

AYURVEDIC MANAGEMENT OF RECURRENT DEPRESSIVE DISORDER - A CASE REPORT

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ABSTRACT

Depression is a common and serious medical illness that comes under the category of mood disorders that negatively affects a person's daily life. It may be presented as loss of interest in activities, persistent feeling of sadness, reduced energy leading to diminished activities, low self-esteem and hopelessness. Globally more than 300 million people of all ages are suffering from depression. Depressive disorder is diagnosed when the symptoms are uninterruptedly persisting for 2 or more weeks. Ayurveda understands the disease depression through different approaches such as *Unmāda*, *Viṣāda* etc. Here a case of a 43-year-old male patient who has presented with markedly reduced sleep for two months, increased fear for one month with helplessness is being discussed. He also had a feeling that others are avoiding him and that no one is there to help him. Mental status examination revealed reduced psychomotor behaviours, reduced speech with a hesitant flow and increased reaction time. Higher mental functions were also partially impaired. The condition was diagnosed on the basis of symptoms, behaviour and psychological evaluation of the patient as per WHO's International Classification Disease 10 criteria of mental and behavioural disorders and different psychiatric rating inventories as Recurrent depressive disorder, current episode severe with psychotic symptoms (F33.2) According to Ayurveda, the disease was diagnosed as *Unmāda* by considering the functional impairment in the eight mental factors such as *Manovibhrama*, *Buddhi vibhrama* etc. Considering the special symptoms like *Stānamēkadeśa*, (Sitting idly) *Tūṣṇībhāva* (Reduced speech), *Alpaśacankramana*, (Reduced psychomotor activity/ movement) etc in, the final diagnosis was done as *Kaphaja Unmāda*. Patient was managed with inpatient settings. Line of treatment in *Unmāda* was planned in such a way that it reduces the excessive *Kapha* and *Tamas* properties of the patient. Assessments were done before treatment, after treatment and after one month of follow-up, which showed noticeable improvement in the condition of the patient.

Keywords: Ayurveda, Recurrent depressive disorder, Psychotic symptoms, *Kaphaja Unmāda*

INTRODUCTION

Depression is a serious mental health disorder that comes under the category of mood disorders characterised by persistent lack of interest in doing activities, feeling of sadness, low mood and hopelessness¹. Depression affects an estimated one in 15 adults (6.7 %) in any given year, and one in 6 people will experience depression at some point of time in their life². According to world health organisation (WHO), depression is the most common illness worldwide and the leading cause of disability. Almost 350 million people are affected with depression globally³. Depression seems to be more common in women than men. The causes of depression are not fully understood but are likely to be a complex combination of genetic, biological, environmental as well as psychological factors. Depressive disorder is diagnosed when the symptoms are continuously persisting for 2 or more weeks⁴. A person with major depressive episode also experiences at least four symptoms, that includes changes in appetite and weight, change in sleep and activity, lack of energy, feeling of guilt, problem in thinking and decision making, and recurring thought of death or suicide and the symptoms further lead to significant distress or impairment in social, occupational or other important areas of functioning. Studies proves that about two- third of all depressed patients contemplates suicide, and 10-15% commit the same⁵. By considering all these factors depression is one of the major psychiatric disorder which should be managed with care.

Various research studies have proven that the indigenous system Ayurveda have a diverse approach towards mental health, stemming from radically dissimilar understanding of mind. Ayurvedic psychiatry offers several approaches to the understanding and management of depression. In Ayurveda, *Unmāda* is a common entity, representing almost all the major psychiatric illness which are of five types such as *Vātaja*, *Pit-taja*, *Kaphaja*, *Sannipātaja*, *Āgantuja*. The symptoms of *Kaphaja unmāda*⁶ explained in various Ayurveda classics are like that of moderate to severe depression. The disease *Viśāda*⁷ can also considered being like mild

depression as its features being reduced self-confidence and energy level.

Details of the case

A 43-Year-old male patient born to non-consanguineous parents reported to Manassanthi OPD of our institute. According to the patient, the complaints were markedly reduced sleep for the last two months, increased fear in the past one month and, he had a feeling that others are avoiding him, and no one is there to help him. The informant also stated the problem in a very similar manner. In addition to the same, there were dull mood, markedly reduced speech as well as food intake since 3 weeks, and he was not interested in his job since one month.

