Case Report

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AYURVEDIC MANAGEMENT OF REACTIVE DEPRESSION TRIGGERED BY PREGNANCY LOSS: A CASE REPORT

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ABSTRACT

Background: Reactive depression is characterised as an adjustment disorder or an acute stress-related disorder, diagnosed based on DSM-5 criteria. In the context of Ayurveda, such conditions are classified as Manodukhaja Unmada, which represents Manas affliction, indicating a mental illness induced by external factors. Clinical Findings: A 33-year-old female, with no prior psychiatric history, presented with symptoms of persistent sadness, frequent crying spells, disrupted sleep patterns, diminished interest in activities, and a heightened fear of miscarriage following a second abortion in 2022. According to Ayurvedic principles, she was diagnosed with Manodukkhaja Unmada, characterised by an imbalance of Kapha-Vata Dosha and Tamasika Prakriti. Interventions: The patient was managed using a combination of Shamana Aushadhi and Sattwavajaya Chikitsa (psychotherapy) over a period of three months. The internal medications included Guduchyadhi Kashaya, Chandraprabha Vati, Punarnavadi Kashaya, Sudarshana Vati, Gomutra Haritaki, Kalyanaka Ghrita, Sukumara Ghrita, Sahacharadi 21 Avartita Taila, and Manasamitravataka. In addition, Ashwashanam, Manoprasadana, and Manonigrahana were employed as part of the psychotherapy approach. Results: Progressive improvement was noted during follow-ups in the HDRS score, reduced from 18 to 8 and the ISI from 19 to 6. Symptoms such as sadness, insomnia, lack of interest and leucorrhoea also improved significantly. Conclusion: This case shows that a holistic Ayurvedic approach, utilising Shamana and Sattwavajaya therapies, can effectively manage Reactive Depression after pregnancy loss. Early diagnosis and integrated treatment played a crucial role in the patient's psychological and functional recovery.

Keywords: Ayurveda, Case Report, Manodukkhaja Unmada, Reactive Depression, Sattwavajaya chikitsa

INTRODUCTION

Mind, body and soul are the three main pillars of life. In today's fast-paced lifestyle, mental health has become a serious concern. Among all mental health issues, depression is the most common condition affecting almost 350 million people directly or indirectly.[1] Depression is a mood disorder involving the persistent feeling of sadness and loss of interest. Although it is a common condition, if left untreated for a long period, it may cause severe complications as other serious mental disorders. Reactive depression, also known as adjustment disorder in the Diagnostic and Statistical Manual (DSM-5) and sometimes classified as an acute stress-related disorder, is a typical response to a significant life event. This form of depression generally lasts no more than two weeks. However, if the triggering stressor persists, it may evolve into a more serious depressive disorder, characterised by symptoms such as a depressed mood and anhedonia (the loss of enjoyment in activities that once brought pleasure). These symptoms must persist for at least two weeks and interfere with daily functioning.[2]

Ayurveda terms depression under the spectrum of Vishada (NAMC AAB-91), Avasada (~Depression), Mano-avasada, Manodukkhaja/Shokaja Unmada (NAMC EM-2.4) or Kaphaja Unmada (NAMC EM-2.4). Manodukkhaja Unmada is considered an Agantuja Mano Vyadhi (~Psychosis), triggered by external factors such as traumatic life events, which disrupt mental functions. Continuous exposure to these events can exacerbate the condition, leading to psychotic complaints.

Pregnancy loss is defined as miscarriage, abortion, or fetal death before viability. Pregnancy loss is the most common unexpected consequence that can significantly impact the mental well-being of couples, often leading to stress, depression, and grief. These emotional challenges may also increase the risk of preterm birth or low birth weight in future pregnancies.[3] Spontaneous miscarriages are particularly linked to a decline in mental health. In this case report, the patient experienced a similar situation. As a result, the patient engaged in counselling therapy, and treatment was conducted based on Ayurvedic diagnosis, which contributed to the patient's improvement and enhancement of both mental and physical health.

