CORRELATION OF MAJOR DEPRESSIVE DISORDER AND KAPHAJA UNMADA

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ABSTRACT

Major depressive disorder is one of the most prominent health issues affecting psychic and physical body. Depression is a significant contributor to the global burden of disease and affects people in all communities across the world. Today, depression is estimated to affect more than 350 million of global population. According to the World health organization, this is the fourth most disabling medical condition worldwide and is expected to be ranked second by 2020.The present study has been focused to identify the psychiatric disorder mentioned in Ayurveda which is similar to Major depressive disorder and to find out the correlation of both psychiatric disorders. To review the authenticity of above claim, Ayurvedic authentic texts as well as modern texts have been reviewed. These documentary evidences manifested the following results. Major depressive disorder indicates its clinical features as depressed mood, anhedonia, fatigue, hypersomnia, psychomotor retardation, concentration difficulty, indecisiveness etc. Ayurveda psychiatry has mentioned a psychopathological condition characterized by alpashashchankramanam, tushnibhava, anannabhilasha, svapnanityata, alphakathanam, rahaskamata, bhibhatsatva, sadana, etc. It gave a number of limitations when trying to compare Modern and Ayurveda psychiatric disorders because they are entirely different in diagnostic criteria, psychopathology and basic theories especially biochemical theory in modern psychiatry and tridosaja theory in Ayurveda. Therefore, it is not possible to find any disease described in Ayurveda which is entirely similar to a disease described in Modern medicine. However, Kaphaja unmada and Major depressive disorder are appeared to be having more similarities and fewer differences in symptomatology. Therefore, considering the clinical features of both disorders, it could be concluded that there is a strong correlation between Major depressive disorder and Kaphaja Unmada .

Keywords: Kaphaja unmada, Major depressive disorder, Ayurveda psychiatry, Tridosaja theory, Symptomatology, Swapnanityata.

INTRODUCTION

A mental illness is an abnormality of mental and behavioral functions of a person that causes a significant burden of morbidity and disability in day to day activities, and which is not developmentally or socially normative. Life time prevalence rate for any kind of Mental illness is increasing in recent cohorts and affects nearly half the population[1]. Among those mental disorders, Major depressive disorder is one of the most prominent health issues affecting mood as well as mental and physical conditions. It is commonly called as clinical depression. This psychopathological condition has been classified under the unipolar mood disorders[2]. Depression is a significant contributor to the global burden of disease and affects people in all communities across the world[3]. Today, depression is estimated to affect more than 350 million people of global population[4]. This is the fourth most disabling medical condition worldwide and is expected to be ranked

second by 2020[5,6]. Major depressive disorder is typically recurrent, often chronic and disabling, with a lifetime prevalence rate of 15%[7]. While depression is the leading cause of disability for both males and females, the burden of depression is 50% higher for females than males[8]. Among global patients with depression, almost one million of them are committed suicide, which translates to 3000 suicide deaths every day. For every person who completes a suicide, 20 or more of them may attempt to contemplate suicide[9]. In Sri lanka, lifetime prevalence of depression is 6.6%[10]. In contrast, a study conducted among Sri Lankan school-going adolescents reported that a depressive symptom to be present among 57.7% and it is a relatively high figure[11]. Genetic analysis data on Sri Lanka also suggest that depression shows low heritability in men but high heritability in women[12]. Clinical experience suggests that depression is common in Sri Lanka. Ayurveda psychiatry has been a fairly well developed medical field since antiquity. Because the Major depressive disorder is

a common psychopathological condition, a similar disorder to major depressive disorder should have been mentioned in Ayurvedic classics. Therefore an attempt was made to find out the disease mentioned in Ayurveda which is similar to major depressive disorder. Ayurveda psychiatry has mentioned a psychopathological condition apparently similar to major depressive disorder called Kaphaja Unmada. All Acharyas have mentioned clinical features of kaphaja unmada. Some of them have elaborated a complete picture on it describing nirukti, nidana, samprapti, poorvarupa, rupa and chikitsa. They have used various terms to describe the same clinical feature.