History of presenting complaints

Patient belongs to a lower-class family, taking care of his family with the agricultural works. 3 months back, devastating floods occurred in Kerala in which he lost his crops and he faced severe financial crisis. He became tensed due to this. Then he tried for another job but was not able to find a good one. He became more frustrated and developed sleep disturbances two months back. Gradually he stopped going out of his home seeking job and developed dull mood. He used to say to that no one is there to help him, all are trying to avoid him. Since last three weeks, the food intake was markedly reduced; reduced talking with family members and relatives and since last one week he is complaining that he was hearing whistling sound in both the ears and believe that somebody is trying to kill him. He also sees an unknown person coming across his way or standing in front of him, which is not present according to his informants. Patient was brought to the OPD by his wife and relatives. He was admitted for inpatient management.

History

Thirteen years back, at the age of 29 years, the patient had presented with similar episode when his parents forced him for a marriage in which he was uninterested. At that time, he had presented with reduced sleep, sitting idle without going for job and not interacting with

others. They had consulted a psychiatrist during that period and the condition was diagnosed as depressive disorder. He did not go on with the suggested modern medications and was cured by 40 days of Ayurveda treatment and was totally asymptomatic for the past 13 years.

Treatment history During 1st incidence of the disease, he was on antidepressants but stopped them without medical advice, after one week. The patient is not undergoing any medication at present.

Family history Patient's mother and uncle were having history of psychiatric illness. His maternal grandmother committed suicide and two of her siblings were also under psychiatric medication.

Personal history and present living condition

Childhood and developmental history were uneventful, he was average in his studies. Stopped education at 10th class due to financial issues and started with agricultural works and coolie. Got married at the age of 29. Now he is living with his wife and 9-year-old daughter. He maintained good interpersonal relationship with his brothers before. Adequate social support is present even though he is suffering with financial problems at present, loan payments are defaulted. In sexual history patient was complaining of reduced libido from last one month.

Premorbid personality – Introvert and there was lack of self confidence

Mental status examination: Patient was moderately built, appearing appropriate to the age, neatly dressed and properly groomed, nails were not properly trimmed, facial expressions was sad and eye to eye contact was not maintained properly, attitude with the examiner was co-operative and the rapport was attained

with difficulty. Psychomotor behaviours were markedly reduced. In voice and speech, quantity and productivity of speech were scanty, volume and pitch were low with a hesitant flow of speech. Patient was answering only after question, and there was an increased reaction time. At times, the speech was slurred and unclear. Patient's mood was depressed with minimal fluctuations affect was blunt or depressed and was appropriate to the mood. On examination of the perception, there was no auditory/ visual hallucination. (There was history of visual hallucinations on the previous two days). Thought blocks and slowness of thoughts were present. Patient's thought contents were more of fearful and anxious along with hopelessness, helplessness, and delusion of persecution.

Higher Mental Functions: The patient was conscious, not oriented to date and time but to the place and person. Attention and concentration reduced, abstract thinking and intelligence couldn't be assessed as he was not responding properly to the questions. Reading and writing along with visuospatial ability were intact. Patient's insight to the disease was totally absent.

Physical examination: On examination of the vital signs, other general examinations and the systemic examinations were found within the normal limits.

Investigation Routine blood test, serum electrolytes, and thyroid function tests were within the normal limits.

Diagnosis of the condition: The condition was diagnosed based on symptoms, behaviour and psychological evaluation of the patient. WHO's International Classification Disease 10 criteria of mental and behavioural disorders⁸ and Hamilton depression rating scale⁹ were used for diagnosing the condition.

