

A Comparative clinical study to evaluate the efficacy of Nasya with SarshapaTaila and PuranaGhrita in Vishada(Depression)

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ABSTRACT

Depression is a common but serious mood disorder which exerts wide range of physical, physiological and psychological impact. It may include feeling of sadness, anxiety, emptiness, helplessness, worthlessness, guilty, irritability or restlessness. Depression affected 322 million people worldwide as per 2015 statistics. In India it is estimated that around 57 million people are affected by depression. Vishada is the main factor that increases the range of all the diseases. It is a condition originated from apprehension of failure, resulting in incapability of mind and body to function properly with significant reduction in activity. When depression compared with Vishada, symptoms appears similar hence we can correlate Vishada to depression.

SamanyaUnmadaChikitsa can be used in all kind of Manasikarogas based on the understanding of the Doshas predominant in that particular condition. In Chikitsasangraha, Chakradattamentions SarshapatailaNasyaas well as PuranaGhritaNasya in Unmadachikitsa. SarshapaTaila and PuranaGhrita are having Ushna and Teekshna qualities that can subsideVataKaphaDosha. These two drugs are having SnigdhaGuna which is best medicine for VataDosha and is easily administrable Hence the study was planned to compare the efficacy of SarshapaTailaNasya and PuranaGhritaNasya in Vishada.

KEYWORDS: Vishada, Nasya, SarshapaTaila, PuranaGhrita.

INTRODUCTION

Everyone occasionally feels sad, but these feelings are usually pass within a couple of days. When a person has a depressive disorder, it interferes with their daily life, normal functions, and it causes pain for both the person with the disorder and those who care about him or her. Depression is a common but serious illness, and anyone who experiences it need treatment to get better.

Vishada is one of the VataNanatmaja vikaras¹ and one of the ManasikaRoga² described in Ayurvedic literature. This disease has manifestations of loss of interest and inactivity in routine works following fear of failure. The symptoms of Vishada resemble disease mild depression in presentation. In depression the mood or affect of an individual are derailed. This disease is characterised by mood of extra ordinary sadness and dejection

characterised by depressed mood, pessimistic thinking, reduced energy and psychomotor retardation.

SamanyaUnmadaChikitsa can be used in all kind of ManasikaRogas. Based on the understanding of the Doshas predominant in that particular condition. However, Sushruta Samhita mentioned SarshapaTailaNasya as ShodhanaNasya³ and Chakradatta mention SarshapaTailaNasya for Unmada. In KaiyadevNigantu while explaining GhritaVarga where mention about PuranaGhrita Nasya⁴ for Unmada. SarshapaTaila and PuranaGhrita are having Ushna and Teekshna qualities that can subsideVatakaphadosha. These two drugs are having SnehaGuna which is best medicine for VataDosha and easily administrable without much hospitalization. Hence the study is planned to compare the efficacy of

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SarshapaTailaNasya and PuranaGhritaNasya in Vishada.

Aims and Objectives

1. To evaluate the efficacy of SarshapaTailaNasya in the management of Vishada.
2. To evaluate the efficacy of PuranaGhritaNasyain the management of Vishada.
3. To compare the efficacy of SarshapaTailaNasya and PuranaGhritaNasya in the management in Vishada.

Materials and Methods

Selection of cases

40 Patients attending the OPD and IPD department of ManasaRoga, Alva`s Ayurvedic Medical college and Hospital, Moodbidri. Diagnosed with depression and willing patients were enrolled in the study Case selection was random regardless of age, sex, occupation and socioeconomic considerations.

Ethical clearance

The institutional Ethical Committee of the Alvas Ayurveda Medical College and Hospital, Moodbodri, Dakshinakannada, Karnataka, approved the study. An informed written consent was taken from each willing patients. The patients were free to withdraw their name from the study at any time without giving anyreason.

INCLUSION CRITERIA:

1. Patients diagnosed as per the criteria for mild and moderate depression as per ICD -10.
2. Age between 16 to 60 years.
3. Patients of either gender, irrespective of socio economic status.
- 4.Nasyarha patients.

EXCLUSION CRITERIA:

1. Patients with other psychiatric disorders.
2. Patients with major depressive disorder.
3. Pregnant women/ Lactating women.

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4. Patients with frequent suicidal tendency/ thoughts.

PROCEDURE

STUDY DESIGN:

40 patients diagnosed as Vishada and fulfilling the inclusion criteria were randomly selected and assigned in 2 groups each consisting of 20 patients.

	DRUG	MODE OF ADMINISTRATION	DOSE	DURATION OF TREATMENT
GROUP-A	SARSHAPA TAILA	NASYA	6 Bindu in each nostril.	1 sitting for 7days
GROUP-B	PURANA GHRITA	NASYA	6 Bindu in each nostril.	1 Sitting for 7days

Observation period: Patients were observed before the treatment and on 7thday(after treatment).

Study Duration -14 Days.

