



SELECTED CLINICAL STUDIES ON DEPRESSION IN AYURVEDA-A REVIEW

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ABSTRACT

Depression has always been a disorder of focus of attention of researchers due to its importance in terms of its prevalence, suffering, morbidity as well as economic burden. One year prevalence has been estimated to be 5.8 % for men, and 9.5 % for women.¹ It has been mentioned as the second leading cause of disability adjusted life years among the affected.² The available therapeutic options are not up to the expectations of the medical community. In classical textbooks of Ayurveda, clinical features regarding *Unmada* are explained and many of these symptoms can be compared with that of depression. Many conceptual as well as clinical studies have been conducted in the postgraduate department of Psychiatry here. This attempt is being done to review the studies conducted in order to advance the awareness and knowledge of the medical community regarding the available options for the management of depressive disorders.

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INTRODUCTION

Mood can be defined as a pervasive and sustained emotion or feeling tone that influences a person's behavior and colors his or her perception of being in the world.³ Depression is included under the category of disorder affecting one's mood. A depressed mood and a loss of interest or pleasure are the key symptoms of depression. A duration of two weeks of the symptoms are required for the diagnosis.⁴ The disease has a negative impact on the economy and leads to much emotional pain and affects the capability or productivity of the individual.

It is being reported that depressive disorders often pursue stressful life events. Mental or psychological disorders are ever-increasing at an alarming rate as the people are not in a position to cope with the tensions in their life. Intense competition, breakdown of joint family and declining social support and negative effects of the technology may be blamed as responsible for the contemporary situation. The most critical form of consequence of a mental illness is the augment in the number of suicides by the affected. Most of the subjects do not seek appropriate management and on time. Significant improvements in their quality of life can be achieved with a timely proper management.

Management of depression can be categorized as pharmacological and non-pharmacological. Pharmacological group include antidepressants, mood stabilizers as well as antipsychotics among which antidepressants are the prime choice. It should be remembered that it may be up to three

weeks before any appreciable notable response.⁵ Before discontinuing or altering a drug, the particular drug should be administered in a therapeutically adequate dose for at least two weeks.⁶ The choice of antidepressants is influenced by cost, ease of availability of the drug, side effect profile of the drug, past history of response and any co morbid medical or psychiatric disorders. Non pharmacological treatments include cognitive behavior therapy, interpersonal therapy, behavior therapy, group therapy, psychoanalytic psychotherapy etc. as per the demand of the condition.

On the other side, these antidepressant drugs are associated with major adverse effects including drug resistance and drug dependence. Other common untoward effects are dry mouth, constipation, impaired ejaculation, sedation, tremor, tachycardia, urinary retention etc. This can be countered much by the rational application of Ayurveda therapeutics.

Depression – role of Ayurveda

Almost all the Ayurveda *samhitas* mentioned the psychiatric condition called *Unmada* which is considered as the *vibhrama* of 8 factors - *manas*, *budhi*, *samjna*, *smrti*, *bakthi*, *seela*, *cheshta* and *achara*.⁷ Detailed description of treatment is mentioned in classics considering the status of *doshas*. When we ponder in to the three fold categories of treatment mentioned for any disease in Ayurveda, i.e. *daivavyapasraya*, *yuktivyapasraya* and *satvavajaya*⁸ we can see that all the three modalities of treatments can be utilized in *manasik arogas*. *Daivavyapasraya* is considered as divine therapy or treatment by faith, known to provide psychological relief, but is hard to explain the mode of action of these measures.

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Yuktivyapasrayacikitsa deals with proper administration of medicines and other suitable regimens relating to *ahara and vihara*.⁹ *Sodhana, samana* and *rasayana* treatments can be included under the management protocol. *Satvavajayacikitsa* is considered as having prime importance when considering psychological conditions. *Caraka* defines it as a mind controlled therapy in which a stress has been laid on restraining of mind from unwholesome objects.¹⁰ For the prevention of disease and restoration of health, specific regimens are mentioned by Acharya in the context of *Unmada*, so as to prevent a relapse.