Table 1: Observed scores in the initial assessment

Scale / Inventory	Score
Hamilton depression rating scale (HDRS)	28

Based on ICD-10 Diagnostic criteria, the condition was diagnosed as recurrent depressive disorder, current episode severe with psychotic symptoms (F33.2)

Clinical Examination in Ayurveda:

Table 2: *Daśavidhaparīkṣa*¹⁰

<i>Dūṣyam</i>	<i>Dōṣam</i>	<i>Kapha-Vāta</i>
	<i>Dātu</i>	<i>Rasa</i>
<i>Dēśam</i>	<i>Dēham</i>	<i>Hṛdayam</i>
	<i>Bhūmi</i>	<i>Sādāranam</i>
<i>Balam</i>	<i>Rōgi</i>	<i>Madyamam</i>
	<i>Rōgam</i>	<i>Pravaram</i>
<i>Kālam</i>	<i>Kṣanādi</i>	<i>Hēmanta</i>
	<i>Vyādiavasta</i>	<i>Purānam</i>
<i>Analam</i>	<i>Jaranaśakti</i>	<i>Avram</i>
	<i>Abhyaharanasakti</i>	<i>Avaram</i>
<i>Prakṛuti</i>	<i>Śarīra</i>	<i>KaphaVāta</i>
	<i>Mānasa</i>	<i>Rajas- Tama</i>
<i>Vaya</i>	<i>Madhyamam</i>	
<i>Satvam</i>	<i>Avaram</i>	
<i>Sāmyam</i>	<i>Uṣnakāla, saravarasa</i>	
<i>Āhāram</i>	<i>Abhiśyndhi, Guru, Snigda</i>	

Diagnosis

Based on Ayurvedic understanding of psychological impairment of mental factors such as *Manō vibhrama* (dysfunction at the level of thinking, critical thinking and analysis), *Buddhi vibhrama* (lack of concentration, false decision making, misinterpretation of things, delusions), *Sajna jnana vibhrama* (impaired consciousness/ orientation), *Smṛiti vibhrama* (impaired memory), *Bakti vibhrama* (change in desires and likes), *Sīla vibhrama* (change in behaviour, habits, emotions), *Ceṣṭa vibhrama* (improper mannerism/gestures), *Ācāra vibhrama* (change in daily routine and hygiene) the disease was diagnosed as *Unmāda*¹¹. Considering the atypical features such as *Stānam ēkadeśa* (Sitting idly) *Tūṣṇbhāva*, (Reduced speech) *Alpaśa cankramana*,

(Reduced psychomotor activity/ movement), *Ananna abhilāṣa* (Reduced intake of food) *Rahas kāmata* (Social withdrawal), *Śouca dvēṣa* (reduced self-hygiene) etc. Considering the *Kapha vrudhi* and *Tamoguna vrudhi*, the final diagnosis was done as *Kaphaja Unmāda*¹².

Management: Treatment plan was formulated after thorough initial assessments.

Internal medication from the first day:

1. *Cūrna* Combination of *Svēta Sankhupuspi* + *Gokṣura* + *Sarpagandha* (equal) – 1gm BD with lukewarm water
2. *Sārasvata chūrna* 5 gm twice daily with lukewarm water

Table 3: Treatment procedures

Si.No.	Procedure	Duration	Medicines	Observations after each procedure
1.	<i>Nasyam</i>	7 days	<i>Pancagavyagrita</i> - 2 ml in each nostril	Agitation and initial insomnia reduced.
2.	<i>Takrapāna</i>	2 days	<i>Takra</i> mixed with 10 gm <i>Aṣtachūrna</i>	Marked improvement in motor functions, depressive mood, sleep, appetite
3.	<i>Snehapāna</i>	7 days	<i>Kalyānakagritha</i> (50ml- 380 ml)	Reduction in persecutory delusions, Improved social interactions,
4.	Abhyanga <i>Ūṣmaswēda</i>	3 days	<i>Dhanvantarataila</i>	Speech improved, No hallucinations
5.	<i>Virēcana</i>	1 day	<i>Avipaticūrna</i> – 30 gm	No thought blocks, improved cooperativeness

6.	<i>Yōgavasti</i>	8 days	Anuvāsana – <i>Kalyānakagrita</i> 100 ml Kaṣayavasti - <i>Erandamūladikasaya</i> 500 ml	Speech became normal, mood and affect regained to euthymic. Increased interest in work and hobbies
7.	<i>Kalka Nasya</i>	7 days	<i>Hingvādi yoga nasya</i> (<i>hingu, haridra, dārvi.</i>)	Normal sleep attained; anxiety symptoms reduced
8.	<i>Dhūpana</i>	Daily evening (daily)	<i>Vaca, Jatamānci, Hingu, Haridra, Daruharidra,</i>	

