

What is the Mind, How Does it Create Depression, and What Can We do About It? Part II

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PART II

In Part I of this article, published in the Summer Issue, 2005, Dr. Buhrman discussed the various manifestations of depression and focused on how they could be addressed via the science of Yoga. In Part II, she addresses the Āyurvedic approach to depression.

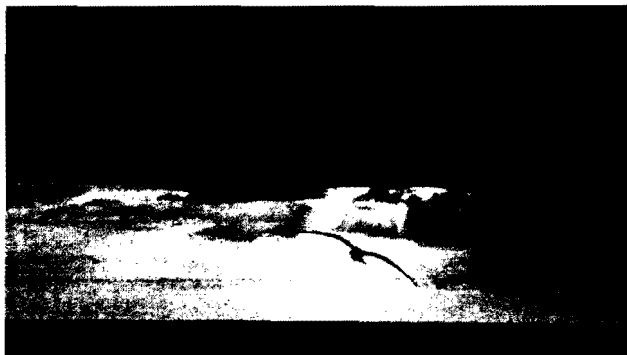
In the Āyurvedic view of disease, a given disease can be caused by internal factors, external factors, or both internal and external factors. While *saṁskāras* constitute one category of internal causes, there are two more types of internal causes: ignoring our inner wisdom, and unhealthy association with the objects of the senses. In the broad sense, ignoring our inner wisdom is interpreted by some teachers of Āyurveda as being identical to the first *kleśa*, *avidyā* or ignorance. However it is also often defined as a failure to be guided by the wisdom residing in the *buddhi*, the discriminative or higher, mind.

Somewhere, deep within the recesses of our mind, we know we should not undertake a certain course of action, get involved with a certain person, eat a certain food, etc., but our *rāga* (desire) or *abhiniveśa* (fears) overwhelm our minds, and we do it anyway, to our eventual detriment. The remedy for this is to live a virtuous life and to practice *prāṇāyāma* and meditation, which strengthen and purify the *buddhi* and create nonattachment.

Unhealthy association with the objects of the senses applies in circumstances where our external environment provides adequate nourishment and support for our lives, but we interact with the beings and objects in our external world in a way that is unhealthy. In most cases it refers to the way in which we pattern our daily lives—our habits of living. As a cause of illness, unhealthy association with the sensory world is a major feature of modern life in North America, and plays a major role in depression and anxiety. It provokes the *doṣas*, destroys the proper function of the *agni* (digestive fire), and blinds us to the beautiful things of life. We eat too

frequently, too much, not enough, or the wrong diet for us as individuals. Poor food choices, poor eating habits, and overeating result in the formation of *āma* (digestive toxins); and, as we know, mild depression and “brain fog” are part of the symptomology of all *āma*-derived conditions.

We oversleep, or in the case of the average American adult, we sleep not enough. We overwork at our offices, yet we become lazy about exercising our bodies. We engage in unhealthy relationships with others, exploiting or being exploited. We have too much sex, or we watch too much TV, or we spend our lives in front of our computers and fail to take the *darśana* of the sun, the moon, the land, the water,



the trees, and the beauty of nature. We ignore the fact that these bodies have arisen as part of nature's process and are subject to its laws—the result can only be physical, mental, and social disease. The remedy can be stated simply: adhere to an Āyurvedic lifestyle.

All of these components of mind—mind, thoughts, habits, desires, *guṇas*, *kleśas*, *ahaṁkāra*, and *saṁskāras*—constitute our inner world, and all can play a role in depression and anxiety. However, both Āyurveda and Western science recognise that mental and emotional diseases are not always caused solely by factors in our internal world. External causes of disease also may be responsible for precipitating or aggravating disease conditions. Āyurveda lists several of these general external causes of illness: seasonal changes and harsh weather conditions, traumatic experiences, exposure to toxins, inadequate living conditions, the negative wishes or intentions of others, and attacks by living beings.

The Physical World

If we reflect on it carefully, examples of all of these are apparent.

