

“Concept of Manovaha Srotas Vikara in Geriatrics”

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Abstract

The definition of *Ayurveda* itself denotes that it is the knowledge of various aspects of life processes, ageing being one of them. Old age is characterized by deficit in the physical and psychological functioning. In old age there is degeneration of bodily organs. Just as physical *doshas* vitiate body, similarly *doshas* pertaining to *manas* like *rajas* and *tamas* vitiate the mind and such vitiation produces manovikara. Because of isolation and psychological dependency old age people are more prone for depression mania, loss of memory particularly of Alzheimer's type, dementia, delirium etc. due to various factors affecting their mind.^[1] One should know psychological problems in geriatrics to remove the cause of concern. Here an effort has been to compile all scattered matter about the concept of manovahasroto *vikara* in geriatrics.

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Introduction

‘Life’ in Ayurveda is ‘Ayu’ which is defined as jeevitakala or lifespan. It is derived from the root word “un gamanasheela” indicating its nature of moving on. According to Acharya Charaka age has been divided into three parts Balyavastha (young age), Madhyamavastha (middle age) and jeernavastha (old age).^[2] After 60 years of age one is called old. Acharya Sushruta has described that after 70 years of age one is called old. He has mentioned jara (Ageing) under Swabhava bala pravritta vyadhi which is of two types’ kalaja or parirakshanakrita and Akalaja or parirakshanakrita^[3]. Three major problems are encountered by the aged population like health problems, financial problems, social and psychological problems. Senescence is the normal process of growing old while the senility refers to the abnormal state which sometimes supervene towards the close of old life. The study of the physical and psychological changes which are incident to old age is known as gerontology while geriatrics is the study of the cause and medical treatment of ill-health associated with old age. In old age there is progressive diminution of dhatu, strength of Indriya, power of

understanding, retaining and memorizing, speech and analyzing facts. Depression, bipolar affective disorder, dysthymia, anxiety disorders, delusional disorders, delirium, dementia, intoxication or withdrawal syndromes, mood disorders are psychological disorders observed in old age. Ersha, Shoka, Bhaya, Manodwesha, Harsha, Vishada, Abhyasuya, Matsarya, Kama, Lobha, Iccha, Dwesha are Manovikara in old age mentioned by Acharya Charaka It is estimated that about 50%-60% of elderly have psychiatric disorders. The exact prevalence of these disorders in India is not known but depression is believed to be the commonest disorder. The prevalence rate of mental disorders in the aged is around 89/1000 population. Nearly 4 million are mentally ill in India. The overall prevalence rate of psychiatric morbidity rises from 71.5% for those between the age of 60 and 70, to 124 in those in their 70s, and 155 in those over the age of 80 years.^[4]

Manovahasrotovikara in Geriatrics

Diseases caused due to impairment of manodosha i.e *rajas* and *tamas* are kevala manovikaras, few diseases are caused

due to impairment of both manodosha and sharirika doshas, although they present themselves clinically as physical illness they are relieved only when causative factors, emotional disturbances are relieved these conditions are compared to psychosomatic illness, the other variety includes mental disorders that are caused due to the primary impairment of *sharirika doshas* and subsequent involvement of manodoshas which can be called *ubhayatmaka vikaras*.^[5]

Kevalamanovikara	Psychosomatic Disorders (Manas is involved in the beginning later sharira is involved)	Ubhayatmaka Vikara (Sharira is involved in the beginning later manas is involved)
Kama	Shokaja jwara	Unmada
Lobha	Krodhaja jwara	Atatvabhinivesha
Maana	Shokaja atisara	Mada
Shoka	Dvishtartha yogaja chardi	Sanyasa
Chinta	Manasika arochaka	Vishaja unmada
Harsha	Kamaja jwara	Tandra
Abhyasurya	Bhayaja atisara	Apasmara
Krodha	Shokaja shosha	Apatantraka
Irsha		Murcha
Mada		Madatyaya
Chittodvega		Nidradhikya
Bhaya		
Vishada		

Commonly Seen Manovahasrotovikara in Geriatrics

- a) **Vishada (Depression):** grief is the normal response of an individual to the loss of loved object or person, loss of reputation or self-esteem, Vishada is result of fear of failure.
- b) **Chittodwega (Anxiety neurosis):** a generalized anxiety disorder is present if a subject experiences unrealistic worry about two or more life circumstances for a period of six months or more along with at least six symptoms of anxiety.
- c) **Samvibhrama (Persistent delusional disorder):** the delusions such as delusion of persecution, delusion of love and other absence of significant or persistent hallucinations, absence of organic mental disorders schizophrenia and mood disorders.
- d) **Krodha** it is a feature of Rajo guna and is produced either due to aggravation of *vata* or *pitta dosha*. Anger is produced when one could not acquire the desired one and sammoha follows it.
- e) **Gadodvega (Hypochondriasis):** persistent preoccupation with a fear or belief of having one or more serious diseases based on persons own interpretation of normal body function or a minor physical abnormality. On examination these people do not possess any disease or significant abnormality.
- f) **Manogranthi (Obsessive compulsive disorder):** the term obsession refers to a persistent recurrent idea, thought, feeling or impulse. A compulsion is a characterized by the presence of obsession that leads to compulsion that the patient recognizes as morbid and often in vain.
- g) **Bhaya (Fear):** it is related to Tamoguna and aggravates *vata guna*, this *bhaya* forms important causative factor for many psychosis.
- h) **Smriti nasha (Dementia):** it is a chronic mental disorder characterized by impairment of intellectual functions,

memory, deterioration of personality with lack of personal care and interpersonal relationship, impairment of judgement and impulse control and abstract thinking.

