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Case Study

PANCHAKARMA, A FORMIDABLE TOOL IN THE MANAGEMENT OF *KAPHAJA UNMADA* W.S.R CLINICAL DEPRESSION

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ABSTRACT
Status of mind is a mirror that reflects the status of health of an individual. In the recent years, the prevalence of mental disorders has greatly escalated, and clinical depression is one of the most common of them all. It is characterized by symptoms such as social isolation, lowered mood, lack of pleasure, feeling of worthlessness etc and it interferes with the normal functioning of an individual. Contemporary treatment protocols comprise mostly of psychotherapy in addition to anti-depressants. Psychotherapy plays an inevitable part of treatment, but anti-depressants come with the risk of side-effects and dependency. *Panchakarma* plays a key role in reinstatement of normal metabolism, and restores normal functions of the mind. Specifically, *Vamana* and *Virechana* in *Kapha-pitta pradhanya, Avapeedaka* or *Navana Nasya,* and *Shirodhara* have proven action in psychosomatic conditions. The following article focuses on exploration of treatment in two cases of *Kaphaja unmada* or clinical depression approached through two different protocols based on the *Avastha.*

INTRODUCTION
Status of good health is not just absence of diseases, but also the union of four-fold factors such as physical, mental, emotional and social well-being. This is also defined by the WHO. So, in order to maintain one's health, along with the proper functioning and maintenance of various anatomical and physiological entities of the body, it is also equally important to achieve psychological well-being.

Psychological derangements may reflect as a variety of psychological disorders starting from anxiety, depression, psychosis, schizophrenia, obsessive compulsive disorder and so on. Psychological impairment can inturn lead to somatic malfunctions such as insomnia, neurological deficits, varied higher mental functions, difficulty in mobility and movement, and many other psycho-somatic consequences.

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Psychological illnesses pose as a huge challenge to the society, with suicide being one of the major threats. Suicide due to psychological illnesses has an established relationship. Studies by WHO from 2019, show that, globally more than 700,000 people die by suicide every year and it is one among the ten leading causes of deaths in developing countries[1].

Of all the psychological disorders, clinical depression is one of the most common causes of suicide, drug abuse and deliberate self-harm. Depression or major depressive disorder is a mood disorder which involves depressed mood, and loss of interest or pleasure in daily activities for long periods of time. Symptoms include poor concentration, feeling of guilt, low self-worth, hopelessness about future, suicidal thoughts, disrupted sleep patterns, decreased or increased appetite, lack of energy[2]. Clinical depression can be diagnosed only when most symptoms are present on all or most days continuously, at least for two weeks[3].

The *Brihattrayee* of Ayurveda include psychosomatic disorders under the umbrella of two major chapters namely *Unmada* and *Apasmara.* The symptoms of clinical depression may be grossly corresponded with *Kaphaja unamada,* with most of the

symptoms such as *Sthaanam ekadeshe* (social withdrawal), *Tushni bhavaha* (decreased speech), *Alpa chankramana* (reduced movement), *Anannabhilasha* (reduced appetite), *Rahaskamata* (loneliness), *Swapna nityata* (increased sleep[4].

Contemporary medicine offers a combination of treatments for depression which include anti-depressants, mood elevators in addition to ketamine therapy and ECT, along with psychological counselling. These treatments may be of little or no help in a majority of cases. Moreover, the drugs used in these may be habit forming and may carry a placebo effect.

Ayurveda, on the other hand, recommends *Teekshna Shodhana* in *Unmada* in order to expel the morbid *Dosha* from the body[5]. *Unmada* happens to be one of the few diseases where all the *Panchavidha Shodhana* can be adopted. *Acharyas* also highlight the importance of *Sattvavajaya chikitsa* and advise the employment of *Jnana, Vijnana, Dhairya* and *Smriti* while tackling *Manasavikara[6].*

With a view of following such a comprehensive protocol, two patients who were diagnosed with clinical depression, were treated with *Vamana, Virechana, Nasya, Shirodhara* and *Sattavavajaya chikitsa* and significant improvements were noted.

