ORIGINAL ARTICLE

A Comparative Study on The Effect of Avasadahara Yoga (Kalpit) and Psychotherapy in The Management of Depression

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ABSTRACT

Regarding mental illness, psychological temperament and emotions, Ayurveda has been written in detail. If the medical knowledge of the mental diseases described in Ayurveda is found in the context of depression, two main medical methods are revealed - non-materialistic treatment and medicinal therapy.

The physio-pathological studies of Mansa Dosha and the clinical study of 60 patients of depression, has been presented in the research paper.

The patients were divided into three groups in present study. Patients of group ‘A’ were given the hypothetical combination of drugs in the form of an Arishta (traditional fermented formulation) and group of ‘B’ patients were given psychotherapy. Meditation, chanting, praying and interviewing were used in psychotherapy. Both methods were used in the group ‘C’. The results of the use of both methods were found to be more effective.

Key Words: Avsad, Depression, Manas Doshas, Avasadahara Yoga, Psychotherapy, Meditation, Counseling.

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Introduction

Mental disorder and psychological temperament are broadly described in Ayurveda texts. In today's materialistic society, human life has become speedy, mechanized, less affections and more centered, which contribute to more production of Kama (Desire), Krodha (anger), Lobha (greed), Bhaya (fear), Shoka (Grief), Chinta (Worry) and Irshya (envy) etc. like Manasa Vikaras. In this way, accurate knowledge of Manasa is necessary to
understand about nature of life and health

Raja and Tama are the Doshas pertaining to the mind and the types of morbidity caused by them, are Kama, Krodha, Moha, Lobha, Mada, Bhaya etc. Acharya Charaka has advised to suppress these factors, because they tend to elevate Raja and Tama Gunas, which cause Mano-dushti. These obnoxious states of Mana produce Mano-vikara with involvement of Sangyavaha or Manovaha Srotas.

That means depression is a state in which retardation of body and mind functions seen i.e. psychomotor retardation.

Chakrapani has explained the term depression as incapability of mind as well as the body to work i.e. cannot think or guess properly or inability to respond properly by mind body and speech.

According to Commentary of Dalhan, patient not doing any work due to fear of failure is called Vishad.

This study was design for evaluate the important of psychotherapy and Ayurvedic medicine.

Aims and Objectives

This study has been carried out clinical evaluation of Avasadahara Yoga and Psychotherapy in the management of depression on various scientific parameters

Materials & Methods:

Selection of Cases -

The patients of Depression fulfilling criteria for selection were registered from O.P.D., N.I.A., Jaipur.

[A] Inclusion Criteria -

The diagnosis of patients of depression was confirmed on the basis of detailed history, thorough clinical examination and scoring the Beck Depression Inventory II.

[B] Exclusion Criteria -

i) Patients superimposed with major psychiatric illness like Mania, Alzheimer’s disease, Senile dementia, Schizophrenia, Obsessive compulsive disorders were not selected.

ii) Patients having fully diagnosed chronic disease like Malignancies, Hypothyroidism, Asthma, chronic renal Failure, cirrhosis of liver and other similar disorders were not selected.

iii) Patients with acute illnesses like myocardial infarction (M.I.), Cerebral-vascular Accident (C.V.A.), Congestive Heart Failure (C.H.F.), Chronic obstructive pulmonary disease (C.O.P.D.), meningitis.

iv) Patient suffering from drug induced Depressive illness.

[C] Discontinuation Criteria -

Patients were discontinued from the clinical trial; if they did not report for regular follow-up during clinical trial due to any reason. During trial period, if any other acute disease overlapped with classical manifestation of depression then also those patients were discontinued.

Drug content

Bramhi, Satavari, Vidharika, Ushir, Abhaya, Adrakh (Sunthi), Misi, honey, Sugar, Dhatki, Renuka, Trivrat, Pippali, Lawanga, Kusth, Aswagandha, Vibhitak, Guduchi, Aila, Vidang, Tvak and Vacha.

Psychotherapy:

Psychological counseling between the physician and the patient is undertaken (Prashna). Prashna have important role to start the counseling of a patient and questionnaires are also type of Prashna Pariksas.

