

Integrated Management of Major Depressive Disorder: A Case Report

Minshida D,^{1*} Jithesh M,² Aparna PM³

¹ PGD Scholar, Manovigyana Evam Manasaroga, Dept. of Kayachikitsa, VPSV Ayurveda College Kottakkal, Kerala, India.

² Professor & HOD, Dept. of Kayachikitsa, VPSV Ayurveda College Kottakkal, Kerala, India

³ Specialist medical Officer - Government Ayurveda Research Institute for Mental Health and Hygiene, Kottakkal, Kerala, India

ABSTRACT:

Major Depressive Disorder (MDD) is the third leading cause of burden of disease worldwide in 2008 by WHO and projected that this disease rank first by 2030. It is a complex and debilitating mental health condition characterized by persistent feelings of sadness, hopelessness and loss of interest in activities. This badly affect physical, psychological, sexual as well as social life. MDD significantly impair an individual's daily functioning, increasing the risk of suicide, cardiovascular disease and other comorbidities which affects quality of life (QoL). The management include psychotherapy and pharmacotherapy. The case report discusses the integrated management of MDD. In Ayurveda *unmada* is characterised by disrupted mental functioning. *Kaphaja unmada* can be correlated to MDD. This is a case report of 27-year-old woman, attended OPD with complaints of uncontrolled worry, sadness, loss of interest in activities, crying spells, reduced socialization from one year. The integrated management protocol of MDD includes *rookshana, snehapana, vamana, virechana, vasthi, nasya, counselling, yoga and pranayama*. The assessments were done using HAM- D and BDI scale and QLES-Q-SF Questionnaire. The protocol was found to be effective in bio-psycho-social domains. Along with the symptomatic relief, the values of the scales before and after treatment showed promising results.

KEY WORDS: Beck's depression inventory scale, Hamilton Depression, *Kaphaja Unmada*, Major Depressive Disorder, *Unmada*.

Received: 14.07.2025

Revised: 14.08.2025

Accepted: 30.08.2025

Published: 16.09.2025



[Creative Commons Attribution-Non-Commercial-No Derivatives 4.0 International License](https://creativecommons.org/licenses/by-nc-nd/4.0/)

© 2025 International Journal of AYUSH Case Reports | Published by Tanaya Publication, Jamnagar.

QR Code



DOI 10.70805/ija-care.v9i3.756

***Corresponding Author:**

Dr. Minshida D

PGD Scholar, Manovigyana Evam Manasaroga,
Dept. of Kayachikitsa, VPSV Ayurveda College Kottakkal,
Kerala, India.

Email: minshidad@gmail.com

INTRODUCTION:

Major Depressive Disorder (MDD) is a mental health condition characterized by persistent feelings of sadness, hopelessness, and loss of interest in activities. According to the World Health Organization (WHO), MDD affects approximately 322 million people worldwide, with a global prevalence of 4.4%. An estimated 3.8% of the population experience depression, including 5% of adults and 5.7% older than 60 years [1]. It is a leading cause of disability worldwide, with a lifetime prevalence of 10-20% in the general population [2].

Current treatment guidelines recommend a combination of pharmacotherapy, such as selective serotonin reuptake inhibitors (SSRIs), psychotherapy, which includes cognitive-behavioural therapy (CBT) and interpersonal therapy (IPT). Additionally, lifestyle modifications, such as regular exercise and healthy diet, are also recommended. Early diagnosis and personalized treatment approaches are crucial to improve outcomes and reduce the risk of suicide. However, the SSRI appear to produce less sexual dysfunction [3]. *Unmada* is a common entity which comprises a wide array of psychiatric disorders. According to *Charaka*, is the impairment in the psychological domains of *mana* (mind), *buddhi* (intellect), *smruti* (memory), *bhakti* (desire), *sheela* (temperament), *chesta* (psychomotor activity) and *achara* (conduct) components [4]. In Ayurveda, MDD can be related to *Kaphaja Unmada* in severe cases and in mild cases to *vishada* and *avasada*. *Vishada* is one of the *vataja natatmaja vikara* [5]. *Manasa dosa* is *Tama pradhana Raja dosha*. The present case of depressive disorder presented with increased thought, reduced interest in all activities, changes in sleep pattern, reduced talk, crying spells, discomfort in stomach, increased fatigue, decreased appetite and

