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Suicide prevention – an interruption to the growing menace

[1]Adithya K.S., [2]Dr.Vinod R.

[1]Final MD Scholar, Manovigyan avum Manasroga, Dept.of Kayachikitsa, VPSV Ayurveda College Kottakkal.

[2]Associate Professor, Dept.of Kayachikitsa, VPSV Ayurveda College, Kottakkal

Email – [1]adithyaksreedhar@gmail.com, [2]drvinodvarier@gmail.com

Abstract: *Suicide prevention is the most complex and highly debated issue in contemporary mental health scenarios and was the topic of discussion for the 2019 year's Mental Health Day. Today in every 3 seconds someone thinks taking their lives, and unfortunately in every 40 sec someone succeeds. As per the latest review by WHO, close to 8 lakh people die on account of suicide every year. The report released a day before World Suicide Prevention Day 2019 pegged India's suicide rate at 16.5 suicides per 1 lakh people. Currently in these COVID days Suicide rate is alarmingly increasing in our country as well as globally.*

Suicide is a serious public health problem; however, most suicides are preventable with simple, timely, and evidence-based therapeutic interventions. Almost 90% of all persons who commit or attempt suicide have a diagnosed mental disorder which will be revealed by a careful clinical assessment based upon consideration of relevant risk factors, present episode of illness, symptoms, warning signs, and the specific suicide inquiry. Early detection and management can save many lives.

Comprehensive Ayurveda management strategies help a person to maintain both physical and mental health leading to the prevention of suicidal risk in society. This paper is an effort to open up the relevance of 'suicide prevention' and the various practical and timely measures that can be taken by the public as well as medical professionals in this regard.

Key Words: *Suicide, Prevention, Ayurveda.*

1. INTRODUCTION:

Suicide prevention is a Primary emergency for the mental health professional. Originally, the word suicide, founded on the Latin language, 'sui' (of oneself) and cide or cidium (a killing) are the two words. The basic definitions of Suicide given from different theoretical perspectives are [1].

1.Suicide is intentional, self-inflicted death. It constitutes all cases of death directly or indirectly resulting from an act of a person who is aware of the consequences of the behavior.

2.Suicide is now understood as a multidimensional disorder that results from a complex interaction of biological, genetic, psychological, sociological, and environmental factors.

Historical views show the story of suicide is probably as old as that of the man himself.

Suicide has variously been glorified, romanticized, bemoaned, and even condemned through the ages and cultures. Japanese samurais formerly practiced hara-kiri (ritual suicide by dis-embowelment with a sword) as an honorable alternative to disgrace or execution. In Jainism –Sallekhana/Samadhi was mentioned and Sati and Jauhar were practiced in Rajasthan. Jauhar was a Hindu practice of mass self-immolation by women, it is unacceptable and considered a sin in Christianity. And suicide is prohibited in Islam. In Hinduism the Bhagavad Gita & Upanishads - condemns suicide. In 19th-century in Europe, the act of suicide shifted from being viewed as caused by sin to being caused by insanity.

1.1 GLOBAL PREVALENCE:

As per the latest review by WHO close to 800 000 people die due to suicide every year. For every suicide, there are many more people who attempt suicide every year. Suicide is the third leading cause of death in 15-19-year-olds. 79% of global suicides occur in low and middle-income countries. Ingestion of pesticides, hanging, and firearms are among the most common methods of suicide globally.

1.2 INDIAN PREVALENCE:

Intranational analysis is more reliable and amenable to detailed analysis. According to WHO data, the age-standardized suicide rate in India is 16.4 for women (6th highest in the world) and 25.8 for men (22nd in ranking). Due to more socioeconomic causes for males & more emotional and personal causes for females.

1.3 CAUSES OF SUICIDE IN INDIA:

The NCRB, in their report on suicides in 2015, tabled an analysis of identified causes of suicide according to the age group of the decedents. Dowry-related issues, other marriage-related issues, love affairs, and family problems were thought to explain a majority of cases of suicide of females aged 18-29 yrs., while illness other than mental illness was believed to account for the suicides of 25 % of both men and women aged 60 yr or more[2]. Among elder persons, social isolation, depression, functional disability, and the feeling of being a burden on their family have been cited as reasons for suicidal ideation [3]. According to the latest report from the Indian government, exam-related pressure was the largest cause of suicide in India's youth [4]

1.4 THEORIES OF CAUSES OF SUICIDE:

Main theories of causes of suicide can be grouped under sociological factors (normative theory) and psychological factors (interpersonal theory).

