

## **Manovikaras with Special Reference to Udvega (Anxiety) and Vishada (Depression)**

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### ***Abstract***

An attempt has been made to provide a definition, and classification of manovikaras (mental disorders) on the basis of the scattered, scanty descriptions available in the ayurvedic classics. Also an answer to the often repeated question as to how psychiatric illnesses are understood in terms of ayurveda is given taking anxiety neurosis and depressive neurosis as examples.

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Key words -

**Definition,  
Classification,  
Udvega,  
Anxiety,  
Vishada,  
Depression,  
Neurosis**

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### **What is manovikara?**

Manovikara or Manasavikara is an abnormal condition related to mental functions. By going through the ayurvedic classics, it is possible to fix the following criteria for labelling a disease as a manovikara. Manasavikara is characterised by

- a) the impairment of manasa karmas (general mental functions) viz., indriyabhigraha (perception and motor control in the absence of organic problems), manonigraha (mental control), ooha (guess) and vichara (thought and different aspects of manas viz., buddhi (decision), smriti (memory), sanjnajana (orientation and responsiveness), bhakti (desire), sheela (habits and temperament), chesta (psychomotor activity) and achara (conduct) severally or in combination,
- b) the presence of alpasatwa (weak psyche) in the genesis of the illness,
- c) the involvement of the tridoshas .

of shareera (body) and dwidoshas .

Dwidoshas of manas are the two psychological aspects viz., rajas (activity) and tamas (inertia). Rajas is characterised by bahubhashitwa (prating/excessive talking), mana (egoism), krodha (anger), dambha (arrogance) and matsara (jealousy/envy). Tamas is characterised by bhaya (fear), ajnana (ignorance), nidra (excessive sleep), alasya (lethargy/laziness), and aruchi (distaste/tastelessness).

of manas (mind) or dwidoshas of manas alone,

d) the involvement of both shareera (body) and manas (mind)/ or manas alone,

e) the classical identification of the disease either as manasavikara (mental disorder) or

ubhayatmakavikara (mind-body disorders) and

f) the vitiation of manovahasrotas .

Manovahasrotas literally means the 'pores' or 'conveyers' of manas. Manas operates throughout the body where ever the sense of 'contact' (sparsha) is present. Therefore, the entire body will have to be considered as manovahasrotas. However, on the basis of the classical descriptions, shiras (head), mastulunga (brain) and hridaya (heart) are closely associated with the functions of manas. Hence, while considering manovahasrotas, these anatomical entities are given importance.

Charaka's definition of Unmada (psychosis) [1] as the unsettled condition of the eight components viz., manas (mind), buddhi (decision), smrti (memory), bhakti (desire), sheela (habits and temperament), chesta (psychomotor activity), achara (conduct) and sanjnajnana (orientation and responsiveness) serves as the prototype definition of not only unmada (psychosis) but of all manasavikaras (mental disorders) in general since one or more of these aspects are affected in all types of manasavikaras (mental disorders).

The presence of aphasatwa (weak psyche) and vitiation of manovahasrotas are understood only through the above eight aspects at the stage of manifestation, progress, severity and prognosis of the disease

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### **Classification of manovikaras (mental diseases)**

Diseases have been classified from different view points for facilitating better patient management. A careful study of classics would reveal that the diseases are classified on the basis of either nidana (aetiology) or ashraya (zone of resort), adhithana (organ of genesis), sadhyasadhyata (prognosis), vradhibala (severity of illness), doshas, .

Doshas refer to the three biological principles viz., vata, pitta and kapha mentioned earlier. srotas, .

Srotas are the 'pores' or 'conveyers' of the various sustenance principles like, 'prana' (life force), udaka (aquatic principles), anna (food), rasa (nutrient fluid formed after the food gets digested), rakta (blood), mamsa (muscle tissue), meda (fat), majja (bone marrow), asthi (bone tissue), shukra (semen), artava (menstrual blood), mala (fecal matter), mootra (urine) and seda (perspiration). Different diseases are manifested when the srotas are vitiated.

to mention a few [2]. Some diseases are called shareerika rogas (bodily diseases) on the basis of either nidana (aetiology) or ashraya (zone of resort) or involvement of tridoshas (3 biological principles) viz., vata, pitta and kapha, severally or in combination. Similarly some diseases are called manasarogas (mental disorders) on the basis of their nidana (aetiology) or ashraya (zone of resort) or involvement of dwidoshas (mental principles) viz., rajas and tamas severally or in combination. Ubhayatmaka rogas (body mind/mind body) are those where either both shareera (body) and manas (mind) or affected or both shareerika (bodily) and manasika (mental) doshas are involved in their genesis. While studying the classification it is however necessary to remember that it is not possible to strictly categorise the diseases as shareerika (bodily) and manasika (mental) since diseases affect the living body which is a combination of shareera (body), indriya (senses), satwa (psyche) and atma (self) wherein even if one of them is disturbed, the remaining three are also affected. Therefore the degree of involvement of a particular aspect will form the basis of classification