Therefore, the study has been focused to collect data on clinical features of Major depressive disorder and Kaphaja unmada according to Diagnostic and statistical manual of mental disorders (DSM-IV-TR) and various Ayurvedic classics respectively and to correlate both disorders considering their clinical features.

MATERIALS AND METHODS

The available Ayurvedic texts and other literature materials have been used in this study. Charaka Samhita, Susruta Samhita, Astanga Hradaya, Astanga Samgraha, Madava Nidhana, Bhela Samhita, Bawaprakasha, DSM-IV-TR, and Core Psychiatry are the literature materials that have been used to achieve the objectives of this study.

RESULTS AND OBSERVATIONS

Diagnostic Criteria of Major depressive disorder according to DSM-IV TR[13]

A. Five or more of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either depressed mood or loss of interest or pleasure.
   1. Depressed mood most of the day, nearly every day, as indicated by either subjective report or observation made by others
   2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day.
   3. Significant weight loss when not dieting or weight gain or decrease or increase in appetite nearly every day.
   4. Insomnia or Hypersomnia nearly every day
   5. Psychomotor agitation or retardation nearly every day .
   6. Fatigue or loss of energy nearly every day
   7. feelings of worthlessness or excessive or inappropriate guilt nearly every day
   8. Diminished ability to think or concentrate, or indecisiveness, nearly every day
   9. Recurrent thoughts of death , recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide
B. The symptoms do not meet criteria for a mixed episode.
C. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

D. The symptoms are not due to the direct physiological effects of a substance or a general medical condition.
E. The symptoms are not better accounted for by Bereavement, i.e., after the loss of a loved one, the symptoms persist for longer than two months or are characterized by marked functional impairment, morbid preoccupation with worthlessness, suicidal ideation, psychotic symptoms, or psychomotor retardation.

Clinical features of Major depressive disorder
So clinical features of this disorder can be considered as depressed mood, markedly diminished interest or pleasure, significant weight loss when not dieting or weight gain, decrease or increase in appetite, Insomnia or hypersomnia, psychomotor agitation or retardation, fatigue or loss of energy, feelings of worthlessness or excessive or inappropriate guilt, diminished ability to think or concentrate, indecisiveness, recurrent thoughts of death, recurrent suicidal ideation without a specific plan, suicidal attempt or a specific plan for committing suicide, marked functional impairment, morbid preoccupation with worthlessness, suicidal ideations and psychotic symptoms.

Clinical features of Kaphaja unmada according to Ayurveda
In Ayurveda, most of the authentic texts have mentioned the clinical features of Kaphaja unmada mostly similar but in slightly different manner. Majority of them have used different terms to describe the same clinical feature. Therefore, a list of clinical features of Kaphaja unmada has to be created considering the similar clinical features as one specific feature. For this purpose, Charakasamhita[14,15], Susruta Samhita[16], Astanga Hradaya[17], Astanga Samgraha[18], Bhava Prakasa[19], Bhela Samhita[20] and Madana Nidana[21] have been referred. Following table 1 demonstrates the clinical features of Kaphaja unmada according to those Ayurvedic classics.

DISCUSSION

Depression is estimated to affect more than 350 million of people all over the world and expected to be ranked second out of disabling medical conditions by 2020. Among mood disorders, Major depressive disorder is very common and Ayurveda psychiatry has also mentioned similar psychopathological condition namely Kaphaja unmada. Similarities and dissimilarities of both medical condition are discussed here keeping in mind to find out how far both disorders are correlated.

Depressed mood–Mood is described as a subjective emotional state over a period of time. Depressed mood is a low mood distinct from an ordinary unhappiness qualitatively and quantitatively. As behavioral features , patient shows altered facial expressions, such as mouth turned down, exaggerated facial lines and lack of facial expressivity. Patients with depressed mood feel sad, anxious, empty, hopeless, helpless, worthless, guilty, irritable, ashamed or restless. In kaphaja unmada, due to bhibhatsatva, patient seems to be having disgust feeling and frightening appearance. The term souchadvesa explains that the patient is having aversion of cleanliness. Due to swapnanityata, Patient always shows drowsy and sleepy appearance leading to low mood.

