
An Observational Study To Assess The Role Of *Manasika Bhavas* In *Grahani*

Dr. Sandeep R. Desai, Assistant Professor, Dept. of Moullika Siddhanta, Ayurveda Mahavidyalaya, Hubli

Dr. J. R. Joshi, Professor and HOD, Dept. of Moullika Siddhanta, Ayurveda Mahavidyalaya, Hubli

Abstract: Ayurveda is an eternal science that existed in the universal consciousness. This science is not merely dealing with the symptomatic relief of an individual from a disease, but going deeply into the root cause of an ailment. The concept of Manas and the Maanasika bhavas have been very scientifically explained in various contexts of the Ayurvedic literature. Mind and body are related to each other. Since one is Adhara and the other is Adheya, one can influence the other. Thus it is clear that somatic disorders have a psychological backup. So to remove a disease from its root, the causative psychological factors should also be understood and ruled out completely. Manasika bhavas are the tools to understand the state of Manas. According to Charaka Samhita Vimananasthana assessment of Manasika bhavas can be done by Anumana pramana.

Patients diagnosed as Grahani roga (IBS) were taken considering its severity in the present era. Ayurvedic texts clearly state the Manasika hetus of Grahani roga in general. Since separate Nidana panchakas are not mentioned individually for Grahani roga, Samanya nidana is applicable for Grahani roga also. Influence of Manasika bhavas in the Chikitsa is also mentioned. Since Grahani roga is a Pitta vata predominant disease, the Manasika bhavas which can easily be disturbed by Vata and pitta dosha also have significant role in it.

The study shows the understanding of Manasika bhavas in detail and to assess the role of Manasika bhavas in the manifestation and prevention of recurrence of Grahani roga. Observations on 30 patients revealed that out of all Manasika bhavas five were found to have profound and direct role in the manifestation of Grahani roga. They are Chinta, Krodha, Kama, Soka and Bhaya.

Key words: Manas, Maanasika bhavas, Grahani roga, IBS.....

Ayurveda is a medical science to analyse, understand and cure diseases mainly under two headings: Shaaririka and *Manasika vyadhis*.¹ Whatever may be the origin of Vedas, they occupy a unique position of their own enlightening upon customs of people and also medical science of Indian origin. In fact, Vedas are the source of fundamental principles of Ayurveda which believes that the Shareera is intimately combined with Manas and Atma, whose explanations are lying scattered in the cast body of Vedic science. We find ample references to diseases, medicines, drugs, descriptions of different parts and organs of human body in Vedas and so, it is generally accepted that the seed Indian medicine lies in Vedas. Approaches can be either Vikarapara (intelligent) or Vicharapara (emotional). The prior is preferred to the later. To the *Manasika bhavas* also, approaches can be one among these two. If approach is intelligent, then it will be spiritual. If it is emotional, it will be material. If it is approached intelligently, none of the *Manasika bhavas* can harm. Even Srimadbhagwadgeeta mentions the mechanism of mano vikaras with simple example².

In this fast moving technological era, the change in the life style, food habits, stress, tension, suppression of urges due to busy agenda etc. lead to the development of various diseases. People initially neglect their problems and do not seek remedy for the same till their routine gets disturbed. *Grahani Roga* (IBS) is one such digestive functional disorder. It is estimated that IBS affects up to 15% of the world population with its symptoms of chronic abdominal pain and major disturbance of bowel functioning³. There is need only to understand the condition according to the fundamental principles of Ayurveda and manage cases accordingly. According to Ayurveda, IBS can be considered as a disorder with a derangement of *Vata* in *Pakvashaya* especially of *Apana vayu* leading to sympt-

oms of pain in abdomen and altered bowel habits. Almost all the diseases are mainly caused by the derangement of *Agni*. *Mandagni* leads to *Dosha prakopa*. The emotions like *Krodha*, *Bhaya* and *Shoka* etc. have their own effects on the *Agni*. Dusti of *mana* or *Agni* leads to indigestion, *Shoka*, *Bhaya* etc. cause *Vata prakopa*. In the pathophysiology of IBS, it's observed that along with *Apana vata*, the other dosha like *Prana vata*, *Samana vata*, *Pachaka pitta* and *Kledaka kapha* also play important role in manifestation. Both Ayurveda and modern science accept the fact⁴ that for better management and prevention of *Grahani Roga* (IBS), psychological factors are having an inevitable role. *Manasika bhavas* play an important role in the manifestation of *grahani roga*. Impaired *Manasika bhavas* is not only limited up to *Grahani Roga* but can lead to any disease and create long term serious effects. Even though all *Manasika bhavas* have their own role in every disease, among them some have found to have profound role in *Grahani Roga* as per Ayurveda classics⁴. They are *Chinta*, *Kama*, *Krodha*, *Shoka* and *Bhaya*. Hence the concept of *Manasika bhavas* was taken for the present study to understand it more precisely, and to analyse its role in the manifestation and prevention of recurrence of *Grahani Roga*.