Although the classics mention various manasavikaras, a definite classification of them has not been made. However on the basis of the above descriptions and the available classical information, it is possible to classify manasavikaras into the following four types :

1. Manoadhithita manasavikara (Kevala manasavikara - Mental disorders caused by the exclusive involvement of abnormal mental vegas or emotions like kama, krodha etc. Emotional disorders. Kama (passion), Krodha (anger), lobha (greed), moha (infatuation), irsha (envy), mana (pride), mada (arrogance), shoka (grief), chittodvega (anxiety), chinta (worry), bhaya (fear), harsha (exhilaration), vishada (anguish), abhyasooya (jealousy), dainya (meanness/inferiority complex), and the like.
2. Nanatmaja manasavikaras - (Mental disorders caused by exclusive involvement of one of the three biological principles viz., vata, pitta and kapha).  
Ashabda shravana (auditory hallucination), tama (withdrawl), bhrama (confusion), vishada (sadness/ang [4].
3. Shareeramanoadhithita manasavikara - Mental disorders with body - mind involvement - (Ubhayatmaka manasavikara I)  
Jnmada (psychosis), apasmara (epilepsy), atatwabhinivesha (obsession), apatanaka (hysteria), mada (int [5].
4. Manahsheeradhithita manasavikara (Ubhayatmaka manasavikara - II - Mental disorders with mind-body involvement)  
shokaja jwara (fever due to grief), kamaja jwara (fever due to passion), krodhaja jwara (fever due to anger), bhayaja atisara (purging due to fear). shokaja atisara (purging due to grief), shokaja shosha (wasting due to grief), and the like.

The first group refers to the emotional disturbances having manas (mind) as their adhithana (organ of genesis). They are caused due to the initial impairment of the manasa (mental) doshas viz., rajas and tamas and treated mainly with satwawajaya chikitsa (psycho-behavioural therapy) coupled with secondary drug therapy.

The second group refers to those manasivkaras which are caused exclusively by the impairment of one of the three shareerika (bodily) doshas viz., vata, pitta and kapha. Some of them present themselves as emotional disturbances and some others as psychotic disorders, clinically. These are treated mainly with drugs and secondary satwawajaya chikitsa (psycho behavioural therapy) considering the causative

doshas.

The third group includes manasavikaras that are engendered on account of the impairment of both shareerika (bodily) and manasa (mental) doshas. Since they predominantly reflect impaired mental functions, they are treated with measures comprising of drugs as well as satwawajaya (psycho-behavioral) treatment with equal importance.

The fourth group consists of manasavikaras which are originated due to the impairment of manasadoshas and sub-sequent secondary involvement of shareeradoshas. Although they present themselves clinically as physical illnesses, they are relieved only when the causative emotional disturbances are treated with satwawajaya (psycho behavioural) therapy [6]. The role of drug therapy will be secondary in the management of these cases.

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## Udvega and Vishada

Udvega and Vishada are the two manasavikaras that are frequently encountered. Let us try to understand Udvega to start with.

It is commonly seen that the patients diagnosed as anxiety neurotics by psychiatrists come to the hospital complaining in vernaculars that they suffer from 'Udvega' (Kannada/Telugu), 'Vebhralam' (Malayalam), 'Gabarahat' (Hindi/Urgu), 'Bhayam' (Tamil) and the like. These vernacular terms are vague and abstract and as such they fail to give the correct and complete picture of the problems suffered by the patients. Unless the complete clinical picture is understood, treatment becomes impossible. Therefore, when asked to explain their difficulties in detail, they complain of instability of mind or diffidence (asthairya), fear (bhaya), tremors (kampa), palpitation (hritkampa), short temper (sheeghrakopa), indecisiveness (anischiti), dryness of mouth (asyashosha), thirst (trit) constriction or pressure in the chest (vakshoparodha), fainting or sinking (moha), pricking pain in the chest (vakshatoda), excessive perspiration (atisweda) and the like, in their respective vernaculars. Also these vernacular usages tally with the standard Sanskrit dictionary meanings of the term udvega. Aubrey Lewis, a renowned psychiatrist says that, 'certain psychological terms will have to be understood in vernacular language can be formulated' [7]. When the above signs and symptoms are examined in the light of this statement, it can be said that these conditions mainly indicates, often accompanied by a milder degree of signs and symptoms of imbalanced pitta, from ayurvedic view point.

While enumerating nanatmaja vyadhis of Vata (disorders caused exclusively due to vitiated vata), ananvashtha chittatwa is mentioned by Charaka [8]. But no detailed descriptions about this condition are available

However, vataprakopa lakshanas are always taken into consideration while understanding and treating vatajananatmajavikara since the acharyas have generally named many of the nanatmajavikaras on the basis of the cardinal symptoms of those particular disorders. Ex : aswapna (insomnia), dantabheda (toothache), mookatwa (dumbness), pristhagraha (pain/catch in pelvic region) etc. Udvega has also been considered as a manasaroga by Charaka [9]. It is also well known that vata is the controller of manas [10]. By collating these descriptions, it is possible to conclude that chittodvega or udvega is a manasavikara caused by the imbalanced manasa (mental) doshas viz., rajas and tamas implicating the two of the three shareerika (bodily) doshas, viz., vata and pitta. Thus, Udvega appears to correspond with anxiety disorders as recognised in psychiatry.

