

# Recent Updates in The Management of *Kaphaja Unmada* Vis-À-Vis Major Depressive Disorder

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## Abstract

121 million people worldwide suffer from depression, making it a severe burden. It causes the majority of disabilities and lasts for two weeks with constant drowsiness. Planning a treatment framework requires an understanding of psychopathology through fundamental ayurvedic concepts. Outside of the traditional medical system, interest has been generated by the difficulties in treating patients without undesirable effects. According to Ayurveda, depending on the stage of the disease, it is likely to be associated to *kaphaja unmada*. The phases of the illness and symptomatology provide the basis for therapeutic approaches. All psychiatric disorders are managed according to the fundamental Unmada management principles. Depressive disorders are treated holistically, using pharmaceutical therapy, non-pharmacological therapy, Satvavajya chikitsa (Ayurvedic Psychotherapy), and Daivavyapashraya Chikitsa.

**Keywords:** Ayurveda, Depressive disorders, *Kaphaja Unmada*, *Ghrita*, *Medhya*.

## 1. Introduction

Humans have basic feelings called emotions. We've all experienced sadness or discouragement. In reality, depression is a part of everyday life. Almost everyone has experienced depression at some point in their lives, whether it was due to a loved one's death, the loss of a job, a setback, a loss, or simply "everyday misery," as Freud put it. There are many situations in life that might make a person feel depressed and hopeless. But persistently depressed feelings that interfere with day-to-day functioning could be a sign of a depressive disorder.

121 million people worldwide suffer from depression, making it a severe burden [1]. Normal melancholy or discouragement can be distinguished from a depressive disorder based on severity, duration, and the presence of additional symptoms [2].

Unmada is a prevalent entity in Ayurveda that stands in for various psychological diseases. According to *Kaphaja Unmada*, the suppression of mental capabilities results in lack of interest, social retreat, intellectual decline, and other cognitive impairments. This causes discord in interpersonal, familial, and social relationships.

The symptoms of *Kaphaja Unmada* are most likely comparable to those of depression. The present review will explore all the possible line of management in *Kaphaja Unmada* vis-à-vis Major Depressive Disorder.

## 2. Method

The classical text books and electronic databases were searched for the relevant information related to Ayurvedic principles of Depressive disorder.

## 3. Results & Discussion

Insanity, lunacy, madness, mental derangement, mental illnesses, mental aberration, or estrangement are all terms that fall within the broad umbrella of *unmada*. All of these phrases are used to describe the disturbed mental state in which a person loses the ability to control his behaviour in accordance with social norms. Every mental disease is referred to as "Unmada" in Ayurveda. A perversion of the mind (*Manas*), intellect (*Buddhi*), consciousness (*Samjnajana*), *memory* (*Smriti*), desire (*Bhakti*), manners (*Sheela*), behaviour (*Chesta*), and conduct (*Achara*) are the characteristics of the illness known as *unmada*. *Vibhramsha* refers to an entity's complete inability to carry out its designated function [3]. *Susruta* claims that Unmada is mental diversion brought on by the upward movement of the Doshas [4]. This entity is divided according to the involvement of dosha (humors-*vata*, *pitta*, *kapha*) vitiation into five, such as, *vataja*, *pittaja*, *kaphaja*, *sannipataja* and *agantuja* (exogenous unmada) [5]. The etiological factors commonly aggravate all these humors and result in *unmada* are given below-being timid, having agitated mental state, feeble mind, emotional dysregulation, perturbation due to the severity of a disease, mental disturbance caused due to trauma, disrespect to gods, etc, deviation from the method of worship, faulty bodily activity, vitiated Dosha, exceedingly emaciated body, intake of unhygienic or unclean/adulterated food [6].

The Hridaya, the seat of *Manas* and *Buddhi*, is vitiated by the aroused Dosha of the person with *Alpa Satva* climbing upward through *Manovaha Srotas*, which disturbs *Manas* and obstructs *Manovaha Srota* [7]. Due to the subsequent loss of *Buddhi*, the person loses their capacity for discrimination and engages in improper behaviour. And this disordered condition is known as Unmada. Unmada is presented as impaired intellect, fickle mind, agitated look, lack of courage, incoherent speech, blunted affect, lack of knowledge about pleasure/pain/righteousness/peace/conduct, deprived memory/decision/ orientation and responsiveness, aimless activity, forgetting pleasure or pain, wanders like a chariot without a charioteer, distorted understanding. Specifically, when *Kapha* humor vitiating etiological factors result in *unmada*, then the presentation is called as *Kaphaja Unmada* [8].

