

**CRITICAL REVIEW OF
VIṢĀDA, AVASĀDA AND ĀYURVEDIC
PERSPECTIVE OF DEPRESSION**

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ABSTRACT

Many diseases are newly introduced in the society and don't have fully fledged description in *Ayurveda*. Depression is one among the most prevalent psychiatric disorders. In the present review, an attempt is being made to critically analyze the background patho-physiology of depression. In this study, the scattered references of conditions similar to depression observed in classical as well as ancient Indian texts are compiled and reviewed comprehensively to form probable pathophysiology of depression. Retrospectively the probable *Anśānsa-kalpana* of *Doṣa* in producing that symptom is formulated. After that the concept of depression and the involvement of dominant *Doṣa* are considered. The article is an inclusive appraisal of the concept of depression in *Ayurveda* which will be helpful to enhance understanding and treating depression in *Ayurvedic* perspective.

Key Words: *Vāta, Kapha, Rajas, Tamas, Viṣāda, Avasāda, Depression.*

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Introduction

Lots of hidden treasures of *Ayurveda* are yet to be revealed. There are many new diseases emerged parallel to the evolution of human being. Several diseases observed in today's era find scattered references in *Ayurvedic* classics. These references need to be compiled together to have good knowledge of the disease and diseased. Modern society throws challenge to *Ayurvedic* people to treat such diseases having limited management in allopathy. Depression, being one of such challenges, is the commonest psychiatric disorder affecting 121 million people worldwide. Survival of the fittest is the theory which led man to the present cut-throat competition. But ultimately, what is happening with the so called 'unfit to survive' human is a matter of concern. The unfit group is drowning into the depth of depression-needing psychiatric nursing and care. The scenario is to be changed and *Ayurveda* bears a great responsibility to prevent, treat and rehabilitate the depressed person through its potent therapies. Although Depression has not secured a place in the final 30 disease chapters of *Caraka Samhitā* or has not been elaborated by any other ancient *Ayurvedic* scientists, it is a need of hour to compile various available scattered references; explore and elaborate it in order to form a strong scientific basis for the concept of depression in *Ayurveda*. In the present review, an effort to review the *Nidān Pancak* (etiology, premonitory signs and symptoms, pathogenesis and management) is being made.

Review of Clinical presentation of Depression:

The two conditions similar to depression are named as *Avasāda* & *Viśāda*. Depression may be considered as one of them; as it is originated from the *Tamas* & *Rajas Gunas* which are considered as the regulator and initiator of various processes required for evolution respectively. The two conditions are mentioned at various places while describing states of *Doṣa*. The references can be compiled and reviewed as follow.

History of Depression: 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 *Rāmāyana* and *Mahābhārata*, some characters have developed depressive features resembling to the current descriptions. In *Rāmāyana*, King *Daśaratha*, father of Lord *Rāma*, suffered from depressive episodes at various stages of his life. Lastly, when *Rāma* left for the forest abdicating the throne in fulfillment of the vow made by his father to stepmother *Kaikaeyi*, *Daśaratha* 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. (Ramayana 9/50¹ In *Mahābhārata*, at the battle of *Kuruksetra*, *Arjuna* suffered from *Viśāda* which led him to a state of disability. Bhagavad Geeta begins with a description of

the psychological and moral collapse of a healthy, competent human being in a very stressful and conflicting situation. *Arjuna's* despondent state on the battlefield, termed as *Viṣāda*, which precipitated a prolonged depressive episode is described in *Arjuna Viṣāda yoga*.²

Vedic Period: References similar to states of depression are abundantly available in ancient Indian literature. In ⁴ *gveda* (3000 B.C.), special type of invocation of god ascribed to shackles of *Varuna* and *Yama* is suggested to get rid of depression.³ In *Atharvaveda*, the term '*Vibhecti*' is used to describe a state of fear similar to depression.⁴ *Enās* and *Duritāni* are the other terms which refer to guilt. There are instances of praying for relief from the guilt.⁵ *Maitreya Upaniṣada* mentions the word *Viṣāda* to express the condition of disgust or dejection.⁶ *Taitteriya Upaniṣada* names *Viṣāda* as a hell in the north east.⁷

Samhitā Period: Ancient *Ayurvedic* scientists like *Caraka*, *Suśruta* highlighted conditions as *Viṣāda* and *Avasāda* having resemblance to depression at various places in classics. Later the commentators like *Dallhaḍa* and *Cakrapāḍi* focused more on this terminology, elaborated it to infer symptomatology of depression in *Ayurveda*. Various references from *Bṛhadtrayī* and the commentaries are reviewed here.

Caraka Samhitā:

- 1) *Viṣāda* is one of the eighty *Vātāja nānātmaja vikāra*⁸, which indicates that it can't occur without the involvement of *Vāta Doṣa*.
- 2) It is the foremost factor capable to worsen the condition of any disease.⁹ This suggests that there may be a relationship between immunity and *Viṣāda*.
- 3) While describing the mental factor examination by inference, it is stated that *Bhaya* can be examined by presence of *Viṣāda* and *Dhairya* by its absence.¹⁰ This means that the negative factor *Bhaya* (fear) and the positive factor *Dhairya* (courage) both are indicators for state of *Viṣāda*.
- 4) *Viṣāda* is a symptom of *Vātāja Jwara*¹¹ along with symptoms like irregularity in onset and alleviation (*viṣamārambhavisargitvam*), aversion to the taste of food (*annarasakheda*), yawning (*jṛmbha*), exhaustion (*Śrama*), giddiness (*bhṛama*), delirium (*pralāpa*), sleeplessness (*prajāgara*) etc. This suggests the aggravation of *Vāta Doṣa* can cause *Viṣāda* like symptoms, but the pattern of onset and alleviation may be irregular due to *Viṣama gati* of *Vāta*.
- 5) In context of examination of patient, *Caraka* advised *Aviṣādakara* treatment for *Hīna bala* (weak) patients.¹² Because weak patients are not capable to resist stronger therapies like *Agni karma*, *Kṣara karma*, *Śastra karma* etc. So these types of procedures should be done carefully and only in unavoidable conditions in patients of depression.

