CONCEPTUAL STUDY

Historical Review:

Depression is recognized as a common disease throughout the developmental period of human being and described by various names since antiquity. References to the states of depression have been made in many mythological and religious books.

In great Indian epics like Ramayana and Mahabharata, some characters have developed depressive features resembling to the current descriptions. In Ramayana, King Dasharatha, father of Lord Rama, suffered from depressive episodes at various stages of his life. Lastly, when Rama left for the forest abdicating the throne in fulfillment of the vow made by his father to stepmother Kaikaeyi, Dasharath was overwhelmed by a state of depression in which he renounced all his duties as king and all worldly pleasures to die in such a state. In Mahabharata, at the battle of Kurukshetra, Arjuna suffered from Vishada which led him to a state of disability. Bhagavad Gita begins with a description of the breakdown of a healthy, competent human being in a very stressful and conflicting situation. Arjuna’s despondent state on the battlefield, termed as Vishada, which precipitated a prolonged depressive episode is described in Arjuna vishada yoga.

CONCEPT OF DEPRESSION:

VEDIC PERIOD:

References similar to states of depression are abundantly available in ancient Indian literature. In Rigveda (3000 B.C.), special type of invocation of god to get rid of depression, ascribed to shackles of Varuna and Yama, is suggested. In Atharvaveda, Vibheeti is the term used to describe a state of fear similar to depression. Enas and Duritani are the other terms which refer to guilt. There are instances of praying for relief from the guilt. Maitraiya Upanishada mentions the word Vishada to express the condition of disgust or dejection. Taitteriya Upanishada names Vishada as a hell in the north east.

SAMHITA PERIOD:

Ancient ayurvedic scientists like Charaka, Sushruta highlighted conditions as Vishada and Avasada having resemblance to depression at various places in classics. Later the commentators like Dallhana (11th cent.A.D.) and Chakrapani (11th cent.A.D.) focused more on these terminologies, elaborated them from which symptomatology of depression in ayurveda can be inferred.

CHARAKA SAMHITA:

1) Avasada is one among those diseases which are aroused due to vitiation of Doshas and samshodhana (purificatory procedures) are indicated in their management. This reference clearly shows vitiation of dosha as dominant factor in the pathogenesis of Avasada.
2) “Manodainyam” is the factor from which Shoka (state of grief) can be examined. According to Chakrapani, it is nothing but tendency to weep which is one of the sign of depression.

3) Nirveda is the term which means Dukkhhatvam as Gangadhara commented. Absence of Nirveda i.e. Anirveda is the best quality of recovery.

4) According to some scholars, Sannipatonmada (caused by combined body humours), Vishaja Unmada (caused by external intoxications and poisons), and Shokaja Unmada (caused by excessive grief) bear resemblance to depression and manic depressive illness.

5) Vishada is one of the eighty Vataja nanatmaja vikara, which indicates that it can not occur without the involvement of Vata dosha.

6) It is the foremost factor capable to worsen the condition of any disease. This suggests that there may be a relationship between immunity and vishada.

7) While describing the mental factor examination by inference, it is stated that Bhaya can be examined by presence of Vishada and Dhairya by its absence. This means that the negative factor Bhaya (fear) and the positive factor Dhairya (courage) both are good indicators for Vishada.

8) Vishada is a symptom of Vataja Jwara along with symptoms like irregularity in onset and alleviation (vishamarambhavisargitvam), aversion to the taste of food (annarasakheda), yawning (jrumbha), exhaustion (shrama), giddiness (bhrama), delirium (pralapa), sleeplessness (prajagara) etc. This suggests the aggravation of vata dosha can cause vishada like symptoms, but the pattern of onset and alleviation may be irregular due to vishama gati of Vata.

9) In context of examination of patient, Charaka advised Avishadakar treatment for Hina bala (weak) patients. Because weak patients are not capable to resist stronger therapies like Agni karma, Kshara Karma, Shastra karma etc. So these types of procedures should be done carefully and only in unavoidable conditions in patients of depression.

10) Avishaditva is one of the characteristics of Sattvasara. The persons having excellence of mental faculties are less prone to depression.

11) Vishada as well as Mana avasada are mentioned as the complications arose due to sexual intercourse before the restoration of health after purificatory therapy (shodhana karma).

12) Hina sattva patients are more prone to Vishada. The individuals having inferior mental faculties, neither by themselves nor through others sustain their mental strength and even if possessed of plump or big physique, they can not tolerate even mild pain. They are susceptible to fear, grief, greed, delusion and ego. When they hear stories describing wrathful, fearful, hateful terrifying and ugly situation or come across visions of flesh or blood of animal or man, they fall victims to depression, pallor, etc. All these conditions are seen in depressed persons.

SUSRUTA SAMHITA:

1) Avasada is a sign of vitiated Kapha Dosha indicating that aggravating factors of Kapha Dosha may worsen the condition of Avasada.

2) Description of Manodukkhkhjonmada resemble with depression due to psychological trauma.
3) Mythologically Vishada is originated from the anger of Lord Brahma. Which indicates the origin of disease in the basic emotion 'anger'.

4) Vishada is included in Manas vyadhi (mental diseases) category in the classification of diseases. This shows that it is a pure psychiatric condition.

5) It is one of the characteristics of Tamas prakriti, which means there must be a cause -effect relationship between Tamas and Vishada.

**ASHTANGA SAMGRAHA:**

Vishada is a causative factor for vitiation of Vyana vayu and also a sign of vitiated Vyana itself. Normal circulation of Rasa and Rakta in the body depends upon the normal functioning of Vyana, which is sited in Hridaya. This indicates that there may be some relation between the circulatory system, cardiac disorders and states of depression.

**ASHTANGA HRIDAYA:**

Vishada is a Garbha bhava originated by Tamas guna. As this is the basic factor described in context of embryogenesis, it is possible that Vishada may be normally present in Tamas prakriti persons. It should not be considered as a disorder unless it impairs the normal functioning of that individual.

**BHELA SAMHITA:**

Avishaditvam is described as one of the best qualities of patient. Non depressed patients may show a faster recovery than the depressed ones.
DISEASE REVIEW

Concept of Chittavasada
The term Chittavasada is composed of two words: Chitta & Avasada. Chitta refers to psyche and the Avasada refers to depression. This means that Chittavasada is the depression of mind; which is manifested as psychomotor retardation, loss of work interest, loss of interest in pleasurable activity, reduced or increased appetite or sleep, irritability, lack of concentration and reduced memory and sad mood.

Chittavasada is also a state of impairment of Chitta where Dhi, Dhriti, Smriti and the emotional component get Tamo-pramoha, supper added with Sharirika dosha Kapha and Vata, loses the state of equilibrium and again vitiate Bhakti, Shila, Achara of chitta and as result produce the syndrome which are identified as depression of mind.

The term Chittavasada has not been mentioned as such in any of the Ayurvedic classics. Although Chittavasada as a clinic-pathological entity is not mentioned in Ayurvedic classics, however the depressive illness was conceived in Ayurvedic medicine as a syndrome called Vishada or Avasada mentioned in Manasa Roga Vikara by Charaka.

Concept of Chitta
Chitta is an instrument or medium through which the Atma materializes the individual world lives and involves in the world until perfected or achieved a state of Sattya Buddhi. The word chitta is derived from the root ‘Chit’ by adding suffix ‘Kta’. It means to perceive, to observe, to intend, to instruct, to form an idea, to awake, to have a view. According to Monier William’s and Sir V.S.Apte, it is thought process, intelligence, intellect, understanding, mind, heart, heart, the soul, spirit. According to Patanjali Yoga Darshana, Yoga is the state of cessation of all fluctuations (vrittis) of mental being (chitta) (Singh R H, 1991). The characteristics likes Bhakti, Shila, Bhaya, Krodha, Tanda, Utsaha, mardavam, Gambhiriya etc. are derived from manas by Birth (Cha. Sha. 3:13).

1. “Chittam chetah hrdayam svantam hrnmanasam manah iti” (Amarakosha 1/4/3)
   Mana is the entity through which the knowledge is obtained, which is closely related with Atma, through which one can perceive and the seat of mana is hridaya.

2. “Anangakam Angama iti” (Shbdaratnavali)
   According to Shabdaratnavali, Mana is the entity which doesn’t have any organic shape.

