

THE ROLE OF YOGIC PROCESSES IN THE MANAGEMENT OF DEPRESSION

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INTRODUCTION

Desire is the essence of human development and with it has come it's lop side miseries. Ever since it's evolution, the human race has desired to reach higher and higher milestones of all round development. But, with the failure to achieve the desired results, frustrations occur which procreate various deformed behavioral attitudes of a person. Each human being is unique and has different ways to express ones emotions and sentiments. Some people tend to be over angry, over edgy, etc. and this destructive thought process of mind is medically termed as "**Anxiety**", while some other tend to develop negative thought process like lack of initiative, anhedonia (inability to experience pleasure), asociality (social withdrawal) etc. which is medically termed as "**Depression**".

Depression is commonly meant as "low spirit"¹. It can be either a cause for medically unexpected symptoms or a complication of medical condition. The symptoms are unshakable sadness, slowed thinking, indecisiveness, lack of initiative, lack of energy, delusions etc. Overall, the patient feels hopeless, helpless and worthless.

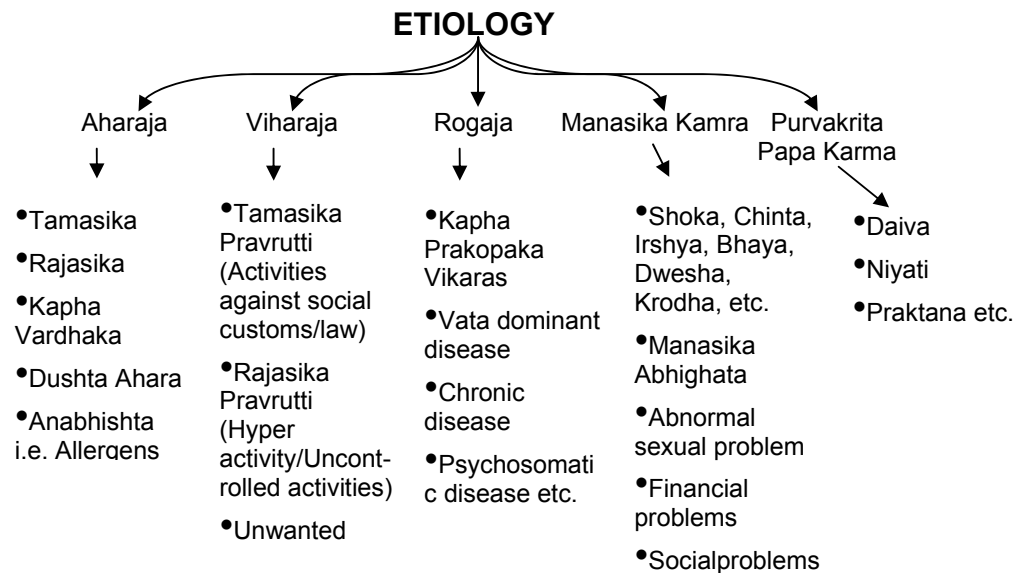
According to the dictionaries, the word "**Vishada**"² has been said to have a denotation of "Low spirit". Hence, owing to the commonness of the meaning, it may be correlated with the English term "Depression: In ancient Indian literatures too, the term "**Vishada**" has been used as a catastrophe, which may be correlated with depression. "Rugveda" – the first ever-authentic human literature denotes the use of a special invocation to God for getting rid of **Vishada**³ i.e. awareness about Vishada prevention was prevalent. According to the first chapter of "Shrimad Bhagvad Geeta"⁴ the condition of Arjun in the battle field,

viz. Sidanati Gatrani (loosening of muscles), Mukhashosha (dry mouth), Vepathu (tremors), Aruchi (anorexia), Prasveda (sweating), Twak Paridaha (burning sensation in the skin) etc. which commensurate with the symptoms of depression enlisted till date. Even in Ayurvedic texts like Charaka Samhita mention “Vishada” as one of the Nanatmaja Vata Vikara and it is further said that Vishada is the main factor that **increases the rage of all the diseases**⁴. Dalhana, while commenting on Sushruta⁵ has defined the word Vishada as “Chitta Dehayoh Glani” which indicates towards a **dejected/lowered state of mind and body**.

