

EFFICACY OF HINGWADI GHRITA IN THE MANAGEMENT OF VISHADA (DEPRESSION)

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ABSTRACT

Depressed mood, helplessness, worthlessness and hopelessness were the symptoms present in more than 95% of the subjects. 33 subjects displaying the symptoms of *Vishada* (Depression) within the inclusion criteria were included in the study. Subjects with suicidal tendencies, other psychiatric disorders, major depressive disorders, and pregnant women were excluded. A dose of 6 grams of *Hingwadi Ghrita* was given twice in a day. The effect of the therapy was assessed using Hamilton's Depression Rating Scale, and Self-Prepared Rating Scale of *Vishada*, based on the scoring achieved by the subject before and after treatment. The result of the study can be summarized as follows - the overall effect of the therapy proves that after thirty days of treatment many symptoms of depression decrease in magnitude, with statistical significance. The drugs present in *Hingwadi Ghrita* are *Srotoshodhaka* (purify the channels of the body), *Vatanulomaka* (corrects the direction of the flow of *vata*), *Kaphahara* (reduce the level of *kapha* present in the body) and stimulant in nature. These properties inherently remove the *avarana* of *Kapha* and act on *Vata*. At this juncture we can conclude that *Hingwadi Ghrita* has good results in managing *Vishada* (Depression), within thirty days of treatment.

Key words: *Vishada*, depression, *Hingwadi ghrita*

INTRODUCTION

The human mind is an entity which has been studied through the ages, and still mystifies mankind despite the advancement in science and technology. The efforts to demystify continue, and seem likely to for many more years, because nothing new has emerged beyond the concepts that were conceived and developed by sages long ago. The very term “**mind**” is complex, intriguing, confusing and even controversial. It is identified with consciousness sometimes, and at times taken to indicate a few operations of consciousness. Another version considers it a mere operation of the physical body. It is atomic, uni-

tary and the controller of all sensory and motor organs. From the *Vedas*, to the *Upanishads* and the *Darshanas*, culminating in *Ayurveda*, the science of life, which explains some astounding practical and applied theories on this topic, a lot has been said on the Mind¹. The mind is believed to be responsible for translating human emotions such as happiness, sorrow, anger, fear, disgust and surprise. Depression is a normal response to loss or misfortune. Depression is abnormal when it is out of proportion to misfortune or unduly prolonged. Depressed mood is closely coupled with other changes notably a low-

ering of self-esteem, self-criticism, and pessimistic thinking. A sad person has characteristic expression with turned corners of the mouth, furrowed brow, and a hunched, dejected posture.² Based on the above references, depression can be understood as a condition which afflicts the mind.

AIMS & OBJECTIVES

- To study the efficacy of *Hingwadi Ghrita* in the management of *Vishada* (Depression)

MATERIALS & METHODS

SOURCE OF DATA: 30 Patients attending the OPD and IPD, department of *Manasa Roga*, S.D.M. College of Ayurveda and Hospital, Hassan, who were diagnosed with depression and eligible and willing patients were enrolled in the study.

METHODS OF COLLECTIONS OF DATA: Patients were selected on the following criteria

CRITERIA FOR DIAGNOSIS: 1. the diagnosis was made on the basis of diagnostic criteria for mild and moderate depression in ICD 10.³

2. The diagnosis was made on the basis of sign and symptoms of *Vishada* as per *Ayurveda*⁴

B. INCLUSION CRITERIA:

1. Patients diagnosed as per the criteria for mild and moderate depression as per ICD 10.
2. Age between 18 to 50 years.
3. Patients of either gender, irrespective of socioeconomic status.
4. Patient with history of depression less than one year.
5. Patients who were under medication for depression previously but not using now.
6. Patients ready to sign informed consent form.

C. EXCLUSION CRITERIA:

1. Patients with other psychiatric disorders.
2. Patients with major depressive disorder.
3. Pregnant women.
4. Patients with suicidal tendency/ thoughts.

Plan of study

Hingwadi ghrita was given in the dose of 6 grams, twice a day half an hour before food for 30 days

METHOD OF PREPARATION

Hingwadi Ghrita was prepared till *madhyama paka* as mentioned in classics⁵ at S.D.M. Ayurveda teaching pharmacy, Hassan.

PACKAGING

Packaging of *Hingwadi Ghrita* was done in 200 grams container at S.D.M. Ayurveda teaching Pharmacy, Hassan, and Karnataka

E. ASSESSMENT CRITERIA:

1. Hamilton's depression rating scale⁶ was used to measure the difference between before and after the treatment.
2. Self-prepared scale for assessment of *Vishada* (Depression) was used to measure the difference between before and after the treatment.