Owing to sadana, the patient feels less energy and he is not motivated. The term alpakathanam and tushnimbhava indicate the less quantity of speech and muteness of speech respectively. Therefore, it can be concluded that the clinical features such as bhibhatsatva, souchadvesha, swapnanotyata., sadana, alpakathanam and tushnimbhava collectively produce the depressed mood to the patient.

Table 1: Showing clinical features of Kaphaja unmada according to various ayurvedic classics

CLINICAL FEATURES OF KAPHAJA UNMADA	C.S	S.S	A.H	A.S	B.P	M.N
Sthanamekadese - (Confined to one place)	+					
Alpashachankramana- (Occasional movements)	+	+	+	+		
Chestamanda – (Slow movements)	+				+	+
Vakmanda– (Slowness of speech)	+				+	+
Alpakathanam – (less quantity of speech)		+	+	+		
Tushnibhava– (Keeping silence)	+					
Lalasrava – (discharge of saliva)	+		+	+	+	+
Chardi - (Vomiting)	+	+	+	+	+	+
Agnisada – (Less digestive power)		+				
Arochaka – (Anorexia)	+	+	+	+	+	+
Alpabhuk – (Eat less quantity of food)		+	+	+		
Rahasyakamata – (Prefer for solitude)	+		+	+		
Nariviviktapriyata – (liking for women in/and lonely places)	+	+	+	+	+	+
Bhibhatsatva – (Frightening appearance)	+		+	+		
Shaucadvesha – (Aversion for cleanliness)	+		+	+		
Svapnanityata – (Remaining always sleepy)	+					
Shvayathuranana - (Puffiness of face)	+		+	+		
Shuklastimitamalopdigdhakshitvam-(white and timid eyes with adhered excreta)	+			+		
Nakhadishouklyam– (Whiteness of nails etc.)	+				+	+
Athinidra – (Excessive sleep)	+	+	+	+	+	+
Bhuktebalam – (Post prandial aggravation)	+		+	+	+	+
Sadana – (Malaise)		+		+		
Kasa – (Cough)		+				
Alpamathi – (Poor intelligence)		+				
Smritivibrama – (memory impairment)	+			+		
Ushnasevi - (Longing for heat)		+		+		
Ratraubrusham – (Nocternal aggravation)		+	+	+		

(C.S-Charakasamhita, SS-Susruta Samhit, A.H-Astanga Hradaya,A.S- Astanga Samgraha, B.P-Bhava Prakasa, B.S-Bhela Samhita, M.N- Madawa Nidana)

Markedly diminished interest or pleasure in all, or all most all activities (Anhedonia)
The term anhedonia refers to the feeling of absent or significantly diminished enjoyment of previously pleasurable activities. In Ayurveda, the terms "Rahasyakamata, Viviktapriti, Rehapriti " give the idea that patient prefers to be alone leading to social withdrawal. Depressed patients indicate loss of interest in family, friends and hobbies due to social withdrawal. Due to the specific feature sadana, the patient feels reduced energy and as a result, he is not motivated for stimulations from normal surroundings. Therefore, these symptoms indirectly produce the symptom of depression called anhedonia. Therefore, It can be concluded that the symptom of kaphaja unmada called rehapriti along with sadana is responsible for markedly diminished interest or pleasure in all, or almost all.
Significant weight loss when not dieting or significant gain, or decrease or increase in appetite–Anannabhilasha means that the patient is having disinclination for food. Alpabhuk andAlpahara are the clinical features indicating that patient is taking food in less quantity. Arochaka gives the meaning that patient shows aversion of food. Agnisada means that the patient is having weak digestive power. Owing to the above symptoms, patient is not nourished adequately. In this way, above terms explain the reasons why the depressed people show the clinical feature as decrease in appetite leading to weight change. Due to Agnisada, whatever quantity of food taken by the patient may not undergo to proper digestion and formation of Saptadatu does not take place in proper way. So his agnivyapara is distorted. Dhatvagni becomes weakened. Therefore he may develop either obesity giving rise to significant weight gain or it affects the process of datuposhana giving rise to the depletion of body weight. Eventhough the patient consumes less quantity of food, his body can manage the energy requirements owing to the reduced psychomotor activities such as alpasascankramana, alpapracara, alpaihya, stanamekadese, tushnimbava, vakmandataa, alpakatana and alpavakyata . In another way, this condition may be another reason for gaining of weight.