increased tension. The case was diagnosed as *Unmada* because of the impairment in *Mano, Buddhi, Bhakti, Sila, Cesta* and *Acara vibhrama* and a final diagnosis of *Kaphaja Unmada* with *vata anubandha* was done based on the prominent symptoms. A *Sodbhana* based treatment strategy was planned with *Snehapana, Vamana, Virechana*, and *Yoga vasthi* and the internal administration of *Samanoushadhas* along with yoga and counselling. *Satnawajaya, daiva vyapashraya* also can play an important role in the management of MDD [6].

CASE REPORT:

A 27-year-old woman presented with complaints of loss of interest in activities, frequent crying spells, reduced socialization, and suicidal tendencies for one year. Initially, the patient was extroverted and sociable. Her symptoms started after her marriage, when she faced adjustment issues with her husband's family.

Around the same time, her father underwent surgery for low back pain and there was complication during surgery. After surgery her father showed behavioural changes and he was diagnosed with Bipolar Affective Disorder (BPAD). At that time, she took care and stayed along with him at hospital. Between this she had a fall from scooter and doctor suggested surgery for knee joint, but she refused it.

In August 2023, she moved to Dubai with her husband but resigned her job due to persistent knee pain. She returned back and consulted allopathic hospital they suggested for surgery. About the surgery, her husband's parents had many questions, leading to increased stress. She underwent surgery and advised rest for two to three months. This series of life stressors led her to withdraw social interaction family and friends. She experienced reduced interest in all. She consulted a hospital and started

psychiatric medication. She became pregnant while ongoing psychiatric medication. So, the pregnancy was terminated, which led to intense guilt and increased thoughts. Also exhibited symptoms including crying spells, loss of interest in activities, reduced sleep, reduced energy, reduced sexual interest, had suicidal thoughts also. Despite medication, her symptoms persisted, so she discontinued the medication by self and got admitted in Government Ayurveda Research Institute for Mental Health and Hygiene.

Family History: Father has history of BPAD -2 years back

Current Medications –Nil

Dashavidha Pareeksha (Tenfold examination of patient) was done and the *dosha* was assessed to be *kapha vata*, with symptoms of *kapha* is reduced socialization, loss of interest in activities, lack of concentration, reduced talk, reduced sexual interest, reduced appetite depressed mood, changes in sleep pattern and *vata* includes increased thought, increased tension, occasional body pain (Table -3). *Dhatbus* affected were *Rasa* (less appetite, increased thoughts, feeling fatigue, reduced sexual interest), *Raktha* (reduced appetite) and *majja* (occasional body pain).

In Ayurveda psychiatric examination (*Ashta vibhrama pareeksha*-TABLE III) the domains of *Manas* (thoughts/mental faculties), *Budhi* (intellect), *Bhakti* (desire), *seela* (habits) and *Cheshta* (psychomotor activities) were affected.

In this patient *kaphaja* features, *Stanamekadesha* (sitting idly), *Thusnibhava* (observance of silence), *Rabaskamata* (sitting alone), *Alpasachankaramana* (reduced psychomotor activity), *Anannabhilasha*

(reduced intake of food), *Balavan ratrou* (increased on evening time) were found and *vata* features like *Asthane rodhane* (crying spells) and suicidal thoughts. So, the diagnosis was *kaphaja unmada* with *vatanubandha*.

Diagnostic Assessment

The patient presented with depressed mood as she reported sadness, hopelessness, worthlessness and appeared tearful most of the day, nearly every day. She was feeling decreased interest in job as she was not able to concentrate, reduced energy and reduced interest in spending time with cousins, drawing, singing most of the day, nearly every day. She had reported disturbed sleep occasionally (initiation of sleep). And she was not feeling motivated to do daily chores such as bathing, cooking etc., which accounts for psychomotor retardation. She had recurrent suicidal ideations and searched on Google regarding the same. All the symptoms have been present during the same 2-week period. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning. The episode was not attributable to the physiological effects of a substance or another medical condition. There had never been a manic episode or a hypomanic episode. These features are suggestive of diagnosing MDD according to DSM 5 -TR. In Ayurveda, the condition corresponds to *Kaphaja Unmada* with *Vatanubandha*.

