

ISSUE 6 | OCTOBER 2020

ayu:sutras

by ayu:manthra

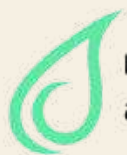


DEPRESSIVE DISORDERS

CONTENTS

WHAT TO EXPECT?

- 03 Chief Editor
- 04 Know your Herbal Garden
- 06 Interview of
Dr Bhaswati Bhattacharya
- 13 Jewels of Ayurveda Literature
- 29 Easy & Healthy Recipe
- 32 De-Stress



Dr Shanthi Ganga's
ayu:manthra

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08

Living with depression

Events in your life like unemployment, moving home, starting a new job, bereavement, divorce, ending of a relationship, children leaving home maybe some of the causes. In addition to these, there could be other causes like being bullied and abused. Living alone with no one to share your feelings with can make things worse as well. Some of us are prone to develop depression because of genetic makeup or childhood experiences.



17

Teenage Depression

When we analyse childhood, teachers play a major role in their school life. This age is considered to be the starting of concrete logical operative thoughts according to Piaget's theory. That is, there happens a balance between fantasy & real-world challenges. Educating about their fantasy beliefs is one of the major tasks of a parent.



21

Depression in Indian Woman

The patriarchal society imposed gender roles in women that lead to domestic violence, workplace disparity, and abuse. This gender injustice plays a major role in making the woman vulnerable to depression. Multiple roles played by women to run the family, taking care of the child, taking care of the sick, and earning income are likely to lead considerable stress.



26

ANXIETY DISORDERS

We feel anxious from time to time when facing an important event, or when we perceive some threat or danger, in daily life. Such everyday anxiety is occasional, mild, brief and normally people get over this anxious feeling easily.

CHIEF EDITOR



Dr. Shanthi Ganga

According to the WHO, around 264 million people of all ages suffer from Depression. The worst part is, India is the most depressed country among the lot. "Depression" is not a casual term to be used here and there. Clinical depression is something more than "feeling under the weather". It is so bad for some that they start hibernating for many days and even getting up from the bed becomes a 'task'. Feeling low is such an underrated word for Depression. The low becomes so low that you will be pushing yourself so hard just to get the daily chores done. And at some point, things become so blank and the self-esteem drops so low that it instigates one to commit suicide. "Depression" encroaches slowly into a person's life and engulfs one into a pitch dark hollowness.

Depression could initially be a reaction to the outcome of the life you never imagined be yours or it could be the reaction to the stress or injustice you faced. Unless it's a mild form of depression, "talk to me and let's together solve the problem" doesn't work at all. It's much more than a problem or being sad. It's deep sadness, guilt and regret.

This edition of "ayu:sutras" is not to talk about the fancy term - depression. But it's a sneak peek into what is Clinical depression and yes it is something to be treated with medicines and therapies along with the support of the near and dear ones. Acceptance of depression as a disease helps to win over it easier. Take a break whenever you need it. And never succumb to the cold grip of depression. Seek professional help instead of "advises" from society. And always search for that tiny ray of hope and happiness, which eventually could be a starting step towards a wonderful life.

We hope this edition will be an eye-opener to "Depression"



KNOW YOUR HERBAL GARDEN

SARACA ASOCA (ROXB) DE WILDE/ ASHOKAM/
ASHOKA TREE

FAMILY: FABACEAE

Features

Handsome small erect evergreen tree, prized for its beautiful foliage and fragrant flowers. It is categorized as 'Vulnerable' as per the IUCN red list.

Ayurvedic Properties

Rasa : Tiktha, Kashaya

Guna : Laghu, Ruksha

Virya : Seetha

Vipaka : Katu

Karma : Hrdya, Vishahara, Grahi, Varnya

Useful parts: Stem bark, Flowers, Seeds

Ayurveda classics proclaim, just like the Sharirika doshas, Manasika doshas are also causing diseases. They will vitiate manas and the vitiation produces Manovikaras. Shoka (depression), one among such Manovikara, which is clinically important nowadays. There is a sacred tree, whose name itself indicates its power to destroy the Shoka. That auspicious one is Ashoka. This may be the reason why King Raavana kept the divine Seetha in the Ashoka garden, to cheer her up. Classically, the drug Ashoka comes under Vedana Sthapana Dasaimani of Acharya Charaka. It is widely used in psychosomatic disorders. Asokarishtam is a well-known formulation used in menstrual disorders. The Shoka Nashanatva of Ashoka makes the formulation beneficial in Pre Menstrual Syndrome also, in which the woman undergoes through emotional disturbances. The drug is also a potent source for phytoestrogen which has oestrogen mimicking action. Beyond the primary endocrine and reproductive functions, oestrogen has significant actions in CNS. It is often referred to as "nature's psycho-protectant"

Cultivation

- Propagation is through seeds. Cover the seeds with soaked tissue paper or cotton cloth for one week. The sprouted one can be planted in pots or directly into the soil.
- Saplings are also available in plant nurseries.

Home Remedies

- **Stem bark:** Alkanes, esters and primary alcohols, n-octacosanol, tannin, catechin, catechol, epicatechin, epicatechol, leucocyanidin, leucopelargonidin, procyanidin derivatives, methyl and ethylcholesterol derivatives, minerals like silica, sodium, potassium, phosphate, magnesium, iron, calcium, strontium and aluminium.
- **Leaves:** Quercetin and its 3-O-rhamnoside, kaempferol-3-O- α -L-rhamnoside, amyirin, ceryl alcohol and β -sitosterol
- **Flowers:** Fatty acids and gallic acid; apigenin-7-O-beta-Dglucoside, cyanidin-3, 5- diglucoside, kaempferol 3-O-beta-D-glucoside, pelargonidin-3, 5- diglucoside, quercetin and its 3-O-beta-D-glucoside and sitosterol
- **Pods:** Catechol, epicatechol and leucocyanidin

Therapeutic Use

- Dusting of stem bark powder promotes wound healing
- Internal administration of seed powder along with water cures urinary infections
- Ksheera kashaya with stem bark indicated in dysfunctional uterine bleeding
- Decoction made up of stem bark cures hoarseness of sound.

Therapeutic Indication

- Shoka
- Rakta pradara
- KrimiAtisara

Formulations

- Asokarishttam
- Asoka Ghrtham
- Asoka choornam

Researches

Anti oxidant, Haemato protective, Anti-cancer, Anti osteoporotic, Hepatoprotective, Analgesic, Anxiolytic activities etc are proven by various researches.



Dr. Niya T Sivan



INTERVIEW WITH DR BHASWATI BATTACHARYA



Q: According to you, why is it a cultural shock to the students who pursue BAMS

The study of Ayurveda in a BAMS course begins after an entrance examination that tests for proficiency in subjects that postdate the knowledge of Ayurveda: mainly biology, chemistry and physics, pretending they are the basis for medical studies.

The actual skills needed for pursuing a BAMS are an ability to talk with patients, compassionate to perceive them and help them, dexterity to touch, handle and make medicines and to examine patients properly and professionally, time in nature learning botany or agriculture or forestry, competence in cooking foods and preparation of poultices or medicines, experience in nature hiking or geological surveys, training in the language of Sanskrit, an awareness of ecosystems, demonstrated work in clinical settings where interaction with patients and the psychology of healing and mental health is learned, an ability to chant to facilitate slokas to be easily memorized, an understanding of the seasons and meteorology, and a demonstrated lifestyle that lives Dinacharya and Ritucharya. These activities connect young minds with the roots of Ayurveda. They also are the foundations of activities in cultured families and Vedic schooling.

Such entry requirements are so obviously health-full and promote the foundations of Ayurveda. We have a great opportunity now with the work of the new governance to incorporate such educational models into the education and help Ayurvedic practise reach new heights.

Besides, the best educational technology from around the world is available to easily contribute needed elements to make the training fabulous. Elements of ancient Gurukula are now used in modern medical training. Students visit a regular preceptor once a fortnight beginning the first week of school so they get immersion experience in a clinical environment. Projects are assigned in the first year to develop soft skills such as computer-based audiovisual competence, touch-typing, use of the internet for literature searches and use of technology devices, health apps, and proficiency in making videos. Financial literacy and the art of understanding the prices and regulations of medicine-making, Panchakarma therapies, and import-export could be themes of conferences for students to have practical tools that would make them hopeful and inspired. National student associations with extracurricular activities should focus on merit-based workshops and competence-based acquisition of skills related to the practice of Ayurveda.

