

Ayurvedic Management of *Kaphaja Unmada* (Depression): A Single Case StudyArjun Chand CP,<sup>1</sup> Devi D Das<sup>2\*</sup>

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**ABSTRACT:**

In Ayurvedic literature, *Unmada* refers to a broad spectrum of mental disorders characterized by the perversion of *Manas* (mind), *Budhi* (intellect), and *Smriti* (memory). Different classical texts describe various treatment protocols for managing such conditions, but their efficacy requires systemic scientific validation. This is an attempt to illustrate the effective Ayurvedic management of *Kaphaja Unmada* (Depression) through a case study using scientific assessment parameters. This is a case report of a 20-year-old female patient with complaints of persistent sadness, reduced interest in daily activities, fatigue, sleep disturbance, anger, irritability in unusual things, social withdrawal, and refusal to attend college since one and a half months. The Hamilton Depression Rating Scale (HDRS) was used as the assessment tool. The treatment approach included a combination of modalities such as *Sadhyasnehana*, *Virechana*, *Hapushadi Ksheera Vasti* (3 days), *Mathravasthi* (4 days), and *Samana Nasya* (7 days) with *Kalyanaka Grita*. *Samana Aushadha* comprised *Kalyanaka Grita* (5ml morning empty stomach for 14 days), *Sankhapushpi Choorna* (3g with warm water at bedtime for 14 days), and *Highuvachadi Gulika*, 2 tablets 500 mg each taken three times daily for 12 days. After completing the 17 day treatment the HDRS score dropped from 36 to 21 in the middle of the treatment and finally reached 3.

**KEYWORDS:** *Hapushadi Ksheeravasti*, HDRS, *Kaphaja Unmada*.

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Email: [deviddas1990@gmail.com](mailto:deviddas1990@gmail.com)DOI: <https://doi.org/10.70805/ija-care.v9i1.684>Link: <https://ijacare.in/index.php/ijacare/article/view/684>**INTRODUCTION**

*Unmada* represents a broad spectrum of psychological disorders, primarily affecting individuals with *Alpasatva*. The term *Unmada* denotes *Samudbhrama*, which signifies perversion. It is characterized by the disturbance or perversion of *Mana*

(mind), *Budhi* (intellect), *Sanja* (consciousness), *Jnana* (knowledge), *Smriti* (memory), *Bhakti* (desire), *Sheela* (manners), *Cheshta* (behavior) and *Achara* (conduct).<sup>[1]</sup> *Abaraja*, *Viharaja*, and *Manasika Nidana* contribute to the vitiation of *Manovaha Srotas*. Although the *Unmada* is a *Tridoshaja*

*Vyadhi*, it exhibits distinct features depending on the dominant *Dosha*. *Kaphaja Unmada* occurs due to the vitiation of the *Kapha Dosha*, with *Pitta Dosha* acting as a supportive factor through its *Ushna Guna*.<sup>[2]</sup> Which liquefies the *Kapha* afflicts the *Hridaya* and adversely affects the *Budhi* and *Smriti*.

The clinical presentation of *Kaphaja Unmada* closely resembles depression, displaying symptoms such as *Stanam Ekadeshe* (social withdrawal), *Thushni Bhava* (decreased speech), *Alpachankramana* (reduced movement), *Rahaskamata* (tendency toward loneliness), etc.<sup>[3]</sup> For this reason, the Hamilton Depression Rating Scale (HDRS) was used as both a diagnostic tool as well as an assessment tool in different stages of the intervention.

In contemporary medicine, this condition is managed using antidepressants along with counseling. However, most cases require prolonged intervention and extended recovery periods. Ayurveda, on the other hand, recommends various treatment approaches such as *Shodhana*, *Doomapana*, and *Shamana Aushada* for managing *Unmada*. Additionally, *Satwavachaya Chikitsa* is one of the highlighting treatment modality in *Unmada Chikitsa*

Even though certain common treatments are prescribed in classical Ayurveda texts, an individualized treatment approach is more effective in managing diseased conditions. This is evident from the different treatment strategies followed in the case studies of *Unmada*. The selection of drugs is based on *Dosha* analysis.

This case study highlights the effective Ayurvedic management of the *Kaphaja Unmada* through *Sadhya snehana*, *Virechana*, *Nasya*, *Vasti*, and *Samana Aushadhi* administered over 17 days.

## CASE REPORT

A 20-year-old female patient visited the hospital in July 2023 with complaints of persistent sadness, reduced interest in daily activities, fatigue, sleep disturbance, anger, irritability in unusual things, social withdrawal, and refusal to attend college for the past one and a half months.

### History of present illness:

The patient was relatively healthy before 5 years, then she gradually began exhibiting symptoms such as loss of interest in regular activities, refusal to attend school, and increased anger, and irritability during her 10<sup>th</sup> standard. She initially sought counseling along with some allopathic medication but didn't experience any significant improvement. Subsequently, she consulted an Ayurvedic physician and took internal medicine, which provided some relief. However, she experienced a recurrence of mental disturbance when faced with similar situations. Stress related to her studies and family issues further aggravated her condition. She experiences insomnia, difficulty in social interaction, and also has suicidal thoughts. All these behavioural changes significantly impacted her social life and academic performance. With this background, the patient was admitted to the IPD of Kayachikitsa for further management.

### Clinical findings:

The mini-mental state examination was difficult because the patient had difficulty with social interaction. However, the same examination was administered with the help of the mother, and no significant changes were observed in orientation, registration, attention, calculation, recall, or language.