1) Normative theory comes under sociological factors. Emile Durkheim a French Sociologist who believed there was more to suicide than extremely personal individual life circumstances: for example, a loss of a job, or bankruptcy. He proposed four different types of suicide, as per the levels of social integration. Egoistic, Altruistic, Anomic and fatalistic. Egoistic from a low social integration, Altruistic from much social integration, Anomic from integration into society is disturbed fatalistic from excessive regulations

2)In psychological factors Thomas joiner's interpersonal theory says that three constructs are central to suicidal behavior: two primarily related to suicidal desire are thwarted belongingness (feels like not accepted by others) and perceived burdensomeness (the belief that one is a burden on others) and one primarily related to capability acquired capability for suicide.

1.5 METHODS OF SUICIDE:

The ICD-10 codes for suicide are in the range X60–X84. We can differentiate it into suicides due to a pesticide or an unspecified poison, other poisons, hanging, drowning, firearms and explosives, jumping from a height, and other suicide methods [5].

When we consider the methods in India, suicide due to poison is the most common method among males, followed by hanging, firearms, burns, drowning, and, finally, falling from a height.

Suicide due to poison is the most common cause of suicide among females also, followed by hanging, burns, drowning and falling from a height, and finally firearm. Male prefer more violent methods while females more non-violent

1.6 LEGAL ASPECTS [6]:

Section 309 IPC says whoever attempts to commit suicide shall be punished with simple imprisonment for a term which may extend to one year [or with fine, or with both]. Section 305, the abetment of suicide of child or insane person / any person in a state of intoxication commits suicide shall be punished with death or imprisonment for life, or imprisonment for a term not exceeding ten years, and shall also be liable to fine. Section 306, shows the abetment of suicide if any person commits suicide shall be punished with imprisonment of either description for a term which may extend to ten years, and shall also be liable to fine.

The Mental Healthcare Act, 2017 section 115says that, any person who attempts to commit suicide shall not be liable to punishment under the said section if the person is suffering from mental illness at the time of attempting suicide. The bill also stipulated that the Government would have a duty to provide medical care to persons that attempted suicide. The Mental Health Care Act does not repeal Section 309 of the IPC, but merely provides the presumption of mental illness [7].

1.7 CONTRIBUTORY FACTORS:

Suicide is a multi-factorial event. It can be influenced by various factors like psychiatric illness, impulsiveness, family history, life stressors, etc.

These can be called risk factors in case of suicide. These will be discussed under 9 headings starting from the demographic and social profile

1. DEMOGRAPHIC AND SOCIAL PROFILE: Suicide rates increase with advancing age and are rare before puberty. Men are more prone to suicide than women. Unmarried have a greater chance than married globally but, in India, most studies report that the majority of suicide decedents were married at the time of death
2. SUICIDAL ACTIVITY: Frequent, intense & prolonged Suicidal ideation is considered as high risk and otherwise is in low risk. Planned and multiple attempts, Unambiguous wish to die, are under high risk. Impulsive & First attempt, are under low risk.
3. RESOURCES: Personal recourses like poor achievement, poor insight, and poorly controlled affect are at high risk. While others are at low risk. The socially isolated unresponsive family was at high risk. Additionally, there is increasing evidence that the internet and social media can influence suicide-related behavior. One risk that has been more prevalent over the years has been suicide challenges from different "games" such as the "Momo Challenge", The Blue Whale Challenge, and others that trick individuals into committing suicide after performing various acts.
4. HISTORICAL FACTOR: A history of a suicide attempt and family history are the major risk factor for both repeated nonfatal suicidal behavior and suicide.
5. ENVIRONMENTAL FACTORS: It includes stressful life events like job loss & prolonged stress…etc.
6. GENETIC FACTORS: Family history of suicide increases the risk 2-fold, especially in women and children independent of family psychiatric history. Concordance rates of suicide are higher among monozygotic twins. Studies show Polymorphism of Tryptophan hydroxylase enzyme 1 and 2, three serotonin receptors, and the monoamine oxidase promoter being involved in the vulnerability for suicidality [8]
7. BIOLOGICAL FACTORS: Rodent studies have demonstrated that serotonin depletion results in increased aggression. In a study of high suicide risk hospitalized male psychiatric patients CSF shows 5-HIAA may be a better predictor of early suicide after an attempted suicide. HPA over-activity in turn, affects aggressive traits, thereby impacting the risk of suicide [9]. More recently, several studies also indicate abnormalities of neuro-immune functions in suicide [10]
8. PSYCHOLOGICAL FACTORS: Hopelessness is one of the strongest predictors for suicidal behavior [11]. Other behaviors like Feelings of worth**less** and helplessness, aggression and impulsivity, an extremely negative self-image, and others mostly will end in suicide. Stressors like: Interpersonal difficulties, other psychosocial stress, also increases the risk of suicide [12]
9. HEALTH FACTORS: Include Serious or chronic health conditions like loss of mobility, disfigurement, and chronic/intractable pain and Mental health conditions like Depression, Bipolar disorder, Schizophrenia, and others. Studies show depressogenic drugs like reserpine, corticosteroids, antihypertensive, and some anticancer agents are also at risk of suicide. Alcohol-related illnesses, such as cirrhosis are associated with higher suicide rates.