Hypersomnia or Insomnia–Hypersomnia refers to the excessive sleepiness with increased length of nocturnal sleep and day time napping. The terms "svapnanityata, athinidra, nidraparo, athinidra," give the meaning that patient prefers to sleep for long time than usual or sleeps most of the time. This is very similar to the hypersomnia mentioned as a symptom in Major depressive disorder. In this disease, kaphadosa has predominantly vitiated and tamasdosa has been increased falling the patient into drowsiness or sleep. There is a possibility to increase rajas dosa because of having reduced satvaguna. In such a situation, patient may become irritable and sleepless. In this way, insomnia or hypersomnia may occur with these patients. Even though Insomnia is not mentioned as a specific feature of Kaphaja unmada, it can occur due to above reasons.

Psychomotor retardation or Psychomotor agitation– Depending on the severity of the depression, Patient may show less psychomotor activity, depressive stupor, mutism or psychomotor agitation. In depressive stupor the degree of the slowness of movement and poverty of speech become such a extreme state that the patient becomes motionless, mute and unresponsive. But his consciousness remains normal. The term alpasascankramana, alpapracara and alpachesta are the terms that describe the patients having reduced activities and movements. Chestamanda is the term that indicates the slowness of motor activities of patient. The above conditions are so much similar to the term Psychomotor retardation mentioned as a symptom of Major depressive disorder. The term Sthanamekadese means that the patient is confined to one place. Patient is extremely motionless and mute. It is so much similar to the depressive stupor described in modern psychiatry. Tushnibhava gives the meaning that the patient keeps silent. This is going with the mutism in Major depressive disorder. Vakmandata stresses the slowness of the speech of the patient. Alpakathanam, Alpavakyata gives meaning that person speaks a very little. All the above terms are also very much similar to the psychomotor retardation. Psychomotor agitation is referred to a combination of psychic anxiety as well as excess and purposeless motor activity. Describing kaphonmada, Bhelasamhita stresses that the person with his sensibilities becomes corrupt, goes on mimicking, whatever he comes across, or fancies. He starts singing, and dancing altogether and then laughs and cries soon after. This condition is so much similar to the psychomotor agitation in Major depressive disorder.

Fatigue or loss of energy–Fatigue or loss of energy is a diagnostic symptom of Major depressive disorder. According to Dalhana's comment, the term sadana gives the meaning as fatigue, lassitude or feeling of tiredness even with minor activity. The patient feels lethargic and finds it difficulty in performing any task. This is represented by the symptom "Fatigue or loss of energy" which is mentioned as a symptom of Major depressive disorder. The above described terms such as stanamekadese, chestamanda, alpachesta, vakmandaale, alpavak and the term saucadvesha which means that the patient is having a version of cleanliness also reflect the fatigue or loss of energy.

Feeling of worthlessness or excessive or inappropriate guilt–The patients with depression feel worthlessness or excessive or inappropriate guilt. In worthlessness the patient thinks that he gets failure in whatever he does. He intensely believes that he is considered as a failure by the society. In this way he himself becomes disappointed. He is no longer having energy or confident to deal with society. Therefore, he tends to love for solitude. That is the reason why he shows the specific symptom of kaphaja unmada called Rehapreeti .Rahakamata and rahasyakamata are the similar terms to rehapreeti. The term Bhibhatsatva stresses that patient is having disgust feeling. Even though he did not do any fault, he feels that he has done something wrong. He gives the priority to think about it than any other work. It is accepted that mental qualities viz. satva, rajas and tamas are not in a balance state in these Patients. Therefore, some emotions like chinta, shoka, moha, mana etc. are predominant in them. In these situations, patient develops the feeling of worthlessness, excessive or inappropriate guilt as a collective effect of bhibatsatva and above mentioned emotions.