- Seasonal changes provoke the *doṣas*, and their influence may be felt on mental and emotional levels as well as physical ones. Proneness to anxiety may be more easily aggravated

during the vāta season; irritability and frustration in the pitta season; and sadness and denial in the kapha season. My guru often noted that people are more emotional when the seasons change, and that depression is common during the two months preceding the winter solstice when the negative forces on the planet are strongest. To understand the effects on the mind of harsh weather conditions, we have only to recall our impressions of the recent tsunami—horror, fear, grief, loss, and destruction of the feeling of security in the natural world were all described by the survivors.

- Trauma, whether it is physical or emotional in nature, by definition provokes vāta by its sudden, unexpected, and shocking nature, and depression and anxiety often ensue.
- Exposure to toxic substances can also affect the nervous system and the brain.
- Inadequate living conditions are a global problem in the postmodern world—a horrifyingly large number of human beings today live in absolute poverty—meaning that death

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comes to them simply because, in a cash economy, they cannot afford to live. Millions more experience inadequate living conditions detrimental to health, but less severe than those in absolute poverty. In some parts of India where I have travelled, for example, there is adequate dietary protein through grain and bean complementarity for most of the area's people. However many people, because they cannot afford sufficient fresh fruits and vegetables or dairy products, exhibit vitamin deficiencies, some of which (eg. certain of the B vitamins) are known to negatively affect the stability of the mind.

In the U.S., it is estimated that 15% of our children grow up in poverty and do not have access to high-quality nutrition. Even children from middle-income families in the U.S. often consume diets heavy in fast-foods and 'junk food,' and amidst dietary plenty are nevertheless poorly nourished from an Āyurvedic perspective.

Yet poor diet is not the only form of inadequate living conditions in the U.S. Ongoing financial stresses, job insecurity, and lack of supportive networks of family and community afflict millions of Americans. The role of abusive parenting in the etiology of chronic depression was highlighted in a recent study by researchers at Yale University.⁴ The results of the study suggest that an abused child who inherits two shortened copies of a serotonin transmitter gene (as compared to non-abused children with

two copies of the shorter allele and children with longer segments of the gene), is likely to exhibit symptoms of depression, unless he or she has at least one supportive parent.

- The negative wishes and intentions of others is a cause experienced by many people on a daily basis. Either at home or at the workplace, there may be someone who habitually holds negative feelings toward us—contributing markedly towards our levels of stress, anxiety, and depression. It is also easy for these feelings to emerge into intentional or subconscious actions: gossiping, slander, undermining, power struggles, etc. When we can neither retaliate nor flee, stress hormones continue circulating in our system, weakening our digestion and bodily organs, and giving rise to feelings of helplessness and despondency.
- Ancient Āyurveda included among intentional attacks by other beings mental disorders caused by disincarnate spirits (a category of disease widely ascribed to in traditional

societies, and generally disbelieved in our own), and attacks by wild animals and insects. Some Āyurvedists have also included kṛmi (pathogenic organisms), in this category. Patients whose stool or blood tests typically show elevated levels of the yeast *Candida* often exhibit depression as one of the presenting symptoms. Physical attacks from humans include violence in domestic abuse, crime, and warfare. In such situations, a special category of anxiety disorder, post-traumatic stress, can persist long after the original danger is removed and can appear as part of the picture of depression. Counseling is often recommended as an adjunct to Āyurvedic treatment in such cases.

Considerations for Treating Depression Āyurvedically

1) Depression and anxiety usually yield successfully, often easily, to Āyurvedic interventions. When they do not, however, it is usually because not all of the relevant factors have been uncovered and addressed, and the case is more complex than it first appeared. Thoroughness in taking the patient's history and symptomology should be observed. The general treatment suggestions that follow are intended to be adapted with care to individual patients. Depression may, of course, involve more than one doṣa, and combinational and tridoṣic treatments may be required. The practitioner must, of course, take care to restore the proper functioning of agni, otherwise the treatment will have only limited success.

