



Research Article

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CLINICAL EVALUATION OF BRAHMYADI YOGA IN SYMPTOMS OF DEPRESSIVE ILLNESS

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ABSTRACT

Depressive illness is one of the most common psychiatric disorders. In recent years its prevalence is high throughout the world and is a major challenge to the medical profession. There are many formulations recommended for mental disorders in the classics of Ayurveda. But scientific evaluations are less to establish the effect of these formulations in various types of mental disorders. The present study is to evaluate the effect of Brahmyadi yoga in symptoms of Depressive illness. The study was an open trial done in ten patients, without control group. It was done in OPD, Department of Kayachikitsa, Government Ayurveda College Hospital, Thiruvananthapuram. Patients were selected as per ICD- 10 diagnostic criteria with proper exclusion. Participants were administered Brahmyadi yoga, 6gm twice daily before food, with honey for a period of three months. Clinical assessment was done using Hamilton Rating Scale for Depression, before and after the intervention. Data obtained were statistically analyzed. There was significant reduction in the total score of HRSD ($p < 0.05$). Statistically significant change ($p < 0.05$) was observed in the symptoms like, depressed mood, suicide, insomnia (early and late), anxiety (psychological) and general somatic symptoms. The changes in symptoms like insomnia (middle), work and activities, retardation (psychomotor), agitation, anxiety (somatic) and gastrointestinal symptoms showed a p value > 0.05 . The study concluded that the study drug Brahmyadi yoga is significantly reducing some major symptoms of depression and not reducing some other symptoms.

Key Words: Depressive illness, Kaphaja Unmada, Brahmyadi yoga, Hamilton Rating Scale for Depression.

INTRODUCTION

A man is healthy only when his both body and mind is healthy. The science of Ayurveda brings out this idea by conveying the concept of swastha (healthy individual), where prasannatmendriyamana (pleasant mental faculty)¹ is mentioned as one among the indicators of a healthy individual. Sareera (body), indriya (senses), satva (mental faculty) and atma (soul) constitute ayus or life.²

Depression is included under mood disorder in the ICD-10 & DSM-IV classification. Usually the core features are low mood, lack of enjoyment, negative thinking, hopelessness etc. It is subdivided into mild, moderate and severe with the degree of severity. Depressed mood, loss of interest and increased fatigability leading to reduced energy and activity are the cardinal features of depression.

As per WHO 2001, Depression is the fourth cause for DALY (Disability Adjusted Life Years) and predicted to be the second cause for DALY by the year 2020.³ 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.

Though Kerala has amazing achievements in the field of health and community, rough estimate suggests that the proportion of affected individual is almost double than the national average. Suicide rate is alarmingly increased with an average of 28 /lakh in comparison with the national average 11/lakh.

Although all psychiatric illnesses are included under the specific category Unmada in Ayurveda, the symptoms of Depressive

illness go hand in hand with the clinical features of *Vishada* and Kaphaja Unmada. Depression is well managed in Ayurvedic clinical practice. It is to be lamented that documentation of these data in terms of research is lacking.

Brahmyadi yoga⁴ is a formulation mentioned for mental disorders in the Unmada adhikarana of Chakradatta. The drug has a pharmacological property of alleviating kapha dosha and it is medhya in terms of Ayurveda, which is selected for the present study. Administration of Brahmyadi yoga has shown encouraging results in Depressive patients. So the present study is designed to scientifically revalidate its effect in depressive patients.

MATERIALS AND METHOD

Objective of the Study

To evaluate the effect of Brahmyadi yoga in symptoms of Depressive illness.

Research Setting

The study setting was OPD, Department of Kayachikitsa, Government Ayurveda College, Thiruvananthapuram.

Study Population

Patients clinically diagnosed of Depressive illness as per ICD - 10- Diagnostic criteria, of age group 20-60 years, attending OPD, Department of Kayachikitsa, Government Ayurveda College, Thiruvananthapuram. Ethical clearance was obtained prior to the study.

Inclusion criteria

- Patients clinically diagnosed of Depressive illness as per ICD -10- Diagnostic criteria.
- 20-60 years of age group.

Exclusion Criteria

- Depressive illness with psychotic symptoms and suicidal tendency.
- Secondary depression.

