ABSTRACT
Depression is a common psychiatric disorder; it affects very severely the patient's life, when it persists for a very long time. Depression is often undiagnosed & even more frequently, it is treated inadequately. Yoga has emphasized the need of psychosomatic approach to entire problem of health & disease from very beginning. In Yoga texts, Depression has not been clearly mentioned. But it has been found that after study of modern literature and researches regarding yogic effect on depression, we may create effective modules for clinical management.

Keyword: Depression, Vata, Pitta, Kapha, Asana, Pranayama and Meditation

Introduction:
In the period of modernization man suffers from various psychological diseases. One of them is depression. Approximately 15% of population experiences major depressive episode at some point of life. Depression is often undiagnosed & even more frequently, it is treated inadequately. If physician suspects presence of major depressive episode, physician should also assess the risk of suicide by direct questioning. If significant risk factor exists e.g. past history of suicide attempts, profound hopelessness, concurrent medical illness, substance abuse or social isolation, the patient must be referred to mental health specialist for immediate care. Depression is a significant contributor to the global burden of disease and affects people in all communities across the world. Today, depression is estimated to affect 350 million people. The World Mental Health Survey conducted in 17 countries found that on average about 1 in 20 people reported having an episode of depression in the previous year. Depressive disorders often start at a young age; they reduce people's functioning and often are recurring. For these reasons, depression is the leading cause of disability worldwide in terms of total years lost due to disability. The demand for curbing depression and other mental health conditions is on the rise globally. Most people feel depressed at times. Losing a loved one, getting fired from a job, going through a divorce, and other difficult situations can lead a person to feel sad, lonely, scared, nervous, or anxious. Depression is more than just sadness. It interferes with daily life and causes pain for you and everyone who cares about you. It's a common illness, but a very serious one. The term “depression” often characterizes feelings of being sad, discouraged, hopeless, irritable, unmotivated, as well as a general lack of interest or pleasure in life. When these feelings last for a short period of time, it may be called a passing case of “the blues.” But it's likely to be a depressive disorder when they last for more than two weeks and interfere with regular daily activities. Depressive disorders, also known as mood disorders, include three main types: major depression, persistent depressive disorder, and bipolar disorder. Depressive disorders can affect people of any age, including children, teenagers, adults, and elderly adults. Sadness is something we all experience. It is a normal reaction to difficult times in life and usually passes with a little time. When a person has depression, it interferes with daily life and normal functioning. It can cause pain for both the person with depression and those who care about him or her. Doctors call this condition “depressive disorder,” or “clinical depression.” It is a real illness. It is not a sign of a person's weakness or a character flaw. You can't “snap out of” clinical depression. Most people who experience depression need treatment to get better. Depression is a common mental disorder that presents with depressed mood, loss of interest or pleasure, decreased energy, feelings of guilt or low self-worth, disturbed sleep or appetite, and poor concentration. Moreover, depression often comes with symptoms of anxiety. These problems can
become chronic or recurrent and lead to substantial impairments in an individual's ability to take care of his or her everyday responsibilities. At its worst, depression can lead to suicide. Almost 1 million lives are lost yearly due to suicide, which translates to 3000 suicide deaths every day. For every person who completes a suicide, 20 or more may attempt to end his or her life (WHO, 2012). There are multiple variations of depression that a person can suffer from, with the most general distinction being depression in people who have or do not have a history of manic episodes.

**Signs and Symptoms**

Sadness is only a small part of depression. Some people with depression may not feel sadness at all. Depression has many other symptoms, including physical ones. If you have been experiencing any of the following signs and symptoms for at least 2 weeks, you may be suffering from depression:

- Persistent sad, anxious, or “empty” mood
- Feelings of hopelessness, pessimism
- Feelings of guilt, worthlessness, helplessness
- Loss of interest or pleasure in hobbies and activities
- Decreased energy, fatigue, being “slowed down”
- Difficulty concentrating, remembering, making decisions
- Difficulty sleeping, early-morning awakening, or oversleeping
- Appetite and/or weight changes
- Thoughts of death or suicide, suicide attempts
- Restlessness, irritability
- Persistent physical symptoms

**Factors That Play a Role in Depression**

Many factors may play a role in depression, including genetics, brain biology and chemistry, and life events such as trauma, loss of a loved one, a difficult relationship, an early childhood experience, or any stressful situation. Depression can happen at any age, but often begins in the teens or early 20s or 30s. Most chronic mood and anxiety disorders in adults begin as high levels of anxiety in children. In fact, high levels of anxiety as a child could mean a higher risk of depression as an adult. Depression can co-occur with other serious medical illnesses such as diabetes, cancer, heart disease, and Parkinson's disease. Depression can make these conditions worse and vice versa. Sometimes medications taken for these illnesses may cause side effects that contribute to depression. A doctor experienced in treating these complicated illnesses can help work out the best treatment strategy. Research on depression is ongoing, and one day these discoveries may lead to better diagnosis and treatment.