For accessing the role of *Manasika bhavas* from various *Hetus* of *Grahani Roga*, a special case sheet pro-forma is prepared. From these data, the percentage of each *Manasika bhava* is calculated and finally its importance is assessed. This study would be highly helpful in the successful management and prevention of the recurrence of many diseases including *Grahani Roga*.

Materials and Methods

Selection of Patients: Patients of *Grahani roga* who attended the OPD and IPD of Ayurveda Mahavidyalaya Hospital, Hubli, were selected.

Diagnostic Criteria

Objective parameters³

Parameters of assessment taken from modified **Gastrointestinal Symptom Rating Scale (GSRS)**⁵ used for assessing Irritable Bowel Syndrome (IBS) are as:

Assessment parameters:

Abdominal Pain	Points
1. No transient change	1
2. Occasional aches and pains interfering with some social activities	2
3. Prolonged and troublesome aches and pains causing requests for relief and interfering with many social activities	3
4. Severe or crippling pains with impact on all social activities	4
Increased Frequency of Stools	Points
1. Once a day	1
2. 2-3 times a day	2
3. 4-5 times a day	3
4. 6-7 times a day	4

Subjective parameter: Manasik Bhavas:

The state of *Manasika bhavas* were inferred by questionnaire method. Twenty-five "yes or no" questions were made, comprising of five questions for each *Manasika bhava* which had direct role in *Grahani roga* (IBS). Each question was given 4 marks and thus each *Manasika bhava* scored 20 marks. Thus five *Manasika bhavas* covered 100 marks. Thus the percentage of involvement of *Manasika bhavas* were calculated. Mean of the scores of each *Manasika bhava* was calculated separately and GSRS of IBS was taken as the score of that particular in 30 subjects.

Method of examination of the patients: In this study the data were collected from the patients with the help of interview. The detailed data related to general history, history of past illness, present illness family history, food hab-

its, history of treatment taken so far etc., was recorded in the pro-forma of the case sheet. The systemic examinations of the patient were also done and findings were recorded as per the pro-forma. A thorough questionnaire which has been specially prepared for this study to assess the state of *Manasika bhavas* was made and given to the subject.

Inclusion Criteria

1. Diagnosed cases of *Grahani roga* (IBS).
2. Subjects between the age group 20-60 years.
3. Subjects of either sex irrespective of caste and religion.
4. Subjects willing to participate in the study.

Exclusion Criteria

1. Subjects not fulfilling the inclusion criteria.
2. Patients with serious Systemic Disorders and other serious Mental Disorder

Sample size: 30

Duration of the study: Only one sitting was done for a patient.

Observation

Table Number: 1

Showing percentage-wise presence of different grades of abdominal pain in 30 patients

Abdominal Pain	No. of patients	Percentage
1. No or transient	2	6.67
2. Occasional aches and pains interfering with some social activities	3	10
3. Prolonged and troublesome aches and pains causing requests for relief and interfering with many social activities	10	33.33
4. Severe or crippling pains with impact on all social activities	15	50

Table Number: 2

Showing percentage-wise presence of different frequency of stools in 30 patients

Increased Frequency of Stools	No. of Patients	Percentage
1. Once a day	2	6.67
2. 2-3 times a day	5	16.67
3. 4-5 times a day	13	43.55
4. 6-7 times a day	10	33.33

Table Number: 3

Showing percentage-wise presence of different frequency of stools in 30 patients

<i>Manasik Bhavas</i>	No. of Patients	Percentage
1. Chinta	20	66.67
2. Krodha	15	50.00
3. Kama	8	26.66
4. Bhaya	12	40.00
5. Shoka	9	30.00

Discussion and conclusion: Among the 30 patients of IBS, no transient change, occasional aches and pains interfering with some social activities, prolonged and troublesome aches and pains causing interference with many social activities and Severe or crippling pains with impact on all social activities were respectively reported in 6.67%, 10%, 33.33% and 50% of patients. The differences in percentage are after psycho-physiological changes as result *Manasaika bhavas*. Even frequency of stool varied from once in 6.67% patients to 4-5 times in 43.33% patients. More than 4-5 times were observed in 33.33% patients. It is also reported among the symptoms of IBS that in many cases is associated with diarrhea.