Acharya Shushrut has mentioned treatment of mental diseases (Manasa Roga) by counseling of patients (Shukhavaha Shabda).

Acharya charak mentioned Adrvayabhoot Chikitsa in form of Upayo.

Acharya Charak has mentioned about Sadvat Palan and Chikitsa Sthan chaptor 1 (part 4) about Achar Rasayan. These are the techniques of privation of mental disease. So it may also include in psychotherapy.
The term *Satwavajaya* implies the therapeutics for mental (emotional stresses) disturbances. As like the meaning of this word—victory of Mind, it is secured best by restraining the mind from desire for unwholesome objects and the cultivation of *Gyana* (knowledge), *Vigyana* (understanding), *Dharya* (courage), *Smriti* (recalling memory power) and *Samadhi* (concentration). The techniques of *Satwavajaya Chikitsa* include all technique of modern psychotherapy.

*Acharya Vagbhatta* mentioned in *Sutra Sthan* that the treatment of *Mano dosha* (*Raja and Tama*) use of *Dhee, Dharya* and *Atmadi Vigyana*.

So in addition to the above, *Ayurveda* envisages other method of treatment viz. – Meditation, *Shirodhara, Shirobasti, Abhyanga, Yoga, Counselling* etc.

In counseling, counselor hears any type of problem of patient and suggests solution as much as possible. Many patients feel loneliness, so counselors suggest for use of pleasure techniques.

3. **Grouping & Administration of Drug:**

Selected patients of depression were divided into three groups on random basis for the drug administration as follows -

**Group A (Avasadahara Yoga Group):**

- **Drug**: Patients of this group were given *Avasadahara Yoga*
- **Dose**: 15 ml twice in a day
- **Duration**: 30 Days
- **Anupana**: With equal amount of water (lukewarm)
- **Time**: After meal

**Group B (Psychotherapy Group):**

- **Drug**: Psychotherapy including counselling, *Mantra Jap, prayer and Meditation.*
- **Duration**: 30 Days
- **Time**: Meditation with *Mantra Jap* done for 15-30 min. daily and given counselling 4 times in the period of 30 days.

**Group C (Combined Group)**

Both therapy given in group A & group B as mentioned above (Psychotherapy and *Avasadahara Yoga*).

**Criteria of Assessment**

During the trial and follow-up study the patients were assessed on the following parameters—

**a) Subjective improvement.**

**b) Clinical improvement.**

**a) Subjective Improvement -**

All the patients registered for the trial were specifically asked for any changes in their clinical manifestations and growing feeling of well being produced by the drug under trial.

**b) Clinical Improvement -**

For the assessment of clinical improvement, the incidence of presenting features was worked out and the severity of symptoms was rated in each case. For this purpose the following “Beck Depression Inventory (BDI)” was used.

The numerical system was used to rate or to report value on some measured dimension, for example, a scale ranging from 0 to 3, with 0 meaning strongly disagree and 3 strongly agree. In the scale various symptoms are graded into different grade as shown below -

<table>
<thead>
<tr>
<th>Absent</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild</td>
<td>1</td>
</tr>
<tr>
<td>Moderate</td>
<td>2</td>
</tr>
<tr>
<td>Severe</td>
<td>3</td>
</tr>
</tbody>
</table>

• Total BDI score can range from 0 to 63

0-9 - Normal Non-depressed state

10-18 - Mild Depression

19-29 - Moderate Depression

30-63 - Severe Depression
**Duration of Clinical Trial And Followup Studies**

All the patients of three groups were regularly followed up 2 times i.e. on 15th day and 30th day to evaluate the therapeutic effect of treatment given. The patients were asked to fill up the Beck Depression Inventory for diagnosis before and after the treatment.

**Observations**

The data of the present study depicts that the maximum number of patients i.e. 65% were male and 80% of the patients were Hindus.

The study reveals that majority of the patients i.e. 45% were reported in the age group of 21 – 30 years and maximum 30% of the patients were having higher secondary education level and maximum numbers of patients i.e. 48.33% were from middle class and maximum 33.33% of the patients were in service.

