Kaphaja Unmada in Relation to Major Depressive Disorder: A Conceptual Exploration

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ABSTRACT

This article explores the potential parallels between *Kaphaja Unmada*, an *Ayurvedic* psychiatric condition characterized by *Kapha Dosha*imbalance, and Major Depressive Disorder (MDD), a common mood disorder in modern medicine. While direct equivalence is not assumed, the shared symptomatic presentation and underlying physiological disruptions are examined, suggesting possible avenues for integrative understanding and management.

Purpose: Ayurveda, the traditional Indian system of medicine, describes Unmada as a derangement of the mind characterized by altered cognitive, emotional, and behavioral states. Kaphaja Unmada, specifically, arises from the vitiation of Kapha Dosha, manifesting as apathy, lethargy, sadness, and cognitive impairment. These symptoms resonate with the diagnostic criteria for MDD, characterized by persistent sadness, loss of interest, fatigue, and cognitive difficulties. This article aims to conceptually compare Kaphaja Unmada with MDD, highlighting potential similarities and differences for a more holistic understanding of mood disorders.

Methods: This is a literature review based on classical *Ayurvedic* texts, contemporary *Ayurvedic* research, and established medical literature on MDD. The review focused on identifying common symptoms, underlying pathophysiological mechanisms (as understood in both systems), and potential therapeutic interventions.

Results: Both *Kaphaja Unmada* and MDD are associated with symptoms like sadness, decreased energy, social withdrawal, and cognitive impairment. In *Ayurveda, Kapha dosha* imbalance is linked to stagnation and heaviness in the body and mind, potentially correlating with neuro-chemical imbalances (e.g., serotonin, dopamine) associated with MDD. While modern medicine focuses on neurotransmitter dysregulation, *Ayurveda* emphasizes the holistic disruption of the body-mind continuum. Treatment approaches also differ; *Ayurveda* employs dietary modifications, herbal remedies, and lifestyle adjustments to balance *Kapha Dosha*, while conventional treatment for MDD includes pharmacotherapy and psychotherapy. **Discussion:** While a direct comparison is limited by the differing epistemological frameworks of *Ayurveda* and modern medicine, the overlapping symptomatic presentations of *Kaphaja Unmada* and MDD suggest shared underlying vulnerabilities. Understanding these conditions through both lenses may offer a more comprehensive approach to diagnosis

and treatment. *Ayurvedic* principles of balancing *Kapha Dosha*could potentially complement conventional MDD treatments, addressing underlying physiological imbalances and promoting holistic well-being. Further research is needed to explore the efficacy of *Ayurvedic* interventions in the management of MDD.

Keywords: MDD, Kaphaj Unmad, cognitive impairments.

INTRODUCTION

A person's physical, mental, emotional, and social life can be significantly impacted by depression, also known as major depressive disorder or clinical depression, which can be episodic or ongoing. It is the second biggest contributor to the burden of disease. People of all ages and backgrounds experience depression globally¹. It causes emotional distress and impairs a person's ability to carry out even the most basic daily chores. The World Health Organization designated "depression -lets talk" as the 2017 World Health Day slogan in recognition of the global effect of depression. ²Vishad and Avasad, two more Avurvedic disorders, are quite similar to depression. The Charak Samhita identified "Vishad" as one of the VatajNanatmajVikaras. ³Sushruta mentions it under the Manovikaras (mental illness).⁴. The Vagbhata possesses, a person who has a high tamasa guna is more likely to experience Vishad⁵.We can link it to depression based on the symptoms of Kaphaj Unmad, even though the classical text does not directly mention depression.

Vishada and Avsada represents minor depressive disorder and MDD can related with Unmada. Unmada lakshana include dearrangement of Mana(mind), Buddhi(intellect), Bhakti(aspiration), Sheela(constitution), Chesta (psychomotor activity) and Achara (conduct) components. These characters are more prevalent in Avara satwa. Tushnibhava (low tone voice) Sthanamekdeshe, Alpchankraman, Manda (feeling of fatigue) Amarsha (irritability) Arochakta (Anorexia) Bibhatswa (Death glare) Swapannityta (poor concentration) (poor Rhaskamta attention) Sttamnivatnamchgiramutsarg (increased cry spells) Unmatchitta (obsessive thoughts)

सम्पूरणैर्मन्दविचेष्टितस्य सोष्मा कफो मर्मणि सम्प्र वृद्धः।

बुद्धिं स्मृतिं चाप्युपहत्य चित्तं प्रमोहयन् सञ्जनयेद्वि कारम्॥ १३॥

वाक्चेष्टितं मन्दमरोचकश्च नारीविविक्तप्रियताऽति निद्रा

छर्दिश्च लाला च बलं च भुङ्क्ते नखादिशौक्ल्यं च कफात्मकस्य॥१४॥

(C.Ch. 9/13-14)

When *Kapha*, which is excess and sluggish, accumulates in the body, it harms the intellect and memory, confounding the mind and inducing various disorders."