### **Kaphaja unmada vis-à-vis Depressive Disorder**

According to Charaka Samhita, excessive dietary intake and a sedentary lifestyle, or *Mandacheshta*, cause *Kapha* to become vitiated. *Kaphaja Unmada* is an independent disease caused by aggravated *Kapha* and *Pitta*, which affects the heart and other vital organs as well as the mind, memory, and intellect negatively. The disease is presents as Staying in one place, keeping silence, reduced motor activity, discharge of saliva and nasal secretion, Disinclination for food, prefer or love for solitude, Loathsome or disgust feeling, Aversion for cleanliness, Hypersomnia, Edematous face, White and timid eyes with excreta, adherent to them, Suppression and Aggravation of condition by such regimens that are wholesome and Unwholesome for *Kapha* respectively. Likes solitude ness with woman, Vomiting, Post-prandial aggravation [9].

Table 1: Comparisons of Kaphaja unmada and MDD

| <i>Kaphaja unmada</i>   | Major Depressive Disorder                              |
|-------------------------|--------------------------------------------------------|
| <i>Mandavak- Chesta</i> | Psychomotor retardation, mutism, slow or delayed talk. |
| <i>Sthanamekadese</i>   | Inactive, dull, prefers solitude                       |
| <i>Rahakamata</i>       | Social withdrawal, loneliness.                         |
| <i>Anannabhilasha</i>   | Loss of appetite or anorexia                           |
| <i>Arochaka</i>         | Tastelessness or loss of interest in any activity.     |
| <i>Alpahara</i>         | Decreased Appetite                                     |
| <i>Atinidrata</i>       | Drowsy, dull, altered sleep pattern (hypersomnia).     |
| <i>Sadana</i>           | Decreased energy and increased fatigability            |
| <i>Alpamati</i>         | Retardation of thinking, less concentration.           |
| <i>Ratraubhrsham</i>    | Diurnal variation                                      |

### Recent updates

This review is constructed as an outcome of clinical observation, by ascertaining the phase of illness, volume of dosha, identifying specific etiological factors of *unmada*.

**Nidana parivarjana** (De exposure to disease causing factors): By placing a high focus on averting stressful situations or psychological damage brought on by negative emotions like worry, passion, fright, rage, sadness, or anxiety, one can reverse the pathology or stop further vitiation of humors [6].

**Deepana -Pachana** (Digestives): *Haritaki- Terminalia chebula*, *Shunti- Zingiber officinale*, *Maricha- Piper nigrum Pippali-Piper longum*, *Suddhakaraskara-Strychnus nuxvomica*, *Suddhahingu- Ferula foetida*, Cow's ghee, Rock salt are generally used for *Deepana* and *pachana*. According to studies, it aids in the digestion of food that has accumulated and prevents the channels from adhering, both of which are crucial in preventing the disease from manifesting<sup>5</sup>.

**Shodhana Karma** (bio purificatory procedures): *Shodhana karma* is followed as a protocol where it encompasses proper *snehana* (oleation), *swedana* (sudation) followed by Panchakarma such as medicated induced emesis, therapeutic purgation, therapeutic enema, nasal instillation of medicines, and bloodletting therapy<sup>9</sup>. In MDD, the drugs having teeksha (sharp) nature should be used to clear the obstruction in the channels and also to eliminate the dosha (Table 2). By removing toxins from the body and facilitating the pharmacokinetic effect of therapeutic treatments given, it enables the biological system to return to normal. In studies of neuropsychiatric disease, these modalities have shown a considerable impact on psychoneuroimmunologic parameters.

**Vamana** (medicated induced emesis): *Vamana* is the procedure used to systematically evacuate vitiated Doshas through the oral route. In *Kaphaja unmada* *vamana* is highly beneficial. This has been validated in the study carried out by Sushil et al [10].

**Virechana**: The process of removing diseased humors from the body through the downward route is known as *virechana*. The procedure that results in toxin evacuation is known as *virechana*. Some research findings linked histamine to *Kapha*, catecholamine to *Pitta*, and acetylcholine to *Vata*. According to

studies, patients' plasma catecholamine contents significantly decreased after receiving *Virechana*. When the Vata Dosha is influenced by the aggravated Manasika Dosha, this causes repeated episodes of psychosis. *Virechana* regulates Vata Dosha, which lessens the symptoms of *Vata*, *Pitta*, and *Kapha* at the *Srotas* level [9]. It also eliminates all morbid Doshas from all micro to macro nourishing channels. In clinical practice, *virechana* is easier to perform rather than *vamana* as it poses lower risk.

**Basti:** In this procedure, medicine is administered through rectal route. Basti is suggested in the patients who generally cannot digest the medicine orally. In MDD, *Hapushadi basti*, *Mustadi Yapana Basti* is typically advised. The medicines which are suggested for oral administration may be given through rectal route as well, in given condition.

