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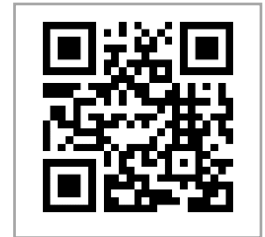


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Evaluation of Placebo Response in Patients of Vishada w.s.r. to Depression Danga S.K.¹, Dachewar A.²

1. Professor, Dept of Kayachikitsa, Jupiter Ayurved Medical College, Nagpur.
2. Professor, Dept of Kayachikitsa, Shri Ayurveda Mahavidyalaya, Nagpur.

ABSTRACT: Background: Ayurveda describes mental health as an equilibrium of body, mind, and soul. Viṣāda, correlated with depression, is considered a Manasika Roga caused by vitiation of Vāta and Raja Doṣa. Placebo response plays an important role in psychological disorders due to emotional expectancy, reassurance, and therapeutic interaction. **Objectives:** To evaluate the therapeutic response of placebo intervention in patients suffering from Viṣāda (Depression). **Materials and Methods:** A randomized clinical trial was conducted on 62 patients diagnosed with Viṣāda (Depression) attending the OPD/IPD of the Department of Kayachikitsa, Patients aged between 18–60 years fulfilling the inclusion criteria were selected. Assessment was carried out using history taking, case record form, and the Hamilton Depression Rating Scale. All participants received placebo tablets of 500 mg prepared from roasted rawa for four weeks with follow-up assessments at baseline, 2nd week, and 4th week. Statistical analysis was performed using Repeated Measure ANOVA followed by Tukey Kramer multiple comparison test. **Results:** The mean HAM-D score reduced significantly from 21.72 at baseline to 17.93 at 2nd week and 14.59 at 4th week ($p < 0.0001$). Significant improvement was observed in all follow-up comparisons including baseline vs 2nd week, baseline vs 4th week, and 2nd week vs 4th week. Most patients exhibited mild to marked improvement in symptoms such as sadness, anxiety, disturbed sleep, fatigue, and emotional distress. **Conclusion:** The study demonstrates that placebo therapy may produce measurable symptomatic improvement in patients of Viṣāda (Depression) through psychological reassurance, expectancy effects, supportive care, and therapeutic interaction. However, the therapeutic response was variable and comparatively limited, suggesting that placebo intervention alone may not provide adequate or sustained clinical benefit in **depressive disorders**. **KEYWORDS:** Viṣāda, Depression, Placebo Therapy, HAM-D, Mental Health

CORRESPONDING AUTHOR:

Dr. Sundarsingh Danga

Professor, Dept of Kayachikitsa,
Jupiter Ayurved Medical College, Nagpur.

Email: sunder147@gmail.com

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INTRODUCTION:

Ayurveda has its own identity as most ancient and Traditional System of Medicine in India. It deals with the whole life of human being starting from birth to end of life because Ayurveda describe the art of living and it is a science of life that reveals what is proper as well as auspicious for a happy and long life.¹ The term Ayurveda is formed by the combination of two words - "Ayu" meaning life, and "Veda" meaning knowledge.² Satwawajaya Chikitsa potentiates Sattva with the intentions of changing maladaptive symptoms caused by Rajas and Tamas (indolence) which are considered as illness-causing mental humors.³

According to Ayurveda bad emotions, negative thoughts are emotional toxins. They cause chronic mental diseases such as anxiety, neurosis, and depression if they are not removed from the body within a certain amount of time. If this is ignored for a longer time, then it can lead to persistent diseases by vitiating Tridosha's such as unmad as well as unreasonable and irrational states of mind such as hysteria. Apasmara (epilepsy) is a type of epilepsy that is classified as a mental disease.⁴ The perfect balance of mind, body and soul is considered as complete health in Ayurveda. The concept of Mind in ancient India had been since prevedic period.⁵ Mind has been conceived to be functional element of *ATMAN* (Soul) which described in Vedas – earliest written script of human race.⁶ It has been mentioned in Vedas that thoughts determine the facial appearance, thoughts influence facial expression. Vishada is mentioned under Manasika roga in our classical texts. It is caused by vitiation of Vata (Sharirika dosha) and Raja (Manasika dosha). Vitiation of Vata and Raja gets seated in Hridya (Heart) and ultimately causes vitiation of mind (Vibhrama) which finally leads to Vishada.