1.8 SUICIDE AND MENTAL ILLNESS:

Almost 90% of all persons who commit or attempt suicide have a diagnosed mental disorder. A meta-analysis study to assess the risk of suicide conferred by mental disorders shows the pooled proportions for mood disorders in suicides 11.3% and anxiety disorders were 31.7%, for psychotic disorders 6 % and personality disorders were 8.6% and for substance use disorders were 7.2%And the persons with delusional depression, history of impulsive behavior increases the risk of suicide. Risk of suicide- in psychiatric patient to non-patient is 3 to 12: 1. The 1st three months after discharge are the highest risk for suicide due to guilt feeling of awareness of the disease
1) MOOD DISORDERS: Major depressive disorder and other depressive syndromes are the most commonly & consistently identified primary diagnoses in individuals who died by suicide [13]. Risk increase if single, separated, divorced, widowed, recently bereaved / early in the illness & on inadequate treatment. And a common doubt related to this is "Are all patients with mood disorders suicidal? In a study of epidemiologically representative cohorts of patients in community psychiatric care services, they found that about 41% of patients report no significant suicidal ideation, while about 42% did, and about 17% had attempted suicide during the index episode[14]. So not all people who suffer from major mood disorders plan or attempt suicide
2) SCHIZOPHRENIA: Schizophrenia has also been associated with an increased risk of suicide in multiple studies because of hallucinated instructions or a need to escape persecutory delusions [15] (means they believe others are out to harm them despite evidence to the contrary).
Previous suicide attempts, vulnerability to depressive symptoms, recent discharge from a hospital, Personal and family history, recent loss events are considered as risk factors.
3) SUBSTANCE USE: Substance use disorders confer a risk of suicide that is 10–14 times greater than that of the general population [16]. Deaths related to substance use are highest among persons with alcohol use disorders followed by persons who abuse opiates. Number rather than the type of substances is more important for predicting suicide [17].

The Risks factors are socially isolated, currently drinking, previous suicide attempt, within a year of the patient's last hospitalization, IP loss & comorbid disorder.

4) PERSONALITY DISORDERS: Individuals with personality disorders, and particularly those with a diagnosis of borderline personality disorder or antisocial personality disorder, have increased risks for suicide and suicide attempts [18]. Suicide attempts are made by almost 20% of patients with a panic disorder and social phobia. These risks appear to be further augmented by the presence of comorbid disorders such as major depression, post-traumatic stress disorder, and substance use disorders

1.9 SUICIDES IN COVID SCENARIO:

A study of suicides and attempted suicides during the COVID-19 lockdown in India said that there were 369 cases of suicides and attempts compared to 220 reported suicides in the corresponding dates in 2019[19]. Working from home, temporary unemployment, homeschooling of children, and lack of physical contact with other family members, friends and colleagues are can be particularly stressful for people during this period. It is also noted that based on older studies, there was an increase in the number of suicides in the US during the 1918 Spanish influenza epidemic and amongst elderly persons after the SARS epidemic. During the covid 19 lockdown period, the Ayurveda medical association of India had organized a project called Koode for providing counseling over the phone to the needy once like those under quarantine. In this, we found that many of them had severe suicidal ideations which had reduced considerably after a series of counseling sessions.

1.10 SUICIDE WARNING SIGNS:

We can see some common expressions of a person having suicidal thoughts. They express- can't stop the pain, can't see any way out, and so on along with some suicidal behaviors like self-inflicted injuries reckless behavior, etc. So by hearing these types of words from suspicious we must care about the warning signs.