FOLLOW UP

Once in every 15 days after completion of the treatment, patient was asked to come for follow up for a period of 30 days.

OBSERVATION & RESULTS

Effect on *Mandacheshta*:

Hingwadi Ghrita provided significant improvement in *Mandacheshta* (45.99%, $p < 0.001$)

Mandacheshta is a *Kapha* predominant symptom. Drugs present in *Hingwadi Ghrita* are *Vatakapha hara*, *Ushna Teeksha guna* and stimulant property. It helps to balance the vitiated *Doshas*.

Effect on *Alpavakthwam*: *Hingwadi Gritha* provided significant improvement

in *Alpavakthwam* present in subjects (27.31%, $p < 0.001$) *Kapha dosha* is responsible for *Alpavakthwam*. *Kaphahara* and stimulant property of *Hingwadi Ghrita* alleviated these symptoms in subjects.

Effect on Apraharsha: *Apraharsha* showed significant improvement by administration of *Hingwadi Ghrita* (29.21%, $p < 0.001$). The symptom is because of *Kapha Dosh* *Vridhhi*, which by the administration of *Hingwadi Ghrita* having *Kaphavatahara* property showed improvement.

Effect of on Moodha Samjna: Significant improvement was found in *Moodha Samjna* after intake of *Hingwadi Ghrita* (37.20%, $p < 0.001$). *Moodha Samjna* is caused by *Kapha Dushti*. The drugs of *Hingwadi Ghrita* act on the aggravated *Dosha* and bring down it and its associated symptoms.

Effect on Sidanti Gatrani: There was statistically significant improvement in *Sidanti Gatrani* (46.18%, $p < 0.001$). The symptom is due to *Vata*. *Hingwadi Ghrita* is *Vatakaphahara* and the drugs act as *Vatanulomana*. In intake of *Hingwadi Ghrita* thus reduces *Sidanti Gatrani*.

Effect on Mukhashosha: There was statistically significant improvement in *Mukhashosha* (27.89, $p < 0.001$) after intake of *Hingwadi Ghrita*.

Mukhashosha is caused by *Vata* and *Pita*. The *Vatanulomana* property of *Hingwadi Ghrita* and the *Pita hara* property of *Ghrita* in general acted on the symptom.

Effect on Vepathu: There was statistically significant improvement in *Vepathu* (17.77%, $p < 0.001$) after intake of *Hingwadi Ghrita*. *Vepathu* is caused by the aggravation of *Vatika Dosh* and *Hingwadi Ghrita* acts on *Vata* and gives significant results.

Effect on Aruchi: There was statistically significant improvement in *Aruchi* (47.73%, $p < 0.001$) after intake of *Hingwadi Ghrita*. *Aruchi* is caused by the aggravation of *Vata* and *kapha Dosh* and *Hingwadi Ghrita* is *Vata Kaphahara* and the drugs have *Ruchiprada* property .

Effect on Prasweda: The intake of *Hingwadi Ghrita* showed statistically significant improvement in *Prasweda* (18.34%, $p < 0.001$). *Prasweda* is caused by the aggravation of *Pitta* and *Ghrita* have direct action on reducing *Pitta*.

Effect on Twak Paridaha: There was statistically no significant improvement in *Twak Paridaha* (9.43%, $p > 0.05$) after intake of *Hingwadi Ghrita*.

Effect of hingwadi ghrita on Hamilton's depression scale:

Effect on depressed mood: There was statistically significant improvement in depressed mood (47.94%, $p < 0.001$) after intake of *hingwadi ghrita*. Depressed mood is caused by the aggravation of *Kapha dosha* and *hingwadi ghrita* is *kaphavata hara*.

Effect on feeling of guilt: feeling of guilt had statistically significant improvement in (32.01%, $p < 0.001$) after intake of *hingwadi ghrita*.

Effect on suicidal ideation: There was statistically significant improvement in suicidal ideation (35.01%, $p < 0.001$) after treatment.

Effect on insomnia early: There was statistically significant improvement in insomnia early (43.02%, $p < 0.001$) after intake of *hingwadi ghrita*. Lack of sleeping negatively affects brain neuronal signaling, including response to serotonin. Sleep deprivation has been shown to desensitize serotonin pathways. So administration of

Hingwadi Ghrita may have helped normalizing serotonin and induce sleep.

