

Viddhakarma- A Novel Approach in the Management of Vishad (Depression): A Case Report**Snehal V Payghan,^{1*} Kalpana Raje,² Dharmendra Mishra,³ Pankaj Tiwari⁴**

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ABSTRACT:

Depression is a common psychological disorder, mostly affecting females of middle age group due to various psychosocial factors. Though modern medication is available but with limitations such as dependency, adverse effects and variable patient compliance. In contrast *Viddhakarma*, an ancient Ayurvedic Parasurgical procedure which gives marked relief in psychosomatic disorders without any side effects and which is cost effective also. As depression is long lasting condition or chronic in nature and *Viddhakarma* may give rapid symptomatic relief, particularly in distressing cognitive symptoms. In this case report, a 55-year-female having complaints of overthinking, insomnia, negative thoughts, panic attacks, guilt, self-blame, crying, low self-confidence and loss of interest in daily activities was diagnosed with depressive disorder according to the ICD-10 criteria and sought Ayurvedic management at OPD level. The depression shows resemblance with *Vishad*. *Viddhakarma* therapy was initiated, and by the end of the treatment significant improvement was seen in subjective parameters like Hamilton Depression Scale. The patient reported improved sleep quality and a more positive outlook towards life. The Hamilton depression scale score was reduced to 3 from 25. This case report suggests that *Viddhakarma* may provide significant relief in psychological conditions such as depression and can be considered a potential therapeutic modality in its management.

Keywords: Depression, *Siravedha*, *Viddhakarma*, *Vishad*.

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INTRODUCTION

According to the World Health Organization, depression affects approximately 280 million people globally. It impacts about 5% of adults each year (C.A. Woody et. Al JOAD 219), while the lifetime prevalence is estimated to be between 10% and 15% (Kessler RC et. al ARPH 2013;34). [1-2]

Depression usually causes disability by lowering activity levels and reducing the level of energy, along with symptoms of anxiety and a feeling of low self-worth, helplessness and hopelessness, disturbed sleep, reduced appetite, and impaired attention. In addition to the biological elements of the hypothalamic adrenal pituitary axis, central nervous system, immunological system, and endocrine components, depression is caused by a multifactorial interaction of genetic, environmental, epigenetic, gender, and personality trait factors.

In Ayurveda, *Vishada* is described under *Vataja Nanatmaja Vikar* and is also considered an *Apatarpanajanya Vyadhi*. [3-4] It is regarded as an important pathological factor, as stated in classical texts that *Vishada* significantly contributes to the aggravation of various diseases. [5] *Vishada* is also mentioned as a symptom in conditions such as *Jwara*, particularly *Vataja Jwara*. [6]

Clinically, *Vishada* is characterized by features such as fear [7], mental instability, reduced enthusiasm, and diminished functional capacity. It may arise due to apprehension of failure, leading to decreased physical and mental activity. [8] The concept of "*Dhairyam Avishadena*" suggests that mental stability can be maintained in

the absence of *Vishada*, highlighting its impact on psychological well-being. [9]

Ayurvedic literature further explains *Vishada* under *Tamasika Manasika Bhavas*, which include manifestations such as mental dullness, impaired cognition, lack of initiative, excessive sleep, and reduced intellectual functioning. [10] An individual experiencing *Vishada* is termed *Vishadi*, and the state is referred to as *Vishaditva*, denoting mental stupor and reduced cognitive efficiency. [11] Acharya Sushruta defines *Vishada* as a psychosomatic condition affecting body, speech, and mind, and classifies it under *Manas Roga*. [12]

Certain clinical features of *Vishada*, such as *Tushṇibhava* (silence), *Achankramaṇa* (reduced activity), and *Rahaskamata* (preference for solitude), resemble those seen in *Kaphaja Unmada*, suggesting the involvement of *Kapha* and *Tamas*. However, *Vishada* represents a milder psychological condition compared to *Unmada*. [13]

From a modern perspective, depression is defined as a disorder characterized by persistent low mood and loss of interest in activities, affecting cognition, behaviour, and physical health. Symptoms include sadness, anxiety, guilt, hopelessness, irritability, and decreased energy. [14] Based on the similarity in clinical features, a strong correlation can be established between *Vishada* and depression.

In the management of such conditions, Acharya Sushruta has advocated *Siravyadha* at specific anatomical sites such as *Shankhakeshanta Sandhi*, *Apanga*, and *Lalata* in *Unmada*. [15]

Based on this classical reference, *Viddhakarma* was adopted in the present case. This study lies in the application of *Viddhakarma*, a less explored Ayurvedic procedure, for the treatment of *Vishad*. It demonstrates the potential of this traditional intervention in improving mental health and underlines its outcome.