Placebo therapy refers to the use of an inert substance without active pharmacological properties, administered to produce therapeutic benefit through psychological mechanisms such as expectation, belief, reassurance, and physician–patient interaction. The placebo effect is particularly significant in psychiatric and psychosomatic disorders like depression, where emotional and cognitive factors strongly influence symptom perception and recovery.

Modern research suggests that placebo responses may improve symptoms through supportive care, positive expectation, and neuropsychological mechanisms. In Ayurveda, this concept may be correlated with Satva, Śraddhā (faith), and Āśvāsana (reassurance), which influence mental well-being and therapeutic outcomes. Therefore, studying placebo response in Viṣāda (Depression) is important for understanding the psychological dimensions of healing.

Objective

1. To evaluate the therapeutic response of placebo intervention in patients suffering from Vishada (Depression).
2. To study the influence of placebo therapy on mental well-being and quality of life in patients of Vishada.

MATERIALS & METHODS:

Study design (type of study): Randomised Clinical Trial

Study Site: OPD/IPD of Department of Kayachikitsa, Ayurveda Mahavidyalaya.

Study population and Sampling:

A consecutive sample of total 62 subjects who were seeking treatment and care at the college hospital for the Depression and who fulfil the eligibility (inclusion and exclusion) criteria were selected from the OPD/IPD of the Kayachikitsa Department by convenience sampling method.

Data collection tools and process:

1. Questionnaire & History taking
2. Case Record Form
3. Hamilton Depression Rating Scale (HAM-D)

Selection Criteria:**a. Inclusion criteria:**

1. Patients of age between 18 to 60 years of either sex.
2. Patients who complain about the Depression (Vishad).
3. Patients who were willing to give consent to participate in this study.

b. Exclusion criteria:

1. Patients having any type violent behaviours known by relative.
2. Patients who had taken part in any other clinical trial related to mental disorders.

c. Withdrawal criteria:

1. Occurrence of serious adverse effects.

Intervention:

The study medication was dispensed to the participants after completion of the baseline clinical evaluation and enrollment procedure. For the present trial, all participants were provided with a packet containing 30 placebo tablets of 500 mg prepared from roasted rawa. The participants were instructed regarding the dosage schedule, method of administration, and compliance requirements. The medication was supplied for an initial duration of two weeks. During the follow-up visit at the end of the 2nd week, participants were reassessed clinically for compliance, symptomatic changes, and any adverse events. After evaluation, the remaining course of placebo

(30 placebo tablets) medication required for continuation of the study period was dispensed accordingly. Participants were advised to maintain regular intake of the medication and attend scheduled follow-up visits for further assessment and monitoring throughout the study duration.

Results:

In this study, the maximum number of patients belonged to the 50–60 years age group with 20 patients (32.26%). This was followed by the 40–49 years age group comprising 17 patients (27.42%) and the 30–39 years age group with 15 patients (24.19%). The 20–29 years age group included 10 patients (16.13%), while no patients were observed in the <20 years age group. The majority were female patients, with 38 patients (61.29%), compared to 24 male patients (38.71%). The majority of patients were engaged in service, comprising 23 patients (37.10%). This was followed by housewives with 20 patients (32.26%). Patients involved in business accounted for 8 patients (12.90%), while those in education constituted 5 patients (8.06%). Unemployed patients comprised 4 patients (6.45%), whereas laborers and farmers accounted for 1 patient each (1.61%).

There is gradual onset of depression was reported by 58 patients, forming the predominant mode of disease onset. A sudden onset was observed in 4 patients (2.13%).