The data of the present study depicts that the majority of the patients i.e. 55% were married and most of the patients (78.33%) were belonging to urban habitat and 40.00% patients were having family history.

The present study mentions that dietary habit of most of the patients’ i.e.55% was Niramisha (vegetarian), majorities i.e. 33.33% of the patients were having Mandagni and 55.00% were having Madhyama Koshtha.

In the present study, the available data depicts that maximum number of patients i.e. 53.33% were taking tea/coffee, however 18.33% of the patients were having addiction of sleeping pills, while 15.00% were having habit of chewing pan/tobacco and 06.67% each were smoking and use alcohol. No patients were addicted of snuffing or drugs.

The data of clinical study represents, 60.00% patients were having disturbed sleep and 25.00% patients were having irregular Mala Pravritti, whereas 26.67% patients had constipation.

The present study shows that maximum numbers of the patients i.e. 40.00% were having Vata-kapha Sharirika Prakriti and 51.67% were having Tamasika Manasika prakriti.

The present study shows that maximum numbers of the patients 58.33% were having Madhyama Sara, 71.67% were having Madhyama Samhanana, 68.33% were having Madhyama Pramana, 46.67% were having Madhyama Satmya and 68.33% were having Avara Satva.

The present study reveals that maximum numbers of patients i.e. 41.67% were having Madhyama Abhyavaharan Shakti, 40.00% were having Avara Jarana Shakti, 60.71% were having Avara Vyayama Shakti, 90.00% were from Madhyama Vaya and 66.67% belonged to Jangala Desha.

**Results:**

**Effect Of Avasadahara Yoga (Group A) :**

The present study denotes that statistically highly significant result was found in Pessimism (70.97%), in Sadness (66.67%), in Loss of pleasure (64.52%), in Irritability (55.88%) and in Tiredness or Fatigue (54.70%),

Statistically not significant result was found in Crying (40.30%), Suicidal Thoughts or wishes (35.00%), Self criticalness (34.21%), Changes in Appetite (32.24%), Punishment feelings (27.50%), Guilty feelings (25.00%), Past failure (21.88%), in worthlessness (19.12%) and Loss of Interest in Sex (16.07%)

The initial mean score were 29.85, 15.75 reduction with 42.24% decrease of BDI Score was noted, which was statistically highly significant (P<0.01).

**Effect of Psychotherapy (Group B) :**

The present study denotes that statistically highly significant result was found in Sadness (65.38%), in Self Dislike (64.29%), in Self criticalness (61.54%), in Loss of pleasure (56.25%), in Suicidal Thoughts or wishes (56.25%), in Pessimism (51.85%),
Guilty feelings (50.00%), in Agitation (50.00%), in Past failure (46.43%).

Statistically significant result was found in Indecisiveness (45.77%), Changes in sleeping patterns (45.71%), in Irritability (45.45%), in Crying (42.86%), in Punishment feelings (42.42%), in Tiredness or Fatigue (40.30%), Loss of Interest in Sex (38.86%), Loss of energy (37.84%).

Statistically not significant result was found in Changes in Appetite (30.85%) and in Worthlessness (27.83%).

47.86% decrease of BDI Score were observed which was highly significant (P<0.001).

**Effect Of combine therapy (Group C) :**

Statistically highly significant results were found in Guilty feelings (87.50%) and in Self Dislike 79.41%, whereas statistically significant result was observed in Self criticalness 76.67%, Changes in sleeping patterns (75.61%), punishment feelings (72.73%), Sadness (70.14%), followed by significant result in Pessimism(63.16%), Suicidal Thoughts or wishes (61.54%), Indecisiveness (60.71%), Loss of interest (59.38%), Agitation (58.62%), Loss of pleasure (58.54%), Loss of energy (56.76%), Irritability(55.88%), Past failure (55.56%), Concentration difficulty (51.61%), Loss of Interest in Sex (47.37%), in changes in appetite (47.06%), in Worthlessness (45.00%) and in Crying (44.44%).

The initial mean score was 32.6 which was reduced to 12.0 with 63.19% decrease of BDI Score, which was statistically highly significant (P<0.001).

