



Case Study

AYURVEDIC MANAGEMENT ON MANOAVSADA (DEPRESSION): CASE REPORT

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ABSTRACT

Among all the psychological disorders, depression is the most common mental disorder nowadays. According to WHO, approximately 280 million people have depression worldwide. In Ayurvedic classics *Vishada* and *Avasada* are the two mentioned conditions which have close resemblance with depression. *Acharaya Charak* quote "*Vishado Rogavardhanam*" i.e., it is the most foremost factor to worsen the condition of any disease. It comes under one of the eight *Vataja nanatmaja vikaras* which indicate that it cannot occur without the involvement of *Vata dosha*.

In modern science there are enormous drugs for treatment of mental disorders but with so many adverse effects. The prolong consumption of these medications leads the patient more dreadful condition which became fatal at later stage. *Acharya charak* has quoted the definition of best treatment in *Charak Samhita*. He explains that the treatment that cures any diseases without causing any morbid condition or side effect said to be the best treatment. In this case study we try to explain the impact of *Satvavjya chikitsa* along with *Samshaman* and other *Panchkarma* procedures as given in the patient. The result came out as an eye opener about the experience made in this case without any side effects.

INTRODUCTION

Depression is a common major depressive disorder has a prevalence of 5% in the general population and 10-20% in chronically ill medical outpatients. It is a major cause of disability and suicide^[1]. The symptoms range from mild sadness, anxiety, irritability, worry and lack of concentration, discouragement and somatic complaints to the more severe symptom of frank depression^[2]. During a depressive episode, the person experiences depressed mood or loss of pleasure or interest in activities for most of the day, nearly every day for at least two weeks.^[3] Symptoms of depression includes somatic as well as psychological factors. If comorbid with medical condition depression magnifies disability, diminishes adherence to medical treatment and rehabilitation, may even shorten life expectancy.

Psychological and pharmacological treatments both work on depression. In practice the choice is determined by patient preference and local availability.^[4]

Case Report

Age- 16 years

Sex- Female

Religion- Hindu

Socioeconomic status- Middle class

Marital Status- Unmarried

Chief complaints- Feeling of palpitation, irritability, anger, insomnia since 1 year.

Significant weight loss, amenorrhoea, lethargy, weakness since 7 months

History of Present Illness: A 16 years old female patient was asymptomatic before 1 year, suddenly she started severe pain in right hypochondrium region with vomiting. Patient went to allopathic hospital where she got investigated and diagnosed with cholelithiasis (23mm GB calculus). Patient was advised cholecystectomy for which she got operated on 29/12/20. After 2 months of surgery patient gradually started eliciting symptoms like anorexia, hair loss, amenorrhoea and suddenly started losing weight.

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Patient started losing interest in social activities and isolated herself. Day by day symptoms became worsen patient denied to eat food and became badly aggressive. After that she was taken to allopathic hospital and was diagnosed with restrictive eating disorder along with subclinical depression. Doctor advised antidepressant medications along with counselling sessions. Patient took treatment but did not found significant relief. Symptoms became more worsen by the time. Her weight felt to 35Kg from 60 kg. She cried everyday a lot, isolated herself and developed suicidal tendency. After getting so many treatments and counselling sessions when patient didn't get any significant relief then approached toward Ayurvedic treatment by her parents for management. When she came to OPD for advice, then on examination and after taking history and patient was found with maximum symptoms of *Avsada* (depression) along with certain symptoms of restrictive eating disorder. Her Hamilton depression rating scale score was 23 on assessment. Then patient was advised to get admitted in hospital for Ayurvedic therapies along with *Satvajaya chikitsa*.

History of Past illness- No History

Family History- NAD

Treatment History- Anti-depressant, anxiolytics, anti-schizophrenics from 6 months. Dosage increases as symptoms increased.

