

USE OF HERBO-MINERAL COMBINATION OF DRUGS ON KAPHAJ UNMAAD (MAJOR DEPRESSIVE DISORDER, MDD) - A CASE STUDY

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ABSTRACT

Major depressive disorder (MDD) is a chronic, transient disorder that manifests in disturbances in mood, interests, cognition, and autonomic symptoms. It has a significant impact on the patient's quality of life and impacts the patient's physical, mental, personal, social and spiritual well-being. On comparison with the Ayurvedic counterpart it can be compared with the *Kaphaj unmaad* condition explained in *Samhitas*. In the current case we are going to discuss about a female patient aged 28 years presented with initial complaints of depressive mood, worthlessness, loss of interest, low energy, occasional suicidal thoughts and problem with concentration along and she was diagnosed with MDD according to DSM 5 criteria. *Virechana karma* was done in this subject by *snehapan (go ghrita)*, external *snehana*, and *swedana*

and then *shamana aushadha* was used. We employed *Manasamitra vatakam*, *brahmi vati*, *yashtimadhu churna*, *ashwagandha churna* and *anu tail nasya* to help with the depressive symptoms. Subject took these medicines for about 2 months. Assessment was done by Hamilton depression rating scale (HDRS). Pretreatment the HDRS was found to be 23 and post treatment it came down to 16. Ayurveda can be used to effectively treat MDD (*Kaphaj unmaad*) cases, as shown in this presentation.

KEYWORDS: Major depressive disorder (MDD), Depression, *Kaphaj unmaad*, *Kaphonmaad*.

1. INTRODUCTION

A prevalent mental illness known as major depressive disorder (MDD) affects mood, interest, and enjoyment as well as cognition and causes vegetative symptoms. The second most

common cause of disease burden is MDD.^[1] It drastically lowers the patients' quality of life. MDD is a chronic condition with wide variations in remission and chronicity. There are 48.5 million affected people in India as the prevalence is high.^[2] The incidence of substance abuse, including alcohol abuse (4.8%), alcohol dependence (4.5%), cannabis dependence (2.9%) and abuse (2.5%), and other drug dependence (2.9%) and abuse (2.3%) among MDD patients was shown by an epidemiological study.^[3] MDD patients were reported to attempt suicide at a rate of 30 to 40%.^[4] Women are 2.1 times as likely than males to experience depression.^[5] Since the diagnosis of major depressive disorder (MDD) is simply descriptive and probably comprises of a number of syndromes with comparable symptoms, the actual pathophysiology of MDD is still unknown, but the aetiology has always been assumed to be heterogeneous. MDD is influenced by biological, psychological, and social factors, all of which are inversely correlated with one another.^[6] The symptoms of the disease comprises of low mood, loss of interest/ pleasure in work and things, sleep disturbances, low energy, feeling of guilt, problem with concentration, decrease or increase in appetite and weight, psychomotor symptoms and suicidal thoughts.^[7]

In Ayurveda, MDD correlated to *Vishada* and *Avasada* in mild cases and *Kaphaja Unmada* in severe cases. There is sporadic information on mental disorders and cures in *Ayurvedic* writings. One of the *Vataja natatmaja vikara* is described as being *Vishada*.^[8] Such mental disorders are more common in people with *hina satwa* (lower mental capability).^[9] Symptoms of *Kaphja unmaad* includes *sthanam-ekdeshe* (to stay at one place), *tushnimbhava* (keeping quite), *alpa-chankramana* (less walking), *lalashinghada-sravanam* (drainage of saliva and *kapha* from nose and mouth), *ananna-abhilasha* (loss of interest in food), *rahasyakamta* (stay alone), *bibhatsatva* (liking of unlikables), *shauch-dvesha* (unliking of the cleanliness), *svapnanatyata* (excess sleeoing), *shvayathu-anane* (facial swelling), *shukla-stimit-mala-updigdha-akshatva* (white eyes, fixed to look at one place, eyes filled with dirt) and *sleshmo-upshaya-viparya-sadan-upshayata* (the drugs opposite to useful for *kapha vikara* are of no use here).^[10] According to the situation in the subjects of *Kaphaja Unmada*, treatment modalities like *snehana*, *swedana*, *vamana*, *virechana* and *sanshamana chikitsa* can be employed.^[11]

2. CASE REPORT

2.1 Case History: A female subject aged 28 years (a housemaker), resident of Peetampura, New Delhi came in with below said complaint at the outpatient clinic, Kayachikitsa

department, Ch brahm prakash ayurved charak sansthan (CBPACS), Khera dabar, Najafgarh, New Delhi.