3. “Mano, Mahanamati, Brahma, Purvabhikhyatih Ishwarah, Prajna, Smriti” (Mahabharata Mokshadharma)
Mana is the superior analyzing faculty, the seat of soul or atma, which carries the previous thoughts, controls the whole body, God or controller of whole universe, accommodates superior senses, possess the storing of knowledge.

4. “Sattva Sanjnakam Chetah” (Cha. Su. 8/4)
5. “Sattvam manah” (A.S. Sha. 5/22)

Sattvam: Which dominates the sattva guna
Which has got the capacity of expressing
Which express the presence of Atma

The chitta has 3 dualities: Sattva, Raja & Tama. These qualities determine the three personality traits which reflect the basic nature of an individual. The basic nature of the existence of an individual is a continuous phenomenon of interaction. The prime cause of this interaction is Trishna, which is the nature of chitta. An individual internally (within the body, indriyas, manas and atma) and externally (with Loka: the environment). The basic nature of interaction depends upon the qualities of chitta. The life is the dynamic interplay of these gunas (qualities). According to the predominance of gunas the phenomenon of interaction between Purusha and Loka at the level of Kala, Buddhi and Artha are of 3 types.

1. Normative interaction (Samyak Yoga) is healthy state of chitta. It is Sattva guna predominant and is a wholesome interaction.
2. Hyperactive interaction (Atiyoga) is state of udvega of the chitta. It is Rajo guna predominant and is an unwholesome interaction.
3. Hypoactive interaction (Hinayoga) is a state of avasada (inertia) of the chitta. It is Tamo guna predominant and is an unwholesome interaction.
4. Erroneous interaction (Mithya yoga) is a state of udvega (hyperactive) and avasada (hypoactive) of the chitta. It is too an unwholesome interaction.

Concept of Avasada
The word Avasada is derived from the root Av+sad+dhyani. The synonyms are avasadita (sad, lazy), vishada (sadness, melancholy) and sadanam (sadness, dejection). Avasada literally means depression/annihilation. The word vishada has been mentioned in the context of manasa dosha vikara. Madhava Nidana codes the term Avasada in connection of vata vikara. Charaka used the term sadanam refers in sense of depression (Ch. Chi. 62/69). The other philosophical texts like Chhandogya Upanishada (Atyantamatmana Charyukta Avasadyayan, 2:28-2) and Bhagavad Gita (Natmanam Avasadayet, 6/5). The word Avasada has been used in relation to chitta disorder, stimulating depressive illness.
ETYMOLOGY:

1) AVASADA:

Ava + Sad = Avasada (Vachaspatyam)²⁹

This term Avasada is derived from the Sanskrit root ‘Sad’ by applying the prefix ‘Ava’. Its literal meaning is sinking down, growing faint, fatigue. According to Mahabharata, it means to render downhearted, dispirit, ruin. Monniere William’s Sanskrit –English dictionary gives literal meanings of Avasada as disheartened, to frustrate, to come to an end, unhappy, to become exhausted, to perish, to be pressed down (by a burden), ended, terminated. Online Sanskrit dictionaries translate Avasada as lassitude, defeat, want of energy or spirit, to pull down.³⁰ Sanskrit-Sanskrit dictionary states its meaning as ‘Chitta dehayoh glani’.³¹

2) VISHADA:

Vi + Sad + Ghan = Vishada

Vi- Visheshena Siyante Asminanena. I

Vishaddhyate Anena Va. I (Vachaspatyam)³²

The term ‘Vishada’ is derived from the Sanskrit root ‘Sad’ by applying prefix ‘Vi’. Its literal meaning is Stupor, Inactiveness, Dejection, Depression and Despondency. Monniere William’s Sanskrit –English dictionary gives literal meanings of Vishada as: Fear, weakness. According to Malantim, it is Drooping state, languor and lassitude. Dejection, depression, despondency are the meanings given by Mahabharata and Maitreya Upanishada, While as per Bhartrihari it means aversion, disgust.

Online Sanskrit dictionaries translate Vishada in the meanings of dismay, dejection, sorrow, melancholy, sadness. Synonyms like Dainya and Kheda are mentioned for Vishada.³³ Sanskrit-Sanskrit dictionary states its meaning as ‘Dukhkham’ and ‘Manovikara’.³⁴

1. Dejection, sadness, depression of spirit, grief, sorrow
   ‘madvani makuru vishadam’ (Bhamini vitasa 4/4)
   ‘vishada kartavave vidadhati jadah pratuitmudam’ (Bhartrihari shatakas)

2. Disappointment, despondency, despair
   ‘vishadaschetasau bhanga upayavhavarasayah’ (Malatinadhava 2/5)
   ‘Vishadalupta pratipattisainyam’ (Raghuvansha 3/40)

3. Dullness, stupidity, insensibility

4. Languor, drooping state.

The story of Bhagavad Gita resolves round a depressed character in the form of Arjuna. In the first chapter, it feels like listening to the pitiful utterances of a patient suffering with depression.
Sidanti mama gatrani mukham cha parishushyati
Vepathushcha sharire me romaharshascha jayate
Sramshate gandivam hastat tvak chaiva paridahyate
Na cha shaknomyavasthatum bhramateeva cha me manah.

DEFINITIONS:
Although Samhitakara like Charaka, Sushruta and Vagbhata highlighted the topic at various places, commentators like Chakrapanidatta, Dalhana elaborated it and had given specific definitions which match to the modern scientific views.

1) “Avasadsa Chitta dehayoh glani”
The other condition Avasada is defined as lassitude of mind and body in their functions.

2) “Vak kay chitta avasadah vishadah”
This means Vishada comprises a condition Avasada i.e. lassitude of speech, body and mind. This definition clearly indicates psychomotor retardation which is the main feature of depressive illness.

3) “Asiddhibhayat dvividhesu karmeshu apravritti Vishada”
Dalhana defines Vishada as a condition originated from apprehension of failure resulting into incapability of mind and body to function properly. There is significant reduction in both the activities.

4) “Vishado anushtheyoatmana ashaktatajananam”
In this definition, Chakrapani comments that Vishada is a feeling of incompetence to accomplish or perform a desired work. This refers to the loss of self confidence in the disorder leading the person to triad of hopelessness, helplessness and worthlessness.

4) “Vishada Sarvada manah khedah” And “Vishannatvam dukkhhitatvam”
Vishada is a persistent feeling of sadness and inappropriate guilt which are the cardinal signs of depression as it is stated by Gangadhara and Arunadatta, commentators of Charaka Samhita and Ashtanga Hridaya respectively.
**NIDANA (AETIOLOGY):**

**General etiological factors of Manasa Roga**

The basic threefold causes: unwholesome contact of kala, buddhi and artha

a. Prajnaparadha
b. Asatmyendriyartha samyoga
c. Parinama

Sadvritta apalana
Vegavarodh and vegodirana
Purvajanmakrita
Prakriti viparyaya

Description of specific causes of Chittavasada is not available in classical texts, but it can be inferred according to the doshic predominance involved in the patho-physiology. Physical body and Psyche together constitute the substrata of disease and happiness.\(^1\) Rajas and Tamas are the two pathogenic factors in mental disorders. Rajas is responsible for all the activities, while Tamas regulates and at times inhibits the actions.\(^2\,\,^3\) In depression, all activities are reduced that may be due to improper functioning of rajas and excess functioning of Tamas. So, on the basis of Karana-Karyavada, the probable causative factors for Chittavasada are categorized as follow.

1. **Prakriti**
   - a. Kaphaja Prakriti
   - b. Vataja Prakriti
   - c. Tamasa Sattva: Pashu Sattva & Vanaspatya Sattva
   - d. Rajas Sattva: Preta Sattva & Paishacha Sattva

2. **Sattva**
   - Avara Sattva (persons who are mentally weak)

3. **Life events: Ishta dravya vinasha**
   - a. Sambandhi (death of close relative)
   - b. Dhana (property loss) and other whatever is important to the individual

4. **Aaharaja (Dietary causes):**
   - Tamasika aahara including unhygienic, improperly cooked, stale food.\(^4\)
   - Kapha vriddhikara aahara, which may cause Jadatva (heaviness), Gaurava, Avasada leading to reduced activities.
   - Improper dietary habits like Samashanam, Adhyashanam and Vishamashanam. These may cause Chittavasada because of Pradnyaparadha. These are more related with the lack of self control over eating and show greedy nature in dietary habits.
   - Viruddha ahara
   - Dushta bhojana
• Apavitra bhojana
• Vikrita bhojana
• Diet – The increase in depression in industrialized societies has been linked to diet, particularly to reduced levels of omega-3 fatty acids in intensively farmed food and processed foods.\textsuperscript{45} This link has been at least partly validated by studies using dietary supplements in schools\textsuperscript{46} and by a double-blind test in a prison. An excess of omega-6 fatty acids in the diet was shown to cause depression in rats.\textsuperscript{47} Excess alcohol can have a negative effect on mood, and misuse of alcohol, benzodiazepine-based tranquilizers, and sleeping medications can all play a major role in the length and severity of depression.