- 1) Tab. Oleanz (Olanzapine)- 7.5mg 1 tab twice a day
- 2) Tab. Nexito (Escitalopram oxalate) 5mg- 1 tab thrice a day.
- 3) Tab. Placida (Flapenthixol & Melitracen)- 1 tab twice a day after meals
- 4) Tab. Lonazep (Clonazepam)- 1 tab thrice a day. Dosage sometimes increases to 4-5 times a day.

Menstrual History- Amenorrhea since 1 year (Menarche at 13 years)

Obstetrics History- NAD

Diet- Vegetarian (only eat Uttapam once in day)

Addiction of eating fennel seeds whole day

Examination at the first day of admission

A. Modern Parameters- BP- 110/68 mmHg, PR- 90/min Regular, RR- 17/min, Temperature- 98.8°C, Weight- 35 Kg

B. Asthavidhya Pariksha [5]

Nadi- Duidoshaj, 90/min

Mala- Apravarti, constipation since 3 months

Kostha- Krur

Mutra- 3-4 times a day

Jivha- Amayukta

Twak- Samanya

Sparsha- Anushna

Drik- Vikrata

Akriti- Krisha

Hamilton's Rating Depression Scale (HAM-D)[6] score - 23 at the time of admission.

Treatment Protocol

Total time of treatment - 14 days (on admission)

1) Panchkarma (Upkarma procedure)

- **Snehana therapy** with *Prasarini taila* and *Bala taila* mix in equal amount daily for 14 days
- **Swedana therapy** - *Nadi sweda* with *Dashmool kwath* for 5- 10 min till sweating daily for 14 days
- **Shirodhara** (after *Snehana-Swedana*)- For 45 min daily with *Ksheerbala taila* in relaxing *Satvic* tuned music for 14 days.

2) Satvavija chikitsa

- *Yagya* with *Mantra uccharan*
- Proper counselling and daily task given to engage the patient.
- Rewarding of patient after the completion of previous task and encourage her to do the next task in more effective way.
- Energize her daily by giving the examples of personalities achieve positivity in life recovering from this same condition.
- Encourage the patient to memorize the ideal image of god and fight with her own when negative thoughts surrounds.

3) Yog Chikitsa

- *Trataka* for 45 minutes daily once a day
- *Bramhari Pranayama*- 15 min twice a day
- *Ujjai Pranayama*- 15 minutes twice a day
- *Udgit Pranayam*- 15 minutes twice a day

(Note: In the starting 2-3 days after admission patient was unable to do these exercises for required period but by practice and along with help of supervisor patient was able to cooperate with exercise and meditation effectively)

4) Samshamana Chikitsa

- a. **Medha vati extra power**- 3-3 tablets twice a day after meals twice a day
- b. **Nutrella Isopure Gold Nutrella Women's Superfood** (20ml each with milk after meals twice a day)
- c. **Tab. Immunogrit** 2 tablets twice a day with lukewarm water after meals
- d. **Syp. Drakshovin Syp. Aswagandhaaristha** (20ml each twice a day with equal amount of lukewarm water after meals).

5) Diet

No special dietary restriction was followed except fast foods and fried foods as patient always denied to take food. So patient was given daily task to complete the following diet in view of her weight loss.

OBSERVATION & RESULT

The observation found that after the combined treatment of 14 days there was improvement. The difference observed before and after the whole treatment was noted accordingly and compared as shown in the given tables.

Table 1: Sign and Symptoms Before and After Treatment

Symptoms	Before treatment	After treatment
Constipation	Present	No constipation
Appetite	Poor (+++)	Better than before (+)
Episodes of crying	6-7 times in whole day	1-2 times in whole day
Food consumption	Eat only Uttapam once in a whole day	Start eating varieties of foods along with chapatti
Social attitude	Always trying to isolate herself	Now trying to interact with people
Sleep	Too much disturbed (mostly in midnight) Not able to sleep more than 2-3 hour peacefully.	Sound sleep Now able to sleep for 6-7 hours without any disturbance
Heart Rate	100- 120/min	70-90/ min
Weight	35 Kg	44 Kg
Allopathic Medication	1) Tab. Oleanz- 1 tab twice a day 2) Tab. Nexito -1 tab thrice 3) Tab. Placida-1 tab twice 4) Tab. Lonazep – 1tab TID	1) Tab. Oleanz reduced to 1 OD 2) Tab. Nexito reduced to 1 OD 3) Tab. Placida- Stopped 4) Tab. Lonazep reduced to 1 OD

