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Review Article

AN INSIGHT TO GERIATRIC DEPRESSION *JARAJANYA VISHAD* AND ITS MANAGEMENT

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ABSTRACT

According to an Indian systematic analysis, 34.4% of elderly individuals suffer from GD. Ayurveda considers aging *(Jara)* as a natural process associated with mental changes, including *Vishada* (depression), which is correlated with geriatric depression. **Methods**: A comparative analysis of contemporary medical perspectives and Ayurvedic principles was conducted to understand the etiology, pathophysiology, and treatment of geriatric depression. Literature from modern psychiatry and classical Ayurvedic texts was reviewed, emphasizing *Vishada* as a *Vataja Nanatmaja Vyadhi* and its correlation with GD. Evaluation methods included standardized depression scales like the Geriatric Depression Scale, PHQ-9, and Hamilton Depression Scale. **Results:** The study highlights key etiological factors of GD, including neurotransmitter imbalances, chronic illnesses, and psychosocial stressors in modern medicine, while Ayurveda attributes *Vishada* to vitiation of *Vata* and *Tamas guna*. Pathophysiology suggests depletion of *Dhriti* (mental strength), *Smriti* (memory), and *Buddhi* (intellect), leading to *Vishada*. Contemporary treatment primarily involves SSRIs, psychotherapy, and lifestyle interventions. Ayurveda recommends a whole system approach integrating *Shodhana* (purification), *Shamana* (pacification), *Satvavajaya* (mind therapy), *Daivavyapashraya* (spiritual healing), and lifestyle modifications. **Conclusion:** A multidisciplinary approach combining Ayurveda and modern medicine may offer a comprehensive strategy for GD management. Early diagnosis and integrative treatment can significantly improve the quality of life in elderly individuals.

INTRODUCTION

In India, life expectancy has grown within the past 7 Decades. Life expectancy has increased from 36.7 years in 1951 to around 67 years as of 2012. As a result, Geriatric population of India has been rising, and this tendency is expected to continue in the upcoming decades. Geriatric population already increased from 5.6% in 1961 to 9.7% in 2017 of the whole population and it is expected to increase to 19% by 2050.[1] Currently, India has the world's second highest senior population.[2]

Numerous research has revealed that the frequency of mental illnesses in India, including depression and anxiety, is rising and has been more noticeable since the COVID-19 pandemic and mostly seen in elderly population because age is a significant predictor of mental health. As we age, we face both physical and emotional obstacles that impact our overall well-being. Because of ageing of brain, decreasing physical health, and cerebral disease, the total occurrence for psychological and behavioral disorders rises with age.[3] Among all the mental and behavioral disorders, Depression is the greatest burden among elderly, it causes decreases of quality of life an individual and increases dependence on others. Geriatric depression is one of the serious mental disorder or condition which cannot be neglected. According to a recent Indian systematic analysis, 34.4% of Indians are projected to have geriatric depression (GD).[4]

Depression affects an estimated 3.8% of the population, including 5% of adults and 5.7% of persons over the age of 60. Women are around 50%

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more likely than males to experience depression. Approximately 280 million individuals worldwide suffer from depression.[5] It is projected to be the second leading source of sickness burden by 2030, behind HIV and acquired immunodeficiency syndrome. (AIDS).[6]

Early detection, diagnosis, and treatment of depression in older adults can improve their quality of living, avoid early mortality, Early detection and treatment of depression in older adults can significantly reduce death rate due to suicide, other old ages medical illnesses, and healthcare expenses.

According to Ayurveda *Ayu* (age or lifespan) is divided into three phases of life, which Acharya Charaka refers as - *Bala Avastha* (childhood), *Madhya Avastha* (middle age, from 30th-60th year of age) and *Jirna Avastha* or *Vradha Avastha* (old age, 60th year of age). The term *Jara* has been coined by Acharya Charaka to described the changes that occurs during old age, so the term *Jara* can be correlated with geriatric changes.[7]

AIMS AND OBJECTIVES

- To correlation of geriatric depression (GD) and *Jarajanya vishad* and its probable solutions through an Ayurvedic perspective.
- To elaborate and discuss of *Vishad* (depression) through Ayurveda and modern views.