Case Report

Patient Information

A 33-year-old married woman, housewife by occupation from an upper-middle-class socio-economic background, presented to the Manasollasa (Psychiatry) OPD No. 13 of KLE Ayurveda Hospital and Medical Research Centre, Shahapur, Belagavi, Karnataka,

with complaints of persistent sadness, social withdrawal, frequent crying spells, and disturbed sleep. These symptoms had gradually worsened over the past year. The patient had no prior history of psychological illness and was mentally stable until 2022. The patient had been married for 9 years without having children. She reported a history of irregular menstrual cycles since menarche, associated with mild dysmenorrhea and normal menstrual flow. She had been diagnosed with polycystic ovarian disease (PCOD) in 2012, accompanied by complaints of leucorrhoea for three years. Additionally, she had been suffering from non-filarial elephantiasis since 2008. In 2014, she experienced her first miscarriage at 4 weeks of gestation. The second miscarriage occurred in 2022 at 16 weeks of gestation. Following this second abortion, after 5 months, she began to exhibit signs of psychological distress, including persistent low mood, lack of interest in daily activities, and emotional lability. Ultrasonography at that time revealed Bilateral PCOD with the Right Ovary measuring 29.0 cc and the Left Ovary 21.0 cc. TORCH screening revealed elevated IgG antibody levels for Rubella Virus at 37.70 IU/mL (reference: <5 IU/mL = negative) and for Cytomegalovirus at >485.0 AU/mL (reference: <11 AU/mL = negative), indicating exposure or infection with both viruses.

Her symptoms of depression intensified over time, with reduced speech volume, fear of repeated pregnancy loss, and poor sleep quality. Despite these symptoms, her higher mental functions, including comprehension, abstract thinking, judgment, and insight, remained intact. There was no family history of psychiatric disorders, and she had not previously received any psychiatric or pharmacological treatment for these symptoms. Due to the chronic and worsening nature of her symptoms over the past year, her husband brought her to the KLE Ayurveda Hospital and MRC, Shahapur, Belagavi, OPD No. 13, seeking Ayurvedic management. Case reporting is done as per the CARE case report guidelines.[4]

Clinical Findings and Diagnostic Assessments

The patient was subjected to a thorough physical and psychiatric detailed work-up, which was done based on the information provided by the patient and her husband. No pallor, icterus, cyanosis, clubbing or lymphadenopathy was noted on physical examination. No abnormality was detected on systemic examination of the respiratory, gastrointestinal, central nervous and musculoskeletal systems. On psychiatric examination, the patient presented with a dull and low-pitched voice, a visibly sad and depressed mood, reduced interest in communication and daily activities, and a marked fear of abortion. She reported disturbed sleep, frequent crying spells, and occasional elevation in body temperature. Also, her general appearance was gloomy, with noticeable social withdrawal and reduced motor activity. Although she maintained a cooperative attitude and normal posture and gait, her speech volume was significantly reduced. Gradual development of rapport was observed during interaction. Her mood remained persistently low, and her thought stream was intact but associated with phobic tendencies. Despite the emotional disturbances, her perception, cognition, abstract thinking, insight, and judgment were found to be intact and preserved. The Higher Mental Function of the patient was intact, and she also had proper insight about her disease. Hamilton Depression Rating Scale (HDRS) score on first visit was 18 and Insomnia Severity Index scale score was 19, indicating moderate depression and Moderate clinical insomnia, respectively. For the above complaints patient was not on any medications and came for the first consultation. On further assessment of Manodushti, Mana, Buddhi, Smriti, Bhakti, Sheela, Chesta and Achara components were assessed and found to be deranged described in Table 1.[5] Prakriti was assessed as Tamasika Prakruti. The patient was diagnosed with Manodukkhaja (~mental trauma-induced) Kapha-Vataja Unmada (NAMC EM-2.4), and Reactive Depression as per DSM-5 (ICD Code F43.21)

Table 1: Diagnostic Assessment in Ayurveda

Manodushti (Abnormality in Manas)	Abnormality was noted in Chintya (~assessment of matters), Vicharya (~consideration), Uhya (~speculation), Dhyeya (~aim), Sankalpya (~determination). Swanigraha was deranged as she has less control over her thoughts and moods. Manodosha were Shoka, Vishada, Chinta, Bhaya, Krodha, Dainya.
Buddhidushti (Abnormality in Buddhi)	Abnormal emotional judgment and perceptions. Feeling worthless and hopeless.
Smritidushti (Abnormality in Memory)	Memorising only past painful moments/ events and getting hurt by it.
Bhaktidushti (Abnormality in Desire, etc)	Loss of interest in any new activities
Sheeladushti (Abnormality in Temperament, etc)	No Specific abnormality detected
Chesta and Acharadushti (~Abnormality in Psychomotor Activity and Conduct)	General activity reduced, crying spells, and social activity reduced.