5. Viharaja (Life style causes):
• Ayayama (Lack of physical and mental exercise) is the vital causative factor in pathogenesis of depression. Lack of physical exercise is the primary factor for the prevalence of depression. With passage of time, man has evolved from a physically challenged creature to one who is mentally burdened. The absence of physical challenge and overwhelming abundance of mental work is forcing more and more people to become victim to depression.\textsuperscript{48}
• Divasvapa (Day time sleep): This can lead to accumulation of Kapha dosha as well as excess Tamas activity.
• Unnecessary and/or excess indulgence stressful mental and physical activities can cause Vishada due to imbalance of Rajas dosha. Aayasa (Stress) is another major aetiological factor of depression.\textsuperscript{49}
• Raudra (wrathful)
• Bhairava (fearful)
• Bibhatsa (hateful)

6. Rogaja (Secondary to medical conditions):
Vishada is observed as a symptom in Vataja Jvara in the classics. But it can occur in all somatic disorders, because, if allowed to persist for long time, psychic diseases and somatic diseases get combined with each other.\textsuperscript{50} Some of the medical conditions in which there is depressed mood are listed below.\textsuperscript{51}
• Endocrine disorders: Hypothyroidism, Cushing’s syndrome, Addison’s disease
• Metabolic disorders: Diabetes mellitus, Porphyria
• Neurological diseases: Parkinson’s disease, Cerebrovascular disease, Cerebral tumors, Dementias, Huntington’s disease
• Iatrogenic disorders: Antihypertensive drugs, Antimalarial drugs

7. Manasika karana (Psychological factors):
• Shoka produced due to loss of beloved one or any financial or social loss\textsuperscript{52}, Bhaya, Irshya, Dainya, Lobha, Chinta, Krodha may lead to chittavasada.
PURVARUPA (PREMONITORY SIGNS):

Purvarupa are the indistinct manifestations of signs and symptoms. Depression is a disease with gradual as well as abrupt onset depending upon the aetiology. So signs and symptoms manifested in mild form can be recognized as the purvarupa or premonitory signs of depression.

RUPA (CLINICAL MANIFESTATIONS):

Symptomatology of Chittavasada can be inferred from the various definitions of Vishada and Avasada given by the commentators of classical texts. Bhagavad Gita mentioned the symptoms of Arjuna’s Vishada, which can be described most similar to that of acute anxiety neurosis followed by prolonged episode of depression. This leaded Arjuna in a state of reduced physical and mental activities, finally refusing to perform his duties on the battlefield. On the basis of references available, the clinical symptomatology can be described as follow.

PSYCHIC SYMPTOMS:

1. Dukkhatvam (Feeling of sadness or depressed mood)
2. Atmano ashtata (loss of Self confidence)
3. Asiddhi bhaya (fear of failure to perform)
4. Anavasthita Chitta (instability of mind and poor concentration)
5. Nidravaishamya (Sleep disturbances)
6. Ati chintana (excessive thoughtfulness and worries)
7. Apravritti (lack of activities or decreased productivity)
8. Aruchi (loss of interest)
9. Vishama abinivesha (improper perception or delusion)
10. Dainya (misery and helplessness)
11. Kheda (inappropriate guilt)
12. Chiitodvega (anxiety)
13. Dourbalya (weakness)
14. Nairashya (Hopelessness)
15. Smriti rhasa (decreased memory)
16. Apraharsha (Anhedonia or lack of pleasure)
17. Vishama Samvega (Emotional disturbances)
18. Shoka (excess grief)
19. Krodhadhikya (increased anger and irritability)
20. Thoughts of death or suicide

SOMATIC SYMPTOMS:

1. Dourbalya (Fatiguability and weakness)
2. Sharira sada (lack of energy)
3. Ksudhamandya or Kshudhaadhikya (Anorexia or increased appetite)
4. Karma alpata (decreased activities and productivity)
5. Vibandha (Constipation)
6. Mukha shosha (Dryness of mouth)
7. Prasveda (Sweating)
8. Kampa (Tremors)
9. Romharsha (Horripilation)
10. Hriddrava (Palpitation)
11. Bhara Kshaya or Bhara vridhdi (Weight loss or Weight gain)
12. Avipaka (Indigestion)
13. Vak avasada (Decreased talk)
14. Rahaskamata (wishing to live alone)
15. Rodanashilata (crying spells)
16. Angagourava (Heaviness in the body)

In Avasada, particular symptoms of Kaphavriddhi (vitiation of Kapha) like Aalasya (laziness), Gaurava (Heaviness), Agnimandya (Anorexia), and Nidradhikya (Hyper somnolence) are predominant. While in Vishada, irregular patterns of symptoms can be observed due to vishama gati of Vata dosha.

**SAMPRAPTI AND AETIOPATHOGENESIS:**

> "Yatha dushtena doshena yathe cha anuvisarpata I
Nirvrittihi aamayyasou sampraptihi.....II"^56

In Ayurveda, general pathogenesis is very well described as the process of manifestation and spread of the disease exactly from the beginning of accumulation of the morbid matter. This can be applied in establishing psycho pathogenesis of mental diseases also. Depression takes birth at the subtlest level of mind right from the experience of first adverse event in the life. Its growth depends upon various positive and negative factors at physical, personal, familial, social, psychological as well as spiritual planes. And it gets manifested when the innate positive factors are conquered by the externo-internal negative factors affecting mind. This is the story of the struggle for existence of positivism, persistently going on in the mind, ultimately resulting into victorious and dangerous pessimistic attitude almost towards everything called ‘depression.’ So we must consider the normal physiological factors affecting the functions of mind.

**Manas Guna and Dosha:**

Sattva, Rajas and Tamas are the three essential constituents of mind, of which last two are noted ‘Manas dosha’, which can potently cause Manas vyadhi (mental disorders)^57. Depending upon the predominance of the three constituents, Ayurvedic scientists classified manas into three types as
Sattvika, Rajasika and Tamasika. According to Charaka, Sattva is the ever pure form i.e. Shuddha Ansha, while Rajas and Tamas are the pathogenic factors having Rosha Ansha and Moha Ansha in the mind respectively. The general characteristics of these three types are given in the following chart from which the actual form and functions regarding mental activities can be inferred.

**CHARACTERISTICS OF SATTVIKA, RAJASIKA AND TAMASIKA PRAKRITI:**

<table>
<thead>
<tr>
<th>Sr.No.</th>
<th>SATTVIKA</th>
<th>RAJASIKA</th>
<th>TAMASIKA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Aanrishasyam</td>
<td>Dukkha bahulata</td>
<td>Vishaditvam</td>
</tr>
<tr>
<td>2.</td>
<td>Samvibharuchita</td>
<td>Aatanashilata</td>
<td>Nastikyam</td>
</tr>
<tr>
<td>3.</td>
<td>Titiksha</td>
<td>Adhriti</td>
<td>Adharmashilata</td>
</tr>
<tr>
<td>4.</td>
<td>Satyam</td>
<td>Ahamkara</td>
<td>Buddhi nirodha</td>
</tr>
<tr>
<td>5.</td>
<td>Dharma</td>
<td>Anritiktvam</td>
<td>Adyanam</td>
</tr>
<tr>
<td>6.</td>
<td>Aastikya</td>
<td>Akarunyam</td>
<td>Durmedhastvam</td>
</tr>
<tr>
<td>7.</td>
<td>Dnyanam</td>
<td>Dambha</td>
<td>Akarmashilata</td>
</tr>
<tr>
<td>8.</td>
<td>Buddhi</td>
<td>Mana</td>
<td>Nidralutvam</td>
</tr>
<tr>
<td>9.</td>
<td>Medha</td>
<td>Harsha</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Smriti</td>
<td>Kama</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Dhriti</td>
<td>Krodha</td>
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<tr>
<td>12.</td>
<td>Anabhishanga</td>
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</tbody>
</table>

From this chart it can be seen that all the positive factors of the mind are due to the Sattva constituent, and negative factors are results of Rajas and Tamas constituent. These factors are responsible for the various behavioral patterns of human being. Also these are the controlling factors of activities of mind. Thus, impairments of the later two factors are observed in depression. According to Kashyapa, Sattva enlightens the subject matter of knowledge, Rajas is the initiator of all the mental activities while Tamas is the regulator or inhibitor of all activities. According to Bhagvad Gita, vitiated Rajas produces Lobha (greed), Pravritti (activities), Aarambha (initiation), Karmanam ashama (nonstop actions) and Spriha (various desires). While Aprakasha (darkness), Apravritti (inactivity, inertia) Pramada (blunders, errors) Moha (attraction, fondness) are the results of vitiated Tamas. Vagbhata narrated that Bhaya (fears), Ajnana (lack of knowledge), Nidra (sleep), Aalasya (lassitude) and Vishadita (depressed mood) are due to Tamas constituent. Rajas is responsible for Bahubhashitvam (excessive talk), Mana (reverence), Dambha (hypocrisy) and Matsara (jealousness).