One of the excellent modern medical programs begins the first two weeks of college with a course in emergency medicine that extends into a full 200-hour certification as an emergency medical technician. This is a much-needed skill in India and would be a coveted credential for an Ayurvedic physician, especially if tailored to help patients through the combined use of Ayurvedic procedures and remedies as well as CPR and advanced diagnoses, and interventions for life-saving measures.

Another medical program begins the first 2 weeks with evening workshops on lifestyle. Students learn knife skills by cutting potatoes and onions and making staple foods such as rice, daal, and vegetable curry. They learn morning meditation, yoga, and the art of sewing a button to prepare for surgical skills.



The classes create competent, confident, self-sufficient adults. These activities would change the culture of Ayurveda in India in less than 5 years, just as the computer revolution in a secondary school in the 1980s transformed India.

Q: Why did you choose Ayurveda for your Fulbright Scholarship?

The international Fulbright program is named after J. William Fulbright, a senator in 1945 in the USA, who believed in the importance of sharing and collaborating between cultures. Since 1946, India has the largest collaboration with the Fulbright organization. A Fulbright award is one of the most prestigious awards an academic scholar can receive.

Since 2000, when the film project Healers: Journey into Ayurveda was released on The Discovery Channel, I began to learn Ayurveda more seriously. For many years, I learned through Gurukula, the true and classic education of Ayurveda. With the permission of my teachers, I was practising Ayurveda as part of my integrative medicine practice in the USA at a community hospital of New York-Presbyterian Hospital and Cornell Medical College. To get formal training which would justify my integration of Ayurveda and allow me to more freely practise legally, I studied Ayurveda in 3 certification courses in the USA. Yet, I felt something was missing. I wanted to develop a gold standard on how to teach Ayurveda well to modern people and how to treat patients well using the beauty of the clinical science of Ayurveda.

When the controversy on heavy metals began in 2004, I was simply shocked to see how the authorities in India did not rebuke the accusations of the papers. Instead, they apologized and stuttered and stammered about regulations and manufacturing standards. Their English was inadequate. Their Hindi was inaccurate. Why not simply explain Rasa-Aushadhis? Thus began my study of Bhasmas, and I knew I needed to come to India to study them. Several wise-men approached me and guarded my path, nothing short of extraordinary.

To study these important medicines, I used logical arguments to study Ojas and immunity. The proposal was appropriate to mainstream academic scholars. I was able to go deeper into the study of clinical use of Bhasmas, from history to material science, from geology to chemistry. BHU remains the only place on the planet where all the subjects are present in one location so I went there, and worked under the guidance of the living legend of Rasashastra, Professor CB Jha and with great scientists such as material scientist Dhananjay Pandey and chemist Lallan Mishra. We earned Rs.4.2cr grant from the UGC in 2015 to explore Bhasmas in a multi-disciplinary project affiliated with IIT-BHU. To my utter surprise, AYUSH has not utilized any of the work we did. Nor has it celebrated that a Fulbright award put Ayurveda on the map of medicine and public health.

Q: What is your advice to young Ayurveda doctors?

Young doctors of Ayurveda should recognize that the system of education used in Ayurveda today has been devised either from ignorance or from a sinister desire to prevent the science of Ayurveda from developing robustly. Several mistakes from the past century need to be repaired to restore the immense grandeur of wisdom. It is difficult, however, to jump out from the current orbit.

To find the true depth of Ayurveda, every young doctor must create her/his program of study. Find a mentor, preferably one who sees patients. Study Sanskrit. Read regularly. See patients. Refuse to believe what any of today's authority figures say without thinking deeply about its content and the motive for saying it. Study with your friends. Write columns in your local language for a local newspaper. Find videos online and watch one per week. Explain Ayurveda to your youngest school-age relatives. Learn the 64 Kalaas and relate them to Ayurveda. Opt for fresh foods. Learn to cook. Prepare lepas and medicines each Purnima. Practice talking with patients. Create upgrades from the forms you used in clinics during medical school by making them better for your practice. Visit an elder every week, either a relative, a neighbour or a professor. Help them. Listen to their stories. Find places where you can volunteer to help make medicines monthly. Spend time in nature learning botany or agriculture or forestry with your children and your family. Take your family into nature hiking every year. Plant trees. Take music classes once a week for six months, until you can chant well. Restart rituals of the season from your family, your lineage or your local culture. Add one new Dinacharya ritual to your routine each month.

To find a mentor, young doctors should keep the following rules in mind. Find a mentor who is not famous. If the physician tells you his famous patients' names, leave him; you will learn bad habits if you stay. If she/he boasts of his awards, leave him. If he copyrights everything he does, leave him. If he demands money, leave him. To appreciate your mentor, invite him/her for meetings into walks in the forest. Do sadhana to read one chapter of a textbook each day for 108 days and discuss the chapters with your mentor. Bring small gifts of leaves, fruits, books, foods, when you visit. Learn and draw out the collaboration of study from your mentor. The relationship with a good mentor in Ayurveda is one of the most important bonds for propagating science.





F E E L G O O D

Decluttering your living space helps to lift up the mood. Good ventilation and good light are add ons.



LIVING WITH DEPRESSION

It's okay not to be okay

'C' liked to be active, loved going out and gardening. Since the onset of arthritis, she stopped all of this. She was not picking up calls. She sat with closed windows. She would avoid talking to people for some days. Most of her friends have passed. Although her family was around she did not like to bother her daughter.'

'J' ran a very successful business. After mounting disputes at home and work he could not cope. He did not sleep and eat. His family struggled to get across to him. He had temper outbursts regularly. This was all new to him and those around him. He kept to himself. He declined to go out and limited himself to his bedroom'.

We all tend to feel low or sad at some point in our lives as a result of circumstances around us. It sometimes helps when we talk to someone. But this feeling does not usually last for more than two weeks.

In depression, this feeling does not go away and lasts longer than two weeks and more. It could carry on for weeks or months. This is accompanied by low mood to a degree that is unusual for the individual. It is present most of the day and nearly every day. There is also low energy and increased tiredness. He or she is unable to take interest or enjoy normally pleasurable activities. You may start to notice pains, constant headaches or sleeplessness. Physical symptoms like this can be the first sign of depression.

It starts to affect your daily life. Generally, we tend to see symptoms like inability to cope with the normal chores or routines and generally feel utterly tired. It slowly begins to affect your self- confidence and self-esteem. With this comes an unreasonable feeling of self-blame and excessive guilt. It can make you feel hopeless and worthless. It becomes a mammoth task to focus and concentrate. You notice that decision making becomes harder. Loss of appetite is accompanied by loss of weight. Some people find they do the reverse and tend to put on weight. Going to bed and attaining sleep becomes tedious. You notice that it can take one to two hours to get off to sleep. Sleep is disturbed and you wake up earlier than usual. After you wake up low mood prevails most of the time and at times your mood can pick up by evening. There is a general loss of interest in life and an inability to enjoy anything. This can result in agitation or restlessness. Some may also present with generalized slowing down. It can affect your relationship with your spouse and reduce libido. It can result in feelings of inadequacy and then being useless. Limiting social contact and avoiding other people could happen. It affects your temper and causes irritability. All of this may result in a tendency to use more tobacco, alcohol or drugs than usual. Some may result in self-harm.

Your family and friends who know you well may observe the changes. It may need a lot of persuasions before you notice that something is wrong

Why do we have depression?

We like to understand the reason for depression. There are several and these reasons vary among individuals. Sometimes there is a specific reason. At times there is more than one reason.

Events in your life like unemployment, moving home, starting a new job, bereavement, divorce, ending of a relationship, children leaving home maybe some of the causes. In addition to these, there could be other causes like being bullied and abused. Living alone with no one to share your feelings with can make things worse as well. Some of us are prone to develop depression because of genetic makeup or childhood experiences.

Alcohol intake and substance misuse can make you depressed. Poor health can contribute to low mood. There are many health problems which are quite difficult to manage and trigger the onset of depression. Life-threatening illnesses like cancer and heart diseases can lead to depression. Others like arthritis can be longstanding and painful. Hormonal problems related to thyroid and parathyroid can contribute to depression. Ongoing sleep and related disorders can be an issue as well. Others like stroke and Parkinson's disease are a few to name.



Variable presentation?

Depression may have a variable presentation in different age groups and gender.

Children may present with irritability, mood swings, doing poorly in school, avoidance, sleep problems and physical health problems. Older adults may present with loss of interest in life, loss of appetite, pain, sleep, feeling tired, hypochondriac concerns and memory loss. Physical illnesses can give rise to symptoms similar to depression.

