Case Report

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A CASE REPORT ON PANCHAKARMA INTERVENTION IN KAPHAJA UNMADA WITH SPECIAL REFERENCE TO DEPRESSION: AN AYURVEDIC PERSPECTIVE

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ABSTRACT

Clinical depression, also known as major depressive disorder, is a pervasive mental health condition characterized by persistent feelings of sadness, hopelessness, and a lack of interest in previously enjoyed activities. It affects mood, behaviour, and physical health, leading to impaired daily functioning. Conventional treatment typically involves psychotherapy, medications like antidepressants, or a combination of both. Based on the Presentation, it can be grossly co-related to Kaphaja Unmada. Aims and objectives: To evaluate the effect of Jatamamsi sadhita ksheera dhara and Vamana in Kaphaja Unmada. Materials and Methods: Shirodhara with Jatamamsi sadhita ksheera and shodhana with Vamana karma. Result: The treatment employed is effective in the management of Kaphaja Unmada and the patient showed significant improvement from moderate depression to mild depression on the Montgomery and Asberg Depression rating scale. Discussion: Shirodhara works on the HPA axis and reduces the levels of cortisol and noradrenaline. Vamana does Indriya Shuddhi thereby leading to manah prasadana. Conclusion: Shirodhara and Vamana karma play an important role in the management of Kaphaja Unmada, which along with counselling and shamanaushadhi offers a ray of hope in its effective management.

Keywords*:* Kaphaja Unmada, Depression, Shirodhara*,* Vamana

INTRODUCTION

Depression or major depressive disorder is a common mental disorder, that is associated with depressed mood or loss of pleasure or interest in activities for long periods of time. Depression is different from regular mood changes seen in everyday life and it affects all aspects of life, including relationships with family, friends and community[1]. Major depressive disorder has a prevalence of 5% in the general population and approximately 10-20% in chronically ill medical outpatients[2]. Approximately 280 million people in the world have depression and it is about 50% more common among women than among men [3].

Depression has a component of genetic predisposition, adversity and emotional deprivation in early life. It is often triggered by stressful life events and is characterized by hypofunction of monoamine neurotransmitter systems and abnormalities of Hypothalamic-pituitary-adrenal (HPA) axis [4]. Along with low mood, it is characterized by poor concentration, low self-worth, hopelessness, thoughts about dying (maybe associated with history of attempted suicide), disrupted sleep, changes in appetite or weight, feeling very tired or low in energy. Conventional treatment modalities include counselling, psychotherapy, electroconvulsive therapy and drugs like antidepressants, selective serotonin re-uptake inhibitors and monoamine oxidase inhibitors.

In Ayurveda, depression can be grossly corelated to Kaphaja Unmada. Unmada is an umbrella term that encompasses a broad spectrum of psychological disorders. It is characterized by imbalance in manas, buddhi, sanjna, smriti, bhakthi, sheela, cheshta and achara [5]. Nidana includes viruddha ashuchi bhojana (incompatible food), pragharshana of deva and guru (insulting god and teacher), and it is triggered by bhaya (fear), harsha (happiness) and manoabhighata (mental trauma) [6]. The clinical features of Kaphaja Unmada includes alpa vak and cheshta (reduced talk and activity), arochaka (reduced appetite), alpachankramana (reduced social activity) and atinidra (excess sleep)[7].

Ayurvedic management includes teekshna shodhana like Vamana (emesis), Virechana (purgation), Basti (enema) and Shirovirechana (nasal errhines) , along with satwawajaya chikitsa (counselling) [8]. Hetu vipareetharthakari chikitsa can be adopted which includes enclosing in tamogruha, binding of eyes, tarjana (verbal threatening), trasana (inducing fear with police etc), dana, harshana, santvana (consoling) and vismapana[9]. Bahi parimarjana chikitsa consists of pradeha, utsadana, abhyanga, dhuma, shirodhara and shirobasti [10]. Along with these, adravya bhuta chikitsa like mantra, ishti homa, japa, svasthayayana prayaschitta etc. are also advised [11].