Depressive disorders can be more successfully compared with *Kaphaja Unmada* mentioned in Ayurveda *samhitas*. *Sodhana* is indicated for every *manasika vyadhi*, depending on the severity of the involvement of doshas. While prescribing the medications, *ghrta* preparations are having foremost preference. This is followed by other *sodhana* as well as *samana* procedures. Depression is a condition, where the basic pathology is deep-rooted and for this condition, a treatment method eliminating the root cause and further calming the mind and rejuvenating the body is quite essential for sustaining relief.

Even though numerous effective formulations and treatment protocols are proved as effective in managing depression, concluded by the studies conducted, they are not published and so dissemination of knowledge that may enhance clinical practice are lacking. This article is a preliminary attempt to provide an insight in to the research works conducted in the area of depression which can be a pointer towards further research.

Aim and Objectives

1. To enhance the gravity of Ayurvedic management of depression
2. To create awareness among the Ayurveda community about the results of the selected trials in the area of depression
3. To provide the guidelines for further research work in the area of depression

MATERIALS AND METHODS

All the available dissertation works completed in the area of depression were gone through in detail and were analyzed for efficacy.

Summary of Clinical Studies

Shaik Anwar KS (2004) –A study of Kaphomada in relation with depressive disorders¹¹

A conceptual study and a clinical trial was done in *Kaphaja Unmada* in relation with depressive disorders. 30 subjects in the age group 15-55 were selected based on inclusion and exclusion criteria's. They were observed for 18 months. The most common symptoms of depression in the study group was traced out and how many of them can be correlated to symptoms of *Kaphaja Unmada* was observed. 88% of similarity of symptoms was observed and study concluded that *Kaphaja Unmada* illustrate more similarity to depression and also that the negative symptoms of schizophrenia can be much more associated to *pretagraha*.

Jayanti Vijayan (2007) –A placebo controlled clinical trial on GAC capsuleVs clinical yoga package in mild depressive disorder¹²

A placebo controlled clinical trial on GAC capsule and clinical yoga package have been conducted in mild depressive disorder with a 2*2 simple factorial design. Study was designed so as to evaluate the individual and combined effect of yoga and Ayurveda in mild depressive episode. GAC capsule was an extract of *vacha*¹³ 150 mg, *yashtimadhu*¹⁴ 150 mg, *vyotishmati*¹⁵ 150 mg and *pippali*¹⁶ 50 mg. A placebo capsule filled with roasted wheat powder (500 mg) was given 3 times a day as control drug. Medicines were given for 1 month with hot water as *anupana*. Result in yoga along with GAC capsule group was significant at 0.1% level. GAC capsule group also showed significant result but Yoga along with GAC capsule group was reported to be the best among. Quality of life was also improved in both the groups. Sample size was fixed as 17 in GAC capsule group, 13 in placebo group and 10 each in yoga along with GAC capsule group and yoga along with placebo group.

EP Sujeesh (2008)-A case control study to establish the causes of depression in married women¹⁷

A case control study was conducted to establish the causes of depression in married women. Cases and controls in the ratio 50: 50 were selected. ICD 10 criteria was used for the diagnosis of depression. In this study Odd's ratio is maximum for premorbid personality (27.56), lack of satisfaction from husband's family (26), lack of satisfaction in communication with the husband (21.77), offence from husband's family (21), and the odd's ratio of lack of satisfaction in sexual life was 18.22. The major cause of depression in married women was identified to be the lack of satisfaction in marital life itself.

Dawn Abraham (2009) – A comparative study on an Ayurvedic compound (JJ tablet) against SSRI groups of antidepressant drug in moderate depression¹⁸

15 subjects from psychiatry OPD of Calicut medical college and 15 subjects from college OPD were included in the study. Patients in the age group 18 to 50 years were selected according to ICD 10 diagnostic criteria for moderate depressive disorder. *Jatamansi*¹⁹-*vyotishmati*²⁰ combination (JJ tablet) as 2 gram twice daily given with hot water for 30 days in trial and SSRI group of antidepressants in the control. Individually both drugs were found significant in reducing the symptoms of moderate depression. On the basis of the percentage of relief, it was concluded that SSRI group of drug were more effective in insomnia, suicidal ideations and psychic symptoms of depression. JJ tablet was more effective in agitation, somatic and paranoid symptoms as well as obsessions.