It can affect women after the birth of their baby. The time of onset can be variable. At times it can start before delivery. Menopause and menstrual cycle-related problems can also affect mood. Men may present with more irritability, anger outbursts, aggression and risky behaviours.

The right time to take help?

To seek help at the right moment is important. It is often difficult for other people to understand what the individual with depression is going through. There is a worry of being judged along with stigma. As a result, there is a tendency to mask the symptoms for a long period. Sometimes it takes the persuasion of a close one before help is sought. It can happen to anyone at any point in life. It is important to recognize when symptoms start to affect and interfere with your daily life. This will be the appropriate time to ask for specialist help.



Dr Sheeba Ninan



JEWELS OF AYURVEDA

As this is a new segment, the format of the same is given here in a gist for the better reading experience.



1. Author, Region, Period and School: Eliciting the proper knowledge about a context in literature requires the knowledge of the particular context, region and period of the text, school of thought of the author, and his methodologies. (Ca. Su. 26/37).
2. Anubandhacatuṣṭaya: Learning of any text has to start with the knowledge about four aspects: i) Adhikāri: Reader or Learner of interest, ii) Viśayaḥ: The topic of interest iii) Prayojanaṃ: The purpose of the text, and iv) Sambandhaḥ: The interrelatedness of the above three. (Vedāntasāra Sūtra 1.5)
3. The uniqueness of the text shall be appraised by analyzing its contribution in the three skandhas; Hetu, Lakṣaṇa and Auśadha.]

“KALYĀṆAKĀRAKAṂ”

AN ARCHETYPE OF JAINA AYURVEDA



Vaidya Karthik K P

Introduction

“Multiple medical sciences or texts subsist globally”, opines Agniveśa, in his magnum opus, the Caraka Samhitā. Delving deep into history, it becomes evident that every community had “its own” Ayurveda. Kalyāṇakāraḥ is such a text that prevailed in the Jaina community. Historical references allude to the presence of a separate medical system among them called Prāṇāvāyaṃ or Prāṇāyuh. They have also attributed eight preceptors for each branch of the ‘Eight-fold Ayurveda’. Kalyāṇakāraḥ includes all the eight branches, and also has introductions of newer genres like Rasaśāstra, and throws light into both the principles and practices of Ayurveda prevalent in the Jain coterie.

Author, Region, Period & School

The text has been written by Ācārya Ugrāditya, contemporary to the King of Rāṣṭrakūṭa dynasty, Amoghavarṣa Nṛpatuṅga I and the Cālūkyā King Viṣṇuvardhan V, hence of the period, estimated to be around 814 – 878 C. E. Ugrāditya mentions that the text was written at Rāmagiri that is arguably considered as Ramtek (Maharashtra) or the region between Koraput (Odisha) and Śrīkākulam (Andhra Pradesh). The author considers Śrīnandi as his mentor. Though the text seems to adopt certain ethical and philosophical aspects from Caraka Samhitā, in clinics i.e. diagnostics and therapeutics, Suśruta Samhitā influences this text more. It is more pronounced when he considers Guru and Laghu as vipākas, accepts the daily manifestation of multiple seasons, quotes the six kriyākālās and adopts Kalyāṇalavaṇa and Patralavaṇa in Vātavyādhi treatment. The text contains twenty-five chapters, called Parichhedās.

Anubandhacatustayam

Adhikāri: The disciple of the right community who is intellectually sharp, smart, virtuous and humble, and has set out to be a Vaidya.

Viśayaḥ: Prāṇāvāyāḥ, the Śāstra that uses Cikitsā to uproot Karmaḥ, the sole cause of all miseries through Upāya (active interventions) and Kālakrama (supporting and allowing the karmaḥ to subside by itself).

Prayojanam: Preservation of intact health, restoration when impaired, and through health, freedom from Karma and attainment of salvation or Mokṣa (via the other three – Dharma, Artha, Kāma)

Sambandhaḥ: The student who studies and practices this text, shows the path to salvation to the deserving ones.

Uniqueness of the text

HETU

The noteworthy contributions of Kalyāṇakārakaṃ in the three segments, namely Sūtra, Śārīra, and Nidāna are:

Sūtra

The author, in his work, takes effort to elaborate most of the existing as well as newly introduced technical terms. Loka, Vaidya, Ayurveda, Jīva, Maraṇa, etc. He makes a clear distinction between the worldly and spiritual variants of health or Svāsthya. He divides Svāsthya into two types: Vyāvahārika (worldly) and Pāramārthika (that is ultimately true). The definition of the former abides by the definition of Svāsthya by Suśruta. The latter is the one desired by the noble soul who knows the inner meaning of life. It is eternal, unique and is attained by the decline of Karmaḥ (deeds). Meanings of many of the conventional terms are in line with the classic texts, though some exceptions persist. Eg: Sāmya is defined as Saumyabhāva and not proper execution of functions.

Śārīra

Peculiarities are seen from the very description of birth and death. Soul is called Jīva in Jainism. The process of birth is characterized by the entry of Jīva into the united Śukra and Rakta. This union then procures six factors needed for further growth and development. These factors are called Paryāptis. They are food, body, senses, breath, mind, and speech. Treatment is deserved by the virtuous ones, who have all or some among these six factors, the five senses, and Samjñi (ability to discriminate between right and wrong). He has briefly described the signs and management of menstruating and pregnant women. The knowledge about Marmas or vital points are also encompassed.

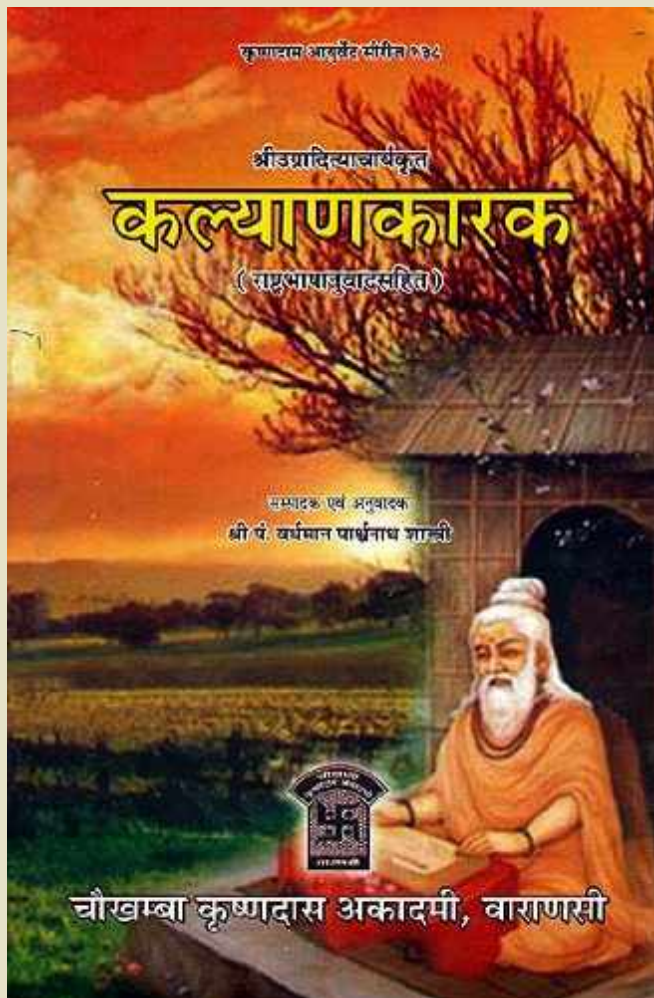
Nidāna

Every derangement from normalcy is attributed to multiple causes, which are to be differentiated on basis of their attributes and significance. The primary cause of every disease is one's Karmaḥ and remaining are just its specifications.

Linga

The most remarkable aspect of Kalyāṇakārakaṃ is its unique distribution of diseases among chapters [index and contents of chapters are available online]. A classification of certain diseases as Vāta, Pitta, and Kapha vyādhis is seen.

