

## A CRITICAL STUDY OVER ŚIRODHĀRĀ THERAPY BY AŚVAGANDHĀ SĀDHITA TILA TAILA AND ŚAMANA THERAPY WITH BRĀHMĪ JAṬĀ YOGA IN THE MANAGEMENT OF VIṢĀDA W.S.R TO DEPRESSION

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### ABSTRACT

The psychiatric ailment *Viṣāda* has been correlated with the mental depression of the western system of psychiatry based on the cause of the condition and its features. Certain therapeutic measures have been mentioned in Ayurvedic Texts from the ancient era on *Mānasa Roga* (Psychiatry) to make equilibrium of two mental *Doṣa Raja* and *Tama*. Besides that, in due course of time, some therapies are modified to get the proper effect to cure the condition, e.g., *Śirodhārā*. As no such modern effective and safe medicaments are available for prolonged use to combat such problems, therefore, indigenous drugs like *Brāhmī* [*Bacopa monnieri* (L.) Pennell] and *Jatāmāṁsī* (*Nardostachys Jatamansi* DC) orally and *Aśvagandhā* [*Withania somnifera* (L.) Dunal] *Sādhita Tila Taila* in the form of *Śirodhārā* have been chosen for treatment of such condition. The clinical trial has been conducted over three groups of patients as per their treatment schedule for 15 days. Group A has been treated with *Śirodhārā* by *Aśvagandhā Sādhita Tila Taila* for 30 minutes, Group B with the powder of *Brāhmī* and *Jatāmāṁsī* (BRĀHMĪ-JAṬĀ YOGA – 4 gm in 1:1 ratio) orally and Group C with both. The effectiveness of the trial drug and therapy

has been judged through the improvement of the Hamilton Rating Scale of Depression and *Satva Parikṣā*. The changes that occurred in subjective and objective parameters have been assessed through statistical analysis.

**Keywords:** Ayurveda, *Manas Roga*, mental illness

## INTRODUCTION

Life of modern era, closely adhere with various negative feelings like stress, strain, irritation, sorrow, grief, fear etc, and simultaneously have also the positive feelings like pleasure, satisfaction, respect patience etc. The main aim of humans is to go from negative to positive, or from lower to upper state of life. The eternal message of Indian philosophy is, “तमसो मा ज्योतिर्गमयो” which means movement from darkness to enlighten. Treatment or *Cikitsā* is defined as *pratikūla vedaniyam*, which means measures taken against pain. This pain, *roga* or disease is of two type viz. physical & mental, which is supported by Ayurvedic texts i.e., *Śarīra* and *Mana*. *Śārīrika roga* or physical ailments may afflict the mind as well as, the mental ailment may lead to physical disturbances. Āyurveda believes mind as *sūkṣma śarīra*, so whatever happens to the mind has reflected the body, and whatever happens to the body is reflected in mind. *Yoga vijñāna* gives importance to the mind and believes that if the mind is stable, then every other thing is stable. Pain, suffering and miseries are common in this world, so they will contact body and mind. Therefore, some factors related to our diet, habits and lifestyle automatically cause the disequilibrium of *doṣa* (bodily humour) - *vāta*, *pitta* and *Kapha*. Simultaneously the *doṣa* of *sūkṣma śarīra*, (mind) are *raja* and *tama* became afflicted by those factors. *Kāla* or time is changing in nature, so naturally, this humour also changes their states in body and mind. When there is a havoc disturbance, then trouble comes in these two areas. A person may have *pravara* [high state], *madhyam* [moderate state] or *avara* [lower state] *satva* [mind]<sup>1</sup> in relation to intellect, memory and rationality. If the *avara* or *madhyam satva* person indulges in the factors related causation of diseases, there is breakage of tolerance, patience etc and lowering of memory, intellect etc. *Lobha*, *krodha*, *moha* etc are called *mānasa roga*<sup>2</sup>. *Viṣāda* is also one of them,

which came into light in the field of *Kuruṣetra* where Arjuna gets afflicted by it, and Lord Krishna tried to remove it by counselling. It is defined as

असिद्धिभयाद् विविधेषु कर्मसु सादोऽप्रवित्तः विषादः //<sup>3</sup>

It means that if a person faces failure, then he feels lethargic while performing different works, or unable to do so.

In the present study, this *Viṣāda* has been considered a topic of concern and the present project work is an effort to remove this ailment.

Āyurveda has contributed lots of treasures through the herbs, minerals and organic compounds for the healing. Several therapies have also been contributed to the context of the art of healing. Search and research will be continued with the utmost effort of an affordable solution. Therefore, in the present study, drugs have been reviewed; therapies have been reviewed aiming to find out the solution. The clinical study is a must for getting information, confidence, and authenticity towards the establishment of a real remedy. Therefore, the present study has been based on a clinical study.