Therapeutic Intervention

The patient was diagnosed with Manodukkhaja Unmada (Reactive Depression), and the predominant deranged Doshas were Tamas and Kapha-Vata. The Management was done utilising the Shamana (Yuktivyapashraya) and Sattwavajaya Chikitsa.

Yuktivyapashraya Chikitsa: The course of Shamana Chikitsa is described in Table 2.

Table 2: Treatment Administered during All Visits

Sr. No.	Shamana Aushadhi	Anupana	Time	Duration
Visit-1 (March 07, 2023)	Guduchyadi Kashayam 15ml + 1 Tablet Chandraprabha Vati (500mg)	Mixed with 45ml Warm Water	6 am and 6 pm, Twice Daily Empty Stomach	7 days
	Counselling and Relaxation Therapy			On First OPD Visit
Revised Treatment (March 14, 2023)	Guduchyadi Kashayam 15ml + 1 Tablet Chandraprabha Vati (500mg)	Mixed with 45ml Warm Water	6 am and 6 pm, Twice Daily, Empty Stomach	Next 7 days
	Manasamitra Vati	1 tsp Milk	At Bedtime	
Visit 2 (March 28, 2024)	Punarnavadi Kashayam 15ml + 1 Tablet Sudarshana Vati (500 mg)	Mixed with 45ml Warm Water	6 am and 6 pm, Twice Daily, Empty Stomach	For the Next 18 days
	Capsule Gomutra Haritaki	With Tulasi Water	Twice Daily, After Food	
	Counselling and Relaxation Therapy			On 2nd OPD Visit

Visit 3 (April 15, 2023)	Kalyanaka Ghritam 5ml	With warm Water	6 am, Once Daily Empty Stomach	For the Next 38 days
	Counselling and Relaxation Therapy			On 3rd OPD Visit
Visit 4 (May 23, 2023)	Sukumara Ghrtiam 5ml + Sahacharadi 21 Avaratita Taila 1 Capsule	With Warm Water	6 am, Once Daily Empty Stomach	For the Next 45 days
	TORCH-Nil 1 Capsule	With Water	Once, After Lunch	
	Counselling and Relaxation Therapy			On 4th OPD Visit

Sattwawajaya Chikitsa: Counselling sessions and relaxation techniques were recommended for the patient. During the initial visit, a rapport was established. At each subsequent follow-up appointment, counselling sessions were conducted, incorporating elements such as Aashwasanam (Santawana -assurance and Dhairya- motivation), Manoprasadanam (relaxation techniques), and Manonigraham (~mind control methods). The Sattwawajaya Chikitsa approach not only prevented impairments in Dhee (~Intellect) and Dhriti (~Restraint) but also facilitated their restoration to a normal state.

RESULTS

The patient was prescribed Shamana Aushadhi treatment for an extended period of three months, complemented by counselling and relaxation therapy. Emphasis was placed on fostering positive thought patterns while addressing the patient's negative cognitive tendencies. Throughout Sattwawajaya Chikitsa, significant improvements were observed in various clinical parameters, including mood enhancement, reduction in sadness, improved sleep quality, and a notable decrease in episodes of crying. The patient also experienced a reduction in anhedonia, as evidenced by her increased engagement in various crafts, which she subsequently began marketing online. This shift allowed her to redirect her cognitive focus toward more constructive activities.

Regular assessments conducted during each visit indicated a positive trajectory in the patient's complaints. Notably, scores on the Hamilton Depression Rating Scale (HDRS) decreased from 18 at the initial visit to 8 by the fourth visit, reflecting a substantial improvement in depressive symptoms from moderate to mild depression. Similarly, scores on the Insomnia Severity Index (ISI) dropped from 19 to 6, i.e., moderate to no clinically significant insomnia, over the same period. Furthermore, the complaint of leucorrhea was completely resolved following the first follow-up assessment. The change in HDRS and ISI scores is mentioned in Table 3 and Figure 1. Also, the patient achieved menstruation after four months on July 08, 2023; post miscarriage.

