

UNDERSTANDING DEPRESSION IN AYURVEDA – A CRITICAL REVIEW

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ABSTRACT

In *Unmada* the disruption of *Manas* (mind) and other higher faculties like *buddhi* (intellect), *samijnajnana* (consciousness), *smrithi* (memory), *bhakti* (desire), *sheela* (manner), *cheshta* (behavior) and *achara* (conduct) takes place. *Kaphaja Unmada*, one among the four types of *Nija unmada* explained in the *Samhitas*, gives lot of similarities with Depression. *Alpa satva vyakti* (less intellectual person) continuously indulgence in *kapha Vardhaka ahara vihara* which in turn vitiates *manovaha srotas* (Nervous system) and *hrudaya* (heart) and produces *kapaja unmada*. Depression is a diseased condition in which the person's mood is affected and suffers from depressed mood and pessimism, increased fatigability, reduced energy, loss of interest and enjoyment are present along with other symptoms such as reduced attention and concentration, poor self esteem, self-difference, ideas of guilt and unworthiness, loss of appetite, sleep disturbances and ideas of self harm, Stressful events promote Neurochemical changes that may be involved in the provocation of depressive disorder.

Keywords: *kaphaja unmada*, *depression*, *buddhi*

INTRODUCTION

In *Ayurveda Unmada* is a common entity which represents many of the Psychiatric disorders. In this ailment the intellect, mind, behavior, memory etc get perverted. *Nija Unmada* can be applied to the disordered state of mind in which the individual loses the power of regulating his/her actions and conduct according to the rules of the society in which he/she is moving¹. *Kaphaja Unmada* is one among the *Nija unmada* and *Charaka* explained the *Kaphaja Unmada Lakshanas* like *Sthanamekadeshe* (the person loves to stay in one place), *Tushnibhava* (keeping silence), *Alpashaschankramana* (motor activity is reduced), *Sadana* (fatigue), *Anannabhilasha* (dis-

likes for food), *Alpabhuk* (less appetite), *Rahaskamata* (prefer or love for solitude), *Bhibhatsyatva* (feeling of disapproval), *Shauchadvasha* (dislike for cleanliness), *Svapnanyata* (increased sleep), *Shvayathuranane* (edematous face), *Chardi* (vomiting) and *Alpamati* (less intellectual activity)¹.

Depression is a significant contributor to the global burden of disease and affects people in all communities across the world. Today, depression is estimated to affect 350 million people. The World Mental Health Survey conducted in 17 countries found that on average about 1 in 20 people reported having an

episode of depression in the previous year². Depressive disorders often start at a young age; they reduce people's functioning and often are recurring. For these reasons, depression is the leading cause of disability worldwide in terms of total years lost due to disability. The demand for curbing depression and other mental health conditions is on the rise globally. Depression is a common mental disorder that presents with depressed mood, loss of interest or pleasure, decreased energy, feelings of guilt or low self-worth, disturbed sleep or appetite, and poor concentration. Moreover, depression often comes with symptoms of anxiety. These problems can become chronic or recurrent and lead to substantial impairments in an individual's ability to take care of his or her everyday responsibilities.

Nidana³:

Bhiruta (timidity), *Upaklishtasatva* (agitated /disturbed mental status), *Alpasatva* (feeble minded) *Kamakrodhalobhaharshabhayamohaayasashokachin tadvegadhibhihabhyatmanaha* (mind afflicted by various emotions), *Vyadhivegasamusamudbhrama* (perturbation due to the severity of disease), *Abhigatabhyata* (Mental disturbance caused due to trauma) *Devaguradwijapragharshana* (disrespect to gods), *Pujyavyatikrama* (deviation from the method

of worship), *Vishamashariracheshta* (faulty bodily activity), *Utsannadosha* (vitiating *dosha*) *Atyupakshinadesha* (exceedingly emaciated body).

Samprapti⁴

Samprapti (etiopathogenesis) of *Kaphaja Unmada* have not been explained in particular, So the *samanya samprapti* of *Unmada* can be considered for the *kaphaja unmada*. *Alpasatva vyakti*(less intellectual person) if continuously habituated to *kapha vardhaka ahara* and *nidana* (etiology) explained for *unmada*, then there is vitiation occurs in *Hrudaya* (heart) which is the seat of *buddhi* (intellect), along with this vitiation of *Manovaha srotas* (Nervous system) leading to the manifestation of *Kaphaja unmada*.