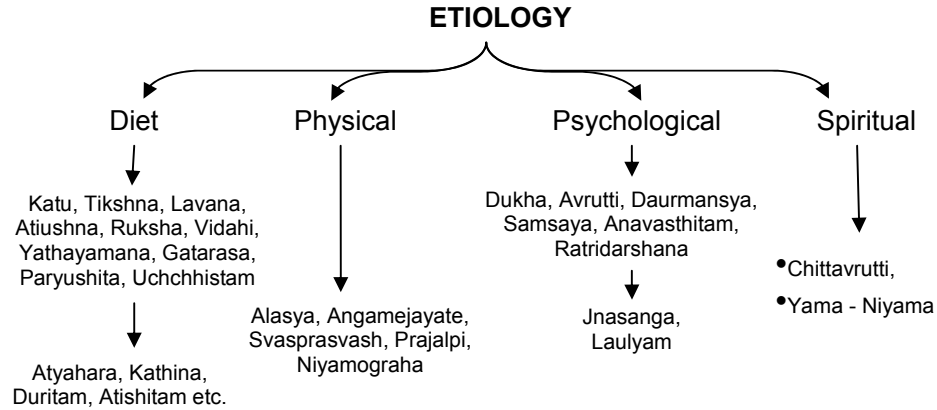
According to **W.H.O.**⁶ depression affects about 121 million people worldwide and is a leading cause of disability amongst the people of age group between 15 – 35 years. Even “Felic Lich Make”, ex-president of World Psychiatric Association, “Depression is a mood disorder, at least 40 – 50% patients treated of various somatic conditions have the problem of depression at the core of their illness”. According to American College of Physicians, depression is more common among females and sometimes runs in families. Depression is major cause of disability and suicide as said by “Davidson’s”⁷.

The picture of the disease or Nidana Panchaka as per the different views may be portrayed as below:

Etiology:



Yogic View



Bhagvad Gita. Pa. Yo. Su. – Gheranda Samhita; Hathapradipika

Symptomatology :

A comparison of symptomatology of Ayurvedic and modern science may be presented as under –

A) Psychic Symptoms :

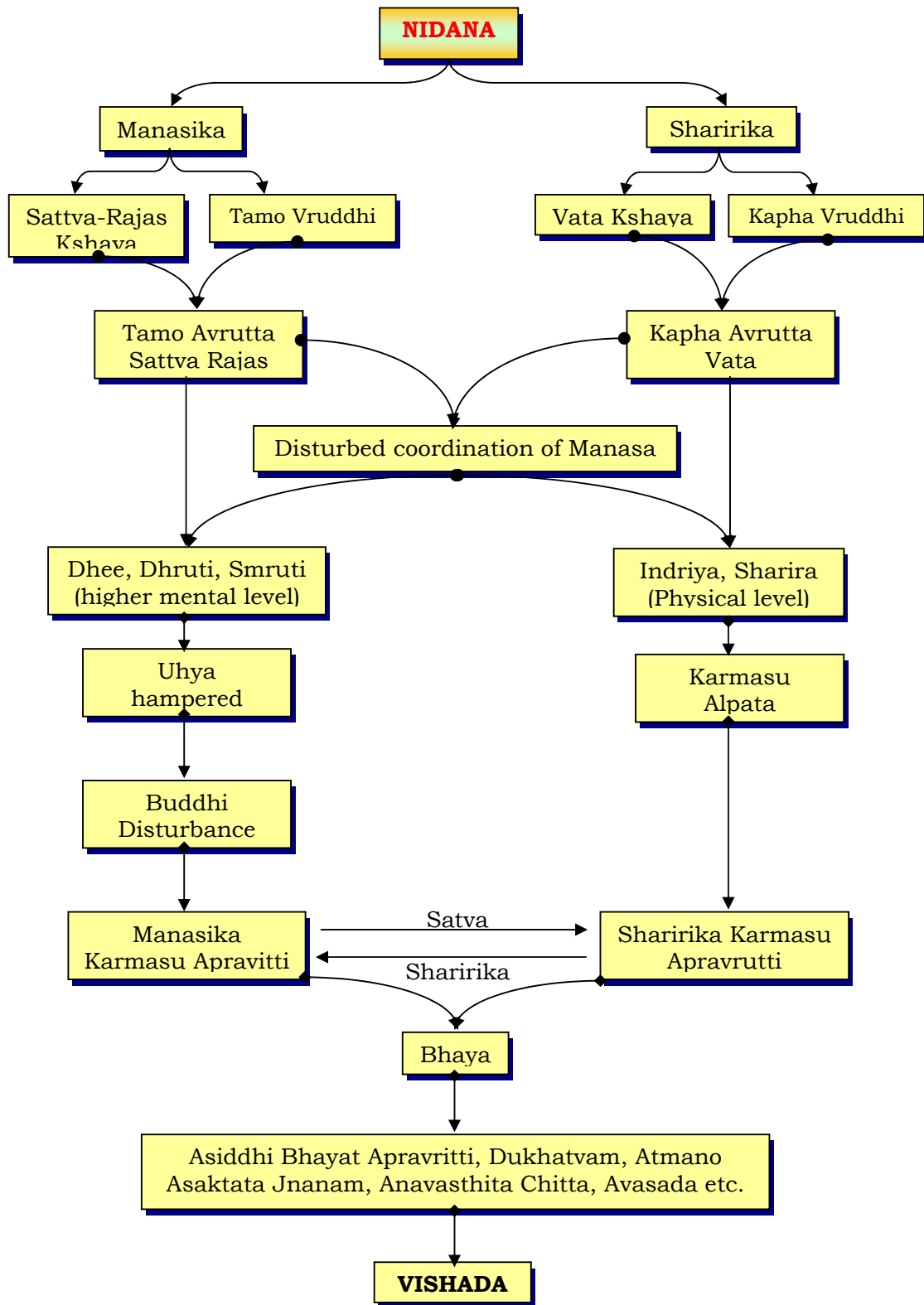
- Dukhatvam (Depressed mood, feeling of sadness)
- Avasada (Inability to respond)
- Anavasthita Chitta (Decreased concentration/wandering mind)
- Visamabhinivesha (Illusion/Hallucination)
- Atmano Asaktatajnanam (Diminished interest)
- Dainya (Tearfulness)
- Chittodvega (Anxiety)
- Nidra Vaishamya (Sleep disturbance)
- Feeling of inadequacy
- Thought of death/suicide