- 6) *Aviśādītva* is one of the characteristics of *Sattvasāra*.¹³ The persons having excellence of mental faculties are less prone to depression.
- 7) *Viśāda* as well as *Mana Avasāda* are mentioned as the complications arose due to sexual intercourse before the restoration of health after purification therapy (*Śodhana karma*)¹⁴
- 8) *Hīna* Sattva patients are more prone to *Viśāda*.¹⁵ 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 cannot 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.
- 9) *Avasāda* is one among those diseases which are aroused due to vitiation of *Doṣas* and *samśodhana* (purificatory procedures) are indicated in their management.¹⁶ This reference clearly shows vitiation of *Doṣa* as dominant factor in the pathogenesis of *Avasāda*.
- 10) '*Manodāinnyam*'¹⁷ is the factor from which *Śoka* (state of grief) can be examined. According to *Cakrapāḍī*, it is a tendency to weep, which is one of the sign of depression.
- 11) *Nirveda* is the term which means *Dukkhkṛtvam* as *Gaṅgādhara* commented. Absence of *Nirveda* i.e. *Anirveda* is the best quality of recovery.¹⁸
- 12) According to some scholars, *Sannipatonmāda* (caused by combined body humours), *Viśaja Unmāda* (caused by external intoxications and poisons), and *Śokaja Unmāda* (caused by excessive grief) bear resemblance to depression and manic depressive illness.¹⁹

Suśruta Samhitā:

- 1) Mythologically *Viśāda* is originated from the anger of Lord Brahma. This indicates the origin of disease in the basic emotion 'anger'.²⁰
- 2) *Viśāda* is included in *Mānas vyādhi* (mental diseases) category in the classification of diseases. This shows that it is a pure psychiatric condition.²¹
- 3) It is one of the characteristics of *Tamas prakṛiti*,²² which means there must be a cause-effect relationship between *Tamas* and *Viśāda*.
- 4) *Avasāda* is a sign of vitiated *Kapha Doṣa*²³ indicating that aggravating factors of *Kapha Doṣa* may worsen the condition of *Avasāda*.
- 5) Description of *Manodukkhkhjonmāda* resemble with depression due to psychological trauma.²⁴

Aṣṭāṅga Samgraha:

Viṣāda is a causative factor for vitiation of *Vyāna vāyu*²⁵ and also a sign of vitiated *Vyāna* itself.²⁶ Normal circulation of *Rasa* and *Rakta* in the body depends upon the normal functioning of *Vyāna*, which is sited in *Hṛdaya*. This indicates that there may be some relation between the circulatory system, cardiac disorders and states of depression.

Aṣṭāṅga Hṛdaya:

Viṣāda is a *Garbha bhāva* originated by *Tamas Guna*.²⁷ As this is the basic factor described in context of embryogenesis, it is possible that *Viṣāda* may be normally present in *Tamas prakṛiti* persons. It should not be considered as a disorder unless it impairs the normal functioning of that individual.

Bhela Samhitā:

Aviṣādītvam is described as one of the best qualities of patient.²⁸ Patients who are not depressed may show a faster recovery than the depressed ones.

The two terms *Viṣāda* & *Avasāda* mentioned here can be studied more critically so as to elaborate concept of depression.

Etymology:**1) Viṣāda:**

Vi + Sad + Ghan = Viṣāda

Vi- Viśeṣena Śīyante Asminanena I

*Viṣaddhyate Anena Va I (Vācaspatyam)*²⁹

The term '*Viṣāda*' 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 *Viṣāda* as: Fear, weakness. According to Malantim, it is Drooping state, languor and lassitude. Dejection, depression, despondency are the meanings given by *Mahābhārata* and *Maitreya Upaniśada*, While as per *Bhartṛhari* it means aversion, disgust.

Online Sanskrit dictionaries translate *Viṣāda* in the meanings of dismay, dejection, sorrow, melancholy, sadness. Synonyms like *Dainya* and *Kheda* are mentioned for *Viṣāda*.³⁰ Sanskrit-Sanskrit dictionary states its meaning as '*Dukhkhām*' and '*Manovikāra*'.³¹

2) Avasāda:

*Ava + Sad = Avasāda ñ (Vācaspatyam)*³²

This term *Avasāda* is derived from the Sanskrit root '*Sad*' by applying the prefix '*Ava*'.

Its literal meaning is sinking down, growing faint, fatigue. According to *Mahābhārata*, it means to render downhearted, dispirit, ruin. Monniere William's Sanskrit-English dictionary gives literal meanings of *Avasāda* 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 *Avasāda* as lassitude, defeat, want of energy or spirit, to pull down.³³ Sanskrit-Sanskrit dictionary states its meaning as '*Chitta dehayoh glāni*'.³⁴ Similarities can be found in contemporary concept of depression.

3) Depression:

The word depression is derived from latin '*depressio*' meaning pressing down.³⁵

In modern science it is used in various other means like:³⁶

- The act of depressing.
- The condition of being depressed.
- An area that is sunk below its surroundings; a hollow.
- The condition of feeling sad or despondent.
- A reduction in activity or force.
- A reduction in physiological vigor or activity: a depression in respiration.
- A lowering in amount, degree, or position.