- सम्पूरणैर्मन्दविचेष्टितस्य)SampūraņairMandavicēsțitasya): Refer s to the sluggish nature of Kapha and its excess.
- कफोमर्मणिसम्प्रवृद्धः) Kapho Marmanī SampraVrddhaḥ): Indicates that an increase in Kapha affects vital points (marmas) in the body.
- बुद्धिंस्मृतिंचाप्युपहत्य) Buddhim Smrtim CāpyUpahatya): The effects lead to impairment of cognitive functions like intelligence and memory.
- प्रमोहयन्) *Pramohayan*): This suggests a state of confusion or delusion.

"Sluggish movement in speech, loss of appetite, extreme sleep, a tendency toward obesity, vomiting, and the weakness of vitality are symptoms of increased *Kapha*."

- वाक्चेष्टितं) vākcestitam): Refers to slowed or impaired speech.
- मन्दमरोचकश्च)mandamarocakascā): Indicates poor appetite or aversion to food.
- नारीविविक्तप्रियता) nārīviviktapriyatā): Suggests excessive desire for

sleep and disinterest in social interaction.

- छर्दिश्च) chardhiś ca): Refers to nausea or vomiting that can occur due to excess Kapha.
- बलंचभुङ्क्ते) balam ca bhunkte): Indicates a loss of strength or vitality.

Relation to Major Depressive Disorder (MDD)

1. Kapha and Mental Health:

- MDD often presents symptoms that align with the characteristics of *Kapha* aggravation described in these *Shlokas*.
- Symptoms such as low energy, sluggishness, lack of interest in activities (similar to the tendency for extreme sleep), and cognitive impairment (issues with memory, attention, and decision-making) can be conceptualized within the *Kapha* framework.

2. Psychological Symptoms:

- Cognitive Dysfunction: The *Shloka* highlights impairment in thought and memory due to *Kapha*. In MDD, cognitive dysfunction is a significant component, manifesting as difficulty concentrating and indecisiveness.
- Emotional Blunting: Feeling "stuck" or having low motivation correlates with the slowing down and lethargy described.
- Physical Symptoms: Physical manifestations such as changes in appetite (both increased or decreased) and sleep disturbances are common in both *Kapha* excess and MDD.

3. Ayurveda Perspective:

• Treating MDD in *Ayurvedic* terms may involve balancing *Kapha* through dietary changes, lifestyle modifications, herbal interventions like *Triphala* to stimulate digestion, and therapies aimed at increasing *Pitta* to invigorate and uplift the mind.

संपूरणैर्मन्दविचेष्टितस्यसोष्माकफोमर्मणिसम्प्रवृ द्धः।

बुद्धिंस्मृतिंचाप्युपहत्यचित्तंप्रमोहयन्सञ्जनयेद्विकार म्॥ १३॥

- 1. Commentary by Chakrapani:
- explains 0 Chakrapani that the accumulation of Kapha affects not only physical attributes but also leads to repercussions on mental faculties such Buddhi (intellect) and Smriti as (memory). He highlights that increased Kapha can confuse the mind and cause psychological various disorders. aligning this with symptoms observed in clinical settings, including conditions like depression.

2. Madhava Nidan Commentary:

• *Madhava* emphasizes that the stagnation associated with increased *Kapha* leads to mental dullness and lethargy. He discusses how this impairment can present as cognitive dysfunction, mirroring symptoms akin to those seen in modern depictions of mental health issues.

3. Vrinda Commentary:

• *Vrinda* provides a contemporary interpretation, linking the *Shloka* to concepts of depression and cognitive impairment faced in modern mental health. He notes that the mention of *Pramohana* (confounding of mind) reflects symptoms associated with affective disorders, including MDD.

Shloka 14:

वाक्चेष्टितंमन्दमरोचकश्चनारीविविक्तप्रियताऽतिनि द्रा

छर्दिश्चलालाचबलंचभुङ्क्तेनखादिशौक्ल्यंचकफा त्मकस्य॥ १४॥

1. Commentary by Chakrapani:

 In his commentary, Chakrapani discusses the sluggish behavior in speech and movement (वाक्चेष्टितंमन्द (as indicative of Kapha's excess. He points out that these symptoms can be reflective of deeper psychological states such as apathy and disinterest.