**Types of depressive disorders**

**Major depression:** Severe symptoms that interfere with the ability to work, sleep, study, eat, and enjoy life. An episode can occur only once in a person's lifetime, but more often, a person has several episodes.

**Persistent depressive disorder:** A depressed mood that lasts for at least 2 years. A person diagnosed with persistent depressive disorder may have episodes of major depression along with periods of less severe symptoms, but symptoms must last for 2 years. Some forms of depression are slightly different, or they may develop under unique circumstances. They include:

- **Psychotic depression,** which occurs when a person has severe depression plus some form of psychosis, such as having disturbing false beliefs or a break with reality (delusions), or hearing or seeing upsetting things that others cannot hear or see (hallucinations).
- **Postpartum depression,** which is much more serious than the “baby blues” that many women experience after giving birth, when hormonal and physical changes and the new responsibility of caring for a newborn can be overwhelming. It is estimated that 10 to 15 percent of women experience postpartum depression after giving birth.

**Seasonal affective disorder (SAD),** which is characterized by the onset of depression during the winter months, when there is less natural sunlight. The depression generally lifts during spring and summer. SAD may be effectively treated with light therapy, but nearly half of those with SAD do not get better with light therapy alone. Antidepressant medication and psychotherapy can reduce SAD symptoms, either alone or in combination with light therapy.

**Bipolar disorder** is different from depression. The reason it is included in this list is because someone with bipolar disorder experiences episodes of extreme low moods (depression). But a person with bipolar disorder also experiences extreme high moods (called “mania”). These periods of highs and lows can be distinct episodes recurring over time. Or they may occur together in a mixed state: symptoms of mania and depression experienced together. Symptoms often include agitation, trouble sleeping, significant change in appetite, psychosis, and suicidal thinking. A person may have a very sad hopeless mood even while feeling extremely energized. Mood swings from manic to...
depressive are often gradual, although they can also take place abruptly. Often people with bipolar disorder experience periods of normal mood in between mood episodes. During the manic phase, a person may experience abnormal or excessive elation, irritability, a decreased need for sleep, grandiose notions, increased talkativeness, racing thoughts, increased sexual desire, markedly increased energy, poor judgment, and inappropriate social behavior. A manic episode is diagnosed if an elevated mood occurs with three or more primary symptoms present most of the day, nearly every day, for at least one week. With an irritable mood, four additional symptoms must be present for a diagnosis. Signs and symptoms of a manic episode can include the following:

- Increased energy, activity, and restlessness
- Excessively high, overly good, euphoric mood
- Extreme irritability
- Racing thoughts and talking very fast, jumping from one idea to another
- Distractibility, inability to concentrate well
- Little sleep needed
- Unrealistic beliefs in one's abilities and powers
- Poor judgment
- Spending sprees
- A lasting period of behavior that is different from usual
- Increased sexual drive
- Abuse of drugs, particularly cocaine, alcohol, and sleeping medications
- Provocative, intrusive, or aggressive behavior
- Denial that anything is wrong

During the depressive phase, a person experiences the symptoms of major depression. A depressive episode is diagnosed if five or more primary depressive symptoms last most of the day, nearly every day, for a period of two weeks or longer. Signs and symptoms of a depressive episode can include the following:

- Lasting sad or empty mood
- Feelings of hopelessness or pessimism
- Feelings of guilt, worthlessness, or helplessness
- Loss of interest or pleasure in activities once enjoyed, including sex
- Decreased energy, a feeling of fatigue or of being “slowed down”
- Difficulty concentrating, remembering, making decisions
- Restlessness or irritability
- Sleeping too much, or having trouble sleeping
- Change in appetite or unintended weight loss or gain
- Thoughts of death or suicide Suicide attempts