Vāta (Vātavyādhis, Vātaraktaḥ) **Pitta** (Raktapitta, Pradara, Visarpa, Vatarakta, Jvara, Atisāra) **Kapha** (No specific disease)



Remaining diseases are grossly classified as Mahān and Kṣudrarogas. Prameha, Kuṣṭha, Udara, Vātavyādhi, Mūḍhagarbha, Arśas, Aśmari, and Bhagandara come under Mahārogas. The rest are considered Kṣudrarogas and have been explained in multiple chapters that follow. Diseases belonging to the disciplines of Śalyatantra, Śālākya tantra and Bālacikitsā are also covered in these chapters. The inclusion of (upper and lower) respiratory tract disorders like Śvāsa, Kāsa, Pratiśyāya together, and in the same chapter, mentioning upper GI tract disorders like Chardi, Arocaka, etc. and Svarasāda denotes his salient understanding of pathogenesis. The conditions in Agadatantra also have been explained in brevity.

One of the significant contributions of Kalyāṇakārakaṃ to the field of diagnostics would be the elaborate description of Āyuhparīkṣā or knowledge of the lifespan. He insists on the use of Astrology, omens, dreams, etc. for estimating the lifespan of the patient. He also gives descriptions regarding bodily features that indicate one's lifespan. The indicators of approaching death are elaborated in multiple chapters.

AUṢADHA

The highlight of the Materia medica of the text is that it (as per the customs of Jaina traditions) prohibits the use of substances collected by harming animals like meat, musk, bile, etc. Moreover, the author has his documentations of observations like Kaphaharatva of Dadhi (curd), Śītavīrya of Māṣa (Vigna mungo), and Laghutva of Tila (Sesamum indicum). He also adds unique groups of drugs like Lavaṇīgaṇa (five drugs that are predominantly salty, the group doesn't contain any salts though).



Useful predominantly in Aśmari and Mūtrābhiṣaṅga), Pañcabṛhatīgaṇa (effective in Kuṣṭha, Kṛmi, Viṣa, Jvara, etc.), Pancavallīgaṇa (useful in Kuṣṭha, Kṛmi, and other blood-related disorders), etc. are examples. The text quotes the sixty modalities (Ppakramas) of Suśruta, and acknowledges four types of Karmas – Kṣāra, Agni, Śastra (includes the blood-letting methods), and Auṣadha. Under Auṣadha, the modalities like Snehana, Svedana, and Pañcakarma are explained. The role of Udvartana in Vāta conditions characterized by emaciation, and in Pitta-Rakta conditions have been recognized. The general treatment of Vātavyādhis, Pittavyādhis, and Kaphavyādhīs, and drugs apt for cleansing in them are mentioned. Mercury, its processing and usage are dealt with in a separate chapter, namely Rasarasāyanādhikāraḥ. Other than these, the formulations common in the great trio like Vyoṣādi cūrṇaṃ (popular as Avipatti), Navāyasa lauha (sugar candy is included in its anupāna with ghee), Aṇutailaṃ (prepared using oil of Pīlu (Salvadora persica) and Tila along with curd and milk, using Vāta pacifying drugs as a paste), Patralavaṇa and Kalyāṇalavaṇa are mentioned. Simplified versions of formulations like Drākṣādi kaṣāya are also seen in the text.

Status in press

The book was first published in Kalyan Pawar printing press, Solapur in 1940. The Chief Editor was a non-Vaidya, Sri Vardhamāna Pārśvanātha Śāstri. He was assisted by his physician colleagues, Śrī Bindumādhava Śāstri (author of Pañcakarma Bodhaka Kathā, which would be written about in the coming issues), Śrī Ananta Rajendra, Śrī Gaṅgādhara Gopal Guṇe. This version of the book is currently being published by Chaukhamba Krishnadas Academy, Varanasi. The text along with Malayalam translation, has very recently been published by Kunnath Mana publishers, authored by Dr. P. K. V. Anand, Professor and Head, Department of Panchakarma, Vaidyaratnam Ayurveda College, Ollur. The book has an elaborate preface that unveils different views, especially on the role of Vaidyas in the society and the history of Ayurveda in the Jaina community.

CONCLUSION

Kalyāṇakārakaṃ is an epitome of authentic, community-specific Āyurvedic texts, which have not compromised on their comprehensiveness. The author has taken utmost care to adhere to the fundamentals like Doṣa, Dūṣya, and Avastha which makes it a good read for students, practitioners and researchers who would like to hone and update themselves on the basics, their Jain perspectives, vivid definitions of terminologies, Materia medica, therapies and multiple other domains.

A woman is shown in a backbend yoga pose, specifically Ushtrasana (Camel Pose). She is lying on her back with her knees bent and feet flat on the floor, lifting her hips and arching her back. Her arms are extended upwards, and her head is tilted back. The image is dimly lit, with a soft light source from the side, creating a serene and focused atmosphere. A white rectangular box is overlaid on the image, containing the text "FEEL GOOD".

FEEL GOOD

The backbend postures in yoga like Ushtrasana, Dhanurasana, Chakrasana are few helpful postures to fight depression.

TEENAGE DEPRESSION

CHILDHOOD AND ADOLESCENT MENTAL HEALTH



NOTHING YOU DO FOR CHILDREN IS EVER WASTED

Children and adolescents have already been at home – with schools being shut early – for many months in several parts of India. Their regular schedules have been disrupted, with no clear idea of when they will be reopened. Even though they are having online classes they miss their playtimes, conversations and open classes which play an important role in psychological development. Children are confined to their homes and in some situations may be separated from the parent (s) because they are quarantined. In such times children may experience a range of psychological issues such as anxiety, fear, worry, depression, difficulty in sleeping, and loss of appetite. Quarantine and isolation may also lead to an acute stress disorder, Post Traumatic Stress Disorder and unaddressed grief in many children.



When we analyse childhood, teachers play a major role in their school life. This age is considered to be the starting of concrete logical operative thoughts according to Piaget's theory. That is, there happens a balance between fantasy & real-world challenges. Educating about their fantasy beliefs is one of the major tasks of a parent. As in the current situation, since there is no school education the role carried by teachers are vested on the shoulders of parents.

On the other hand, we know adolescence is the period of transition between childhood and adulthood during which there happen remarkable changes to the body. The changes happen at various levels including physical, intellectual, social and emotional levels that showers a feel of uncertainty, mental stress and anticipation. Even though they have a higher level of understanding when compared with children, they also have remarkable swings in emotions. These must be understood by the parents or guardians closely related to the child so that they feel safe and secure. Here safeguarding mental health is considered to be very important, to make them understand the realities of changes happening in them.

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General considerations during COVID period

Parents have to be aware of the normative developmental changes that occur during childhood and adolescence. Adolescents will have a better understanding of the COVID-19 related issues compared to children. Parents should engage in open, non-judgmental communication with their adolescents rather than having assumptions like "you don't know anything", "you will have to learn everything from parents" etc. Coping and Problem-solving skills of adolescents are better developed compared to children.

How can you cope children with difficult situation?

- Children are constantly exposed to information related to the pandemic in newspapers, TV news channels and social media. They may understandably have realistic and some exaggerated fears. They must be provided with clear information regarding the pandemic in an age-appropriate language. The aim is to reassure them and reduce exaggerated threat perception.
- Answer your children's queries but figure out a way of striking a balance. Too much information can cause panic and severe anxiety. Take your cues from the child.

- Make sure that children are not excessively exposed to pandemic related information. If the child hears or sees something upsetting, please put it in context for them.
- Answer questions honestly. Don't dismiss their worries. Don't make false promises. For instance by saying, "what is there to worry?" or "nothing will happen". Talk about what the family will do should anyone fall ill.
- Figure a new routine which the child can easily follow without stress as they must feel calm. This routine must include academic work, chores, play, interaction with peers and relatives over the phone or using other forms of technology as well as family time including a set time for meals and bedtime. They also feel happy when some indoor exercises are included as part of their routine – like yoga, stretches, skipping, etc.
- Have a proper family time and this is a good opportunity to reconnect with the family by playing indoor games like board games, cards, carrom, antakshari, etc. and outdoor games like badminton and tennis. These may be refreshing and will exercise both body and mind.
- Be calm with your child and try not to express your emotional issues in front of the child. Try not to transfer your anxiety to children.
- Watch out for repetitive reassurance-seeking – a sign of distress in children. If there is significant distress, seek medical help from a professional.
- If the child already has a mental illness or with a history of mental illness seek out medical help at the earliest. If your child is under any psychotropic medication do not discontinue the medication abruptly.

During the adolescent period, the child goes through many physical and mental changes. He/she struggles in understanding what is happening and becomes over-anxious. Self-centred thoughts and emotional instability are seen. Privacy becomes the most important aspect and intrusion to their boundaries create emotional breakouts. Bullying and body shaming imprints deep wounds. This is the age when one starts using alcohol, drugs and smoking, either just to try out or to fight with their confusions, loneliness and emotional irritability. So it is very important to stand by the side of the child and give them proper awareness especially about sexuality and reproductive health.