Here is a case study of a 48 years old patient diagnosed with clinical depression since 25 years, who was treated with Vamana and Shirodhara with Jatamamsi sadhita ksheera, who reported significant improvements.

Case Report

Chief Complaint: C/O low moods, lack of interest in doing previously enjoyable activities, and laziness since 25 years, aggravated since 6 months.

Associated Complaints: C/O disturbed sleep and lack of personal hygiene.

Past History: Not a K/C/O of Hypertension / Diabetes Mellitus / Thyroid dysfunction.

History of Present Illness: A 48-year-old male patient was apparently normal 25 years ago. After experiencing a traumatic event, patient started feeling sad, lack of interest in doing daily activities, experienced no joy in previously enjoyable activities, lack of hygiene and disturbed sleep. Following this patient started taking alcohol on a daily basis. He attempted taking his own life once by taking fertilizer with alcohol. He was rescued by his friends. Since then patient has been taking antidepressants and observed mild improvement in his mood. Patient also took Ayurvedic treatment in Kerala, India, and found some relief. He eventually got married and there is no evidence of verbal or physical abuse and has minor clashes with his wife who is the main breadwinner of the family. Patient went to Dubai 3 years ago for a business opportunity, but suffered a monetary loss. Due to this, patient felt a lot of anger and resentment, which improved on taking allopathic medication. Since 6 months the patient's condition has worsened, he C/O persistent low mood, laziness, lack of interest in doing day to day activities, disturbed sleep, lack of personal hygiene and has stopped working. Hence the patient approached Sri Jayachamarajendra Government Ayurveda and Unani Hospital, Bengaluru, Karnataka, India, on 18/07/2024 for further management.

Family History: Nothing significant.

Marital Life: The patient got married due to family pressure, wife has a stable job and is the main breadwinner of the family. Patient has minor clashes with wife, no verbal or physical abuse.

Table 1: Personal History

Name- XYZ	Sleep- Disturbed
Age- 48 years	Bowel habit- Irregular, soft
Sex- Male	Appetite- Reduced
Marital status- Married	Weight- 72 kg
Occupation- Currently unemployed	Height- 167 cm
Bala- Madhyama	Addiction- Alcohol and cigarette smoking for 25 years, left since 10 years

Table 2: Asthasthana Pareeksha

Nadi- 74/min	Shabda- Prakruta
Mutra- Prakruta, 5-6 times/day	Sparsha- Anushna Sheeta
Mala- Baddha, once in 2 days	Druk- Prakruta
Jihwa- Lipta	Akruti- Madyama

Table 3: Dashavidha Pareeksha

Prakruti- Kapha Pittaja	Pramana- Madhyama
Vikruti- Kapha, Vata, Rajas, Tamas, Rasa	Satva- Avara
Sara- Madhyama	Satmya- Madhyama
Samhanana- Madhyama	Ahara Shakthi Abhayavarana Shakthi- Avara Jarana Shakthi- Avara
Vaya- Madhyama	Vyayama Shakthi- Avara

Table 4: Nidana Panchaka

Nidana	Unrequited love
Poorvaroopa	Occasional low moods and laziness
Rupa	Persistent low moods, lack of interest in daily activities, lack of personal hygiene and disturbed sleep
Upashaya Anupashaya	Medication

Table 5: Samprapti Ghataka

Dosha	Kapha-Vataja, Rajas- Tamas
Dushya	Rasa
Agni	Jataraagni
Agni dhushti	Mandaagni
Srotas	Manovaha
Srotodushti	Sanga
Udhbhavastana	Hrudaya
Sancharastana	Manovaha sroto avayava
Vyaktastana	Sarva Shareera
Adhishtana	Manas, Buddhi
Rogamarga	Madhyama
Sadhyaasadhyata	Krichra Sadhya

Systemic Examination
CNS- Conscious and oriented to time, place, person
CVS- S1 and S2 heard, no murmurs heard
R S- B/L NVBS heard, no added sounds heard
GIT- Soft and non-tender
Height- 167cm
Weight- 72kg
BMI- 25.8 kg/m^2

Mental Status Examination

Appearance
- Looks age appropriate
- Slightly shabby grooming

Behavior: appropriate, lack of eye contact
Speech
- Reluctant to initiate conversation.
- Rate and Volume- reduced
- Word output- normal
- Response- slightly delayed