In Vishada and Avasada, there are decreased physical as well as mental activities. From above references, it can be inferred that initiator Rajas is unable to function properly due to the excess inhibition by Tamas. The severity of the disease will depend upon the proportion of decreased initiation of Rajas, increased inhibition by Tamas as well as the innate positive proportion of Sattva. So at some
times, patient may feel good and do well in work due to change in the factors controlling mind. Tamas indicates depression having the symptoms like Glani, Utsaha hani (lowering of mood), Manda kriya (motor and mental retardation), Manda Dhi (slowing mental faculties), Viraktata (loss of interest) etc.  

**Mental Faculties:**

At the psycho-physical plane, Dhi (intelligence, cognition), Dhriti (retention, patience) and Smriti (memory, recall) are three important mental faculties. Dhriti is the discriminative power viewing the things in reality, which decides the likeliness and unlikeliness, differentiates between correct and incorrect. Dhriti is the patience, Niyamatmaka i.e. regulating, and controlling power by which mind restrains body from indulging in worldly pleasures, excess desires and harmful objects. Smriti i.e. memory is power to recall the knowledge of experienced things. A person whose intellect, patience and memory are impaired, subjects himself to intellectual blasphemy (Prajnaparadha) by virtue of his bad actions. This aggravates all the doshas. Pradnyaparadha is the causative factor for all mental diseases like Irshya (rivalry), Shoka (grief), Bhaya (fear), Krodha (anger), Mana (reverence) etc. Thus, Dhriti vibhramsha i.e. impaired intellect resulting into indecisiveness, improper perception and inappropriate thoughts, Dhriti Vibhramsha i.e. impaired patience showing lack of self control, excess indulgence and allurements, Smriti indicating poor recall and memory are predominant factors at the psycho-physical plane in Vishada. Prajnaparadha is the mile stone in its pathogenesis.

**Manas Karma:**

Chintya (things requiring thoughts), Vicharya (consideration), Uhhya (hypothesis), Dhyeya (attention), Sankalpya (determination) or whatever can be known by means of the mind are regarded as its objects. Control of sense organs, self restraint, hypothesis and consideration represent the action of the mind. Beyond that flourishes the domain of intellect. In Chittavasada all the objects and actions are found deranged making the situation critical. These factors are very important and must be taken into consideration while breaking the pathogenesis at psychic level. Cognitive Behavior Therapy (CBT) implied in modern psychiatry is based upon orderly arrangement of all these objects and functions.

**Manovaha Srotasa:**

Srotasas are the various channels through which transformation of dosha take place. On this subject, Chakrapani commented that Manas (mind) is eternal and there is no question of providing any nourishment to it. Still it has its specific channels through which it keeps contact with the senses situated at different places. For such factors like mind etc., which are beyond sensory perception (trans-sensory), the entire body works as channel. This Channel is named as ‘Manovaha Srotasa’ which is vitiated in vishada. Thus it affects all the jnanendriyas (sense organs), Karmendriyas (functioning organs), as well as the entire physical body. This srotasa is deranged in Vishada and works as medium between body and mind.
PHYSICAL FACTORS:

Vata, Pitta and Kapha are three Sharira doshas (physico-pathogenic factors). According to Charaka, Sharira (body) and Sattva (mind) are interrelated with each other and both follow each other’s pattern in terms of functioning. Thus Sharira dosha affect mind equally as that of manas.

The general functions of Vata dosha which are important regarding Chittavasada are as follow:

- **Pravartakah cheshtanam**: it prompts all types of actions.
- **Niyanta praneta cha manasah**: Vata restrains and impels the mental activities.
- **Sarvendriyanam udyojakah, Sarvendriya arthanam abhivodha**: It coordinates all the senses faculties and helps enjoyment of their objects.
- **Pravartako vachah**: it prompts speech.
- **Harsha Utsahayoh yoni**: Vata is the originator of joy and enthusiasm.
- **Samirano agne**: it stimulates the digestive fire.

When Vata is in normal state, it reflects itself in the form of enthusiasm, inspiration, expiration, movements, normal metabolic transformation of tissues and proper elimination of excreta. In the five types of Vata dosha, adhishthana of Prana is Murdha and it is considered to control the activities of Buddhi (intellect), Chitta (mind) and Indriyas (sense organs). Udana vata’s functions are manifestation of speech, effort, enthusiasm, strength, and complexion. Samana vata pervades the Svedavaha, Doshavaha and Ambuvaha srotas and promotes the power of digestion. It may be related to channels carrying manas doshas also. The Vyaanay vayu moves very swiftly, pervades entire physique and always functions in the form of motion. Lastly Apana vayu performs its role in ejaculation of semen, voiding of urine and stool, elimination of menstrual blood and parturition of foetus. These are the specific functions related to pathogenesis of Chittavasada. All the five types of Vata contribute in the manifestation of Chittavasada by one or other means. Vagbhata quoted that Vishada is the causative factor for vitiation of Vyana, while Manobhramsha is caused by vitiation of Udana. Thus these two are more related in etiology and manifestation of Chittavasada. Shoka (grief), Chinta (anxiety), Krodha (anger) and Bhaya (fear) are the causative factors of Vata vyadhi, while Moha (Allurement) and Aayasa (stress) are its manifestations. Now it is clear that Vata plays great role in the Samprapti.

Pitta dosha in normal state acts for good digestion, normal appetite, thirst, happiness and intelligence. Thus impairment of Pitta may result in derangement of these functions as observed in Chittavasada. Out of its five types, Sadhaka pitta is called Medha krita (promoting intelligence) which is situated in Hridaya and is regulator of intellect, grasping power, self respect. Thus it is likely to be disturbed in mental disorders.

Effects of Kapha dosha in its normal state are Unctuousness, Steadiness, Heaviness, Virility, Strength, Forbearance, Patience and Greedlessness. In its five types, Bodhaka kapha situated at the tongue pertaining sense of taste may be affected in Chittavasada causing Aruchi (loss of interest in
taking food). Impaired Avalambaka kapha, which supports functions of Hridaya can also be a contributor in the pathogenesis due to resemblance in the site of Vyana vata.

IMBALANCE OF DOSHA STATES IN CHITTAVASADA:

1) Vatakshaye Manda cheshtata Alpavaktvam Apraharsha Moodha sajnata cha

These are the symptoms of deficient state of Vata dosha in the body described by Sushruta. Dalhana commented on each of these as follow:

- Manda cheshtata - Manda kaya vyaparata which means retardation or slowness of the functions of the body.
- Alpavaktvam - This shows decreased talkativeness.
- Apraharsha - Atushti. It denotes dissatisfaction or lack of pleasure in work.
- Moodha sajnata - Nashta sammyakjnanata, meaning lack of proper perception and knowledge.

These symptoms are very similar to that of Cittavasa. Also, Chakrapani explains that the deficient state of dosha is indicated by corresponding deficiency in its respective actions. When Vata is deficient, then comes the corresponding deficiency in the Utsaha (enthusiasm) of the person affected. Sometimes, even an increase in the respective opposite actions is indicative of the deficiency in the doshas. In the event of the deficiency of Vata, there is aggravation of Vishada (grief). This indicates that deficient Vata is the primary factor leading to aggravation of opposite actions of Kapha like Aalasya, Gaurava, etc. But, further Chakrapani denied this to establish as a rule and said deficiency of one dosha not necessarily aggravate opposite action. From this it can be inferred that Vata dosha karma is depleted which may or may not aggravate opposite actions of Kapha depending upon the conditions and states of other factors resulting into Chittavasada.