Purvaroop⁵

Shirasaha shunyata (emptiness in the head), *Chakshorakulata* (restlessness of the eyes), *Karnasvana* (sound in the ears), *Ucchvasadhikya* (hurried breathing), *Asyasamsravanam* (dribbling of saliva) *Arochaka* (tastelessness), *Avipaka* (indigestion), *Anannabhilasha* (aversion of food), *Hrdgraha* (catching pain in the heart region), *Atyutsaha* (over enthusiasm), *satatam lomaharsha* (continued horripilation), *unmattcittatvam* (crazy minded).

Table 1: *Lakshana* according to different authors

<i>Lakshanas</i>	<i>Charaka</i>	<i>Sushruta⁶</i>	<i>A.Sangraha⁷</i>	<i>A.Hrudaya⁸</i>
<i>Arochakaa</i>	+	+	+	+
<i>Chhardi</i>	+	+	+	+
<i>Alpacheshta</i>	+	+	+	+
<i>Alpahara</i>	-	+	+	+
<i>Alpavaak</i>	+	+	+	+
<i>Stree kamata</i>	+	+	+	+
<i>Lalashinganakshruti</i>	+	-	+	+
<i>Bhibhatsyata</i>		-	+	+
<i>Shauchadwesa</i>	+	-	+	+
<i>Nidra</i>	+	+	+	+
<i>Swayathuranane</i>	+	-	+	+
<i>Shanamekadeshe</i>	-	-	-	-
<i>Balavan ratrau</i>	+	+	+	-
<i>Shuklasthimita</i>	+	-	+	-
<i>Malaopadigdha</i>				

<i>Akshatvam</i>	+	-	-	-
<i>Nakhaadishaukyam</i>	+	-	-	-
<i>Agnimandhya</i>	-	+	-	-
<i>Kasa</i>	-	+	-	-
<i>Alpamati</i>	-	+	-	-
<i>Ushnasevi</i>	-	+	+	-
<i>Bhuktematre balavan</i>	+	-	+	+
<i>Sadana</i>	-	+	+	-