Depression: is it an adult disorder or can children be encountered with depressive episodes?

These are the doubts that may run through our mind because we consider children as immature to experience depressive disorders and in adolescent age, they have severe mood swings and such depressive moods are considered to be part of their normalcy. But studies recently prove children and youth experience depression associated with a range of adverse effects hampering social and intellectual developments. **Major psychological concerns during childhood and the adolescent period leading to depressive disorder.**



- Rejecting emotional tone from the part of their loved ones
- Parental conflict, parental deprivation / divorce
- Maternal depression
- Parental drug addiction, alcoholism etc.
- Sibling rivalry
- Increased screen time Eg. TV, Mobile etc.
- Comparisons with siblings, friends, ourselves
- Yelling especially in front of strangers

If these are not properly addressed what will happen?

The child may have emotional issues like insecure feeling leading to the distressed state owing to an anxious/depressive trait prone to BPAD, Schizophrenia etc in late adulthood which may present as clear cut symptoms like :

- Persistent and pervasive sadness
- Loss of interest or pleasure in activities
- Low self-esteem Excessive guilt
- Suicidal thought and behaviour
- Sleep and appetite disturbance
- Psychomotor agitation or retardation

In the majority of childhood cases, depression is associated with comorbidities like ADHD, oppositional defiant disorder(ODD), a conduct disorder may reflect antisocial behaviour in adulthood.

If the behavioural and/or emotional changes or above symptoms last for more than two weeks associated with/ without significant loss of sleep or appetite, physical aggression towards others, self-harm, death wishes or suicidal ideas or hopelessness or in case of any use of alcohol or other substances need immediate professional help.



WHAT PARENTS OF ADOLESCENT KIDS NEED TO DO?

Observe your child's emotional and behavioural changes, and try to understand them. Be a part of their changes and empathise. Listening is the way into their world. Try to have positive conversations as much as possible, try to keep a calm and happy family environment. Be supportive and also make them understand the value of money and help them to understand the limits with reasonable expectations. Early conversations about sex, healthy relationships and abuse. Promote limited use of gadgets and discuss the inclusion of healthy non-gadget activities as a routine. Teach them to solve the problems and not to run away from it. Values could not be taught but only shown by the parent's behaviour. The parent-child relationship should be respectful and with love. It should never be dominating. Always remember:- "you are different and your child is too"

COVID 19 is the biggest culprit in the current environment. The parents themselves are dealing with their difficulty. Same is with the children. All their social gathering and opportunities are down the drain. To deal with a child or teenage depression, most of the time the parent's anxiety issues have to be addressed. Seek professional help. Don't think of it as a taboo. Only with the help of parents, a beautiful future can be built.



Dr. Susmitha Chandran

DEPRESSION IN INDIAN WOMEN



Dr Amrutha S Nair

Depression is a common mental disorder that has emerged as one of the major public health concerns affecting more than 264 million people across the globe. The World Health Organization estimates depression as the single largest contributor to global disability. It accounted for nearly one-third of the total DALYs (Disability-Adjusted Life Year) caused by mental and substance use disorder. Depression is also one of the significant contributors to the global burden of disease in the current public health context. Globally, the proportion of the population with depression is estimated to be 4.4%, with more common among females (5.1% vs 3.6%) with a high prevalence in the 55–74-year age group in both genders.

In India, depression contributes significant morbidity, disability as well as mortality, along with critical socio-economic losses. National Mental Health Survey 2015-16 reveals that one in 20 Indians have suffered from depression at least once in their lifetime, amounting to more than 45million persons with depression in 2015. The burden of depression in terms of DALYs displays an increasing trend (67% between 1990 and 2013) and is projected to rise roughly by 22.5% by 2025.



Many contemporary studies have also showcased India as one of the most depressed countries in the world. Rapid socio-demographic transition combined with globalization, urbanization, migration, and modernization, could be the factors that accelerated depression rates in India.

Indian studies have consistently reported a higher prevalence of depression among women. National Mental Health Survey estimates higher rates of depression in females across all age groups. This has puzzled scientists as no biological factors could explain the reasons for the gender differentials in the prevalence of depression across the globe. However, the existing socio-cultural context combined with psychological and economic factors is sufficient to explain the surfeit of depression and anxiety experienced by women. Indian women have been witnessing gender-based discrimination for ages. The patriarchal society imposed gender roles in women that lead to domestic violence, workplace disparity, and abuse. This gender injustice plays a major role in making the woman vulnerable to depression. Multiple roles played by women to run the family, taking care of the child, taking care of the sick, and earning income are likely to lead considerable stress. There is established evidence that closely associates depression among women with intimate partner violence and partners' alcoholism. Often this distressing social and family dynamics push women into mental health issues and anxiety. Besides, lack of financial autonomy and poverty makes the situation nastiest. Many studies show a high prevalence of depression among the lowest income group.

Depression associated with pregnancy

Depression in women can occur at any time of their life with varied presentations. A significant proportion of women experience depression in all stages of pregnancy such as antenatal, perinatal and postnatal periods. However, one of the most common presentations is during the postpartum period. Postpartum depression occurs as the common complication of childbearing, affecting approximately around 22% (pooled prevalence) of the Indian women. It can have long term impact on women and her family. The children of depressive mothers likely to present emotional, behavioural, cognitive and interpersonal problems in later life. Therefore, postpartum depression is considered as a serious public health concern needing urgent intervention.



Depression after marriage

Marriage is a huge transitional phase for every woman, especially in a patriarchal society like India. Often, they find difficulties in balancing new responsibilities with expectations. As a result, they experience feelings of being trapped, bound, and sometimes worthlessness, which makes them vulnerable to depression and anxiety disorders. A study done in a group of females in Coimbatore reports 66% of the young woman in their sample experienced post-marital depression.

Depression associated with illness

People with chronic medical disorders are found to have higher rates of depression. Studies have established a bidirectional relationship between depression and chronic medical disorders. Women being a vulnerable group with chronic illness might experience even more difficulties in terms of accessibility to health services and medical costs incurred. Rural Women often cannot pull time for themselves due to the burden of family responsibilities. Therefore, traditionally they ignore their health issues or seek help from quacks or unqualified village doctors. Therefore, mental health issues like depression and anxiety remain undiagnosed or untreated.

Depression in elderly women

The elderly population is considered vulnerable as they face physical and social issues associated with old age. They may experience Multiple illness, social isolation, and loneliness, which will lead to depression. Gender is a risk factor in depression among the elderly population. Elderly women (>60yrs) tend to experience depression more than the opposite gender.

Impact of depression in Women

Undiagnosed and untreated depression will have a negative impact on the quality of life, results in poor functioning in all domains. People with depression experience poor emotional well-being and general health. Besides, they often display impaired social health. Women are the backbone of every family. Therefore, depression in a woman can affect the general health and well-being of other family members, especially children. Depression also has a significant economic impact, in households especially the poor. The Household with a member experiencing depression face disproportionately high out of pocket expenditure 14. This can push the families into catastrophic expenditure and poverty. At, worst depression can lead to suicides. The mortality associated with suicides in India in 2012 was over 258000 with the age group of 15-49 being most affected. These critical numbers raise serious concerns on the efficiency of the public health system and mental health interventions.

Way forward

Refined policies on mental health should be made considering gender and intersectionality aspects. Interventions should be designed particularly to address the concerns and issues of women in each age group. Women must be supported to open up about their problems without any fear of social stigma and seeking help whenever required. Social forums and women self-help groups should take part in giving awareness to vulnerable women, especially the rural and tribal. The intervention model should be community ownership where the women are empowered to take responsibility for their own health and well-being.

A woman with dark hair tied back, wearing a black tank top and dark pants, is sitting in a lotus position on a dark mat on a beach. She has her eyes closed and a serene expression. She has tattoos on her arms, including a colorful rainbow design on her left forearm. The background shows a calm ocean and a hazy sunset sky. A white rectangular box is superimposed over the center of the image, containing the text "FEEL GOOD" in white, spaced-out, uppercase letters.

F E E L G O O D

Breathing helps in slowing down the release of the stress hormone. Hence breathing techniques like Pranayama, Nadi Sodhana are good in both depression and anxiety.

