdominal distension, increased fatigue, decreased appetite and increased tension. Detailed interview with her husband and parents revealed that she had increased thoughts, slowness in performing activities, inability to do day to day works, reduced memory and concentration, increased anger towards her husband, mother and daughter, reluctance to have food and reduced social mingling. Based on the observations made in the level of affective and behavioural domains, diagnosis of depressive disorder - current episode moderate was eventually done as per the diagnostic criteria mentioned in International Classification of Disease 10.

In Ayurveda, the condition was diagnosed as *Kaphaja Unmada* based on the typical symptoms. The treatment protocol including *Snehapana*, *Vamana*, *Virechana* and *Vasthi* was administered. The mental status of the patient was also addressed during the treatment period and *Satvavajaya* measures including individual and family counseling methods were administered. There was significant improvement in the Becks Depression Inventory score and Q – LES – Q – SF questionnaire after the intervention.

INTRODUCTION

Depressive disorders are chronic and progressive mental disorders characterized by sadness, loss of interest or pleasure, feelings of guilt or low self-esteem, disturbed sleep or appetite, feelings of tiredness and poor concentration[1]. About 300 million people suffer from depression at a global level and in India the figures approximate to about 45.7 million[2]. According to WHO, depression will be the leading cause of burden of disease by 2030.

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The females are reported to have higher rates of prevalence, incidence, and morbidity risk of depressive disorder than the males[3].

Approximately 60% of individuals with depressive disorder experience recurrent episodes and each successive episode carries 10 – 20% risk of failing to remit with current therapeutic approaches[4]. Risk factors for depressive episodes alter during the course of the illness. The first depressive episode is usually "reactive", i.e., triggered by important psychosocial stressors, while subsequent episodes become increasingly "endogenous", i.e., triggered by minor stressors or occurring spontaneously[5].

Etiopathogenesis

The volume loss of the hippocampus and other brain regions are proportionally related to the onset of depressive disorder[5]. Inflammation can lead to stress-

related structural changes in the hippocampus and medial prefrontal cortex which may also cause the disease. Studies demonstrate that chronic unpredictable stress promotes the production of pro-inflammatory cytokines in these regions[4]. The stimulating effects of peripheral pro-inflammatory cytokines on brain microglia can result in reduced hippocampal neurogenesis contributing to depressive disorder[4]. The etiopathogenesis is also explained on the basis of Monoamine hypothesis, Serotonin dysfunction and impaired glutamate-glutamine cycling in these areas. Placebo controlled studies had proved the antidepressant effects of Dopamine reuptake inhibitors and dopamine receptors. Levels of dopamine metabolites were consistently reduced in the cerebrospinal fluid and jugular vein plasma of subjects with depressive disorders[5]. GABA dysfunction due to the chronic stress is also involved in hippocampal and medial prefrontal cortex abnormalities in depressive disorder[4].

Majority of the cases of depression seen in the clinical setting are of mild to moderate severity and can be managed at the outpatient setting. Treatment options for management of depression can be broadly divided into antidepressants, electroconvulsive therapy (ECT) and psychosocial interventions. Other less common treatments used in treatment resistant depression include repetitive transcranial magnetic stimulation (rTMS), light therapy, transcranial direct stimulation, vagal nerve stimulation, deep brain stimulation and sleep deprivation treatment[6].

In the modern health science antidepressants are the prime choice of management in depressive disorders. The current available antidepressants fail to bring about a significant reduction in symptoms and are associated with increased remission rates, greater side effects, and severe withdrawal symptoms[7]. The contemporary health scenario demands more contribution in this regard from the indigenous system of medicine.

Ayurvedic View

Ayurveda is a health science based on the lucid values and principles of *Sareera* and *Manas* which have been generalized on firm doctrine of logic. It defines health as an excellent state of equilibrium between body, mind and soul through which individual fulfils his role in life. Ayurveda not only deals with the techniques for the symptomatic relief but also covers various measures which eliminate the deep-rooted pathologies of the ailment.

