



Case Study

www.ijrap.net (ISSN:2229-3566)



UNDERSTANDING OF DEPRESSION: A CASE STUDY

Palak Rathod ^{1*}, Srelekshmi ¹, Manjunath Adiga ²

¹ PG Scholar, Department of Kayachikitsa, Sri Kalabyraveshwara Swamy Ayurvedic College and Research Center, Bangalore, Karnataka, India

² Professor, Department of Kayachikitsa, Sri Kalabyraveshwara Swamy Ayurvedic College and Research Center, Bangalore, Karnataka, India

Received on: 17/07/20 Accepted on: 19/08/20

***Corresponding author**

E-mail: palakrathod2407@gmail.com

DOI: 10.7897/2277-4343.1105136

ABSTRACT

Depression is common disorder and contributes largely to nonfatal health loss characterized by feeling of sadness or loss of interest in activities which can be correlated to kaphaja Unmada. In Ayurveda, choice of treatment for Kaphaja Unmada is Vamana with Satwavajaya Chikitsa, Shamana Aushadhi, and Medhya Rasayana. A treatment protocol was designed based on signs and symptoms of the patient and was administered Sarvanga Udvartana with Bashpa Sweda, Sirotalam, Vamana, Patent medicine (Composed of Jyotishmati Taila, Shuddha Gandhaka, Shankhapushpi, Vacha, Jatamamsi and Bhringraja) and Saraswatarishta. This treatment was helpful in reducing the intensity of symptoms and improving his quality of life of an extent. This helps us to understand the scope of Ayurvedic intervention for mental disorders. Ayurveda provides various effective solutions to various diseases which come under the umbrella of Unmada.

Keywords: Depression, Kaphaja Unmada, Treatment

INTRODUCTION

According to American Psychiatric Association, Depression (major depressive disorder) is a common and serious medical illness that negatively affects how you feel; the way you think and how you act. Depression causes feelings of sadness and/or a loss of interest in activities once enjoyed. It can lead to a variety of emotional and physical problems and can decrease a person's ability to function at work and at home¹. Globally, it is ranked as the single largest contributor to non-fatal health loss. The proportion of the population with depression is estimated to be 32%, more common in females with a peak of 55-74 years of age group in both gender². Feeling sad or having a depressed mood. Changes in appetite - weight loss or gain unrelated to dieting, trouble sleeping or sleeping too much, loss of energy or increased fatigue, increase in purposeless physical activity (e.g., hand-wringing or pacing) or slowed movements and speech (actions observable by others), feeling worthless or guilty, difficulty thinking, concentrating or making decisions, thoughts of death or suicide are considered as Symptoms of depression according to American Psychiatric Association.

Case Study

A 21-year-old male patient was admitted on 18th March 2019 with the complaints of recurrent episode of headache since 11 years, body pain, heaviness in abdomen and thigh, lack of interest in doing activities, weakness and since 5 years, behavioural changes since 5th year of age. Patient's mother had delivered full term twin male babies through LSCS with birth weight of 2.5 kg and cried immediately after birth. Developmental milestones of patient were attained at proper age. At the age of 5, parents noticed behavioural changes like smelling of hair, neck and hands of mother and grandmother. When the patient was in 5th standard he developed severe headache and consulted a physician where he

was prescribed with analgesics which gave him slight relief. Again in 8th standard the complaints of headache reoccurred and consulted another physician. Patient was advised with some medicines (details of which are not known) and got slight relief from headache. The habit of smelling of hairs, neck and hands of his mother and grandmother were reduced by this time. In 9th standard, twin brothers were sent to Bangalore for further studies, where they were staying with their uncle. At that time their cousin used to irritate the patient whenever he used to visit their home, because of which they started feeling homesick. During their PUC both the brothers got admission in different colleges and stayed in hostel. His younger brother completed 1st PUC but the patient discontinued the studies due to problems faced by Principal. In 2013, the younger brother isolated himself (wasn't interacting with family members) and was not consuming food properly which lead to weakness and hence visited hospital in Mysore. Later, they consulted a psychiatrist and were referred to NIMHANS. By this time patient had again started showing behavioural changes like smelling and was gloomy and used to get angry for minute things. Both brothers took treatment from NIMHANS for a period of 6 months. During these 6 months, patient stopped the habit of smelling his mother. But he wants to sleep in between the parents and used to touch his mother's body parts. In 2016, symptoms aggravated when patient had a fight with his cousin brother and developed the fear that his cousin would kill him. After 3 days of this incident patient had a fear that people around him are planning to kill him and he attempted to run away. Due to this sudden behavioural change patient was admitted in NIMHANS and treatment was given for a period of 2 weeks. Patient developed difficulty in defecation, micturition and speaking, hence was shifted to ICU and kept under observation for a period of 20 days. After that he got relieved from above symptoms (but the fear persisted) and got discharged. From this time onwards patient started to develop severe headache, on and off giddiness, lack of interest in doing activities, reduced appetite,

heaviness of thigh and abdomen and generalised weakness. During this time, he was very much upset by the demise of his grandmother and started showing behavioural changes for which again got treated in NIMHANS. He was admitted to hospital for 15 days and got little relief with symptoms. By the suggestion of

relatives, they visited Department of Kayachikitsa, Sri Kalabyraveshwara Swamy Ayurvedic College and Research Center, Bangalore for further treatment. Informed consent was obtained prior to the study.