2.2 Chief complaints

1. Depressed mood - around 2 years
2. Unable to concentrate - around 2 years
3. Improper digestion - around 2 years
4. Occasional suicidal thoughts - around 2 years.

2.3 History of present illness

A 28-year-old female subject presented to OPD complaining the above said complaints for last 2 years. The subject was reported apparently alright about 2 years ago; she got married about 3 years back and she was enjoying her married life for next few months, but over time some issues arise in her marriage, it was an arranged marriage setup. Initially she started having sad and depressed mood, and over time she stated having complaints of worthlessness, loss of interest, low energy, occasional suicidal thoughts and problem with concentration. Initially she ignored, she thought it is just a phase, but over time the issues grow in severity. She also started to have irregularity in the menses which was regular before. She visited local physician for this but it did not help. She also consulted psychologist (online consultation), but it did not help her much. Finally, she is visiting CBPACS for further management now.

2.4 History of past illness - No history of any major illness/ hospitalization.

2.5 Personal History

Table No.1: Details of personal history.

1.	Diet	Mixed
2.	Appetite	Irregular
3.	Bowel habit	Incomplete evacuation, 2-3 times a day
4.	Micturition	Regular, 5-6 / 1-2 D/N
5.	Sleep	Disturbed sleep, 7-8 hours in 24 hours
6.	Addiction	Nil

1) 2.6 Family History - No appropriate history found

2) 2.7 Obstetric and menstrual history -

3) Obstetric history - nil

4) Menstrual history - 2-4 days / 28-40 days, flow scanty-normal, irregular cycle.

2.8 General Examination

Table No. 2: Details of general examination.

1.	Pulse	75 beats/min
2.	Height	161 cm
3.	Weight	55.4 kgs
4.	BMI	21.37
5.	Respiratory Rate	20/min
6.	Pallor	+
7.	Edema	No
8.	Icterus	No

2.9 Dashvidha Pariksha

Table No. 3: Details of dashvidha pariksha.

1.	<i>Prakriti</i>	<i>Vata - Pittaj</i>
2.	<i>Vikriti</i>	<i>Kaphaj</i>
3.	<i>Sara</i>	<i>Avara</i>
4.	<i>Sanhanana</i>	<i>Madhyama</i>
5.	<i>Pramana</i>	<i>Sama</i>
6.	<i>Satmaya</i>	<i>Madhyam</i>
7.	<i>Satva</i>	<i>Avara</i>
8.	<i>Ahara shakti</i>	<i>Vishama</i>
9.	<i>Vyayama shakti</i>	<i>Avara</i>
10.	<i>Vaya</i>	<i>Bala</i>

2.10 Systemic Examination

There was no clinically relevant findings found in the systemic examination.

2.10 Treatment plan

Table No. 4: Details of treatment modalities used.

S. No.	Treatment Modality	Drug and dosage
1.	<i>Deepana</i> and <i>Pachana</i>	<i>Chitarakadi vati</i> 2 BD after meal <i>Lavan bhaskar churna</i> 3 gm BD before meal
2.	<i>Snehapana</i>	For 6 days with <i>go ghrita</i> in increasing order of dose (25 mL, 50 mL, 75 mL, 100 mL, 125 mL and 150 mL)
3.	<i>Sarvanga Snehana</i>	By <i>til tail</i> all over body for next 3 days
4.	<i>Sarvanga Svedana</i>	<i>Vashpa Svedana</i> all over body for next 3 days
5.	<i>Virechana</i>	Done after proper <i>snehapana</i> , <i>snehana</i> and <i>svedana</i> with <i>abhyadi modak</i> (<i>madhyama shuddhi</i> was done)
6.	<i>Sansarjana Krama</i>	Was followed after <i>virechana</i> for next 5 days (according to <i>madhyama shuddhi</i>)
7.	<i>Shamana Chikitsa</i>	Detail below

2.11 Shaman aushadha

Table No. 5 - Details of *shamana aushadha* used.

