



VILWADI GULIKA AS NASYA IN DEPRESSION - A CASE REPORT

Ayurveda

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ABSTRACT

Depression is the most common mood disorder, is a state of low mood and aversion to activity that can affect a person's thoughts, behaviour, feelings and sense of well-being. Globally depression is a common illness worldwide with an estimated 350 million people affected. According to WHO it has a major contribution to the global burden of disease. It is estimated that one million deaths per year occur due to on and off causes of depression. In Ayurveda it can be understood as a variety of the disorder Unmada, with special reference to Kapha dosha, while assessing the symptoms. Sodhana chikitsa is adopted in moderate to severe presentation and samana chikitsa in mild cases. Nasya seems effective in several psychiatric cases and vilwadi gulika is one among the commonest medicines in use for nasya in depression. Here the changes attained after nasya with vilwadi gulika is being reported in a case of depression.

KEYWORDS

Depression, Sodhana, Nasya, Vilwadi gulika, Kaphajonmāda

INTRODUCTION

Depression is the most common mental health condition in the general population, characterised by sadness, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, feelings of tiredness, and poor concentration¹. In its most severe form, depression can lead to suicide and increased risk of mortality. Depression often runs a chronic course and substantially impairs an individual's occupational potential and quality of life. The World Health Organisation (WHO) predicted that by the year 2020, depression will rank second among the global disease burdens and is one of the priority conditions covered by the WHO's Mental Health Gap Action Programme.² As per WHO, depression affects 121 million people worldwide, except to a very limited extent.³ The burden of depression is 50% higher for females than males. Indians are the leading among the depressed throughout the world. 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.⁴

There are multiple variations of depression as per the clinical presentation. Depending on the number and severity of symptoms, a depressive episode can be categorized as mild, moderate, or severe. Many factors may contribute to the onset of depression, including genetic characteristics, changes in the neurotransmitter levels, certain medical illnesses, stress, grief, or certain substance abuse etc. Any of these factors alone or in combination brings about the specific changes in brain chemistry that leads to the many of the symptoms of depression, bipolar disorder and related conditions. Depression has multifactorial aetiology arising from environmental, psychological, genetic and biological factors. For the diagnosis to be made, a depressive episode should last for at least 2 weeks⁵.

References to the states of depression have been made in many mythological and religious books. In great Indian epics like Ramayana and Mahabharata, some characters have developed depressive features resembling much to the current description. Depressive disorders cannot be included under a single disease entity in Ayurveda. According to the aetiology and symptoms exhibited by the disease, we can compare depression to conditions such as *Kaphaja unmāda*, *Avasāda*, *Viśāda*, *Manodhukhaja unmāda* etc. Caraka samhita mentions "*viśāda*" as one of the *nanātmaja vāta vikāra*⁶ and it is further explained that, *viśāda* is the main factor that aggravates the severity of all the diseases, whether psychic or somatic.⁷

While commenting on *anumāna pramana* in Caraka samhita, it is stated that "*Bhayam Viśādena*" i.e. the feeling of the fear in a person is understood by observing his depressed state or behaviour.⁸ Susruta has mentioned it under the *manovikārās*, further it is mentioned that *viśāda* is common among *tāmasika mānasa prakṛti*⁹. Whereas Vagbhata has stated that person with predominant *tāmasa guna* are

more prone to suffer from *viśāda*.¹⁰ Caraka was the foremost scholar to establish relation between psyche, nervous system and immune system. This is the thinking behind the statement that *viśāda* is the foremost factor in worsening any disease condition.⁷

Sodhana chikitsa is effective in the management of psychiatric conditions including depression. Among the procedures, nasya is the commonly used, mainly avapida nasya in conditions such as depression. It aims at elimination of vitiated *doṣa* from siras peculiarly Kapha, so as have a quick relief in the depressive symptoms. The unique position of *nasya* in Ayurveda literature lies in the fact that it is quite useful in a spectrum of multi-systemic pathologies.

CASE REPORT

A 32 year old man hailing from Malappuram attended our OPD with a normal appearance, a decline in grooming and hygiene was observed, having complaints of disturbances in sleep, irritability, fatigue, low mood, difficulty in concentrating, loss of interest or pleasure in his usual activities, increased sadness, frequently with feelings of worthlessness and hopelessness etc. On assessment, slowing or loss of spontaneous speech and reactivity was noted and his speech was monotonic. The history revealed that he was strong, ambitious and socially active in nature, had a happy family life. 2 years after his marriage his wife fell in love with another person and the relationship was very strong, he came to know all about this and felt cheated, he was emotionally tortured and his faith in trust and love was demolished. He said that the person he believed most had betrayed him, he felt as absolutely broken. Then he sent her a divorce notice and after long court procedures, he got divorce and along with the same, he had a huge financial crisis. Then he became more anxious, angry and irritable, he felt that he can't do anything further in his life. Gradually he became addicted to alcohol and cigarette.