MATERIALS AND METHODS

Case report

Case-1

A 45-year-old male patient, who is a farmer by occupation, presented with complaints of dullness of mind, lack of pleasure, low mood, reduced interest in daily activities, occasional memory derangements and altered sleep pattern since 25 years.

History of present illness

Patient was asymptomatic 25 years ago. During his childhood, he achieved growth milestones appropriately and was good at academic curriculum but preferred to play alone. During early years of adolescence, patient developed anxiety and a feeling of worthlessness, and inferiority complex, which induced constant fear in him. As a consequence of this, patient underperformed in his 12th standard examinations and failed them. Due to this, patient was subjected to verbal and physical abuse by his family members and after this his performance at academic curriculum stooped further, and patient discontinued education. Then he gradually developed lack of interest in daily activities, lowered mood, dullness of mood which was persistent. He consulted psychiatrist who diagnosed the patient with clinical depression prescribed anti-depressants. Patient consumed anti-depressants for a long time and underwent therapy but did not note any changes. In the meantime, patient also attempted suicide once by consuming sleeping pills, rat poison and pesticide all at once, 12 years ago. He was rescued by emergency management. After this patient also underwent ECT for 7 times and Ketamine therapy for 5 times. Even after all this, as patient had not attained any relief. Hence he approached our hospital for further management.

History of past illness

Patient is a known case of hypertension since 7 years, and Type 2 diabetes mellitus since 5 years, and on medication for both.

Treatment History

- Anti-depressant medications for 6 years
- ECT – 7 sittings
- Ketamine therapy – 5 sittings
- Frequent counselling sessions

Family History

Father developed symptoms of depression in the later years of life.

Sister was also a known case of depression and died by suicide.

Personal history

Patient was addicted to Alcohol and smoking at the age of 26 years, and withdrew 2 years later.

Marital history

Patient had disturbances during married life and married life included constant fights, verbal abuse and physical abuse over the patient's spouse.

There was also lack of support from family members.

Case-2

A male patient aged 39 years, who was a train maintainer by profession, complained of lowered mood, lack of concentration, lack of interest in daily activities, and reduced sleep since 15 years.

History of Present Illness

Patient was asymptomatic until the age of 36 years. He attained normal growth milestones and pursued his education successfully and attained good marks. Due to stress during preparations for examinations, one fine day, all of a sudden, patient started weeping inconsolably. After this, patient started experiencing lack of interest in day-to-day activities, reduction in concentration, reduction in sleep, lowered mood. Patient consulted various hospitals and was advised to undergo counselling sessions and was also prescribed with anti-depressants. But no improvement was noted in the patient. In the due course, patient was engaged with his work but always found himself disturbed. Even after many years of medication and counselling, as patient showed no improvement, he was also advised to undergo ECT. Hence patient underwent ECT 8 times and Ketamine therapy 3 times. As there was no relief

from any of these treatments, patient approached our hospital.

History of past illness

Nothing significant

Treatment History

- Anti-depressant medications for 6 years
- ECT – 8 sittings
- Ketamine therapy –3 sittings
- Frequent counselling sessions

Family History

All the family members are apparently healthy and there is no history of any psychological illness.