CASE REPORT:

Patient Information

A 55-year-old female, a single mother working as an advocate, presented to the OPD seeking Ayurvedic management for her psychological complaints. She had a history of hypothyroidism and was on regular medications for last 5 year. Her husband had passed away due to cardiac arrest 6 years ago, and a recent family history of suicide (sister-in-law) had significantly affected her mental health. The patient presented with multiple psychological and somatic complaints, including persistent overthinking, recurrent negative thoughts, and frequent panic attacks often associated with excessive sweating. Emotional disturbances were evident in the form of crying spells, along with pervasive feelings of guilt, self-blame, and low self-confidence. She also reported disinterest in daily activities and reduced communication, preferring social withdrawal and isolation, along with generalized body pain. Associated symptoms included disturbed sleep, reduced appetite, occasional irrational fear, and episodes of suicidal ideation, indicating significant mental distress. She was diagnosed with depression as per ICD-10 criteria; however, she did not receive

any allopathic treatment for this condition till date.

On general and systemic examination, all parameters were within normal limits, with stable vital signs and no significant abnormalities. Ayurvedic examination, including *Ashtavidha* and *Dashavidha Pariksha*, was largely within normal limits. However, *Strotas* examination revealed involvement of specific *strotas*: *Manovaha Strotas* (*chinta, bhaya, dwesha, shoka*), *Annavaha Strotas* (*anannabhilasha, kshudha mandya*), *Rasavaha Strotas* (*mukhshosha*), *Medovaha Strotas* (*sweda pravrutti*), and *Purishvaha Strotas* (*asamyak mala pravrutti*), while other *strotas* were within normal limits.

Investigations

Test	Result
Haemoglobin	11.8 gm/dl
RBS	110 mg/dl

Diagnosis: Based on clinical presentation and Ayurvedic assessment, the condition was diagnosed as *Vishada* (Depression).

THRPEUTIC INTERVENTION:

The *Shodhan chikitsa* (*Viddhakarma*) and *Shaman Chikitsa* (medication) done is mentioned in the table-1.

OBSERVATION AND RESULT:

The efficacy of the case is assessed by using Hamilton Depression scale score [16]

A total score is calculated by summing the individual scores from each question mentioned in Hamiltons Depression scale.

- Scores below 7 generally represent the absence or remission of depression.
 - Scores between 7-17 represent mild depression
 - Scores between 18-24 represent moderate depression
 - Scores 25 and above represent severe depression
- After the treatment the Hamilton depression scale score reduced to 3 from 25.

Table-1: Therapeutic intervention:

<i>Chikitsa</i>	Procedure/Details		Duration
<i>Shodhan Chikitsa (Viddhakarma)</i>	Materials	Needle no 26 ½, sterile cotton	3 days
	Position	Patient seated in comfortable sitting position	
	Site	<i>Shankhakeshanta sandhi</i> (junction of skin and hairline in <i>shankha</i> region, near temporomandibular joint)	
	Method	Needle no 26 ½ inserted upto <i>ardhavrihi matra</i> (3-4 mm) at site	
	Frequency	Twice daily	
<i>Shaman Chikitsa</i>	<i>Erandbhrishta Haritaki Churn</i> - ½ tablespoon at bedtime (HS) with warm water		7 days
<i>Satvavajaya Chikitsa</i>	Counselling (General counselling was provided through reassurance, stress management guidance, positive reinforcement and adequate sleep.) administered along with <i>Vidhhakarma</i> to support mental stability and emotional wellbeing.		7 days
Discharge medication	<i>Erandbhrishta Haritaki Churn</i>		-
Follow up	-		1 month



Figure 1 *Viddhakarma* at right *Shankhakeshanta sandhi*



Figure 2 *Viddhakarma* at left *Shankhakeshanta sandhi*

DISCUSSION:

Viddhakarna plays a significant role in *Samprapti Vighatan* of *Vishad* (Depression) which is deemed as *Nanatmaja Vata Roga. a. Rakta* serves as the medium for the transport of *Tridosha* throughout the body. Aggravated *Vata dosha* present in the flow of blood produces the oxidative changes and ultimately causes *Vishad* (Depression). *Viddhakarma* treatment is advised to relieve the oxidative stress when the primary treatment modalities such as *Ushna, Sheeta, Snigdha, Ruksha, Lepana karma* are unsuccessful. Pricking at *Shankhakeshantasandhi* means mechanical stimulation that may de-arrange the channel which is producing the oxidative stress. Following *Viddhakarma*, the Hamilton's Depression scale score was reduced from 25 to 3

CONCLUSION:

Viddhakarma is simple, cheap, safe and effective treatment modality in the management of *Vishad* (Depression). It can help and cure the disease when other treatment does not provide the desired result or when other treatment modality fails to provide immediate relief from the symptoms.

Declaration of Patient consent:

Written informed consent was obtained from the patient for publication of clinical details and images. The patient is aware that identifying information will not be disclosed and that efforts will be made to preserve anonymity.

Limitation of Study:

This report represents a single case study. Further case series and well-designed clinical trials are required to validate and assess the therapeutic outcomes observed.

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Patient perspective:

After treatment with Ayurvedic modalities, the patient reported significant improvement, stating that she felt physically lighter, emotionally stable, more energetic, and livelier. Although past events occasionally caused sadness, she was able to think more clearly and rationally, focusing on her strengths and coping better with negative thoughts. After 7 days, she resumed her job, actively engaging in daily activities. While occasional worries persisted, she was able to manage them without disturbing her peace of mind and reported improved confidence.

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