Diminished ability to think or concentrate or indecisiveness–Alpamati means that the person is having reduced intellectual capacity or retarded thinking process. When the intellectual capacity is reduced, the person finds it difficulty in making decisions. Due to swapnanityata, he always feels sleepy. Ayurveda emphasizes that these patients have smritivibhrama which means memory impairment. Therefore, he is not in a position to think or concentrate on something in a proper way. Most probably the speech of person reflects his thinking process. He may take so much time to produce even a word (vakmandata) or the quantity of speech may be less (alpakatanam). Sometimes, he may become mute (tushnimbhava) with depressive stupor. These symptoms reflect the symptom of Major depressive disorder called diminished ability to think or concentration difficulty or indecisiveness. Hence, it could be concluded that symptoms of kaphaja unmade viz. alpamathi, smritivibrama and swapnanityata individually or collectively produce the symptom of Major depressive disorder called diminished ability to think or concentrate or indecisiveness.

Recurrent thought of death, recurrent suicidal ideation without a specific plan or a suicide attempt or specific plan for committing suicide–This is not a symptom directly mentioned as a symptom of kaphaja unmada. But when considering other features of kaphaja unmada it is clear that there is a possibility to develop these types of thoughts and attempts. The terms Annabhilasha, rehapreeti and souchadwesa give the meanings that he does not have any intension to have meal, to deal with society, or to be clean himself respectively. Due to the reduced psychomotor symptoms like alpachesta, vakmandata, tushnimbava etc., the patient is not in a position to deal with society effectively. Alpamathi reflects the reduced intelligence. Intelligent is referred as the global ability to think logically act rationally and deal effectively with the external environment. Therefore, it is clear that these patients do not have these abilities. According to Ayurveda, to develop unmada, the specific mental property called satvaguna should be in lower level. In this situation, tamas and rajas gunas are predominant in his mind. Therefore, strong emotions like chinta, kroda, shoka, moha, loba, bhaya etc. become predominant in his mind.

Hence, his emotional balance is not established in his mind. Therefore, he does not have ability to control over his emotions. The term bhibhatsatva stresses that he is having disgust feelings. As a result of synergetic effects of above mentioned symptoms of Kaphaja unmada Patient may develop recurrent thought of death, recurrent suicidal ideation without a specific plan or a suicide attempt or specific plan for committing suicide which is mentioned under the symptoms of Major depressive disorder especially when the person is not in a position to adapt with social demands.

Symptoms of Kaphaja unmada which are not present in Major depressive disorder.
- Shvayathuranana-swelling/puffiness of the face
- Shuklastimitamalopdigdhakshitvam- white and timid eyes with excreta adhered to them.
- Nakhadishouklyam-whiteness of nails, etc.
- Shleshmopashayaviparayasatanupashayata-aggravation of the condition by such regimens   as are not wholesome for kapha.
- Lalasinghanakasravanam-discharge of saliva and nasal secretions
- Chardi –vomiting
- Kasa –cough
- Bhuktebalam -postprandial aggravation
- Narivivikta priyata -liking for women and lonely places.
- Ushnasevi-longing for heat

The main clinical importance of above signs and symptoms is that they only occur owing to the vitiation of kaphadosa. Therefore, they can only be explained by using tridoshaja theory and cannot be explained by using modern psychopathological theories. Therefore, these clinical features cannot be given much importance in modern psychiatry.

CONCLUSION

In this context, symptoms of Kaphaja unmada can be considered in three ways. The first groups of symptoms are directly similar to those of Major depressive disorder. The second groups of symptoms are not similar to those of Major depressive disorder but as their synergetic effects they manifest symptoms similar to those of Major depressive disorder. The third groups of symptoms are entirely different. They can only be explained by Thridosaja theory. They are the clinical features which are due to vitiation of Kapha dosha. It gave a number of limitations when trying to compare modern Psychiatric and Ayurveda psychiatric disorders because they are entirely different in psychopathology and basic theories especially biochemical theory in modern psychiatry and Tridosaja theory in Ayurveda. Therefore, it is not possible to find any disease described in Ayurveda which is entirely similar to a disease described in Modern medicine. However, Kaphaja unmada and Major depressive disorder are appeared to be having more similarities and less difference in symptomatology. Therefore, considering the clinical features of both disorders, it could be concluded that there is a strong correlation between Major depressive disorder and Kaphaja unmada .

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