Diagnosis

The criterion symptoms for major depressive disorder must be present nearly every day for most of the day to be considered for the diagnosis. Diagnosis is done by ICD -10 Diagnostic criteria, the depressive episode should last for at least 2 weeks.

Table 1: Symptoms with duration

Complaints	Present/absent	Duration
Depressed mood	Present	3 months
Loss of interest and enjoyment	Present	6 months
Reduced energy leading to increased fatigability	Absent	-----
Reduced concentration and attention	Present	3 months
Reduced self- esteem and self-confidence	Absent	-----
Ideas of guilt and unworthiness	Absent	-----

Bleak and pessimistic views of the future	Present	3months
Ideas or acts of self-harm or suicide	Absent	-----
Disturbed sleep	Present	2 months
Diminished appetite	Present	2 weeks

Based on the ICD 10 diagnostic criteria's he was diagnosed as of moderate depressive disorder.

Therapeutic focus and assessment

After the clinical assessment, Nasya was planned as the initial approach. The patient was subjected to *avapīḍa nasya karma* for 7 days by using *vilwādi gulika*, with a dose of 2ml in each nostril. The patient was asked to satisfy natural urges and advised to take light food prior (2 hour) to *nasya karma*. The procedure was done only after *pūrvakarma* (*abhyānga* and *bāshpasweda* over face, neck, scalp and shoulder). After administration of the drug, soles, shoulders, palms and ears were massaged, and then the patient was advised to spit by turning to either side for the proper expulsion of *Kapha*. Mild *sweda* was performed after *nasya* in order to make expel the *Kapha* to the maximum.

Hamilton's depression rating scale was used for the assessment. Initial assessment was done prior to the treatment, second assessment on 4th day, third assessment on 7th day and the final one, after 10th day of treatment.

Table 2. Assessment score as per Hamilton's Depression Rating Scale

No	Complaint	BT	4 th day	7 th day	10 th day
1	Mood	1	1	1	0
2	Feeling of guilt	0	0	0	0
3	Suicide	0	0	0	0
4	Insomnia early	2	2	1	0
5	Insomnia middle	0	0	0	0
6	Insomnia late	0	0	0	0
7	Work and activities	3	2	2	0
8	Retardation	2	1	1	1
9	Agitation	0	0	0	0
10	Anxiety (psychic)	3	1	1	1
11	Anxiety (somatic)	0	0	0	0
12	Somatic symptoms (gastrointestinal)	0	0	0	0
13	Somatic symptoms (general)	1	1	0	0
14	Genital symptoms	0	0	0	0
15	Hypochondriasis	0	0	0	0
16	Loss of weight	0	0	0	0
17	Insight	0	0	0	0
18	Diurnal variation	0	0	0	0
19	Depersonalization and De-realization	0	0	0	0
20	Paranoid symptoms	0	0	0	0
21	Obsession and compulsive symptoms	0	0	0	0
22	Helplessness	No	No	No	No
23	Hopelessness	Yes	Yes	Yes	No
24	Worthlessness	Yes	Yes	No	No
	Total score	12	8	6	2

Clinical Outcome

There was satisfactory response and many of the symptoms were observed as if reduced after even 4 days of *nasya karma*. There was improvement in many of the domains in the HAM-D rating scale. On the 4th day, there was reduction of the grade from 3 to 2 in the domain of work and interests. Regarding the domain of retardation, obvious retardation changed to slight retardation at interview. In the domain anxiety psychic, initially he showed apprehensive attitude and then was changed to occasional tension and irritability.

After the 7th day of *nasya*, the next assessment was done during which in the domain insomnia, frequent insomnia changed to occasional insomnia. Initially he had mild general somatic symptoms like heaviness of limb, head, loss of energy etc., after the procedure was absolutely free from them. On the 10th day of treatment, follow up and the final assessment was done, during which he showed no difficulty with work and activities and shared little interest for moving on to a new business. The mental state, mood and sleep of the patient were better. Overall he felt better and expressed some sort of hope and faith

for his future life. On the follow up, the HAM-D scale score was reduced from 12 points to 2 points.