2) Although brahmi is perhaps the most basic herb for the treatment of depression, it cannot be used to control depression in bipolar patients who cannot tolerate SSRI drugs—in both cases the symptoms are exacerbated rather than controlled.

3) Balanced against any complicated strategy has to be consideration of whether the patient will actually carry out the recommended therapy. This is especially true in depression, given the difficulty of depressed patients in taking any action whatsoever. The practitioner should be sure whether there is a family/friend support system to assist in carrying out the recommended therapies. This is especially important in the case of a vāta prakṛti patient.

4) *Nasyas*, or introduction of herbal powders, liquid preparations, or medicated oils through the nose are of course extremely effective, since the natural route to the brain is through the nose. Balanced against the effectiveness of *nasya* must be the reluctance of many Americans to use them, as well as the above-mentioned considerations of compliance in depressed patients generally.

Treating Chronic Vāta-type Depression

Vāta depression (anxious depression) is usually associated with a number of the following symptoms: insecurity, anxiety, helplessness, low self-esteem, emptiness, fear, inability to concentrate properly, oversensitivity to stimuli, racing thoughts, feelings of being overwhelmed or unable to cope, inner trembling, nervousness, restlessness, insomnia, loss of appetite, heart palpitations, dryness, and chilliness. It is often difficult to stop re-playing memories of emotional pain. Vāta has invaded the seats of kapha, ojas is depleted, and there is little resilience in the body or mind.

The concern of the patient is most often to simply find a way to stop the pain. If severe and untreated, the imbalances are thus more likely to lead to addiction than to violence. The empty quality of the space and gaseous elements, which make up vāta, create a despair that one is unable to meet basic physical or emotional needs, or that one is unwanted, unloved, and has no place in the universe. It should be understood that the parents' failure to convey divine love to the child leaves an empty place in the psyche which must be answered by assisting the adult patient to access that quality of love through avenues other than that of addiction. Chanting, *bhṛāmarī prāṇāyāma*, and meditation on mantra, inner sound, or inner light are important adjuncts to dietary and herbal treatments.

The practitioner must exercise judgment in structuring treatments for severely vāta-provoked individuals. Gaining

compliance from severely vāta-provoked individuals can be difficult, as they often cannot remember to do too many separate procedures; or feel overwhelmed and defeated by being given too many tasks. It is, therefore, sometimes safer initially to just hand them a bottle of brahmi oil with instructions to massage as often as they can remember to do it. More complicated regimes can then be gradually introduced as self-confidence and stability increase.

a. Herbs: brahmi, tulsi, *jaṭāmāmsi*, *jyotiṣmatī*, *vidāri*, *vacā* (N. American variety), *śhaṅkapuṣpī*, sandalwood, bala, *aśvagandha*, accompanied by appropriate supports for agni and other supporting herbs appropriate to the individual.

b. Vāta-reducing diet, and warm, spiced *aśvagandha* milk before bed.

c. Oleation therapies, such as *abhyāṅga* and *śirodāra* with brahmi sesame oil and mild *svedana*

d. *Nasya*: brahmi, tulsi, sandalwood, *vacā*, licorice, *śhaṅkapuṣpī*, *jyotiṣmatī* in ghee.

d. Yoga Therapies: slow, gentle *vinyāsa*s, restorative yoga, *bhṛāmarī prāṇāyāma*, nurturing meditation, *kirtan*, *satsaṅga*.

e. In the case of long-term vāta *vikṛti*, stemming from childhood history of verbal, physical, or sexual abuse, psychotherapeutic intervention is important.

Treating Vāta Provocation Due to Recent Shock or Trauma

Whenever a person experiences a physical or emotional shock, vāta is, by definition, provoked, and depression may follow. For example, loss of a loved one, loss of job, sudden injury followed by difficult convalescence, after cardiac surgery, etc. Recommendations are often over the phone/sometimes via a relative or close friend of the injured person, sometimes in an entirely different locality. Because of the turmoil of the situation we must choose something simple and effective, readily available, safe for a broad range of patients, and easy for a friend or relative to prepare and deliver.

