

**GERIATRIC DEPRESSION: AN AYURVEDIC OUTLOOK****<sup>1</sup>\*Dr. Shakti Raj Rai, <sup>2</sup>Dr. Ramnihor Tapsi Jaiswal and <sup>3</sup>Dr. Manohar Ram**<sup>1</sup>JR 3, Samhita and Siddhanta Department, RAC Varanasi, U.P India.<sup>2</sup>Assistant Professor, Samhita and Siddhanta Department, RAC Varanasi.<sup>3</sup>Associate Professor, H.O.D, Samhita and Siddhanta Department, RAC Varanasi.**\*Corresponding Author: Dr. Shakti Raj Rai**

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**ABSTRACT**

Depression is a major health problem and an important public health challenge worldwide. Geriatric depression is widespread problem but it often remains unrecognized or untreated because of wrong belief and no treatment. It is generally considered as a normal part of ageing. Geriatric Depression is a mental and emotional disorder affecting older adults. In India elderly person constitutes 8.6% of the total population (India census 2011), which is projected to reach 19% by 2050.<sup>[1]</sup> Thus depression among elderly population is likely to be a major cause of disease burden in the future due to increased high risk of morbidity, decreased physical, cognitive and social functioning and greater self, negligence result in geriatric depression. Through this paper I want to attract one's thought towards our most important part of society, root of family, old one's depression problems which is most of the time wrongly identified by the families and older peoples. Stigma attached to mental illness and psychiatric treatment is even more powerful among older peoples. Through this work I want to overrule this stigma.

**KEYWORDS:** Depression, Pathophysiology, Rasayana, Panchkarma, Yoga.**INTRODUCTION**

Ayurveda, an holistic approach of science has cover almost every part of life and helps in increasing life expectancy. Ayurveda defined Sharir or Body as "Sheeriyate Anane iti Shareeram" means continuously decaying of body<sup>[2]</sup> which is divided into 3 'Vaya' – Balavastha (childhood) which last upto the age 16 years, Madhyamavastha (young and middle age) which last from the age of 16 years to 60- 70 years.<sup>[3,4]</sup> Vridhavastha or old age deterioration comes with various consequences, geriatric depression is one of them. Depression particularly in older adults is widespread problem, but it often remains unrecognized or untreated. Increasing technologies and medical facilities were on one side decreases death rate while on the other hand it also increases the life span of old aged people.

By the year 2020, world may have more than one billion people aged 60 or above.<sup>[5]</sup> Which in turn results in increase in prevalence of chronic diseases and disabilities both tend to accompany ageing process. Brain scans of people who develop their first depression in old age often reveals spots in the brain that may not get enough blood flow, believed to result chronic history of high blood pressure, chemical changes in these brain cell may enhance the likelihood of depression separate from any life stress.

Ayurveda works on Dhatusamyā (homeostasis) maintenance, and it defined many principals regarding ageing, geriatric depression. Some of the measures that have been advised can be followed and some cannot. However we can follow some practical principles and make ageing comfortable and disease free.

**AIMS AND OBJECTIVE**

1. To re-evaluate, discuss and elaborate the various ayurvedic concepts and principles on Geriatric depression.
2. To understand causes and health related problems related with geriatric depression and its management.

**MATERIALS AND METHODS**

This article is based on a review of Ayurvedic texts. Materials related to geriatric depression and other relevant topics have been collected. The main Ayurvedic texts used in this study are Charak Samhita, Sushruta Samhita, Ashtang Hridiya, Ashtang Samgraha, Bhava Prakash and Sharangdhar Samhita and available commentaries on it. We have also referred modern texts and searched various websites to collect information to the relevant topic.