DISCUSSION

This patient was approached and managed with the principle of management of unmada, mainly *Kaphajomāda*.¹¹ Here the vitiated *doṣa* was *Kapha* along with mild alteration of *Vāta*. *Vilwādi gulika*¹² was the drug used for *nasya karma*; the drug is predominantly of *katu*, *tikta rasa*, *katu vipāka*, *uṣṇa vīrya*, *laghu*, *rukṣa gūṇa* and *Kapha vāta samana* in action. By the virtue of its *tikṣṇa gūṇa* and *uṣṇa vīrya*, *vilwādi gulika* becomes capable of transversing through the srotus and is having the ability to attenuate *Kapha* and also normalizes *Vāta* and is hence infact effective in such conditions as depression.

Many of the individual drugs of *vilwādi gulika* such as *Vilwa*, *Surasa*, *Nata*, *Sundi*, *Haridra*, *Amalaki*, *Vibhitaki* etc. are having anxiolytic and anti-depressive activity, as per reported studies. Hence, *vilwādi gulika* pacifies *Kapha* and *Vāta* and cleans the obstructed *manovaha srotas* and reverses the *samprāpti* of depression. Hence it is justifiable to attribute an antidepressant activity to *vilwādi gulika*.

Mode of action of Nasya karma

Any *nasya karma* is having the action based on the efficacy of the procedure as well as the efficacy of the drug. On the basis of anatomical and physiological studies, pharmacodynamics of the *nasya karma* can be better explained. The medicine administered for *nasya* consists of lipid soluble substances that have greater affinity for passive absorption through the cell walls of nasal mucosa. The cilia of the olfactory cells and perhaps the portions of the body of the olfactory cells contain relatively large quantities of lipid materials.¹³ This could justify the reason, most of the drugs in use for *nasya* are lipid soluble.

Primary action of *nasya* is on the stimulation of receptor cells of nasal mucosa. The peripheral olfactory nerves are chemoreceptor in nature. Olfactory nerves are connected with the higher centers of the brain i.e. limbic system, consisting mainly of amygdaloidal complex, hypothalamus, epithalamus, anterior thalamic nuclei parts of basal ganglia etc so the drugs administered here, stimulate the higher centers of brain. Experimental stimulation of olfactory nerves causes stimulation in cells of hypothalamus and amygdaloidal complex.¹⁴ Thus hypothalamus regulates the control of autonomic nervous system, hormone synthesis, emotional and behavioral patterns, body temperature, and circadian rhythm and also the states of consciousness.

The drug enters to the systemic circulation and also pools into the intracranial region by vascular path.¹⁴ The pooling of nasal venous blood into the facial vein helps in the vascular path transportation. The facial vein has no valves, it communicates freely with the intra cranial circulation and the supraorbital vein, which communicates through the pterigoid plexus with the cavernous venous sinus. Such a pooling of blood from nasal veins to venous sinuses of brain is more likely to occur in head lowering position due to gravity.¹⁵ Further the action of the drug can also be enhanced by local massage and the fomentation done along with the procedure.¹⁶

A study states that the stimulation from *nasya dravya* can influence the mood, sexual behavior, memory and endocrinal function. As depression is a mood disorder *nasya* may influence the condition leading to betterment.¹⁷ Regarding *avapīḍa nasya*, *acārya* Sargadhara opines that it is having a special indication in *mānasika vikāra*,¹⁸ as it is *tikṣṇa* in action, it poses quick and fast absorption and action of the drugs. Most of the drugs used in *avapīḍa nasya yoga* have the properties of *uṣṇa*, *tikṣṇa* and *lekṣhna* nature, these properties will help to clear the channels and also enhances the perception leading to *laghutva*, *manasudhi*, *cittaprasāda*, *śirasudhi* and *vyadhi samkṣaya* or *cure of the disease, in the individual*.

CONCLUSION

The available management of depression is not upto the expectations, in this most prevalent psychiatric condition. Ayurvedic approach in the light of Unmada is reported as clinically effective. Sodhana procedures followed by *samana* drugs are being in usual practice. But the efficacies of the individual *sodhana* procedures are to be studied in detail. Here is an attempt to observe the changes after *nasya* with *vilwādi gulika* for 7 days in a case of depression and the results are really promising. The drug is safe, easily available and cost effective as well. Further studies are the need of the hour so as to provide with a

better management so as to help those affected with depression and associated diseases.

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