These, of course, can be followed-up by more long-term strategies when the person is available for consultation.

Choice #1. A safe and tridoṣic aid is to boil two tsp of brahmi (*gotu kola*) in one quart of filtered water for five minutes. Drink the resulting tea throughout the day. Honey may be added to the cooling tea if desired, and milk if administration is between meals. Utilize a vāta-reducing diet.

Choice #2. Warm milk before bed with *aśvagandha*, cardamom, tulsi, and honey. Utilize a vāta-reducing diet.

Treating Pitta-type Depression

Often apparent in the case histories of individuals suffering from pitta-type depression is the thwarting of significant desires in the person's life, accompanied by an inability to satisfactorily "fix" the situation. Damaged pride, loss of self-esteem, and situations of real or perceived injustice can also provoke such a response. Cases of pitta depression abound in the culture of modern post-industrial society, with its demanding schedules and competitive professional settings. In such cases, reserves become gradually depleted, and resentment, chronic frustration, anger, irritability, and hatred appear alongside symptoms of stress. Physical manifestations are often, but not always, present: redness or yellowness of skin and eyes, disturbed digestion, waking around 2-3 a.m. and lying awake worrying or planning, hyperacidity, loose stools, high blood pressure, skin rashes, etc. The practitioner is cautioned that extreme cases of pitta depression can be life-threatening: the fired employee who shoots his coworkers, or the well-planned and successful suicide.

a. Herbs: sandalwood, rose, lotus, brahmi, bala, bhṛṅgarāja, śhaṅkapuspī, and jaṭāmāṁsi. accompanied by appropriate digestants and other supporting herbs appropriate to the individual.

b. Pitta reducing diet, sandalwood tea, or sandalwood milk, and sweet fruit drinks with rose water.

c. Abhyaṅga or śirodāra with warm brahmi coconut oil.

d. Nasya: brahmi, sandalwood, licorice, jasmine, rose, berberis, tulsi, bhṛṅgarāja, jasmine, in coconut oil

e. Yoga Therapies: Shitali and sitkari prāṇayāmas, active āsanās followed by cooling ones like moon salutation and long shavasana, and calming meditation are prescribed.

Treating Kapha-type Depression

Kapha depression is heavy and lethargic in nature, and tamas-guṇa predominant. Often there appears to be a complete lack of "story line," in the patient's history, an absence of initiating stressful or traumatic events. In other words, the depression is often entirely organic and biochemical rather than event-related. On the other hand, one should recognize that the kapha proclivity for denial may be hiding essential information. Sadness, longing, procrastination, lack of will and motivation, pessimism, despair, disinterest in life, excessive drowsiness, low energy and lowered metabolism characterise this type of depression. The practitioner should also investigate possible metabolic causes of provoked kapha such as low thyroid, seasonal affective disorder, and

estrogen dominance. The strategies of heating, drying, and stimulating work well.

a) Emergency snuff: powdered vacā and myrrh in equal parts. Highly effective for short term use. Prolonged use may irritate mucousal membranes.

b) Herbs: Sarasvatī cūrṇa because of its pungency is the strongest and best preparation for treating this type of depression, and vacā is the best single herb. A formula can also include brahmi, skullcap, tulsi, vacā, trikatu, triphala, cinnamon and triphala guggulu.

c) vigorous exercise, and vigorous and heating āsana practice, sun salutation, ujjāyī prāṇayāma, and awareness meditation

d). Heating therapies such as svedana, and ṣaṭ karma practices (six practices) of vamaṇa dhauti and varisār dhauti where appropriate.

e). Hot ginger and brahmi tea with honey.

f) Nasya: decoction of ginger 3, pippali 3, triphala 2, licorice 2, vacā 3, brahmi 4

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