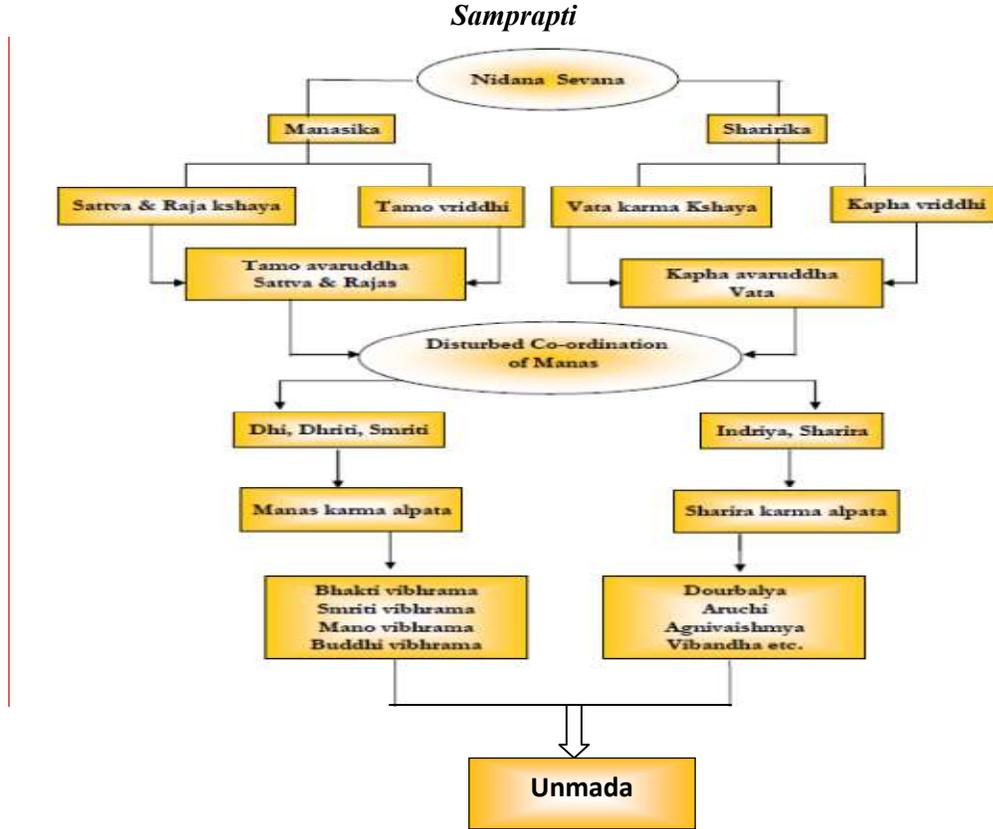
+ Present, - Absent

Table 2: Types of *Unmada* According to Different Authors

<i>Types</i>	<i>Cha</i>	<i>Su.</i>	<i>A.S</i>	<i>A.H</i>	<i>M.N⁹</i>	<i>H.S¹⁰</i>	<i>B.P¹¹</i>
<i>Vataja</i>	+	+	+	+	+	+	+
<i>Pittaja</i>	+	+	+	+	+	+	+
<i>Kaphaja</i>	+	+	+	+	+	+	+
<i>Sannipataja</i>	+	+	+	+	+	+	+
<i>Agantu</i>	+	+	+	+	+	-	+
<i>Manodukhaja /Adhija</i>	-	+	+	+	+	-	+
<i>Vishaja</i>	-	+	+	+	+	+	+

Table 3:

<i>Kaphaja unmada</i>	Features of Depression
<i>Sthanamekadeshe</i>	Inactive /dull/likes to be alone
<i>Alpachankraman/Alpacheshta/cheshta manda</i>	Reduced Psychomotor activity
<i>Alpa kathanam /mandavak /Tooshnibhava</i>	Sadness of mood
<i>Agnisada/arochaka /alpabhuk</i>	Impaired digestion/Loss of appetite /Anorexia ,
<i>Rahasyakamata /vivikta priyata</i>	Prefer or love for Solitude
<i>Bhibhatsatva /saucha dvesha</i>	Ignoring personal hygien, hating Cleanliness
<i>Sadana</i>	Fatigue
<i>Alpamati</i>	Decreased cognitive function /higher mental functions /difficult in thinking, slowed thinking
<i>Smruti vibhrama</i>	Poor memory



Samprapti ghataka

Dosha: sharirika dosha (Tridoshaja), Manasika (rajas & tamas)

Dushya: Rasa

Agni: Jatharagni, Bhutagni, Dhatavagni

Agni dushti: Mandata

Ama: Agnijanya ama

Srotas: Manovaha

Srotodushti: Sanga, Atipravrutti, & Vimarga gamana

Udbhava stana: Hrudaya

Sanchara stana: Manovaha sroto avayava

Vyakta sthana: Sarva sharira

Adhishtana: Manas & Buddhi

Roga marga: Madhyama

Svabhava: Chirakari & Ashukari

Depression

Depression is a common mental disorder, characterized by persistent sadness and a loss of interest in activities that you normally enjoy, accompanied by an inability to carry out daily activities, for at least two weeks¹²

Causes of Depression:

There are several biological factors believed to contribute to depression but their exact mechanisms are unclear. The biological factors that contribute to depression include: Physical changes to the brain – it is known that some part of a depressed brain show less activity than normal when stimulated; some parts of the brain even reduce in volume. Neurotransmitters – impaired chemical messengers in the brain. A central nervous system disruption in serotonin, nor epinephrine and dopamine are thought to be a direct cause of depression. Hormones – hormone

changes may trigger depression. Early childhood trauma is suggested as a cause of Depression in children, teens and adults. Death of a loved one, Loss of a job, financial troubles, High stress situations play major role in the causation of depression. Pregnancy – up to 15% of women experience postpartum depression. Some men also show postnatal depression, Menopause – the changes in hormones are thought to be a cause of Depression in women. Men with lower testosterone levels later in life have a greater chance of developing depression¹³.