B) Somatic Symptoms: As per Shreemad Bhagvad Geeta 1/28–30. compared with modern science:

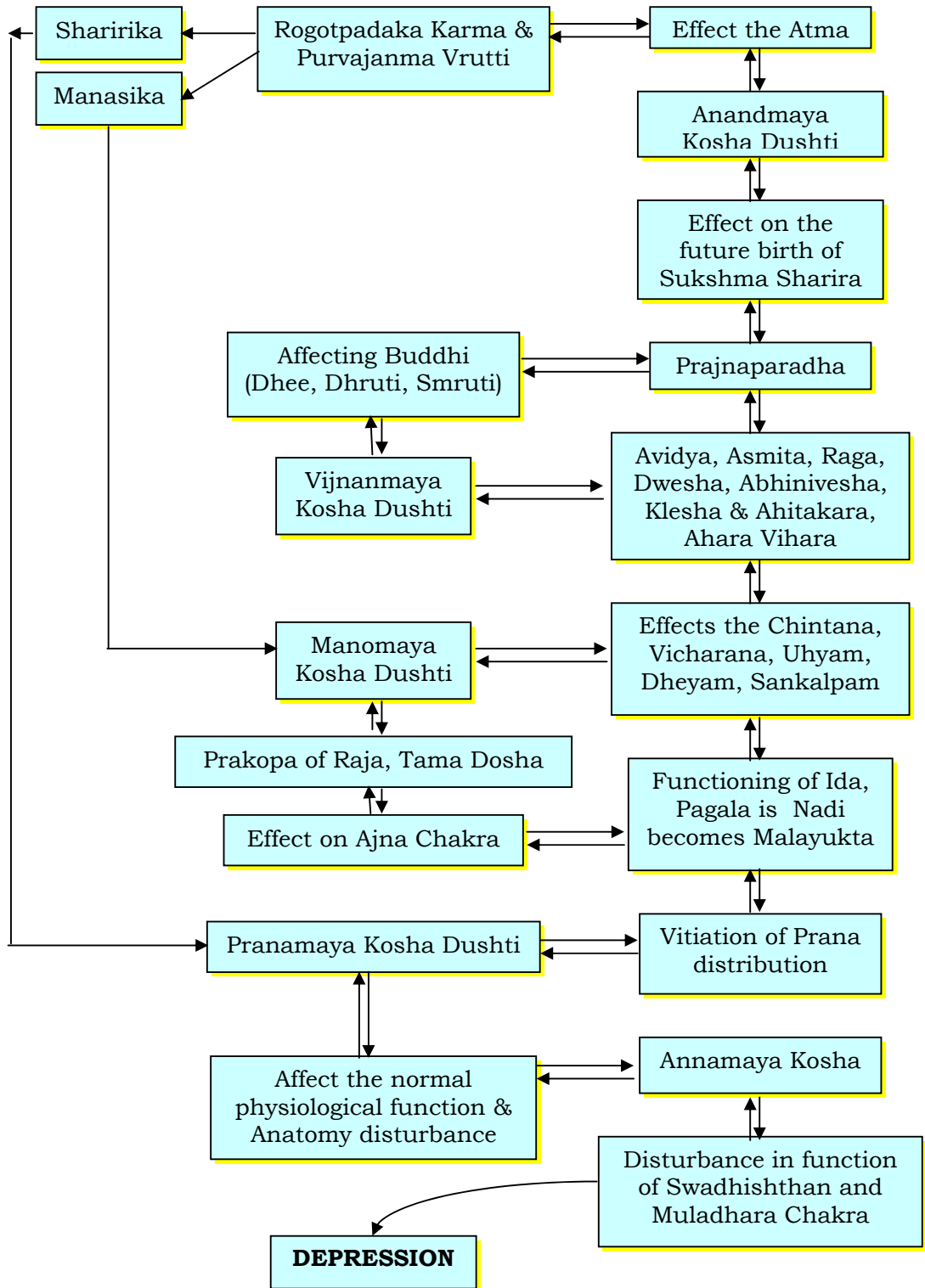
- Sidanati (loosening of muscles)
- Mukha Shosha (Dryness in mouth)
- Prasveda (Sweating)
- Brhamati Manas (Wandering mind)
- Tvak paridaha (Burning sensation of skin)
- Vepathu (Tremor)
- Sransanam (Inability to hold)
- Ashcharya (astonishment)
- Nakansha (Undesired)
- Shoka Samvigna Manasa (Feeling of dejection)
- Roma Harsha
- Aruchi (Anorexia)