Definitions:

Although Samhitākara like *Caraka*, *Suśruta* and *Vāgbhata* highlighted the topic at various places, commentators like *Cakrapāḍidatta*, *Dallhaḍa* elaborated it and had given specific definitions which match to the modern scientific views.

1) "*Asiddhibhayāt dvividheshu karmeṣu apravrittī Viṣāda I*"³⁷

Dallhaḍa defines *Viṣāda* 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.

2) "*Viṣādo anuṣtheyoatmana ashaktatā jananam I*"³⁸

In this definition, *Cakrapāḍi* comments that *Viṣāda* 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.

3) "*Vāk kāy citta avasādah Viṣādahl*"³⁹

This means *Viṣāda* comprises a condition *Avasāda* i.e. lassitude of speech, body and mind. This definition clearly indicates the feelings of unwillingness to respond or retardation of physical and mental activities.

- 4) “*Viṣāda Sarvadā manah khedah I*”⁴⁰ And “*Viṣannatvam dukkhitatvam I*”⁴¹

Viṣāda 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 *Caraka Samhitā* and *Aṣṭāṅga Hṛdaya* respectively.

- 5) “*Avasadsa Chitta dehayoh glani.I*”⁴²

The other condition *Avasāda* is defined as lassitude of mind and body in their functions. As narrated above *Avasāda* may be a partial condition in *Viṣāda*.

Modern science defines depression as a psychiatric disorder characterized by an inability to concentrate, insomnia, loss of appetite, anhedonia, feelings of extreme sadness, guilt, helplessness and hopelessness, and thoughts of death. It is also called ‘clinical depression’.⁴³ A depressive disorder is an illness that involves the body, mood, and thoughts. It affects the way a person eats and sleeps, the way one feels about oneself, and the way one thinks about things.⁴⁴ Clinical depression (also called major-depressive disorder or unipolar depression) is a common psychiatric disorder, characterized by a persistent lowering of mood, loss of interest in usual activities and diminished ability to experience pleasure.⁴⁵

After the review of if the above states of *Avasāda* & *Viṣāda* are persistent for a long period and left untreated the state of vitiated *Kapha* and *Vāta* respectively may get converted into the disease. As per the principles of *Ayurveda*, the somatic diseases and psychic diseases are having special relation and can be transformed vice versa. *Śārīra Doṣa Vāta* is predominantly *Rājasika* in nature, while *Śārīra Doṣa Kapha* is predominantly *Tamasa* in nature. Therefore in *Viṣāda* and *Avasāda*, *Rajas* and *Tamas* play dominant role in the psychopathology respectively. The *Nidāna pancak* of disease can be explained in following manner.

Nidāna (Actiology):

Description of specific causes of *Viṣāda* is not available in classical texts, but it can be inferred according to the *doṣic* predominance involved in the patho-physiology. Physical body and Psyche together constitute the substrata of disease and happiness.⁴⁶ *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.^{47,48} 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 *Kāraṇa-Kāryavāda*, the probable causative factors for *Viṣāda* are categorized as follow.

1. *Āhāraja* (Dietary causes):

- *Tāmasika āhāra* including unhygienic, improperly cooked, stale food;⁴⁹ *Kapha vṛddhikara āhāra*, which may cause *Jadatva* (heaviness), *Gaurava*, *Avasāda* leading to reduced activities. Improper dietary habits like *Samaśanam*, *Adhyaśanam* and

Viṣamaśanam. The *Vāta vṛddhikara āhāra* may lead to *Viṣāda avasthā*. The *Asātmendriyārtha samyoga*, *Pradnyāparādha* and *Kāla Parinām* specific to the *Doṣa* vitiation can lead to conditions of *Viṣāda* and *Avasāda*.

2. *Vihāraja* (Life style causes):

- *Avyāyama* (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.⁵⁰
- *Divāsvāpa* (Day time sleep): This can lead to accumulation of *Kapha* and *Tamas Doṣa*. Unnecessary and/or excess indulgence stressful mental and physical activities can cause *Viṣāda* due to imbalance of *Rajas Doṣa*. *Āyāsa* (Stress) is another major aetiological factor of depression.⁵¹

3) *Rogaja* (Secondary to medical conditions):

Viṣāda is observed as a symptom in *Vātaja 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.^{52,53} Similarly the chronic *Kaphaja vikāra* can lead to condition of *Avasāda* and chronic *Vātaja vikāra* can lead to *Viṣāda*. Some of the medical conditions in which there is depressed mood are listed below.⁵⁴

- 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

4) *Mānasika kāraṇa* (Psychological factors):

- *Śoka* produced due to loss of beloved one or any financial or social loss⁵⁵, *Bhaya*, *Irṣyā*, *Dainya*, *Lobha*, *Chintā*, *Krodha* may lead to *Viṣāda*. As mentioned earlier *Mano dukkha* and *Mano abhighāta* with *Āyāsa* are important causes in the conditions.

***Pūrvarūpa* (Premonitory Signs):**

Purvarupa are the indistinct manifestations of signs and symptoms.⁵⁶ While discussing the premonitory signs of mental disorders, *Arunadatta* the commentator of *Aṣṭāṅga Hṛdaya*

clearly mentioned that the premonitory signs of mental disorders are *Asthāyi* i.e. not persistent.⁵⁷ Depression is a disease with gradual as well as abrupt onset depending upon the aetiopathology. So signs and symptoms manifested in mild form can be recognized as the *purvarupa* or premonitory signs of depression. In many cases, depression starts with the birth of the first adverse event faced by the person. Each and every factor like childhood experiences, parent's attitude and dejection, familial conditions, social and religious background, individual responsibilities, peer pressure, competitive landmarks, failure to sustain one's own self esteem etc. contribute to the growth of depression with age. In youth and middle age, family and social responsibilities, life's adversities on the way of success, failure to stand as a developed individual, stressful activities help to manifest depression in its full form. Thus it may develop slowly over a long time period and signs and symptoms have gradual pathogenesis. Sudden crisis in any of the well established area of life like business, relationship, financial condition, etc. may trap the individual into acute depression state without any prior symptomatology.