**Discussion:**

In this study we choose the two distinct therapies (Adravyabhus & Dravyabhut) and evaluated its efficacy on the current disease Depression.

A very minor mistake of the physician may drop the patient into dark and become life threatening for him.

So we start our therapy in the both of dimension i.e. Satva to Sharir and Sharir to Satva.

It is observed from our clinical study that the drugs having an aphrodisiacal effect, show a great role in mitigating the mental diseases specially those are depressive in nature.

### Comparison of effect of Therapies:

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Avasadahara Yoga (Group A)</th>
<th>Psychotherapy (Group B)</th>
<th>Combine Therapy (Group C)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sadness</td>
<td>66.67 %</td>
<td>65.38 %</td>
<td>70.45 %</td>
</tr>
<tr>
<td>Pessimism</td>
<td>70.97 %</td>
<td>51.85 %</td>
<td>63.16 %</td>
</tr>
<tr>
<td>Past failure</td>
<td>21.88 %</td>
<td>46.43 %</td>
<td>55.56 %</td>
</tr>
<tr>
<td>Loss of pleasure</td>
<td>64.52 %</td>
<td>56.25 %</td>
<td>58.54 %</td>
</tr>
<tr>
<td>Guilty feelings</td>
<td>25.00 %</td>
<td>50.00 %</td>
<td>87.50 %</td>
</tr>
<tr>
<td>punishment feelings</td>
<td>27.50 %</td>
<td>42.42 %</td>
<td>72.73 %</td>
</tr>
<tr>
<td>Self Dislike</td>
<td>43.97 %</td>
<td>64.29 %</td>
<td>79.41 %</td>
</tr>
<tr>
<td>Self criticalness</td>
<td>34.21 %</td>
<td>61.54 %</td>
<td>76.67 %</td>
</tr>
<tr>
<td>Suicidal Thoughts or wishes</td>
<td>35.00 %</td>
<td>56.25 %</td>
<td>61.54 %</td>
</tr>
<tr>
<td>Crying</td>
<td>40.30 %</td>
<td>42.86 %</td>
<td>44.44 %</td>
</tr>
<tr>
<td>Agitation</td>
<td>49.26 %</td>
<td>50.00 %</td>
<td>58.62 %</td>
</tr>
<tr>
<td>Loss of interest</td>
<td>45.77 %</td>
<td>43.33 %</td>
<td>59.38 %</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th></th>
<th>Group A</th>
<th>Group B</th>
<th>Group C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indecisiveness</td>
<td>47.50 %</td>
<td>45.77 %</td>
<td>60.71 %</td>
</tr>
<tr>
<td>Worthlessness</td>
<td>10.12 %</td>
<td>27.83 %</td>
<td>45.00 %</td>
</tr>
<tr>
<td>Loss of energy</td>
<td>48.65 %</td>
<td>37.84 %</td>
<td>56.76 %</td>
</tr>
<tr>
<td>Changes in sleeping patterns</td>
<td>48.78 %</td>
<td>45.71 %</td>
<td>75.61 %</td>
</tr>
<tr>
<td>Irritability</td>
<td>55.88 %</td>
<td>45.45 %</td>
<td>55.88 %</td>
</tr>
<tr>
<td>Changes in Appetite</td>
<td>32.24 %</td>
<td>30.85 %</td>
<td>47.06 %</td>
</tr>
<tr>
<td>Concentration difficulty</td>
<td>44.52 %</td>
<td>39.13 %</td>
<td>51.61 %</td>
</tr>
<tr>
<td>Tiredness or Fatigue</td>
<td>54.70 %</td>
<td>40.30 %</td>
<td>70.00 %</td>
</tr>
<tr>
<td>Loss of Interest in Sex</td>
<td>16.07 %</td>
<td>38.86 %</td>
<td>47.37 %</td>
</tr>
</tbody>
</table>

![Effect On Beck Depression Inventory (B.D.I.) in 60 patient of depression](image_url)
Effect On Total BDI Score

Combined therapy (Group C) 63.19% provided better relief in BDI score followed by Psychotherapy (Group B) 47.86% and Avasadahara Yoga (Group A) 42.24%.