Table 2: Hamilton's Depression Rating Scale [6] before and after treatment

S.No.	Symptoms	Before treatment score	After treatment score
1	Depressed mood	2	1
2	Feeling of guilt	1	0
3	Suicide	1	0
4	Insomnia: in early hour of night	0	0
5	Insomnia: Middle of night	1	0
6	Insomnia: Early hours of night	2	1
7	Work and activities	1	0
8	Retardation	2	1
9	Agitation	1	0
10	Anxiety psychic	1	0
11	Anxiety somatic	2	1
12	Somatic symptoms gastrointestinal	2	1
13	General somatic symptoms	1	0
14	Genital symptoms (Menstrual disturbance)	2	2
15	Hypochondriasis	1	0
16	Weight loss	2	1
17	Insight	1	1
	Total	23	9

Table 3: Insomnia Severity Index [7] before and After treatment

S.NO.	Questionnaires for patient	Before treatment	After treatment
1	Difficulty falling asleep	2	0
2	Difficulty staying asleep	3	1
3	Problems waking up too early	0	0
4	How satisfied/dissatisfied with our current sleep pattern?	3	1
5	How noticeable to others do you think your sleep is in terms of impairing the quality of your life?	3	1
6	How worried/distressed are you about your current sleep pattern?	3	0
7	To what extent do you consider your sleep pattern interfere with your daily functioning currently?	2	0
	Total	16 (Clinical insomnia)	3 (No clinically significant insomnia)

DISCUSSION

- In this case the combined effect of *Panchkarma (Upkrama) Chikitsa* along with effective management of *Satvavajya, Yoga* and *Samashamana chikitsa* has been shown benefit.
- **Snehana swedana** are the *Purvakarma* relax and prepare the body for *Shirodhara* procedure.
- **Shirodhara** results in induction of relaxation stage of mind, which results in dynamic psycho-somatic balance. A total feeling of mental clarity, happiness and comprehension is experienced in this process.^[8,9]
- The centre of forehead is related to the third eye which is believed to be linked with pineal gland in the body ^[10]. This spot is known as *Agnya chakra* in the Yoga tradition. Focusing to this centre (*Agnya chakra*) with closed eyes during meditation leads to psycho somatic harmony. The steady fall of oil on the *Agnya chakra* proposed the meditation like effect on the mind.^[11]
- Like *Shirodhara trataka kriya* also brings energy to the *Agnya chakra* (third eye). The stimulation of *Agnya chakra* stimulates the mind in increasing concentration and psychic abilities to develop the sixth sense which helps to gain confidence in daily life.^[9]
- Along with *Trataka* daily practice of *Pranayams* like *Brahmari, Ujjai* and *Udgit* also helps to relax the body and elevates the mood. They act on *Agnya chakra* increases the concentration level. In the research studies there is elevation of serotonin, dopamine and endomorphins with the daily practice of these exercises.^[12]
- In *Samshamana chikitsa* the drugs used specially in this case contains *Medhya* and *Balya* properties predominantly.

• Divya Medha vati contains ^[13]

Brahmi, Shankha pushi, Vachas, Ustukhuddus, Aswagandha, Jyotishmati, Saunf, Gojivha, Jatamansi, Jaharmohrapishti, Praval pishti, Mukta Pishti and extracts of *Vacha, Jyotismati, Brahmi, Shankpupshpi* have anti-oxidant, anti-inflammatory, anti-depressant, adaptogenic and neuro protective properties which helps to improve concentration and increases confidence.