Research Design

The study was an Interventional type with Pre-posttest design (without control). 13 consecutive cases satisfying the inclusion

and exclusion criteria were recruited for the study. There were three drop outs. Brahmyadi Yoga was dispensed to the patients in air tight packets of 6gm each with date of administration labeled on the packets. They were advised to take one packet of medicine with 12 ml of honey, half an hour before food, twice daily for a period of three months. Thirty such packets were given to them at an interval of fifteen days, till the end of the study.

Assessment Criteria

The effect of the drug in the subjects were rated with Hamilton Rating Scale for Depression before and after the study period.

Constituents of Brahmyadi yoga⁵**Table 1: Constituents of Brahmyadi yoga**

Sl. No	Constituents	Scientific name	Part used	Quantity
1	Vacha	<i>Acorus calamus</i>	Rhizome	1 part
2	Sankhapushpika	<i>Convolvulus pluricaulis</i>	Root	1 part
3	Kushta	<i>Saussorea lappa</i>	Root	1 part
4	Brahmi	<i>Bacopa monneiria</i>	Whole plant	Q.S
5	Kushmandaphala	<i>Benincasa hispida</i>	Fruit	Q.S

Pharmaceutical Preparation of the Drug

Samples of Vacha, sankhapushpi and kushta were washed well. The impurities, if any were removed and dried in the sun. They were sufficiently dried in two days' time. They were then powdered. Swarasas (fresh juice) were extracted from brahmi and kushmandaphala separately. Trituration (bhavana) with Brahmi juice was done for seven days followed by kushmandaphala juice for the same period. The powder was dried in shade and finely powdered and stored in air tight containers.

Out of total patients participated in the study, 60.0% belonged to age group 20-30 and 20.0% belonged to 30-40 followed by 20.0% in the age group 40-50. 70.0% were males and rest 30.0% were females in the study. Of them, 60.0% were Hindus, 40.0% were Muslims. There were no Christian patients in this study. Among the total patients, 80.0% and 20.0% belonged to urban areas and rural areas respectively. In the study group, 20.0% each completed their upper primary, secondary and senior secondary education, 30% completed graduation and 10.0% had a professional degree. Out of the total patients, 50% did not have any job, 20.0% were teachers and 30.0% were engaged in office work. 50.0% of the total patients were single, 20.0% were separated and 10.0% each were married, widowed and had a remarriage. Out of them, 80.0% belonged to middle class and 20.0% to lower class. 60.0% of the study population was experiencing stress in their life and 40.0% of them not.

OBSERVATION, ANALYSIS & INTERPRETATION

Clinical effect of Brahmyadi Yoga in symptoms of Depressive illness was assessed before and after study by using Hamilton Rating Scale for Depression (HRSD). The results obtained were statistically analyzed using Wilcoxon signed Rank test.

Descriptive statistics and test statistic of the evaluation of the study drug on the symptoms of Depressive illness as per the HRSD**Table 2: Effect of the Study Drug on Symptoms of Depressive Illness**

		N	Mean	SD	Min	Max	Z	P
Depressed mood	BT	10	2.50	0.850	1	3	2.701	0.007
	AT	10	0.80	1.033	0	3		
Feelings of guilt	BT	10	0.40	0.516	0	1	0.000	1.000
	AT	10	0.40	0.516	0	1		
Suicide	BT	10	0.80	0.919	0	3	2.333	0.020
	AT	10	0.10	0.316	0	1		
Insomnia, early	BT	10	1.10	0.994	0	2	2.070	0.038
	AT	10	0.40	0.516	0	1		
Insomnia, middle	BT	10	0.50	0.707	0	2	1.633	0.102
	AT	10	0.10	0.316	0	1		
Insomnia, late	BT	10	0.90	0.994	0	2	2.121	0.034
	AT	10	0.30	0.483	0	1		
Work and activities	BT	10	1.90	1.449	0	4	1.465	0.143
	AT	10	1.40	1.713	0	4		
Retardation (Psychomotor)	BT	10	0.50	0.972	0	3	1.000	0.317
	AT	10	0.40	0.699	0	2		
Agitation	BT	10	0.50	0.972	0	3	1.414	0.157
	AT	10	0.30	0.949	0	3		
Anxiety(psychological)	BT	10	1.30	1.252	0	4	2.000	0.046
	AT	10	0.90	1.287	0	4		
Anxiety(somatic)	BT	10	0.40	0.699	0	2	0.000	1.000
	AT	10	0.40	0.699	0	2		