The assessments were done by Beck's Depression Inventory Scale, Hamilton Depression Rating Scale, QLESQ Scale on the 0th day, after *vamana*, and during discharge.

Table -1: Mental status examination

General appearance and behaviour	
Grooming and dressing	Appropriately dressed
Touch with surrounding	Maintained
Eye to eye contact	Maintained throughout the interview
Attitude towards examiner	Guarded
Comprehension	Intact
Gait and posture	No abnormal gait/posture
Motor activity	Normal
Rapport	Established with difficulty
Speech	
Voice and speech Intensity and pitch	Normal
Reaction time	Reduced occasionally
Speed	Reduced
Relevance and coherence	Relevant and coherent
Disorder of volition	Nil
Mood	Euthymic
Affect	Congruent to mood
Perception	Nil
Thought	
Form/Process	Continuous
Content	Goal oriented, related to job, repeated health issues
Cognitive functions	
Consciousness	Alert and aroused
Attention	Intact
Concentration	Intact
Orientation	Oriented to time, place and person
Memory	Intact
Abstract thinking	Intact
Intelligence	Good
Insight	Grade 5
Judgement	Intact
Impulsivity	Present (suicidal) – many related google search

Clinical Findings

Table-2: Dasavidha pareeksha

Dooshya	<i>Dosa: kapha vata Dhathu: Rasa, Rakta, majja</i>
Desha	<i>Bhoomi desa: Sadbarana Deba desa: Sarva sareera, Manas</i>
Bala	<i>Roga: Madhyama Rogi: Madhyama</i>
Kala	<i>Kshanadi: Greeshma Vyadhyavastha: purana</i>
Anala	<i>Madhyama</i>
Prakrithi	<i>Deba prakrithi: Vata Kapha Manasa prakrithi: Tamasa Rajasa</i>
Vaya	<i>Yauvana</i>

Satva	<i>Madhyama</i>
Satmya	<i>Sarvarasa satmya</i>
Ahara shakthi	<i>Abhyavaharana Sakthi: Madhyama</i> <i>Jarana Sakthi: Madhyama</i>

Table-3: DOSHA assessment

Dosha	Features
<i>Vatha</i>	<i>Toda (pain), vyatha (unhappy), nidrabramsa (diminished sleep)</i> <i>Dainya (depression)</i>
<i>Pittha</i>	<i>Alpanidratha, balabani, glani,</i>
<i>Kapha</i>	<i>Angasada, brillasa (nausea), staimitya (immobility), chirakaritwa (delay in all activities)</i>

Table -4: Ayurvedic Mental Status Examination (*Ashta Vibhrama*)

Faculty	Vibhrama	Features
1. <i>Mana</i> (thoughts/mental faculties)	Present	impulsivity present – suicidal ideation (dysfunction at the level of thinking)
2. <i>Buddi</i> (intellect)	Present	Reduced concentration
3. <i>Samjna</i> (awareness/orientation)	Absent	
4. <i>Smriti</i> (memory)	Absent	
5. <i>Bhakti</i> (desire)	<i>Present</i>	Reduced interest in all activities
6. <i>Seela</i> (habits and temperament)	Present	Changes in sleep pattern
7. <i>Cheshta</i> (psychomotor activities)	Present	Reduced talk, crying spells
8. <i>Achara</i>	Absent	

THERAPEUTIC INTERVENTIONS:

Internal medicines during IP management

Table-5: Internal medicines

Medicines	Dose	Time	Rationale
<i>Sweta Sankupushpi +vacha +Amaya choornam</i> (Saussurea lappa) (2:1:2)	5Gm twice daily After food	Morning Evening	<i>Sankupushpi</i> : Used in depressive condition ^[7] Improve quality of sleep <i>Amaya [kushta]</i> - for depressive features and thought correction, chintha, <i>shoka</i> ^[8] Vacha: for gastric complaints ^[9] Anti-depressant ^[10]
<i>Drakshadi Kashaya</i>	90ml (before food)	Morning Evening	Anti-stress, anti-depressant, Anxiolytic ^[11]
<i>Ashta choornam</i>	5 Gm (before food)	Morning Evening	To enhance appetite
<i>Manasamitra vataka</i>	2-0-2 (after food)	Morning Evening	For correcting sleep pattern Reducing anxious thoughts ^[12]