Mood: Low
Affect: sad
Thought content
- Suicidal tendency presents with history of suicide attempt

Perception: No delusions/hallucinations/illusions
Cognition
- Conscious, alert, oriented to time, place and person
- Memory- intact

Insight: emotional insight present
Judgement: intact

Treatment Protocol

Table 6: Treatment Protocol

Date	Treatment
19/07/2024 – 28/07/2024	Shirodhara with Jatamamsi Sadhita Ksheera
24/07/2024 – 28/07/2024	Deepana Pachana with Chitrakadi Vati 1-1-1 B/F
29/07/2024 – 02/08/2024	Shodhananga Snehapana with Kalyanaka Ghrutha in Arohana Krama
03/08/2024	Abhyanga with Ksheerabala Taila followed by Bashpa Sweda Kaphotkleshakara Ahara Sevana
04/08/2024	Vamana Karma with Madanaphala Yoga
05/08/2024 – 07/08/2024	Peyadi Samsarjana Krama
19/07/2024 – 07/08/2024	Counselling and meditation

Shamanaushadhi
1. Chitrakadi Vati 1-1-1 B/F
2. Ashwagandha churna- 5g-0-5g with milk A/F

3. Manasamitra vati – 0-0-1 A/F

OBSERVATION AND RESULTS

The patient was assessed using the Montgomery and Asberg Depression rating scale, which is a ten-item diagnostic questionnaire used to assess the severity of depressive episodes [12]. It consists of 10 questions rated on the scale of 0-6. The patient showed significant improvement in his condition and the MADRS score improved from 31 (moderate depression) to 15 (mild depression).

Table 7: Montgomery and Asberg Depression Rating Scale (MADRS)

SN	Symptoms	Before Treatment	After Treatment
1	Apparent sadness	4	2
2	Reported sadness	4	2
3	Inner tension	1	1
4	Reduced sleep	4	1
5	Reduced appetite	4	1
6	Concentration Difficulties	2	1
7	Lassitude	4	2
8	Inability to feel	2	1
9	Pessimistic thoughts	4	3
10	Suicidal thoughts	2	1
Total score	60	31	15

DISCUSSION

Depression is a complex mental health disorder characterized by persistent sadness, hopelessness and loss of interest. Modern medicine offers limited relief, often masking symptoms with antidepressants. Ayurveda, an ancient holistic system, offers a promising complementary approach. Panchakarma, along with Shamanaushadhi, helps regulate stress and anxiety, and also promotes balance and well-being, thereby providing comprehensive care in depression.

Shirodhara is the process wherein medicated oil or milk, or buttermilk is poured in a continuous stream of drip on the forehead at a specific height and in a specific manner [13]. It is specifically indicated in Psychosomatic, neurological and psychiatric disorders.

Role of Shirodhara with Jatamamsi Sadhita Ksheera:

Depression is caused due to a pathology in the Hypothalamus-Pituitary-Adrenal axis (HPA axis). In response to any psychological strain, Corticotropin-releasing hormone (CRH) is released from the hypothalamus. This induces the production of Corticotropin from the Pituitary gland, which in turn stimulates the production of cortisol from the adrenal gland, thereby leading to anxiety and low mood [14]. According to a study conducted by Kishor *et al,* there is antidepressant and neuroendocrine modulatory effect of Shirodhara as the cortisol levels decreased after the treatment [15]. According to another study, the changes in EEG was observed after Shirodhara in patients with anxiety. This showed that the EEG waves changed to alpha and even theta waves, which indicates a relaxed state of mind [16]. The constant dripping of liquid on the forehead may send afferent inputs to the cerebral cortex through pressure and temperature sensors through a somato-autonomic reflex, thereby leading to a tranquilizing effect.