S. No.	Name of drug	Dose	Route of Administration	Anupana	Duration
1.	<i>Manasamitra vatakam</i>	2 BD after meal	Oral	<i>Ushna udaka</i>	2 months
2.	<i>Brahmi vati</i>	1 BD after meal	Oral	<i>Ushna udaka</i>	2 months
3.	<i>Ashwagandha churna</i>	3 gm BD after meal	Oral	<i>Ushna udaka</i>	2 months
4.	<i>Yashtimadhu churna</i>	3 gm BD after meal	Oral	<i>Ushna udaka</i>	2 months
5.	<i>Anu tail</i>	2 drops B/L nostrils OD	Nasal	-	2 months

3. RESULT

Hamilton depression rating scale (HDRS) was done both prior to and following therapy, results are as follows.

Table No. 6: Details of semen analysis pre and post treatment.

S. No.	Character	Before Treatment	After Treatment
1.	Depressed mood	2	2
2.	Feelings of guilt	2	1
3.	Suicide	2	1
4.	Insomnia: early in the night	1	0
5.	Insomnia: middle of the night	0	0
6.	Insomnia: early hours of the morning	0	0
7.	Work and activities	3	2
8.	Retardation (slowness of thought and speech, impaired ability to concentrate, decreased motor activity)	1	1
9.	Agitation	1	0
10.	Anxiety psychic	2	1
11.	Anxiety somatic (physiological concomitants of anxiety)	2	2
12.	Somatic symptoms gastro-intestinal	1	1
13.	General somatic symptoms	0	0
14.	Genital symptoms (symptoms such as loss of libido, menstrual disturbances)	1	1
15.	Hypochondriasis	3	2
16.	Loss of weight	2	2
17.	Insight	0	0
	Total	23	16

In pre treatment condition, subject was having HDRS score of 23, which is generally attributed to moderate to severe depression, and after treatment the score came out to be 16, which is attributed to be mild to moderate in severity. The maximum score can be 52.

4. DISCUSSION

Manasmitra vatakam^[12] - It mainly contains *bala, nagbala, bilva, prishniparni, pravala pishti, shankhpushpi, swarna bhasma, vacha, chandana* etc. It is mainly *manodohahara*, increases *pragya, medha, pratibha*, improves *vak* (voice), indicated in *unmaad*. It can be used in sleep disturbances, schizophrenia, panic attack etc. Hence it is used for the management of this subject.

Brahmi vati^[13] - It contains *brahmi, shankhpushpi, vacha, maricha, gavkava, swarna makshika bhasma* and *rasa sindhu*. It is mainly used in the management of depression, psychiatric condition, tremors, chronic fever etc. Hence it is used for the management of this subject.

Ashwagandha^[14,15,16] - It is *tikta* and *kashaya rasa, ushna virya, madhura vipaka, laghu guna*. It has *vata-kaphapaha doshaghnta*. It is *rasayana, balya, vajikarana, kanti prada, bala prada* and *virya prada* in *karma*. It is used to calm the stress as well.^[17] It is therefore used in the management of this subject.

Madhuyashti churna^[18,19] - It is *madhura* in *rasa, sheeta* in *virya, madhura* in *vipaka* and *guru & snigdha* in *guna*. it is *vata* and *pittaghna, chakshushya, balkrit, varnakrit, shukrala, keshya* and *swarya* in *karma*. It is one of the 4 *medhya rasayana* said by Acharya Charak.^[20] Hence it is used in the management of this subject.

Anu tail^[21] - It contains *jivanti, devadaru, twak, usheera, madhuka, daruharidra, til taila, aja dugdha* etc. It is *tridosha nashaka* and *indriya-balaprada* in *karma*. Hence it is used in the management of this subject.

5. CONCLUSION

MDD is very tedious disorder to treat in modern world. Here, *Ayurvedic* treatment is an option that is non-invasive, inexpensive, and relatively inexpensive. Here, an MDD subject who was successfully treated with the presented *Ayurvedic* treatment method was used.

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