Rūpa (Clinical Manifestations):

Symptomatology of *Viṣāda* and *Avasāda* can be inferred from the various definitions given by the commentators of classical texts. *Bhagvad Gīta* mentioned the symptoms of *Arjuna's Viṣāda*⁵⁸, which can be described most similar to that of acute anxiety neurosis followed by prolonged episode of depression. This leded *Arjuna* in a state of reduced physical and mental activities, finally refusing to perform his duties on the battlefield.⁵⁹ On the basis of references available, the clinical symptomatology can be compiled in table 1. This list can be further categorized in *Avasāda* specific and *Viṣāda* specific characters.

Table 1: Symptoms of Viṣāda and Avasāda

Psychic symptoms	Somatic Symptom
1. <i>Dukkhavam</i> (Feeling of sadness or depressed mood)	<i>Dourbalya</i> (Fatigability and weakness)
2. <i>Atmano aśaktata</i> (loss of Self confidence)	<i>Śārira sāda</i> (lack of energy)
3. <i>Asiddhi bhaya</i> (fear of failure to perform)	<i>Kṣudhāmāndya</i> or <i>Kṣudhādhikya</i> (Anorexia or increased appetite)
4. <i>Anavasthita Citta</i> (instability of mind and poor concentration)	<i>Karma alpata</i> (decreased activities and productivity)
5. <i>Nidrāvaiṣamya</i> (Sleep disturbances)	<i>Vibandha</i> (Constipation)
6. <i>Ati cintana</i> (excessive thoughtfulness and worries)	<i>Mukha Śoṣa</i> (Dryness of mouth)

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| 7. <i>Apravṛtti</i> (lack of activities or decreased productivity) | <i>Prasveda</i> (Sweating) |
| 8. <i>Aruci</i> (loss of interest) | <i>Kampa</i> (Tremors) |
| 9. <i>Viṣama abiniveś</i> (improper perception or delusion) | <i>Romharṣa</i> (Horripilation) |
| 10. <i>Dainya</i> (misery and helplessness) | <i>Hridrava</i> (Palpitation) |
| 11. <i>Kheda</i> (inappropriate guilt) | <i>Bhāra Kṣaya</i> or <i>Bhāra vṛddhi</i> (Weight loss or Weight gain) |
| 12. <i>Cittodvega</i> (anxiety) | <i>Avipāka</i> (Indigestion) |
| 13. <i>Dourbalya</i> (weakness) | <i>Vak Avasāda</i> (Decreased talk) |
| 14. <i>Nairāśya</i> (Hopelessness) | <i>Rahaskamata</i> (wishing to live alone) |
| 15. <i>Smṛti hrāsa</i> (decreased memory) | <i>Rodanaśilata</i> (crying spells) |
| 16. <i>Apraharṣa</i> (Anhedonia or lack of pleasure) | <i>Angagourava</i> (Heaviness in the body) |
| 17. <i>Viṣama Samvega</i> (Emotional disturbances) | <i>Dourbalya</i> (Fatigability and weakness) |
| 18. <i>Śoka</i> (excess grief) | <i>Śārira sāda</i> (lack of energy) |
| 19. <i>Krodhādhikya</i> (increased anger and irritability) | <i>Karma alpata</i> (decreased activities and productivity) |
| 20. Thoughts of death or suicide | |

In *Avasāda*, particular symptoms of *Kaphavṛddhi* (vitiation of *Kapha*) like *ālasya* (laziness), *Gaurava* (Heaviness), *Agnimāndya* (Anorexia), and *Nidrādhikya* (Hyper somnolence) are predominant. While in *Viṣāda*, irregular patterns of symptoms can be observed due to *viṣama gati* of *Vāta Doṣa*. The similar signs can be observed in description of Depression in contemporary science as in International Classification of Diseases-10.⁶⁰

Samprāpti (Aetiopathogenesis):

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.⁶¹ This can be applied in establishing psycho pathogenesis of mental diseases also. In *Nija* disease, the various causative factors as mentioned above lead to vitiation of *Śārira* and *Mānas Doṣas* causing Depression. In spontaneous depression, it happens as in *Āgantuja Vyādhi*. 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 extern-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.

Mānas Guna and Doṣa: *Sattva*, *Rajas* and *Tamas* are the three essential constituents of mind, of which last two are noted 'Mānas Doṣa', which can potently cause *Mānas vyādhi* (mental disorders).⁶² Depending upon the predominance of the three constituents, *Ayurvedic* scientists classified *Mānas* into three types as *Sāttvika*, *Rājasika* and *Tāmasika*.⁶³ According to *Caraka*, *Sattva* is the ever pure form i.e. *Śuddha anśa*, while *Rajas* and *Tamas* are the pathogenic factors having *Roṣa anśa* and *Moha anśa* in the mind respectively. The general characteristics of these three types are given in the following table 2 from which the actual form and functions regarding mental activities can be inferred. The common physiological features of *Rājasika* and *Tāmasika* types can be considered as extremely increased in *Rajas Guna pradhāna Viśāda avasthā* and *Tamas Guna pradhāna Avasāda avasthā*. The *sāttvika* characteristics can be considered as the treatment goals in depression.