Durga E (2011) – An open trial on the effect of Mahatpancagavya ghrta in Kaphaja Unmada with special reference to moderate depressive disorder²¹

Study was conducted to assess the effect of *Mahatpancagavya ghrta*²² in moderate depressive disorder. 20 patients were selected according to ICD - 10 criteria and were administered 10 ml of *gritha* twice daily before food with luke warm water for 30 days and follow up done after 15 days. 44 % of relief after treatment and 52 % of relief after follow up was noted as per Hamilton depression rating scale. Study concluded that

Mahatpancagavya ghrta is significant ($p < 0.001$) in moderate depression. By considering the effect of therapy in individual domains, it was observed that *Mahatpancagavyaghrta* is significant in reducing majority of the symptoms such as depressed mood, guilty feeling, suicidal ideation, insomnia, anxiety, agitation etc.

Hari T (2011) – An open clinical trial on Gudanaagara in moderate depressive disorder²³

Effect of *Gudanaagara*²⁴ in moderate depressive disorder was studied. 20 patients attended the OPD satisfying the ICD-10 criteria of moderate depressive disorder was selected. 12 gram each of dried ginger and jaggery were given to the patients of the age group 18-60 years. They were advised to administer the medicine at 6 am with clear green gram soup for 1 month and follow-up conducted after 2 months. Study pointed to an increased prevalence of *mandagni* and domestic violence in the family, contributing to depressive disorder. On assessing the efficacy, medicine proved to have much efficacy in areas such as loss of interest and diminished appetite. Efficacy of the medicine showed a declination after 2 months of follow up. Study proved the relation between mind and *agni*. *Agni* plays a major role in modulating the progress of symptoms of depression.

Mohammed Riyaz A.K. (2013) – Efficacy of conventional Ayurvedic treatment package in moderate depression –an open clinical trial²⁵

An open clinical trial to prove the efficacy of conventional Ayurvedic treatment package in use for moderate depression was done. Black box design was selected as the study design. Procedures included an initial *rookshana* with *takrapana* followed by *Snehapana* with *Tiktaka ghrta*²⁶ starting from 30 ml and continued up to *samyak snigdha lakshana*. *Abyanga* and *ushma sweda* with *Danwantara taila*²⁷ and *vamana* was done with *Damargavakalpa*²⁸ with appropriate dose. Appropriate *samsarjana karma* was done and again *Snehapana* was continued for 3 days followed by *virecana* with 30 gram *Avipattichurna*²⁹ at 8 AM. After *samsarjan akarma*, *nasya* with *hingvadi yoga* consisting of *hingu*, *vacha* and *darvi* done with 6 drops in each nostril. On discharge, *Gudanaagara* was administered as *samana* for 1 month in the dose 24 gram with hotwater as *anupana*. Study concluded that conventional Ayurvedic treatment package was significant in moderate depression ($P < 0.001$)

DISCUSSION

The selected studies were mainly in the area of moderate depressive disorder. The subjects with mild depressive disorders are rarely diagnosed and also they will not prefer for a treatment in the initial stages. Mild to moderate depressive disorders can be better managed with selected Ayurvedic treatment. Severe episodes of depression cannot be effectively managed with Ayurvedic treatments alone and needs a probable integrated approach and needs an IP management as well. This may be the probable reason for selecting moderate depressive episodes in many of the studies.

Gudanaagara is a superb treatment option that can be adopted in the management of depression, which has a *samana* as well as *rasayana* action. Two studies were conducted with *gudanaagara* – one as an open clinical trial and other as a part of conventional Ayurvedic treatment protocol. After *sodhana* procedures-*vamana*, *virechana* and *nasya*, *gudanaagara* was

administered. This points to the fact that prior *sodhana* enhances the effect of *samana* therapy in depression.

Relation between mind and *agni* was also established with this study. By improving *agni*, a positive influence will be there on mind, there by modulating progress of symptoms of the disease. The sharpness and potency of ingredients helps to clear the channels of mind and thereby improving the activities of mind. Also the use is quite common in traditional practice. In Mookambika temple, a decoction prepared mainly out of jaggery and ginger is being tried for 21 days in mentally ill patients.

