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A Clinical Study to Evaluate the Effect of Vasant Churan {Saint Jones Wart) In the Patients of *Manoavsadh* (Depressive Neurosis).

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ABSTRACT

Ayurveda an eternal source of knowledge has a multi angled textual material including pharmaceutical knowledge drug is a part of quadruped of the treatment. Of the treatment which has been placed next to the physician the comprehensive knowledge of the drug is very important to physician because without knowledge of drug the patient cannot be treated properly. In this way all ayurvedic classics advocates specific formulations for particular diseases. As mentioned earlier *Medhya rasayan* (nootropic drug) are indicated for all mental disorders in ayurvedic classics. *Medhya rasayan (Nootropic drugs),* drug enhances the functions of Buddhi, decreases the *Raja, Tama, Dosas* and presides better functions to *manas and Buddhi*. The passage of time causes the origin and development of modern medical system. This new system coupled with the fester pace of life and the need for rapid cure led to the proliferation of synthetic drugs. However, with the synthetic drug the problems of side effects and complications common. *Chittoavasada* (Depression) is a condition, which has very limited recipe so far established under therapeutic codex although there are number of chemical drugs available for the conduction but they are not free from over action as well as adverse effect. Vasant *(Hypericum perforatum)* is popular drug in the western countries used widely for many disorders. Hypericin the active constituent of the drug and the drug is used for the depression. The clinical study was shows that there were highly significant results in the category of mild depressives' conditions and moderate depressive conditions, there was partially significant result in the overall all patients but the results in the severe depressive conditions are insignificant.

Key Words- Depression**,** *Manasarogas ,Medhya rasayan (Nootropic drugs).*

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1. INTRODUCTION

Human life is considered as the invaluable opportunity to achieve the prime goals of the life wiz *Kama* (pleasure), *Artha* (prosperity), *Dharma* (service), and *Moksha* (liberation). To achieve all these one need a healthy and calm life.[1] The person suffering mental diseases often experiences feeling of pain or flight and annoyance.[2] This disorder is possible to further create a bad impact on relationship with family, friends and colleagues. With growing incidence of mental diseases and mood disorder in today's society a large number of psychopharmacological drugs have been introduced. The advents of antipsychotic drugs and major tranquillizers have helped to a great extent in controlling the psychotic episodes and mental disorder in the mentally sick patients, but in spite of this these modern drugs have not been able to restore the harmony of mental health to the people. Most of these patients need to continue the drugs lifelong with hazards of drugs dependence. In Samhita Period like *Charaka, Shushruta, and Vagbhata* contributed about *Manasa* (mental health), *Manasarogas* (Mental disorders) and its management nicely. A complete and detailed description definition, properties, function Examination and determination of *Manasa Bhava* ,For examination of mental status, *Sattva Pariksa* is given also *Caraka* describe the Treatment of *Manasarogas* (Mental disorders) as a *Sattavavajaya* (Ayurvedic psychotherapy) which includes *Jnana* (knowledge), *Vijnana* (analytical knowledge), *Dhairya* (Courage for sensory control) *Smriti* (memory) *and Samadhi* (Meditation) [3,4,5].Detailed description about *Unmada* - Insanity, *Apasmara*- Epilepsy are also given very nicely, *Balagrahas* (child psychiatric disorders) are clearly described by *Susurata Samhita*.[6] *Astanga Hrdaya* introduced *dhi* (determination), *dhairya* (fearlessness) *and Atma Vijnana* (personal orientation.) as a best treatment of mental disorders). [7] *Mind or manas* is considered three-dimensional *Sattva rajas tamas*. The entire concept of *manah* or mind is physiological in nature. according to Ayurveda mental health is brought about essentially as a result of unwholesome interaction between the individual and this environment .[8] Vasant *(Hypericum perforatum)* is popular drug in the western countries used widely for many disorders.[9] Hypericin the active constituent of the drug and the drug is used for the depression. The plant is abundant in the Himalayas particularly in states Jammu and Kashmir, Himachal Pradesh, and Uttranchal. Thus, in this clinical trial trial a whole plant powder of Vasant (Saint Jones Wart) in the capsulated form was selected to study the effect in the patients of Depressive neurosis *(Manoavasdh).*

1. AIMS AND OBJECTIVES: -

1. To evaluate the effect of an ayurvedic formulation on clinical parameters.
2. To establish that independent herb named "Vasant" is same as is known as "Saint

Jones Wart" in western countries.