Treatment received in NIMHANS

Table 1: Treatment received in NIMHANS

S. No.	Date	Medicine	Dosage	Duration
1.	From 01-03-2019	Tab Lurasidone 100 mg	0-0-1	for 15 days
2.		Cap Fluoxetine 20 mg	1 - 0 - 0	15 days
3.		Tab Propranolol 40 mg	1-0-0 (+ 20mg) 0-0-1	15 days
4.		Tab Clonazepam 0.5 mg	0-0-1	15 days
5.		Tab THP 2mg	2-0-0	15 days
6.		Inj. Optineuron 3cc IM	once a week	for 4 weeks
1.	From 20-03-2019	Tab. Luramax 100 mg	0-0-1	2 months
2.		Tab Propranolol 40 mg	1-0-0 (+20mg) 0-0-1	2 months
3.		Tab. Trihexyphenidyl 2 mg	2-0-0	2 months
4.		Cap. Fluoxetine 20 mg	1-0-0	2 months
5.		Tab. Clonazepam 0.25 mg	0-0-1	2 months

Past history

Patient had Joint family, but the atmosphere of family was not harmonious. Patient's parents were in non-consanguineous marriage and delivered monozygotic twins. His younger (twin)

brother is also suffering with same condition. Father had history of depression for which he is taking medications. All other family members (Mother, Maternal Grandparents, and Paternal Grandparents) are said to be healthy.

The Ashta Vibhrama noticed were:

Table 2: Ashta Vibhrama

Mano vibhrama	Feels as if someone is going to kill him	++
Buddhi vibhrama	Cannot differentiate	+
Samjna jnana	Proper	-
Smruti vibhrama	Proper	-
Bhakti vibhrama	Proper	-
Sheela vibhrama	Becomes angry easily for minute things	++
Chesta vibhrama	Touching mothers body parts, Smelling hairs	+++
Achara vibhrama	Difficult initiation in doing daily activities	+++

Management

Table 3: Course of treatment

Treatment	Drug Used	Dosage	Days	Observation
Sarvanga Udvartana (Full body powder massage)	Kolakulathadi choorna and Triphala choorna		4 days	Patient felt lightness of body
Bashpa Sweda (full body steam)	Water		4 days	Episode of headache decreased
Sirootalam	Vacha choorna, Jatamansi choorna, Brahmi taila		4 days	
	Triphala Choorna (internally)	1 tsp BD After food	4 days	
Snehapana (internal administration of medicated ghee)	Maha Kalyanaka Ghrita	50 ml, 70 ml, 110 ml	3 consecutive days	Episode of headache increased
Sarvanga Abhyanga (full body massage)	Murchita tila taila		1 day	
Vamana	Madanphala, Pippali, Yashtimadhu, Vacha, Saindhava, Honey	4 Vegas		
	Patent Medicine (After discharge and at follow up)	1 TID after food	15 days	
	Saraswatarishta (After discharge and at follow up)	15 ml TID with 15 ml water after food	15 days	

Patent medicine [Composed of Jyotishmati Taila (*Celastrus paniculatus*), Shuddha Gandhaka (Sulphur), Shankhapushpi (*Convolvulus pluricaulis*), Vacha (*Acorus calamus*), Jatamansi (*Nardostachys jatamansi*) and Bhringraja (*Eclipta prostrata*)]

DISCUSSION

In our classics, Kaphaja Unmada having symptoms such as sthana eka deshe (sitting in one place), alpa chankramana (less activity), anannabhilasha (not feels like having food), rahaskamata (solitude), bibhatsatwa (less satwa), shouch dwesha (aversion to cleanliness), swapnanyata (sleeps more³) mimics symptoms of depression. In this case, nidana which are beeja (pitruja), Viruddha ahara (incompatible food), Bhaya (fear), Shoka (sadness), Krodha (anger) lead to kapha Pradhana tridosha prakopa, travelling through manovaha srotas (patient was alpa satwa), vitiated tamo guna pradhana mano doshas which caused avarana to manovaha srotas and lead to kaphaja Unmada⁴. This case has been understood under the umbrella of Kaphaja Unmada having mano avarana as the pathogenesis of disease and patient also being on heavier side of weight, initially Rukshana line of treatment was adopted. So, Udvartana helped in achieving this and Triphala and Kolakulathadi choorna gave an additional effect to Rukshana as both the drugs are ushna in property. Bashpa sweda helped in liquefying the doshas and eliminating it through the route of sweda. Also, Swedana is considered as one of the langhana methods⁵, so it was adopted after Udvartana. Triphala choorna was given internally helped to prepare the patient for shodhana as it helped in achieving Rukshana also as anulomana. Srotalam was adopted as doshas was accumulated in Shiras. It was done with Vacha, Jatamamsi and Brahmi taila as studies have shown that Vacha has stimulant action on mind, medhya⁶ and is kapha vata hara; Jatamamsi has Medhya and Tridoshanut karma⁷. Classical vamana was adopted as line of treatment mentioned in classics for Kaphaja Unmada⁸. Patient had shown improvement in sleep after vamana. There were other improvements noticed in patients such as Habit of Smelling hairs and headache reduced in episode, habit of Sleeping between parents reduced, lightness of body and wellbeing was also observed during the follow up.

CONCLUSION

Depression is a complex psychiatric disorder which is managed by Selective Serotonin reuptake Inhibitor (SSRI), Anti-depressant, Anxiolytic drugs, Cognitive behavioural therapy, psychotherapy, electroconvulsive therapy in modern science.

Ayurveda giving a holistic approach has a larger scope in treating psychiatric disorders effectively. Our Acharyas have told enough interventions which influences on mind and leading towards harmony and wellbeing. Ayurveda provides various effective solutions to various diseases which come under the umbrella of Unmada; however, it also has its limitation in treating the complicated or severe cases of psychiatry.

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Cite this article as:

Palak Rathod et al. Understanding of depression: A Case Study. Int. J. Res. Ayurveda Pharm. 2020;11(5):28-30 <http://dx.doi.org/10.7897/2277-4343.1105136>

Source of support: Nil, Conflict of interest: None Declared

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