ANXIETY DISORDERS

We feel anxious from time to time when facing an important event, or when we perceive some threat or danger, in daily life. Such everyday anxiety is occasional, mild, brief and normally people get over this anxious feeling easily. On the other hand, the anxiety felt by the person becomes a disorder when it occurs frequently, is more intense, and lasts longer.

Anxiety disorder is one of the most common groups of psychiatric disorders which involves excessive worry about everyday life circumstances, events or conflicts occurring for more than 6 months. Surveys suggest that up to 33.7% of the population are affected by an anxiety disorder during their lifetime. Anxiety disorders are also known as the most common mental health problem in women, that makes it harder for them to manage daily tasks and tolerate well with others, which often result in profound personal suffering.

The wide spectrum of Anxiety disorders includes generalized anxiety disorder (GAD), social anxiety disorder, panic disorder, and specific phobias. Each of these anxiety disorders is distinct in some ways, but they all share the same cardinal features like irrational and excessive fear, apprehensive and tense feelings, difficulty in managing daily tasks and distress related to these tasks.

The anxiety is difficult to control, is Anxiety has many effects on cognition and perception which is accompanied by somatic complaints such as palpitation, shortness of breath, sweating, various types of aches and pain. Subjectively distressing and produces impairment in important areas of a person's life. People often live with anxiety disorders for years before they are diagnosed and treated. It often co-occurs with other psychiatric conditions like depressive disorders too. The modern management includes pharmacological therapy and psychotherapy like CBT, Group therapy etc. Anxiety disorders are treatable, and early treatment can help to ensure better results.

In Ayurveda, features of various psychological disorders are mentioned by Acharyas, of which Chittodvega shows more similarity to anxiety disorders.



Aetiology

Satva, Raja and Tama are the normal characteristics of Manas and are called Triguna or Mahaguna. When the functioning of rajas and tamas are disturbed, due to Prajnaparadha (volitional misbehaviour), Asaatmaindriyarthasamyoga (deficient, excessive or perverted use of Indriyas) or Parinama (deficient, excessive or perverted incidence of seasons), especially by Avarasatva persons, constitute a pathological state of Manas leading to Manasika Vikaras like Irshya, Soka, Bhaya, Chittodvega etc.



Manobhigata i.e. stressful life events causing bereavement due to loss of wealth, unemployment, death of close ones etc, results in distortion of manas. As a result, anxiety arises due to dissociation of mind from what is desired and its association with what is undesired. Along with these factors, unhealthy food habits, violation of moral and ethical values can also affect the mind and leads to Chittodvega.

Pathogenesis of Chittodvega

Udvega is a common response to threats and a person having Pravarasatva can resist the ill effect of such emotional disturbance with ease. But a person having Avarasatva indulges in Pranjaparaadha, and with other Nidanasevana, causes aggravation of Manodoshas and leads to Manovikaras like Chittodvega. When these mental statuses are continued for a long period, they start influencing the bodily doshas especially Vata which is having a direct relationship with Rajas. Reduction in TarpakaKapha, that results in undernourishment of Indriyas and derangement of Sadhakapitta also occur. It manifests as Manobhramsa, Indriyopaghata (cognitive and perceptual deficits), Bhaya, moha, Krodha etc. In chronicity, this affects Agni, Ojas and gradually leads to depletion of Dhatus which again aggravates vata. Family history of psychiatric illnesses, Vatajaprakrthi, Avarasatva etc. are considered as risk factors. In modern parlance, the neurotic disorders including anxiety disorder are considered as a minor mental disorder as per Diagnostic and Statistical Manual of Mental Disorders(DSM-5). In Ayurveda, it is stated that Chittodvega is a minor mental disorder and is treatable. When the disease is not treated properly at the early stages, it attains chronicity and leads to major psychiatric illness such as Unmada.

Management

In mental disorders, there is a possibility of Tridosha impairment due to its chronic course. While analysing the symptoms of Chittodvega, the main feature is Udvegaavastha of manas(excited state of mind) characterized by Bhaya, Soka, Sammoha, Vyadhitendriyata, Kampa, Nidrabhramsa, Alasya etc. Vata and Pitta are the predominant doshas affected with a little role of Kapha. Due to the close interrelation of Sareerika and Manasikadoshas, increased Rajas and Tamas is also observed in this condition. In addition to these factors, the Alpasatvata of the person makes it worse. Hence the main aim of treatment of Chittodvega is to attain vata-pitta Samana, enhance Satvabala and rejuvenate the mind and body through Rasayana. As the disease displays cognitive and perceptual disturbances Indriyaprasadana is also needed. Therefore to alleviate the symptoms, the concept of Trividhachikitsa (Daivavyapasrayam, Yukthivyapasrayam and Satvavajayachikitsa) can be incorporated in the treatment of Chittodvega.

Daivavyapasrayachikitsa becomes relevant in mental disorders, in which the patient believes that the disease is due to an external factor. It includes measures like a mantra, wearing sacred herbs or precious gems, offerings to the deity, going for pilgrimage etc. These are some therapeutic techniques which indirectly calm down the anxious state of mind and help to avoid the stressors. In Chittodvega these measures can be administered after considering the patient's willingness and state of the disease. The culture and educational background, and comfort of the patient should be considered as well.

Yuktivyapasrayachikitsa includes the administration of medicaments as well as dietary regimens for the patient. It can be adopted for both Samana and Sodhana purposes. As the disease is vata pitta predominant with the little role of Kapha, Snehapana plays a vital role in Chittodvega. Snehapana can be done with vata-pitta Samanaghrita like Kalyanaka, Koosmandaswarasaghrita, Mahapaisachikaghrita or Tikthakaghrita. Sodhana (elimination of aggravated dosha) is essential in Prabhootadoshavastha and increased risk factors. Sodhana can be done by adopting various treatment processes like Vamana, Virechana, Nasya and Vasthi. It is said by Acharya's 'Budhiprasadam Balamindryanam' as the prime result of Sodhana.

As the disease is Vatapaittika, Virechana is an ideal option in Chittodvega. Avipathychoorna, Hridyavirechana etc can be used as Virechanadravya with appropriate Anupana like Ksheera, Drakshaswarasa etc. Vasthi like Ksheeravasthi and Yapana Vasthi which have Rasayana property on mind and body are found excellent in Chronic stress & anxiety management. While doing Vasthikarma, drugs like Yashtichoorna, which has a specific action in mental ailments can be added as Kalkadravya and various Ghritas mentioned in the context can be utilized as the Snehadravya.

Nasya can be employed in conditions of distorted perception and cognitive deficits. Properly administered Nasya gives good results in attaining clarity of sense organs, sound sleep and a cheerful mind. Brimhananasya is specially mentioned in anxiety conditions. Drugs like Ksheerabala, Dhanwantharathaila, medicated Ghritas mentioned in the context of Manorogas can also be adopted for Nasya.

After the administration of purificatory measures (Sodhana), Samana and Rasayanaprayogas are advised to manage the symptoms of Chittodvega. Drugs which has Medhyarasayana properties like Yashti, Swetasankhapushpi, Guduchi, etc can be used here. All these herbs possess anxiolytic action, enhance nourishment of the brain, producing tranquillity of mind, and improves memory that has been proved through various studies. Medicated herbs like Jatamansi, Aswagandha and Brahmi have anti-stress effects and also possess antidepressant and psychotropic activity, and provides neuroprotection. Sirolepa with drugs like Mustha and Amalaki, Sirodhara with medicated oils, Takra or Ksheera, is beneficial to relieve anxiety. Sleep disturbances can be better managed by doing Thalam with Ksheerabala, Kachooradichoorna, Panchagandhachoorna etc. Abhyanga can also be practised which helps to reduce subjective stress symptoms like aches and pain through pain modulation and promotes relaxation and improves mood.





Ksheerabala Tailam, Dhanwantharam Tailam etc can also be used for Abhyanga. The dietary regimen as well as the adoption of positive emotions like happiness, satisfaction etc comes under the Pathya of Manasaroga which leads to an improved sense of well-being, regulates hormonal functioning, and thereby reduces anxiety symptoms. The judicious usage of Ksheera, Ghrita, Draksha, Kooshmanda, whole grains, nuts, and a diet rich in Vitamin C and B is beneficial. Satvajayachikitsa is a unique approach of Ayurveda to treat the Manovikaras where the individual is advised methods to abstain from irrelevant thoughts and acts to bring the mind under control. Satwavajaya can be achieved through jnana (knowledge), Vijnana (analytical thinking), Dhairya, (courage), smriti (memory), and samadhi (concentration) according to Acharya Charaka. It can be considered as the different methods of a psychotherapy that includes supportive measures, assurances and proper guidance to calm the patient to increase Satvabala to cope with adverse conditions. In addition to these therapeutic techniques, Yoga practices are very much helpful for relaxation in anxiety disorders. Vajrasana, Sasankasana, Padmasana, etc. are ideal and can be used according to the conditions of the individual. Proper practices of Pranayama especially Nadisudhi Pranayama, Chandranuloma Pranayama, Seethali, etc have a calming effect on the mind; and correct emotional disturbances, sleep problems and anxiety.