Follow up period: Follow up was done on 14th day.

Assessment Criteria:

Subjects were assessed by using Hamilton's Depression Rating Scale and ICD 10 Criteria. The effect of treatment was also assessed in terms of certain psychological factors. The emphasis was put to the rating of changes in the scores of depression. Hamilton depression rating scale (HDRS) has been used to quantify the psychological parameters. HDRS is an objective method for clinical

assessment of depressive states in patients of depression. Being one of the most reliable scales for measuring level of depression comprising the rating of diverse clinical signs and symptoms of disease, it has been used for the objective assessment of clinical condition in patients of depression in the present study. This scale consists of 17 items, each of which is rated from 0 to 2 or 0 to 4 with total scoring ranging from 0 to 50. Score of 7 or less may be considered as normal, 8 to 13 mild, 14-18 moderate, 19-22 severe and 23 and above very serious depression⁵.

Statistical test

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The obtained data on the basis of observations was subjected to statistical analysis in terms of mean, standard deviation, and standard error by applying paired and unpaired 't' test. The results were interpreted at the level of $P < 0.001$ as highly significant, $P < 0.05$ or $P < 0.01$ as significant and $P < 0.10$ or $P > 0.01$ as insignificant.

Results

The effect of therapy in Groups A, B is shown in Table 1, 2 respectively. The statistical comparison between the groups is shown in Table 3 below.

OBSERVATION:

Gender: Majority of patients i.e. 75% were male, 25 % were Female. Though incidence of depression is more in females, in this study male patients approached more for the study.

Age: Among 40 subjects 30% were belong to age group 16-30 years of age group, followed by 67.5% in age group of 31-50, Remaining 2.5% were belong to age group of 51-70 years. Among 40 subjects participated in the study maximum no of subjects belonged to the age group 67.5% due to Prevalence of depression is more in this group.

Religion: It was observed in the study that 90% were Hindu, 5% were Christian and 5% were Muslim. This is due to the predominance of Hindu population in the area.

Marital Status: Majority of patients i.e. 65% were married and 14% were unmarried The age group selected for the study was 16-60 years and the incidence of middle aged population was more, hence majority are married.

Education: 10% were had primary education, 67.5% were Higher Secondary and 22.5% were Graduates. It indicates the educational status of the region.

Occupation: 12.5% were House Wife, 20% Students and 27.5% Business class, 17.5% Agriculturists, 22.5% Service class. Business class people more suffer more due to work related problems.

Socio-economic status: Majority of patients belonged to middle class, i.e. 67.5%, 32% were from Lower Middle Class. It shows middle class people suffer more of stress related issues.

Diet: 70% of patients were consuming mixed diet and 30% were vegetarians According to recent researches, non-vegetarians (Mixed) suffer more from

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anxiety, stress which lead to depression.

Prakruti: Majority of patients belonged to 52.5%Vata-kaphaPrakruti , 32.5% had Vata-Pitta Prakruti, 15% had Pitta-KaphaPrakruti, Due to VataKaphaDoshas are predominant Doshas in Vishada.

Satva: 67.5% of patients were of MadhyamaSatva, 32.5% AvaraSatva.

ManasikaPrakruti: Majority of the patients were of 57.5% RajasikaPrakruti, 42.5% had

TamasikaPrakruti. Vishadais a VatajaNanatmajaVikara which increased RajoGuna of manas .

Kosta: As per the study, it is observed that 82.5% were KruraKoshta, 17.5% were MadhyamaKoshta, This might be because ofAgnimandya.

Agni: 67.5% patients were of Mandagni, 12.5% had Teekshnagni, 5% had Vishamagni and 15% had Samagni.This shows the relation between disease and Agnimandya.

Table – 1:Effect of SarshapaTailaNasyaon Symptoms (GROUP-A)

symptoms	BT	AT	RELIEF%	SD	SE	t – Value	p – Value
Loss of interest in activity	2.00	0.70	69	0.47	0.15	12.36	<0.001
Decreased energy	2.00	0.70	65	0.47	0.10	12.36	<0.001
Loss of self confidence	2.00	0.60	70.5	0.50	0.11	12.45	<0.001
Unreasonable guilt	1.90	0.7	63.1	0.52	0.11	10.25	<0.001
Suicidal thoughts	0.2	00	75	0.61	0.13	11.45	<0.001
Difficulty in concentration	2.0	0.60	70	0.50	0.11	12.45	<0.001
Change in psychomotor activity	1.8	0.70	65.1	0.55	0.12	8.90	<0.001
Sleep disturbance	2.0	0.70	65	0.47	0.10	12.36	<0.001
Variations in appetite	1.20	0.45	62	0.85	0.19	13.94	<0.001
HDR Scale	19.4	16.10	30.9	0.86	0.19	12.07	<0.001

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Table – 2: Effect of PuranaGhritaNasya on Symptoms (GROUP-B)