Table-6: Intervention:

intervention	Medicine	Duration	Rationale	Observations
Udwartana	<i>Yavakolakulatha choornam</i>	5 days	<i>Rookshana</i> <i>Srothosbodhana</i>	Improvement in appetite
<i>Rookshana</i>	<i>Gandharvahasthadi kashaya</i> 90 ml bd <i>Shaddharanam Gulika</i> 2-0-2	2 days	<i>Rookshana</i>	Slight pain over joints
<i>Snehapana</i> (<i>Uttama</i> <i>matra</i>)	<i>Kalyanaka ghritha</i> and <i>Mahat</i> <i>panchagavya gritha</i>	2 days 50 ml and 250 ml	<i>Vata</i> <i>Kaphahara</i>	Decreased thought Disturbed sleep
<i>Abhyanga</i> <i>ushma</i> <i>sweda</i>	<i>Dhanwantaram tailam</i> + <i>Utklesha abara</i> (jilebi, milk, laddu)	2 days	<i>Dosha</i> <i>utkleshana</i>	Improved mingling with mother
<i>Vamana</i>	<i>Madanaphala</i> (5Gm), <i>vaca</i> (10Gm), honey (100ML), <i>saindhava</i> (10Gm) Milk (2 Litre) <i>yashti</i> (50Gm)- <i>phanta kashaya</i> warm water – 6L	1 day	<i>Hrit sudhi</i> <i>Sroto sudhi</i>	Improvement in mingling, reduced irritability Patient comfortable Lightness of body (6 <i>vega</i> and 7 <i>upavega</i> In 6 th <i>pittantha</i> seen) Samsarjana –1day
<i>Snehapana</i>	<i>kalyanaka ghritha</i> -150 ml	1 day	<i>Dosa</i> <i>utkleshana</i>	Interested in music, listening songs
<i>Virechana</i>	<i>Avipathy choornam</i> – 25 Gm	1 day	<i>Sroto sudhi</i> <i>Indriya sudhi</i>	Appetite became good Lightness all over body (5 <i>vegas</i>) Samsarjanakrama for one day
<i>Yoga vasthi</i>	<i>Sneha vasthi</i> with <i>Kalyanaka ghritha</i> (100 ml) <i>Kashayavasthi</i> with <i>erandamuladi</i> <i>kashayam</i> (250ml) <i>Sainthava</i> – 5 gm Honey - 40 ml <i>Dhanwantaram mezhukupakam</i> -40 ml <i>Satapushpa</i> - 25gm	5 days 3 days	<i>Mana budhi</i> <i>indriya</i> <i>prasadana</i>	Patient feels comfortable She started, drawing.
<i>Prathimarsa</i> <i>nasya</i>	<i>kalyanaka ghritha</i> (after discharge)-2 drops each nostril	7 days	Irritability Sleep issue	Patient feels confidence, Sleep pattern became normal

Counselling by clinical psychologist (For patient- 3 session, 1-parents and husband)

Cognitive Behavioural Therapy also done (comfortable)

Yoga (*balasana*, *shavasana*, *sukhasana*) and *pranayama* was also done.

Table-7: Assessments and outcomes of therapy:

	BDI (Becks Depression Inventory Scale) ^[13]	HAM D (Hamilton Depression rating scale) ^[14]	QLESQ (Quality of Life Enjoyment and Satisfaction Questionnaire) ^[15]
Before treatment	30 (moderate depression)	18 (moderate depression)	32
After vamana 11 days after admission	17 (borderline clinical depression)	9 (mild)	39
After treatment	11(mild mood disturbances)	6 (normal)	49

RESULT:

Severity assessment was done using the BDI, HAM D and QLES Questionnaire. There was significant relief in depressed mood, improved sleep, interest in daily routine activities, reduced guilty feelings & no suicidal thoughts.