3. To study the nature incidence and prevalence of *Manoavasdh* (depressive neurosis) in the area where clinical study is being done. Primarily rural belt of Baijnath block of Distt. Kangra (H.P.).
4. To study the effect of whole plant powder of Vasant in established patient of *Manoavasdh* (Neurotic patients) and evolutes the research significance on clinical as well as objective parameters of depression scales of Hamillon's depression Rating Scale.

2. MATERIAL AND METHOD: -

The patients of depression, fulfilling criteria for selection were registered from O.P.D. and I.P.D. Deptt. of Kayachikitsa, R.G.G.P.G. Ayu. Hospital, Paprola, Irrespective of Caste, Sex, Race, and Religion. Total 23 patients were selected for the present study, out of which 6 patients did not turn up for follow-up. They were dropped out from the study. Remaining 17 patients completed the trial.

3. Clinical Study

3.1 Selection of Cases: -

Patients with symptoms of depression fulfilling the diagnostic criteria and criteria of inclusion were included into the study.

4.2 Diagnostic criteria: -

For diagnosis, detailed medical history was taken and physical examination was done in detail According to both Modern and Ayurvedic clinical method. Patients were diagnosed according to the diagnostic criteria given for depression in DSM-IV. A special Performa has been prepared incorporating all the sign and symptoms of disease.

4.3 Inclusion criteria: -

All the patients suffering from depression i.e., *Chittoavasada* (Depression) due to psychic or somatic sickness were included in the trial provided there were no contradictions to administration of drug.

- All the patients in age group of 18-70yrs.
- Patients willing for trial.
- Patients observed to be suffering of Neurotic depression and on depression scale
- Duration of Depression of More than 4 weeks.

4.5 Exclusion criteria: -

- ❖ Patients not willing for the trial.
- ❖ Patients below age of 18 yrs and above 70 yrs. of age.
- ❖ Patients suffering terminal sickness.
- ❖ Patients having gross metabolic disorder.
- ❖ Post-operative post puerperal phase or with apparent cause of selective depression.

4.6 Drug Dosage

The whole plant powder of Saint Jones Wart (Vasant) in capsulated form was used in the present study. Dose of the trial drug was given according to severity of disease. In the mild to moderate cases dose was given with 500mg once a day, in the moderate to severe cases the dose was given with 500mg twice a day with water.

4.7 Duration of trial and follow up: -

The duration of trial was 40 days with follow up on 10^{th} day.

4.8 Parameters of Assessment of drug response: -

To assess the effect and response pattern of the clinical pattern of the trial drug on Hamilton's Depression Rating Scale (HDRS) was adopted. This scale has been shown to have a higher degree of scale reliability. This scale is reported to have been sensitive to clinically observed treatment changes. Accordingly, this has been used in most clinical trials of anxiolytics and anti-depressant drugs in the post too.

Criteria of assessment in depression;

Assessment of depression depending on severity was done on the basis of Hamilton's

depression rating scale. Each individual was allotted half an hour for filled up the confidential Performa. This scale has 17 question comprising of various symptoms of depression experience for past more than 4 weeks. Each question in 17-item version, nine of the items are scored on a five-point scale, ranging from zero to four. A score of zero represents an absence of the depressive symptom being measured, a score of one indicates doubt concerning the presence of the symptom, a score of two indicates mild symptoms, a score of three indicates moderate symptoms, and a score of four represents the presence of severe symptoms. The remaining eight items are scored on a three-point scale, from zero to two, with zero representing absence of symptom, one indicating doubt that the symptom is present, and two representing clear presence of symptoms. The 17-item version, scores can range from 0 to 54. One formulation suggests that scores between 0 and 7 indicate a normal person with regard to depression, scores between 8 and 13 indicate mild depression, scores between 14 and 20 indicate moderate depression, and scores over 20 indicate severe depression. So, the individual were asked to note the option which he or she experience. There has been evidence to support the reliability and validity of the HDS. The scale correlates highly with other clinician-rated and self-report measures of depression.

Overall criteria of assessment

All the grades optioned were counted from 1 to 17 followed by matching the result with standard result as per Hamilton's Depression Rating Scale. In this way the level of depression was judged on the basis of mild, moderate or severe. Score's according to the ranges indicated below;

Ranges according to scale	**Level of depression**
More than 20	Severe
14-20	Moderate
8-13	Mild
0-7	normal

4. OBSERVATIONS

The data collected from trial was compiled and subjected to statistically clinical analysis and presented under following parts.

