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 looses the power of regulating his/her actions and conduct according to the rules of the society in which he/she is moving. 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), Alpashachankramana (motor activity is reduced), Sadana (fatigue), Anannabhilasha (dislikes for food), Alpbhuk (less appetite), Rahaskamata (prefer or love for solitude), Bhibhatsyatva (feeling of disapproval), Shauchadvesha (dislike for cleanliness), Svpnanityata (increased sleep), Shvayathuranane (edematous face), Chardi (vomiting) and Alpamati (less intellectual activity).

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 year. 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.

**Nidana**: Bhiruta (timidity), Upaklishtasatva (agitated/disturbed mental status), Alpasatva (feeble minded) Kamakrodhalobhaharshhayamohaayasashokachintadvegadhibhihabhyatmanaha (mind afflicted by various emotions), Vyadhivegasamusamudbhrama (perturbation due to the severity of disease), Abhighatabhyata (Mental disturbance caused due to trauma) Devaguradwijapragharshana (disrespect to gods), Pujyavyatikrama (deviation from the method of worship), Vishamashariracheshta (faulty bodily activity), Utsannadosha (vitiated dosha) Atyupakshinadesha (exceedingly emaciated body).

**Samprapti**

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.

**Purvaroopa**

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 horripulation), unmattcittatvam (crazy minded).

**Table 1: Lakshana according to different authors**

<table>
<thead>
<tr>
<th>Lakshanas</th>
<th>Charaka</th>
<th>Sushruta</th>
<th>A.Sangraha</th>
<th>A.Hrudaya</th>
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<tbody>
<tr>
<td>Arochakaa</td>
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<tr>
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Table 2: Types of Unmada According to Different Authors

<table>
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<tr>
<th>Types</th>
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<th>Su.</th>
<th>A.S</th>
<th>A.H</th>
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<td>-</td>
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<tr>
<td>Vishaja</td>
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</table>

+ Present, - Absent

Table 3: Kaphaja unmada

<table>
<thead>
<tr>
<th>Features of Depression</th>
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<tbody>
<tr>
<td>Sthanamekadeshe</td>
</tr>
<tr>
<td>Alpachankraman/Alpacheshta/cheshta manda</td>
</tr>
<tr>
<td>Alpa kathanam /mandavak /Tooshnibhava</td>
</tr>
<tr>
<td>Agnisada/arocha /arobhuk</td>
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<tr>
<td>Rahasyakamata /vivikta priyata</td>
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<tr>
<td>Bhibhatsatva /saucha dvesha</td>
</tr>
<tr>
<td>Sadana</td>
</tr>
<tr>
<td>Alpamati</td>
</tr>
<tr>
<td>Smruti vibhrama</td>
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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 weeks.\(^\text{12}\)

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 depression.

**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 episode.

**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 illness.
DISCUSSION

• **Kaphaja unmada** and depressive disorders are two different entities. Comparison between modern psychiatric disorders to *ayurvedic* mental disorders has a lot of limitations, because of their different theories (Biochemical in Modern and *Dosha* theory in *Ayurveda*) so here a correlation 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 *alpacheshta* 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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