DISCUSSION:

MDD is a psychiatric disease that can lead to significant burden. Depressed mood persists at least 2 weeks and is accompanied by sadness, disturbed sleep, worthlessness, reduced energy, concentration, and suicidal ideas. In this patient symptoms can be correlated with *Kaphaja unmada* and impairment in psychological domains *mana, budhi, bhakti, seela, Cheshta*. Psychosomatic approach to health and disease is very recent development in modern system of medicine. Ayurveda has emphasized the need of psychosomatic approach to entire problem of health from the very beginning. In Ayurveda the therapeutics is divided into pharmacological and nonpharmacological. *Daivanyapashraya (Divine Therapy), Yuktinyapashraya (Evidence-Based Therapy) and Sattvavajaya Chikitsa (Psychotherapy)* are the three methods. Out of these *Yuktinyapashraya* falls under pharmacological management. Which include *anta-parimarjana* and *bahiparimarjana* include. Along with medicine-yoga, *pranayama* & counselling is found to be effective in many patients.

Ayurveda protocol including *rookshana, snehapana, vamana, virechana, vasthi* and *nasya* along with counselling, yoga and pranayama are found to be effective in the management of depressive symptoms. Here kapha found to be predominant dosa and vata associated with it, so treatment started with *udwartana* which was comfortable and found improvement in her appetite. Then *gandharvahasthadi kashayam* and *shaddharanam* tablet given for 2 days as *rookshana* before *snehapana*, that time she had slight pain over joints. Then *snehapana* was given as *uttama matra* with *kalyanaka ghritha* and *mahat panchagavya gritha*. During *snehapana* over thinking was reduced, but disturbed sleep was persisted. Then *abhyanga ushma sweda* done was *doshotklesha*, at that time improved mingling was noticed.

After *vamana*, patient was comfortable, feeling lightness of body, started mingling with others. Followed by *snehapana, abhyanga and ushma sweda* was done for 2 days and *virechana* with *Avipathy choorna* ^[16,17], which is *srotoshodana* and can also regulate digestive fire. The patient had reduced appetite in this case. After *virechana* it was noticed that she started enjoying music and drawing (previously she used to spend more time for this). Then *Yoga vasthi* opted to address the *Vata*, which is the controller of all the mental functions, *Erandamooladi kashaya vasthi* ^[18] is *kapha vata dosahara* and *Sneha vasthi* with *kalyanaka ghritha* ^[17] is also

indicated in *unmada*. Internal medicine also given. By *Yoga* reduced depressive mood and anxiety ^[19].

CONCLUSION:

Major depressive disorder (MDD) has been ranked as the third cause of the burden of disease worldwide in 2008 by WHO. An integrated management protocol including ayurveda, complete detoxifying therapy, counselling, yoga, and pranayama is found to be effective in the management of MDD. The change in values of scales (BDI, HAM D) and symptomatic relief also found after treatment and there is scope for further studies related to this.

Limitation; Follow-up was not done in this single case.

Consent of patient: Informed consent was taken from the patient for this study.

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

Guarantor: The corresponding author is the guarantor of this article and its contents.

Source of support: None

How to cite this article:

Minshida D, Jithesh M, Aparna PM. Ayurveda and Integrated Management of Major Depressive Disorder: A Case Report. Int. J. AYUSH CaRe. 2025;9(3): 549-557. DOI 10.70805/ija-care.v9i3.756.

REFERENCES:

1. Institute of Health Metrics and Evaluation. Global Health Data Exchange (GHDx) [Internet]. Available from: <https://vizhub.healthdata.org/gbd-results/>. [Last Accessed on 2023 Mar 4.]