50 to 60 % of all people who committed suicide gave some warning of their intentions to a friend or family member. Warning signs may be by a change in talk/behavior or mood or maybe in combination. The talk includes direct and indirect statements. Behavioral changes by verbal & action, and changes in sleep patterns, were seen. Depression, anxiety, fear, irritability like mood changes also included in warning sign

1.11 MYTHS ABOUT SUICIDE:

There are various myths regarding this topic are shown in table.1.

Table 1. Myths about suicide

MYTHS	FACTS
People thought that people who talk about suicide don't want to go through with it.	The majority of people who feel suicidal, actually do not want to live the life they are living now.
If a person is serious about killing themselves, then there's nothing we can do.	Often, feeling actively suicidal is a temporary one and it can be change
A person has to be mentally ill to think about suicide.	Not all people who die by suicide are not mentally ill at the time they die.
Suicides happen without warning	Suicidal people often use words or actions to indicate they have the thoughts
Talking about suicide is a bad idea as it may give someone the idea to try it	Often, people who are feeling suicidal don't want to worry/burden anyone with their thought so they didn't discuss it, and talking about suicide is a safe and supportive way for its prevention
Most suicides happen in the winter months	Suicide is a complex one, and it's not just related to the seasons and the climate but in general, suicide is more common in the spring, and there's a noticeable peak in risk on New Year's Day
Suiciding like talks is just attention-seeking and shouldn't be taken seriously.	It should always be taken seriously they want attention in the sense of calling out for help

1.12 SUICIDE PREVENTION:

Most people who commit suicide don't want to die, they just want to stop getting hurt. Suicide prevention starts with recognizing the warning signs, taking them seriously, and also talking openly about suicidal thoughts and feelings that can save a life [20].

Some general protective factors are there like Children in the home (except among those with postpartum psychosis), Pregnancy, Deterrent religious beliefs, Life satisfaction, Reality testing ability, Positive coping skills, Positive social support, and Positive therapeutic relationship [21]

These are some general guidelines to follow for the prevention of suicide. Removing the stigma is the first thing that we all can do to help. We talk directly and openly to know the signs, be willing to listen & allow expressions, be non-judgmental. &don't lecture on the value of life, don't dare him/her to do it & don't act shocked (this will put distance between you), encourage them to get help & offer hope that alternatives are available but do not offer glib reassurance, take action by removing such as guns or stockpiled pills, etc., don't leave them alone, and get help from persons or agencies specializing in crisis intervention and suicide prevention if needed [22]

1.13 PRACTICAL MEASURES FOR HELPING:

Be alert with proper guidelines, if the person suffered from unbearable pain, reduce the pain likewise approach them practically.

Table 2 Some practical guidlines for helping

Characteristic	Guideline
Unbearable pain	Reduce the pain
Frustrated needs	Fill needs
Seeking a solution	Provide alternatives
Hopelessness	Provide hope
Cognitive tunnel vision	Increase options
Communication of intention	Listen, involve others

All health care professionals and those who were very close to the person including physicians, nurse practitioners, physician assistants, social workers, college and university resource staff and student health services, student residence services can help him or her. [23]

1.14 MANAGEMENTS IN PSYCHIATRIC CASES:

The evaluation for suicide potential involves psychiatric assessment and interview processes.

Most suicides among psychiatric patients are preventable, therefore, a suicide risk assessment cannot be undertaken in isolation from an overall mental health assessment.

Unlike medical interviews, here the patient and parents may be interviewed together. A psychiatric interview must include some time alone with each party, especially when assessing the patient's potential dangerousness, to obtain a complete picture of the problem like depressive symptoms, suicidal thoughts, intents, plans, attempts, and future plans[24].

1.15 INVENTORIES PREDICTING SUICIDE:

Hopelessness scale, Pessimism items on the Beck Depressive Inventory, sad persons scale, Beck Suicidal Intent Scale, Suicidal Intent Questionnaire predicted suicides more accurately. A score of 10 or more on the Hopelessness Scale correctly identified 91% of the eventual suicides [25]

1.16 UNIVERSAL PREVENTION STRATEGIES:

Approaches to prevention can be summarized as assessment of patients with suicidal behaviors followed by collecting information by conducting a thorough psychiatric evaluation. Specifically inquire about suicidal thoughts, plans, and behaviors and estimate suicide risk. Additional considerations when evaluating patients in specific treatment settings with preventive steps. Develop a plan of treatment strategies somatic treatment modalities & psychotherapeutic intervention. Coordinate care and collaborate the actions with others. Reassess safety and suicide risk with an evaluation of psychiatric status and response to treatment. Obtain consultation, if needed & the Cycle continuous till the result.