2) Sleshmavriddhou …..Stharyam Gouravam Avasadah Tandra Nidra…..

Sushruta described the symptoms of aggravated Kapha dosha as above. Thus in Avasada primary pathogenic focus is Kapha Vriddhi leading to a condition with inertia, heaviness, drooping, stupor and excess sleep.

3) Pittakshaye Mandoshmagnita Nishprabhata cha

In the signs of deficient Pitta dosha, Sushruta narrated Manda Agni (decreased digestive fire) causing Anorexia and loss of luster of body.

From the above descriptions, it is clear that in Chittavasada, Vata and Pitta dosha are deficient and Kapha dosha is aggravated.
DHATUS AFFECTED IN CHITTAVASADA:

Various specific psychological characteristics have been described by Charaka in context of Dhatu sarata. Some of these facts regarding Chittavasada and its applications are given below.

1) **Tvak sara**: Individuals having excellence of tvak or rasa are endowed with Sukha (happiness), Saubhagya (good fortune), Aishvarya (luxury, power), Upabhoga (enjoyment), Buddhi (intellect), Vidya (Knowledge), Aarogya (health), Praharsha (excitement).

2) **Rakta sara**: These individuals are endowed with Sukha (happiness), Medha (great genius), Manasvitvam (enthusiasm), Saukumaryam (tenderness), Anatibalam (moderate strength) and Klesha asahishnutvam (inability to face difficulties).

3) **Mansa sara**: These show characters of Kshama (forgiveness), Dhriti (patience), Alaulya (non-greediness), Vidya (knowledge), Sukham (happiness), Aarjavam (simplicity).

4) **Meda sara**: These individuals are endowed with Aishvarya (luxury, power), Sukham (happiness), Aarjavam (simplicity), Upabhoga (enjoyment) and Sukumaropacharata (delicate habits).

5) **Asthi sara**: Such individuals are Mahotsaha (very enthusiastic), Kriyavanta (very active), Kleshasaha (able to face difficulties), Sthira sharira (strong built).

6) **Majja sara**: Such individuals are endowed with Bala (strength), Shruta (learning), Vidnyana (specific knowledge).

7) **Shukra Sara**: Individuals having excellence of shukra are endowed with Sukha (happiness), Aishvarya (luxury, power), Upabhoga (enjoyment), Aarogya (health), Bala (strength).

8) **Sattva sara**: Individuals having excellence of mental faculties are characterized by Smriti (good memory), Bhakti (devotion), Kritadnyata (gratefulness), Pradnyata (wisdom), Shuchi (purity), Mahotsaha (excessive enthusiasm), Daksha (skill), Dhira (courage), Samarvikrantya yodhinah (veil in fighting), Tyakta Vishada (absence of sorrow), Suvyavasthitagati (proper gait), Gambhira buddhina (depth of wisdom) and Kalyana abhiniveshinah (sincerity in actions and virtuous acts).

From the above references it can be inferred that Asthi sara individuals may be less prone to Chittavasada due to its inbuilt characteristics. Rasa, Rakta, Mansa, Meda and Shukra sara persons likely to be more affected by Vishada because their composition is similar to that of Kapha. The Features of Sattva sara are of ideal mental faculties and can be established as basic principles for positive mental health. These features can be regarded as ‘Chittavasada mukti lakshana (signs of depression free state)’.

In context of deficient and increased states of dhatu, Ayurvedic scientists listed Aalasya (idleness) and Atinidra (hypersonnia) as signs of aggravated Rasa dhatu, Glani (lassitude) as sign of deficient Mansa dhatu. So it is clear that persons, having impaired Dhatus in similar composition to Kapha dosha, are more likely to be affected with Chittavasada.
The Ayurvedic Psychopathology and Signs of Chittavasada:

The classical exponent of Ayurveda, Charaka has systematically described the concept of psychopathology in context of Unmada. The psychopathological condition is a function of eight essential psychological factors that are affected in varying degree in all psychiatric disorders:

1) Mana (emotion, mood) Vibhrama
2) Buddhi (reasoning and decision) Vibhrama
3) Sajna (orientation and adaptation) Vibhrama
4) Smriti (learning and memory) Vibhrama
5) Bhakti (attachment and desire to posses) Vibhrama
6) Sheela (habits) Vibhrama
7) Cheshta (Psychomotor function) Vibhrama
8) Aachara (Conduct and behaviour)

In Chittavasada, Bhakti Vibhrama is the important sign on which Chakrapani quotes ‘Yatrechcha purvam aasit, tatra anichcha Bhavati’ means there is significant loss of interest in the objects previously likened which is the foremost symptom found in depressive illness as anhedonia. Mana Vibhrama, Buddhi Vibhrama, Smriti Vibhrama and Aachara Vibhrama are other associated features in Chittavasada.

SAMPRAPTI GHTAKA:

- **Mano dosha**: Tamas & Rajas
- **Sharir dosha**: Vata – Prana, Udana & Vyana
  Pitta – Sadhaka
  Kapha – Avalambaka
- **Srotas**: Manovaha Srotas
- **Udbhava sthana**: Manas & Manovaha srotas
- **Vyakti sthana**: Manas, Sarva sharira, Indriya
- **Agni**: Vishama, Manda
- **Ojas**: Kshaya
- **Manas Bhava**: Dhairya, Dhriti, Buddhi, Smriti
- **Sadhya-asadhyata**: Yapya & Kricchra sadhya (depending upon severity & situation)
- **Upadrava**: can produce several diseases related to psychosomatic disorders.
According to Ayurveda, Depression is categorized by the suppression of one’s prana or life force energy. Prana provides the will to live. When it is diminished, there is a loss of desire to participate in life’s activities. Prana can become diminished for a variety of reasons but what people with reduced prana have in common are low ojas and an ability to remain stable under stress. At doshic level, vayu is the controller and motivator of mind. Particularly Prana, Udana and Vyana are directly involved with the activation of mind. The function ascribed to the Prana are “Buddhi Hridayendriya Chittadhrtki” i.e., to hold or direct buddhi, hridaya, indriyas and chitta. Derangement at the level of buddhi leads to buddhi vibhrrama. Hridaya is the seat of Manas so derangement at the level of hridaya can lead to manovibhrama. Further it is the seat of Oja so it can lead to Oja kshaya and symptoms of Oja kshaya are very similar to depression. Hrday is also the seat of Sadhaka Pitta and Avalambaka kapha so dushti at this level can lead to derangement in their normal physiological activities. The normal physiological function of Sadhaka pitta is “Abhipretarthadhadhanam” means to fulfill successfully the desired goals or expectations so derangement in this function causes loss of confidence and to protect buddhi, medha and abhimana (Ego). The normal function of Tarpak Kapha & Avalambak kapha is to nourish the indriyas and hridaya respectively. Thus, improper state of Tarpak and Avalambak kapha is responsible for abnormality of Manas in Hridaya and indriya respectively. Hence the factors which vitiate the kapha can switch on Samprapti of Chittavasada. Udana is responsible for for recollection of past experiences i.e., the memory. Thus it helps manas to analyze the entire perception and action projected to karmendriyas. Stability and concentration of manas depends upon the normal condition of vyana. Thus, factor which disturb the vata dosha especially the Prana, Udana and Vyana are the causative factors of Chittavasada. Manovibhramsha is referred as a symptom occurring due to vitiation of Udana vayu, chittoplava, utsahabhrassha due to vitiation of vyana vayu and vishada is quoted as a causative factor for vyana dushti. From an Ayurvedic point of view, most depression is a kapha imbalance that is the culmination of vata and then pitta going out of balance. Initially the brain’s electrochemistry has an erratic overreaction (vata imbalance), which triggers a loss of enzymatic activity in the metabolism (pitta imbalance). Kapha responds by trying to glue everything down, bring about heaviness, darkness, and stagnation that the mind-body interprets as the negative message of hopelessness and depression. In other words, because of specific etiological factors, vata from the colon, pitta from the small intestine and kapha from the stomach enters the general circulation and lodges in the nervous system, interferes with normal functioning of the mind and nervous system, and causes depression.