Yoga and Ayurvedic Approach for depression

Psychosomatic approach to health & disease is very recent development in modern system of medicine. But in Ayurveda has emphasised the need of psychosomatic approach to entire problem of health & disease from very beginning. Mind-body relationship & its significance in Ayurveda can be illustrated by number of fundamental issues such as psychological concept of evolution of universe, concept of Purush, Prakruti, Deha Prakruti as well as Manas Prakruti & identification of psychosomatic factor in causation & presentation of several diseases. In modern medicine provides no definite treatment non of drug introduced in therapeutics are safe & adequately effective Ayurvedic concept of Rasayan therapy, especially Medhya Rasayana, Achar Rasayana, Sadvratta, Swasthavritta, Yoga help in management of depression.

In Ayurvedic thought, consciousness, or 'chitta,' describes the totality of the contents of the mind, including conscious, unconscious, and superconscious thought, ideas, emotions, sensations, energy, will, memory, intuition, instinct, love and faith. Chitta contains all memories and attachments, all mental conditioning which distorts our perception and disturbs our emotions. The term 'chitta' encompasses the totality of our inner world, and Ayurveda and its sister science Yoga teach us that by learning to look within and observe the contents of chitta with clarity, we can grow mentally and spiritually. As human beings, we have the ability to perceive through the aspect of consciousness known as 'buddhi,' or intelligence.

Buddhi is the aspect of consciousness that is filled with light and reveals the truth. When one's Buddha becomes fully developed, one becomes a Buddha or enlightened one. The main action of intelligence is to discern the true and real from the false and unreal.

So what is the nature of the truth that is revealed when one's intelligence is fully developed? In Ayurveda, truth is understood as the awareness, beyond time and space, beyond thought forms and forms of all types, of the unity of all existence, of all of creation pulsating together as a variegated but singular expression of the unfolding of divine consciousness. The journey to this thought-free awareness of one's true identity as spirit is the journey towards moksha, liberation. This is the spiritual goal of existence.

Classical Ayurveda has the goal of alleviating all disease and suffering, including that related to chitta, which includes mental, psychological and emotional suffering. Ultimately the key to health on all levels is remembering one's true nature as spirit. When one remembers this truth and abides in this knowledge, one
chooses actions that are congruent with health and wholeness. Rather than identifying with the chitta, the personal consciousness, as the self, one recognizes one's broader identity (or lack thereof) as a drop of water in the ocean of consciousness, a part of the greater whole and not differentiated from it. Ayurveda looks at the world through an elemental model in which all aspects of manifest reality are created from the building blocks of the five elements - earth, water, fire, air, and ether. The earth element creates all solidity and stability. Earth is heavy, gross, dense, and static. The earth element provides material form and structure. In the mind, earth creates dependable, reliability, consistency, and stubbornness.

The water element embodies flow and liquidity. Water flows along the path of least resistance. It is moist, heavy, gross, and soft. The water element creates liquid matter, which has cohesion like earth but more movement and less density. In the mind, water creates love, gentleness, compassion, and attachment. The fire element represents light, heat, and transformation. It allows us to see, perceive, and change. Fire is hot, dry, mobile, and sharp. Fire creates the potential for growth and evolution by allowing us to digest knowledge and experience. In the mind, fire is linked to perception, anger, judgment, and criticism. Air is the source of all motion, the force that pushes. Neither fire, water, nor earth will move without the force of air behind it. Air allows us to do, to move, to breathe, and to be active. Air is light, subtle, flowing, and mobile. In the mind, air is the force that moves our thoughts. Ether is the subtlest of the five elements. It is the empty space that exists all around. Ether represents the field of existence on which all that happens plays out. Ether is present between all things and thus connects all things. As the backdrop to all existence, ether is extremely light, subtle, and clear and difficult to perceive compared to the other elements. However, it is omnipresent. Without ether, there would be no consciousness because there would be no space to contain it.

In Ayurvedic philosophy, the elements group together to form doshas, the three basic energies or principles that are present, in varying degrees, in all people and things. We each have a unique genetic blueprint, a unique constitution that accounts for the many differences in the way we look, feel, and behave. When the doshas are in balance in our bodies and minds, our health is optimal and we are peaceful and at ease. It is easier for the light of truth to shine and for perception to be clear and unmarred by negative thought patterns. However, the doshic balance can easily be disturbed by stress, environmental factors, and improper diet, which gives rise to negative emotions and physical and mental disease.