Personal history

No history of addiction or substance usage

Marital history

Uneventful

Rogi Pareeksha

Table 1: Showing examination findings in both the cases

Case-1	**Case-2**
General Examination	**General Examination**
• Built: Well built	• Built: Well built
• Height: 172cms • Weight: 81kgs • BMI: 27.4	• Height: 165cms • Weight: 76kgs • BMI: 27.9
• Pallor: Absent • Icterus: Absent • Cyanosis: Absent • Clubbing: Absent • Lymphadenopathy: Absent • Edema: absent	• Pallor: Absent • Icterus: Absent • Cyanosis: Absent • Clubbing: Absent • Lymphadenopathy: Absent • Edema: Absent
Ashta sthana pareeksha • *Nadi: Kapha pittaja* • *Mala: Prakruta* • *Mutra: Prakruta* *Jihwa: Alipta* • *Shabda: Prakruta* • *Sparsha: Prakruta* • *Drik: Vyakula* • *Akriti: Prakruta*	***Ashta Sthana Pareeksha*** • *Nadi: Vata pittaja* • *Mala: Prakruta* • *Mutra: Prakruta* *Jihwa: Alipta* • *Shabda: Prakruta* • *Sparsha: Prakruta* • *Drik: Prakruta* • *Akriti: Prakruta*
Dasha vidha pareeksha • *Prakriti: Vata pittaja* • *Vikriti: Kapha, Vata, Pitta, Rajas, Tamas, Rasa* • *Sara: Madhyama* • *Samhanana: Madhyama* • *Sattva: Avara* • *Satmya: Madhyama* • *Ahara shakti: Madhyama* • *Vyayama shakti: Avara* • *Pramana: Madhyama* • *Vaya: Madhyama*	***Dasha vidha pareeksha*** • *Prakriti: Vata kaphaja* • *Vikriti: Kapha, Vata, Pitta, Rajas, Tamas, Rasa* • *Sara: Madhyama* • *Samhanana: Madhyama* • *Sattva: Avara* • *Satmya: Madhyama* • *Ahara shakti: Madhyama* • *Vyayama shakti: Madhyama* • *Pramana: Madhyama* • *Vaya: Madhyama*

Systemic Examination	Systemic Examination
• **Respiratory System:** No abnormalities detected • **Cardiovascular System:** No abnormalities detected • **Central Nervous System:** No abnormalities detected • **Musculoskeletal System:** No abnormalities detected • **Gastrointestinal System:** No abnormalities detected	• **Respiratory System:** No abnormalities detected • **Cardiovascular System:** No abnormalities detected • **Central Nervous System:** No abnormalities detected • **Musculoskeletal System:** No abnormalities detected • **Gastrointestinal System:** No abnormalities detected

Table 2: Showing Mental status Examination in both the cases

Case-1	Case-2
➢ **Appearance** o Age: Look appropriate to age o Grooming – appropriately groomed o No signs of self-inflicted injuries or trauma ➢ **Behavior** o appropriate to the situation ➢ **Motor activity** o Slight bradykinesia present o No signs of psychomotor immobility/ stupor o Movement anomalies like tremors, rigidity, teeth grinding, lip-smacking etc absent ➢ **Speech** o Verbalization: Normal o Fluency: Fluent in mother-tongue o Rate: reduced slightly o Volume: reduced slightly o Word output: normal o Response: slightly delayed ➢ **Mood:** Depressed ➢ **Affect:** Sad, congruent ➢ **Thought process:** perseverations ➢ **Though content:** suicidal intent present. (History of suicide attempt once.) wants to inflict harm to others ➢ **Perception:** Delusions and hallucinations are absent ➢ **Cognition** o Level of consciousness: Alert o Orientation: Oriented to time, place and person o Concentration: Short spanned. Cannot follow the conversation after a short time o Memory: Delayed recall o Abstract reasoning: Normal ➢ **Insight:** Good ➢ **Judgement:** Decision making - Confused	➢ **Appearance** o Age: Look appropriate to age o Grooming – appropriately groomed o No signs of self-inflicted injuries or trauma ➢ **Behavior** o appropriate to the situation ➢ **Motor activity** o No signs of psychomotor immobility/ stupor o Movement anomalies like tremors, rigidity, teeth grinding, lip-smacking etc absent ➢ **Speech** o Verbalization: Normal o Fluency: Fluent in mother-tongue o Rate: normal o Volume: Normal o Word output: Normal o Response: Normal ➢ **Mood:** Depressed ➢ **Affect:** Sad, congruent ➢ **Thought process:** Perseverations ➢ **Though content:** Suicidal intent present. (No history of suicide attempt) o Always thinking about his illness ➢ **Perception:** Delusions and hallucinations are absent ➢ **Cognition** o Level of consciousness: Alert o Orientation: Oriented to time, place and person o Concentration: Short spanned. Cannot follow the conversation after a short time o Memory: Not affected o Abstract reasoning: Normal ➢ **Insight:** Good ➢ **Judgement:** Decision making - Unaffected

