

AYURVEDIC APPROACH TO THE ETIOPATHOGENESIS AND MANAGEMENT OF DEPRESSIVE DISORDERS

Shrilata¹, J S Tripathi²

1. Ph.D. Scholar, Department of Kayachikitsa, Faculty of Ayurveda, IMS, BHU, Varanasi.
2. Professor & Former Head, Department of Kayachikitsa, Faculty of Ayurveda, IMS, BHU, Varanasi.

Corresponding Author: shrilata@bhu.ac.in

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ABSTRACT

With 121 million sufferers worldwide, depressive illnesses constitute a significant burden. It is the main contributor to disability and lasts for two weeks with pervasive dullness. Understanding psychopathology through core ayurveda concepts is essential for planning a therapeutic framework. The challenges in treating patients without untoward reactions have attracted interest outside of the mainstream medical system. Ayurveda claims that a disturbance in the body's essential elements, such as the *tridosha* (bodily humour), *triguna* (psychic attributes), *Rasadhathu* (tissue sustaining body), *manovaha Srotos* (channel of mind), *sattva* (mental strength), *agni* (digestive fire), and *ojas* (vital essence of life), is the root cause of the depressive condition. It is likely to be correlated to *Avasada*, *vishada*, and *kaphaja unmada* depending on the phase of the illness. Therapeutic strategies are based on the symptomatic presentation and phases of the illness. The core principles of management of Unmada are followed in all psychiatric disorders. The holistic approach consisting of pharmacological therapy, non-pharmacological therapy, *Satvavajay chikitsa* (Ayurvedic Psychotherapy), and *Daivavyapashraya Chikitsa* is followed in depressive disorder.

Key words: Ayurveda, Depressive disorders, *Avasada*, *Vishada*, and *Kaphaja Unmada*.

INTRODUCTION

Depression is common, affecting 121 million people worldwide. Approximately 1% of people between 16 – 65yrs have significant anxiety or depression¹. The condition is characterized by persistent low mood, lack of positive affect, loss of interest in usually pleasurable activities, and neuro-vegetative symptoms: changes in sleep, energy level, psychomotor activity, appetite, concentration, impaired persons' daily functioning². It is a significant contributor to morbidity and mortality and is associated with other chronic conditions like angina, arthritis, etc., and it results in substantial health decline³. Depression is often misdiagnosed due to its somatic presentation, stigma, lack of disclosure, emotions of embarrassment and anxiety, a less apparent depressive mood, and, most importantly, a lack of insight. The patient typically benefits from lifestyle changes, antidepressants, psychological treatments, or a combination of all three⁴. The growing diversity in etiopathogenesis and challenges in treating patients without untoward reactions have attracted interest outside of the mainstream medical system. Therefore, an attempt is made to contemplate the relevance of an ayurvedic understanding of Depressive disorder and to sort out its effective management strategy.

Methods: The classical textbooks and electronic databases were searched for relevant information related to Ayurvedic principles of Depressive disorder.

Results & Discussion

Depression is a chronic condition that dates back in time. Ancient writings from all throughout the world make mention of this.

Historical references to Depression

Ramayana: When Valmeeki saw the Croucha bird die, he felt sorrow and compassion, and from this "Shoka" arose "Sloka". This is how the Ramayana came to form. The title of the first chapter of Yogavasishta is "Raama's dispassion". In his epic poem *Raghuvamsham*, poet Kalidasa describes the growing incidence of depression in Dasharatha, Raama's father, and Dasharatha's father Aja, highlighting the familial nature of this condition⁵.

Mahabharatha: Arjuna, a dull character, serves as the central figure in the Bhagavad Gita's plot. "Arjuna's grief" (Vishada Yoga), the first chapter of the Bhagavad Gita, is its subtitle⁵.

Vedic Literature

Rig-Veda of 3000 BC: Vedas suggests using a particular kind of prayer to the gods to release oneself from the Varuna and Yama chains that are the source of depression⁶.

Atharva Veda: The word "*vibheethi*" is used to denote a fearful mood resembling depression. The names "*enas*" and "*duritani*" both denote guilt. There are times when people sincerely pray for guilt alleviation⁷.

Upanishad: Maitreya Upanishad uses the word depression in reference to a feeling of disgust or despondency. Depression is termed in the Taittiriya Upanishad as hell in the northeast⁸.

Buddhism: Gowthama Budha, formerly known as Sidhartha, gave up his comforts and left his house to become a wanderer. He lost hope and began looking for a cure for his illness and the mortality of old age. He explains the philosophy, which is essential "*Sarvam Dukham and Sarvam Kshanitham*"⁹.