On the basis of the classical data and clinical observations, Udvega can be understood as a mental condition with the following lakshanas (clinical signs and symptoms):

1. Bhaya (fear)
2. Asthairyā (diffidence/lack of resolution)
3. Vepathu (tremor)
4. Hrtkampa (palpitation)
5. Sheegrakopa (irritability, short temper)
6. Swedabahula (excessive sweat)
7. Trtbahula (excessive thirst)
8. Mukhashosha (dryness of mouth)
9. Galashosha (throat of dryness)
10. Vakshoparodha (chest constriction)
11. Anavasthira chittatwa (fickle mindedness/restlessness)
12. Sada (fatigue)
13. Mukha/greeva peshee prasarana nirghatana (expansion of pulling the muscles of face/neck)
14. Smrtikshaya (receding memory)
15. Vamachinta (negative thinking)
16. Angashoola (bodyache)

The general line of treatment of psychological disorders comprises of both internal and external physical methods of treatment and satwavajaya chikitsa (psycho-behavioral therapy) as recommended in the classics, in general. The same holds good in case of Udvega also.

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## Vishada

Charaka mentions vishada as one of the nanatmaja vikaras of vata (mental disorders caused by exclusive involvement of vata dosha) [11] whereas, Sushruta has mentioned it as a manovikara (mental disorder). According to Chakrapani, the commentator on Charaka Samhita, vishada is a mental state, contrast to that of utsaha (enthusiasm, initiative, perseverance). Dalhana, the commentator on Sushruta Samhit says, 'vishada is that state where manas (mind) is afflicted by lack of perseverance due to non accomplishment or disappointment'. However, detailed descriptions of vishada are not available in the ayurvedic classics.

It is commonly seen that the patients suffering from depressive disorders as diagnosed by the psychiatrists, come to the hospital complaining in vernaculars that they suffer from 'bejaru' or 'alasya' (kannada) 'bezar/bejar' (Hindi/Urdu/Tamil/Telugu), 'dukkham' (Malayalam), and the like. These vernacular terms are vague and abstract, and as such fail to give the correct and complete picture of the problems suffered by the patients. Unless the complete clinical features are understood, treatment becomes impossible. Therefore, on further clinical examination, they are found to be suffering from dejection, lack of interest in work and food, reduced psychomotor activity, sadness, fondness to solitude, lack of enthusiasm and the like, which are attributed to vishada in works like Kavyaprakasha, Sahityadarpana, Bhagavadgeeta etc.

When the above signs and symptoms are examined in light of the statement of Aubrey Lewis referred earlier, it can be easily said that they chiefly indicate certain signs and symptoms, attributed to

vataksaya or depleted vata and encountered in patients suffering from kaphonmada (psychosis of kapha type).

On the basis of the classical data and clinical observations, vishada can be understood as a mental condition with the following lakshanas:

1. Vishada (sadness/anguish)
2. Utsahanasha ( loss of enthusiasm)
3. Shoka (feeling of grief)
4. Ashabhanga/Nirasha (frustration/pessimism)
5. Aprayatna (lack of motivation / initiation)
6. Anannabhilasha (not interested in food)
7. Alpavak (reduced speech)
8. Alpachesta (reduced psychomotor activity)
9. Anidra (sleeplessness)
10. Prasweda (profuse perspiration)
11. Hastapada kampa (tremors of upper/lower limbs)
12. Bhaya (fear)
13. Hridrava (palpitation)
14. Sada (fatigue)

Varma [13] has equated endogenous depression with kaphonmada (psychosis of kapha type). In a study conducted by Mahal et al [14] it was observed that among eight kaphonmada cases, six were diagnosed as depressives. Some of the kaphonmada lakshanas like slow activity, dullness, withdrawal, sleeplessness, disgust, inopportune weeping, silence, poor food intake etc., are also commonly seen in the patients suffering from depressive illnesses.

Although some of the lakshanas (clinical signs and symptoms) of vishada are also seen in kaphonmada (psychosis of kapha type), involvement of kapha will be less in vishada but more in kaphonmada. But in both the conditions, mandchesta (reduced motor activity) is distinctly observed as in the case of both neurotic and psychotic depressive illnesses. Therefore, depressive illnesses considered in psychiatry in general, can be studied under vishada.

On the basis of these descriptions, vishada can be understood as a manovikara caused by the imbalanced manasa doshas viz., tamas and rajas implicating two of the three shareera doshas viz., vata and kapha.

The principles of treatment for vishada will be similar to those described under udvega, with suitable modifications geared to correct the particular dosha involved.

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