Overall Effect Of Therapies

Complete remission was seen in Avasadahara Yoga (Group A) in 05.00% patients and in combined therapy (Group C) in 15.00% patients.

75.00% patients got markedly improvement by combined therapy and 55.00% by Psychotherapy and followed by 50.00% by Avasadahara Yoga.

Moderately improved patients were noted 45.00% each in Avasadahara Yoga (Group A) and Psychotherapy (Group B) and 10.00% in combined therapy.

Comparison Of The Effects

On the basis of the comparison of the effects of all three groups on individual symptoms, total B.D.I. Score and overall effect discussed earlier, it was found that combined therapy provided better relief in the most of symptom which were having significant relief than other two therapies.

So it can be concluded that combined therapy proved better than Psychotherapy or Avasadahara Yoga administered therapy alone.

Probable Mode of Action of Psychotherapy:

Though clinically efficacy of Psychotherapy is proved, the nature of its action is very complex. Therefore, to understand the mode of action of Psychotherapy is a difficult task. Meditation processes enhance & the Sattva quality and Counseling itself seems to produce a relaxation response.

Probable Mode of Action of Avasadahara Yoga:

After considering the above description, it seems that all the drugs of Avasadahara Yoga having some action at psycho-neurological level and the combination of these drugs might be able to break the pathogenesis of depression at different levels.

All the drugs of Avasadahara yoga have Rasayana property, which replenishes the vital fluids in the body. That nourishes the body, sense, mind & intellect successively. But apart from Rasayana property some of the drugs have Vrishya & Medhya Guna also.

As a result it acts over the target organ instantly. It is a big question that there any relation between hypogonadism and Depression. It is seen that impotent, frigid or infertile (male & female) person are depressive. That is seems to be due to their fruitless work.

Conclusion:

Physical and psychological ailments affect each other. Mana plays an important role to controlling normal physiology and Manas Doshas (Raja and Tama) strongly afflict in every process and every step of life. It is seen that Kaphaja Unmad may be correlated with disease depression to some extent.

Though mental diseases are chronic in nature but it may be fatal. Short therapy is not sufficient to break down this complex phenomenon and so long term therapy is very essential.

The counseling is the life saving tool for depressive patients. Not only to the patient but it is applicable to the close relatives of patients too. Behavior of counselor should be like a friend for open conversation and lighting to problems specific. Combined therapy proved better than individual psychotherapy as well as Avasadahara Yoga administered therapy.

Need large clinical study for explain the mood of action as modern parameters Further study should plan with some modern parameter.

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असाराष

मानस प्रकृति, मानस भावों एवं मानसिक रोग के संबंध में आयुर्वेद में विस्तार से लिखा गया है। आयुर्वेद में वर्णित मानसिक रोगों के चिकित्सा संबंधी ज्ञान को अवसाद रोग के परिवेश में देखा जाते हो दो मुख्य चिकित्सा विधियां सामने आती है - अद्भुत चिकित्सा एवं द्रव्यभूत चिकित्सा। रोग पत्त में मानस दोषों के शरीर किनारा अध्ययन एवं मानस दोषों के विश्लेष से उत्पन्न रोग अवसाद से ग्रस्त 60 रोगियों का चिकित्सीय अध्ययन को प्रस्तुत किया गया है। इस शोधकार्य हेतु रोगियों को तीन समुदायों में विभाजित किया गया। समृद्ध 'ए' के रोगियों को द्रव्यभूत चिकित्सा प्रथम के रूप में कल्पित अवसादरोग दोष दिया गया एवं समृद्ध 'बी' के रोगियों का अद्भुत चिकित्सा (साइकोफरेशन) दिया गया। अद्भुत चिकित्सा (साइकोफरेशन) में ध्यान, जप, प्रार्थना और साक्षात्कार को प्रयोग में लिया गया। समृद्ध 'सी' में दोनों चिकित्सा विधियों का संयुक्त रूप से प्रयुक्त किया गया। परिणाम में संयुक्त चिकित्सा विधि का प्रयोग अधिक प्रभावी पाया गया।