

CLINICAL EVALUATION OF (*Withenia Somnifera*) ASHWAGANDHA KSHIRPAKA & SHIRODHARA IN THE MANAGEMENT OF DEPRESSION (AVSADA)

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ABSTRACT

In present decade Depression (*Avsada*) is one of the commonest psychiatric disorders due to the instance physical and stressful life event. As per the survey 10% of men or 20% of women are suffering from depression. According to *Ayurveda* *Avasada* is a *nanatmaja vataj vikar*. As per *Sushruta* it is a *manasvikar*. *Delhana* defined *avasada* or *vishada* as feeling of sadness. *Avasada* needs effective and safe treatment. Modern therapeutics has a spectrum of the drugs for the management of Depression, but they have serious side effects. In Ayurveda there is wide scope of research to find out a safest remedy for management of depression. In this view study was conducted in 30 clinically diagnosed patients of Depression from the OPD of *Kayachikitsa* & *Panchakarma* of J.A.M.C. Nagpur with an objective of clinical evaluation of the efficiency of *Ashwagandha kshirpaka* & *Shirodhara*. Patients were randomly divided into two groups, Group A & Group B each of 15 patients. Patients of Group A were treated with *Ashwagandha Kshirpaka* (5 gms *ashwagandha* & milk to make *kshirpaka*) twice a day for 60 days and the patients of Group B were treated with *Ashwagandha kshirpaka* (5 grams *ashwagandha* & milk to make *kshirpaka*) twice a day for 60 days & *Shirodhara* with *Bala tail* for 7 days. After 1st course of *Shirodhara* again 2nd course of *Shirodhara* was done for 7 days with an interval of 3 weeks. For a statistical analysis of the data the standard statistical package R build 2.15 is used. Although satisfied result obtained on various parameter with *Ashwagandha kshirpaka* in group A; *Ashwagandha kshirpaka* with *Shirodhara* in group B is more significant.

Keywords: Depression, *Avsada*, *Ashwagandha kshirpaka*, *Shirodhara*, *Bala tail*.

INTRODUCTION:

In present decade Depression is the commonest psychiatric disorder. Depression is a whole body illness involving individual's body, mood, and thoughts¹. Depression affecting about 21 million people world wide. In India prevalence of all psychiatric disorder is 65.4 per 1000 population out of which total 51% i.e. 31.2 per 1000 population is affected by depressive illness.² Patients of depression often present with vague somatic symptoms or aches and pain in general clinical practice for which no physical causes is found on assessment³. Depression is result of brain chemistry imbalances when you are fine with the world and not feeling depressed

plentiful stores of chemical messengers called neurotransmitters zip effortlessly around your brain. They literally leap critical gaps between the brain's millions of nerve cells, called neurones, and keep communication flowing. When you are depressed, this easy interchange break down. The key mood neurotransmitters – chemicals such as serotonin, noradrenaline and dopamine- become unbalanced, and neurons then have problems conducting impulses back and forth.⁴

Avasada and *vishada* are two condition in *Ayurveda* which are closely similar to depression. *Avasada* is one of the signs of aggravation and slow activities of *Kapha dosha* relating mainly to *kapha* as a

pathological factor⁵. *Visahada* is a *vatja nanatmaja* disorder in which depletion of *vata* is the main etio pathological factor⁶. *Acharya charaka* also quoted *vishada* as *shreshtha Raogavardhaka Bhava*⁷. *Acharya charaka* used the word “*Sadanam*” this refers the sense of Depression⁸. *Sadanam* means sadness, dejection. The word *vishada* has been mentioned in the context of *Manas dosha vikara*. So in the present clinical study considering the dreadfulness of depression, was under taken with the aim to find out a safe herbal remedy for depression.

AIM & OBJECTIVE:

1. To find out safe & effective treatment for Depression (*Avasada*).
2. To assess the effect of *Shirodhara* & *Ashwagandakshirpaka* in the management of Depression (*Avasada*).

MATERIALS AND METHODS:

Inclusion Criteria:

1. Patients between the Age group of 25 years to 55 years.
2. Patients suffering from depressed mood, disturb sleep, loss of appetite, loss of interest, lack of energy (lethargy), feeling of retardation, decreased sexual drive, loss of concentration, irritability, recurrent thought of suicide were selected irrespective of sex, education, socio-economic status & religion.

Exclusion criteria:

1. Patients suffering from violent behavior, drug abuse and on any other medication which effect mood.
2. Patients suffering with acute illness such as severe hypertension, malignancy, diabetes mellitus, heart disease & hypothyroidism.