In Ayurveda, *Unmada* is a common entity which comprises a wide array of psychiatric disorders. According to *Charaka*, *Unmada* is the impairment in the psychological domains of *Manas, Budhi, Samjna*, *Jnana, Smṛti, Bhakti, Sila, Cestha*, and *Acara*[8]. The present case of depressive disorder presented with increased thoughts, slowness of activities, inability to do day to day works, decreased sleep, discomfort in stomach, abdominal distension, increased fatigue, increased anger, decreased appetite and increased tension. The case was diagnosed as *Unmada* because of the impairment in *Mano vibhrama*, *Buddhi vibhrama*, *Bhakti vibhrama*, *Sila vibhrama*, *Ceṣta vibhrama* and *Acara vibhrama* and a final diagnosis of *Kaphaja Unmada* with *Pitta anubandha* was done based on the symptoms prominent in the subject. A *Sodhana* based treatment strategy was planned with *Snehapana, Vamana, Virechana*, and *Yoga vasthi* along with the internal administration of *Samanoushadhas*.

Clinical Presentation with History

A 42-year-old Muslim lady hailing from a family of middle socioeconomic status from Ernakulam was brought to the Outpatient Department by her husband and parents. She presented herself with primary concerns of increased thoughts. Her sleep was disturbed, and also had discomfort in stomach and abdominal distension. She had increased fatigue, decreased appetite and was tensed even in minor matters. Detailed interview with her husband and parents revealed that she had increased thoughts and was very slow in doing the activities. She had difficulty in performing day to day works and also presented with reduced memory and concentration, increased anger towards her husband, mother and daughter, reluctance to have food and reduced social mingling.

On detailed interrogation it was understood that she was of an extrovert nature in her childhood. She was a below average student and discontinued her studies after matriculation. She was married at the age of 19 years to a businessman and they were financially well settled. Her husband was a man with busy life and he was not able to spend much time with his family. They were staying near his brother and family and she often compared her husband's nature to that of his brother who used to take his family for trips and all. She was very much frustrated by this and used to complain that he is not giving due care to her.

She had her deliveries with less time interval in between. She was very much stressed by the frequent deliveries and household activities. Her fourth pregnancy resulted in still birth of the child but she was able to cope up with the situation. 11 years back, after delivery of the 6th child, she developed symptoms of anger towards her child, not taking care of the child, self-talk, self-cry, running outside the house etc. Her parents took her to some religious healers and the symptoms subsided. After this also, the issues with her husband persisted. She also developed increased anger towards her parents as they were the ones who took her to the religious healers.

1 year later she developed symptoms of increased sadness and tension. The informant reported

that there was marked slowness in the activities and reduced social mingling. She was reluctant towards day-to-day activities and used to spend most of her time in the bed saying that she was tired. There was also marked diminish in the appetite and she used to say that there was persistent stomach discomfort and abdominal distension. She was not able to take care of the children and also refused to cook because of which her mother had to stay in their house. She also exhibited occasional anger outbursts against her husband and mother. She also became less careful about the prayers.

In 2011 as these symptoms peaked she was admitted in a modern hospital and started medications and got relief. But later, they discontinued the medications later without consulting the psychiatrist. The symptoms were on and off in between and most of the time they consulted the religious healers for the management. In 2017 the symptoms aggravated and she took a course of treatment for 2 weeks in another modern hospital and the symptoms subsided. After that they again stopped the medication without due consultation.

Her husband was a chronic smoker. She did not like the smell of cigarette and due to this she lost interest in the sexual life also. This made her husband angry and he started frequently saying that he would marry again. This further worsened the situation and she developed increased thoughts and tension. For 8 months, she shows symptoms of increased thoughts, increased tension, hopeless about her future, gastric discomfort, decreased sleep, increased fatigue, decreased appetite and decreased social mingling. She also complains of concentration and memory issues. She feels irritated against her husband and mother and also against one of her daughters who often talks against her. She fails to do the household work because of which her mother is staying in their home for the past 8 months.

Family History

There is no relevant history of psychiatric and other illness in the family.

Clinical Findings

General physical examination – Pulse – 72/min, Heart rate –70 beats/ min, BP – 120/80 mm Hg, Respiratory rate – 18/min, Weight – 60 Kg

Mental Status Examination

The patient was well built and adequately groomed and her looks were appropriate to the age. She was not comfortable about the interview and was guarded to the queries. Eye contact was hesitant and rapport was established with effort. The psychomotor activity was slightly reduced and her speech was hesitant and slow. The productivity was decreased and the tone was low. When subjectively assessed the mood was found to be sad and objectively it was sad, irritable and anxious. The affect was congruent with the mood. The thoughts appeared to be continuous and she conveyed hopelessness, helplessness and worthlessness in her speech. No perceptual distortions were elicited.