- The first part incorporates the general observation means demographic study viz age, sex, occupation, education etc.
- IInd part incorporates the result of therapy evaluated by improvement in criteria of assessment.

In the present study, total 23 patients were registered for trial out of them 17 have completed the trial are 6 patients did not turn up for the follow up and hence they were dropped out. The observation on the demographic constitutional and clinical profile will be studied on all registered patients.

Presentation of data

The data collected and complied from this clinical trial were sorted out and processed further by subjected to varied statistical methods and presented with tabular.

- General observation i.e. age, religion sex, habitat etc.
- Result of therapy evaluated on the basis of improvement.

5. Statistical Analysis;

The information gathered on the basis of above observations was subjected to statistical analysis in the term of mean(x`), standard deviation (S.D) and standard error (S.E). Paired student's test ("t" test) was carried out at P<05, P<0.01, and P<0.001 level. The obtained result was interpreted as;

Insignificant P>0.05
Significant P<0.05 & P<0.01
Highly significant P<0.001

6. Demographic profile

Table no. 1 Age wise distribution-

S. No	Age in years	No. of patients	Percentage
1.	18-30	4	17.39
2.	31-40	9	39.13
3.	41-50	4	17.39
4.	51-60	2	08.69
5.	61-70	4	17.39

The above data reveals that majority of patients i.e. 39.13% were reported in the age group of 31-40 years which is followed by 17.39% in the age groups of 18-30, 41-50 and 61-70 years, 08.69% in the age group of 51-60 year.

Table no.2 Sex wise distribution

S. No.	Sex	No. Of patients	Percentage
1.	Male	8	34.78
2.	Female	15	65.27

The data of the present study reveals that maximum numbers of patients i.e. 65.27% were female, while 30.77% patients were males.

Table no.3 Education wise distribution

S.no.	Education	No. of patients	Percentage
1.	Illiterate	5	21.73
2.	Primary	4	17.39
3.	Middle	2	8.69
4	High school	5	21.73
5.	Intermediate	0	00
6.	Graduate	6	26.08
7.	Post graduate	1	4.34

The present study illustrates that maximum 26.08% of patients were educated up to graduate level, 21.73% patients were educated up to High school level and also 21.73% of patients were Illiterate, 17.39% were educated up to primary level, 08.69% were educated up to middle level. 04.34% were educated up to post graduate level and none were educated up to intermediate level.

Table no.4 Occupation wise distribution

S.No	Occupation	No. of patients	Percentage
1.	House worker	10	43.47
2.	Private job	6	26.08
3.	Govt. job	1	04.34
4.	Student	4	17.39
5.	Self employee	1	04.34
6.	Retired	1	04.34

The present study reveals that maximum 43.47% of patients were house workers, next followed by private job i.e. by 26.08%, 17.39% were students by profession and 4.34% patients were in govt. job, self-employee and retired each.

Table no.5 Habitat wise distribution

S.No.	Habitat	No. of patients	Percentage
1.	Rural	19	82.60
2.	Urban	4	17.39

Habitat wise distribution reveals that 82.60% of patients were belonging to rural area and 17.39% of patients were belongs to urban area

Table No. 6 Addiction wise distributions

S.No.	Addiction	No. of patients	Percentage
1.	Tea/coffee	14	60.86
2.	Smoking/tobacco	5	21.73
3.	Alcohol	0	00
4.	Smoking/Alcohol	2	8.69
5.	No addiction	2	8.69

In the present study the available study data depicts that maximum no. of patients i.e.,60.86% were taking tea/coffee, 21.73% were addicted to tobacco/ smoking, 8.69% patients, and only 8.69% patients having no addiction to anything.

Table No.7 Stress wise distribution

S.No.	Stress	No. of patients	Percentage
1.	Physical	5	21.73
2.	Psychic	14	60.86
3.	No stress	4	17.39

The above data shows that maximum number of patients i.e.,60.86%were under psychic stress, 21.73% patients have stress under physical stress and 17.39% of patients were having no stress, physical or psychic.