Symptoms	BT	AT	RELIEF %	SD	SE	t - Value	p – Value
Loss of interest in activity	2.00	0.65	67	0.58	0.13	10.38	<0.001
Decreased energy	2.00	0.90	68	0.30	0.06	15.98	<0.001
Loss of self confidence	2.00	0.75	73.5	0.44	0.09	12.58	<0.001
Unreasonable guilt	0.20	0.70	65	0.47	0.10	12.36	<0.001
Suicidal thoughts	0.3	0.05	79	0.63	0.14	14.75	<0.001
Difficulty in concentration	2.0	0.80	75	0.41	0.09	13.07	<0.001
Change in psychomotor activity	1.80	0.65	63	0.58	0.13	8.75	<0.001
Sleep disturbance	2.0	0.80	60	0.61	0.13	8.71	<0.001
Variations in appetite	1.20	0.45	62	0.85	0.19	13.94	<0.001
HDR Scale	19.15	15.94	33.19	1.2	0.24	13.49	<0.001

Table – 3: COMPARISON OF GROUP A AND GROUP B AFTER TREATMENT

symptoms	MEAN		MD	t- value	P - value
	GROUP A	GROUP B			
Loss of interest in activity	0.70	0.65	0.05	0.29	0.76
Decreased energy	0.70	0.90	-1.59	1.59	0.12
Loss of self confidence	0.60	0.75	-0.15	1.00	0.32
Unreasonable guilt	0.70	0.70	0.0	00	1.0
Suicidal thoughts	0.0	0.05	1.00	1.00	0.32

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Difficulty in concentration	0.60	0.80	1.37	1.37	0.17
Change in psychomotor activity	0.70	0.65	0.33	0.33	0.74
Sleep disturbance	0.70	0.80	-0.57	0.55	0.56
Variations in appetite	0.45	0.65	-0.15	1.150	0.25
HDR Scale	3.3	3.4	-15	0.44	0.65

DISCUSSION

Discussion on symptoms:

The pre and post treatment observations were recorded and the paired't' test was done to find out the statistical significance. Regarding the response of the treatment on symptoms in the patients of Group A, treated with SarshapaTaila Nasya Group A showed better effect on symptoms like Loss of interest in activity, Changes in psychomotor activity, Sleep disturbance. SarshapaTaila contains Omega-3 fatty acid deficiency leads to depression by hampering serotonin production. Serotonin is chemical neurotransmitter, which helps

to regulate positive mood, social behavior, appetite, sleep, memory etc⁶. Sarshapa has KaphaVataharaproperty, which are the predominant Doshas in Vishada⁷. In Group-B patients , treated with PuranaGhrita Nasya On comparing the 't' values, Group B showed better effect on symptoms like Decreased energy, Loss of self confidence, Unreasonable Guilt, Suicidal thoughts, Diminished thinking. PuranaGhrita is Vatahara nature and benefits of Ghrita Nasya help to bring down the features. Studies have proved that unsaturated fatty acids have the

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capability to cross the blood-brain barrier. So the drugs which are given in the form of Ghrita are lipids which rapidly get absorbed in the target areas of central nervous system. Moreover, studies have shown that DHA has positive outcome in cognitive behavioral decline⁸. Ghrita is known to possess antioxidant property which acts as Rasayana. The Srotoshodhaka action of the drug helps to act deeply on the mind destructing the Avarana of Tamas. It also acts in normalizing the chemical changes in brain by balancing the neurotransmitters. In the symptom,

Variation of appetite equal effect of both the Groups was noted. On comparative analysis between the groups statistically insignificant difference was noted. so There is significant effect of both SarshapaTailaNasya and PuranaGhritaNasya is seen in

Vishada. Hamilton's Depression Rating Scale shows In Group-A 30.9% were improved after treatment. In Group-B 33.19% were improved after treatment. Result showed that both the groups are effective but Group-B is more effective than Group-A. This is due to its cognition promoting, immunomodulatory, anti-oxidant, CNS calming and balancing the neurotransmitters properties are present in the PuranaGhrita.

Discussion on Nasya: The nose is the gateway of drug administration in case of Urdhwajatrugata Rogas and Nasya is the only procedure which directly influences all Indriyas. The drug administered through nose as Nasya reaches to the brain and eliminates all the morbid Doshas responsible for producing disease. . Vishada is a Manasika Vikara in which there is Tamo Avarana. And Shiras is considered as one of the Sthanas of

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Manas. According to references nose is the gateway to skull and Nasya is the best therapeutic procedure for removing morbid Doshas from the Uttamanga⁹.

Conclusion

Both SarshapaTailaNasyaand PuranaGhritaNasya are effective formulations giving good result in the management of Vishadadue to itsUshna, TikshnaGuna, Agnideepaka and Srotoshodaka properties. Nasya expels the Utklishtadoshaswith minimal therapeutic dose there by shows quick results. Both groups are showing highly significant results.

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