Dr Sunil



Dr Sneha



Dr Sangeetha



MEDHYA LADDU

Easy & Healthy Recipe

Increased prevalence of psychosomatic and psychiatric diseases is linked to lifestyle changes and altered food habits. Multiple factors like Ahara Dravya (food items), cooking methods, utensils used for cooking and serving, Bhojana Kala (time of meals), state of mind while eating determines how the food affects the body and mind. Ahara is classified as Satvika, Rajasika and Tamasika in Bhagavad Gita. Satvika Ahara increases Satva Bala. Intake of Rajasika and Tamasika Ahara causes mood disturbances and in long run leads to psychosomatic diseases.

Medhya Rasayanas like Shankhapushpi, Yashtimadhu, Guduchi, Brahmi, Mandukaparni, ashwagandha is described in Ayurveda which improves overall psychic functions (Dhi, Dhriti and Smriti) and is used in treating psychiatric and psychosomatic diseases. Let us evaluate a sweet laddu recipe with Medhya drugs which promotes memory and intellect, improve concentration, relieve stress and can be used in persons with mood disorders.

Ingredients:

1. **Palm Jaggery: ½ cup**
2. **Ashwagandha powder: ¼ cup**
3. **Yashtimadhu choornam: 1 teaspoon**
4. **Sweta Shankhapushpi Choornam: ¼ teaspoon**
5. **Ghee: 3 tablespoon**
6. **Cardamom powder: 1 teaspoon**
7. **Godhuma choornam: 1 tablespoon**

Sweta Shankhapushpi choornam is used for therapeutic purpose. Patients with mood disturbances, depression can add it.

Sanskrit Name	Botanical Name	Malayalam Name
Ashwagandha	Withania Somnifera	Amukkuram
Yashtimadhu	Glycyrrhiza Glabra	Iratti Madhuram
Shankhapushpi	Convolvulus Pluricaulis	Shankha Pushpam

Preperation:

- Heat the palm jaggery till it melts and forms a string like consistency.
- Add Ashwagandha Choorna, Yashtimadhu Choorna and Sweta Shankhapushpi Choorna and mix well with palm jaggery.
- Add ghee and mix well.
- Add wheat flour and cardamom powder to the mix and heat the mixture.
- Cool the mixture and when it is slightly warm, make medium-sized balls out of the mixture.

Medicinal Value:

- Rasayana drugs act as nootropic, adaptogen, immunomodulator etc.
- Ashwagandha is an adaptogenic drug used in combating stress and depression.
- The main active principle in Yashtimadhu is Glycyrrhizin which exhibits an anti-depressive effect.
- Shankhapushi reduces plasma cortisol levels.
- The combination also increases strength and boosts immunity.



Dr Reshmi M Nair

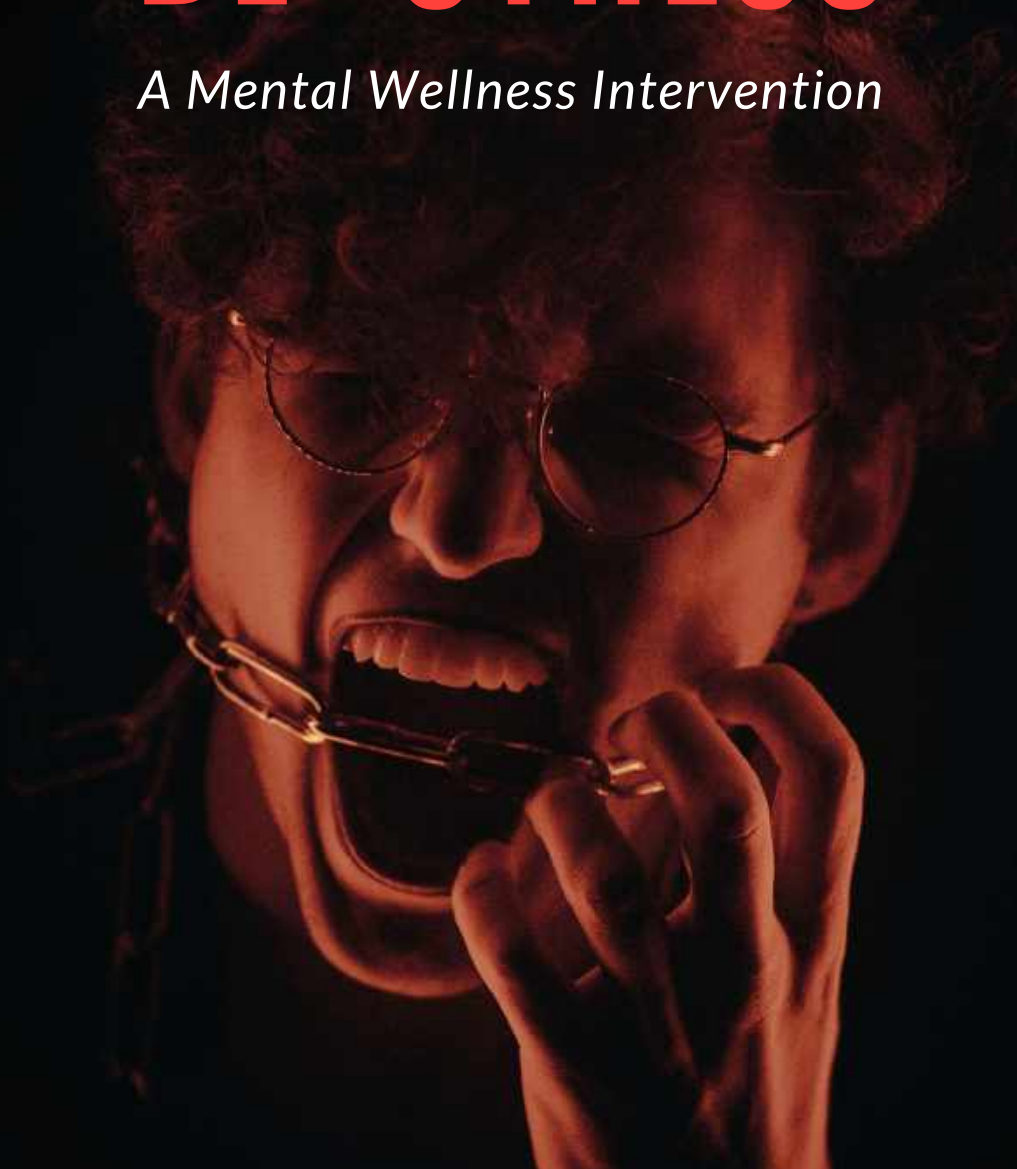
A woman with long dark hair, wearing a black and white striped shirt, is seated at a wooden table in a kitchen. She is eating spaghetti from a black plate with a fork. On the table, there is a glass of white wine and a black pepper mill. The background shows a kitchen counter with various items, including a teapot, a kettle, and a bowl of fruit. The text "FEEL GOOD" is overlaid in the center of the image.

F E E L G O O D

To prevent the relapse of depression, exercise well, eat good food, get enough sleep and always try to create a pleasant environment.

DE-STRESS

A Mental Wellness Intervention



Looking at the lifestyle diseases that pop up in middle to late adulthood, the most common amongst the aetiology of each of them is the easily occurring, yet the complicated one to resolve, the STRESS factor. Everyone feels stress in different ways and reacts to it differently as well. From the time of birth, man is in a constant struggle for a living; be it the eustress that promotes living or the distress that works towards retardation. The stress that accumulates over time on one's body and mind is the prime culprit in imparting lifestyle diseases. Studies reveal that how much stress one experiences and how one to tackle it can lead to a wide variety of health problems over time. The same has been mentioned in the classics of Ayurveda, Yoga and Naturopathy where Ahara, Vihara, Vichara has been given a focus over the psychological part as well. Today when the world is rushing towards preventing and resolving lifestyle diseases by following healthy lifestyles and stress management, a major part of the population is still struggling and piling up more and more stress to stay fit. Reaching a BMI target or having a disease-free blood profile does not mark fitness until one is mentally doing well. And learning to stay mentally fit is the highest challenge in today's era.