She was conscious and well oriented about the time, place and person. The attention and concentration was intact and there was no impairment in abstract thinking, intelligence, judgement, reading and writing. The insight was graded as 5 as she was aware of being ill and the symptoms/ failures in social adjustment were due to her own thoughts. But she was not ready to apply this knowledge to the future situations.

Lab Investigations

Blood and urine routine investigations were within the normal limits.

Treatment History

She took IP treatments in Allopathic hospitals in 2011 and 2017, the records of which were not produced at the interview. They discontinued the medications on the relief of symptoms without due consultation and is currently having no medicines.

Ayurvedic Clinical Examination

In the Ayurvedic perspective *Dasavidha pareeksha* was performed which led to the following observations. *Sareerika prakriti* was assessed as *Kapha Vatha* and *Manasika prakriti* as *Rajasa Tamasa*. There were *Kapha* predominant features such as reduced speech, slowness of activities, decreased appetite and reduced social mingling. Association of *Pitta* predominant features such as irritation and anger were also evident. There was involvement of *Tamo dosha* also in the pathology. She belonged to *Sadharana desha* and the *Kala* was *Visarga*. She was having *Avara satva* and *Abhyavaharana sakthi* and *Jarana Sakti* was also *Madhyama*. *Srothas* involved was *Manovahasrothas* and the precipitating factors of the disease were found to be *Madhura amla lavana snigdha guru seetha ahara, Mano vyakulatha* and exposure to stressful situations.

Diagnostic Focus and Assessment

Based on the observations made in the level of affective and behavioural domains, diagnosis of depressive disorder, current episode moderate was eventually done as per the diagnostic criteria mentioned in WHO'S International Classification of Disease 10[9]. The assessments were done using Becks Depression inventory scale[10] on 0th day, last day of *Snehapana*, last day of *Samsarjana krama* after *Vamana*, next day of *Virechana* and on the next day after completion of *Yogavasthi*. Assessments using Q – LES- Q- SF[11] questionnaire were done on the 0th day,

last day of *Samsarjana krama* of *Vamana* and on the next day of completion of *Yoga vasthi*.

Based on Ayurvedic understanding of psychological impairment of mental factors such as *Mano vibhrama* (dysfunction at the level of thinking, critical thinking and analysis), *Buddhi vibhrama* (lack of concentration, false decision making, misinterpretation of things, delusions), *Bhakti vibhrama* (change in desires and likes), *Sila vibhrama* (change in behaviour, habits, emotions), *Ceṣta vibhrama* (improper mannerism/gestures) and *Acara vibhrama* (change in daily routine and hygiene) the disease was diagnosed as *Unmāda*[12]. Considering the typical features of *Stanam ekadesa* (sitting idly) *Tuṣnibhava*, (reduced speech) *Alpasa cankramana*, (reduced psychomotor activity/ movement), *Ananna abhilaṣa* (reduced intake of food) *Rahas kamata* (social withdrawal), *Souca dveṣa* (reduced self-hygiene) etc and the associated symptoms of *Amarsha* (frustration) and *Krodha* (anger) diagnosis was done as *Kaphaja Unmada*[13] with *Pitta Anubandha*[14].

Management

As per the initial assessments treatment plan was formulated and executed as below:

The following internal medications were administered:

1. *Shankupushpi Churna*[14] +*Sarpagandha*[15] + *Gokshura*[17] – 0.5gm – twice daily, before food
2. *Yashti*[19] + *Amaya*[22] – 0.5gm – twice daily, after food
3. *Madhu yashtyadi taila*[23]– external application on head
4. *Manasa mitra vataka*[24]– (0-0-2) – after food

