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Depression - A Bipolar Disorder (Ranging from Depressive Lows to Manic Highs) Ways to Deal Through Ayurveda with Medhya Dravya



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ABSTRACT

Too much of stress can lead to anxiety and that anxiety can lead to depression. Many times people are not aware that they are depressed. It is usually friends and family who help them to identify their illness. Depression can alter many biological processes in our body. We are all aware of the side effects of the modern medicine. Therefore in this article, we try to review the ayurvedic approach to treating depression after discussing the different types of depression. Towards the end we would discuss the different plants as described in ayurvedic texts as Medhya dravyas along with the lifestyle changes needed to combat depression. Treating depression in ayurveda is holistic with minimum or no side effects of our medicines.

INTRODUCTION

Depression is a serious illness. It is a low mood that lasts for a long time, and affects our everyday life¹ Sadness is a natural part of the human experience. Depression is more than just feeling “down.” It is a serious illness caused by changes in brain chemistry. People may feel sad or depressed when a loved one passes away or when they're going through a life challenge, such as a divorce or serious illness. However, these feelings are normally short-lived. When someone experiences persistent and intense feelings of sadness for extended periods of time, then they may have major depressive disorder (MDD).²

The W.H.O. characterizes depression as one of the most disabling disorders in the world, affecting roughly one in five women and one in ten men at some point in their lifetime. It is estimated that 21% of women and 12% of men in the U.S. will experience an episode of depression at some point in their lifetime³. Men and women of every age, educational level, and social and economic background suffer from depression.⁴ There is no area of life that does not suffer when depression is present. Marriage, parenting, friendships, careers, finances – every aspect of daily living is compromised by this disease. Once an episode of depression occurs, it is also quite likely that it will recur.⁵

Depression is a complex illness with many contributing factors. Researchers have noted differences in the brains of people who have clinical depression as compared to those who do not. For instance, the hippocampus, a small part of the brain that is vital to the storage of memories, appears to be smaller in some people with a history of depression than in those who've never been depressed. A smaller hippocampus has fewer serotonin receptors. Serotonin is one of many brain chemicals known as neurotransmitters that allow communication across circuits that connect different brain regions involved in processing emotions.⁶

CAUSES OF DEPRESSION:

There are many well-known depression triggers: Trauma, grief (*upclisht satvanam.... Chrak samhita nidan sthan chapter 7/shlok number 4*) financial troubles and unemployment are just a few.⁷ Many factors may increase the chance of depression, including the following:

HABITAT: Depression rates also vary by country and state. Some states have higher rates of depression and affluent nations have higher rates than low-income nations. Even altitude may play a role, with suicide risk going up with altitude.⁸

A 2011 study in the journal *Nature* offers an explanation for this trend: City dwellers have more activity in the part of the brain that regulates stress. And higher levels of stress could lead to psychotic disorders. Research has found that people living in urban settings do have a 39% higher risk of mood disorders than those in rural regions.

SOME HABITS AND LIFESTYLE CHANGES:

SLEEPING HABITS: "If you don't sleep, you don't have time to replenish [brain cells], the brain stops functioning well, and one of the many factors that could lead to is depression," (Matthew Edmund, MD, director of the Center for Circadian Medicine, in Sarasota, Fla., and author of *The Power of Rest*). A 2007 study found that when healthy participants were deprived of sleep, they had greater brain activity after viewing upsetting images than their well-rested counterparts, which is similar to the reaction that depressed patients have, noted one of the study authors.

SMOKING: People who are depression-prone may be more likely to take up the habit. However, nicotine is known to affect neurotransmitter activity in the brain, resulting in higher levels of dopamine and serotonin (which is also the mechanism of action for antidepressant drugs).⁹ This may explain the addictive nature of the drug, and the mood swings that come with withdrawal, as well as why depression is associated with smoking cessation. Avoiding cigarettes—and staying smoke-free could help balance our brain chemicals.¹⁰

Internet Addiction: Internet addicts my struggle with real-life human interaction and a lack of companionship, and they may have an unrealistic view of the world. Some experts even call it "Facebook depression." Spending too much time in chat rooms and on social networking sites also cause depression. A number of studies now suggest that this can be associated with depression, particularly in teens.¹¹

POOR RELATIONSHIPS: Unhappy relationships with anyone can cause depression; a 2007 study in the *American Journal of Psychiatry* found that men who didn't get along with their siblings before age 20 were more likely to be depressed later in life than those who did.

CONFLICT: Depression in someone who has the biological vulnerability to develop depression may result from personal conflicts or 12 disputes with family members or friends.

DEATH OR LOSS: Sadness or grief from the death or loss of a loved one may increase the risk of depression. Major events even good events such as starting a new job, graduating, or getting married can lead to depression. So can moving, losing a job or income, getting divorced, or retiring. However, the syndrome of clinical depression is never just a "normal" response to stressful life events.¹³

OTHER PERSONAL PROBLEMS: Problems such as social isolation due to other mental illnesses or being cast out of a family or social group can contribute to the risk of developing clinical depression.