Table 3: Outcome of Treatment on all Visits

S.No.	Assessment Parameter	Visit 1	Visit 2	Visit 3	Visit 4
	No. of Day	Day 0	Day 15	Day 33	Day 71
Psychiatric Parameters					
1.	Hamilton depression scale (Total Score = 52)	18 (Moderate Depression)	13 (Mild Depression)	11 (Mild Depression)	8 (Mild Depression)
2.	Insomnia Severity Index scale (Total Score = 28)	19 (Moderate Insomnia)	15 (Moderate Insomnia)	9 (Subthreshold insomnia)	6 (No clinically significant insomnia)
3.	**TORCH Profile**				
	Rubella Virus (<5 IU/mL = negative)	37.7 IU/mL	-	-	37.640 IU/mL
	Cytomegalovirus (<11 AU/mL = Negative)	>485.0 AU/mL	-	-	247.238 AU/mL

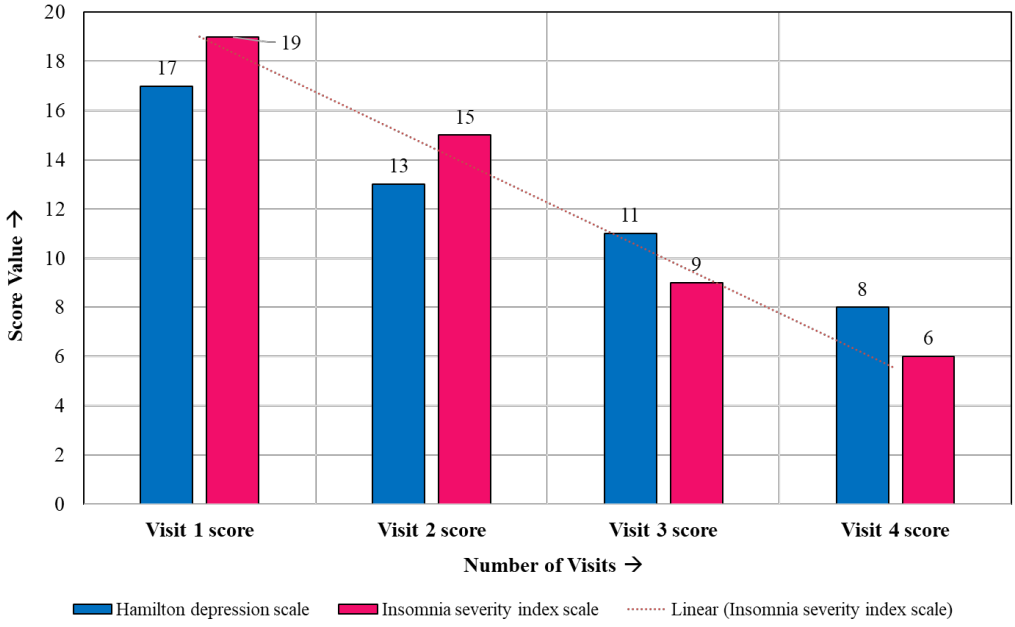

Figure 1: Outcome at Endpoints

DISCUSSION

Epidemiological studies have consistently demonstrated a significant association between pregnancy loss and the onset of short-term psychological disturbances, particularly anxiety and depression in women.[6] Within the first 1–2 months following pregnancy loss, approximately 18–32% of women develop anxiety disorders, while 11–30% experience depressive symptoms, as documented across multiple studies.[7] In a prospective cohort study, A study reported a gradual reduction in the prevalence of psychiatric morbidity over time; however, even at 9 months post-pregnancy loss, 17% of women continued to experience moderate to severe anxiety, and 6% had moderate to severe depression.[8] Depression, a highly prevalent mental disorder, disproportionately affects women, and while emerging research supports a link between reproductive events and mental health, findings on the direct association between pregnancy loss and depression remain partially inconsistent.[9]

This case report aims to explore the interrelationship between pregnancy loss and depressive symptomatology and its management through the lens of Ayurvedic Chikitsa. The treatment approach was individualised based on presenting symptoms and the involvement of specific vitiated Doshas. The clinical picture was dominated by Tama associated with Raja, alongside a Kapha-Vata imbalance. The condition was diagnosed as Manodukhaja Unmada (Reactive Depression), consistent with the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) criteria.