### Conceptual study

According to WHO, depression is expected to be the second frequent cause of Morbidity all over world.<sup>[6]</sup> Geriatric depression is an burning issue among older adults. There are various factors responsible for Geriatric depression. Depression mainly result from the complex interaction of biological predisposition and life events or the person's social and internal world. At the biological predisposition, genetics is considered a major factor for depression. As far as a person's social and internal psyche is concerned, there are many factors relate to geriatric depression such as.<sup>[7]</sup>

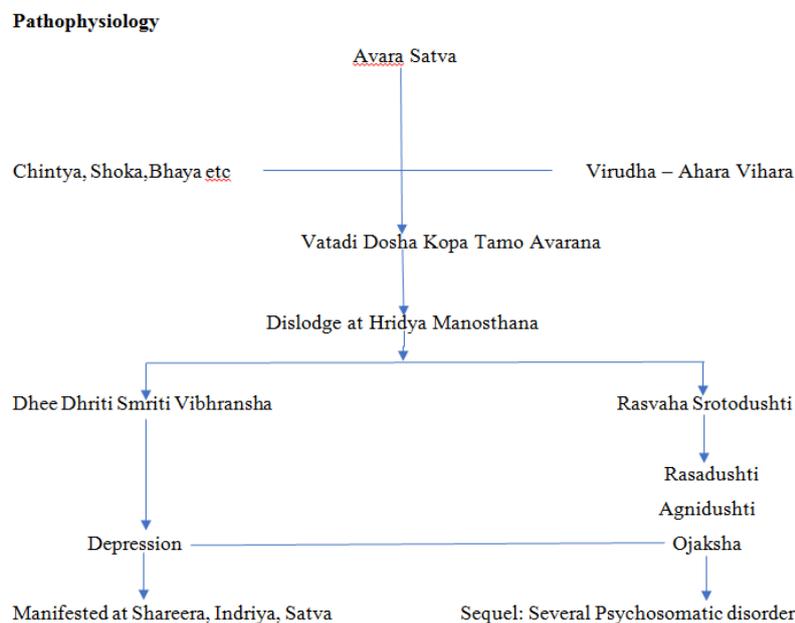
- **Physical inactivity** – late life depression is mostly associated with low physical activity, treatment of depression must include ways to improve functional limitations.
- **Mental illness**-In some people changes in brain may affect mood and result in depression, in others experience depression because of any major loss as in any medical diagnosis or death of loved ones.
- **Quality of life**- Studies has been showed that depressed old people have lower measure of life, positive mood and enjoyment of activity, higher negative mood and more frequent and sever complaints.
- **Social connectivity**-Everyone even all age groups needs social communication to survive and thrive, but as people age grows, they often find themselves spending more time alone.
- **Alcohol**- Several research papers shows addiction of alcohol or past history of alcohol abuse increases risk for depression in late life, even after prolonged period of abstinence from alcohol.
- **Chronic diseases**- Chronic diseases like cardiovascular disease, cancer, stroke may result late life depression. Vascular diseases and depression is likely bidirectional as pre-existing depression

predicts the onset of cardiovascular diseases and stroke.

- **Bereavement** – Reaction to the loss of a loved one by death is bereavement, it occurs in three stages- numbness, depression and recovery. This is known as common precipitant of clinical depression. The essence of morbidity of bereavement is the increased use of alcohol, tranquilizers, hypnotics, cigarettes and other substances during this stressful time. Increased mortality rate occurs in men aged 75 years younger in the first year of bereavement.<sup>[8]</sup>
- **Elderly abuse**- A very fine link has been found between abuse and depression which signifies that abuse is a risk factor for depression. Compared to non- victims abused or older adults were more likely to report a higher level of psychological distress.
- **Loss of income**- Loss of income in late life promote depression by increasing the burden of medical illness contributing to depression because of poor health care and health related behaviors. It exposes individuals to chronic adversity as even their basic needs are often unsatisfied.<sup>[9]</sup>

Among all the above mentioned factors, loneliness is one of the serious issue which may lead to serious health consequences like depression, anxiety, insomnia. Loneliness or feeling of loneliness because of living alone, lack of family ties, death of spouse, inability to actively participate in the local community activities. Social disengagement after retirement or life they seek to live or unable to achieve their life goal, this unsatisfaction or leaving a familiar neighborhood are some of the life changing events contributing to loneliness in older people. This loneliness may relate to poor psychological adjustment, dissatisfaction with family and social relationships.<sup>[10]</sup>