The prevention strategies include (1) Generally improving the quality of people's lives thereby reducing stress, (2) Decreasing the availability of lethal means, (3) Selective strategies include in schools and institutions so that they can be identified and treated before they harm themselves, (4) Focusing on high-risk groups those already diagnosed as depressed, (5) Assert religious and cultural believes that discourage it

Efforts to prevent suicide have been celebrated on World Suicide Prevention Day – September 10th – each year since 2003. The theme for the 2020 World Suicide Prevention Day is 'Working Together to Prevent Suicide'.

2. AYURVEDA:

Even though there are no direct references that show the factors leading to the thought which leads to suicides, the concept of *Satvabala* & many Ayurveda psychotherapy management protocols stands relevant while dealing with a patient having suicidal thoughts or ideation. Experiences with the patents shows that most of the people who manifest these presentations generally will have *Alpa satvatha*. More than 80-90% of patients coming to our outpatient department have some sort of psychological problem either in a mild or major form.

Even though the direct study is not undergone in our department regarding the *Satvabala* and the mental status of patients committing suicide, the available studies of *Satvabala* with regards to pain manifestation and its significance as a causative factor for the exacerbation of various symptoms in different diseases point to the fact that when-ever the *Satvabala* is reduced either genetically or due to the various environmental and social factors it can lead a person to suicide. Most of the people who attempt suicide or have suicidal ideation generally will have deranged *Manodosha*s (*Rajas* and *Tamas*) which in turn can lead to various psychological illnesses. So all the regimes to control *Manodosha*s very broadly speaking that giving proper *Dhee dhairya atmaadi vijnaanam* [27] may help to control the suicidal tendency in this regard. Ayurveda has a lot to contribute to preventing the incidence of suicide. Because our concept of *Satvavajaya* & *the Harshana, Aswasana,* etc. told in the context of *Unmada* as well as *Jwara, Kushta* like diseases in which the *Manodosha*s are involved are proven to be effective to control the incidence of suicide.

In *Charaka Samhita, a Nidana sthana* 3 types of causes for *Aganthuja Unmada* are mentioned, which are *Himsa, Rathi, and Archana kama.* If the afflicted agents intend to inflict injury (*himsa*), then the patient enters into the fire, sinks into the water like self-harming behaviors are manifested & he also says that this type of *Unmada* is incurable.

The concept of *Atatvaabhinivesha* and its management strategies many at times help while dealing with a patient having suicidal thoughts. *Atatva* and *abhinivesham* constitute the word *Atatvaabhinivesham* mentioned in *Charaka chikitsa sthaanam* [28]. The word itself means the mind is occupied with not the fact and it leads to the Impairment in *Manovyaparam, Budhi,* etc

A person with suicidal ideations perceives things in a self-manipulated way and finally, his decision goes in parlance with a false reality and considers suicide as a permanent solution to all his problems. So we can said that the person is in *Atatvaabhinivesha* state but this is not an exact diagnosis.