Pathogenesis:

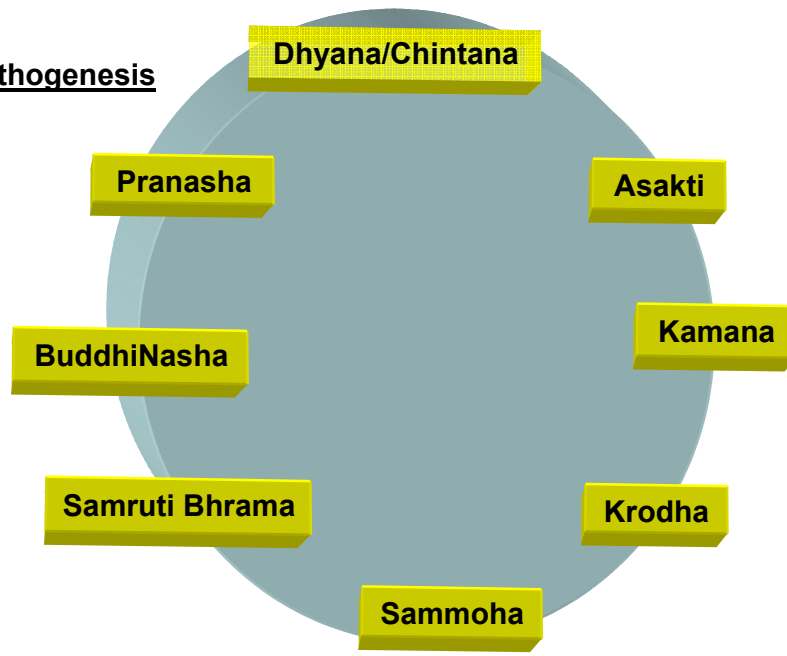
AYURVEDIC PATHOGENESIS



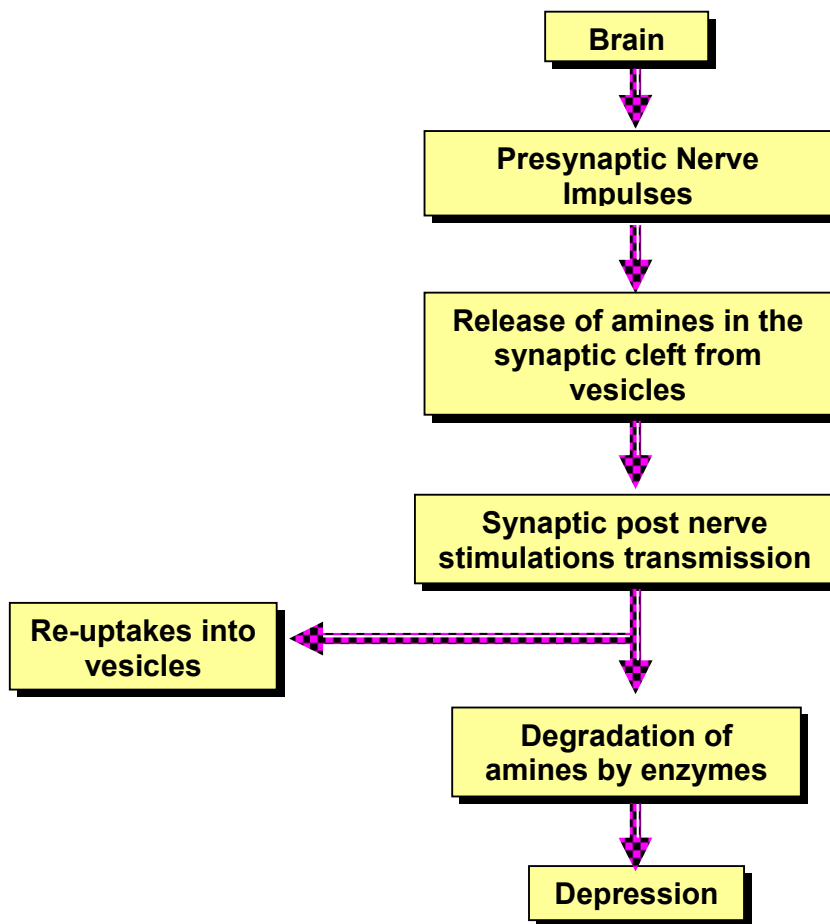
YOGIC PATHOGENESIS



Yogic Pathogenesis



Biology of Depression



Though, modern science has lot of conventional treatments for depression like antidepressant, corticosteroids, hypnotic drugs etc. they all are provisional and have their own limitation as well as side effects.

Through Yoga, one receives patience and contentment which strengthen and discipline the mind through which the intellect, intuitive judgment and efficiency of work improves as a whole. The sphere of the inner self gets magnified and a metaphysical transformation takes place at the core of the existence. It begins to deflect egocentric desire and comes to rest in crystal clear brilliance of the pure and peaceful self. The body starts radiating a sublime aura which annihilates all sickness, suffering, desired and diseases. One looks not only healthy but possesses timeless and boundless beauty and charm. Besides these, if a judicious utilization of the processes of Yoga is adopted, there are meager chances of any unwanted or hazardous out comings taking place.

Keeping all these views in mind the present work, titled as “An evaluation of effectively of certain Yogic process on depression” was undertaken at **Maharshi Patanjali Institute of Yoga and Naturopathy Education and Research (M.P.I.Y.N.E.R.) Gujarat Ayurved University, Jamnagar** with the following aims and objectives:

AIMS AND OBJECTIVES

- To study the psychopathology of depression with its pathogenesis and symptomatology according to Ayurvedic, Modern and Yogic view.
- To probe into the possibility to chart out certain Yogic processes easing problem depression.
