

Geriatrics Use of the Manovaha Srotas Vikara Concept

*¹ Dr. Pooja Kumari

*¹ P.G. Scholar, Department of Roganidana Evam Vikruti Vignyana, Ayurveda Mahavidyalaya, Hubli, Dharwad, Karnataka, India.

Article Info.

E-ISSN: 2583-6528

Impact Factor (SJIF): 5.231

Available online:

www.alladvancejournal.com

Received: 20/Jan/2023

Accepted: 30/Feb/2023

Abstract

Ayurveda is defined as the study of numerous aspects of life processes, one of which is ageing. Physical and psychological functioning decline with age. Body organs deteriorate with ageing. Similar to how mental doshas like rajas and tamas vitiate the mind and lead to manovikara, physical doshas also vitiate the body. Older adults are more susceptible to depression, mania, dementia, Alzheimer's-related memory loss, delirium, and other mental health issues as a result of their psychological dependence and solitude. To allay any worries, [1] one should be aware of the psychological issues that geriatric patients face. Here, an effort has been made to gather all errant information regarding the geriatrics idea of manovahasrotovikara.

***Corresponding Author**

Dr. Pooja Kumari

P.G. Scholar, Department of Roganidana
Evam Vikruti Vignyana, Ayurveda
Mahavidyalaya, Hubli, Dharwad,
Karnataka, India.

Keywords: Geriatrics, Manovaha srotas vikara, Manas

Introduction

According to Ayurveda, "life" is "Ayu," which is referred to as jeevitakala or lifetime. Its origin is the phrase "un gamanasheela," which denotes its characteristic of moving forward. Age, in Acharya Charaka's view, is divided into three phases: Balyavastha, a period of youth; Madhyamavastha, a period of middle age; and jeernavastha, a period of old age. [2] After the age of 60, one is considered elderly. After turning 70 years old, one is considered elderly, according to Acharya Sushruta. He has discussed jara (ageing), which comes in two varieties-kalaja and aparirakshanakrita-under the Swabhava bala pravritta vyadhi [3]. Age-related issues such as health issues, financial issues, social issues, and psychological issues are three key issues that older people face. Senescence is the natural process of getting older, whereas senility is the abnormal state that can occasionally appear as people age. Gerontology is the study of the physical and psychological changes that occur as people age, whereas geriatrics is the study of the causes and medical management of illnesses related to ageing. In old age, dhatus, indriya strength, understanding, memory, speech, and the ability to analyse information all gradually deteriorate. Psychological problems that are seen in older people include depression, bipolar affective disorder, dysthymia, anxiety

disorders, delusional disorders, delirium, dementia, intoxication or withdrawal syndromes, and mood disorders. Acharya Charaka mentions Ersha, Shoka, Bhaya, Manodwesha, Harsha, Vishada, Abhyasuya, Matsarya, Kama, lobha, iccha, and Dwesha as examples of elderly manovikara. An estimated 50% to 60% of older people suffer from psychological conditions. Although it is unknown how widespread these disorders are in India, depression is thought to be the most prevalent. Around 89/1000 people over the age of one have a mental disorder. In India, there are over 4 million mentally sick people. The total prevalence rate of psychiatric morbidity increases with age, going from 71.5% in people between 60 and 70 to 124 in people in their 70s and 155 in people over 80. [4]

Manovahasrotovikara in Geriatrics

Few diseases are caused by impairment of both manodosha and sharirika doshas; these conditions present clinically as physical illness but are relieved only when the underlying causes of emotional disturbances are addressed; these conditions are compared to psychosomatic illness. The other variety of diseases includes mental disorders that are caused due to the primary impairment of sharir. [5]

Table 1: Manovahasrotovikara Ubhayatmaka Vikara Vishaja unmada

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

- Chittodwega (Anxiety Neurosis):** A generalised anxiety disorder is present if a subject has at least six anxiety symptoms and unfounded worry about two or more life conditions for a period of six months or longer.
- Samvibhrama (Chronic Delusional Disorder):** Delusions like the delusion of being persecuted, the delusion of being in love, and other delusions without major or persistent hallucinations, schizophrenia, or other biological mental diseases.
- Krodha, a characteristic of the rajo guna, is either created by the aggravation of vata or pitta dosha. When one is unable to have the wanted one, anger is aroused, and sammoha ensues.
- 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.