No patients in this group reported inability to specify the onset of the disease.

Table No.1 Effect of Therapy on HAMILTON DEPRESSION RATING SCALE (HAM-D):(Test Applied was Repeated measure ANOVA with posttest)

1. HAMILTON DEPRESSION RATING SCALE (HAM-D):

HAM-D	Baseline (Day 0)	2 nd Week	4 th week	F	P Value
Mean	21.72	17.93	14.59	128.94	<0.0001

± SD	5.44	4.24	4.38		
SeD	0.69	0.53	0.55		

Effect of Intervention seen for Objective parameters HAMILTON DEPRESSION RATING SCALE (HAM-D) on every follow up i.e. Baseline (Day 0), 2nd week and 4th week. It was

observed that there is highly significant difference among all follow ups. Multiple comparisons test Tukey Kramer multiple comparison done further analysis.

Table No.2 Tukey Kramer multiple comparison among all follow ups:

No.	Comparison	Mean difference	q	p value	Result
1	Baseline Vs 2 nd week	3.79	12.06	<0.001	***
2	Baseline Vs 4 th week	7.12	22.69	<0.001	***
3	2 nd week Vs 4 th week	3.33	10.62	<0.001	***

It was observed that, there is significant difference in the total score of HAMILTON DEPRESSION RATING SCALE (HAM-D) in Baseline Vs 2nd week, Baseline Vs 4th week and difference also observed on 2nd week Vs 4th week as p value obtained is <0.001 which is considered as significant.

DISCUSSION:

The present study was conducted to evaluate the placebo response in patients of Viṣāda (Depression). The findings of the study indicate that placebo therapy produced varying degrees of symptomatic improvement among the participants. A considerable number of patients showed mild to marked improvement in symptoms such as sadness, anxiety, disturbed sleep, lack of concentration, fatigue, and emotional distress.^{7,8} These observations suggest that psychological expectation, belief in treatment, reassurance, and regular clinical interaction may significantly influence the subjective perception of improvement in depressive disorders.⁹

The placebo effect is particularly important in psychological and

psychosomatic conditions, where emotional and cognitive factors play a substantial role in disease manifestation and recovery.^{10,11} In the present study, repeated follow-up visits, therapeutic communication, attention from the physician, and patient confidence in the treatment process may have contributed to symptomatic relief. The improvement observed in some participants may also be attributed to enhanced motivation, emotional support, and the natural fluctuation of depressive symptoms over time. Despite these observations, the placebo response was not uniform across all patients. While some participants experienced moderate symptomatic relief, only a very small number achieved complete or excellent improvement. A noticeable proportion of patients demonstrated poor improvement or no significant change throughout the study duration. This indicates that placebo therapy alone may provide limited and inconsistent benefits in the management of Viṣāda.^{12,13,14,15}

The study highlights that placebo intervention can positively influence the mental state of certain individuals through psychogenic mechanisms, expectancy

effects, and supportive care. However, the therapeutic response produced by placebo was comparatively limited in terms of depth, consistency, and sustainability of improvement. Therefore, although placebo responses are clinically observable in depressive disorders, they may not be sufficient as a sole therapeutic modality for comprehensive management of Viṣāda.^{16,17}

CONCLUSION:

In the present study, the placebo group showed predominantly marked and mild improvement, while only a few patients achieved complete or excellent improvement. A noticeable proportion of patients exhibited poor improvement or no change, indicating the limited therapeutic efficacy of placebo therapy alone. The findings suggest that placebo intervention may produce temporary or subjective symptomatic relief through psychological reassurance, patient expectation, therapeutic interaction, and supportive care.

The study demonstrates that the placebo effect plays a measurable role in the management of depression (Viṣāda), particularly in influencing emotional and psychological responses. However, the observed benefits were variable and comparatively limited, indicating that placebo therapy alone may not provide adequate or sustained clinical improvement in all patients suffering from depressive disorders.

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