Somatic symptoms: (gastrointestinal)	BT	10	0.89	0.782	0	2	1.732	0.083
	AT	10	0.50	0.707	0	2		
Somatic symptoms: (general)	BT	10	0.60	0.516	0	1	2.000	0.046
	AT	10	0.20	0.422	0	1		
Genital Symptoms	BT	10	0.40	0.699	0	2	0.000	1.000
	AT	10	0.40	0.699	0	2		
Hypochondriasis	BT	10	0.40	0.699	0	2	0.000	1.000
	AT	10	0.40	0.699	0	2		
Loss of Weight	BT	10	0.20	0.632	0	2	0.000	1.000
	AT	10	0.20	0.632	0	2		
Insight	BT	10	0.20	0.632	0	2	0.000	1.000
	AT	10	0.20	0.632	0	2		
Total	BT	10	12.80	4.492	9	24	2.825	0.005
	AT	10	6.20	5.203	0	17		

DISCUSSION

Depression is a major mental disease. It affects a persons' day to day life and he cannot live effectively. Even with advancement in medication, the prevalence rate is high for depressive illness. So it is a thrust area in the modern medical community to find a better solution.

Antidepressants, mood stabilizers and ECT are the current strategy for managing depressive illness. These are effective up to an extent with varying degree of side effects and drug interactions. In this regard, more and more researches are going on to provide a cheap and cost effective medicine with least degree of side effects. With this view, present study was undertaken to explain Depressive illness in Ayurvedic parlance and then to formulate an effective management for the disease.

Psychiatric medicine has been explained in the Ayurvedic classics. The concept of mind has been dealt in various contexts in the texts. Both the philosophical and medical views are described.

Ayurveda stands for an interdependent relation between body and mind. This holds good in conditions of both health and disease. Mind is influenced by the bodily factors like prakruti (bodily temperament), agni (digestive capacity) and ojus (vitality). Satva bala (mental strength) and stress factors also influence the mind. All these factors influence the onset, progress, severity and recurrence of the disease.

To diagnose and manage depressive illness, it is essential to understand the psychopathology of depression in Ayurvedic point of view. All the clinical features cannot be codified under a single disease. A probable correlation can be made with various references from the classics. As part of the study, depression was critically analyzed. Diseases like pitrugraham, vishada and unmada (adhija and kaphaja) had similar features of depression. On analysis, mild depression can be correlated with vishada. Unmada with kapha predominance is found to be more similar with moderate and severe varieties of depression.

Relevance of Drug Selection

The drug chosen was Brahmyadi yoga- a combination of brahmi, kushmandaphala, vacha, sankhapushpi and kushta.

- The formulation alleviates kapha dosha.
- The drugs in this yoga are medhya.
- Various studies support the action of the drugs in the yoga at the level of neurotransmitters.

Probable Mode of Drug Action

All the drugs except one in the combination - Brahmyadi yoga are described as medhya rasayanas (nootropic herbs) ⁶ in the classics. Most of the time, the mechanism of action of rasayana

drugs are above the rationality of pharmacological principles of rasa, guna, veerya and vipaka. So medhya rasayana property of the drug may be the rationale behind the mode of action of drug, acting at the physical and psychological levels in the patients.

The experimental studies conducted in various researches also support the psychopharmacological action of medhya rasayanas.^{7,8} Otherwise the drug may be working in the brain centers or at the level of neurotransmitters to provide the antidepressant effect.

CONCLUSION

The following conclusions are drawn in respect to the results obtained from the present study. On literary analysis, mild depression can be correlated with vishada. Unmada with kapha predominance is found to be more similar with moderate and severe varieties of depression. Administration of Brahmyadi yoga showed significant improvement in symptoms like depressed mood, suicidal tendency, insomnia – early and late, psychological anxiety and somatic symptoms (general). Improvement in symptoms like insomnia middle, work and activities, psychomotor retardation, agitation and somatic symptoms (GIT) were not significant. Total score of HRSD showed significant improvement. Thus drugs with rasayana property are a choice in mental disorders. The study concluded that Brahmyadi yoga is significantly reducing some major symptoms of depression and not reducing some other symptoms.

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