Effect on insomnia middle and insomnia late: Insomnia middle and insomnia late are statistically insignificant (9.52% & 0%, $p < 0.05$ & $p > 0.05$) even after intake of *Hingwadi Ghrita*.

Effect on work and activities: There was statistically significant improvement in work and activities (46.57%, $p < 0.001$) after administration of *Hingwadi Ghrita*.

Effect on retardation: retardation showed statistically significant improvement (43.72%, $p < 0.001$) after intake of *Hingwadi Ghrita*.

Effect on agitation: agitation is statistically insignificant (2.43%, $p > 0.05$) after intake of *Hingwadi Ghrita*.

Effect on anxiety (psychic): There was statistically significant improvement in anxiety (psychic) (38.52%, $p < 0.001$) after intake of *Hingwadi Ghrita*.

Effect on anxiety (somatic): There was statistically significant improvement in anxiety (somatic) (31.25%, $p < 0.001$) after intake of *Hingwadi Ghrita*.

Effect on somatic symptoms (gastrointestinal): There was statistically significant improvement in somatic symptoms (gastrointestinal) (42.80%, $p < 0.001$) after intake of *Hingwadi Ghrita*.

Effect on somatic symptoms (general): There was statistically significant improvement somatic symptoms (35.57%, $p < 0.001$) after intake of *Hingwadi Ghrita*.

Effect on genital symptoms: genital symptom is statistically significant (17.93%, $p < 0.05$)

Effect on hypochondriasis: hypochondriasis is statistically insignificant (11.62%, $p > 0.001$)

Effect on loss of weight: There was statistically significant improvement in com-

plaint of loss of weight (30.24%, $p < 0.001$) after intake of *Hingwadi Ghrita*.

Effect on insight: insight showed statistically significant improvement (15.55%, $p < 0.001$) after intake of *Hingwadi Ghrita*.

Effect on diurnal variations (morning & evening): There was statistically significant improvement in diurnal variations (morning & evening) (30.99% & 26.44%, $p < 0.001$) after intake of *Hingwadi Ghrita*.

Effect on depersonalization and de-realization: There was statistically significant improvement in depersonalization and de-realization (29.78%, $p < 0.001$) after intake of *Hingwadi Ghrita*.

Effect on paranoid symptoms: There was statistically significant improvement in paranoid symptoms (28.01%, $p < 0.001$) after intake of *Hingwadi Ghrita*.

Effect on obsession and compulsive behaviour: no subjects were reported with obsession and compulsive behaviour.

Effect on helplessness: helplessness showed statistically significant improvement (48.33%, $p < 0.001$) after intake of *Hingwadi Ghrita*.

Effect on hopelessness: There was statistically significant improvement in hopelessness (48.33%, $p < 0.001$) after intake of *Hingwadi Ghrita*.

Effect on worthlessness: There was statistically significant improvement in worthlessness (37.72%, $p < 0.001$) after intake of *Hingwadi Ghrita*.

DISCUSSION

PROBABLE MODE OF ACTION OF HINGWADI GHRITA

The drug '*Hingwadi Ghrita*' has *Vatakapha Shamana* property and is predominantly *kapha Shamaka*. It is also *Agni Deepaka* and *Sroto Shodhaka*. Some of its Ingredients have *Anulomana* property, which also acts on *Vata*. The drug as a

whole is *Medhya, Ojasya, Rasayana*. Considering all these properties, the drug can act on the mind. The abnormalities in Vishada are greatly *Vata* predominant and are cured by the *Vata Shamaka* action of the drug. The *Srotoshodhaka* action of the drug helps to act deeply on the mind destructing the *Aavarana* of *Tamas*. The ingredients like *maricha, pippali* and *shunti* are proven CNS antidepressants. The exact mechanism behind the observed CNS antidepressants effect needs to be elucidated. The probable mechanism is due to synapses block of afferent pathway or due to overall CNS antidepressant action. Chronic treatment of Piperine which is a constituent isolated from black pepper or long pepper enhances the serotonin level in the hypothalamus and hippocampus. Essential fatty acid necessary for the production of serotonin are the omega 3's. Thus omega 3 fatty acid deficiencies may lead to depression by hampering serotonin production.

CONCLUSION

The overall effect of the therapy proved that after thirty days of treatment many symptoms of depression have come down with statistical significance. At this juncture we can conclude that *Hingwadi Ghrita* has good results in managing *Vishada* within thirty days of treatment. This is a real help for the large number of patients suffering from depression that is not being provided with effective managements even after all the modern advancement in science.

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