Geriforte in Depression (Dysthymic Disorder)

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ABSTRACT
Forty patients suffering from Dysthymic Disorder were selected for this trial. They were rated on the Hamilton Rating Scale for Depression (HRSD) and randomly designated into two groups, A & B, of 20 patients each. Group A was put on Geriforte, 2 tabs. t.i.d., while Group B received only identical looking placebo tablets in the same dosage.

The gradual and more rapid decline in the Global Score on the HRSD in Group A patients has shown that Geriforte was effective in treating Dysthymic Disorders. Such decline was not seen in Group B patients. Geriforte is very safe and could prove very useful as an adjuvant to other forms of therapy for depression.

INTRODUCTION
Geriforte is an Ayurvedic adaptogenic agent, credited as being useful in Adjustment Disorders associated with Anxiety and Depression. Its properties are explained as due to certain ingredients, known in Ayurveda, especially Makardhwaj, Withania somnifera, Asparagus adscendens and Terminalia chebula, which pharmacologically activate the Central Nervous System. Studies by Singh (1986), Ghosh Mitra (1987) and Malhotra (1987) have all borne witness to the utility of Geriforte in Adjustment Disorders associated with Anxiety and Depression. These earlier studies prompted us to consider that a well planned, placebo controlled study could reveal the true utility of Geriforte in patients suffering from Depression.

MATERIAL AND METHODS
Forty patients (16 males and 24 females) who were diagnosed independently by two experienced psychiatrists as suffering from Dysthymic Disorder, according to the criteria laid down in Diagnostic and Statistical Manual of Mental Disorders (DSM III – 1980)

The presence of any 5 of these 8 criteria is diagnostic of definite depression; the presence of 4 is probably depression. The depressed state must be present for 1 month to be called depression.
The patients were each evaluated on the Hamilton Rating Scale for Depression (H.R.S.D.) and were randomly designated in two groups, A & B, seeing that an equal number of male and female patients were in each group (i.e., 8 males and 12 females) and further that an equal number of patients between the ages of 21-30 years and 31-40 years were in each group (i.e., 10 patients in each group between the ages 21-30 years and 31-40 years respectively).

Patients in Group A received Geriforte in the dosage of two tablets three times a day, while the patients in Group B received identical placebo in the dosage of two tablets 3 times a day. The evaluator was unaware about whether the patients were receiving Geriforte or placebo. All the patients were evaluated weekly on the H.R.S.D. and managed on an out-patient basis. The results obtained with the patients in Groups A and B were compared.

RESULTS AND DISCUSSION

It can easily be seen from the reduction in the Global Score on the H.R.S.D. (Table) that Geriforte was effective in treating Dysthymic Disorders (in the patients in Group A). The gradual decline in the Global Score on the H.R.S.D. was not seen in the patients in Group B who received placebo, showing that the reduction in the score was not due to the placebo effect or the chance result of a remission of Dysthymic Disorder (which would have been equally distributed in both groups).

<table>
<thead>
<tr>
<th>Week</th>
<th>Initial</th>
<th>1st week</th>
<th>2nd week</th>
<th>3rd week</th>
<th>4th week</th>
<th>5th week</th>
<th>6th week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group A (G)</td>
<td>29</td>
<td>24</td>
<td>20</td>
<td>12</td>
<td>8</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Group B (P)</td>
<td>28</td>
<td>26</td>
<td>23</td>
<td>20</td>
<td>19</td>
<td>17</td>
<td>16</td>
</tr>
</tbody>
</table>

This study is indeed a small one with a limited number of patients suffering from Dysthymic Disorders. It will be necessary to replicate this study using the same double blind technique and further assess the effects of Geriforte in all types of Depression and in a larger number of patients.

CONCLUSION

Geriforte is a very useful remedy in the management of Dysthymic Disorder. Geriforte is indeed very safe, has no side-effects and could prove very useful as adjuvant to other forms of therapy in the management of all forms of Depression, and especially in those disorders where Depression is an associated symptom.

REFERENCES