Table 2: Characteristics of Sāttvika, Rājasika and Tāmasika Prakriti:⁶⁴

Sr.No.	<i>Sāttvika</i> (treatment goals in depression)	<i>Rājasika</i> (<i>Rajas Guna</i> <i>pradhāna Viśāda</i>)	<i>Tāmasika</i> (<i>Tamas Guna</i> <i>pradhāna</i> <i>Avasāda avasthā</i>)
1.	<i>Ānriśasyam</i>	<i>Dukkha bahulata</i>	<i>Viśādītvam</i>
2.	<i>Samvibhāgarucitā</i>	<i>Atanaśīlata</i>	<i>Nāstikyam</i>
3.	<i>Titikṣā</i>	<i>ADhṛti</i>	<i>Adharmaśīlata</i>
4.	<i>Satyam</i>	<i>Ahamkāra</i>	<i>Buddhi nirodha</i>
5.	<i>Dharma</i>	<i>Anritiktvam</i>	<i>Adnyanam</i>
6.	<i>Āstikya</i>	<i>Akārunyam</i>	<i>DurMedhā stvam</i>
7.	<i>Dnyanam</i>	<i>Dambha</i>	<i>Akarmaśīlata</i>
8.	<i>Buddhi</i>	<i>Mana</i>	<i>Nidrālutvam</i>
9.	<i>Medhā</i>	<i>Harśa</i>	
10.	<i>Smṛti</i>	<i>Kāma</i>	
11.	<i>Dhṛti</i>	<i>Krodha</i>	
12.	<i>Anabhiśanga</i>		

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 *Kaśyapa*, *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.⁶⁵ According to *Bhagvad Gīta*, vitiated *Rajas* produces *Lobha* (greed), *Pravritti* (activities), *ārambha* (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*.⁶⁶ *Vāgbhata* narrated that *Bhaya* (fears), *Adnyāna* (lack of knowledge), *Nidrā* (sleep), *ālasya* (lassitude) and *Viśādita* (depressed mood) are due to *Tamas* constituent. *Rajas* is responsible for *Bahubhāsītva* (excessive talk), *Māna* (reverence), *Dambha* (hypocrisy) and *Matsara* (jealousness).

In *Viśāda* and *Avasāda*, 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 some times, patient may feel good and do well in work due to change in the factors controlling mind. According to V.J.Thakar, *Tamas* indicates depression having the symptoms like *Glāni*, *Utsāha hāni* (lowering of mood), *Manda kriyā* (motor and mental retardation), *Manda Dhi* (Slowing mental faculties), *Viraktata* (loss of interest) etc.⁶⁷

Mental Faculties: At the psycho-physical plane, *Dhi* (intelligence, cognition), *Dhṛti* (retention, patience) and *Smṛti* (memory, recall) are three important mental faculties.⁶⁸ *Dhi* is the discriminative power viewing the things in reality, which decides the likeliness and unlikeliness, differentiates between correct and incorrect. *Dhṛti* 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. *Smṛti* 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 (*Pradnyāparādha*) by virtue of his bad actions. This aggravates all the *Doṣas*.⁶⁹ *Pradnyāparādha* is the causative factor for all mental diseases like *Iṛsya* (rivalry), *Śoka* (grief), *Bhaya* (fear), *Krodha* (anger), *Māna* (reverence) etc.⁷⁰ Thus, *Dhi vibhramsa* i.e. impaired intellect resulting into indecisiveness, improper perception and inappropriate thoughts, *Dhṛti Vibhramsa* i.e. impaired patience showing lack of self control, excess indulgence and allurements, *Smṛti* indicating poor recall and memory are predominant factors at the psycho-physical plane in *Viśāda*. *Pradnyāparādha* is the mile stone in its pathogenesis.

Mānas Karma: *Cintya* (things requiring thoughts), *Vicarya* (consideration), *Uhya* (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.⁷¹ In *Viśāda* 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 *Doṣa* take place. On this subject, *Cakrapāḍi* commented that *Mānas* (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.⁷² This channel is named as '*Manovaha Srotasa*' which is vitiated in *Viśāda*. Thus it affects all the *Dnyānendriyas* (sense organs), *Karmendriyas* (functioning organs), as well as the entire physical body. This *srotasa* is deranged in *Viśāda* and works as medium between body and mind.

Physical factors: *Vāta*, *Pitta* and *Kapha* are three *Śārira Doṣas* (physico-pathogenic factors). According to *Caraka*, *Śārira* (body) and *Sattva* (mind) are interrelated with each other and both follow each other's pattern in terms of functioning.⁷³ Thus *Śārira Doṣa* affect mind equally as that of *Mānas*. The general functions of *Vāta Doṣa* which are important regarding *Viśāda* are as follow⁷⁴:

Pravartakah cestānam: it prompts all types of actions.

Niyanta praneta cha Manasah: *Vāta* restrains and impels the mental activities.

Sarvendriyānām udyojakah, Sarvendriya arthānām abhivodha: It coordinates all the sense faculties and helps enjoyment of their objects.

Pravartako vācah: it prompts speech.

Harsha Utsāhayoh yoni: *Vāta* is the originator of joy and enthusiasm.

Samirano agne: it stimulates the digestive fire.