Hippocrates: Melancholia was the first term for depression, according to Mesopotamian writings from the second millennium B.C. Mania, melancholia (depression), and phrenitis (brain fever) are among the classifications Hippocrates used to categorise mental disorders. Hippocrates believed that an excess of black bile in the spleen was what led to melancholia¹⁰.

In the final years Before Christ, Hippocrates' influence began to wane, and among educated Romans, the prevailing belief was that mental illnesses like depression were brought on by demons and the wrath of the gods. The brain is still regarded by Persian doctors like Rhazes (865–925), the director of the Bagdhad hospital, as the origin of mental sickness and melancholy. There were "lunatic asylums" where certain depressed persons were restrained or imprisoned¹¹.

Early in the "age of enlightenment" (the 18th and early 19th centuries), it was believed that depression was an inherent, unchanging temperamental defect, which led to the widespread belief that those who suffered from it should be avoided or imprisoned. The majority of those who suffered from mental illness as a result became homeless and impoverished, and others were institutionalised. Electroshock therapy was first used by Benjamin Franklin. Other forms of rehabilitation suggested included horseback riding, special diets, enemas, and vomiting. Emil Kraepelin, a German physician, made the first distinction between depression and schizophrenia in 1895. The development of psychodynamic theory and psychoanalysis took place at the same time. According to Freud, a person's unconscious resentment over a loss weakens the ego, which leads to self-hatred and self-destructive behaviour. Freud favoured psychoanalysis (the talking cure) as a way to address unconscious problems and lessen the need for self-destructive ideas and actions. Since then, other psychological schools have evolved with a range of theories to explain depression and a wealth of therapeutic guidelines that we continue to follow today¹².

Ayurvedic Approach to Depressive disorder

The understanding of the multidimensional facets of the mind is abundant in Ayurvedic scriptures. The continuum of the body (*sharira*), sense organs (*indriya*), mind, and soul (*Atma*) is referred to as "life" (*ayu*)¹³. The mind is one of the three fundamental pillars of the purusha, or whole human being, along with the body and the soul¹⁴. A vital part of health is psychological well-being, which includes a pleasant condition of mind, spirit, and sense organs¹⁵. The

mind is not viewed by Ayurveda Acharyas as a distinct entity. Instead, the intellect is consistently integrated with the 'Whole' in perfect harmony with the body and soul. Thus, the mind has the supremacy to affect both general physiological and sensory processes as well as spiritual health.

General etiological factors for psychiatric disorders

Prajnaparadha, *Asatmyendriyarthasamyoga*, and *Parinama* are the general etiological factors for the disease of the mind¹⁶.

Prajnaparadha: Charaka mentions that *Dhivibhramsha* (impairment of intellect), *Dhrtivibhramsha* (impairment of will), and *Smritivibhramsha* (impairment of memory) are the main causative factors for the mental and physical disorders, which lead to evil Karmas, which is defined as a *Prajnaparadha*. Various types of physical and mental disorders are caused due to, *Bhaya*, *Kama*, *Krodha*, *Moha*, *Shoka*, *Udvega*, etc. The evil acts caused by *Prajnaparadha* lead to the vitiation of physical and mental Doshas¹⁷.

Asatmyendriyarthasamyoga: Unwholesome contact with senses are the causative factor of mental disorder. They may be in the form of *Atiyoga* (excessive utilization), *Ayoga* (non-utilization), and *Mithyayoga* (wrong utilization) of sense faculties¹⁶.

Parinama: Charaka explained the advent of the maturity of the result of time with regards to *shareerika* dosha, but the time factor is also considered as the cause of mental disorders¹⁶.

In Ayurveda, all psychological and psychiatric abnormalities are described in the chapter *Unmada adihikara*. (Table 1)

Table 1: Specific etiological factors of Depression in Ayurveda¹⁸

AHARAJA NIDANA	VIHARAJA NIDANA	MANASIKA NIDANA
Tamasika Ahara	Purvajanmakruta karma	Hina Satva, Bhiru Prakriti
Kapha vriddhikara ahara	Vega dharana/udeerana	Upahat Manasam
Viruddha Ahara	Avyayama	Upaklshita Satva [agitated/disturbed mental state],
Dushta Ahara	Vishamam tantra prayogam	Kama, Krodha, Bhaya Udvega, Shoka, Lobha,
Asuchi Ahara	Vishamam Aacharatam	Harsha, Moha, Chinta, Raga, Dvesha
Malinahara	Vaishamyam yuktana – Upayoga vidhina- Upayunjanam	
Vikruta ahara	Not following Sadvrita	
	Pragharashanam Deva	Hina, Ati & Mithya Yoga
	Guru Dwija	of Indriya & Indriyarthas