Nidana for Manovahasroto Vikara in Geriatrics

- a) Asatmyendriyarta samyoga (Non-homologate contact of senses), Pragnyaparadha (Volitional transgression) and Parinama (Changes in season) have been considered under three types of general etiological factors for the disease production. The same *nidana* holds good for Manovikara in geriatrics as well.^[6]
- b) In old age there will be Atiyoga, Ayoga in relation to Indriya, Artha, karma and Kala, Karma comprises activity of speech, mind and body with reference to manas giving way to fear, grief, anger, greed, infatuation, envy etc.^[7]
- c) In old age there is presence of emotional disturbances like Krodha, Shoka, Bhaya, Harsha, Lobha etc. which are different kinds of Manovikara.^[8]
- d) Accrual of undesired objects and not getting desired ones is also cause for Manovikara in geriatrics.
- e) Various functions of satwa (Manas) like manoniyamana, manoprerana, Harsha, Utsaha, Prayatna, Buddhi, Medha, abhimana etc. are also affected in old age due to decreased satwa bala which adds up different kinds of manovikaras.
- f) In Ashtanga Hridaya the very chapter discussing vegadharana is named as Roganutpadaniya adhyaya signifying the importance of vegadharana as a vyadhi hetu especially in causing *vata* vyadhi and also manovikara which is concern during old age.^[9]
- g) Ahita ahara causing manovikara in geriatrics are anashana (Ayuhrasakara), Ruksha satmya and ekasatmya ahara (Alpaayushi), Pippali atisevana (Tridosha prakopa), kshara atisevana (Kesha, Akshi, and Pumsatvaghata), Atilavana sevana (Akala khalitya palitya vali), Navashali dhanya sevana (Abhishyandi).^[10]
- h) Paradarabhigamana (Anayushya), Atimaithuna (Kshaya janya roga), rathakshobha (Sarvadehavyadhi), Divaswapna (Shleshmaja vikara), atichankramana (Adhodehavikaras), Uchairbhashana (Urdhwadehavikaras), Atyasana (Madhyadehavikaras), hina mithyayoga of Indriya (Aindriyikavyadhi), Maithuna in bala and Vriddha (Ayuhrasa), Ativyayama (Kasa, Jwara, Chardi), Atijagarana, Adwa, Hasya, Bhashya (Marana), Ushnambuscechana on shira (Kesha, chakshu dourbalya), Vishamangacheshta, Arkalokana, Bharavahana, Exposure to purovata, Atapa, Rajatushara and Parusha anila (Tridoshakopa).^[11]
- i) According to acharya Vagbhata There is sequential loss of mana at the age of 81-90 years and according to acharya Sharangadhara there is sequential loss of mana and Buddhi at the age of 81-90.
- j) The problems associated with ageing may also lead to high ranking stressors of ageing including acute and chronic medical illness, concomitant use of therapeutic drugs, medical illness connotes physical loss and changes in body image, but the loss of job carries with it loss of financial resources, social status and most of social network, the loss of contemporize through death, illness and migration brings psychological deprivation of an intimate object, in addition to losing most of their worldly possession and social support they also lose their privacy and their sense of self-worth.^[12]
- k) In old age there is Oja kshaya which leads to manobalaheenata causing manovaha srotas dushti vikara.^[13]

Samprapti of Manovahasrotovikara in Geriatrics

In old age there is Increase in vata dosha (Rajobahulya), vitiation of pitta dosha, diminution of

kapha dosha

Vishamagni, Dhatwagnimandy and formation of ama

Rasa dhatu is not formed properly, function of preenana to rest of the dhatus is not performed

Resulting in sequential weakening of all dhatus (Dhatukshaya)

Sharirika and Manasika vyadhiikshamatwa or Oja kshaya

Vyathitendriya (Impaired sense organs and Motor organs)

Manobalahinata (Decreased mental ability) and Loss of manoniyamana

Vitiation of raja tama doshas in manas causing manovahasrotovikara

Ayurvedic Approach of Preventive Care in Geriatrics

- Hitacharya and ratricharya palana
- Ritucharya palana
- Swasthvritta palana
- Achara rasayana
- Sadvritta palana
- Initiation of rasayana therapy in parihani avastha i: e earlier than 40 plus age for Ayu bala Pushti and swastyata

Conclusion

Ageing is growing, it occupies the total lifespan and does not occur as merely the final stage of life. In this sense we study the aged to learn not only about the final phase of life but learn about the physiological progress and psychological changes in body as a whole. The world health organization (WHO) very appropriately declared the calendar year 1999 as the year of elderly people, the senior citizens, to focus on the growing problems of ageing people. In the context of jarajanyavikaras, *vata dosha* is predominant leading to increase in *rajo guna* as well as there is depletion in *Ojas* and *satwa* of the *vriddha* submerging him in different *manovikara*. A pair of shoes which have softened and crossed over time, function reasonably well however there is infinitesimally small margin before a crease become a crack and lets water in (an analogy for physiology and pathology). The chief aim of geriatrics is to “Add life to years” rather than “years to life”, if preventive care is taken properly, it is possible to achieve this goal and avoid *Manovaha srotas vikara* in geriatrics as much as possible. The tremendous potential in Ayurveda may be tapped for the benefit of the geriatric patient’s day to day problems on a long-term basis, thereby offering greater and more viable “scope” for “geriatri4444cs in Ayurveda” in the future, let noble thoughts flow from every direction.

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