*Śirodhārā* is a concept of non-invasive applicatory method, most popular in Kerela. *Aśvagandhā* [*Withania somnifera*(L.) Dunal]<sup>4</sup> is a potent and effective drug for pacifying *vayu* and nourishing the body. In present work, *tila taila* [sesame oil] is taken and powered by this drug [*Aśvagandhā sādhitā tila taila*] for *Śirodhārā* in the treatment of *Viṣāda*. Simultaneously, *Brāhmī* [*Bacopa Monnieri* (L.) Pennell]<sup>5</sup> and *Jatāmāṃsī* [*Nardostachys Jatamansi* DC]<sup>6</sup> both the herbs have been chosen to evaluate their action in oral route of administration for the management of the same.

*Viṣāda* shows different clinical features in several systems like G.I.T, Neurological system, reproductive system etc. Therefore, through the present study, it would be judged that *śamana* therapy (oral medica-

tion) is how much effective in the said disease-related complaints. During both the therapies, adverse or toxic effects [if any] may appear that would be noted for supplying information for the future workers and physicians.

As long as there is the existence of life, there will be a continuation of experiments and observations. So present study is an important experiment where logical observation will lead to a scientific conclusion

#### **Aim and Objectives:**

- To provide a safe and unique regimen against Viṣāda/depression.
- To find out non-invasive therapy for the same.
- To evaluate the efficacy of Śirodhārā by Aśvagandhā sādhitā tīla taila and internal use of BRĀHMĪ-JAṬĀ YOGA for the management of the same.
- To study the complications (if any) during treatment.
- To assess the adverse effects if any produced by the use of this therapy.
- To encourage the future worker of this field for better evaluations.

#### **MATERIALS AND METHODS**

- **Study area:** Rajabazar, Shyambazar and surrounding areas.
- **Study population:** Sufficient number of registered patients of Viṣāda / Depression, OPD of IPGAE&R at SVSP, OPD of JBRSAMC&H Kolkata based on careful history taking, clinical examination and judicious use of laboratories.
- **Trial period:** 15 days
- **Study period:** 18 months
- **Sample size:** Forty-five patients.
- **Sample design:** The whole sample were divided into three groups as per their treatment schedule.
  - **Group A** - Śirodhārā by Aśvagandhā sādhitā tīla taila

**Dose:** 2-3 litres flowed in recycling manners.

**Time:** at the morning, before bathing

**Duration:** 30 minutes for 15 days

**Preparation of the Patient:** Conventional method

**Mode of Therapy:** Selection at OPD and treatment in IPD

- **Group B** - BRĀHMĪ-JAṬĀ YOGA orally  
**Dose:** 4 gm twice daily  
**Time:** after lunch and dinner.  
**Duration:** fifteen days.  
**Anupan:** plain water.  
**Mode of Treatment:** selection at OPD and treatment in OPD

**Group C** - Both Śirodhārā and oral therapy in an aforesaid manner for 15 days

**Mode of Treatment** - Selection at OPD and treatment in IPD

#### **Selection of the Patients**

##### ➤ **Inclusion Criteria:**

- All sex groups have been selected
- Age group – 15 yrs to 70 yrs
- Patients have symptoms like anhedonia, pseudodementia, hopelessness, low self-esteem, insomnia, hypersomnia, delusion or in extreme cases stupor, suicidal tendency etc.
- Patients had the evidence of Avara satva, madhyama satva
- Those who intended to undergo the therapy.

##### ➤ **Exclusion Criteria:**

- Age below 15 yrs and above 70 yrs
- Patients having medical and surgical emergencies like malignancy, CKD, Cardio-vascular disease, CVA, malignant hypertension, Insulin-Dependent DM etc.

##### ➤ **Method of Randomization:** Permuted block randomization, fixed

##### ○ **Diagnosis of the Patients:**

- Based on Hamilton rating scale of depression, examination of satva, and other clinical symptoms of depression
- For screening and toxicity study, general physical examination of the patients, and some Laboratory examinations of Blood like – Routine examination, blood sugar (fasting and post parandial), urea, creatinine, liver function test has been done.