Vata dosha is the energy of movement, comprised of the elements of air and ether. When vata is in balance, we are creative, flexible, happy, and joyful. When out of balance, vata creates fear, anxiety, and ungroundedness. Vata is related to prana, the pure life force that animates us without which we could not survive for one second. Prana provides us with a sense of excitement about life, an inherent enthusiasm and joy.

Pitta dosha is the energy of metabolism or transformation, composed primarily of fire but always contained within water. When pitta is in balance, or perception is clear and we are logical, understanding, and quick to learn. As pitta goes out of balance, anger, jealousy, criticism and hate arise. Pitta is related to tej, the strength of the intellect and the capacity of the mind to understand, discriminate, and know truth. Kapha dosha consists of water and earth, and creates structure, strength and immunity. What kapha is balanced, love, compassion, and gentleness are expressed. When there is a vitiation of kapha dosha, the mind tends towards attachment, greed, and clinging. Kapha is related to ojas, the force of stability and contentment. When our ojas is strong and healthy, we have endurance and are able to withstand physical and mental stress. Without adequate ojas, we lack the reserve strength to contain all the motion and activity of prana and tej. Ojas is the protective foundation of good health.

Another important concept in Ayurvedic physiology and psychology is ama, or toxicity. Ama is like a viscous sludge that forms when foods or experiences are not fully digested. In the physical body, ama can clog up all bodily systems and suppress their healthy function. The same is true of the mind. Things that we see or hear stay with us, often leaving negative traces on our psychic fabric. Remnants of abusive, hateful, or violent things that we have heard or experienced become a cloudy haze in our consciousness, adversely affecting our ability to see clearly, love fully, and act harmoniously. A process of purification or detoxification is often necessary to return to a state of optimal health.

Finally, Ayurvedic psychology offers us the language of the three gunas of sattva (clarity), rajas (activity), and tamas (ignorance) to describe the state of a person's consciousness. The state of the gunas is reflected in the mind and the lifestyle. As a person evolves from ignorance to understanding, and from
understanding to transcendent awareness, the state of mind and actions of the person reflect this evolution. The cultivation of sattva is of great importance in rising above the negative and compelling dramas of the mind.

Sattvic consciousness is joyous, calming witnessing and observing, non-judgemental and compassionate, unconditionally loving, and without attachment. It creates a clarity and purity of mind, which allows the divine spark to shine through and a person's highest qualities to manifest. The state of sattva is a transcendent state, in which the dualities of good/bad no longer exist. It is achieved not by analyzing and resolving one’s personal dramas and conflicts, but by letting them go.

Rajasic consciousness is turbulent and dramatic, distorting the truth of experience through the muddy lens of the ego. It is in this state of consciousness that most of humanity finds itself. Always desiring, striving, and struggling, rajas lacks stillness and peace. The constant internal chatter obscures the truth of our divine nature, and blinds us to our purpose and potential. As one moves from rajas towards sattva, there is a process of questioning and reevaluation. Glimpses of awareness create emotional repercussions, and there is often attachment to the cycle of growth and learning and the pain that comes with it. The rajasic state of consciousness is characterized by constant mental activity.

The tamasic state of consciousness is rooted in ignorance, darkness and inertia. An individual with a predominance of tamas will usually not have a connection to anything beyond him/herself, seeing the world in a simplistic, self-centered framework. There is little mental activity or deep thinking, and dullness predominates. In its more extreme forms, tamasic consciousness will express itself through violent or harmful behavior.

Thus, the essence of the treatment of depression and all mental disease is to move from tamas to rajas, then from rajas to sattva, and finally to transcend sattva entirely as the mind becomes liberated from the bonds of individual egoic identity. Usually the totality of this process takes many lifetimes, although it doesn’t have to. By bringing the doshas into balance, purifying ama, and increasing sattva guna, an individual learns to skillfully use the human mind and the human body as tools. Remembering one’s true identity as a divine being, one wields the tools of the human form with awareness and intention, using them in the service of all beings.

The sense faculties, together with the mind, get vitiated by excessive utilization, non-utilization and wrong utilization of the objects concerned. This causes an impediment to the respective sense perceptions. If, again, due to correct utilization, they come to normalcy, they bring about the respective sense perceptions properly. Thinking constitutes the object of the mind. So the proper utilization of mind or mental faculty is responsible for normal or abnormal mental conditions. This is to say, if mind or mental faculties are properly utilized, this is conducive to the maintenance of the normal mental conditions; if not, abnormal conditions prevail.