• Divya Immunogrit Tablet ^[14] Contains ingredients of *Jivaniya gana* mainly *Vidarikand, Meda, Shatavari, Kakoli, Ksheerkakoli* increases the immunity and protects the body from secondary infections.

• Nutrella Women Superfoods and Nutrella Isopure Gold contain high protein helps in increasing the body strength and muscle mass.

• Syrup. *Aswagandhaarista*^[15] act as brain tonic nourishes and relax mind while syrup. *Drakshovin* increases appetite, improves digestive fire and also boost memory.^[16]

CONCLUSION

The combined effect of integrated approach can be evaluated from this study. Yoga therapy work at *Satva* level increases the strength at physical and mental level also. In this case patient was taking allopathic medicines from last 6-7 months continuously but didn't get any significant relief. The dose of medicine increased according to the worsen symptom and side effect like constipation, irritability also appear. After that when patient approached Ayurvedic treatment certain improvements were found. In this whole treatment protocol, the main impact was 'positivity' which was tried to emphasized in patient with the help of yoga, meditation along with medications.

After the effective 14 days treatment the allopathic medication dose dropped to half than the prior dose and the patient found more satisfactory in her behaviour.

REFERENCES

1. Davidson Principles and Practice of Medicine, Edited by Stuart H. Ralston, Ian D. Penman, Mark M.J. Strachan, Richard P. Hobson; Chapter 28- Medical Psychiatry, 23rd Edition, Page no. 1198
2. Maxine a. Papadakis, stephen j. Mcphee, michael w. Rabow Current Medical Diagnosis & Treatment, a Lange medical book, updated annually 2022 special Indian Edition Chapter 25 Psychiatric Disorders Page No 1078; Sixty-First Edition
3. <https://www.who.int/news-room/fact-sheets/detail/depression>
4. Davidson Principles and Practice of Medicine, Edited by Stuart H. Ralston, Ian D. Penman, Mark M.J. Strachan, Richard P. Hobson; Chapter 28- Medical Psychiatry, 23rd Edition, Page no. 1199.
5. Yogratnakar, Revised by Dr. Indradev Tripathi and Dr. Daya Shanker Tripathi, Krishna Das Academy, Varanasi, Print-B.S., Ashtavidha pariksha, 1, 2055, 4-13.
6. <https://www.sciencedirect.com/topics/neuroscience/hamilton-rating-scale-for-depression>
7. Charles M. Morin, Geneviève Belleville, Lynda Bélanger, Hans Ivers. The Insomnia Severity Index: Psychometric Indicators to Detect Insomnia Cases and Evaluate Treatment Response. Sleep. 2011 May 1; 34(5): 601–608.
8. Uebaba K, Xu FH, Ogawa H, Tatsuse T, Wang BH, Hisajima T, et al. Psychoneuroimmunologic effects of Ayurvedic oil-dripping treatment. J Altern Complement Med. 2008; 14:1189–98.
9. Kalpana D Dhuri, Prashant V Bodhe, Ashok B Vaidya. Shirodhara: A psycho-physiological profile in healthy volunteers. J Ayurveda Integr Med. 2013 Jan; 4(1): 40-4.
10. <https://www.healthline.com/health/mind-body/how-to-open-your-third-eye>
11. <https://www.fitsri.com/mediation/trataka>
12. Tzu-Wei Lin, Yu-Min Kuo. Exercise Benefits Brain Function: The Monoamine Connection, Brain Sci. 2013 Mar; 3(1): 39–53.
13. <https://www.ayurtimes.com/divya-medha-vati>
14. <https://www.patanjaliayurved.net/product/ayurvedic-medicine/vati/divya-immunogrit-60-n/3435>
15. <https://www.patanjaliayurveda.net/product/ayurvedic-medicine/aristha/divya-ashvagandharist/22>
16. <https://www.1mg.com/otc/dhootapapeshwar-drakshovin-special-tonic-otc369059>

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