The patient's chronic complaint of Shwetapradara (leucorrhoea) for the past three years, associated with burning sensation, indicated a pathology localised in the Apana region, suggestive of Pitta-Kapha Dushti in the female reproductive tract. To achieve Stambhana and Ama-Pachana, Guduchyadi Kashaya [10], which is indicated in Pitta-Kaphaja Jwara, Daha and Trishna, was administered in Apana-Kala. Its action is directed towards Pitta-Shleshma Shamana in the lower pelvic region through its Shita Virya and Tikta-Kashaya Rasa properties. These qualities facilitate Rasa and Rakta Strotoshodhana as well as Koshtagata-Ama-Pachana, thereby sequentially stimulating both Jatharagni and Dhatwagni. To potentiate its targeting and action in the Vasti Pradesha, Chandraprabha Vati [11], known for its efficacy in Kleda-Shoshana and Dosha-Pachana in the pelvic region, was co-administered. The presence of Kapha, Kleda, and Vyana Vayu Dushti, evident from persistent vaginal discharge and PCOD, was further addressed through this combination. Considering the patient's mental distress, likely secondary to chronic illness, reproductive failure, and systemic infection, Manasamitra Vatakam [12] was administered based on Vyadhi-Vipareeta Chikitsa. This formulation is known to act as a Medhya Rasayana with anxiolytic and mood-stabilising properties.

The patient's history revealed a prior fever following non-filarial elephantiasis, for which definitive treatment had not been provided. This suggested the possibility of residual Shotha and latent Jwara. To address this, a combination of Punarnavadi Kashaya,[13] indicated for Sarvanga Shotha, Jwara, Kasa, Shoola, and Pandu; and Sudarshana Vati,[14] effective in Vishama Jwara and Gulma; was employed. Gomutra Haritaki [15], a classical formulation indicated for Kushtha, Shotha, Gulma, Prameha, Udara, Granthi, and Krimi, was added to support Dosha-Vishodhana and resolve chronic Srotorodha. Polycystic ovarian disease (PCOD) involves a systemic pathology that not only affects the reproductive system but also exerts a significant psychosomatic impact, often manifesting as increased anger and irritability. Given its association with recurrent abortions and its Shotha and Jwara components, Punarnavadi Kashaya, with its proven efficacy in reducing systemic inflammation and restoring metabolic balance, serves as a rational therapeutic intervention to address both somatic and psychological dimensions of the condition. Given her recurrent abortions and suspected TORCH infections, Kalyanaka Ghrita [16] was incorporated, keeping in mind its broad indications in Bhootagraha, Unmada, Apasmara, Pandu, Visha, Jwara, Retodosha, and Rajodosha. Its pumsavana effect and rasayana properties help achieve Saubhagya and Pushti and act as both Hetu-Vipareeta and Vyadhi-Vipareeta Chikitsa in mental disorders and infertility. To further address uterine and Yoni Dosha, Sukumaram Ghrita [17] was used along with Sahacharadi Taila (21 Avartita) [18], a formulation known for its actions in Gulma, Unmada, Peenasa, and Yoni-Roga. Its potential to relieve Sira-Granthi (vascular obstruction) may enhance circulation to the pelvic region, thereby improving uterine receptivity. Additionally, a proprietary formulation, TORCH-Nil Capsule (a proprietary medicine), targeting TORCH infections, was administered as a rational Yukti-Vyapashraya intervention based on modern diagnostics.

The comprehensive approach, integrating Yukti-Vyapashraya and Sattwavajaya Chikitsa, showed measurable clinical improvement. The treatment is aligned towards addressing the main Samprapti, which in turn is being presented as the symptomatology of Unmada. The outcome of such treatment in this case was objectively reflected in reduced scores on the Hamilton Depression Rating Scale (HDRS) and the Insomnia Severity Index (ISI), underscoring the effectiveness of individualised, multi-modal Ayurvedic management supported by classical rationale and modern assessment tools.

CONCLUSION

This case illustrates that an Ayurvedic approach, combining Shamana Aushadhi and Sattwavajaya Chikitsa, can yield significant clinical benefits in managing Manodukhaja Unmada (Reactive Depression), particularly following the loss of a pregnancy. The notable reduction in depressive symptoms and insomnia over a three-month therapy period underscores the therapeutic value of traditional Ayurvedic psychiatry in addressing acute stress-related disorders. Key factors such as early diagnosis, Dosha-based treatment planning, and consistent psychological counselling played a crucial role in enhancing the patient's emotional resilience, promoting behavioural activation, and improving overall mental well-being. This approach not only enhanced her clinical outcomes but also restored her daily functioning and life satisfaction. Further clinical studies and systematic trials are necessary to validate the efficacy of such integrative models for broader application in mental health care.

Patient perspective: The Ayurvedic treatment not only helped reduce my physical symptoms but also brought noticeable improvement in my mood, sleep, and overall well-being.

Informed consent: The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient(s) has/have given their consent for their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published, and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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