This condition of normal utilization of the mind is the goal that Ayurveda strives for, using many methods of treatment including diet, herbs, mantra, pranayama, and pancha karma therapies. Classical Ayurvedic texts offer an understanding of mental illness that addresses many of the symptoms, root causes, and treatments of depression. They also provide instruction on the maintenance of health and prevention of disease. Normally, mind and sense faculties remain undisturbed. In order that they are not disturbed in any way, one should make all efforts to maintain their normal condition. This can be achieved by the performance of duties after duly considering their pros and cons with the help of the intellect together with the sense faculties applied to their respective wholesome objects and by acting in contradistinction with the qualities of place, season, and one's own constitution including temperament. So one, who is desirous of his own well being should always perform noble acts with proper care.

The person of a strong mind who does not indulge in meat and wine; who eats only healthy food, remains clean both physically and mentally, does not becomes affected by unmada. Mental health issues are present in vata, pitta, and kapha forms. Mental illness of all types is addressed in classical texts under the category of ‘unmada,’ insanity, which presents itself in different forms according to the dosha(s) affected. Many of the characterizations of unmada are applicable to modern clinical manifestations of depression. Intellectual confusion, fickleness of mind, unsteadiness of the vision, impatience, incoherent speech and a sensation of vacuum in the heart (vacant mindedness) - these in general are the signs and symptoms of unmada. Such a patient, with bewildered mind becomes incapable of experiencing pleasure and sorrow. He becomes incapable of conducting himself appropriately. Therefore, he loses peace of mind altogether and becomes devoid of memory, intellect and recognition. His mind wavers here and there.

Vata type depression can often be triggered by loss, which by creating emptiness in one's life, increases the
elements of air and ether. Loss of a partner, a job, a friend or family member, or a home can all contribute to vata type depression. Certain symptoms of depression, such as emaciation, are particularly linked to disturbances in vata dosha. Attachment, or clinging, to the object that is lost, is an attribute of kapha type depression, characterized by an increase in the elements of water and earth. Water creates cohesion and attachment, an enduring sense of connection, whereas earth creates a stubborn and enduring stability, a resistance to and discomfort with change. Sluggishness, lack of appetite, desire for solitude, and excessive sleep are kaphic manifestations of depression. Pitta type depression is often associated with the perception of failure or burnout, the state of mind that arises when one does not live up to one's own expectations of performance or achievement. Getting fired, failing a class, or not passing an exam can all be triggers of pitta type depression. Irritability and 'continuous anguish'\textsuperscript{28} are classical symptoms of pitta type depression.

It is important to remember that multiple doshas can be simultaneously vitiated, and that a patient's experience of depression may be dual-doshic or tridoshic (sannipatika). Traumatic events or abuse may trigger depression in all individuals, although those with a vata imbalance have less stability and often less endurance in the face of trauma. In treating depression, it is important to consider which doshas are out of balance and design treatment to restore balance. An important aspect in treating depression is reestablishing a harmonious relationship with the cycles of nature. Healthy routines include waking in the morning, around the same time as the sun. Rushing should be avoided as this creates anxiety and disrupts the mind. Food should be fresh, free of chemical residues, and well-prepared, and should be consumed mindfully. Sattvic spices such as ginger, cardamom and basil open the mind and the heart. Herbal formulas are instrumental in lighting the path towards growth and healing. Intake of ghee builds ojas and is recommended for those suffering from diseases of “impaired intelligence and memory.” Healthy eating habits include sitting still while eating, resting after meals to give food time to digest, chewing all food to an even consistency, and eating without distractions like music or television. Bedtime should be early, around 10 pm, to avoid aggravating vata. Daily practice of asana, pranayama, mantra and meditation is recommended to increase sattva.

**Pancha karma** is recommended in the classical texts as a treatment for mental illness. Internal and external oleation as well as fomentation are powerful methods of liquefying ama and purifying the channels of the body. Therapeutic emesis removes excess kapha and can alleviate depression, grief and attachment. Therapeutic purgation alleviates anger and irritability (pitta), and enema therapy treats fear, anxiety, insomnia and many other symptoms of vata mental disturbance.