2. *Madhava Nidan* Commentary:

 Madhava describes the physical manifestations of Kapha imbalance, noting the correlation between sluggishness (especially in appetite and sleep) and emotional well-being. He ties these behaviors to increased symptoms of MDD,

Pathology

Major depressive illness is thought to be caused by a confluence of psychological, environmental, and hereditary variables. The main theory was meant to be the monoamine model, which was based on the effectiveness monoaminergic of medications in treating depression. According to the hypothesis, depression is caused monoamine mostly by neurotransmitters not functioning properly. There are several sources of evidence supporting the monoamine hypothesis. First, people in remission or family members of depressed patients may experience depression if their tryptophan levels are abruptly reduced. This shows that depression is influenced by a drop in serotonergic neurotransmission.⁶

Second, the association between polymorphisms in the 5-HTTLPR gene, which codes for serotonin receptors, and the risk of depression. Third, reduced tyrosine hydroxylase activity, a smaller locus coeruleus. reduced adrenergic neurotransmission in depression, as suggested by evidence from rat models and a rise in alpha-2 adrenergic receptor density.⁷Dopamine, another monoamine, is implicated in depression through decreased dopamine receptor D1 binding in the striatum. altered responses to dextroamphetamine, decreased levels of homovanillic acid, and polymorphism of dopamine receptor genes.⁸

AREAS THAT ARE INVOLVE IN DEPRESSION

Amygdala: The amygdala is a brain structure deeply involved in processing emotions like anger, pleasure, sorrow, fear, and sexual arousal. It becomes especially active when recalling emotionally charged memories, such as fears or traumas. Research indicates that amygdala activity increases during sadness or clinical depression, and this heightened activity can persist even after recovery, potentially leading to physical enlargement of the amygdala.

Basal ganglia: The basal ganglia is a group of interconnected structures deep in the brain, playing a crucial role in facilitating movement and may also be involved in cognitive functions such as memory, thinking, and emotional processing. Research indicates that individuals with depression may exhibit shrinkage and other structural changes in the basal ganglia, suggesting a link between these brain structures and mood disorders

Hippocampus: The hippocampus is crucial for processing long-term memories. Its interaction with the amygdala explains why emotionally charged experiences, like encountering an aggressive dog, can induce lasting fear, encapsulated in the saying "once bitten, twice shy." In some depression. individuals with the hippocampus is found to be smaller. Research suggests that prolonged exposure to stress hormones negatively impacts the growth of neurons within this region of the brain.

Kaphaj Unmad, or mental disturbance as a result of excess *Kapha Dosha*, can be attributed to the activity of the hippocampus and amygdala. These parts of the brain are responsible for emotion regulation and memory processing, both of which are essential for understanding mental illness such as *Kaphaj Unmad*.

Emotional Processing: The amygdala is at the core of emotion processing like fear and sadness. Enhanced amygdala activity, which is generally seen in depression, can result in exaggerated emotional reactions and illogical fear. This is consistent with *Kaphaj* *Unmad*, when the individual can show signs of drowsiness, emotional insensitivity, and failure to process emotions properly.

Memory Function: The hippocampus is involved in the creation of long-term memories and the comprehension of emotional experiences. As mentioned, its shrinkage or damage as a result of stress and depression can result in an inability to recall pleasant memories or learn from past experiences. This malfunction can worsen symptoms of *Kaphaj Unmad*, as people will be unable to learn from their emotional history, resulting in the repetition of destructive patterns.

Relationship with Stress: Chronic exposure to stress hormones may harm neurons of both amygdala and hippocampus. In the *Kaphaj Unmad* context, this chronic stress can express itself in the form of a lack of drive, abounding fear, and inability to connect with the world, all of which are typical of *Kapha* imbalance.

CONCLUSION

Knowing the interaction between the amygdala and hippocampus gives us useful information about mental health disorders such as Kaphaj Unmad. Knowing how emotional processing and memory function relate to this Avurvedic idea helps us understand the intricacy of mental health. In managing conditions related to Kapha dosha, it could be helpful to look at therapy that facilitates cognitive resilience and emotional regulation, including exercise, mindfulness practices, and appropriate management. Generally. stress the combination of Western scientific understanding with conventional Ayurvedic thinking can help in developing a more wholistic mental health approach.

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