- To reevaluate the efficacy of the age old selected Yogic processes as per the present day living condition.
- To evaluate the therapeutic efficacy of selected Yogic process on depression.

MATERIALS AND METHODS

The present study was based on two types of study materials –

- **Conceptual Study:** It was framed depending upon the references regarding depression compiled from the Ayurvedic, Yogic and Modern medical sciences. References, collected from different sources such as libraries, discussions, lectures, etc. were screened and utilized as per the requirement.
- **Clinical Study:** The clinical materials comprise of the record of the data and investigations carried out on patients suffering from depression allocated to different therapy groups.

CRITERIA FOR SELECTION OF THE PATIENTS

- The patients reporting at the OPD of M.P.I.Y.N.E.R. having the clinical features of depression and willing to be treated were selected for the present study without any bars of cast and creed, religion, financial status etc. The associated symptoms of depression were considered on their severity and conditions of the patients.
- Patients suffering from thrombosis, stroke, brain tumor, maniac or major depression and other severe abnormalities like cardiac disease, renal disorders, malignancy etc. were excluded from the study.

CRITERIA FOR ASSESSMENT OF THE RESULT

The results were assessed based on difference in the score of signs and symptoms before and after the total course of the therapy and overall improvement was taken into consideration while scoring.

GRADATIONS (Derpression – By Ashwini Bhardwaj; Know About Depression – Publishing Knowledge Inc. New Delhi)

❖ Depressive Mood

- 0 – No depressed mood.
- 1 – Feeling of sadness.
- 2 – Occasional weeping.
- 3 – Frequently low spirit.
- 4 – Extreme sadness.