Signs and Symptoms of Depression:

Mild depressive episode Diagnostic guidelines Depressed mood, loss of interest and enjoyment, and increased fatigability are usually regarded as the most typical symptoms of depression (32.0) - F32.1 Moderate depressive episode Diagnostic guidelines At least two of the three most typical symptoms noted for mild depressive episode (F32.0) should be present, plus at least three (and preferably four) of the other symptoms. Several symptoms are likely to be present to a marked degree, but this is not essential if a particularly wide variety of symptoms is present overall. Minimum duration of the whole episode is about 2 weeks. An individual with a moderately severe depressive episode will usually have considerable difficulty in continuing with social, work or domestic activities. A fifth character may be used to specify the occurrence of the somatic syndrome: F32.10 without somatic syndrome The criteria for moderate depressive episode are fulfilled, and few if any of the somatic symptoms are present. F32.11 With somatic syndrome the criteria for moderate depressive episode are fulfilled, and four or more of the somatic symptoms are present. (If only two or three somatic symptoms are present but they are unusually severe, use of this category may be justified.) F32.2 Severe depressive episode without psychotic symptoms in a severe depressive episode, the sufferer usually shows considerable distress or agitation, unless retardation is a marked feature. Loss of self-esteem or feelings of uselessness or

guilt are likely to be prominent, and suicide is a distinct danger in particularly severe cases. It is presumed here that the somatic syndrome will almost always be present in a severe depressive episode¹⁴.

Pathogenesis

Stressful events promote Neurochemical changes that may be involved in the provocation of depressive disorder. In addition to Neuroendocrine substrates (e.g. corticotrophin releasing hormone, and corticoids) and central neurotransmitters (serotonin and GABA), alterations of neuronal plasticity or even neuronal survival may play a role in depression. Indeed, depression and chronic stress or exposure typically reduce levels of growth factors, including brain-derived Neurotrophic factor and anti-apoptotic factors (e.g. bcl-2), as well as impair processes of neuronal branching and Neurogenesis. Although such effects may result from elevated corticoids, they may also stem from activation of the inflammatory immune system, particularly the immune signaling cytokines. In fact, several Proinflammatory cytokines, such as interleukin-1, tumor necrosis factor- α and interferon- γ , influence neuronal are functioning through processes involving apoptosis, Excitotoxicity, oxidative stress and metabolic derangement. Support for the involvement of cytokines in depression comes from studies showing their elevation in severe depressive illness and following stressor exposure, and that cytokine immunotherapy (e.g. interferon- α) elicited depressive symptoms that were amenable to antidepressant treatment. It is suggested that stressors and cytokines share a common ability to impair neuronal plasticity and at the same time altering neurotransmission, ultimately contributing to depression. Thus, depressive illness may be considered a disorder of Neuroplasticity as well as one of Neurochemical imbalances, and cytokines may act as mediators of both aspects of this illness¹⁵.

DISCUSSION

- *Kaphaja unmada* and depressive disorders are two different entities .comparison between modern psychiatric disorder to *ayurvedic* mental disorder has lot of limitations, because of their different theories (Biochemical in Modern and *Dosha* theory in *Ayurveda*) so here a co- relation is tried on the bases of *Nidana panchaka* and Etiopathogenesis of *unmada*.
- *Vakyamandata*, *Tushnibhava alpakathana* and *alpavakhyata* gives meaning that persons keeps silence, slow talk or less talk. These meanings are very similar to the symptom, reduced psychomotor activities or all activities which is mentioned as one of the symptom of depression.
- Dietary habits, life style modalities, emotional quotient, environmental stress plays a major role in the causation of *unmada*. Due to the *Kaphavardaka* and *malinahara sevana* and *alpacheshhta* there will be *mandagni* which leads to *rasavahasrododrishti*. The moola of *rasavahasrotas* is *hridaya*. *Manas and buddhi* is situating in *hridaya* due to the *Kaphavarana* and *tamoavarana* there will be decrease in *Buddhi*.
- The normal physical and mental dispositions (*Kapha Prakruthi* and *Tamasa prakruthi*), food habits of the person etc. will also act as the modifier of the basic Pathology (Neuro chemical factors) in the brain produces depression.

CONCLUSION

Kaphavardhaka ahara leads to *mandagni* and it in turn vitiates *rasavahasrotas* there by it decreases *buddhi* (intellect), *sanjnya* (consciousness) etc factors in *alpasatvavyakti* (less intellectual person) and leads to depression, hence by above said factors a critical review is made to understand depression in ayurveda.

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