Table 3: Showing treatment protocol in Case-1

Case-1		
Days	**Treatment**	**Observations**
Day 1- Day 4	1. *Deepana – Pachana* with *Chitrakadi Vati*, 1 tablet TID B/F 2. *Shirodhara* with *Jatamansi Ksheerapaka*	• Gradual increase in appetite • *Nirama koshta lakshana*
Day 5 – Day 9	3. *Shodhananga Snehapana* with *Kalyanaka Ghrita* in *Arohana Krama*	*Samyak snigdha Lakshana* were noted on the 9th day Suitable diet and regimen were followed during this time.
Day 10	4. *Sarvanga Abhyanga* with *Ksheerabala Taila* followed by *Bashpa sweda* 5. *Kaphotklishtakara Ahara sevana*	
Day 11	6. *Vamana karma* Medicine – *Madanaphala pippali* churna (6g) *+Vacha* (1g) *+ Yashtimadhu* (2g) *+ Saindhava* (1g) + Honey (Q.S)	*Pittanta Vamana* *Pravara Shuddhi attained with 8 Vegas* and *4 Upavegas*
Day 11- Day 16	7. *Peyadi Samsarjana Krama*	• Appetite and Sleep improved • Reduction in fatigue
Day 17- Day 23	8. *Avapeedaka Nasya* with *Vacha Swarasa* (3 ml in each nostril)	• Dullness of mind reduced significantly • Concentration improved
Day 1 – Day 23	9. Counselling sessions 10. Meditation and *Pranayama*	

Table 4: Showing treatment protocol in Case-2

Case-2		
Days	**Treatment**	**Observation**
Day 1- Day 4	1. *Deepana – Pachana* with *Chitrakadi Vati*, 1 tablet TID B/F 2. *Shirodhara* with *Jatamansi Ksheerapaka*	• Gradual increase in appetite • *Nirama koshta lakshana* • Mild relaxation of mind
Day 5- Day 10	3. *Shodhananga Snehapana* with *Kalyanaka Ghrita* in *Arohana Krama*	• *Samyak Snigdha Lakshanas* attained on 10th day • Suitable diet and regimen were followed during this time.
Day 11- Day 13	4. *Sarvanga Abhyanga* with *Ksheerabala Taila*	
Day 14	5. *Virechana* with *Trivrut Lehya* 70 g	• *Pravara Shuddhi* attained with 23 *Vegas* • Lightness of body, calmness of mind, feeling of refreshment noted after *Virechana*
Day 14 – Day 19	6. *Peyadi Sasmsarjana Krama*	
Day 20- Day 26	7. *Nasya* with *Kalyanaka Ghrita* (4ml in each nostril)	• Significant improvement in sleep • Improved concentration • Invoked interest towards day-to-day activities
Day 1 – Day 26	8. Counselling sessions 9. Meditation and Pranayama	

Assessment

Both the patients were assessed before starting the treatment, after *Shodhana* and after *Nasya karma* using the PHQ-9 questionnaire. The PHQ-9 is a self-administered diagnostic instrument for common mental disorders and is proven to be a reliable and valid measure of depression severity[7]. The assessment and outcome are as follows:

Table 5: Showing the PHQ-9 assessment in Case-1

S.no.	Symptoms	Before treatment	After *Vamana*	After *Avapeedaka Nasya*
1.	Little interest or pleasure in doing things	3	2	2
2.	Feeling down, depressed, hopeless	3	3	3
3.	Trouble falling asleep, staying asleep, or sleeping too much	3	2	1
4.	Feeling tired or having low energy	3	1	1
5.	Poor appetite or over eating	1	0	0
6.	Feeling of failure or letting others down	3	2	1
7.	Trouble concentration such as while reading newspaper or watching television	3	2	1
8.	Moving or speaking slowly	3	2	1
9.	Thoughts of wishing to be dead or hurting self	3	1	1
10.	If you checked off any problems, how difficult have those problems made it for you to do your work, take care of things, or get along with others?	Extremely difficult	Very difficult	Somewhat difficult
	Total score	25	15	12