Conceptual study pointed to the fact that symptoms of *Kaphaja Unmada* can be more linked to depressive episode. *Mahatpancagavya ghrta* is the classical preparation that has revealed significant effect in moderate depressive episode in clinical practice. The combination is mentioned in the context of *Apasmara* in many of the classics. *Mahatpancagavya ghrta* was selected for study considering the reference that therapeutic measures used in *apasmara* can also be used in *Unmada*. *Kapha Vatahara* property of *Mahatpancagavya ghrta* is used since the features of depressive episode is considered to be predominantly either *Kaphaja* or *Vatha Kaphaja* in nature.

New combination drugs tried were JJ tablet and GAC capsule. JJ capsule consist of *Jatamamsi* and *Jyotishmati* in 2 gram combination which are *medhya*, *samjnasthapana* and *nidrajanana*. Also *Kapha Vatahara* karma was observed by analyzing the combination which may be the probable cause for reduction of symptoms. GAC capsule have the ingredients as *vacha*, *madhu*, *yashti*, *jyotishmati* and *pippali* administered as 500 mg dose, thrice daily. GAC capsule is *Vata Kaphahara* as *dosha karma* and predominantly *katu* and *tikta* in *rasa*. *Katu rasa* helps to remove functional obstruction to *srotus* and alleviates *Kapha*. *Tikta rasa* helps in enhancing *medha*. Both these combinations showed significant improvement in reducing the symptoms. Importance of yoga therapy when coupled with GAC capsule in reducing depression was also considered here.

All these studies were conducted in the aspect of *samana*. In one of the studies, the efficacy of conventional Ayurvedic treatment protocol such as *Snehapana*, *vamana*, *Virechana* and *nasya* along with administration of *gudanaagara* as *rasayana* was studied which brought out significant improvement. *Sodhana* procedures are more preferred than *samana* in excess *dosha vitiation* and also to prevent further recurrence. Procedures can be summarized as follows.

Due to the involvement of *Kapha* to a greater extend in the pathogenesis of depression, *vamana* was selected as the initial procedure. Then *virecana* was done, as the classical reference states to conduct *virecana* after *vamana* in *prabhoota doshas* or if there is *doshasesha*. The main symptom which reduced considerably with *nasya* is loss of concentration. *Gudanaagara* administered after *sodhana* therapies showed better result than that without *sodhana*. Persistence of relief in symptoms on follow up may be due to the effect of *sodhana* therapy. So in the diseases like depression combined approach of *sodhana* and *samana* is more appreciable.

Table no 1 Procedures adopted for the study

Procedure	No: of days	Drug	Rationale
Takrapana	3 days	Takra	Initial rookshana
Snehapana	7 days /samyak snigdha lakshana	Tiktaka ghrta	Unmada hara
Abyanga and ooshmasweda	1 day	Danwantara taila	Vatha Kaphahara
Vamana	1 day	Damargavakalpa	Indicated in manasarogas
Virecana	1 day	Avipatti churna -30 g	To remove the doshasesha Brings manaprasada
Nasya	3 days	Hingvadi kalka - 6 drops	Kaphahara, srotosodhana
Rasayana	1 month	Gudanaagara -24 gram	Enhancing agni and medha

CONCLUSION

Depression is one of the commonly diagnosed mental disorders throughout the world. Anti-depressants, mood stabilizers and ECT are the currently available treatment options. Most of the patients discontinue allopathic medicines after a short course, considering the side effects and approach alternative systems such as Ayurveda. This stresses the importance of conducting further researches in the field of depression in Ayurveda as the currently available evidence based studies are less.

Kaphaja Unmada explained in classics resembles with this condition. *Associative doshas* are having importance in symptomatology and after strictly assessing the *dosha* status, treatment modalities mentioned in the ancient science can be judiciously administered. Yoga and counselling sessions can be incorporated along with these protocols. Each patient approaching OPD varies in their presentation of the same disease and needs individual approach. A clinician should be aware of the ongoing research works in this field which improves clinical skills and wisdom. Publishing previous work in these areas paves innovative pathway for further studies. It is definite that Ayurveda can contribute much in this area in the near future.

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