Selection of cases:

For the clinical study 30 clinically diagnosed cases of Depression were

RESULT:

Table – 1 Showing effect of Therapy on Symptoms of Patient of Group A

S. No.	Parameter	N.	Mean Score		T-Statistic	SE(t)	P-Valve	Remark
			BT	AT				
1	Depressed mood	15	1.67	0.67	5.17	0.21	0.00002	Significant
2	Disturb sleep	15	2.07	1	4.6	0.22	0.00006	Significant
3	Loss of appetite	15	1.93	0.87	4.03	0.26	0.000381	Significant

selected from OPD of *Kayachikitsa* & OPD of *Panchakarma* of J.A.M.C. Nagpur. This work was done after the permission of Ethical Committee of J.A.M.C. Nagpur. For the subjective assessment of results following symptoms were observed before the treatment and after the treatment. Details history & clinical examination of cases was done in every 15 days in 60 days of trial.

Grouping:

Selected patients were randomly divided into two groups each of 15 patients.

Group A: was given *Ashwagandha Khirpaka* (5 gms *Ashwagandha* & Milk to make *Kshirpaka*) twice a day for 60 days.

Group B: Was given *Ashwagandha Khirpaka* (5 gms *Ashwagandha* & Milk to make *Kshirpaka*) twice a day for 60 days & *Shirodhara* with *Balatail* daily for 7 days. After 1st course of *Shirodhara* for 7 days, 2nd course of *Shirodhara* was done again for 7 days with an interval of 3 weeks.

Duration of trial:

Clinical trial was done for 60 days. In both group patients were advised to take mental & physical rest and warm and light diet.

Criteria of assessment:

Subjective symptoms were taken in to consideration for the assessment of results. Following symptoms were observed before treatment followed by every 15 days and after completion of trial. Intensity of symptoms was indicated by Grade 0 – Normal, Grade 1 – Mild, Grade 2 – Moderate & Grade 3 – Severe.

Observation:

The following were the observation of the study. Total 30 patients, 15 patients in each group A and B were registered.

4	Loss of interest	10	1.7	0.8	3.07	0.297	0.006499	Significant
5	Lethargy	12	1.33	0.67	3.31	0.198	0.003136	Significant
6	Feeling of Retardation	11	1.18	0.55	3.1950	0.19	0.004547	Significant
7	Decreased sexual drive	10	1.3	0.7	2.77	0.21	0.012422	Significant
8	Loss of concentration	12	1.33	0.58	3.64	0.20	0.001422	Significant
9	Recurrent thought of suicide	11	1.36	0.64	3.38	0.21	0.002971	Significant
10	Irritability	15	2	0.8	4.94	0.24	0.00003	Significant

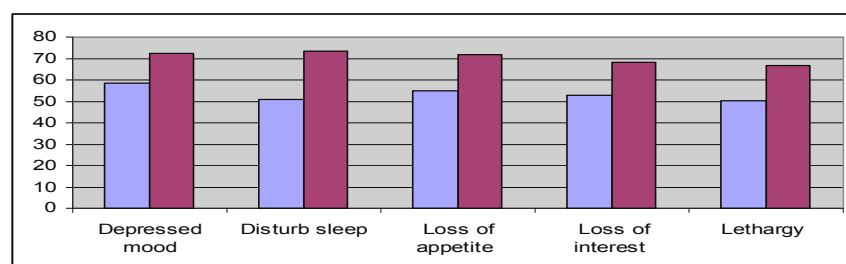
Table – 2 Showing effect of Therapy on Symptoms of Patient of Group B

S. No.	Parameter	N.	Mean Score		T-Statistic	SE(t)	P-Valve	Remark
			BT	AT				
1	Depressed mood	15	1.66	0.46	5.22	0.2295	0.00001	Significant
2	Disturb sleep	15	2.26	0.60	6.82	0.2433	0.00002	Significant
3	Loss of appetite	15	1.93	0.53	6.21	0.2254	0.00001	Significant
4	Loss of interest	12	1.58	0.5	4.42	0.24	0.000214	Significant
5	Lethargy	11	1.36	0.45	4.15	0.21	0.000493	Significant
6	Feeling of Retardation	10	1.2	0.4	3.79	0.21	0.001327	Significant
7	Decreased sexual drive	10	1.3	0.5	3.53	0.22	0.002347	Significant
8	Loss of concentration	15	1.93	0.60	5.95	0.22	0.00002	Significant
9	Recurrent thought of suicide	7	1.29	0.43	3.13	0.27	0.00864	Significant
10	Irritability	13	1.53	0.46	5.29	0.20	0.000001	Significant

Table no. 3: This Table Shows The % Of Relief In 1 To 5 Symptoms Of Diseases In Group A & B

S.No.	Parameter	% of Relief in Group A	% of Relief in Group B
1	Depressed mood	58.47	72.28
2	Disturb sleep	51	73.45
3	Loss of appetite	55	72
4	Loss of interest	52.94	68.35
5	Lethargy	50.37	66.91

