

vii. Psychological disorders

In the realm of **disease biology**, **psychological disorders** (also referred to as mental or psychiatric disorders) significantly impact individual well-being, social interactions, and societal health. Modern biomedicine classifies such disorders based on **clinical phenomenology** (e.g., anxiety, mood, psychotic symptoms), while **Āyurveda** interprets them through **doṣa**-mind interplays, *sattva-rajas-tamas* influences, and *manas roga* (mental diseases). Below is a detailed exploration of **(I) modern classification and approach**, **(II) Ayurvedic concepts**, and **(III) integrative management** strategies.

Table Of Contents

Add a header to begin generating the table of contents

Modern Biomedical Perspective on Psychological Disorders

Definition and Classification

1. DSM-5 / ICD-10 Systems

- Diagnostic and Statistical Manual of Mental Disorders (DSM-5) from the American Psychiatric Association, and the WHO's ICD-10 (soon ICD-11) provide standardized criteria for diagnosing psychological disorders.
- Main categories: **Mood disorders** (depression, bipolar), **anxiety disorders** (generalized anxiety, panic disorder, phobias), **schizophrenia spectrum** and other psychoses, **personality disorders**, **neurodevelopmental disorders** (ADHD, autism), etc.

2. Etiological Factors

- **Biological**: Genetic predispositions, neurotransmitter imbalances (serotonin, dopamine), neural circuitry anomalies.
- **Psychological**: Trauma, stress, maladaptive thought patterns.
- **Social**: Family environment, socio-economic stress, cultural context.

Pathophysiology and Neurobiology

1. Neurochemical Dysregulation

- E.g., low serotonin or norepinephrine implicated in major depression, excessive dopamine in schizophrenia.
- Synaptic receptor sensitivities, second messenger pathways can also be key.

2. Brain Circuit Alterations

- Structural or functional changes in **limbic system** (emotions, memory), **prefrontal cortex** (executive function), or **amygdala** (fear processing) shaping symptom expressions.
- Neuroplastic changes from prolonged stress or environment can sustain pathological loops.

Management in Modern Psychiatry

1. Pharmacotherapy

- Antidepressants (SSRIs, SNRIs), mood stabilizers (lithium, anticonvulsants), antipsychotics (dopamine-serotonin antagonists), anxiolytics (benzodiazepines, buspirone).

2. Psychotherapy

- Cognitive Behavioral Therapy (CBT), psychodynamic therapy, interpersonal therapy, etc.

3. Lifestyle and Social Support

- Sleep hygiene, exercise, stress reduction, social rehabilitation.

4. Emerging Approaches

- Brain stimulation (ECT, rTMS), novel psychedelics for treatment-resistant depression, telepsychiatry.

Ayurvedic Perspectives on Psychological Disorders

Concept of Manas Roga

1. Triguna Model

- Āyurveda conceptualizes the mind through **sattva** (clarity), **rajas** (activity, passion), and **tamas** (inertia, darkness).
- Psychological imbalance arises from rajas-tamas aggravation overshadowing sattva.

2. Doṣa Interplay

- Mind is subtle but can be influenced by doṣic imbalances—particularly *vata* (restlessness, anxiety), *pitta* (anger, irritability), *kapha* (lethargy, depression-like states).
- *Unmadā* (insanity), *apasmāra* (epilepsy with mental components), *chittodvega* (anxiety) often revolve around deeper doṣa-manas synergy.

Etiological Factors in Ayurveda

1. Prajñāparādha (Failure of Intellect)

- Engaging in unethical or mentally disturbing actions, ignoring moral/spiritual intelligence → mental doṣa aggravation.

2. Asātmayendriyārtha-samyoga (Improper Use of Senses)

- Overstimulation (loud noises, bright screens), suppressed expression or unnatural lifestyle fosters psychological distress.

3. Daiva/Āgantuka

- External events like trauma or “fate” (exogenous factors) can tip mental equilibrium, akin to modern psychosocial stressors.

Ayurvedic Therapeutics

1. Satvāvijayā Chikitsā (Mind Control Therapy)

- Strategies involving **counseling**, **spiritual** or **intellectual** reorientation, affirmations, self-discipline.

2. Daivavyapāśraya Chikitsā

- Spiritual or faith-based approaches (mantra, devotions) for deep mental realignment.

3. Yuktivyapāśraya

- Rational therapy using diet, herbal formulations (e.g., *Brahmī rasāyana*, *Jatāṁsī*, *Aśvagandhā*), *panchakarma* for clearing doṣic toxins.

4. Lifestyle

- *Dinacharyā*, *ritucharyā*, consistent sleep-wake cycles, daily meditation, and yoga for psychosomatic harmony.

Integration: Commonalities and Distinctions

1. Common Ground

- Both views see psychological disorders as multi-causal—**biological**, **psychological**, **social** or doṣa-guṇa interplay.
- **Lifestyle** and **stress** are recognized triggers.

2. Points of Divergence

- **Neurotransmitter** imbalances vs. *guṇa/doṣa* vantage.
- But synergy emerges when combining **Pharmacotherapy** (antidepressants, antipsychotics) with **Ayurvedic** rasāyanas, yoga, and *satvāvijayā*.

Clinical Implications and Management Approaches

1. Modern-Ayurvedic Combined Therapies

- e.g., an SSRI for major depression + *Brahmī* (*Bacopa monnieri*) to enhance cognition, reduce anxiety.
- *Shirodhara* or mild sedation with *Jatāṁsī*, *Tagara* in insomnia, complementing short-term hypnotics.

2. Public Health

- Rising incidence of depression, anxiety, and psychosomatic disorders globally, especially post-pandemic.
- Integrative mental wellness: Stress management camps, meditation (*Sattva* re-strengthening), nutritional

guidance (avoiding tamas- and rajas-promoting diets).

3. Research

- Evaluating synergy of select Ayurvedic herbs (e.g., *Aśvagandhā*) in mild-moderate anxiety or depression with standard therapy.
- Neuroimaging evidence of improved cognition or stress hormone regulation with yoga-based interventions.

Future Directions

1. Precision Mental Healthcare

- Pharmacogenomics guided psychotropics plus doṣa-based identification for lifestyle prescriptions.
- Incorporation of AI to track mental health progress, doping with daily routines from Ayurvedic vantage.

2. Cultural and Holistic Outreach

- Emphasizing mind-body unity integral to Ayurveda, bridging psychological therapy with daily *dinacharyā*, *prāṇāyāma*, integrative counseling.

3. Policy and Education

- AYUSH-psychiatry cross-training, broadening the acceptance of safe herbal anxiolytics or nootropics in mainstream mental health systems.
- WHO's mental health frameworks can incorporate validated Ayurvedic stress-management modules.

Conclusion

Psychological disorders range from **anxiety, mood disorders, psychoses** (modern classification) to **unmadā, apasmāra, chittodvega** (Ayurveda). Both traditions concur on **multi-factorial etiology** (genetic predisposition, environment, psychosocial stress, doṣa-guṇa imbalance).

Integrative solutions hold promise: Modern psychiatry's advanced **pharmacotherapy** and **psychotherapies** can combine with **Ayurvedic** techniques (*satvāvijayā chikitsā*, doṣa-based regimens, yoga, rasāyana). This synergy addresses the **psychological, physiological, and spiritual** dimensions of mental illness—ultimately aiming for **holistic well-being**.