3. MANAGEMENT STRATEGY:

Managemnts can be chosen by considering common patient presentations with the available concepts in Ayurveda. The famous quote "*Sareeramaadyam ghalu dharma saadhanam"* emphasizes the importance of maintenance of our health as the primary responsibility of all. The status of *Manodoshas* (*Rajas* as well as *Tamas*) and the *Satwabala* should be assessed while dealing with a person with suicidality. A person can't be suicidal due to the mere presence of *Tamas* but with the involvement of the *Rajas*. So balancing the doshas of the mind is having the utmost importance in this regard. Also, the person having *Alpa satva* and when he is under stress it initiates the disease process by resulting in an imbalance of *Manodoshas. Prajnaparadha* (intellectual error) especially results when the mind and its actions are not going in a controlled manner and becomes the cause for all kinds of psychological diseases. *Dhi bhramsa* & *Dhriti bhramsa* will be considered as a reason for Su**i**cids and suicidal ideations. Charakacharya says *Nagare nagarasyeva* that a city may be destroyed by coming in contact with undesirable citizens living inside the city; likewise the chariot may get destroyed by following an uneven path. Similarly, a wise man has to be attentive towards his body, *Swa sareerasya medhaavi krityeshu ahito bhavet*. [29] Means not only towards its external needs but also towards the maintenance of internal stability. The remedy mentioned is *Satvāvajaya* which is nothing other than *Manonigraha* by using several techniques from *Ahita Artha* & *Ahita karma*. The techniques are *Jnana Vijnana Dhairya Smrithi* & *Samadhi.* [30] *Vagbhata* has mentioned exact awareness of *Dhi Dhairya* and *Atma* as the best remedy for *Mano Dosa* viz. rajas and *tamas. Dhee* is the sense of discrimination between right and wrong and leads an individual to high-quality actions. Drti refers to the stability of the mind. It is the ability to adhere to good or to avoid bad and to withstand difficulties with strong power. The knowledge of self at a very preliminary level is the knowledge of *Atma*. Here *Atmaadi* is the knowledge of ourselves about our native, our society, the climatic conditions, etc., and also knowing the capabilities as well as the weakness of self.

Jnana (knowledge of self) in which we can give awareness about one's health condition & generate a habit of sharing their crisis. *Vijnana* (scientific reasoning) in which we can give proper theoretical knowledge about the occurrence of crisis and its possible prevention. *Dhairya* (patience), here we can provide determination to maintain a positive healthy family atmosphere & reinforce the coping skills (if not possible by self-seek help from concerned

authority). *Smrithi* (the application of recollections) –we can give chances to recollect the previous own experiences where one had overcome failures & give attention to those who had similar experiences with a positive ending. And *Samadhi* (attaining a stable state of mind) can advise doing simple *Yogasanas* including *Pranayama* which calms the body as well as mind.

In Bhagavad Geetha it is mentioned that *Chanchalam* [31] is a quality of mind, it means that keeps on moving from one object to another and that which affects *Indriya* and *Sareera.* And controlling the mind is also a difficult target.it will be achieved by controlling the mind. *Prajnaparadha* (Intellectual blasphemy) results when the mind and its actions are not going in a controlled manner and become the cause for all kinds of psychological diseases remedy mentioned is the *Satvāvajaya* which is nothing other than Manonigraha or controlling the mind by using several techniques from ahita artha or harmful areas or things [32].

Satvavajaya is achieved by intervening in the functioning of the mind by regulating the thought process (*Cintyam*), replacing the ideas (*Vicaryam*), channeling the presumptions (*Uhyam*), polishing the objectives (*Dhyeyam*), and by proper guidance and advice (*Sankalpam*) [33]. While going through the management of *Atatvabhinivesham* acharya says that give him the *Satvavajaya* treatment by *Vijnana, Dhairya, Smriti,* and *Samadhi* through his friends and sympathizers, preceptors, and preaching religious sermons. Methods like *Aswasana, Santvana,* etc have been mentioned in our classics too which assists in curving the development of emotions that lead to suicidal ideation. Routine *Sodhana* therapy, *Sadvritta,* and *Achara Rasayana,* to be practiced for living an elongated life that is mentally and physically healthy. The ultimate goal of any therapy in Ayurveda is to bring back the equilibrium of doshas, both of the body as well as the mind thus maintaining the dynamic balance in an individual.

Patients with suicidal ideation with or without mental disorders will be managed mainly with *Satvavajaya* therapy along with medicines as per the condition. Balancing *Rajo* and *Tamo* doshas and developing *Satvaguna* helps the person to transform his self-motivated action into selfless service and thus significantly contribute to mankind. That is actually what is mentioned in the mental health definition by WHO. They will be assessed using inventories. The before and after score shows the reduction in suicidal thoughts along with the improvement in mental health.

4. CONCLUSION:

Suicide is becoming a real problem, especially among youngsters nowadays health worker who is dedicated to the community, surely have some duties to address this issue. We have to understand that suicide is preventable. The timely intervention from outsiders is what matters. Suicide prevention is often challenging and extra support can be crucial. Fortunately, there are lots of things we can do to help others who may need some extra care and support. I hope that here the information will find useful. Early detection along with Ayurveda medications and *Satvavajaya chikitsa* helps the mind and body to thrive and provide long life. Balancing *Manodoshas* helps the person to transform his or her self-motivated action into selfless service and thus significantly contributing to mankind. Be the reason ***s***omeone smile today.

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