The practice of **pranayama**, control of the breath, is the main way to increase prana, the vital life force. This can be a powerful practice for alleviation depression, especially of kaphic type. Pranayama increases the flow of energy in the nervous system and strengthens the mind. Alternate nostril breathing brings balance to the right and left hemispheres of the brain. Solar breathing can be used to alleviate kaphic depression as well. Inhaling through the right nostril and exhaling through the left burns ama and unblocks the flow of energy. The mantras RAM and YAM can be used in conjunction with this practice to bring in the energies of fire and air, respectively. Lunar breathing, which consists of breathing in through the left nostril and exhaling through the right, is calming and sedating, creating a grounding and stabilizing effect. This can be very helpful for vata and/or pittigenic depression. The mantras VAM and LAM can be used in conjunction with the solar breathing technique to activate subtle energies of water and earth.

The practice of pratyahara, or internal withdrawal of the senses, can alleviate the negative effects of sensory overstimulation and purge the mind from the barrage of sounds and image that often prevail in modern society. One could begin treatment by reducing those sensory inputs that are most negative or injurious to the mind and senses. The mind is fed by the senses in much the same way that the body is fed by food, and junk impressions create toxicity and disease. Going hiking, spending time in nature, gardening, and contemplating the sky, clouds, and stars are all forms of bathing the senses in harmonious impressions. Fasting from the media, especially screen-based media, can be a very effective method of reducing vata.

**Color and aromatherapy** also have applications in the treatment of depression. Use of the color gold can help to build ojas and increase mental endurance, stability and immunity.\textsuperscript{36} It is gently uplifting and transforms the consciousness to a sattvic state. Essential oils of tulsi, calamus, camphor and wintergreen can help to detoxify the channels of the mind and promote emergence from the dull haze of depression.\textsuperscript{37} Myrrh, frankincense, sage and mint promote the powers of perception.

**Mantra** is a powerful tool to change the energy field of the mind. All sounds, thoughts and words have their own vibratory power that affects the mind on the subconscious level. By repeating a mantra, it is
embedded into one's consciousness. This repetition gives us the power to change the dominant thought forms of our minds. Bija mantras are single syllable sounds that have no meaning beyond the vibratory power inherent in their sound. Mantras or prayers that invoke the names of God or the divine create positive thinking patterns and help to create connection with divine forces. Extended mantras, which can also be described as prayers, invocations, or affirmations, exist in all spiritual traditions and can be used to increase intentionality and work on particular aspects of healing. The use of mantra helps the mind develop its power of concentration and memory.

Ayurveda offers many tools in healing from depression, and as an ancient and evolving science is open to expansion and utilisation of new technologies and methods. By bringing balance to the doshas, increasing sattva, building ojas, and purifying ama, optimal health of mind and body can be achieved. Individualized treatment plans incorporate a diversity of modalities that address all aspects of the human being. Ayurvedic approaches to the treatment of depression can be combined with Western approaches to mental health care. The journey to perfect health is approached as a journey of spiritual development, a philosophy which heals not only the individual but also has positive repercussions throughout society.

**How Yoga Can Help**

Given the greater severity of symptoms, more difficult prognosis, growing numbers, and increased risk of suicide, finding non-debilitating and more effective treatments for people with mixed affective disorders is of integral importance. A growing body of evidence now supports what Yoga therapists and instructors have long seen and experienced: Yoga is helpful not just for physical issues like back pain, but for psychological illnesses such as anxiety and depression. Furthermore, research indicates that Yoga is helpful for anxiety and depression on multiple levels including thoughts, emotions, and nervous system functioning. For example, Yoga, in the form of ásana, práñâyâma, and relaxation techniques, has been shown to reduce both situational and chronic anxiety within a period of 10 days. Another study found that psychiatric inpatients who practiced Yoga reported significant mood improvements following a Yoga class. Improvements were noted on tension-anxiety, depression-dejection, anger-hostility, fatigue-inertia, and confusion-bewilderment. Two recent studies show how Yoga can influence the function of the brain and automatic nervous system. One study reported that practicing Yoga postures resulted in significant changes in brain levels of the neurotransmitter gamma-aminobutyric acid (GABA) after just one hour of Hatha Yoga. As described earlier, both depression and anxiety are associated with lower levels of GABA. Another study measuring the effects of Iyengar-style ásana practice among individuals with depression reported significant reductions in depression, anger, and anxiety, as well as changes in heart rate variability. While research concerning Yoga's effects on anxiety and depression is in its beginning stages, there is a much larger body of evidence supporting the beneficial effects of meditation, relaxation, and mindfulness for mood disorders. One systematic 10-year review of research found consistent, significant positive effects of relaxation on the symptoms of anxiety. Functional magnetic resonance imagery (fMRI) studies on the benefits of both meditation and relaxation suggest that meditation leads to positive changes in brain function and chemistry. Future research will likely show that Yoga, which includes meditation, relaxation, and mindfulness training, has similar benefits. The practice of mindfulness, which refers to the ability to focus one's awareness on the present moment, is related to both relaxation and meditation. The Mindfulness-Based Stress Reduction program (MBSR) created by Jon Kabat-Zinn is the best-known mindfulness training program, and it includes relaxation, meditation, and Yoga practices. MBSR programs have made important contributions to research on the efficacy of Yoga and meditation for many health issues, demonstrating significant benefits for a wide range of conditions, including chronic pain, anxiety disorders, and mood disorders.