##### ○ **Diagnostic Tool:** As mentioned, diagnosis was done on the basis of **Ham-D scale**<sup>7</sup> [Normal (0-7) / Mild (8-13) / moderate (14- 18) / severe (19-

- 22) / very severe (23 and above)] **and Satva parikṣā<sup>8</sup> [Pravara/ madhyama/ avara].**
- **Investigation (for screening and toxicity study):** Pulse, Blood pressure, Haemoglobin, Bilirubin, SGPT, SGOT, Urea, Creatinine was done.
  - **Preparation of Recipes-**
    - **Śirodhārā** - materials were prepared in *Conventional* method – *tila taila* was taken- *murchā pāka* was done – *Aśvagandhā* decoction(100ml) was prepared **Conventionally**- decoction and oil (3litre) were mixed- again heating was done- water part evaporated and filtered – cooled - preserved in glass vessels.
    - **Preparation of Drug:** - *Brāhmī* and *Jaṭāmāṃsi* were collected from the market with proper identification by expert Ayurvedic person. Cleaning
  - **of both drugs –** dried in the sun – powdered – sieved in 40 mess size – mixed in equal proportion – packets of 60 gm weight were prepared.
  - **Plan for Analysis of Data:** Statistical analysis is done on the response especially reflected on Ham-D, and *satva* examination by using Students' T-Test.
    - **Assessment of Overall Response:** Overall responses have been observed based on clinical improvement and improvement of psychological strength which has been marked as follows:
      - 0-25% = Poor,
      - 26-50% = Moderate
      - 51-75% = Good
      - 76-100% = Excellent

**OBSERVATION AND RESULTS:** After the completion of the trial, following results were found

**The response over Ham-D scale**

**Table 1:** Showing comparative statistical analysis of Ham-D scale

Statistical points	Group A (n=15)	Group B (n=15)	Group C (n=15)
Mean BT	12.46	12.86	13.73
Mean AT	8.33	8.86	7.73
Mean of difference	3.73	3.93	6
Standard deviation	2.40	1.94	2.5
Standard error	0.62	0.50	0.64
T <sub>14</sub>	6.01	7.86	9.38
P	<0.001	<0.001	<0.001

**Response over Satva**

**Table 2:** Showing comparative statistical analysis of Satva

Statistical points	Group A (n=15)	Group B (n=15)	Group C (n=15)
Mean BT	24.13	24.53	23.5
Mean AT	29.53	27.8	29.4
Mean of difference	4.73	5.26	5.86
Percentage of improvement [%]	19.6	21.4	24.9
Standard deviation [SD]	2.49	2.01	2.47
Standard error [SE]	0.64	0.52	0.63
T <sub>14</sub>	7.39	10.1	9.30
P	<0.001	<0.001	<0.001

### The overall response of clinical study

From the trial, the following response was noted as per the percentage of relief:

**Table 3:** Overall response of clinical study

Group	Poor (0-25%)		Moderate (26-50%)		Good (51-75%)		Excellent (76-100%)
	No of patients	Percentage of patient	No of patient	Percentage of patient	No of patient	Percentage of patient	
Group A [n=15]	5	33%	8	54%	2	13%	NIL
Group B [n=15]	3	20%	9	60%	3	20%	NIL
Group C [n=15]	2	13.3	8	54.4%	5	33.3%	NIL

### DISCUSSION AND CONCLUSION

After the whole discussion of the project following points may be concluded as the outcome of the research project: *Viṣāda* may be defined as असिद्धिभयाद् विविधेषु कर्मसु सादोऽप्रवित्तः विषादः // It means that if a person faces failure, then he feels lethargic while performing different works, or unable to do so. *Viṣāda* may be correlated with depression in modern psychiatry. Etiopathogenesis of *Viṣāda* related to *avara* and *madh-yam satva* through the *vāta* –*kapha vardhaka āhāra-vihāra*, which leads to an aggravation of *vāta* and affection of *manovaha srota*, finally disequilibrium of *raja* and *tama*. *Āyurveda* has contributed a lot of medicine and therapies for the treatment of psychiatric ailments, only *Śirodhārā* by *Aśvagandhā sādhitā tila taila* showed 13% good response, 54% moderate response and 33% poor response which have been reflected over Ham D where  $p < 0.001$  and overall improvement of *satva* was 19.6% and  $p < 0.001$ . Only *Brāhmī -Jaṭā yoga* orally showed 20% good response, 60% moderate response and 20% poor response which have been reflected over Ham D where  $p < 0.001$  and overall improvement of *satva* was 21.4% and  $p < 0.001$ . When combined, both the therapies showed 33.3% good response, 54.4% moderate response and 24.9% poor response which have been reflected over Ham D where  $p < 0.001$  and overall improvement of *satva* was 19.6% and  $p < 0.001$ . *Madh-yam satva Viṣāda* patients are easier to treat than *avara satva Viṣāda* patient which may imply that *former* patients are *kṛccha sādhyā* and later are *yāpyā*. *Śirodhārā* by *Aśvagandhā sādhitā tila* has showed no adverse or side effect, *Śamana* therapy [oral use] by

*Brāhmī -Jaṭā yoga* have shown no adverse or side effect

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