MATERIALS & METHODS

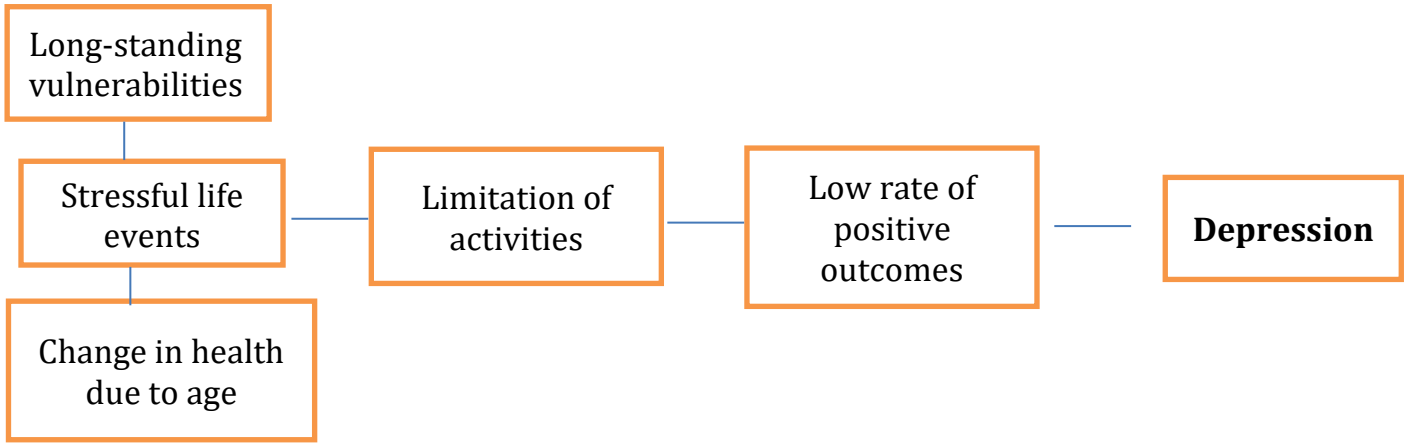
Depression

Depression is a long-lasting negative emotional state or low mood state marked by anhedonia, worthlessness, hopelessness, and powerlessness.[8] Depression usually lowering activity levels and reducing the level of energy which cause disability and decreased in physical activities, along with symptoms of anxiety and a feeling of low self-worth, helplessness and hopelessness, disturbed sleep, decreased appetite, and impaired attention. The probability of suicide over the course of one's life is 2.2%–15% for those with untreated depression.[9]

Etiology

S.No.	Contemporary science	Ayurveda science
1.	Genetic Factors-5-HTTLPR polymorphism	*Bija dusti* is the cause for many diseases. Hence it may be involved in *Vishada*
2.	Loss of intimate personal psychosocial factors- such as relationships, marital challenges, significant health issues, and loss of employment.	शोकःपुत्रादिवियोगेचित्तोद्वेगः असिद्धिभयाद्विविधेषुकर्मसुसादोऽप्रवृत्तिःविषादः (*Chakrapani*-C. Su 7/27) Death of son or any family member, in a chronic course, performance or anticipatory anxiety.
3.	Imbalance of neurotransmitter like serotonine, ephinephrine, GABA	*Tama pradhanaprakurti*, *Kaphapittajaprakurti*
4.	Dysregulation of HPA axis by chronic stress, poor sleep, dysfunction of limbic system also led to depression.	*Vata* (*Pranavata*) regulates the functioning of mind (*Niyanta praneta cha manasa* (C.Su.12/8))
5.	Secondary sepression can be caused by - Any chronic disorders. Thyroid disorder, irritable bowel syndrome, chronic fatigue syndrome (CFS), obesity, type 2 diabetes mellitus chronic pain conditions.	chronic condition cause *Dhatu Kashaya* and increase of *Vata* and *Raja tama* increase, can lead to *Vishad.* शोकःशोषणानां – *Jara*

Pathophysiology



Depression in Ayurveda

According to ayurveda science Our body is comprised of *Sharir, Satva* and *Aatma*. Further, *Satva* has 3 important factors-

- *Dhee/Bhuddhi* (Original intelligence)
- *Dhriti/Dhairya* (Act according to process)
- Smruti (Memory).[10]