During the assessment using the HDRS, clinical evidence indicated that the patient

was experiencing severe depressive symptoms including sadness, hopelessness, guilt, suicide ideation, insomnia, a complete cessation of work and activities, and difficulty interacting with others. She also exhibited signs of agitation such as hand wringing, and hair pulling, and expressed persistent anxiety about her studies. Additionally, she reported somatic symptoms including back pain, headache, and also weight gain. The patient acknowledged her condition and attributed the stressful environment in college as a triggering factor for her symptoms.

On physical examination, no signs of pallor, icterus, edema, and clubbing were observed, and her vital signs were normal.

### Diagnosis:

The diagnosis was done by using both Ayurvedic and modern methods. The patient exhibits *Stanam Ekadeshe* (social withdrawal), *Thushni Bhava* (decreased speech), *Alpachankramana* (reduced movement), and *Rahaskamata* (tendency toward loneliness).<sup>[3]</sup> By considering the symptoms the Hamilton Depression Rating Scale was chosen for the assessment and, the patient was diagnosed as *Kaphaja Unmada*.

### THERAPEUTIC INTERVENTION:

The management was a combination of treatment modalities including *Sadhyasnehana*, *Virechana*, *Nasya*, *Vasti*, and *Samana Aushadhi* for 17 days as mentioned in Table-1,2.

**Table -1: Procedures & Medicines:**

Date	Treatment	Medicine & Dose
16/07/2023	<i>Sadhyasnehana</i>	<i>Kalyanakagbrita</i> (30 ml) along with <i>Vaiswanara Choorna</i> (5 g) for one day
17/07/2023	<i>Abhyanga</i>	<i>Ksheerabala Thailam</i>
17/07/2023	<i>Virechana</i>	<i>Avipathichoornam</i> 20 g and <i>Sankhapushpi Paneeyam</i>
19/07/2023 to 25/07/2023	<i>Nasya</i>	<i>Kalyanakagbrita</i> 7 days (6,8,10,10,10,10,8 drops)
19/07/2023 to 1/08/2023	<i>Dhoomapana</i>	<i>Dhoomana</i> with <i>Somadhoopa Varthi</i> (7 am & 4 pm)
26/07/2023 to 1/08/2023	<i>Siroabhyanga</i>	<i>Karaskara Thailam</i>
26/07/2023 to 1/08/2023	<i>Mathravasti</i>  <i>Ksheeravasti</i>	<i>Kalyanakagbritam</i> 60 ml (once)  <i>Hapushadi Ksheeravasti</i> <sup>[4]</sup> <i>Sneha: Kalyanakagbritam</i> <i>Kalkam: Shankhapushpi choorna</i>

**Table -2: Internal Medicines:**

Date	Medicine	Dose	Time of administration
19/07/2023 to 1/08/2024	<i>Kalyanaka Gbrita</i>	5ml	Morning before food
19/07/2023 to 1/08/2023	<i>Sankhapushpi Choorna</i>	3 g with warm water	Bedtime
21/07/2024 to 1/08/2023	<i>Hingwachadi Gulika</i>	2 tablets (500mg each tablet)	Thrice daily

**Table -3: HDRS Score during the interventional period:**

Day	HDRS Score
0 <sup>th</sup> Day	36
11 <sup>th</sup> Day (After <i>Nasya</i> )	21
17 <sup>th</sup> Day (After <i>Vasti</i> )	3

**RESULT & DISCUSSION:**

*Kalyanakagrita* which is indicated for all types of *Unmada*, was used as a *Samana Aushadhi* throughout the treatment period. Before the *Virechana*, *Sadhya Snehana* was administered using *Kalyanakagrita* and *Viswanarachoorna*. This combination provides a *Snehana* without impairing *Agni*.

*Virechana* was administered using *Avipathichoorna* mixed with *Sakbupushpi Paniya*. Since *Kaphaja Unmada* is associated with *Pitta Dosha*, *Virechana Karma* was selected for *Shodhana*. It will help to reduce both *Pitta* and *Kapha*. Additionally, *Sankhapushpi* acts as a *Virechana* drug and possesses *Medhya* properties.<sup>[5]</sup>

*Nasya* was done with *Kalyanakagirta* after the *Shodhana Karma*, as it promotes *Indriya Prasadana*. *Dhoomapana*, a specialized treatment in *Unmada*, was carried out using *Somadhoopa Varthi*, which contains *Haridra* (*Curcuma longa*), *Darubaridra* (*Berberis aristata*), *Jatamansi* (*Nardostachys jatamansi*) *Hingu* (*Ferula asafoetida*), and *Grita*.

*Siroabhyanga* was done with *Karaskara Thaila*, which has *Kapha Vata Samana* action. *Hapushadi Kheeravasthi* and *Mathravasthi* with

*Kalyanakagrita* were included in the treatment, considering their *Medhya* properties.<sup>[4]</sup> *Hingwachadi Gulika*, known for its *Agni Vardhaka*, *Kaphahara*, and *Srotasodbhaka* effects, was also used for treatment, as it helps to pacify the *Kapha*.

The follow-up was done after one month. During that time, the same medicine was administered as the *Samana Aushada*. The patient did not report any new complaints. Remarkable changes were observed in depressive symptoms such as *Stanam Ekadeshe* (social withdrawal), *Thushni Bhava* (decreased speech), *Alpachankramana* (reduced movement), *Rahaskamata* (tendency toward loneliness) which were previously noted in the patient. Support from the parents and friends also helped to relieve the condition.

**CONCLUSION:**

The present case study of *Kaphaja Unmada* treated with Ayurvedic medications and therapies resulted in significant improvement in depressive symptoms, social behavior, and daily activities. After follow-up also the patient was observed to be in a

normal state. This case study serves as an evidence that Ayurveda holds great potential in treating depression effectively.

**Consent of patient:**

The consent of the patient has been taken for publication and procedure without disclosing the identity of the patient.

**Conflict of interest:** The author declares that there is no conflict of interest.

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