When *Vāta* 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.⁷⁵ In the five types of *Vāta Doṣa*, *adhiṣṭhāna* of *Prāna* is *Murdhā* and it is considered to control the activities of *Buddhi* (intellect), *Citta* (mind) and *Indriyās* (sense organs).⁷⁶

Udāna Vāta's functions are manifestation of speech, effort, enthusiasm, strength, and complexion. *Samāna Vāta* pervades the *Svedavaha*, *Doṣavaha* and *Ambuvaha srotas* and promotes the power of digestion. It may be related to channels carrying *Mānas Doṣas* also. The *Vyāna vāyu* moves very swiftly, pervades entire physique and always functions in the form of motion. Lastly *Apāna vāyu* performs its role in ejaculation of semen, voiding of urine and stool, elimination of menstrual blood and parturition of foetus.⁷⁷ These are the specific functions related to pathogenesis of *Viṣāda*. All the five types of *Vāta* contribute in the manifestation of *Viṣāda* by one or other means. *Vāgbhata* quoted that *Viṣāda* is the causative factor for vitiation of *Vyāna*, while *Manobhramśa* is caused by vitiation of *Udāna*.⁷⁸ Thus these two are more related in etiology and manifestation of *Viṣāda*. *Śoka* (grief), *Cinta* (anxiety), *Krodha* (anger) and *Bhaya* (fear) are the causative factors of *Vāta vyādhi*,⁷⁹ while *Moha* (Allurement) and *Āyāsa* (stress) are its manifestations.⁸⁰ Now it is clear that *Vāta* plays great role in the pathogenesis.

Pitta Doṣa in normal state acts for good digestion, normal appetite, thirst, happiness and intelligence.⁸¹ Thus impairment of *Pitta* may result in derangement of these functions as observed in *Viṣāda*. Out of its five types, *Sādhaka Pitta* is called *Medhākṛta* (promoting intelligence) which is situated in *Hṛdaya*⁸² and is regulator of intellect, grasping power, self respect.⁸³ Thus it is likely to be disturbed in mental disorders.

Effects of *Kapha Doṣa* in its normal state are Unctuousness, Steadiness, Heaviness, Virility, Strength, Forbearance, Patience and Greed lessness.⁸⁴ In its five types, *Bodhaka Kapha* situated at the tongue pertaining sense of taste⁸⁵ may be affected in *Viṣāda* causing *Aruci* (loss of interest in taking food). Impaired *Avalambaka Kapha*, which supports functions of *Hṛdaya*⁸⁶ can also be a contributor in the pathogenesis due to resemblance in the site of *Vyāna Vāta*.

Imbalance of Doṣa States in Viṣāda and Avasāda:

1) Vātakshaye Manda cheṣtata Alpavāktvam Aprahaṣo Moodha sandnyata cha I⁸⁷

These are the symptoms of deficient state of *Vāta Doṣa* in the body described by *Susruta*. *Dallhaḍa* commented on each of these as follow:

- *Manda cheshtata* - *Manda kāya vyāpārata* which means retardation or slowness of the functions of the body.
- *Alpavāktvam* - This shows decreased talkativeness.
- *Aprahaṣa* - *Atuṣṭi*. It denotes dissatisfaction or lack of pleasure in work.
- *Moodha sandnyata*- *Naṣṭa samyaka dnyānata* meaning lack of proper perception and knowledge.

These symptoms are very similar to that of *Viṣāda*. Also, *Cakrapāḍi* explains that the deficient state of *Doṣa* is indicated by corresponding deficiency in its respective actions. When *Vāta* is deficient, then comes the corresponding deficiency in the *Utsāha* (enthusiasm) of the person affected. Sometimes, even an increase in the respective opposite actions is indicative of the deficiency in the *Doṣa* s. In the event of the deficiency of *Vāta*, there is aggravation of *Viṣāda*. This indicates that deficient *Vāta* is the primary factor leading to aggravation of opposite actions of *Kapha* like *Ālasya*, *Gourava*, etc. But, further *Cakrapāḍi* denied this to establish as a rule and said deficiency of one *Doṣa* not necessarily aggravate opposite action.⁸⁸ From this, it can be inferred that *Vāta Doṣa karma* is depleted which may or may not aggravate opposite actions of *Kapha* depending upon the conditions and states of other factors resulting into *Viṣāda*.

2) *Śleṣmavriḍḍhou ..Sthairyam Gouravam Avasādah Tandrā Nidrā..*⁸⁹

Suśruta described the symptoms of aggravated *Kapha Doṣa* as above. Thus in *Avasāda* primary pathogenic focus is *Kapha Vṛddhi* leading to a condition with inertia, heaviness, drooping, stupor and excess sleep.

3) *Pitta kṣaye Mandoṣmagnita Niṣprabhata ca.*⁹⁰

In the signs of deficient *Pitta Doṣa*, *Suśruta* narrated *Manda Agni* (decreased digestive fire) causing anorexia and loss of luster of body.

From the above descriptions, it is clear that in depression, *Vāta* and *Pitta Doṣa* are deficient and *Kapha Doṣa* is aggravated. Only the difference between *Viṣāda* and *Avasāda* is that former is initiated with the deficiency of *Vāta* and later with aggravation of *Kapha*. Afterwards the manifestation of whole disease and its management will differ according to variable states of *Doṣas*.

Dhātus affected in Viṣāda:

Various specific psychological characteristics have been described by *Caraka* in context of *Dhātu Sārata*.⁹¹ Some of these facts regarding psychological characters of optimum quality of *Dhātu* are mentioned below.

- 1) *Tvak Sāra*: individuals having excellence of *tvak* or *rasa* are endowed with *Sukha* (happiness), *Soubhāgya* (good fortune), *Aishvarya* (luxury, power), *Upabhoga* (enjoyment), *Buddhi* (intellect), *Vidyā* (Knowledge), *Ārogya* (health), *Praharsha* (excitement).
- 2) *Rakta Sāra*: these individuals are endowed with *Sukha* (happiness), *Medhā* (great genius) *Manasvītvam* (enthusiasm), *Soukumāryam* (tenderness), *Anatībalam* (moderate strength) and *Kleśa asahiśnutvam* (inability to face difficulties).