If there is Imbalance in the balance of mental and physical features of the body by three stimulating factors: *Pradnyaparadha*, and *Asatmyendriyasanyog* and *Parinama* causes depletion of *Dhriti* (mental power), *Smriti* (impaired memory), and *Bhuddhi* (hampered intellect), causing to the occurrence of psycho-somatic disorders as well as mental illnesses such as *Unmada* (insanity) and *Apasmar* (epilepsy). *Unmada's* symptoms are comparable to depression symptoms, they are closely associated to *Kaphaja Unmada* in severe cases, and *Vshada* and *Avasada* in mild cases, according to Ayurveda. In extreme situations of depression, the *Kapha pradhana tridosha* is disrupted, while in mild cases of depression, *Kapha vataja* derangements are noted.[11]

In Ayurveda classified *Vyadhi* (diseases) into two – *Sharirika rogas* and *Manshika rogas, Sharirik Vyadhi* occurs due to imbalance in *Sharirika Doshas (Vata, Pitta, Kapha)* and *Manas vyadhi,* in *Manas Vyadhi* mainly *Rajas* and *Tamas* are involved. *Satva, Raja*, and *Tama* are the three parts of *Mana* (mind). *Sattva* represents the intellect, disrupts equilibrium and stability. *Rajas* represents the level of change, activity, and turbulence. *Tamas* is characterized by dullness, sadness and leading to loss of awareness. These three attributes define all living things. *Rajas* stands for passion, *Tamas* for lethargy, and *Sattva* for intelligence. *Sattva* predominates over the other, indicating a normal mental state. domination of *Rajas* and *Tamas* over *Sattva* leads to mental instability, known as *Manasik Doshas*.

As we already discussed that Unmada's symptoms are comparable to depression symptoms and closely associated to *Kaphaja Unmada* in severe cases, and *Vishada* and *Avasada* in mild cases, our classical sources describe the *Vishad* word, which is connected to *Manovikaar* (depressive disorder) and is defined as *Vak-Kaya-Chitta Awasad*.

"Vishada Sarvada Manah Khedah"

Vishada is a persistent feeling of sadness and inappropriate guilt which are the cardinal signs of depression as well.

Vishada is mentioned twice in *Charaka Samhita* by its name only - once as a type of *Vataja Nanatmaja Vyadhi* (diseases caused only by vitiation of *Vata Dosha*)[12] and again Acharya Charaka mentions *Vishada* as the primary source of diseases aggravation, implying that it has an influence on a variety of psychosomatic disorders. While the *Charaka Samhita* does not specifically address the clinical characteristics of *Vishada*. But, if we analyze there are numerous resemblances between the usual presenting characteristics of depression and the various *Purva Rupa* (prodromal features) mentioned in relation to the disease *Unmada*, the comparisons provide us with a general conceptual comprehension of *Vishada's* clinical characteristics in relation to Ayurvedic concepts.

Comparison between *Purva Rupa* (prodromal features) of *Unmada* and clinical characteristics of depression.

Poorvaroopa* of *Unmaada [13]	**Depression**[14]
Shirashunyata	Emptiness feeling in the head
Chakshurokulata	Restlessness of eyes
Swankarnayoh	Tinnitus
Uchwasadhikya	Fast breathing
Aannanabhilasha	Loss of appetite
Arochaka	Anorexia
Avipaka	Indigestion
Udardittatwam	Pain in upper half of body
Hrudgraha	Chest tightness
Satata Lomharsha	Horripilation
Ardita Krutikaran	Abnormal facial expressions
Swapna Viparyaya	Frequent dreams

Geriatric Depression and *Vishada (Jarajanya vishada)*

The two main causes of the geriatric depression are:

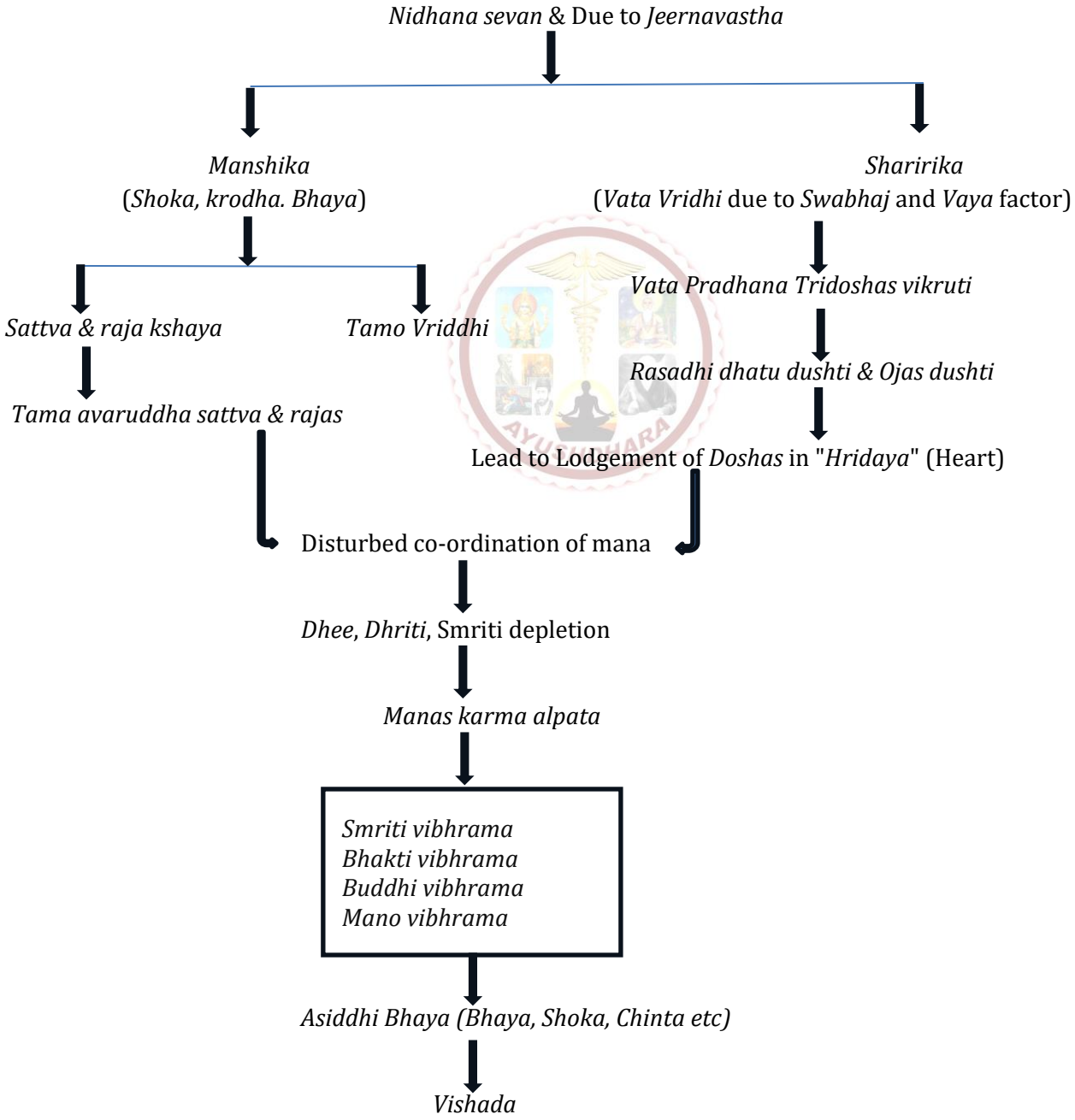
1. vitiation of the *Vata Dosha*
2. *Jara* or senility.

These two conditions have an impact on the *Manovaha Srotas*, affecting how the mind functions and manifesting the condition of *Vishada* during *Jeernavastha* of life. This disorder is known as *Jarajanya Vishada*.

We already discussed that Acharya Charaka mentioned *Vishada* as *Vataja Nanatmaja Vyadhi*, we may logically conclude that the modifications of human cognition, as well as other functional changes caused by Vata vitiation, as detailed in *Sutrasthana's Vatakalkaliya Adhyaya*, must be observed in *Vishada*. And, as it has been widely assumed that *Vata Dosha* becomes naturally prominent during *Jeernavastha* as a result of *Dhatu Kshaya*, we may conclude that the condition of *Vishada* that happens during *Jeernavastha* must be caused by following factors:

1. Due to *Jeernavastha, Kshaya* (depletion) of different Dhatus occurs by which dominance of *Vata dosha* occurs.
2. The primary pathophysiology of *Vishada* is caused by the vitiation of *Vata Dosha* alone and the vitiated *Vata* is effect on both mental as well as physical health.