### Pathophysiology



**Symptoms**

There is Doshic predominance on various symptoms of depression:-<sup>[11]</sup>

**Table no.1.**

Symptoms of depression	Dosha
1. Mood sadness	Vata
2. Lack of pleasure	Kapha
3. Sleep disturbances	Vata
4. Appetite changes	Vata
5. Easy fatigability	Vata
6. Psychomotor retardation	Kapha
7. Guilty feeling	Vata
8. Poor concentration	Vata
9. Suicidal ideation	Vata

Along with these Shareerik Dosha, there is also indulgence of Mansika Dosha. Raja(attribute activity) and Tama (attributes in activity) are Mansika Dosha responsible for Depression. Affected individual always look dejected, nihilistic and adverse to virtuous living; suffer from inertia, lethargy and excessive sleep.

Geriatric depression may have varied symptoms and may be difficult to diagnose. It is associated with increased risk of morbidity, decreased physical, cognitive and social functioning, and greater self neglect. Besides decreasing the quality of life it also influences the prognosis of other chronic diseases that further aggravates disability. Some common symptoms of Geriatric depression are as follows:

- Persistent sad, anxious or “empty” mood or depressed mood, largely unaffected by situations.

- Decrease in the energy level and fatigue.
- Loss of interest or pleasure in activities that are normally pleasurable.
- Loss of confidence or low self-esteem.
- Repeated thoughts of death or suicide, or any suicidal behavior.
- Inappropriate change in psychomotor activity, with agitation or retardation.
- Feeling of hopelessness, worthlessness, helplessness and excessive and inappropriate guilt.
- Changes in appetite (decrease or increase) resulting in the corresponding change in weight.
- Aches or pains, headaches, cramps or digestive problems without a clear physical cause and/or that do not ease the treatment.
- Difficulty in sleeping, early morning awakening or oversleeping.
- Decrease in the ability to think or concentrate.
- Irritability, restlessness or having trouble sitting still.
- Moving or talking more slowly.
- Thoughts of death or suicide or suicide attempts.
- Indecisiveness.

**Prevention and treatment of geriatric depression**

Human body is bound to destroy, it is continuously destroying. Ayurveda has given the description of some diseases which are irreversible and related with nature and considered as “*Swabhavaja Vyadhies*”(natural disorders).<sup>[12]</sup> Our acharyas were well aware of ageing and the problems related to it. They have coined the disease process as ‘Jara’(old age). Acharya Sharangadhara has very well described the ageing process as -

**Table 2: Division of life span according to Acharya Sharangdhar.**

Decades of life	Specific loss from the body	Suitable Rasayana Drugs
0-10	Balya (Childhood)	Vacha(Acorus calamus) Kasmari (Gmelina arborea)
11-20	Vridhhi (Growth)	Bala (Sida cardifolia) Aswagandha(Withania somnifera)
21-30	Chhavi (Luster)	Amlaki (Embllica officinalis)
31-40	Medha(Intellect)	Shankpushpi (Convalvulus pluricalis) Jyotishmati(Celestrus paniculate)
41-50	Twak (Luster of skin)	Bhringraja (Eclipta alba) Somaraji (Centratgerumanthelminthicum)
51-60	Drushti (Vision)	Saptamrit Loha
61-70	Sukra ( Sexual ability)	Atmagupta (Mucuna prurita) Munjataka (Orchis longifolia)
71-80	Vikrama (Physical ability)	
81-90	Buddhi (Thinking ability)	
91-100	Karmendriya (Locomotion)	

**According to Ayurveda various kinds of neurological mental Disorders are as follows<sup>[13]</sup>**

1. Unmada (Insanity)
2. Apasmara (Epilepsy)
3. Atatva Abhinivesha (Obsessive disorders)
4. Bhaya (Fear)
5. Harsha (Excitation)
6. Shoka (Grief)
7. Udvega (Obsessive Impulsive Disorder)

8. Avasada (Depression)

**Management**

According to WHO, depression was expected to be the second frequent cause of morbidity world over by 2020. Depression is often reversible with prompt recognition and appropriate treatment.