**Nasya (Errhine therapy):** When medicated drugs are instilled through nasal route, it is called as Nasya. Here, lipid-soluble tiny molecules cause the medicine to diffuse over the nasal mucosal barrier and pass directly from the sub-mucus region of the nose into the CSF. The medication may penetrate the arachnoid membrane and enter the olfactory CSF before being absorbed into the circulation at the superior sagittal sinus. After trans-nasal injection, formulations with therapeutic drugs linked with receptor epitomes and antigens have been reported to offer a way to improve delivery to specific CNS areas. In MDD, *Ghrita yogas* (Lipid base medicines) are commonly used as *Nasya dravya*. In severe illness *Pradhamana nasya* (in powder form) and *Avapida nasya* has proved to be beneficial.

**Siravedha:** It involves extracting the contaminated blood by surgical or non-surgical means. Blood-letting from temple veins, a central vein near the joint of the jaw bones, and the points of the eyes are advised treatments for *unmad* [9].

**Bahi Parimarjana Chikitsa (external therapy):**

**Anjana (collyrium):** Collyrium is the term for the administration of drugs to the eye. It has been suggested that *Anjana* (collyrium) and *Anjana Vartika* (collyrium stick) can be used to enhance perception. *Anjana* is applied to the eyelids using the prepared *Gutika/Vataka* of *Hingu*, *Sarshapa*, *Brahmi*, *Maricha*, *Shirirsha*, etc.

**Abhyanga (massage therapy):** Applying basic or medicinal oil to the body by external stimulation. It is claimed to boost tryptophan levels in the blood, lower stress levels, and stimulate glands controlled by a specific nerve in the nervous and muscular systems. With *Bala taila*, *Shirishadi taila*, etc., one can perform abhyanga.

**Shirodhara:** The process in which the forehead is subjected to specific pressure and vibration due to the continual pouring of oil or other liquid media. In MDD, *Takradhara*, *Medhya Kashaya dhara*, *Brahmi taila dhara* can be beneficial.

**Dhoopana** (fumigation): High-temperature smoke is regarded as an easy method of medication administration since it has a quick pharmacological effect when inhaled. On CNS tissue disorders and complexity, *dhoopana* has a direct biochemical healing impact<sup>9</sup>. The medicines used in the *Anjana* can be utilized here as well.

**Rasayana Chikitsa (rejuvenation therapy):** The primary objective of Rasayana therapy is to improve a person's level of health. Rasayana medications work as scavengers to assist prevent cell and tissue damage and have antioxidant, anti-aging, and anti-stress effects. Rasayana medications like *Mandookaparni* (*Centella asiatica*), *Yashtimadhu* (*Glycyrrhiza glabra*), *Guduchi* (*Tinospora cordifolia*), *Shankhpushpi* (*Convolvulus pluricaulis*), *Brahmi* (*Bacopa monnieri*), *Kustha* (*Saussurea lappa*) *Swarasa* or *Vacha* (*Acorus calamus*) with honey are beneficial in Depression [9].

**Daivavyapashraya Chikitsa** (divine therapy): The divine therapy where sacrifice, sacred herb use, valuable gem wear, and incantation are all taken into consideration. The religious offering known as Homa (Oblation) was created to combat brain-related disorders [7].

**Satvavajaya chikitsa**: It is a form of psychotherapy where in ayurveda strategy is used. In Depression satvavajaya Chikitsa is administered through Jnana (knowledge), Vijnana (analytical thinking), Dhairya (courage), Smrti (memory) and Samadhi (concentration) [7].

### **Shamana in Kaphaja unmada**

The oral administration of formulations having Medhya property is utilized here.

*Jyotishmati, Haridra, Shatavari, Amalaki, Brahmi, Tulasi, Ashwagandha, Guduchi, Shunti, Hingu, Lashuna, Yashti madhu, Vacha, Kushta* are main single drugs used in depressive disorders [9]. The formulation used in Kaphaja unmada are depicted in table 2.