Table No.8 *Mala Pravriti* (passing stool**) *wise***

S. No.	***Mala Pravriti*** (passing stool**)**	**No. of patients**	**percentage**
1	Regular	7	30.43
2	Irregular	7	30.43
3	Constipation	9	39.13

This data shows that 39.13% of patients were having constipation, 30.43% patients having regular and irregular mala *Pravriti.* (passing stool**)**

Table No 9. Sattva wise distribution

S. No.	***Sattva***	**No. of patients**	**Percentage**
1.	*Pravara* (high),	6	26.08
2.	*Madhyam*(moderate)	8	34.78
3.	*Avara*(low)	9	39.13

The above data shows that maximum no. of patients i.e.39.13% were having *Avara Sattva*, 34.78% of patients having *Madhyam Sattva* and only 26.08% of patients having *Pravara Sattva*

Table No.10 *Prakrti (*Constitution) wise distribution

S. No.	***Prakrti (*Constitution)**	**No. of patients**	**Percentage**
1.	*Vata-Pitta*	15	57.69
2.	*Vata-Kapha*	06	23.08
3.	*Pitta-Kapha*	05	19.23

The above data shows that 57.69% of patients were of *vata-pitta Prakrti*, 23.08% were of having *vata-kapha* and 19.23% patients were of having *pitta-kapha-prakritti.*

Table No.11 Sleep duration wise distribution

S. No.	**Sleep duration**	**No. of patients**	**Percentage**
1.	Normal (6-8 hr)	4	17.39
2.	Increased(>8hr)	8	34.78
3.	Decreased(<6hr)	11	47.82

This study shows that 47.82% of patients have decreased sleep duration, 34.78%of patients having increased sleep duration and only 17.39% have normal sleep duration.

Table No.12 Causes of worry

S.No.	Causes of worry	No. of patients	Percentage
1.	Economical crisis	6	26.08
2.	Death of close relative	4	17.39
3.	Major illness of close relative	2	8.69
4.	In laws trouble	3	13.04
5.	Argument with spouse	2	8.69
6.	Business readjustment	1	4.34
7.	Trouble with Boss	1	4.34
8.	Examination Stress	2	8.69
9.	Psycho sexual health disturbance	1	4.39
10.	Being not attended	1	4.39

The above data of the study shows that maximum i.e(26.08%) no. patients have economical crisis in their life which is followed by the patients who have lost their close relative i.e. 17.39%. from the above table it was also comes out that there is more than one adverse life events were resulting as Excessive worry & Apprehension which ultimately causes mental disorders.

7. RESULT

Therapeutic effect of trial drug on depressive patients after evaluating the patients according to the assessment criteria i.e. Hamilton's Depression Rating Scale. The results of the clinical study are described as

(A) Overall effect on all patients

S. No.	Patients code	Pre- treated rating on HRDS.	Post-treated rating on HRDS
1	1	24	20
2	3	26	21
3	4	12	9
4	5	15	4
5	7	21	20
6	8	18	6
7	11	16	7
8	12	10	4
9	13	11	6
10	15	14	8
11	16	21	18
12	17	16	3
13	18	9	2
14	19	8	1
15	21	12	4
16	22	15	7
17	23	12	3

	No. of patients	Mean BT-AT	S.D	S.E	t	P
All patients	17	6.23	4.54	1.135	5.49	<0.001

Above table shows that the effect of cap Vasant on the overall all the patients was highly significant on depression.

(b) Effect on mild conditions

S. No.	**Patients code**	**Pre- treated rating on HRDS.**	**Post-treated rating on HRDS**
1	IV	12	9
2	XII	10	4
3	XIII	11	6
4	XVIII	9	2
5	XVIV	8	1
6	XXI	12	4
7	XXIII	12	3

	No. of patients	Mean BT-AT	S.D	S.E	t	P
Mild depression	7	6.43	2.43	0.92	6.99	<0.001

The effect of cap Vasant on the mild depression is that the six patients in the mild grade were shifted to the normal grade as per Hamilton's depression rating scale and its shows that the result was highly significant.

It reveals that the trial drug has an explicit on mental faculty as antidepressant.