In spite of medications there are few ways to help seniors to deal with wisdom and depression-

- Treat sleeping problems
- Promote a sense of purpose
- Encourage social interaction
- Keeping them physically active
- Make sure they eat healthy
- Entrust them with a chore
- Show them they are loved
- Seep professional help

Ayurveda has interventions like Rasayana therapies which enhance physiological processes by influencing metabolic and immunological status. Some of the common ayurvedic medicines used to manage emotional wellness are.<sup>[14]</sup>

**Ashwagandha**- Also known as Indian Ginseng. Helps in relieving stress and controlling mood swings. It elevates the mood of depressed patients and is very effective in management of depression.<sup>[15]</sup>

**Brahmi**- Very much effective in treating stress and calming down the mind, which helps to overcome depression.

**Guduchi**- Also known as Giloya (*Tinospora Cardifolia*), helps in treating depression.

**Bhringraj**: This is a rejuvenating herb that can help control anxiety and stress.

Along with these above mentioned drugs Kapikacchu Churna, Vacha Churna, Manasamitra Vataka, Smritisagar Rasa, Vatkulantaka Rasa, Krauncha Paka, Mansyadi Kwatha, Tagaradi Kwatha, Ashwagandharishta, Saraswatarishta are known to treat depression.

### Panchakarma

Panchakarma procedures are preceded by Snehana (therapeutic Oleation) and Swedana (Sudation) application to make the body system conducive for elimination of biotoxins and cleansing of channels. This is effective in managing autoimmune, neurological, psychiatric and Musculo-skeletal diseases of chronic and metabolic origin.

Snehapana – Kalyanak Ghrita, Brahmi Ghrita  
Shirodhara – Narayana Taila, Brahmi Taila  
Takraadhara – through Vacha, Jatamansi, Mustaka, Aamalki

**Table 3: Types of Panchkarma.**

Disorder	Type of Panchkarma
For cognition	Shiro-vasti, Shiro-dhaara
For senses	Netra Tarpana, Nasya, Karnapoorana, Kaval-gandoosh
For skin	Abhyanga, Pizhichil (Kaysek)
For Vata Dosha	Basti

### Yoga

Yoga has countless beneficial effects as an alternative medicine approach in geriatric and rehabilitation programmes and it must be practiced to improve physical health, to inform, to cope with and to support in various supportive programmes; to help people on issues such as pain, fatigue, stress, nutrition, exercise, sleep and patient caring.<sup>[16]</sup>

- Memory of person becomes retentive<sup>[17]</sup> if attends the Geriatric Yoga Program regularly, also can prevent many problems caused because of growing old.
- **Pranayama**- Nadishodhana, Kapalbhathi, Bhramri, Neti, Bhastrika and Tratak and Anulom-Viloma along with meditation should also be practiced to elevate depression.<sup>[18]</sup>
- **Asana**- Surya Namaskar, Pavanamuktasana, Ardha Matsyendrasana. Bhujangasana and Shavasana help in treating several geriatric problem and should practice daily.
- **Mudra**- Khechri Mudra, Kaleshwar Mudra (the lord of time), Prithvi Mudra (seal of 'stability and groundness', Uttarabodhi Mudra, Chinmaya Mudra.<sup>[19]</sup>

### CONCLUSION

Aging is a natural process; the body is decaying continuously, as shown by its etymology, that is 'Shiryate Iti Shariram'. Ageing comes with many problems, geriatric depression is one of them and its main cause is social isolation which can be overcome with some little efforts. Apart from the mentioned treatment, social interaction is very important. Mixing with other people of similar age, at similar stages of life or perhaps with similar health concerns, can help people realize that they are not alone. The elderly should not always be considered as care receivers either by themselves or others. They can be a resource for transmission of culture, care of grandchildren (storytelling, playing), counselors to the young couple etc. they have vast and varied experiences, and can help in problem solving and troubleshooting. Hence, the community should also try to be benefitted from their experiences and make them feel important for society.

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