Table 2: Formulations indicated in Kaphaja unmada

| Sl.No | Name of the formulation       | Reference                                                     | Properties                                                        | Action of the formulation                          |
|-------|-------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------------|
| 1.    | <i>Panchagavya ghrita</i>     | <i>Ashtanga. Hridaya, Apasmara chikitsa</i>                   | <i>Thikta rasa, Tikshna guna, Ushna Virya</i>                     | <i>Dipana, Anulomana, Sukshma, Medhya</i>          |
| 2.    | <i>Brahmi Ghrita</i>          | <i>Ashtanga. Hridaya. Uttara tantra. Unmada chikitsa</i>      | <i>Thikta rasa pradhana taste, tikshna guna, Sheetoshna virya</i> | <i>Dipana, Anulomana, Swarya, Medhya</i>           |
| 3.    | <i>Mahapaishachika ghrita</i> | <i>Ashtanga. Hridaya. Uttara tantra. Unmada chikitsa</i>      | <i>Thikta rasa, Tikshna, Laghu, Sukshma guna, Ushna Virya</i>     | <i>Balya, Pushtikara, Medhya, Grahaghna</i>        |
| 4.    | <i>Lashuna ghrita</i>         | <i>Charaka Samhita chikitsa sthana unmada chikitsa adhyay</i> | <i>Katu rasa, Tikshna, Snigdha guna, Ushna Virya</i>              | <i>Dipana, Medhya, Hrudhya, Balya</i>              |
| 5.    | <i>Kalyanaka Ghrita</i>       |                                                               | <i>Katu, Thikta rasa, Laghu, Rooksha guna, Ushna Virya</i>        | <i>Dipana, anulomana, Balya, Brumhana, vrushya</i> |
| 6.    | <i>Hingwadi ghrita</i>        |                                                               | <i>Katu rasa, Tikshna guna, Ushna Virya</i>                       | <i>Dipana, Pachana, Medhya, Indriya prasada</i>    |

## **4. Conclusion**

Depressive disorder is a disabling condition that significantly impairs daily functioning. A significant risk of death and morbidity is associated with depression. Effective management is hampered by difficulties in diagnosis, rising frequency, and complicated pathophysiology. According to Ayurveda, Major depressive illness and Kaphaja unmada can be connected depending on the severity of the aetiology. The multifactorial therapeutic strategy has shown promise in the treatment of depression. Different

herbal/herbo mineral remedies used in ayurveda have been shown to have antidepressant effects and to be more effective than conventional treatments for depression. More thorough research or protocol in the treatment of depressive disorders might boost patients' health.

## References

1. World Health Organization. The world health report. 200, Mental Health: New Understanding, New Hope. Geneva. 2001.
2. International statistical classification of diseases and related health problems. 10<sup>th</sup> rev. 1<sup>st</sup> ed. Geneva: World Health Organization; 2009
3. Agnivesha, Charakasamhita, Vidyotinihindi commentary by Pt. KashinathaShastri & Dr. Gorakhanatha Chaturvedi, Part -1, Sutrasthana, 1<sup>st</sup> chapter, verse no 42. Chaukhambha Bharati Academy, Varanasi, 2016.
4. Sushruta. In: Vd. Yadavji Trikmji Acharya (eds), Sushruta Samhita with Nibandhasamgraha Commentary. Sutrasthana, 1<sup>st</sup> chapter. Reprint, Choukhamba Krishnadas Academy, 2004
5. Agnivesha, Charakasamhita, Vidyotinihindi commentary by Pt. KashinathaShastri & Dr. Gorakhanatha Chaturvedi, Part -1, Sutrasthana, 1<sup>st</sup> chapter, verse no 46. Chaukhambha Bharati Academy, Varanasi, 2016.
6. Agnivesha, Charakasamhita, Vidyotinihindi commentary by Pt. KashinathaShastri & Dr. Gorakhanatha Chaturvedi, Part -1, Sutrasthana, 15<sup>th</sup> chapter, verse no 1. Chaukhambha Bharati Academy, Varanasi, 2016
7. Agnivesha, Charakasamhita, Vidyotinihindi commentary by Pt. KashinathaShastri & Dr. Gorakhanatha Chaturvedi, Part -1, Sutrasthana, 11<sup>th</sup> chapter. Chaukhambha Bharati Academy, Varanasi, 2016
8. Agnivesha, Charakasamhita, Vidyotinihindi commentary by Pt. KashinathaShastri & Dr. Gorakhanatha Chaturvedi, Part -1, Shareerasthana, 1<sup>st</sup> chapter. Chaukhambha Bharati Academy, Varanasi, 2016
9. Agnivesha, Charakasamhita, Vidyotinihindi commentary by Pt. KashinathaShastri & Dr. Gorakhanatha Chaturvedi, Part -2, Unmada Chikitsa Adhyaya, 9. Chaukhambha Bharati Academy, Varanasi, 2016.
10. Dubey S, Tripathi JS, Gupta S, Reddy KR. A comparative clinical trial on the role of Panchakarma therapy and Unmada Gajankusha Rasa in the cases of major depressive disorder vis-à-vis kaphaja Unmada. Ayu. 2010 Apr;31(2):205.