During Shirodhara, the Sthapani marma is stimulated, which may lead to the indirect stimulation of pituitary gland, thereby acts on the HPA axis and brings down the levels of cortisol, hence leading to tranquillity. It may also act on the Pineal gland, which produces melatonin and regulates the circadian rhythm, thereby induces sleep. The temperature of the liquid causes vasodilatation, leading to improved blood supply and removal of metabolites. The constant pressure, may help stimulate the autonomic nervous system, activate monoamine neurotransmitters and help in relieving the symptoms of depression. Jatamamsi has chemical constituents like sesquiterpenes, coumarins, lignans, phenols, nardal and alkaloids like actinidine which have a proven antidepressant activity [17].

Role of Vamana

Vamana (therapeutic emesis) is one amongst the Panchakarma, and is the principal treatment told in the management of Kaphaja vyadhi. It eliminates the vitiated Kapha from the amashaya through the oral route.

The function of Vata includes the control and stimulation of manas and indriyas [18]. Specifically, Prana Vayu and Udana Vayu are involved. Prana Vayu maintains the activity of buddhi, hrudaya, indriya and chitta. Udana Vata is essential for the vak pravrutti, payatna, urja, bala and smruti [19]. Sadhaka Pitta is responsible for buddhi, medha and abhimana [20]. There is kshaya of these and prakopa of Kapha leading to lakshanas like alpachankramana (reduced activity), atinidra (excess sleep), alpa vak (reduced talk) and cheshta. Hence Vamana is the best shodhana kriya to remove this prakupita Kapha. The samyak yoga of Vamana karma includes hrut, murdha, indriya shuddhi [21]. Hence, through Vamana karma, dosha samyata is established. Manas is an ubhayendriya, and its dushti leads to manasika vikaras. When Vamana Karma is carried out, it leads to indriya shuddhi, thereby also inadvertently leading to shuddhi of manovaha srotas.

The main pathology in depression is monoamine neurotransmitter deficiency, specifically serotonin deficiency. While serotonin is produced in raphe nucleus of the brain stem, 90% of it produced by the enterochromaffin cells of the gastro intestinal tract [22]. Through Vamana Karma, doshas that are brought to the koshta during snehapana (oleation) and swedana (sudation) are eliminated. Hence Vamana plays a crucial role in the management of manasika vikaras (psychiatric disorders). Even dopamine neurotransmitter deficiency is observed, which is also produced by the GIT. Depression is also associated with impaired circadian rhythm and disturbed sleep. Acharya Vagbhata has explained seven types of nidra (sleep), one of which is chitta khedaja, which is vyadhi nimittaja [23]. Through Vamana karma, dosha samyata is achieved and person goes from vyadhi avastha to swastha. Hence Vamana also helps reestablish swabhavika nidra.

Kalyanaka Ghrita was used for Snehapana, which is indicated in Unmada, Apasmara and smrutikshaya and is tridoshahara [24]. Ghrita is able to cross the blood brain barrier through its lipophilic activity. Also the ingredients are mainly having tikta rasa, ushna veerya, laghu guna, katu vipaka and are Kapha hara, therefore can be employed in Kaphaja Unmada.

Hence Vamana Karma and Shirodhara plays a major role in the management of depression.

CONCLUSION

Depression, a mental disorder characterized by low mood, lack of interest in daily life and disturbed sleep is becoming more common nowadays due to hectic and stressful lifestyle. This can

be grossly corelated to Kaphaja Unmada exhibiting lakshanas like alpachankramana, atinidra, alpa vak and cheshta. Ayurveda has much to offer in terms of Panchakarma therapies including shodhana, mastishkya along with shamanaushadhi, satwawajaya chikitsa, adravyabhuta chikitsa and counselling. From the above case study, it is observed that Vamana and Shirodhara with Jatamamsi sadhita ksheera showed significant results clinically and on the Montgomery and Asberg depression rating scale. Patient reported significant improvement in low mood, disturbed sleep, reduced appetite and lassitude. Vamana helps remove the sanchita, prakupita Kapha and Shirodhara acts on the Sthapani Marma to reduce anxiety and provide tranquility. As the prevalence of depression continues to rise, Ayurveda offers a promising solution and comprehensive care.

Declaration of patient consent: The authors certify that they have obtained all appropriate consent from the Patient. Study was carried out as per ICMR National Ethical Guidelines for Biomedical and Health Research involving Human Participants.

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