Thus overall Samprapti of Chittavasada can be formulated as shown in the chart.
Conceptual study

Nidana Sevana

- Manasika
  - Sattva & Raja kshaya
  - Tamo vridhdi
- Sharirika
  - Vata karma Kshaya
  - Kapha vridhdi

- Tamo avaruddha
  - Sattva & Rajas

- Kapha avaruddha
  - Vata

Disturbed Co-ordination of Manas

- Dhi, Dhriti, Smriti
  - Manas karma alpata
  - Bhakti vibhrama
    - Smriti vibhrama
    - Mano vibhrama
    - Buddhi vibhrama

- Indriya, Sharira
  - Sharira karma alpata
  - Dourbalya
    - Aruchi
    - Agnivaishmya
    - Vibandha etc.

CHITTAVASADA
According to Indian Philosophy, Mana is not any physical entity. In ancient Indian literature, Mana is narrated as a multitude of various sentiments (Bhavana/ bhavas), motions (Cheshta) and actions (Karma). Here, sentiments are to be elaborated as Avasada is also considered as a ‘bhava’.

**Sentiments**

\[\text{विभावानुभावव्यभिचारिसंयोगाद् रसनिष्पत्: (भरतनाद्यशास्त्र ३०६)}\]

i. **Basic or Fundamental sentiments (अनुभाव; / स्थायिभावः)**

Basic or Fundamental sentiments are steady by nature. Hence, they always remain present in the mind of everyone. Actually, they are the basic contents of Mana. In Natyashastra of Bharata, total 8 sentiments have been told to be everlasting.

\[\text{रितरसश्रोक्ष्य क्रोधोत्साहो भर्त तथा ।}\\
\text{jुगुप्सा विस्मयश्चेति स्थायिभावः प्रकृतितता: (भरतनाद्यशास्त्र ३०६)}\]

Attatchment, delight, sadness, anger, enthusiasm, disgust, fear and wonder are the 8 bhavas which always remain in Mana and hence are known as steady sentiments (Sthayi-bhavas). Mana always follows them, so they are known as Anubhavas also. Not a single human is free from them-

\[\text{न हेतुत् चितव्यतिवासनाशुन्यः प्राणी भवति । केवलं कस्यचिदुचितं काविद्विका चितव्यति:}\\
\text{काविदूः: कस्यचिदुचितिविषयविनियत्ति, कस्यचिदं अन्यथा। (भरतनाद्यशास्त्र ३०६)}\]

ii. **Motivative sentiments (विभावः)**

The causes of motivation of the basic bhavas are known as Vibhavas which may be infinite.
iii. *Temporary sentiments (व्यभिचारी / सांस्कृत भावः)*

iv. निवेद, रक्तिन, संका, ०० दैन्य, चिंता, ०० ताज्य, ०० विषाद, ००० उपाद, मरण, त्रास, वितर्क
(भरतनाट्यशास्त्र अ०६)

The sentiments which originate due to motivation of Sthayi-bhavas by Vibhavas and which are temporary by nature are called as Vyabhichari or Sanchari bhavas. The number of such sentiments is 33. These are the secondary sentiments which appear due to motivation of the steady ones in a particular surrounding or atmosphere. For example, if shoka and bhaya (steady sentiments) last for long time and the surrounding is stressful, then Vyabhichari bhavas like Vishada or Avasada get manifested.

2) **As Moodha Chittabhoomi:**

It can be said that Avasada is a state of mind in which Tama remains dominant and Raja gets tranquilized. In this condition, mind becomes static; hence the process of getting knowledge gets hampered. This state of dullness may be recognized as ‘Moodha Chittabhoomi’ in which the person doesn’t do any activity. This may also be taken as a condition of Avasada.

3) **As Sattvodreka:**

The Sattva or Mana of a person may be of different types at different times. As a reaction of the action of shoka, bhaya etc., any one type of Sattva may get stimulated. According to that reaction, a particular type of Sattva may manifest. Thus, depressed state of mind may also be a reaction of some stimulating sentiments.
Conceptual study

**BHEDA (TYPES):**

In Ayurveda Chittavasada can be broadly classified into two types on the basis of aetiology.

1) **Nija:** This occurs due to the imbalance in innate Sharirika and Manasika factors.

2) **Aagantuja:** Occurring due to the external factors like accidents, trauma etc. It can also be called as Abhighatajanya (Sharirika and Manasika Abhighatajanya).

Nija Chittaasada can again be classified into two types like:

- **Manasika** comprising two subtypes as Tamopradhana and Rajaspradhana.
- **Sharirika** comprising four types depending upon the predominance of dosha involved as Vataja, Pittaja, Kaphaja and Sannipatika having all three vitiated dosha. These types can be differentiated by diagnosing the Dosha bahulata from presence of specific symptoms of dosha involved.

In Ayurveda, both reactive and endogenous depressions are considered to result from disturbed or vitiated doshas in the brain. When the vitiation reaches a certain level, depression inevitably results with or without external causes. Even when the provoked doshas in the brain are not at a sufficient level to trigger an endogenous depressive situation, they still predispose the person to develop depression in the face of major trauma.

Melancholy is a loss of motivation that produces sluggishness and lethargy. Melancholy does not always produce suffering. Melancholy may even exist with a feeling that everything is fine the way it is. There is a lack of desire for growth and change. There is a general loss of motivation. Some consider this to be a mild form of depression. From an Ayurvedic perspective, this is a kapha-type of depression categorized by high ojas in combination with low prana. We could say that kapha (stagnation) is blocking vata (life energy). This is a condition of complacency and does not usually become severe.

**Depression with Vata dominance**

In case of a Vata dominant depression the prana vayu in the brain and vyana and udana vayu in heart can be vitiated by a variety of factors, including terrifying experiences, especially when they occur in childhood, excess travel, and irregular lifestyle, lack of sleep, excess talking, excess use of the telephone, habitual consumption of dried, frozen, or microwaved foods, living or working in an air-conditioned room. Both recreational and prescription drugs provoke the prana vayu, particularly cocaine, amphetamines, speed weight-loss drugs, caffeine, and antihistamines (including ephedrine). Working night shifts is another cause of vata depression.

The symptoms of vata dosha dominant depressions are tremendous anxiety, guilt and paranoia, irrational fears, phobias, and catastrophic ideation. Insomnia or restless sleep is a classic feature. Speech is incoherent, the person is easily distracted, restless, unable to concentrate, forgetful, and
Conceptual study

spaced-out. They will not deliberately try to harm themselves but may forget to eat; indeed, the main hazard in treatment is that they will be unable to take their herbs regularly and so will fail to improve.

**Depression with Pitta dominance**

Violence, ambition and intensity are the root cause of disturbed sadhak pitta in the brain. Verbal abuse or being treated violently as a child at home, in school and on the streets provoke the sadhak pitta inevitably to be provoked, laying the foundation for pitta depression later in life. Alcohol, a very pitta substance, serves to increase the violent and abusive atmosphere of the home, and adult children of alcoholics almost inevitably suffer from some degree of pitta dominant depression. Excess consumption of white sugar during childhood can predispose a pitta child to severe depression later in life. Excess studying, overwork and driven ambitious behavior are a result of a pitta provoking parenting style and a further cause of pitta depression. Another cause is lack of sunlight or exposure to fluorescent lighting. Abuse of alcohol, marijuana, and/or opiates is both a symptom and cause of disturbed sadhak pitta.

Pitta depression is characterized by anger and irritability. In some cases, the person is not aware of being depressed, but is obviously angry and very easily irritated, irrational, and perhaps violent. There may be extreme self-criticism and low self-esteem; or the critical, judgmental tendencies may be directed outwards. Suicidal ideation is a frequent symptom; it is the most dangerous type of depression, since in severe cases suicide is a distinct possibility. In more chronic forms of pitta depression, self-destructive behavior such as abuse of alcohol and drugs are a common symptom. Even those with pitta depression that are not overly suicidal often commit slow suicide by inducing conditions such as hepatic cirrhosis. Insomnia is a symptom of pitta depression but is different from a vata insomnia. The pitta dominant depressive lies awake between the hours of ten and two, thinking about their burdensome responsibilities and engaging in self-critical, self-destructive ideation.