The Psychology Of 'healthy'

Health psychology is a relatively new field of study that focuses on these very issues, or more specifically, the role of psychology in maintaining health, as well as preventing and treating illnesses. Our emotions, thoughts, and behaviours play an important role in our health. Not only do they influence our day-to-day health practices, but they can also influence how our body functions.

Biopsychosocial Model of Health

Biology, psychology, and social factors are important in the development of diseases. This model replaces the older Biomedical Model of Health, which primarily considers the physical, or pathogenic factors contributing to illness.

So do different feelings have a role in our body's function...?! Thanks to advances in medical technology, there is a growing understanding of the physiology underlying the mind-body connection. Health psychology researchers working in the fields of psychosomatic medicine and psychoneuroimmunology explain how factors like stress can make us physically sick.



Why Yoga?

Yoga is generally thought of as an adult's method of exercise to maintain their body and prepare to face old age health problems. But the fact is that yoga is not just a physical exercise, it involves systemic breathing patterns along with muscular relaxation, which enhances the complete body system, with a core influence over the brain and other neurological parts. Besides being an effective way to fulfill daily physical activity requirements, it helps in being more coordinated and improve concentration and memory, resulting in complete relaxation.



Yoga isn't for retirement days!!

De-Stressing from the accumulation of the chronic stress factor is the easiest and self-preventing factor that one can provide to his own health. Unfortunately, we come across these quite late in life when there is less scope for rectification. Over the various stress management and mental wellness researches, yoga and meditation has been interestingly the top listed ones at present and studies are revealing the effect of these over health.

During the early life stages, we tend to learn right hygiene practices, good eating habits and even moral sciences and religious practices. But little do we learn regarding the significance of mental wellness over one's life goals. Very less do we work towards imparting the significance of mental wellness among children or young individuals, as a means to the prevention of lifestyle diseases, though we highly take care about their diet and nutritional supplements.

The utility of mental wellness activities during the teenage years is significant for the mind as the brain continues to develop through adolescence. The proper development of the prefrontal cortex; which acts in the planning, organization and regulation of mood; gives the ability to concentrate and think, rather than act on impulse, is critical in being successful throughout all life stages. Thus, the right intervention at the right time is an early step for a healthy tomorrow.

Research on the influence of stress management techniques like yoga and meditation with a comparative study of the psychometric scales which is indicative of the stress components that directly influence an individual's health signifies the importance of learning and practising stress management.

The intervention of yoga in school curriculum can thus be delivered as an effective way other than the conventional practice of physical education, to teach the growing population the habit of de-stressing themselves, a habit of self-healing and in the long run, a life free of lifestyle diseases.

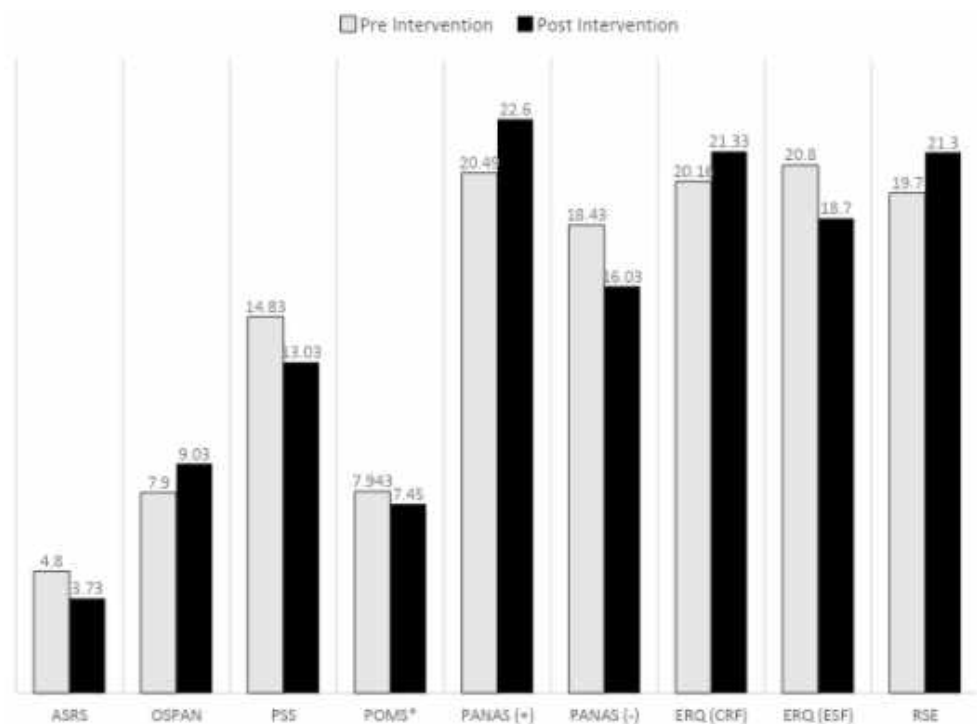
The following study is an attempt on the psychosocial health benefits of yoga to analyse the mental wellbeing among children and adolescents, henceforth making room for implementing Yoga as a mode of physio – mental education in schools. Regular practice of yoga is expected to relax mind and body thus providing better physical and psychosocial performance. The study evaluates the impact of a yoga intervention program on children's social, emotional and cognitive outcomes. The findings from the research have contributed towards developing the following criteria for evaluating the effects of yoga on domains of academic skills and psychosocial performance of the participants that indicate their mental wellbeing. The study conducted on a pre-yoga and post-yoga evaluation of the subjects which was a population of 30 students from grade 9 – 12, the benefits of yoga intervention on the working memory capacity, attention, emotion regulation, self-esteem and the ability to deal with the unique stressors of the developmental period of adolescence was recorded using the following tools.

- Adult ADHD Self Report Scale (ASRS)
- Operation Span Task (Ospan)
- Perceived Stress Scale (PSS)
- Profile of Mood Status – Short Form (POMS – SF)
- Positive Affect Negative Affect Scale for Children (PANAS – C)
- Emotion Regulation Questionnaire (ERQ)
- Rosenberg Self Esteem Scale (RSE)



Mean Scores And Standard Deviations Before and After the Yoga Program

SCALE	PRE INTERVENTION		POST INTERVENTION	
	Mean	SD	Mean	SD
ASRS	4.8	1.37	3.73	0.77
OSPAN	7.9	2.37	9.03	2.04
PSS	14.83	1.82	13.03	1.56
POMS				
Total Mood Disturbance	79.43	3.77	74.5	3.16
PANAS				
Positive Affect (+)	20.49	3.09	22.6	3.26
Negative Affect (-)	18.43	3	16.03	2.6
ERQ				
Cognitive reappraisal facet	20.16	4.9	21.33	4.42
Expressive suppression facet	20.8	4.15	18.7	3.66
RSE	19.7	2.58	21.3	2.4



The scores obtained in the pre-yoga and post-yoga interventions provide an inclination towards the positive impact of yoga on various aspects of psychosocial wellbeing. Above figure represents graphic information of the differences in the pre-yoga and post-yoga intervention scores of the instruments used for the psychometric evaluations. The evaluation of yoga on different domains of physical fitness, psychological wellbeing and social wellbeing was explored over the transition stage of child and adolescents. The scores are supportive of the fact that yoga intervention helps for better performance in mental wellbeing. An improvement in the mood variations with a decreased total mood disturbance score, a decrease and consistency without an increase of perceived stress is indicative of positive impact over the individual. Through a long term practice, a remarkable difference is expected to be met with the provision of including yoga in a student's life.

The intention is to bring about an adaptation among the young generation, towards a more stress-free life; which is possible only when they learn the significance of mental health. We do dental check-ups, regular health check-ups and even investigate the nutritional status of the child; but rarely do we spare for their mental health and wellbeing. On understanding brain development in children and adolescents, we see that the emotion regulation domain develops during this period of their life. Hence, the right time to help them redirect towards a more organised psychosocial health domain is at this point in time.

And yes, the best way to impart this is through an academic curriculum, along with Science and Mathematics, where every child has it mandatory to learn how to destress themselves.

Let's move out from the conventional physical education style of assessing health; Health Science is far developed. Make it a point that apart from your cultural and religious and traditional practices, your child also learns to help himself be in a state of well-being...!



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I'll be stronger than my sadness