- 3) *Mansa Sāra*: These show characters of *Kśama* (forgiveness), *Dhṛti* (patience), *Aloulya* (non-greediness), *Vidyā* (knowledge), *Sukham* (happiness), *Ārjavam* (simplicity).
- 4) *Meda Sāra*: These individuals are endowed with *Aiśvarya* (luxury, power), *Sukham* (happiness), *Ārjavam* (simplicity), *Upabhoga* (enjoyment) and *Sukumaropacārata* (delicate habits).
- 5) *Asthi Sāra*: Such individuals are *Mahotsaha* (very enthusiastic), *Kriyavanta* (very active), *Kleśasaha* (able to face difficulties), *Sthira śārira* (strong built).
- 6) *Majja Sāra*: Such individuals are endowed with *Bala* (strength), *śruta* (learning), *Vidnyāna* (specific knowledge).
- 7) *Śukra Sāra*: Individuals having excellence of *śukra* are endowed with *sukha* (happiness), *Aiśvarya* (luxury, power), *Upabhoga* (enjoyment), *Ārogya* (health), *Bala* (strength).
- 8) *Sattva Sāra*: Individuals having excellence of mental faculties are characterized by *Smṛti* (good memory), *Bhakti* (devotion), *Kṛtadnyata* (gratefulness), *Pradnyata* (wisdom), *Śuchi* (purity), *Mahotsāha* (excessive enthusiasm), *Dakṣa* (skill), *Dhira* (courage), *Samarvikranta yodhīnah* (valour in fighting), *Tyakta Viśāda* (absence of sorrow), *Suvyavasthitagati* (proper gait), *Gambhira buddhīna* (depth of wisdom) and *Kalyāna abhiniveśīnah* (sincerity in actions and virtuous acts).

From the above references it can be inferred that *Asthi Sāra* individuals are less prone to *Viśāda* due to its inbuilt characteristics. *Rasa*, *Rakta*, *Mānsa*, *Meda* and *Śukra Sāra* persons likely to be more affected by *Viśāda* because their composition is similar to that of *Kapha*. The Features of *Sattva Sāra* are of ideal mental faculties and can be established as basic principles for positive mental health. These features can be regarded as ' *Viśāda mukti lakṣana* (signs of depression free state) '.

In context of deficient and increased states of *Dhātu*, *Ayurvedic* scientists listed *Ālasya* (idleness) and *Atinidrā* (hyper somnolence) as signs of aggravated *Rasa Dhātu*, *Glāni* (lassitude) as sign of deficient *Mansa Dhātu*.⁹² So it is clear that persons, having impaired *Dhātus* in similar composition to *Kapha Doṣa*, are more likely to be affected with *Viśāda* and *Avasāda*.

The Ayurvedic Psychopathology and Signs of Viśāda:

The classical exponent of *Ayurveda*, *Caraka* has systematically described the concept of psychopathology in context of *Unmāda*.⁹³ 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) *Sadnya* (orientation and adaptation) *Vibhrama*
- 4) *Smṛti* (learning and memory) *Vibhrama*
- 5) *Bhakti* (attachment and desire to possess) *Vibhrama*
- 6) *Śeela* (habits) *Vibhrama*
- 7) *Ceṣṭa* (Psychomotor function) *Vibhrama*
- 8) *Ācara* (Conduct and behaviour)

In *Viśāda*, *Bhakti Vibhrama* is the important sign on which *Cakrapāḍi* quotes ‘*Yatrechcha purvam āsit, tatra anichcha Bhavati*’ means there is significant loss of interest in the objects previously likened. *Mana Vibhrama*, *Buddhi Vibhrama*, *Smṛti Vibhrama* and *Āchara Vibhrama* are other associated features in *Viśāda*.

Samprāpti Ghtaka:

- **Mano Doṣa:** *Tamas & Rajas*
- **Śarīr Doṣa:** *Vāta - Prāna, Udāna & Vyāna*

Pitta - Sādhaka

Kapha - Avalambaka

- *Srotas: Manovaha srotas*
- *Udbhava sthāna: Mānas & Manovaha srotas*
- *Vyakti sthāna: Mānas, Sarva śarīra, Indriya*
- *Agnī: Viśama (Viśāda), Manda(Avasāda)*
- *Mānas Bhava: Dhairya, Dhṛti, Buddhi, Smṛti*
- *Sādhyā-asādhyata: Yāpya & Kricchra sādhyā*

Thus overall *Samprāpti* of *Viśāda* and *Avasāda* can be formulated as shown in the chart.⁹⁴

Bheda (Types):

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

- 1) **Nija.** This occurs due to the imbalance in innate *Śarīrika* and *Mānasika* factors.
- 2) **Āgantuja.** Occurring due to the external factors like accidents, trauma etc. It can also be called as *Abhighātajanya* (*Śarīrika* and *Mānasika Abhighātajanya*).

Nija Viśāda can again be classified into two types like:

- **Mānasika** comprising two subtypes as **Tamopradhāna** and **Rajaspradhāna**.
- **Śarīrika** comprising four types depending upon the predominance of *Doṣa* involved as

Vātaja, *Pittaja*, *Kaphaja* and *Sannipatika* having all three vitiated *Doṣa*. These types can be differentiated by diagnosing the *Doṣa bahulata* from presence of specific symptoms of *Doṣa* involved.