Nidana for Manovahasroto Vikara in Geriatrics

- There will be atiyoga in old age, atiyoga in regard to indriya, artha, karma, and kala. Karma refers to the action of speech, mind, and body with reference to manas, which gives rise to manas such as fear, sadness, wrath, greed, infatuation, envy, etc. [7]
- Emotional disturbances like krodha, shoka, bhaya, harsha, lobha, etc., which are various types of manovikara, are present in old age. [8]
- Manovikara in the elderly can also result from the accumulation of unwanted objects and the failure to obtain desired ones.
- As satwa (mana) bala declines with age, it affects a variety of satwa (mana) activities, including manoniyamana, manoprerana, harsha, utsaha, prayatna, buddhi, medha, and abhimana, among others.
- The very chapter in Ashtanga Hridaya describing vegadharana is titled as

Ayurvedic Approach of Preventive Care in Geriatrics

- Ritucharya palana
- Swasthvritta palana
- Achara rasayana
- Sadvritta palana

Conclusion

Growing older means that you are living longer and that you are no longer just at the end of your life. In this way, studying the elderly helps us understand not only the end of life, but also the physical and psychological development of the body as a whole. In order to draw attention to the mounting issues associated with ageing populations, the World Health Organisation (WHO) declared 1999 to be the year of seniors and the elderly. Vata dosha is predominant in the context of jarajanyavikaras, which causes a rise in rajo guna as well as a depletion in ojas and satwa of the vridha, immersing him in various manovikara. An analogue for physiology and disease is that a pair of shoes that have softened and crossed over time still function pretty well, but there is an incredibly narrow window before a crease turns into a crack and lets water in. If preventative care is given appropriately, it is possible to attain this goal and prevent manovahasrotovikara in geriatrics as much as possible. The main goal of geriatrics is to "Add life to years" rather than "years to life". Let kind thoughts flow from every direction. The enormous potential in Ayurveda may be harnessed for the long-term benefit of the day-to-day issues faced by geriatric patients, hence expanding and making more viable the "scope" for "geriatri4444cs in Ayurveda" in the future.

References

- Geriatric care, a textbook of geriatrics and gerontology, third edition edited by O.P. Sharma, Viva books New Delhi/Mumbai/Chennai/Kolkata/Bangalore/Hyderabad/Kochi.Pg.450.
- Manas psychiatry of Ayurveda by Dr. Pedaprolu Srinivasa Rao, Banaras *Ayurveda* series 35, Chowkhamba Sanskrit series office Varanasi.Pg.29.
- Charaka Samhita, Sharira sthana vol.2 text with English translation and critical exposition based on *chakrapani datta's Ayurveda dipika*, by R.K. Sharma bhagwan dash, chowkhamba Sanskrit series office Varanasi, pg.186.
- Vrudda Vaghata, Ashtanga Sangraha, Indu commentary of Ashtanga sangraha, Edited by Dr Shivaprasad Sharma, Reprint, Uttaratantra. 2008; 10:684.
- Chakrapanidatta, Chakradatta, with Vaidyaprabha English commentary by Dr. G. Prabhakar Rao, Edited by Aharya Ramanath Dwivedi, Published by Chaukhamba Sanskrit Sansthana, Varanasi, 1st edition, chapter, 2014, 21.

6. Agnivesha, Charaka Samhitha, Ayurveda Deepika Commentary of Chakrapani, edited by; R K Sharma and Bhagavan Dash, Varanasi, reprint; Chikitsa Sthana. 2010; 10(39):450.
7. Chakrapanidatta, Chakradatta, with Vaidyaprabha English commentary by Dr. G. Prabhakar Rao, Edited by Ahar-ya Ramanath Dwivedi, Published by Chaukhambha Sanskrit Sansthana, Varanasi, 1st edition, 2014, 9-12.
8. Agnivesha, Charaka Samhitha, Ayurveda Deepika Commentary of Chakrapani, edited by;R K Sharma and Bhagavan Dash, Varanasi, reprint; Chikitsa Sthana. 2010; 10:449.
9. Sushruta, Sushruta Samhita, Nibandha Samgraha Commentary of Sri Dalhanacharya and Nyaya Chandrika Panjika on Nidanasthana Commentary of Sri Gayadasacharya, by; Vaidya Yadavji Trikramji Acharya, Chaukhamba Surbharati Prakashan, Varanasi, reprint, Uttara Tantra. 2008; 62:414.
10. Shri Kaviraja Ambikadatta Shastri, Bhaishjya Ratnavali, Vidhyotini Hindi Commentary, Edited by Shri Rajeshwardatta Shastri, Published by Chaukhambha Surbharati Prakashan, Varanasi, Reprint, 2015, 24.