Samprapti



Evaluation of Depression

For evaluation careful assessment is an important part. Initial assessments of depressive symptoms can help determine possible treatment options, and periodic assessment throughout care can guide treatment and gauge progress. It can be done with the help of standardized questionnaire scales which are Geriatric Depression Scale, Life Satisfaction Index, Beck Hopelessness Scale, Quick Inventory of Depressive Symptomatology-Self-Report (QIDS-SR), PHQ-9, DASS-21, Hamilton Depression Scale, etc.

Management though contemporary science

Geriatric depression is usually treated with selective serotonin reuptake inhibitors (SSRIs), which are antidepressants. According to a study of 6,373 geriatric depression patients on SSRI antidepressants, 50.7% of the patients saw a 50% or greater decrease in their Hamilton depression scale (HAMD). According to this research, about 50% of elderly patients with MDD who receive SSRI antidepressant treatment may see an improvement in their symptoms.[15] The 2016 Canadian Network for Mood and Anxiety Treatments (CANMAT) guideline recommended duloxetine, mirtazapine, nortriptyline, bupropion, citalopram/ escitalopram, desvenlafaxine, duloxetine, sertraline, venlafaxine, and vortioxetine as initial-line SSRI antidepressants for depression in aged people.[16] Previously, there was a concern that paroxetine might cause adverse outcomes in the geriatric population owing to its anticholinergic properties. However, a recent study reported no increase in mortality, dementia risk, or cognitive measures in patients with paroxetine-treated geriatric depression[17].

Antipsychotics (such as aripiprazole), mood stabilizers (such as lithium salt), and dopamine agonists (such as methylphenidate) are widely utilized as synergists for adjuvant therapy of resistant geriatric depression [18].

Non-pharmacological treatment of geriatric depression. Psychotherapy has a moderate-to-strong effect on the improvement of depressive symptoms in geriatric depression. Moreover, the therapeutic effects can last for at least 6 months [19]. Cognitive behavioral therapy (CBT), problem-solving therapy (PST), interpersonal relationship therapy (IPT), and life review therapy are the main evidence-based psychotherapy methods for geriatric depression treatment [20].

Evidence Based Interventions

Behavioral therapy
Cognitive behavioral therapy
Cognitive bibliotherapy
Problem-solving therapy
Brief psychodynamic therapy
Life review therapy

Lifestyle: Lifestyle modification may be a low-cost, successful strategy to enhance older individuals' general well-being. A healthy diet and an active lifestyle, such exercise, may be effective low-cost preventative measures to combat geriatric depression[21].

Whole System Ayurveda protocol[22]

It includes *Yukti vyapashraya* (*Antahaparimarjana chikitsa, Bahiparimarjana chikitsa*), *Daivvypashyarya chikitsa*, *Satvavjaya chikitsa* (counselling, cognitive behavioral therapy) *Yoga*, *Pathya-apathya* (wholesome diet).