Disease Presentation

Avasada is a sign of *Kapha vriddhi*¹⁹. It is presented as fatigue, a feeling of sinking down, or growing faint. In depressive disorders, depressed, dull mood, and fatigue are essential symptoms. Therefore, early depression can be correlated to *avasada*. *Avasada* presents only at a psychic level. On the other hand, *Vishada* is a *vataja nanatmaja vikara*²⁰. Acharya *sushruta* classifies *vishada* under *mano vikara*²¹. It is defined as “fear of failure resulting in despondency and inertia”²¹. Here neuropsychic presentation is seen. Hence *Vishada* is generally correlated with mild to moderate depressive disorder. When this psycho-

logical imbalance vitiates bodily humor, agni, rasadi dhatu, and channels carrying metabolites it results in further depletion of dhatu and components of higher mental functions. The bidirectional effect of the gut brain axis and ayurveda variables can be established here. With the chronic course of illness and chronic exposure to etiological factors, the patient presents with moderate to severe depression, which can be correlated to *Kaphaja Unmada*¹⁸ (Figure 1). The symptom presentation correlating between *Kaphaja unmada lakshana* and depressive disorder is depicted in Table 2.

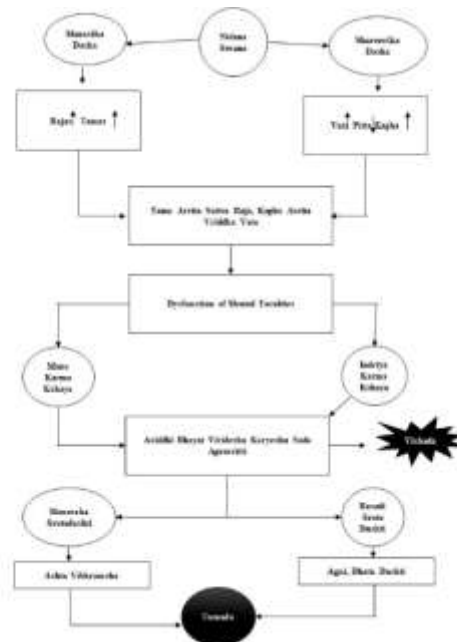


Figure 1: Disease manifestation of Depression in Ayurveda

Table 2: Comparison between *Kaphaja Unmada* and Depressive Disorder

<i>Kaphaja unmada</i>	Depressive Disorder
<i>Mandavak- Chesta</i>	Psychomotor retardation, mutism, slow or delayed talk.
<i>Sthanamekadese</i>	Inactive, dull, prefers solitude
<i>Rahakamata</i>	Social withdrawal, loneliness.
<i>Anannabhilasha</i>	Loss of appetite or anorexia
<i>Arochaka</i>	Tastelessness or loss of interest in any activity.
<i>Alpahara</i>	Decreased Appetite
<i>Atinidrata</i>	Drowsy, dull, altered sleep pattern (hypersomnia).
<i>Sadana</i>	Decreased energy and increased fatigability
<i>Alpamati</i>	Retardation of thinking, less concentration.
<i>Ratraubhrsham</i>	Diurnal variation

Therapeutic principles

Three types of treatment modalities have been explained in Ayurvedic science for the management of various ailments related to the body as well as the mind¹⁶.

a) *Daivavyapashraya* - It is termed divine therapy or therapy by faith. It includes mainly the use of *Mantra*, *Aushadha*, *Mani*, *Mangala*, *Bali*, *Homa*, etc¹⁶.

b) *Yuktivyapashraya* - It is the intellectual adoption of the treatment which includes planned usage of medicines and food. The therapeutic guidelines of the *unmada* are followed in Depressive disorder i.e., *shodhana* therapy followed by *shamana*. In Depression, there is *avarana* of vitiated *kapha* dosha over vitiated *vata*. Hence, *charaka* states that initially to remove *avarana* “*sasneha mridushodhana*” has to be done. If dosha is vitiated adversely, then *Snehapana* has to do aiming to mitigate vitiated *kapha* and simultaneously