Cikitsa (Management):

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

Mānaso Dnyāna Vidnyāna Dhairya Smṛti Samādhibhihi⁹⁵

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

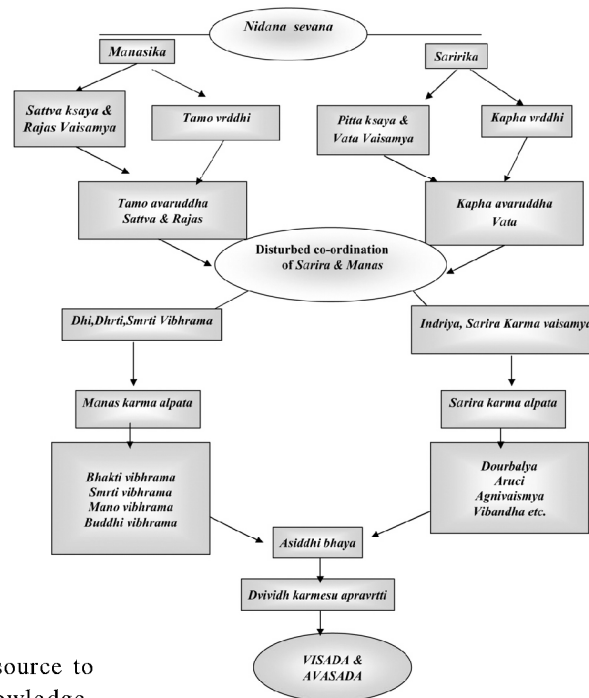
Vāgbhata describes the line of treatment of mental disorders as:

Dhi, Dhairya Ātmadi Vidnyānam Mano Doṣaushadham Param I⁹⁶

Means the specific knowledge of one's intelligence, courage and conscious are the remedies for mental disorders. The awareness about self capacity and limitation is important while competing in the day to day living.

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

1) *Nidāna Parivarjana* and *Sattvāvajaya Cikitsā*: 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. *Caraka* advised specific *Sattvāvajaya Cikitsā* for mental disorders⁹⁷ i.e. *Ahitebhyo arthebhyo mano nigraha*. Which means restraining of mind from harmful objects constitutes psychic therapy.

2) Daiva - vyapāśraya Cikitsā (Spiritual therapy): It includes *Mantra*, *Auśadhi*, *Mani* (wearing gems), *Mangal*, *Bali* (auspicious offerings), *Upahara* (gifts), *Homa* (oblations), *Niyama* (observance of scriptural rules), *Prayaścitta* (atonement), *Upavasa* (fast), *Svastyayana* (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) Yuktivyapāśraya Cikitsā: This includes treatment through diet and drugs. The patient should be encouraged to follow proper dietary regimen, to take *Medhya rasāyana* and *Doṣa pratyanika Aushadhi* to conquer depression. Among *Śodhana* therapies, *Vamana*, *Virecana*, *Nasya* and *Basti* are useful to eliminate the excess *Kapha Doṣa*, thus removing obstruction. Also *śamana* drugs are useful to pacify the *śārira doṣas*.

4) Vihara Cikitsā: 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.

CONCLUSION

The disease Depression can be elaborately described on the basis of *Ayurvedic* concepts. Ample references are available in the *Ayurvedic* classics resembling the state of depression. The terms like *Viṣāda* and *Avasāda* seem to be nearer to defining Depression in *Ayurvedic* texts. *Viṣāda* is caused predominantly due to *Vāta* deficiency and *Avasāda* due to *Kapha* excess. The line of treatment of depression is to eliminate *Kapha Doṣa* and normalize *Vāta* at physical level; and normalize *Rajas Guna* by managing the daily activities properly, so as to normalize the *Tama Guna* at mental level. Increasing *Sattva Guna* by performing good deeds, converting pessimism to optimism by training the mind is also a useful treatment measure. Overall the entity Depression can be well managed as per *Ayurvedic* classical treatment.

Place of study and Financial Aid- Institute for Post Graduate Teaching & Research in *Ayurveda*, Gujarat Ayurved University, Jamnagar, Gujarat, India

Acknowledgement: The authors are thankful to Prof.MS Baghel, Director- IPGT & RA, and for his constant encouragement and support to carry out the study. The authors also acknowledge the help of administration of Gujarat Ayurved University, Jamnagar for the support.

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सारांश

विषाद, अवसाद का आलोचनात्मक पुनरवलोकन
एवं डिप्रेशन का आयुर्वेदिक परिदृश्य

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समाज में बहुत सी व्याधियाँ हाल ही सन्निविष्ट हुई हैं एवं आयुर्वेद में इनका पूर्णतया वर्णन नहीं है। अधिकांश प्रचलित मानसिक विकारों में से डिप्रेशन एक है। प्रस्तुत पुनरवलोकन में डिप्रेशन की विकृति-क्रियाशारीर पृष्ठभूमि को पुनरवलोकनात्मक विश्लेषित करने के लिए एक प्रयास किया गया है। इस अध्ययन में डिप्रेशन के समकक्ष स्थितियों के बिखरे हुए सन्दर्भों को शास्त्रीय एवं प्राचीन भारतीय पुस्तकों में अवलोकन करके संकलित किया गया है और डिप्रेशन के सम्भावित विकृति-क्रियाशारीर की रचना करने के लिए विस्तार से पुनरवलोकन किया गया है। अनुदर्शनार्थ सम्भावित दोष की अंशांशकल्पना को प्रस्तुत करने के लिए लक्षण का प्रतिपादन किया गया है। इसके पश्चात् डिप्रेशन की संकल्पना और प्रबल दोष के आवेष्टन पर विचार किया गया है। यह लेख आयुर्वेद में डिप्रेशन की संकल्पना का एक सम्मिलित मूल्यनिर्धारण है, जो आयुर्वेदिक परिप्रेक्ष्य में डिप्रेशन के विस्तृत ज्ञान और चिकित्सा हेतु सहायक होगा।