2. Belleau EL, Treadway MT, Pizzagalli DA. The impact of stress and major depressive disorder on hippocampal and medial prefrontal cortex morphology. Biol Psychiatry. 2019;85(6):443-53.
3. Schatzberg AF. Trazodone: a 5-year review of antidepressant efficacy. Psychopathology. 1987;20(Suppl 1):48-56.
4. Tubaki BR, Chandake S, Sarhyal A. Ayurveda management of Major Depressive Disorder: A case study. J Ayurveda Integr Med. 2021;12(2):378-383.
5. Tripathi (Ed.), Charaka Samhita of Agnivesha, Sutrasthana, Maharogadhyaya, Chapter 20, verse - 11 (1st ed.), Chaukamba vidya bhavan, Varanasi (2004), p. 390
6. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 5th ed. Arlington (VA): American Psychiatric Publishing; 2013. p.160
7. K S S, Shet BP, Kalkura KR. Psychological stress: a key etiological factor in Kushta (skin disorders). J Ayurveda Integr Med Sci. 2025;9(12):220-6.
8. Usher G. Spilanthes Acmella, in A Dictionary of Plants Used by Man. CBS Publishers and Distributors, New Delhi, India; 1st ed. 1984. p. 38.
9. Pawar VS, Anup A, Shrikrishna B, Shivakumar H. Antidepressant-like effects of Acorus calamus in forced swimming and tail suspension test in mice. In: Asian Pacific Journal of Tropical Biomedicine. Elsevier; 2011. p. S17-S19.
10. TP S. Probable mode of action of Kalyanaka Ghrita in Unmada (Insanity) based on analysis of Rasa Panchaka of ingredients – A review. In: International Journal of Ayurveda and Pharma

- Research. *International Journal of Ayurveda and Pharma Research Publications*; 2019;7(2):19-30.
11. Sharma R, Singh A. Drakshadi Phanta: A comprehensive review of its composition, pharmacological properties, and clinical applications in alcohol use disorder. In: *Journal of Ayurveda and Integrative Medicine*. Elsevier; 2024. 15(2):101-107.
 12. Tubaki BR, Chandrashekar CR, Sudhakar D, Prabha TN, Lavekar GS, Kutty BM. Clinical efficacy of Manasamitra Vataka (an Ayurveda medication) on generalized anxiety disorder with comorbid generalized social phobia: a randomized controlled study. In: *Journal of Alternative and Complementary Medicine*. Mary Ann Liebert, Inc., New Rochelle, NY; 2012 18(6):612-621.
 13. Richter P, Werner J, Heerlein A, Kraus A, Sauer H. On the validity of the Beck Depression Inventory: A review. In: *Psychopathology*. Karger Publishers, Basel, Switzerland; 1998. 31(3):160-168.
 14. Rajewska-Rager A, Dmitrzak-Węglarz M, Lepczynska N, Kapelski P, Pawlak J, Szczepankiewicz A, Wilczynski M, Skibinska M. Dimensions of the Hamilton Depression Rating Scale correlate with impulsivity and personality traits among youth patients with depression. In: *Journal of Clinical Medicine*. MDPI, Basel, Switzerland; 2023; 12(5):1744.
 15. Endicott J, Nee J, Harrison W, et al. Quality of Life Enjoyment and Satisfaction Questionnaire: A new measure. In: *Psychopharmacology Bulletin*. MediMedia USA, New York; 1993. 29:321–326.
 16. Vaidya Yadavaji Trikamji Acharya, editor. *Charaka Samhita of Agnivesha elaborated by Charaka & Drudhabala with the commentary of Chakrapanidatta, Sutrasthana 16/5–6*. Varanasi: Chaukhamba Surabharati Prakashan; 2009. p. 96
 17. Vagbhata. *Ashtanga Hridayam with Sarvangasundara of Arunadatta and Ayurveda Rasayana Tika of Hemadri*. Varanasi: Chaukhambha Orientalia; 2011. p. 743.
 18. Acharya Jadhavji Trikamji, editor. *Charaka Samhita with Ayurveda-Dipika commentary of Chakrapanidatta, Siddhisthana 3/38–42*. Varanasi: Choukhamba Sanskrit Sansthan, Uttar Pradesh; reprint ed. 2009. p. 696.
 19. Wu Y, Yan D, Yang J. Effectiveness of yoga for major depressive disorder: A systematic review and meta-analysis. *Front Psychiatry*. 2023 Mar 23; 14:1138205.
-