(C) Effect on moderate conditions

S. No.	**Patients code**	**Pre- treated rating on HRDS.**	**Post-treated rating on HRDS**
1	V	15	4
2	VIII	18	6
3	XXI	16	7
4	XV	14	8
5	XVII	16	3
6	XVIII	15	7

	No. of patients	Mean BT-AT	S.D	S.E	t	P
Moderate depression	6	9.83	2.64	1.08	9.10	<0.001

The effect of cap Vasant on the moderate depression is that the three patients in the moderate grade were shifted to the normal grade and three patients shifted to mild grades as per Hamilton's depression rating scale and its shows that the result was highly significant and it shows that the result was highly significant. It reveals that the trial drug has an explicit on mental faculty as *Medhya rasayan (Nootropic drugs).*

(D) **Effect on severe conditions**

S. No.	**Patients code**	**Pre- treated rating on HRDS**	**Post-treated rating on HRDS**
1	I	24	20
2	III	26	21
3	VII	21	20
4	XVI	21	18

	No. of patients	Mean BT-AT	S.D	S.E	t	P
severe depression	4	0.5	17	8.5	0.23	>0.05

In the Above table which shows that the effect of cap Vasant on the severe depression was insignificant. As the per above data no patients in the sever grade shifted to any lower grade.

(E) Percentage relief

Depression	**Percentage relief**
Over all patients	38.37%
Mild depressive patients	53.22%
Moderate depressive patients	62.76%
Severe depressive patients	2.24%

Above table shows the effect of drug cap Vasant in percentage. As in overall depressive patients the %age of relief was 38.37%, 53.22% was in mild depression patients , 62.76% relief in moderate depressive patients and only 2.24% relief in severe depressive patients

[F] Effect of cap Basant on hematological profile

Variables	Mean		%age Deviation	±S.D	±S.E	't'	'p'
	BT	AT					
Hemoglobin	10.79	11.31	4.82	0.68	0.14	3.66	>0.01
TLC	7470.83	7233.33	3.17	601.31	122.72	1.94	>0.01
ESR	18.21	17.46	4.12	7.57	1.55	0.49	>0.05
Polymorph	63.54	63.83	0.46	3.41	0.7	0.42	>0.05
Lymphocytes	32.04	31.37	1.15	2.68	0.55	0.68	>0.05
Monocytes	1.038	1.83	32.62	0.83	0.17	2.7	>0.05
Eosinocytes	3.04	2.67	12.17	1.77	0.36	1.04	>0.05

- The 'p' value of haemoglobin is >0.01. Which is statistically insignificant, which shows that cap. Vasant has no effect on hemoglobin.

- The mean %age leukocyte count raise by 3.17%which is statistically insignificant at the level of 'p' value (>0.01) The mean %age value of ESR in the data has been raised by 4.12% which is statistically insignificant at the level of 'p' value (>0.05)

- The mean %age value of DLC i.e. p-0.46%, L-1.15%,M-32.16%, and E-12.17% are raised respectively , , B.UREA

[G} Effect of CAP Basant on Bio-chemical profile

Variables	Mean		%age deviation	±S.D	±S.E	't'	'p'
	BT	AT					
FBS	88.13	87.46	0.76	11.03	2.25	0.3	>0.05
B.UREA	28.86	27.08	6.17	3.23	0.7	2.17	<0.05
S.CREATININE	0.91	0.84	7.78	0.14	0.03	2.63	<0.05

- The mean %age value of FBS, B.UREA. S.CREATININE were raised i.e FBS- 0.76, B.UREA -6.17, and S.CREATININE -7.78. which is statistically insignificant at the level of 'p' value (as the 'p' value of FBS; B.UREA; S.CRT are respectively >0.05, <0.05;<0.05 respectively)

8. DISCUSSION

The state equilibrium of *doshas* (humours), *Dhatus* (body tissues) *and Malas* (excretory products) is responsible for the normal health of an individual according to Ayurveda psychic impulses are; greediness, sorrow, fear, anger, pride, over attachment and Ayurveda regards that diseases occur due to controlling the dischargeable urges or