**Depression with Kapha dominance**

Causes of kapha dominant depression are a vitiation of the tarpak kapha in the brain by lack of stimulus. Sleeping in the daytime, excessive sleeping, overeating, and excess consumption of oily heavy foods can contribute to the provocation of tarpak kapha. Excess TV watching and lack of exercise are other important factors. Frequently, kapha depression originates in homes in which parents themselves have some degree of kapha-type depression. The child is encouraged to overeat, gain weight, and stuff emotions. There is an overwhelming atmosphere of heaviness, emotional denial, and holding onto things. Parents often give food or material things instead of genuine love. The child learns to become greedy, lazy and attached to food, money and possessions. These tendencies passed on through the family tree cause tarpak kapha to become increasingly provoked. The use of downers such as sleeping pills, sedatives, tranquilizers, and alcohol, serve to further exacerbate kapha dosha dominant depression within the entire family unit.

Symptoms of a kapha depression are characterized by heaviness, lethargy, apathy, dullness, and excess sleep. Frequently, the condition may be masked as an eating disorder. Patients with kapha-type
depression rarely present to an Ayurvedic practitioner complaining of depression, as they are typically in deep denial and are unwilling to take on the self-healing responsibilities of Ayurveda. However, they may, and frequently do present with obesity, and obesity-related problems, such as arthritic hips. Face reading and pulse reveal depression, deep-seated grief and attachment.

CHIKITSA (MANAGEMENT):

Ayurveda treats every ailment with its holistic approach and so as depression. Charaka described general line of treatment for all mental disorders as:

*Manaso Dnyana Vidnyana Dhairyam Smriti Samadhibhihi* ¹⁻⁰²

Means the pathogenic factors of mind can be reconciled only by taking recourse to spiritual and scriptural knowledge, patience, courage, memory and meditation. Thus Charaka advised Psychotherapy to get rid of Vishada.

The general principles in Ayurvedic management of depression should be as follow:

1) **Nidana Parivarjana**

   A detail history of the patient should be taken to enlist the causative factors of depression. The patient should be made aware of these factors and their consequences. Then he should be motivated to rule out and avoid the causes and triggers. If the causes are unavoidable, then specific training should be given to cope up the situation.

2) **Daiva –vyapashraya Chikitsa (Spiritual therapy):**

   It includes mantra, Aushadhi, Mani (wearing gems), Mangal, Bali (auspicious offerings), Upahara (gifts), Hom (oblations), Niyama (observance of scriptural rules), Prayashchitta (atonement), Upavasa (fast), Svastayana (chanting of auspicious hymns), Pranipatagamana (obeisance to the Gods, going to pilgrimage), etc. These all are very important to boost the confidence and self faith of the depressed patient.

3) **Yuktivapashraya Chikitsa:**

   This includes treatment through diet and drugs. The patient should be encouraged to follow proper dietary regimen, to take medhya rasayana and dosha pratyanika Aushadhi to conquer depression.

4) **Vihara Chikitsa:**

   Life style modification is an important factor in management. Depressed persons should be trained with various Yogic, Aerobic, and Breathing exercises to cope up their stress and for relaxation of mind.

5) **Sattvavajaya Chikitsa:**
Ayurveda considers Mind and Body as two pathways or substrata for the manifestation of diseases. The body and the mind have a separate set of etiopathological agents and hence all the diseases are categorized under 2 basic groups – Somatic and Psychological. However, it is difficult to schedule such a watertight compartment for the disease grouping.

Psyche and Soma are always interrelated. They interact and influence each other and jointly venture in the manifestation of a very large group of disorders arising out of singular involvement of either psyche or soma in fact are very few.

Sattvavajaya is defined as the reduction of mind to restrain itself from unwholesome preoccupations or Stressors.
Sattva = Psyche
Avajaya = to take-over/ to suppress / to subjugate
In this way, Sattvavajaya implies control or conquest of mind.

According to the definition, firstly propagated by Acharya Charaka, Sattvavajaya means ‘withdrawal of mind from unwholesome objects (Ahitartha)’. Unfortunately no further description is available, except this single verse, under the same heading. However, Todarananda has reused the term and defined it on similar lines:

अहितारयम्: सदार्थ्यो मनोनिग्रहं तथा।
धीर्यत्वातिविज्ञाना सत्त्ववज्ययमुच्यते।। (आयुर्वेदसूत्रम् २/ १७०)

In addition to Manonigraha, he incorporated Dheedhairyadi Vijnanam (deeper understanding of intellect, fortitude etc.) under the concept of Sattvavajaya.Acharya Vagbhata considers Dhee-dhairya-atma vijnanam as the best among all psychotherapeutic measures.

धीर्यत्वातिविज्ञाना मनोदीर्घचं परम्। (अोदयूदयः/२६)
मानसो ज्ञानविज्ञानपूर्वस्मृतिसमाधिभि।। (चोत०५/६८)

Substitution or replacement of emotions with opposite ones is another novel method induced by Charaka. It undertakes to diffuse the emotional imbalance by changing the attitude towards the whole situation.

कामकोधभयोकर्योपत्तीपरिवर्तनं। परस्परग्रहणंदैवतिधीवेश्च शमं नवेव।। (चोति०४/८५)
Behavioral and moral codes under the head ‘Sadvrita’ have great value in prevention as well as cure in psychological management. Many other psychotherapeutic procedures are mentioned in entire Ayurvedic literature. They can be discussed summarily under following heads:

1) Manonigraha – Mind controlling methods
2) Ashwasanadaya – Reconsiliatory measures
3) Pratidwandvibhavas- Replacement of emotions
4) Manokshobhanam – Psycho-physical shocks
5) Sadacharah – Moral-behavioral codes
6) Samadhih – Mental equanimity

Sattvavajaya Chikitsa i.e., Psychotherapy has been described in Ayurveda by Acharya Charaka in his classical text Charaka Samhita. It is aimed at the control of mind. Charaka defines it as a method of restraining or withdrawal of the mind from unwholesome arthas (Cha. Su. 11/53). A concise report was published regarding Sattvavajaya, an Ayurvedic Psychotherapy by Singh RH and Murthy ARV (1987). They have designed this therapy basing on classics and the components of which are as follows:

- Assurance
- Replacement of emotions
- Regulation of thought process (Chintya)
- Reframing of ideas (Vicharyam)
- Channelization of presumptions (Uhyam)
- Correction of objectives and ideas (Dhyeyam)
- Proper guidance and advice for taking right decisions (samkalpa)
- Proper control of patience, fear or psycho-shock.

Psychotherapy is expected to help in conditions like anxiety and depression. It is expected to improve neurotic status by increasing adoptability.

Mana is considered as an Ubhayendriya. So the role of Mana in Vishaya-grahana is of it are of two types:

1) Indriyarthas – which are perceived by the mind through the agency of sensory organs
2) Mano-arthas – which are perceived by the mind independent of sensory aid.
It is interesting to note that Muktikopanishada records similar observations like Charaka. Four ‘means’ (Yukti-s) have been proposed for the control of mind-

<table>
<thead>
<tr>
<th>Techniques for dealing Stressors</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1) <strong>अध्यात्मिक्षिा</strong></td>
<td>Abstract knowledge</td>
</tr>
<tr>
<td>2) <strong>साधनात्मिक्षिा</strong></td>
<td>Holy company</td>
</tr>
<tr>
<td>3) <strong>चालनासंपरिल्यागः</strong></td>
<td>Detachment</td>
</tr>
<tr>
<td>4) <strong>प्राणायन-दनिरोधः</strong></td>
<td>Regulation of elan</td>
</tr>
</tbody>
</table>

Acharya Charaka, while indicating the principles of treating Psychological diseases, has narrated quite similar modes of healing:

Thus Sattvavajaya encompasses whole sweep of sciences that deal with mind – its physiology, morphology, morbidity and also management of Psychological as well as Psychosomatic diseases. Ayurvedic Psychotherapy has right combination of non-pharmacological methods like Dhyana & Yoga and Pharmacological components, which render it more balanced. However one factor which bestows it a special status is the incorporation of Sadvrittam or moral code.