❖ **Guilt**

- 0 – No guilt.
- 1 – Ideas of guilt.
- 2 – Feel as present illness is punishment.
- 3 – Delusion of guilt.
- 4 – Hallucination.

❖ **Lack of interest in work**

- 0 – Good interest in work,
- 1 – Feeling of incapacity and indecisiveness.
- 2 – Loss of interest in work.
- 3 – Depressed during work.
- 4 – Unable to work.

❖ **Anxiety**

- 0 – No anxiety.
- 1 – Tension for present major events.
- 2 – Tension for present minor events.
- 3 – Worrying for future events.
- 4 – False phobia/fare.

❖ **Insomnia**

- 0 – Regular
- 1 – Don't sleep as used to be.
- 2 – Wakeup one or two hour earlier than usual time.
- 3 – Wakeup several hours earlier than usual time.
- 4 – No sleep at all.

❖ **Low appetite**

- 0 – No change.
- 1 – Not as good as used to be.
- 2 – Eats without interest.
- 3 – Far worse than earlier.
- 4 – Complete loss of interest.

❖ **Low confidence**

- 0 – Full confidence.
- 1 – Doubtful after taking decision.
- 2 – Depends upon other's decision.
- 3 – Makes decisions occasionally.
- 4 – No decisive power.

❖ **Cry**

- 0 – Doesn't cry.
- 1 – Cries more than earlier.
- 2 – Cries when alone.
- 3 – Cries all the time.
- 4 – Wants to cry but cannot.

❖ **Low sexual interest**

- 0 – No recent change.
- 1 – Less interest in than earlier.
- 2 – Least involvement.
- 3 – Lost complete interest.

❖ **Social withdrawal**

- 0 – No change.
- 1 – Limited social circle.
- 2 – Feel uneasy in social activity.
- 3 – Hesitates to meet people.
- 4 – Completely avoid social gatherings.

PLAN OF STUDY

After diagnosing, the patients were randomly categorized into two groups as under:

Group A : 10 patients of this group were allocated to Yogic therapy as per the following plan (Plan A).

Group B : 07 patients of this group were subjected to Naturopathy treatments as per the following schedule (Plan B)

Yogic Group – (Plan A)

Counseling regarding **Yama Niyama** was given with the following counseling each week⁸.

	1 st week	Min	2 nd week	Min	3 rd week	Min
1	Shatkriya		Shatkriya		Shatkriya	
A	Jalaneti (2 times)	10	Jalaneti (daily)	10	Jalaneti (daily)	10
B	Antah Tratak	10	Antag Tratak	10	Antah Tratak	10
2	Relaxation	10	Relaxation	10	Relaxation	10
3	Prayer	05	Prayer	05	Prayer	05
4	Sukshma Vyayama	10	Sukshma Vyayama	10	Sukshma Vyayama	10
5	Surya Namashkar	10	Surya Namashkar	10	Surya Namashkar	10
6	Asanas		Asanas		Asanas	
A	Supine		Supine		Supine	
	Shavasana	05	Shavasana	05	Shavasana	05
	Setubandh	02	Matsyasana	02	Viparita Karani	02
B	Backward		Backward		Backward	
	Bhujangasana	02	Tiryaka Bhujangasana		Sarpasana Makarasana	
C	Sitting		Sitting		Sitting	
	Padmasana	02	Yoga Nidra		Gomukhasana	
	Parvatasana	03	Naukasana		Swastikasana	
D	Standing		Standing		Standing	
	Tadasana	02	Vrikshasana		Natarajasana	
7	Kapalabhati	05	Kapalabhati	05	Kapalabhati	05
8	Pranayam		Pranayam		Pranayam	
	Anuloma Viloma	02	Anuloma Viloma	02	Anuloma Viloma	02
	Bhramari	03	Bhramari	03	Bhramari	03
			Ujjayi	02	Ujjayi	02
9	Dharana Dhyana (Concentration on all the Chakras)	10	Dharana Dhyana (Concentration on all the Chakras)	10	Dharana Dhyana (Concentration on all the Chakras)	10
10	Aumkar	03	Aumkar	03	Aumkar	03
	Total		Total		Total	

Naturopathy (Plan B)