due to discharging the controllable urges. The

suppressible urges include: psychic impulses, speech impulses and physical impulses. Recently the stress related diseases are being recognized as a new class of disease which require different scientific assessment and medical attention. With the advancement of modernization and developmental industrial phase, urbanization etc, diseases related to psychiatric illness are broadening its sphere. Depressive disorders are most prevalent in psychiatric illness in general, as found in 15 to 20 % cases of medical clinic patients[9] When *Alpa Sattva* (inadequate mental makeup or personality) person indulges in or is afflicted by *Manohighata and Prajnapradha* (misuse of intellect) , it results in the imbalance of manas *Dosha Rajah and Tama* leading to the vitiation at bodily level by affecting *Prana, Udana, Vyana vayu , Sadhaka pitta and Tarpaka kapha* , along with the vitiation of *Agni*(digestive and strength) *& depletion of Ojas* which present the psychosomatic presentation of disease. Being alarming disease, it requires effective management. In recent years several synthetic drugs have been introduced for the treatment of depressive disorders. Although these drugs are having better results, one cannot avoid major side effects such as drug dependence, drug resistance, sedation etc. Sattva wise distribution shows that 39% patients were having *Avar Sattva*. This finding can be correlated with Acharya Charka's quotation that the people who have Avar sattva are more prone to *Manasika Vyadhi.* (mental disorders) the details for the cause of worry among the patients of depression, Maximum numbers of patients were worrying about their economic problem. It was not that all patients were coming from poor economical class but actually they were not satisfied with their economy, which was seen as the prime cause of family disharmony & maladjustment. More than one adverse life events were resulting in excessive worry & apprehension which leads to impairment in social and occupational functioning continued it becomes the cause of worry and gradually patient loses coping power towards day-to-day stressful events and lands into depression/anxiety. Maximum patients were good at personal care as depression is a minor psychic disease. There was not much disturbance in the higher mental functions. Attitude of most of the patients was found co-operative with expectation of better solution of their condition. Most of the patients were watching TV, which indicate that television was not providing proper mental relaxation. They had minimum Idea that their problem is less somatic and more psychic. They have no assistance of counsellors and rarely approached a psychiatrist for help. Their discussion with family and friends were more about their physical ailment. Often, they visited "CHELLAS" (local healers), Temples, *Devasthans,* to get rid of their ailments. The society they lived and education they had gave them little awareness of their ailment. They visited our hospital also with complaint of physical nature but were diagnosed a case of *Chittoavasada* (Depression) and registered.

The effect of the trial drug cap Basant containing very fine whole plant powder on the patients of established depressive neurosis was evaluated on the four categorises i.e.,

1. On all the patients
2. Mild conditions
3. Moderate conditions
4. Severe conditions

This shows that in spite of drug therapy other non-pharmacological measurement must be added with drug therapy to yield up good results.

9. CONCLUSION

Conclusion is the back bone of scientific study. Without finding some conclusion on any study it would not become successful in its aims and a scientific discussion on any conceptual and clinical oriented study gives rise to some fruitful conclusions. Aetiology of depressive disorders can be understood at the level of various neurotransmitter. The drug having effect on

neurotransmitter may show symptomatic relief in Depressive Disorder. Saint Jones Wart (Vasant) *Hypericum perforatum* having Hypericin is once again is established as Anti-depressant drug. Mental diseases like *Manoavsadh (depressive neurosis)* (have turned out to be the burning problem of the society specially disturbing the women. Thus, the results obtained in clinical and experimental studies are highly encouraging and pave the way to find out eco-friendly, toxicity free and cost effective Ayurvedic management of *chittoavasadh. Chittodvega* or depression is more common in the middle age especially in the women. It is more common in joint family and especially separated couples or those who have lost their spouses. Social, family and monitory maladjustments also contribute to *Chittoavasada* (depression). *Chittoavasada (*depression) is more common in the *vatkaph, pittmakaph Prakrti* persons and in those who have *Raja Guna* Predominance. The trial drug identified as Vasant matched the description of "Saint Jones Wart" *Hypericum perforatum* botanically and clinically. The drug when used in a dose of 500mg to 1 gm per day produces significant relief in mild to moderate depression on Hamilton's Depression Rating Scale. The crude dry powder of Saint Jones wart when administered to patients for 40 days at a stretch does not show any serious adverse neither it has any significant effect on haematological biochemical as well as physical parameters of trial patients. Thus, the results obtained in clinical and experimental studies are highly encouraging and pave the way to find out eco-friendly, toxicity free and cost effective Ayurvedic management of *chittoavasadh* (depression). But since the study was carried out with limited budget and time, on a small sample and small demographic zone its finding needs to be furth layer population data. However, this study re-established the anti-depressant effect of Vasant on Saint Jones Wart the plant which grow in the himachal and needs to be included in studies of ayurvedic dravya guna the results of this study provide enough scope to future research scholars in the field of manas *roga* (mental disorders) in Ayurveda.

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