normalise the functions of *vata*. Further *Vamana* therapy has to be followed to remove vitiated *Kapha Dosha*. The study has proved the efficacy of *vamana* therapy in Major depressive disorder²². In the subject with *alpa bala*, *virechana* can be administered. Further, *basti* is suggested to remove vitiated *kapha* from the gut, *Hapushadi Yapana Basti* has proved to be beneficial in depressive disorder. To alleviate vitiated *kapha* from *shira pradesha*, *nasya* is advised. *Atasi taila*, *Panchagavya ghrita*, *Jyotishmati taila*, and *Brahmi ghrita nasya* has proven their effectiveness in depressive disorder. *Acharya Charaka* says that this *shodhana karma* has to be repeated until the individual gains clarity in perceiving the knowledge from *indriya*, intellect, *aatma*, & *manas*. Further, drugs having *teekshna guna*, *ushna veerya*, *Kaphavatahara* property, and *Medhya* action can be suggested based on the amount of *dosha* vitiated¹⁸. (Table 3,4)

Table 3: List of internal medication in Depression

Ghrita / Taila Preparations	Herbal/Herbomineral Preparations	Kashaya/ Asava Arishta	Choorna
<i>Brahmi ghrita</i>	<i>Manasa mitra vatakam</i>	<i>Saraswatharista</i>	<i>Ashwagandha churna</i>
<i>Kalyanaka / Maha kalyanaka ghrita</i>	<i>Unmada gaja kesari Rasa</i> ²³	<i>Ashwagandharista</i>	<i>Yashtimadhu choorna</i>
<i>Panchagavya / Mahapan-chagavya ghrita</i>	<i>Bruhat vata chintamani rasa</i>	<i>Draksharishtha</i>	<i>Brahmi choorna</i>
<i>Maha Paishachika ghrita</i>	<i>Mukta pisti</i>	<i>Shrikahandasava</i>	<i>Kushta choorna</i>
<i>Saraswatha ghrita</i>	<i>Smritisagara rasa</i>	<i>Chandanasaava</i>	<i>Vacha choorna</i>
<i>Hingwadi Ghrita</i> ²⁴	<i>Vata gajankusha rasa</i>	<i>Drakshasaava</i>	<i>Guduchi choorna</i>
<i>Mahatiktaka ghrita</i>	<i>Swarnamakshika bhasma</i>	<i>Brahmi Drakshyadi Kwatha</i>	<i>Musta choorna</i>
<i>Shankhapushpyadi Ghrita</i> ²⁵	<i>Abhraka bhasma</i>	<i>Kalyanaka Paneeya Kashaya</i>	<i>Amalaki choorna</i>
<i>Tungadrumadi taila</i>	<i>Rajta bhasma</i>		<i>Shankhapushpi choorna</i>
<i>Chandanadi taila</i>	<i>Brahmi Vati</i>		<i>Sarpagandha choorna</i>
<i>Bala Ashwagandha Lakshadi taila</i>	<i>Medhya Vati</i>		<i>Gokshura choorna</i>
<i>Jyotishmati taila</i>	<i>Sarpagandha ghana vati</i>		<i>Tagara choorna</i>
	<i>Yashtimadhu Vati</i>		

c) *Satvavajaya Chikitsa* -The *Satvavajaya Chikitsa* includes various psychotherapies which help in controlling the *Manas* from moving towards the *Ahita Arthas*. *Satvavajaya chikitsa* is the best treatment said for *mano dosha* (vitiated *rajas and tamas*)¹⁶.

Table 4: External therapy in Depression

Bahirparimarjana Chikitsa	
Abhyanga	Dhanvantaram Taila/Kshirabala Taila/Mahanarayana Taila
Parisheka	Kashaya
Alepa	Ushna veerya dravyas
Mastishkya	
Shirodhara	Brahmi taila/ ksheerabala taila
Shirobasti	Takra/kashaya
Shiropichu	Kalka – musta/amalaki/jatamamsi/ tagara/ brahmi
Shiro abhyanga	Brahmi taila/ ksheerabala taila

CONCLUSION

Depressive disorder is a debilitating disorder affecting daily functioning substantially. Depression poses a high risk of mortality and morbidity. The challenges in diagnosis, growing incidence, and multifaceted pathology have limited effective management. Ayurveda appraises depression as a disorder of *vata* and *Kapha* origin. As per the severity of the pathogenesis, the depressive disorder can be correlated to *avasada*, *vishada*, and *Kaphaja unmada*. The multifactorial treatment approach has proven to be beneficial in Depressive Disorder. Various herbal/herbo mineral medicines ayurveda has proven to have an antidepressant effect and are better than standard treatment for Depressive Disorder. Further meticulous study or protocol in the management of Depressive Disorder would help patients get better health benefits.

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