INTRODUCTION:

In present decade Depression is the commonest psychiatric disorder. Depression is a whole body illness involving individual’s body, mood, and thoughts. 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. 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 assessment. Depression is result of brain chemistry imbalances when your 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.

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 factor\(^5\). Visahada is a vatja nanatmaja disorder in which depletion of vata is the main etiological pathological factor\(^6\). Acharya charaka also quoted vishada as shreshtha Raogavardhaka Bhava\(^7\). Acharya charaka used the word “Sadanam” this refers the sense of Depression\(^8\). 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 undertaken 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 though 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 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 Kshirpaka (5 gms Ashwagandha & Milk to make Kshirpaka) twice a day for 60 days.

**Group B:** Was given Ashwagandha Kshirpaka (5 gms Ashwagandha & Milk to make Kshirpaka) twice a day for 60 days & Shirodhara with Balatail daily for 7 days.

After 1\(^{st}\) course of Shirodhara for 7 days, 2\(^{nd}\) 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.

**RESULT:**

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

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Parameter</th>
<th>N.</th>
<th>Mean Score BT</th>
<th>T-Statistic</th>
<th>SE(t)</th>
<th>P-Valve</th>
<th>Remark</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Depressed mood</td>
<td>15</td>
<td>1.67</td>
<td>0.67</td>
<td>5.17</td>
<td>0.21</td>
<td>Significant</td>
</tr>
<tr>
<td>2</td>
<td>Disturb sleep</td>
<td>15</td>
<td>2.07</td>
<td>1</td>
<td>4.6</td>
<td>0.22</td>
<td>Significant</td>
</tr>
<tr>
<td>3</td>
<td>Loss of appetite</td>
<td>15</td>
<td>1.93</td>
<td>0.87</td>
<td>4.03</td>
<td>0.26</td>
<td>Significant</td>
</tr>
</tbody>
</table>

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4. Loss of interest 12 1.33 0.67 3.31 0.198 0.003136 Significant
5. Lethargy 11 1.18 0.55 3.1950 0.190 0.004547 Significant
6. Feeling of Retardation 10 1.3 0.7 2.77 0.210 0.012422 Significant
7. Decreased sexual drive 10 1.36 0.64 3.38 0.210 0.002971 Significant
8. Loss of concentration 12 1.33 0.58 3.64 0.200 0.001422 Significant
9. Recurrent thought of suicide 11 1.36 0.64 3.86 0.210 0.002971 Significant
10. Irritability 15 2 0.8 4.94 0.240 0.00003 Significant

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

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

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

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Parameter</th>
<th>% of Relief in Group A</th>
<th>% of Relief in Group B</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Depressed mood</td>
<td>58.47</td>
<td>72.28</td>
</tr>
<tr>
<td>2</td>
<td>Disturb sleep</td>
<td>51</td>
<td>73.45</td>
</tr>
<tr>
<td>3</td>
<td>Loss of appetite</td>
<td>55</td>
<td>72</td>
</tr>
<tr>
<td>4</td>
<td>Loss of interest</td>
<td>52.94</td>
<td>68.35</td>
</tr>
<tr>
<td>5</td>
<td>Lethargy</td>
<td>50.37</td>
<td>66.91</td>
</tr>
</tbody>
</table>

This table shows the % of relief in 6 to 10 symptoms of diseases in group A & B
Table 1: % of Relief in Group A & B

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

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. *Shirodhara* act as a 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 tarpaka Kapha. This help in facilitation of proper binding of indriya and Vishaya, which was earlier hampered due to aggravated vata.9

**Ashvagandha (Withania Somnifera)**:

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 dhatus (tissues) and has a rejuvenating property the plant extract shows adaptogenic antistress activity.

**Constituents:**

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

REFERENCE:


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