Table 6: Showing the PHQ 9 assessment in Case-2

S.no.	Symptoms	Before treatment	After *Virechana*	After *Navana Nasya*
1.	Little interest or pleasure in doing things	3	1	1
2.	Feeling down, depressed, hopeless	3	1	1
3.	Trouble falling asleep, staying asleep, or sleeping too much	3	2	0
4.	Feeling tired or having low energy	3	1	0
5.	Poor appetite or over eating	1	0	0
6.	Feeling of failure or letting others down	3	1	0
7.	Trouble concentration such as while reading newspaper or watching television	3	2	1
8.	Moving or speaking slowly	3	1	1
9.	Thoughts of wishing to be dead or hurting self	1	0	0
10.	If you checked off any problems,			

	how difficult have those problems made it for you to do your work, take care of things, or get along with others?	Extremely difficult	Very difficult	Somewhat difficult
	Total score	23	9	4

OBSERVATION AND RESULTS

In both the cases, PHQ-9 scoring was assessed before starting the treatment, after *Shodhana,* and after *Nasya* over a span of 23-25 days.

In both the cases, during *Deepana-pachana,* there were not many changes observed with respect to the symptomatology but there was a gradual increase in appetite noted along with the presence of other *Jeernahara Lakshana,* making both the patients fit for *Shodhananga Snehapana.*

During *Shodhananga snehapana* with *Kalyanaka ghruta,* both patients experienced a mild increase in dullness and drowsiness which can be attributed to the *Guru, Snigdha guna* of the *Sneha.*

The patient from Case-1 was fit for *Vamana* and hence the same was carried out. After *Vamana,* appreciable changes in appetite, sleep pattern and increase in energy were noted in the patient, whereas the other factors like lack of pleasure in day-to-day activities, dullness of mind, trouble in concentration did not show major changes.

After *Vamana,* suitable gap was given where *Samsarjana krama* and *Pariharya* were duly followed. After this *Avapeedaka Nasya* with *Vacha swarasa* was carried out for seven days, during which patient noticed significant improvement in the aforesaid symptoms.

The patient from Case-2 was *Durvamya.* Hence *Virechana* was opted in this case. Patient was able to appreciate significant improvement in majority of the symptoms like reduced appetite, disturbed sleep pattern, lack of energy, reduced concentration, cluttered thoughts and dullness of mind immediately after suitable diet and regimen were followed during this time *Virechana.*

Here also, a gap of suitable number of days was allowed were patient followed *Samsarjana Krama* and *Varjya.* After this, Patient underwent *Nasya karma* with *Kalyanaka ghruta* for seven days during which further improvement in all the symptoms were noticed.

The overall improvement in Case-1 after *Vamana* was 25% and 40% after *Nasya,* while in Case-2, after *Virechana,* the overall improvement was 50% and 70% after *Nasya.*

DISCUSSION

Understanding the *Samprapti* of *Kaphaja unmada*

Intellectual entities of the *Manas* such as *Buddhi, Medha, Indriya karma e*tc are attributed to the functions of *Prana Vata* and *Sadhaka pitta,* whereas certain other functions such as *Vak pavrutti, Prayatna, Urja, Smriti* are the functions of *Udana vata*[8]*.* In both the cases discussed above, there is a *Kshaya* in the functions of *Prana Vata, Udana Vata* and *Sadhaka pitta* which are represented in terms of reduced concentration, memory disturbances, confusions, poor decision making, speech disturbances like poor word output, lack of interest in daily life, lack of energy.

Along with these, there is *Vriddhi* of *Kapha dosha* which reflect in the form of symptoms such as *Agni maandya, Anga gourava, Tandra, Anga marda.* Hence *Kapha* dosha can be considered as *Avaraka* and *Vata* as *Avarya* with involvement of *Pitta* to a minor extent. Also, derangement of *Manasika dosha* such as *Kshaya in Sattva bhava* and *Vriddhi* in *Tamo bhava* can be seen in both the cases.