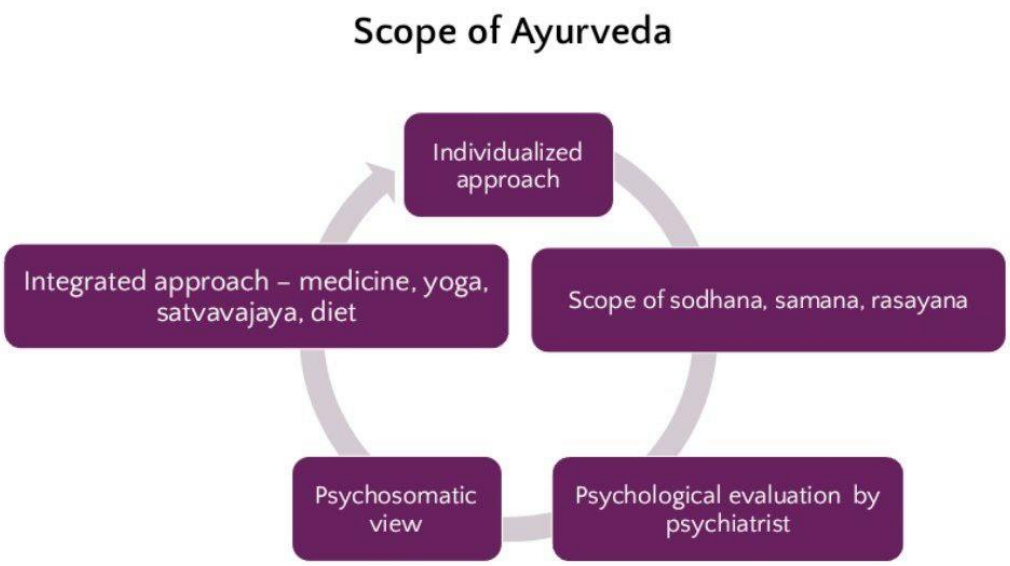
***Yukti vyapashraya Chikitsa*:** It Divided into *Antahaparimarjana chikitsa*, *Bahiparimarjana chikitsa*. In which *Antahaparimarjana chikitsa* involves the treatment modalities like *Shamana* and *Shodhana*.

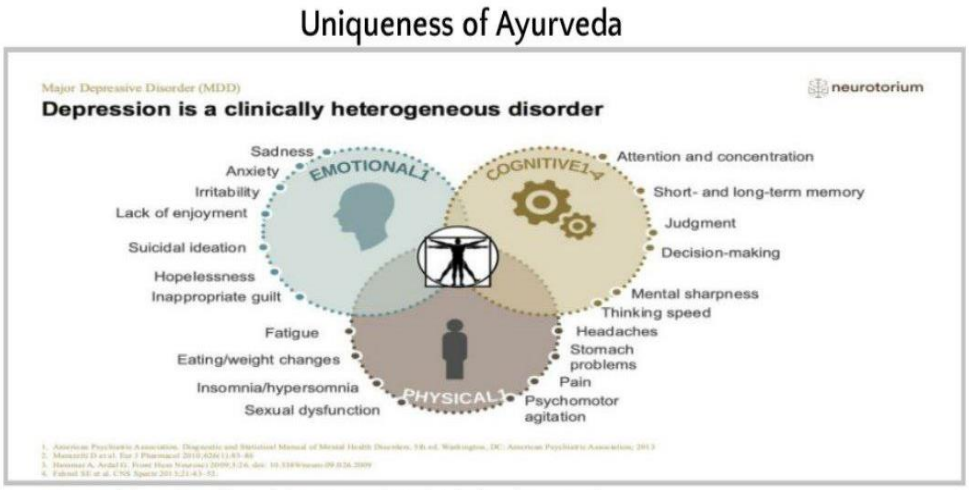
(A) *Shodhana Chikitsa: Shodhan chikitsa* contains *Vamana, Virechana, Nasya, Basti, Raktamokshana*.

(B) *Shamana Chikitsa*: *1). Abhyanga: Shiroabhyanga, Sarvanga Abhyanga, pada Abhyanga. 2). Shirodhara: Jatamansi, Brahmi, Yashtimadhu, Siddha Taila* etc*. 3). Ghrita: Brahmi Ghrita, Saraswata Ghrita, Kalyanaka Ghrita, Mahapaishachika ghrita. 4). Aarishta: Ashwagandharishta, Saraswatarishta etc.* 5). Single medicines: *Jyotishmati, Shankhpushpi, Brahmi, Guduchi, Kushmand* etc. 6). *Rasakalpa* or *Vati*: *Smritisagara Rasa, Manasamitra vati, Amarsundari Vati* etc.