The man who learns to conduct with himself knows the importance of his conduct with reference to the society. Ayurvedic approach to psychic healing can be termed positive in as much as it does not only try to negate a negative emotion like hatred, but endeavors to replace it with a positive emotion like adore. This is what makes Sattvavajaya unique in its own right.
PSYCHOTHERAPY

Psychotherapy is a form of treatment for problems of an emotional nature, in which state, a trained person deliberately establishes a professional relationship with a patient with the objective to remove/modify/retarding existing symptoms, medicating disturbed pattern of behavior and of promoting positive personality growth development (Wolberg: The techniques of Psychotherapy 1967). Psychotherapy is commonly used for psychological problems. It only works if a trusting relationship can be built up between the patient and the psychotherapist. Treatment can continue for several months, and even years. Psychotherapy may be practiced on a one-to-one basis, or in pairs, and even in groups. Generally sessions occur about once a week and last for an hour.

Trance/ Clinical Hypnosis

Two Types of Mind

1) Conscious
2) Sub Conscious

• The Conscious Mind

It is the part of Mind which
- Thinks,
- Feels &
- Acts
- In PRESENT.

The usual thoughts and emotions are of this Mind. It is 1/10th part of the total Mind. The qualities functions of it are as follows:

i. It has the power of Criticism.
ii. It possesses the ability to reject suggestions.
iii. The subconscious Mind doesn’t have the power to reject or argue against suggestions. So when suggestions bypass the conscious Mind and reach the subconscious, one gets bound to act upon them.

• The SubConscious Mind

It is the seat of all our memories, emotions, thoughts, desires, wishes, all our past experiences and indeed of what we have learned. It is 9/10th part of the total Mind. The emotions etc. stored in this part are generally not known to the Conscious mind. We can’t realize its existence; still suggestibility during Hypnotic Trance is dependent on it.
There is a barrier between Conscious & Subconscious mind which allows as well as restricts the suggestions reaching the Subconscious mind. Suggestibility depends on two factors:

1. In which proportion suggestions reach the Subconscious mind.
2. In which proportion they are accepted.

1) **Suggestions reaching the Subconscious mind**:

   Suggestibility of a person is inversely proportionate to his ability of criticizing the ideas. The suggestions have to cross the barrier between both the minds. This is exactly what happens during Trance state and hence the person accepts the suggestions without any argue or criticism.

![Diagram showing Conscious Mind and SubConscious Mind](image)

According to the proportion of the suggestions entering the Subconscious mind, three types of Trance can be induced – Light, Medium & Deep Trance.

2) **A Suggestion being accepted by the Subconscious mind**:

   The Subconscious mind has no power of criticism unlike the conscious mind. Still when it’s a matter of Survival, the Subconscious also criticizes the suggestions to protect the person against harmful suggestions. If once a suggestion is accepted by the Subconscious mind, it creates a long-lasting impact.

**Facts and myths Regarding Hypnosis**

Hypnotism is a science concerned with Hypnosis. This state is experienced in day to day life also but off course without recognition. e.g. if somebody has concentrated on some subject/work he becomes unaware about his surrounding and perceived subjects don’t get recognized. This is the state similar to Trance but an important difference between Trance and such state is: In Hypnosis there are motivation and suggestions towards the goal and hence Suggestibility and Susceptibility of the person get increased. Hypnosis/Trance is aimed to achieve some results like muscle relaxation, mental peace,
Conceptual study

concentration increase, self-improvement, pain relief etc., while the other state is devoid of such aims and benefits.

Trance is a state of body relaxation and decreased external activities along with calm, cool and pleasant condition of mind in which one becomes more receptive and can have greater impact on Psychological responses.

In ancient Indian scripts the words similar to Hypnosis were Sammohana and Vashikarana. Since till 18th century Hypnotic Trance was considered as a form of Sleep. In 1841 Dr. James Braid concluded that by increasing the suggestibility of a subject and by giving him appropriate suggestions, Physical and Psychological changes can be created in him. Braid thought that Hypnotic Trance was similar to Sleep and hence coined the word **HYPNOTISM** from Greek word *Hypnos* which means Sleep.

Around 1880 Dr. Breuer in Vienna found that if subjects were asked to talk while they were in Trance state, many times they became emotional and after the talk many of them get their diseases cured. After this conclusion the hypnotherapists started focusing on the root cause of the diseases instead of treating symptoms only.

A French hypnotherapist Dr. Liebeault can be considered as the Father of Modern Hypnotherapy, while Dr. Freud as the Father of Modern Psychiatry and Psychoanalysis. As it was not possible to take every patient into a deep Trance, Freud developed a new technique called *Psychoanalysis (free association technique)* in which the therapist has to encourage the patient to talk freely in a waking state only. It was a major obstruction in the way of progress of Hypnosis. But during first and second world war, Hypnotherapy once again came into front as war neurosis and many other Psychological disorders could get treated successfully with its help. Therefore, after 2nd world war W.H.O. and many national associations like British as well as American medical associations recognized Hypnotherapy.

One can’t get hypnotized against his will. Moreover, one may come out of the Trance state whenever one wants. The greatest advantage of this therapy is that the subject doesn’t get submitted to the mercy of the Therapist rather feels more confident and independent as he can treat his self on his own.

➢ **Suggestions**

The positive suggestions create a different impact on one’s subconscious mind. So the therapist should always try to speak all the sentences/suggestions in a positive way, without using No/Never/Nothing/Nobody etc. negative words. Such positive suggestions create the following effects on one’s mind:

1) An increase in-
   I. Concentration
   II. Confidence
   III. Psychomotor speed & Endurance
   IV. Speed of learning
V. Speed of Association
VI. Speed of ready Comprehension
VII. Mental Alertness
VIII. General Mental efficiency
IX. Span and duration of Attention
X. Sense of enjoyment in Performance

2) A decrease in-
   I. Physical fatigue
   II. Fear
   III. Stress
   IV. Restlessness
   V. Physical pain

The advantages got through Trance therapy are proportionate to the Hypnotisability of the person as well as the Depth of the Trance state.

- **Hypnotisability**
  Trait of Hypnotisability is inherent. More than 90% of people can be hypnotised. Fools can’t be hypnotised. Persons with fantastic thinking, intelligence, sociability, cooperative nature and obediency are more susceptible to Hypnotic Trance induction. Trance state may last for upto 30 minutes but the person in this state may perform strenuous mental work meanwhile.

- **Depth of Trance state**
  According to the consciousness about the surrounding, response to the command of the Hypnotherapist, reasoning capacity, E.E.G. Pattern, Reflex actions (Knee jerk etc.) and Psychogalvanic reflex (resistence of skin to electricity) three states of Trance have been determined:

  1) Light Trance – Sufficient for therapeutic purpose
  2) Medium Trance
  3) Deep Trance

**Types of Hypnosis**
1. Heterohypnosis – Suggestions given by the therapist
   Patient remains passive
2. Autohypnosis – Suggestions given by the patient himself
   Hence patient remains active

   Needed atleast 3-4 times in a day after a session of a Heterohypnosis as it is a mental exercise necessary to cultivate mental health.
Effect of Trance on Metabolism

The level of certain Metabolic products like sugar, alcohol etc. in blood can be varied by giving related suggestions..g if a person is given a suggestion that “You have eaten plenty of Glucose” then his blood sugar may get raised and if a negative suggestion is given the opposite result may be got. Same way, if a drunkard is told that “What you had was black tea and not an alcohol” then his drunken behavior may change to normal immediately. Such an effect is not a miracle but result of metabolic activity only. Normally our body uses only 40-50% of total metabolic capacity. By giving suggestions we can exert it up to maximum and hence, inversely reduce the level of sugar and alcohol in blood. In the case of lowering metabolic capacity, raised blood level of them can be achieved.

PSYCHO-NEURO-IMMUNOLOGY:

Charaka was the first scientist to establish relation between Psyche, Nervous system and Immune system. He stated

\textit{Vishado Rogavardhanam Agryah} \textsuperscript{103}

Means Vishada is the foremost factor in worsening the disease condition. Modern Psycho neuro immunology studies the effects of various neuropsychiatric disorders on immune mechanisms. The stress hormone Cortisol, which is found increased in depression, is known to suppress the functioning of immune system.\textsuperscript{104}

Researchers found that depression can lower immunity through Hypothalamo-Pitutary Adrenal axis pathway.\textsuperscript{105} Chronic stress seems to impair the immune system’s capacity to respond to glucocorticoid hormones that normally are responsible for terminating an inflammatory response following infection and/or injury, according to researchers Gregory E. Miller, Ph.D., of Washington University at St. Louis and colleagues.\textsuperscript{106} Chronic stress is an important causative factor as well as cardinal sign of depression. Thus the quotation given by Charaka can be one of the basic theories for modern psychoneuroimmunology.
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