Out of five *Manasika bhavas*, the effect of chinta or worry stood first with prevalence of 66.67%. The reason is well marked as patients diagnosed with IBS reported high levels of intolerance of uncertainty. Uncertainty leads to worry and vice-versa^{7,8}. Ayurvedic texts mention that *atichinta* leads to vitiation of pitta, vata and brings *rasavahasrotodusti*. Worry converting to stress is main cause for many of psychosomatic disorders. Harvard Mental Health Letter notes the relationship of psychological or mental stress with gastrointestinal distress and stress can trigger and worsen gastrointestinal symptoms and vice-versa. This is bidirectional activity⁹.

Krodha (anger) was noted with 50% of patients. Anger is associated with emotional thing as more emotional thinking over subject/s lead to adrenaline release. Adrenaline causes increase in systolic blood pressure and decrease in diastolic blood pressure, ultimately resulting to increased heart beats¹¹. This makes anyone tense commuting to anger. Anger is strongly associated with quality of life. Researches show the negative impact of anger on irritable bowel syndrome (IBS)¹⁰.

Bhaya (fear) was noted in 40% of patients. Fear is conducive to stress, depression, hopelessness and anxiety. It's well known fact that central nervous system communicates with enteric nervous system of gut. This enteric nervous system plays an important role in gut physiology through secretions and motility¹².

Shoka (grief) was found in 30% of patients. Grief is a mood disorder. Shah and colleagues (2014) have shown that both irritable bowel syndrome and ulcerative colitis are associated with psychological disorders¹³.

Kama is reported in 26.66% of patients. The effect of Kama can be attributed to a group of hormonal imbalances. These hormones can directly tamper the normalcy of the GI tract. Other than gut hormones viz., gastrin, motilin, cholecystokinin and secretin, sex hormones like testosterone and estrogen are also related IBS¹⁴.

Hence, it can be concluded that for diagnosis and treatment of IBS, psychological disorders involving mentioned *Manasik bhavas* should be discussed as impacts are well reported. Controlling over mood disorders can only help to alleviate the symptoms of IBS.

References:

1. Chakrapani. Commentator, Ayurveda Deepika Commentary, Agnivesha, *Charaka Samhita*, Sutrasthana: 1/54. In: Yadavji Trikamji, editor. Chaukhambha Sanskrit Sansthan, reprint, 2009, p. 16.
2. Anonymous: Shrimadbhagwadgeeta. 2/62-63, Gita press, Gorakhpur, UP, India.
3. <https://jamanetwork.com/journals/jama/fullarticle/2174031>
4. Chakrapani. Commentator, Ayurveda Deepika Commentary, Agnivesha, *Charaka Samhita*. In: Yadavji Trikamji, editor. Chaukhambha Sanskrit Sansthan, reprint, 2009, p. 323.
5. Svedlund, J., Sjodin, I., and Dotehall, G (1988). 'GSRs-A Clinical Rating Scale for Gastrointestinal Symptoms in Patients with Irritable Bowel Syndrome and Peptic Ulcer Diseases'. *Digestive Diseases and Science*, Vol. 33, No.2, pp, 129-134.
6. Chakrapani. Commentator, Ayurveda Deepika Commentary, Agnivesha, *Charaka Samhita*, Sutrasthana: 1/42. In: Yadavji Trikamji, editor. Chaukhambha Sanskrit Sansthan, reprint, 2009, p. 8.
7. Song, S.W. et. al. (2012). 'Relationship between irritable bowel syndrome, worry and stress in adolescent girls'. *Journal of Korean Medical Science*. November; 27 (11): 1398:1404. doi: 10.3346/jkms.2012.27.11.1398.
8. Keefer L, Sanders K, Sykes MA, Blanchard EB, Lackner JM, Krasner S. 'Towards a better understanding of anxiety in irritable bowel syndrome: a preliminary look at worry and intolerance of uncertainty'. *Journal of Cognitive Psychotherapy*. 2005;19:163-172.
9. https://www.health.harvard.edu/newsletter_article/stress-and-the-sensitive-gut
10. Stanculete, M.F., Pojoga C. and Dumitrascu, D.L. (2014). 'Experience of angers in patients with irritable bowel syndrome in Romania'. *Clujul Medical*, 87 (92): 98-101, doi: 10.15386/cjmed-290.
11. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC485215>
12. Konturek PC, Brzozowski T, Konturek SJ. 'Stress and the gut: pathophysiology, clinical consequences, diagnostic approach and treatment options'. *Journal of Physiology and Pharmacology*. 2011; 62:591-599.
13. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4073018/>
14. <http://www.med.unc.edu/imsd/ibs/files/educational-gi-handouts/IBS%20and%20Hormones.pdf>