2). *Satwawajaya- Mana jnana, Mana prasadan, Mana nigrahana, aswasana, Pratidwandwa chikitsa, Mana vijanana. Satvavajaya* means to enhance the *Satva Guna. Vishada/Avsaada* occur due to the dominance of *Tamas Guna*. It includes *Gyana* (knowledge of self), *Vigyana* (analytic knowledge), *Dhairya* (confidence), *Smriti* (scriptural wisdom), and *Samadhi* (concentration). Emotional support can be given in the form of *Santawana* and *Harshana Chikitsa* and *Mana jnana, Mana prasadan, Mana nigrahana, aswasana, Pratidwandwa chikitsa, Mana vijanana.*

3). Daivivyapashraya: Mantra Uchcharana, Aushadha Sevana, Mani Dharana, Mangala Vachana, Bali, Homahavana, Yagyapujana, Devatarchana, Upavasa, Pranipata (Devatadinam Namaskara), Prayahschitta, Tirthagamana. It creates confidence and reduces pessimism and fear.





Try to address the affected domains with individualized approach

- ✔ Emotional – Kalyanaka Gritha
- ✔ Cognitive – Medhya rasayana
- ✔ Physical – Indukantha kwatha, Drakshadi

DISCUSSION

Geriatric depression (GD), or *Jarajanya vishada* in Ayurvedic terms, is a significant public health issue that requires a multidimensional approach to management. The rising geriatric population in India and the increasing prevalence of depression among the elderly make it imperative to explore integrative treatment approaches.

From a contemporary medical perspective, GD is largely attributed to genetic factors, neurotransmitter imbalances, psychosocial stressors, and chronic illnesses. Conventional management includes pharmacological interventions such as SSRIs, psychotherapy, and lifestyle modifications. Although these interventions have shown moderate success, side effects and non-responsiveness in a subset of patients necessitate alternative therapeutic approaches.

Ayurveda provides a holistic perspective on geriatric depression, linking it to *Vata* predominance in old age, *Dhatu Kshaya* (tissue depletion), and *Manovaha Srotas* dysfunction. *Vishada*, as described in Ayurvedic texts, shares significant symptomatic overlap with depression in modern medicine. The Ayurvedic approach to managing depression incorporates a combination of *Shodhana* (purificatory therapies), *Shamana* (palliative treatments), *Satvavajaya* (psychotherapy), and *Daivavyapashraya* (spiritual healing).

Ayurvedic Pathophysiology of Geriatric Depression

The dominance of *Vata Dosha* during old age, along with *Dhatu Kshaya,* leads to the disruption of the mind's equilibrium. According to Ayurveda, *Vishada* arises due to depletion of *Sattva Guna* and predominance of *Tamas* and *Rajas*, leading to psychological disturbances. The imbalance in *Dhee* (intellect), *Dhriti* (mental stability), and *Smriti* (memory) further contributes to the manifestation of geriatric depression.

Management Strategies

1. ***Shodhana Chikitsa*** **(Purification Therapy)**
   Vamana, Virechana, Nasya, and *Basti* are recommended to expel aggravated *Doshas* and restore equilibrium.
2. ***Shamana Chikitsa*** **(Palliative Therapy)**
   - Herbal medications like *Brahmi Ghrita, Ashwagandharishta,* and *Saraswatarishta* provide neuroprotective effects and enhance cognitive function.
   - Medications such as *Jyotishmati, Shankhpushpi*, *Brahmi*, and *Guduchi* help in mood stabilization.
3. ***Satvavajaya Chikitsa*** **(Psychotherapy)**
   Emotional support, cognitive behavioral techniques, and counselling help restore psychological balance. Practices such as *Pratidwandwa Chikitsa* (positive reinforcement) and *Aswasana* (consolation) aid in overcoming *Vishada*.
4. ***Daivavyapashraya Chikitsa*** **(Spiritual Healing)**
   Mantra Uchcharana (chanting), *Devatarchana* (worship), and *Yagyapujana* (fire rituals) are believed to enhance mental well-being by invoking spiritual positivity.
5. **Lifestyle Modifications and Yoga**
   Regular physical activity, pranayama, and meditation contribute to reducing stress and improving mental health. *Pathya-Apathya* (wholesome diet) plays a crucial role in nourishing the mind and body.

CONCLUSION

The integration of Ayurvedic principles in the management of geriatric depression offers a promising approach by addressing both physiological and psychological aspects. While conventional pharmacotherapy provides symptomatic relief, Ayurveda's holistic interventions focus on the root cause and prevention of disease progression. Future research should focus on validating Ayurvedic interventions through clinical trials, thereby strengthening the evidence base for integrating Ayurveda into mainstream geriatric mental health care.

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