	1 st week	Min	2 nd week	Min	3 rd week	Min
1	Exercise (P.T.)	10	Exercise (P.T.)	10	Exercise (P.T.)	10
2	Deep breathing	05	Deep breathing	05	Deep breathing	05
3	Massage of head, spine & neck	10	Massage of head, spine & neck	10	Massage of head, spine & neck	10
4	Hot towel treatment	05	Hot towel treatment	05	Hot towel treatment	05
5	Mud pack (Lower abdomen)	10	Mud pack (Lower abdomen)	10	Mud pack (Lower abdomen)	10
6	Spinal pack	10	Spinal pack	10	Spinal pack	10
7	Acupressure	05	Acupressure	05	Acupressure	05
8	Relaxation	05	Relaxation	05	Relaxation	05
9	Prayer	03	Prayer	03	Prayer	03
	Total		Total		Total	

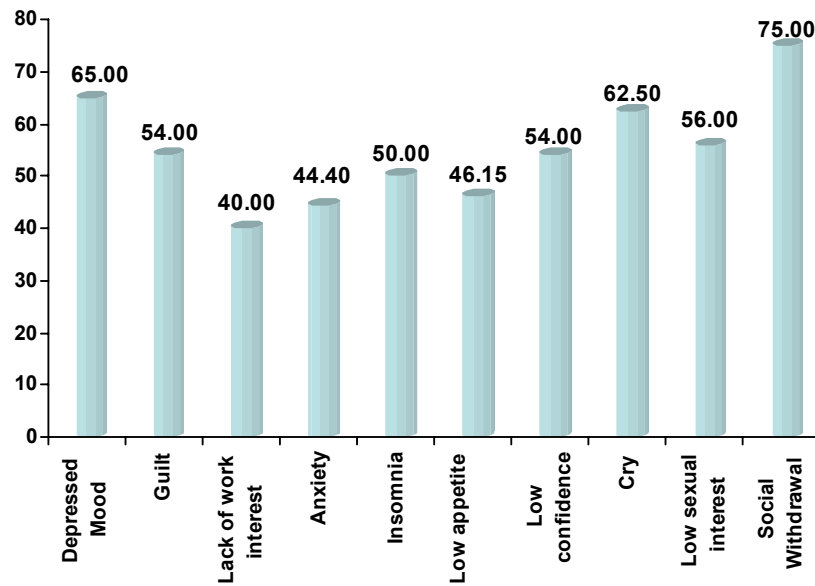
Life and diet style (Plan - C)

05:45 to 06:15 am	Wakeup, have two glasses of water, go for nature call.
06:15 to 06:30 am	Bath.
06:30 to 07:00 am	Walking/Jogging.
07:00 to 07:30 am	Refreshment and prayer.
07:30 to 08:00 am	Milk and cornflakes.
11:00 to 12:30 am	Lunch includes green vegetables, salads, wheat chapattis, rice and a glass of buttermilk.
04:00 to 04:30 am	Seasonal fruits/juice/soups
07:30 to 08:00 am	Dinner : all sprouts : wheat chapattis, boiled vegetables, Bhaji, Dal, Khichadi, Daliya etc.
09:00 pm	20 min walk
Up to 10:30 pm	Prayer and go to bed.

SUGGESTIONS

- Should practice with deep breath always, especially forceful expulsion on depression.
- Should write the problems on small paper which may be torn afterward.
- Avoids smoking, alcohols, excess of coffee, tea, working late at night.
- Try to develop your hobbies.

OBSERVATIONS



Symptom	%	P
Depressed mode	65.00	<0.01
Guilt	54.00	<0.01
Lack of work interest	40.40	<0.05
Anxiety	44.40	>0.05
Insomnia	50.00	<0.05
Low appetite	46.15	<0.05
Low confidence	54.50	>0.05
Cry	62.50	>0.05
Low sexual interest	56.50	<0.05
Social withdrawal	75.00	<0.05

DISCUSSION

The problem is more visible in the age group of 20 – 60 years i.e. with the marked dominance of the Pitta and Vata dosha. Disease prevalence is more in females as compared to males may be as the females are more emotional. Business class people are more prone because of their sedentary life style and tense conditions. Cases of depression are more seen in positive family history due to genetic factors (δ&Z Θψ φοικδ – – – – – AA). Middle class people were seen more affected by the disease as they face a lot of social and

economical stress. Chronicity wise distribution indicates that in time 0 – 10 years people are more in the favor of recurrence. Due to the dominance of geographical distribution of this particular sector, the maximum patients were found to be Hindu and vegetarians. Majority of the patients were addicted to tea due to lack of awareness and as a part of the social custom and tension, increasing the proportion of Vayu in the body. Patient with more intakes of Madhura, Lavana and Tikta along with Snigdha, Ushna and Guru Ahara were found to be more prone to the disease. Though Snigdha, Madhura, etc. Ahara are mentioned as Sattvika Ahara according to Bhagvad Geeta, but, when taken or mixed with Tamasika or Rajasika Ahara they also tend to become Rajasika or Tamasika respectively.