ABUSE: Nearly 30% of people with substance abuse problems also have major or clinical depression. Past physical, sexual or emotional abuse can increase the vulnerability to clinical depression later in life.¹⁴

WEATHER: SEASONAL AFFECTIVE DISORDER (SAD) is most commonly associated with winter blues, and it afflicts about 5% of Americans. But for less than 1% of those people, this form of depression strikes in the summer. Warm weather depression arises when the body experiences a "delay adjusting to new seasons," says Alfred Lewy, MD, professor of psychiatry at Oregon Health and Science University, in Portland. Instead of waking and enjoying dawn, the body has a hard time adjusting, he says, which could be due to imbalances in brain chemistry and the hormone melatonin.

GENETICS: A family history of depression may increase the risk. It's thought that depression is a complex trait, meaning that there are probably many different genes that each exert small effects, rather than a single gene that contributes to disease risk.¹⁵

SERIOUS ILLNESSES: Sometimes depression co-exists with a major illness or may be triggered by another medical condition. The impact of depression can be even more severe when it occurs in combination with other medical illnesses such as diabetes, stroke, or cardiovascular disease or with related disorders such as anxiety or substance abuse.

**Abhigatanam uphatanam va manasya uphate buddhou ch. (Charak samhita nidan sthan chapter 7/5)*

HYPOTHYROIDISM: When the thyroid gland doesn't produce enough thyroid hormone, it's known as hypothyroidism, and depression is one of its symptoms. This hormone is multifunctional, but one of its main tasks is to act as a neurotransmitter and regulate serotonin levels.¹⁶

CERTAIN MEDICATIONS: Depression is a side effect of many medicines prescribed by practitioners. Some drugs, such as isotretinoin (used to treat acne), the antiviral drug interferon-alpha, and corticosteroids, can increase risk of depression. Depression is a possible side effect for anxiety and insomnia drugs, including Valium and Xanax; Lopressor, prescribed to treat high blood pressure; cholesterol-lowering drugs including Lipitor; and Premarin for menopausal symptoms. So we have to read the potential side effects when we take a new medication and always check with our doctor to see if we might be at risk.

CONTRACEPTIVE PILLS: Oral contraceptives contain a synthetic version of progesterone, which studies suggest can lead to depression in some women.

TYPES OF DEPRESSION AND MANAGEMENT

1. MAJOR DEPRESSION: Feel depressed most of the time for most days of the week. Talk therapy can help. A mental health specialist can help to find ways to manage depression. Medications called antidepressants can also be useful.¹⁷

2. BIPOLAR DISORDER: it is also sometimes called "manic depression." It has mood episodes that range from extremes of high energy with an "up" mood to low "depressive" periods. Medication can help bring mood swings under control.¹⁸

3. PERSISTENT DEPRESSIVE DISORDER: If someone has depression that lasts for 2 years or longer, it's called persistent depressive disorder. It may be treated with psychotherapy, medication, or a combination of the two.¹⁹

4. SEASONAL AFFECTIVE DISORDER (SAD): It is a period of major depression that most often happens during the winter months, when the days grow short and you get less and less sunlight. It typically goes away in the spring and summer. Antidepressants can help, So can light therapy. We need to sit in front of a special bright light box for about 15-30 minutes each day.²⁰

5. PSYCHOTIC DEPRESSION: Person with psychotic depression has the symptoms of major depression along with "psychotic" symptoms. (*swanah karnayo...Ch.Ni.7/6.1*) A combination of antidepressant and antipsychotic drugs can treat psychotic depression.

6. PERIPARTUM (POSTPARTUM) DEPRESSION: Women who have major depression in the weeks and months after childbirth may have peripartum depression. Antidepressant drugs can help similarly to treating major depression that is unrelated to childbirth.

7. PREMENSTRUAL DYSPHORIC DISORDER (PMDD): Women with PMDD have depression and other symptoms at the start of their period. Antidepressant medication or sometimes oral contraceptives can treat PMDD.²¹

8. SITUATIONAL DEPRESSION: When stressful events occur in life, such as a death in a family, divorce or losing job. The doctor may call this "stress response syndrome." Psychotherapy can often help to get through a period of depression.²²

SIGN & SYMPTOMS

Depression signs and symptoms resemble with *Unmaad poorvrupavastha*

Unmadam punarmanobudhisangya gyan smruti bhakti sheelcheshta vibhamam vidhyat
(*Ch.Ni. 7/5*)

Shirshah shoonyata chakshushchapsarpanamiti.... (*Ch.Ni. 7/6*)

Depression commonly affects our thoughts, emotions, behaviors and overall physical health. Here are some of the most common symptoms that point to the presence of depression:

FEELINGS:

- Feeling sad or empty (*Shirshah shoonyata..... Ch.Ni. 7/6*)*
- Hopelessness, helplessness and worthlessness Feelings of pessimism guilt, anxious or guilty, irritable (*arma Ch.Chi.9/12*)**
- Moodiness
- Feeling restless or having trouble sitting still
- Angry outbursts
- Loss of interest in friends, family and favorite activities, including sex

*Ch.Ni- Charak samhita Nidan sthan (chapter number/shlok number)

**Ch.Chi.- Charak samhita Chikitsa sthan (chapter number/shlok number)

THOUGHTS

- Trouble in concentration (*Dheevibhram Ch. Ni.7/5, Ch. Chi. 9/5*)
- Trouble making decisions
- Trouble remembering (*Ch. Chi. 9/7*)
- Delusions or hallucinations can also occur in cases of severe depression (*Swanah karnyo Ch. Ni. 7/6*)
- Suicidal thoughts (*Abhihananam swesham Ch.Ni.7/6.2*)

BEHAVIORS

- Withdrawing from people (*Sthanam ekdeshe Ch. Ni. 7/6.2*)
- Substance abuse
- Missing work, school or other commitments
- Attempts to harm yourself

PHYSICAL PROBLEMS

- Tiredness or lack of energy
- Unexplained aches and pains (*Aayas Ch.Ni.7/6*)
- Digestive problems (*Annaabhilasha arochaka avipaka..... Ch.Ni.7/6*)
- Cramps (*Ardit aakrutikarnam ch vyadhe Ch.Ni.7/6*)
- Headaches, or digestive problems without a clear physical cause
- Weight loss (*Karshya..... Ch.Ni.7/6.1*)
- Weight gain
- Changes in sleep – sleeping too little or too much (*Swapnnityata..... Ch.Ni7/6.3*)
- Sexual problems (*Ch.Chi.9/6*)
- When healthcare professionals suspect depression, they commonly look for clusters of these symptoms occurring regularly for two weeks or longer, and impacting functional aspects of the person's life.

MANAGEMENT OF DEPRESSION THROUGH AYURVEDA

- Talk therapy (*Aaswasyet suhradva tam vakyei..... Ch.Chi.9/79*)
- Yoga, Meditation, *Pranayama*
- *Panchkarma, Shirodhara, Shiroabhyanga*

SOME AYURVEDIC FORMULATIONS

- *Brahmi vati*
- *Kushmandavleh*
- *Kalyanaka ghril*
- *Hingvadi ghril (Ch.Chi 9)*
- *Jeevaniya Ghril*
- *Chandanasava*
- *Sarsvatarist*
- *Ashwagandharist*

SOME AYURVEDIC HERBS

- *Centella asiatica*
- *Convolvulus pluricaulis*
- *Bacopa monnieri*
- *Acorus calamus*
- *Valeriana wallichii*
- *Asparagus racemosus*
- *Nordostachys jatamansi*
- *Santalum album*



Centella asiatica: Allows blood to flow smoothly in the body, increases the count of white blood cell and purifies the blood. It is used to reduce high blood pressure. It helps in enhancing memory and clarity. *Centella asiatica* is used as a rejuvenating agent to promote youth. In Thailand, *Mandukparni* is used to detoxify Opium poisoning. Because of its tranquilizing nature, it is used for the treatment of hysteria, agitation, depression, insomnia and epilepsy. ²³



Bacopa monnieri: It is used as a nervine tonic to increase memory power. *Brahmi* is to get ease from a backache, mental illness, epilepsy, irritation in the bowel and joint pain. (*Bhav prakash Nighantu*)



Nordostachys jatamansi: It consists of following constituents but the main active constituents in the plant material are sesquiterpenes and coumarins. Jatamansone or valeranone is the principal sesquiterpene. Root of *Jatamansi* has been clinically proved out as a memory enhancer; antidepressant and neuroprotective can be a fruitful remedy for Alzheimer's disease. ^{24, 25, 26}



Acorus calamus: *Acorus calamus* oil has Acolamone, Acoramone, Calamenene, Camphene, Acoric acid, Eugenol etc so it shows tranquilizing effect, used in anxiety, dizziness, on external applications. (*Dravyaguna Vigyan, Vol. II, by Dr JLN Shastry*)



LIFESTYLE CHANGES: ^{27, 28, 29}

We can make a huge change in our depression with simple lifestyle changes:

- Practice relaxation techniques: Yoga, meditation, deep breathing, progressive muscle relaxation
- Talk face-to-face (*Ch.Chi.9*)
- Increase social activities
- A 30-minute walk each day
- Aim for 8 to 9 hours of sleep
- Exercise every day
- Avoid the urge to isolate

- Eat healthy food instead of the junk
- Carve out time for rest and relaxation
- Make positive choices
- Support and help others
- Get a little sunlight every day
- Take a short walk outdoors
- Have coffee or enjoy a meal outside
- Walk or sit out in the garden

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