**Yoga as an Antidote to Cognitive and Affective Symptoms of Mixed Affective Disorders**

People with affective disorders such as anxiety and depression hold negative beliefs about themselves and the world and also ruminate on past events or potential future events, particularly of an unpleasant nature. This focus on the negative is accompanied by a failure to access positive beliefs and memories that can promote creative problem-solving, resilience, optimism, and a sense of mastery. Researchers have theorized that another key component of mixed affective disorders is a negative affect (emotion) syndrome that interferes with cognitive functioning and compromises problem-solving skills. A Yogic perspective on this pattern would consider how the mind, much like the physical body, is subject to the gravitational pull of repetitive patterns of thought, emotion, or behavior (known in Yogic terms as samskâras). From this perspective, anxiety, depression, and mixed affective disorders are neuro-emotional patterns or samskâras that may have at one
point been adaptive coping mechanisms, but that currently prevent people from realizing their full potential. The therapist has the very delicate task of listening to and validating the client, while steering the process away from rehearsal-and thus, reinforcement-of the negative cognitive samskāras typical of anxiety and depression. Embedded within the philosophy of Yoga, particularly in the Yoga Sutras of Patañjali, is a cognitive-behavioral “manual” that addresses the symptoms of anxiety and depression. Yoga teaches the mind to yoke itself to the present moment. This focus on the present offers people with anxiety relief from worry over current and future events, and can give those with depression the ability to disconnect from the past and start anew in every practice. It helps to draw emphasis away from the symptoms of anxiety and depression, while at the same time teaching clients that there is relief, and that these symptoms—and therefore, the illness itself—can be temporary. This ability to cultivate mindfulness in the present moment while breathing, meditating, or practicing āsana translates into the ability to practice mindfulness off the mat as well: cognitively, emotionally, and in interpersonal interactions.

Suggestions for Treatment Introduction to Clinical Practice at the Center for Integrative Yoga Therapeutics The Center for Integrative Yoga Therapeutics offers individual sessions. Most referrals for anxiety or depression come from a client's psychiatrist or psychotherapist, who has already diagnosed anxiety and/or depression. The referring therapist usually requests Yoga therapy as an adjunct to psychotherapy or medication management. Upon entering yoga therapy for anxiety, depression, or mixed affective disorders, the client signs two release of information forms: one from the center, and one from the referring therapist, so that coordination of care can take place. Discussions with a client's referring therapist can take place at regular intervals if requested by a client's therapist, or on an as-needed basis. Observed treatment gains are measured through self-report, and also through discussion with the referring therapist. At present, no other formal testing measures are used to assess clients' progress. Once release forms have been signed, the client undergoes an intake interview, which consists of a full history and needs-assessment, and usually a discussion with the client's referring therapist about his or her needs. The client is then matched with the Yoga therapist that is the best fit.