Table 1: Treatment Procedures with Rationale

Procedure	Duration	Medicines	Rationale	Observations
Rukshana	3 days	*Takra*[25](1.5 L)+*Vaiswanara Churna*[25] (10 gm)	*Rukshana, Srothosodhaka, Agni vardhaka*	Increased appetite Decreased sleep
Snehapana	5 days	*Sahacharadi Sevya*[27] (Starting dose 30ml till *Samyak snigdha lakshana*)	*Taila – Kaphavatha hara* Indication in *Unmada*	Decreased thoughts, better quality of sleep, persisting irritability, *Sandhi soola*
Abhyanga + Ushma sweda	1 Day	*Dhanwantaram taila*[28]	*Dosha vilayana*	Reduction in sad mood
Vamana	1 Day	*Dhamargava*[29] (3gm) + *Vacha*[30] (2gm) + *Yashti*[31] (6 gm)	*Hrdaya suddhi, Srotho Suddhi, Indriya suddhi*	Improved social mingling, Improvement in speech, Irritability increased
Samsarjana krama	3 days		*Deepana, Pachana*	Irritability persisting
Snehapanam	3 days	*Dhatryadi ghritha*[33] (Starting dose- 30ml till *Samyak Snigdhata*)	*Snehana* *Pitta hara*	Improvement in irritability
Abhyanga + Ushma sweda	3 days	*Dhanwantharam taila*	*Dosha vilayana*	Improvement in irritability and anger, improvement in fatigue
Virechana	1 day	*Avipathi Churna*[34] (30gm at 6 am in lukewarm water)	*Srotho viśuddhi, Indriya suddhi, Agni vriddhi*	Sleep normal, appetite normal, Improvement in fatigue, speech, social mingling No irritability Patient comfortable
Samsarjana Krama	1 day		*Deepana Pachana*	Patient comfortable
Yoga vasthi	5 day	*Nirooha -Erandamooladi Kashaya vasthi*[36] (*Saindhava* – 15gm, honey – 120ml, *Dhanwantharam thaila* – 120ml *Erandamoola kalka* – 30gm *Kwatha* – 480ml) *Sneha vasthi- Kalyanaka ghritha* (100ml)[37]	*Agni Sthapanam* *Agni Vardhana* *Mana budhi prasadana* *Indriya Prasadana*	Patient comfortable

Table 2: Scores on assessment

Scales	Scores				
	Initial assessment	Last day of *Snehapana*	Last day of *Samsarjana Krama* after *Vamana*	Day after *Virechana*	Day after *Vasthi*
Beck's depression Inventory	32	24	19	17	15
Q–LES– Q – SF questionnaire	37		51		55

At the time of discharge following medicines were prescribed

1. *Sarpagandha + Gokshura + Shankupushpi churna* - 2.5gm bd with warm water
2. *Swetha Sankupushpi + Vacha + Amaya* – 5gm, in night, before food
3. *Mahath Panchagavya gritha* – 10ml, bedtime
4. *Somalatha Churna* – 5gm, in night, after food
5. *Ksheerabala taila* – External application on head

DISCUSSION

Every human experience, occasional blues and sadness which are usually of a fleeting nature and pass off within a couple of days. But when the depressed mood persist on a daily basis for a period of at-least 2 weeks and is accompanied by increased sadness, loss of interest in day-to-day activities, loss of enjoyment, increased fatigability, difficulty in concentrating and memorizing, reduced self-esteem and self-confidence, ideas of guilt, hopelessness, helplessness and worthlessness, diminished sleep, diminished ideas, suicidal ideas, gestures etc., the condition is termed as depressive disorder. In Ayurveda, the symptoms of depressive disorder can be correlated to *Kaphaja Unmada* and *Vishada*. Acharya *Charaka* explains that those with *Kaphaja Unmada* has increased inclination towards solitude, reluctance in social mingling, decreased appetite, increased sleep, disinclination towards cleanliness etc. Impairments will be seen in the psychological domains of *Mana, Buddhi, Samjna jnana, Smrithi, Bhakti, Seela, Cheshta, Achara* etc[8].

In the present case of severe depressive disorder, the patient was found to be an *Upaklishta satva* person who resorted to unhealthy dietary lifestyle from the childhood itself. She was continuously afflicted with *Chintha, Soka* and *Krodha* due to the stressful life situations. Further, the continuous deliveries made her too week *(Upaksheena deha)*. The continuous stress led to the vitiation of the *Sareerika* as well as *Manasika doshas*. The predominance of *Tamodosha* was involved in the pathology. These vitiated *Doshas* got localized in the *Hrdaya* and caused the *Avarana* of *Manovaha srothas* and resulted in the impairment of *Mana, Budhi, Bhakti, Seela, Cheshta* and *Achara*.

As the patient presented with the *Kapha* dominant features, the treatment was planned accordingly to bring the vitiated *Kapha* and *Tamo dosha* to normalcy. The patient was administered orally with a combination of *Swetha Sankupushpi, Gokshura* and *Sarpagandha* as the anxiety and the worries due to the stressful situations had a main role in the pathology.

Swetha Sankupushpi is a proven anti-stress and anxiolytic drug[15]. *Sarpagandha* had proven sedative action which is capable of reducing the excessive anxiety and irritability[16]. The patient had constipated bowels and decreased appetite and *Gokshura*[17] was selected due to its *Kapha hara, deepana, bhedana* and *hrdya* properties. The combination as a whole is a psycho stimulant medicine in the conventional practice[18].