Table 4: HDRS Assessments score after each procedure

Scales	Score after each procedure						On follow up (1 Month)
	BT	<i>Nasya</i>	<i>Takrapāna</i>	<i>Virēcana</i>	<i>Yōgavasti</i>	After treatment	
HDRS	28	24	18	14	12	8	7

DISCUSSION

Kaphaja unmāda is the condition which mainly presents with psychomotor retardation, social withdrawal, reduced selfcare, decreased higher mental functions and with confusions, reduced appetite, increased sleep, markedly reduced speech. These symptoms usually develop in a person with reduced mental strength and this may be due to the vitiation of *kapha* and *tamas* by the varied etiological factors such as sedentary lifestyle, improper food habits or secondary to any psychological trauma etc. The line of treatment of *Kaphaja unmāda* was planned in order to reduce the excessive *kapha* and *tamas*. patient was administered orally with a combination of *Svēta Sankhupuspi, Gokṣura* and *Sarpagandha churna* considering the psychostimulant action¹³ of the combination. *Sarāsvata chūrna* was administered to address the speech abnormality of the patient. Also, the patient was advised to undergo *Dhūpana* every evening using *Vaca, Jatamānci, Hingu, Haridra, Daruharidra*. Treatment procedures were started with *Nasya* using *Pancagavya grītha*¹⁴ on an intention of removing *āvāra* of *kapha* and *tamas* in *Ūrdwajatrudesa* (Head region). *Nasya* was done for initial seven days. It was observed that immediately after *nasya*, nervousness of the patient reduced and sleep got improved. From the 8th day onwards, *Aṣṭachūrṇayukta takrapāna* to improve the *jatarāgni, āma pachana* and to normalise the *kapha* and *vatadoṣa*. After two days of *takrapāna*, improvement in appetite, marked improvement in motor functions and sleep, normal bowels were attained, and

slight reduction in depressive mood were noted. The *ārōhana krama snehapāna* with *kalyānaka grītha* was done. *Snehapāna* was started with a dose of 50 ml and increased up to 380 ml within 7 days. Then *abyanga* and *uṣmasveda* was performed for three days and on the next day he was subjected to *virecana*. On psychometric examination after *virecana* there were noticeable changes such as improvement in quantity and relevance of speech, improvement in social interaction, reduction in persecutory delusion and visual hallucinations indicating regularisation of *vāta* at mental functioning level, as a result of *snehapana* and *Śodana*. After the *Śodana*, *yōgavasti* was planned considering the anxiety symptoms. *Vasti cikitsa* is an ideal treatment to regulate the vitiated *vāta*. It was observed that the patient's mood was euthymic and there was increased interest in work and hobbies. After *vasti*, patient had a slight heaviness of the head. So *Nasya* with *Hinguvadi kalka* was planned in order to bring lightness of the head. The *tīkṣna* and *uṣṇa* property of *pancagavya* and *kalyānaka grīta*, along with *rūksha guna* of *takra* helped to reduce the *kapha* and *tama* properties and enabled the *srothōśodana* (clearing the channels). By *virēcana*, *vāta* was normalised, as a result of which the symptoms like disorganised thinking, hallucinations and delusions got reduced. *Vasti karma* performed further to reduce the anxiety symptoms, to prevent the recurrence of the condition by maintaining the normalcy of *Vāta doṣa*. After 40 days of treatment the Hamilton

depression rating scale score was reduced to 8 from 28, and on follow-up assessment it was noted as 7.

CONCLUSION

Ayurvedic psychiatry proposes several approaches to understand the mental health problems and its management. *Unmāda* is a common entity, representing almost all the major psychiatric illness in Ayurveda. In this case, Recurrent depressive disorder, current episode severe with psychotic symptoms (F33.2) was diagnosed as *Kaphaja Unmāda* and the condition was managed accordingly. Total score of HDRS found within the normal range after the course of treatment which includes complete remission of symptoms such as insomnia, agitation, psychomotor slowing, fear and low mood. Marked improvement found in speech and social communication and it was also maintained on follow up. Thus, the specific Ayurveda treatment modalities were found beneficial in reducing both the depressive symptoms as well as psychotic symptoms in the patient. Hence it is understood that Ayurveda offers significant result in the area of mental disorders and more research works must be conducted for exploring further scope of the same.

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