The **Yogic therapy** prescribed have shown statistically very highly significant effect especially in the symptoms as Depressed mood (**P<0.01**), Guilt (**P<0.01**) and statistically significant betterment in Insomnia ($P<0.05$), Social withdrawal (**P<0.05**), Low appetite ($P<0.05$), lack of interest in work (**P<0.05**). The results obtained may be attributed to this Yogic process as follows –

Shodhana Kriya: Jalaneti, involving salty lukewarm water which regulates Vayu and dissolves the stagnated/solidified Kapha, thus Rasa Rakta Dhatu increases due to the response of frontal region to lukewarm water which nourishes the upper region and stimulates the relative Marmas (vital parts); **Trataka** stimulates the Alochaka Pitta with the help of Prana Vayu and Vyana Vayu, which provides Niyojan to Manasa and expels the Mala (tears) from Chakshu. In **Kapalabhati**, the Prana and Apana Vayu are stimulated providing Bala, Urja, Varna and Samruti. **Sukshma Vyayama** includes the restricted relaxative movements, which generate the affect like Vata Anulomana. The **Asanas** performed help the stabilization of Vayu and different body postures affect different types of Pitta and Kapha accordingly. The Mamsa, Meda, Asthi Dhatu will get nourishment and restrict unwanted movements which, in turn, help in stabilizing the Manasa. **Pranayama** deals with Prana Vayu that increases the potency of other Vayu, the proper inhalation and exhalation improves Kapha and Pitta Dosha. Also develops Samatva in mind and body along with flaring the Agni properly.

In **Shodhana Kriya, Jalaneti** is done alternatively, to abolish Urdhvajatrugata Roga by purifying and balancing the Nadis and regulating the functions of Annamayakosha and Manomayakosha along with Ajana Chakra; **Trataka** affects the functions of Hastajihva Nadi, Manomaya Kosha and Vijnanamaya Kosha along with Ajnachakra, which provides steadiness to mind. **Kapalabhati** includes forceful breathing pattern, which regulates Nadis, which, in turn, affects Ajna Chakra. In **Sukshma Vyayama** and **Asana**, all the ten varieties of Vayu are controlled; the posture when performed involves complete body balance followed by Nadi balance that makes proper vibrations of Chakras, varying with different Asanas. In **Pranayama**, the flow of Prana is regulated, which purifies ten types of Vayu and balances the Nadis, conserving the Prana. This process required deep concentration also. Hence, mind becomes steady (πψσ οκρσ πψσ φπ^κε~-- -- -) and further enlightens the inner-vision ρρ% {κη;ρσ ιζδκεκκοφ.κε~ A (Pa. Yo. Su. 2/52).

In **Shodhana Kriya, Jalaneti** stimulates the olfactory nerves, which further stimulate the hypothalamus and limbic system. In **Trataka**, mental energy focused on one point, stops the wandering mind. **Kapalabhati** leads to increase blood flow to brain and also active exhalation and passive inhalation induces the flow of nerve impulses, thus stimulating and awakening higher brain centers. In **Sukshma Vyayama** and **Asanas**, the muscles are toned up along with nervous system that lead to body and mind coordination. In certain postures, the blood flow in lower extremities is restricted and as such, the flow is distributed to the other regions, providing more nutrition there. Pranayama involves control of breath that leads to control of lung and heart, which controls vagus nerves, hence stabilize wandering mind. **Deha Dhyana** process diminishes the Tamasika and Rajasika Guna and helps in steadiness of Prana along with continuous and uninterrupted awareness of the mind (ρρ ιζP;;Σσδρκκρ /;κυε~A) inducing PMR. Hence, the mind and body coordination increases.

Life style and **diet planning** balances the Dosha, Dhatu, Mala, prevents overproduction of Kapha as well as regulates Prana and Manasa. It provides regularity along with alteration in thoughts, thus induces social activities.

Limitations :

- Sample size small.
- Refers to the socio-cultural context of the study population.
- Generalization would require larger multicententric studies.

Conclusion and Recommendation:

This study on **DEPRESSION** in Indian population of specified geographical pocket treated by Indian System of medicine, shows encouraging results.

Therefore, if these drugless, easy, affordable, adaptable, natural and free of side effects alternative techniques may be fathomed further, it is strongly believed that a universally accepted format may be generated, for **Depression** in various geographical divisions of the globe.

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