Studies show that there is a definitive relation between depression and metabolic disorders and pathogenesis of depression is highly related to chronic inflammation[9]. Metabolic disorders are any conditions that hamper the basal metabolic functions of the body. The concept of metabolism and inflammation may be corresponded to *Agni Vaishamya* and *Ama Utpatti*.

While summarising the *Unmaada chikitsa krama, Acharya Charaka* mentions *Indriya prasada, Indriyartha prasada, Buddhi, Atma* and *Mana prasada* along with *Prakrutavastha* of all the *Dhatu* as *Unmaada nivrutta lakshana*[10], and attainment of these factors is the most desired outcome of treatment in both the cases.

Hence the main aim of the treatment is to tackle *Agni vaishamya* and *Ama* and *Shodhana* has the upper hand for this purpose. Moreover, *Indriyaprasada*, *Mana prasada* and *Buddhi prasada* are some of the benefits which are attained inevitably through properly administered *Shodhana*[11]. Hence the treatment was designed such that there is regulation of metabolism through correction of *Agni* and *Ama nirharana* through *Shodhana,* followed by *Mana prasadana* through counselling sessions.

Going by the common line of treatment for *Anyavarana,* the *Avaraka dosha* should be tackled first followed by the *Avarya*. Considering the *Kapha pradhanya*, *Vamana* was opted in Case-1. As the patient in Case-2 was *Durvamya* which is a contraindication

for *Vamana, Virechana* was administered as it is the next best treatment for *Kapha nirharana* after *Vamana.*

Role of *Vamana* and *Virechana*

All the steps of *Shodhana karma,* right from *Pachana – Deepana* to *Samsarjana* are targeted at metabolism at both micro and macro levels. *Koshta* serves as a site of metabolism. The drugs that are used for *Pachana- Deepana* act as catalyst or enzyme enhancing products and complete the metabolism, yielding a final nutrient part which is taken up by the body for various activities and final waste part[12].

Through *Shodhananga Snehapana,* there is *Utklesha* of *Kupita dosha.* This may be regarded to saturation of lipids in the body, leading to concentration of lipid soluble metabolic waste in the extracellular environment. This further move from the area of higher concentration to lower concentration which may be understood through *Twak snigdhata* which is a *Samyak snigdha Lakshana.*

Through *Bahya snehana* and *Bahya swedana, Utklishta dosha* move from *Shakha* to *Koshta*, causing further concentration of metabolic end products at the gut level and making them ready for expulsion through the nearest route. Further, through *Vamana* and *Virechana*, these wastes are expelled out, thereby bringing equilibrium in the status of metabolism.

Acharya Charaka directly mentions the benefits of *Vamanadi karma* in *Unnmada* as *Hridaya, Indriya, Koshta, Shirah Samshuddhi* and *Buddhi-smriti vindana*[13] thereby giving a clear-cut idea on need of *Shodhana.*

Moreover, *Murdha Shuddhi, Indriya shuddhi, Sroto vishuddhi, Laghutva, Urja, Agni deepana* are all the symptoms of *Samyak yoga* of *Vamana* and *Virechana*[14]. They are the exact opposite *Lakshana* of the *Vyadhi.* Thus, making them the most appropriate treatments in these cases.

Kaphaja unmada Chikitsa recommends *Teekshna shodhana.* Here both the patients underwent *Pravara Shuddhi* and thus the changes in certain symptoms in both the cases post *Shodhana* may be corresponded to *Samyak lakshana* of *Shodhana.*

Role of *Nasya*

Unmada Chikitsa is one of its kind because here all the *Panchakarma* procedures are indicated and each of them have their own importance. *Nasya* is one of the most emphasized procedures in the context of *Unmada chikitsa* of *Charaka Samhita. Acharya* mentions *Nasya prayoga* in patients having *Achara Vibhramsha* after *Shodhana[15].*