Another combination of *Yashti* and *Amaya* was also administered orally. The *Yashti madhu* is *Kaphahara*[19] and predominantly *Pittahara*[20]. The modern pharmacological studies revealed its action in reducing the anxiety and also the chronic fatigue syndrome[21]. *Amaya* has proven anti- depressant and anxiolytic activities[22].

Considering the Pitta hara nature, Madhuyastyadi taila[23] was used externally as Talam to bring down the irritable nature and also to enhance the sleep quality. Manasamitra vataka is Manodoshahara and it increases Prajna, Medha and Pratibha[24]. This was also considered as a drug of choice considering the Avara satvata of the patient. Manasamitra vataka increases the intellect and helps in promoting mental easiness so that the patient becomes capable of handling the stressful situations. The mental easiness also plays a very important role in maintaining normal sleep habits.

The treatment procedures were started with *Rukshana* using *Takra*[25] and *Vaiswanara churna*[26]. It was done in order to manage the *Nirama avastha* and to improve the appetite of the patient. *Shodhanartha Snehapana* was done with *Sahacharadi Sevya thaila*[27] which is a *Taila yoga* indicated in *Unmaada* and in clinical practice, it is observed to be effective in depressive disorder. As the patient had *Kapha* predominant clinical features, *Sahacharadi Sevya* was selected for *Snehapana* considering the *Vatha Kapha hara* nature. The *Snehapana* was administered for 5 days. On the next day *Abhyanga* and *Ushma sweda* was was done with *Dhanwantharam taila*[28] in order to bring about the liquefaction of *Doshas*. *Utkleshana* diet was advised on the same evening and on the consecutive day *Vamana* was administered with the

powder of *Dhamargava* (3gm), *Yashti* (6gm) and *Vacha* (2gm).

Dhamargava was selected considering its specific indication in *Manasaroga*[29]. *Yashti*[31] was selected considering the irritable nature of the patient and *Vacha*[30] was also added to the *Vamana oushadha* due to its *Kaphahara* property. After the *Vamana* procedure *Samsarjana krama* was observed for 3 days. Properly advocated *Vamana* procedure brings about the *Samyak Suddhi lakshanas* of lightness of the body, clarity of heart (*Hridya*), throat (*Kantha*) and head (*Shirah*), happiness and weakness of the body[32].

After the *Samsarjana krama* the appetite increased and there was improvement in the social behaviour, sleep and speech. But the informant reported that irritability was persisting and considering the *Pitta dosha* predominance *Snehapana* with *Dhatryadi ghritha*[33] followed by *Virechana* was planned. *Dhatryadi ghritha* has effect in *Pitta* predominant diseases and has indication in *Unmada*. This was followed by *Virechana* with *Avipathy churna*[34]. Properly administered *Virechana* brings about *Srothosuddhi, Indriya viśuddhi* and also increases the digestive fire[35]. After *Virechana, Samsarjana krama* was followed.

After this *Yoga vasthi* was opted in order to address the *Vatha* which is the controller of all the mental functions. *Erandamooladi Kashaya*[36] was used for *Nirooha* in order to address the *Kapha* and *Vatha doshas* and *Kalyanaka ghritha*[37] was selected for *Snehavasthi*. *Kalyanaka ghritha* is *Kapha pittahara* and is indicated in *Unmada*.

In the *Satvavjaya* module, counseling sessions were included in-order to address the behavioural issues. Counseling was provided to the parents and husband in order to make them aware about how to deal with the issue. After the treatment her negative thoughts decreased. And there was improvement in appetite and sleep issues. Improvement was also noted in terms of her social activity and irritability. There were considerable reduction in the scores of Becks Depression inventory Score and Q – LES – Q – SF questionnaire score after the treatment.

CONCLUSION

Ayurveda put forward an integrated approach to deal a wide variety of psychiatric disorders effectively. The *Yukthi vyapashraya Chikitsa* is opted to bring about the dosha normalcy. In order to address the mental strength of the patient various *Satvavajaya* methods including counseling, yoga etc were selected. The patient with depressive disorder was having *Kapha* predominance with *Pitta anubandha* and the selected treatment protocol which included *Vamana*, *Virechana* and *Vasthi* was effective in reducing the symptoms of the patient. The counseling sessions provided to the patient and the family helped in increasing the *Manobala* so as to achieve a satisfactory quality of life. More documentation were needed for the generalization of the results and also for a global acceptance.

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