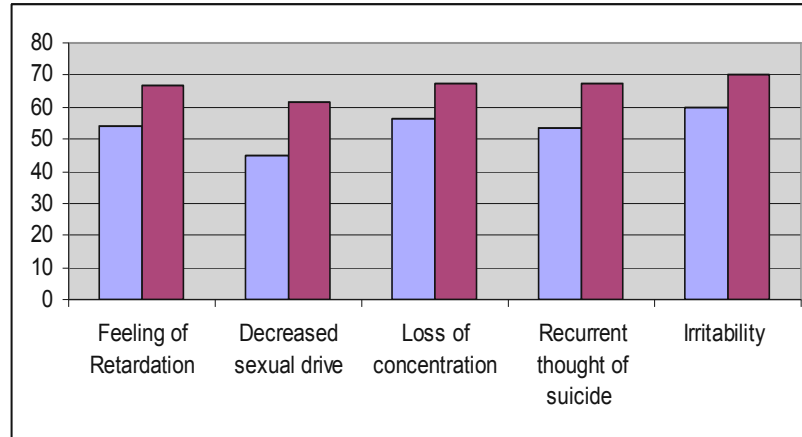
Graph 1 shows the % of relief in 1 to 5 symptoms of diseases in group A & B



This table shows the % of relief in 6 to 10 symptoms of diseases in group A & B

S.No.	Parameter	% of Relief in Group A	% of Relief in Group B
6	Feeling of Retardation	54.23	66.66
7	Decreased sexual drive	45.15	61.53
8	Loss of concentration	56.39	67.35
9	Recurrent thought of suicide	53.67	67.18
10	Irritability	60	69.93

Graph 2 shows the % of Relief in 6 to 10 Symptoms of Diseases in Group A & B



DISCUSSION:

Shirodhara is a procedure consisting of continuous pouring of a stream of medicate oil, decoction, milk, butter milk etc on the forehead of the patient from a specified height for a specified period of time. This constant flow of liquid over the forehead and its touch induces a multifaceted effect in the skull and brain and meditative effect in the body such as relaxation response, micro vibration effect in the skull and brain.⁹ *Shirodhara* act as an sedative and soothing effect to the brain and induces sleep. Also the oil when penetrate or active ingredients of oil enters into the circulation acts as *vatahar* effect. The hyper activated cells are provided lubrication and nutrition hence *Dhara* facilitates for better working where as in system failure stage, it provides activation to cells by its *Medhya* effect without any irritation or harmful effects. The oil is *Vathar* and *singhdhata* is imparted to *tarpana Kapha*. This help in facilitation of proper binding of *indriya* and *Vishaya*, which was earlier hampered due to aggravated *vata*.¹⁰

Ashvagandha (Withania Somnifera)^{11 12}:

Ashvagandha is so called because its fresh root smell like horse. It is one of the prime important plant used as *rasayana* a rejuvenator and *vaji karan* aaphrodisiac. *Ashvagandha* is sweet, astringent and bitter in taste, has a sweet post digestive effect and hot potency. It alleviates *Kapha* and *vata dosha*. It nourishes all *dhatu*s (tissues) and has a rejuvenating property the plant extract shows adaptogenic antistress activity.

Constituents:

It is found to contain a bitter alkaloid "Somniferin" having hypnotic property also resin, fat and coloring matters. The botanical name of *ashwangadha* is "*withania Somnifera*" the roots contain withaferin "A" and several other steroidal lactones and withasomnine. The plant extract shows adaptogenic, antistress. Presence of eight alkaloids detected by PC (J Chromatog 1960, 3, 59 Chem. Abstr. 1961, 55, 4883) Somnitol withanone isolated from leaves, detection of cystine, glycine, glutamic acid \propto alarine praline, tryptophan by PC (J. Pharm. Sci. 1961, 50, 876) Anaferine isolated from roots and characterized (Chem. Ind. 1962, 654) Nine Steroidal lactones with anolides,

E.F.G., H.I.J.K.L. and M isolated from leaves.

CONCLUSION:

The clinical trial highlights the following points.

1. The trial drug *Ashvagandha* described as *Rasayana & Vajikurana* appears to have tranquilizing, anxiolytic and psychotropic effect.
2. *Shirodhara* therapy has been found as a safe and effective treatment having tranquilizing and relaxation response.
3. Over all result with *Shirodhara & Ashvagandha – Kshirpaka* in group B was comparatively better than Group A.
4. In Group B patient reported much better mental & physical fitness after the treatment.
5. In present study an attempt has been made to explore some alternative solution for *Avasada* hidden in the classical text.
6. Result obtained after the study were highly encouraging and free from adverse effect.

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