Nasa is the *Shirodwara* and it helps the *Nasya Dravya* spread through this route and combat the diseases of the *Shiras.* Here, even though *Manas* is the main entity that is affected, *Nasya karma* holds good considering the *Sthana* of *Manas* which is *Shiras-talwantara[16].*

Based on the *Dravya* used for *Nasya,* it can bring about a wide range of actions such as *Shodhana, shamana, Brimhana, sthambana etc.* In Case-1, even after *Pravara Shuddhi* through *Vamana*, there were some *Lakshana* which were suggestive of *Parishishta Kaphavarana* like dullness of mind, lack of interest, lack of pleasure. This suggests that *Vamana* brought about *Koshta Shuddhi* but *Indriyadi Shuddhi* were not attained. From this it can be understood that the severity of disease or the extent of *Dosha vaishamya* was more in Case-1 than Case-2. Hence *Avapeedaka* type of *Nasya* was adopted here.

Use of *Vacha* for *Nasya* has been advocated in *Vata-kaphaja Unmada chikitsa* of *Charaka Samhita*[17]. *Sukshma churna* of *Vacha* was soaked in hot water for 20 mins, after which it was filtered and 6 drops (3ml) were instilled into both nostrils after following the appropriate *Poorva karma* of *Nasya.* This procedure was carried out for 7 days after which patient has drastic relief in all the above-mentioned symptoms.

Vacha has *Katu-tikta rasa, Ruksha-ushna, Teekshna guna, Ushna veerya* and *Katu vipaka.* It is *Deepana, Ama pachaka, Vaamaka* and also *Medhya, Vak-swara prasadaka* and directly indicated in *Unmada.* Due to its *Teekshna guna* it is associated with *Anu pravana bhava* which allows it to penetrate through the minute *Srotas* and cause *Sroto-vishodhana.*

In case-2, after *Virechana,* all the *Samyak lakshana* of *Virechana* were noted and the patient had experienced relief in most of the symptoms to a major extent. Hence, here *Nasya* with *Kalyanaka ghruta* was opted in order to bring about *Brimhana* and *Rasayana.*

Kalyanaka ghruta is one of the most important formulations mentioned in the context of *Unmada Chikitsa.* It is widely used in practice due to its various marvelous properties like *Alakshmighna, Papahara, Rakshoghna, Ayuprada, Balaprada*[18]*.* As it is the drug of choice in *Manasika vikara,* it was selected for *Nasya.*

Kalyanaka ghruta has proven Nootropic activity[19]. Nootropics are diverse drugs whose action improves human thinking, learning, memory and a certain group of these can improve the brain metabolism[20]. Therefore, it was considered as the best choice for *Shodhananga snehana* in both cases and for *Navana nasya* in case-2.

Thus, the approach towards Case-1 through *Vamana* and *Vacha swarasa avapeedaka Nasya,* and through *Virechana* and *Navana nasya* with *Kalyanaka ghruta* in Case-2, and psychotherapy in both the cases, a systematic and comprehensive management of

Clinical depression with respect to *Kaphaja unmada* was executed and found beneficial

There was difference in the outcome in both patients. There was better response and improvement in Case-2 than in Case-1. The reason for poor prognosis and poor outcome in Case-1 can be attributed to certain factors like presence of family history of depression, lack of support from family members, socio-economic background, history of addiction to alcohol and smoking and past attempt of suicide which were not seen in the Case-2. These factors point at the fact that the extent of involvement of *Manas* is much deeper.

CONCLUSION

Clinical depression is increasingly being recognized as a widespread global concern, marked by a significant surge in cases worldwide. The predominant and severe consequence often associated with this condition is loss of life. Consequently, there is a critical requirement for treatments that prioritize the overall well-being and holistic health of individuals rather than providing temporary relief from symptoms using antidepressants. Ayurveda fills this void efficiently by offering a comprehensive approach through integration of *Panchakarma* and psychotherapy. Thus *Panchakarma* serves as a major breakthrough in the field of mental health. With the help of *Shodhana* and *Sattvavajaya chikitsa, Shareerika* and *Manasika dosha* can be brought to equilibrium and quality of life of the patient can be improved effectively.

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