Effective Yoga Practices and Modules

Asana
- Surya Namaskara
- Setubandhasana/Kandharasana
- Murdhasana
- Parvatasana
- Shasankasana
- Servangasana
- Legs-up-the-wall pose
- Bhujangasana
- Chakrasana
- Bhujangasana
- Shalabhasana
- Dhanurasana
- Ardhamatsyendraasana
- Trikonasana
- Dwikonasana
- Tadasana
- Tiryak Tadasana
- Katichakrasana
- Guru Pranam Asana
- Paschimottanasana
- Halasana/Druta Halasana

Pranayama
- Nadi Shodhan Pranayama
- Alternate Nostrils Bhashrika Pranayama
- Sheetali Pranayama
- Sheetkaari Pranayama
- Kapalabhati
- Deep Breathing

Shatkarma
- Varisar Dhouti
- Kunjal
- Neti

Meditation
- Om Chanting
- Bija Mantra/Kirtan

Conclusion:
Depression is one of the major psychological disorder can lead to suicide. Many factors play role in depression, including genetics, brain biology and chemistry with many other psychological factors. Ayurveda gives psychosomatic approach to entire problem. Yoga provides some practices as Asana, Pranayama and Meditation to work with the holistic treatment. There are many modules for this purpose and prescribed module can be rearranged according to patients symptoms.
REFERENCES


4. Shyn SI, Hamilton SP. The genetics of major depression: moving beyond the monoamine hypothesis. Psychiatr Clin North Am. 2010;(33);125-140.


9. Luyten P, Blatt SJ, Van Houdenhove B, Corveleyn J. Depression research and treatment: are we skating to where the puck is going to be? Clin Psychol Rev. 2006;(26);985-999.


13. Hayes M, Chase S. Prescribing yoga. Prim Care. 2010;(37);31-47.


27. Lafrance MN, Stoppard JM. Constructing a non-depressed self: women’s accounts of recovery from depression. Feminism Psychol. 2006;(16);307-325.


42. Chattha R, Raghuram N, Venkatram P, Hongasandra NR. Treating the climacteric symptoms in Indian women with an integrated approach to yoga therapy: a randomized controlled study. Menopause. 2008;(15);862-870.


70. Coan J, Allen J. Frontal EEG asymmetry as a moderator and mediator of emotion. Biol Psychol. 2004;(67);7-49.
71. Smit D, Posthuma D, Boomsma D, De Geus E. The relation between frontal EEG symmetry and the risk for anxiety and depression. Biol Psychol. 2007;(74);26-33.
83. Thayer J, Brosschot J. Psychosomatics and psychopathology: looking up and down from the brain. Psychoneuronendocrinology. 2005;(30);1050-1058.
schizophrenia and depression is associated with suicide. J Psychiatr Res. 2008; (42);151-157.


98. Sageman S. Breaking through the despair: spiritually oriented group therapy as a means of healing women with severe mental illness. J Am Acad Psychoanal Dynam Psychiatry. 2004;(32);125-141.


100. Dirik G, Karanci AN. Psychological distress in rheumatoid arthritis patients: an evaluation within the conservation of resources theory. Psychol Health. 2010;(25);617-632.


111. Sjösten N, Kivelä SL. The effects of physical exercise on depressive symptoms among the aged: a systematic review. Int J Geriatr Psychiatry. 2006;21(3);410-418.


115. Legrand F, Heuze JP. Antidepressant effects associated with different exercise conditions in participants with depression: a pilot study. J Sport Exerc Psychol. 2007;29(3);348-364.

depressive symptoms in women. J Womens Health (Larchmt). 2007;16(10);1499-1509.


123. Janakiramaiah N, Gangadhar BN, Naga Venkatesha Murthy PJ, Harish MG, Subbakrishna DK, Vedamurthachar A. Antidepressant efficacy of Sudarshan Kriya Yoga (SKY) in melancholia: a randomized comparison with electroconvulsive therapy (ECT) and imipramine. J Affect Disord. 2000;57(1-3);255-259.


136. Smits JA, Zvolensky MJ. Emotional vulnerability as a function of physical activity among individuals with panic disorder. Depress Anxiety. 2006;23(2);102-106.


139. Vahia NS, Doongagi DR, Jeste DV, et al.
Further experience with the therapy based upon concepts of Patanjali in the treatment of psychiatric disorders. Indian J Psychiatry. 1973;15(1);32-37.


147. Kop WJ, Stein PK, Tracy RP, Barzilay JJ, Schulz R, Gottdiener JS. Autonomic nervous system dysfunction and inflammation contribute to the increased cardiovascular mortality risk associated with depression. Psychosom Med. Sep 2010;72(7);626-635.


California College of Ayurveda. “Ayurveda vs. Western Medicine Perspectives.” Alexandra Compson. http://www.ayurvedacollege.com/articles/students/Insanity.2000;(45);89-100


Frawley, David and Marc Halpern. Ayurvedic Psychology: Anxiety and Depression. CD set. Recorded 2006;(45);78-95


