



## AN AYURVEDA CONCEPTUAL STUDY ON EIGHT DOMAINS IN THE ASSESSMENT OF MIND

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## ABSTRACT

History taking, clinical examinations play a major role in confirming the diagnosis and predicting the prognosis of the illness. This is applicable in psychiatric as well as psychosomatic disorders. Sometimes organic diseases may simulate the presentation of psychiatric disorders and vice versa. Many types of examination techniques are explained in Ayurveda which help directly or indirectly to elicit and diagnose psychiatry disorders. *Astavibhrama*, impairment in eight domains of mental faculties - thinking process (*Mano vibhrama*), intellect (*Buddhi vibhrama*), consciousness and orientation (*Sanjnanajana vibhrama*), memory (*smriti vibhrama*), desire or interest (*Bhakti vibhrama*), temperaments (*sheela vibhrama*), behaviour (*chesta vibhrama*), conduct (*achara vibhrama*); a concept adopted for the diagnosis of *unmada* (insanity). These eight domains can be generalised for eliciting the mental status of an individual.

**Keywords:** *Astavibhrama*, Mental status examination, Psychiatric disorder

## INTRODUCTION

Health is defined as the balanced state of *dosha* (three components of the body), *dhatu* (seven supporting materials), *agni* (digestive fire), *mala* (excretory materials) along with delighted *atma* (soul), *indriya* (sense organs) *mana* (mind)<sup>1</sup>. Parallely, defined as mental health is a state of well-being in which an individual realizes his or her abilities, can cope with normal stresses of life, can work productively and can contribute to his or her community<sup>2</sup>. Unlike or-

ganic disorders, psychiatric disorders take more time in assessing the condition of the patient. The roles of haematological and radiological investigations are contributory in somatic disorders whereas its contribution in psychiatric disorders is comparatively less. Clinical examination is the basis for diagnosing diseases as well as predicting the prognosis and treatment of the illness.

**Table 1:** Different methods of Examinations explained in Ayurveda

Types	Details
2	<i>Pratyaksha</i> (perceptual) and <i>anumana</i> (inferential) <sup>3</sup>
3	<i>Darshana</i> (inspection), <i>Sparshana</i> (palpation)and <i>Prashna</i> (history taking) <sup>4</sup>
3	<i>Aptopadesha</i> (authoritative instruction), <i>Pratyaksha</i> (direct observation), <i>Anumana</i> (inferential) <sup>5</sup>
4	<i>Pratyaksha</i> (direct observation), <i>Anumana</i> (inferential), <i>Aptopadesha</i> (authoritative instruction), and <i>Yukti</i> (experimental evidence) <sup>6</sup>
6	Diagnosis made through five sense organs and <i>prashna</i> (history taking) <sup>7</sup>
8	<i>Nadi</i> (examination of pulse), <i>Mutra</i> (Examination of urine), <i>Mala</i> (examination of stool), <i>Jihva</i> (examination of the tongue), <i>Shabda</i> (examination of hearing), <i>Sparsha</i> (palpation), <i>Drik</i> (direct observation or inspection), <i>Akriti</i> (examination of body) <sup>8</sup>
10	<i>Prakriti</i> (identification of constitutions), <i>Vikriti</i> (morbidty of pathologic factors), <i>Sara</i> (examination of the essence of dhatu), <i>Samhanana</i> (examination of compactness of body organs), <i>Pramana</i> (examination of measurement of body organs), <i>Satmya</i> (examination of homologation), <i>Satva</i> (examination of mental faculties), <i>Aharashakti</i> (examination for the power of ingestion), <i>Vyayamashakti</i> (examination for the power of exercise), <i>Vaya</i> (examination of age) <sup>9</sup>
12	<i>Ayu</i> (life span), <i>Vyadhi</i> (disease), <i>Rtu</i> (season), <i>Agni</i> (digestive fire), <i>Vaya</i> (age), <i>Deha</i> (body), <i>Bala</i> (strength), <i>Satva</i> (mental faculty), <i>Satmya</i> (homologation), <i>Prakriti</i> (constitution), <i>Bheshaja</i> (medicine), <i>Desha</i> (place) <sup>10</sup>

All these have their unique role in diagnosing the psychiatric diseases or mental status of an individual either directly or indirectly apart from somatic disorders.

Ten-fold examination techniques are explained for the purpose of the same. Among them, *Satvapareeksha* (examination of mind) is the one, where the description of *pravara* (superior), *madhyama* (mediocre), *avara* (inferior) are explained<sup>11</sup>. The qualities of ideal mental stability are also explained. Those who are characterised by good memory, devotion, gratefulness, wisdom, purity, excessive enthusiasm, skill, courage, valour in fighting, absence of sorrow, proper gait, depth of wisdom, sincerity in action and virtuous acts are considered as *sat-*

*vasarapurusha* (ideal mental power)<sup>12</sup>. Individual with *Pravarasatva* (superior mental strength) in spite of possessing with weak physique can tolerate serious exogenous and endogenous diseases without much difficulty. Those with *Madyamasatva* (medium mental strength) can tolerate the pain themselves when they realise that others can also tolerate it. Yet times they get strength from others. *Avarasatva* (inferior mental strength) individuals neither by themselves nor through others can sustain their mental strength; even with a big physique, they cannot tolerate the mild pain. They are susceptible to fear, grief, greed, delusion and ego. When they hear stories describing a wrathful, fearful, hateful, terrifying and ugly situation or come across visions of flesh or blood of an animal

or man, they fall victims to depression, pallor, fainting, madness, giddiness. This may even lead to death<sup>13</sup>.

In general, the mental status can be assessed:

1. By its *Karma* (functions of mind) and its involvement with *Artha* (objects)
2. By *Satvapariksha* (examination of Mental power)
3. By qualities of *Kayabheda* (personality traits)
4. By Eight domains of mind

Things requiring thoughts (*chinthya*), consideration (*vicharya*), hypothesis (*oohya*), attention (*Dhyeya*), determination (*Sankalpa*) or whatever can be known by means of the mind, are regarded as its objects. Control of sense organs (*indriyabhi-graha*), self-restraint, hypothesis and consideration represent the action of the mind. Description of *kayabheda*<sup>14</sup> (personality trait) helps in identifying the various behavioural patterns. This can be better explained by borrowing the concept of personality traits. A personality trait is an enduring pattern of perceiving, relating to and thinking about the environment and oneself that are exhibited in a wide range of social and personal contexts. Only when personality traits are inflexible and maladaptive and cause significant functional impairment or subjective distress do they constitute personality disorders<sup>15</sup>. Therefore, it is evident that the mental status of an individual depends upon the type of *kayabheda* (personality trait).

Mental status is defined as a comprehensive description or statement of a patient's intellectual capacity, emotional state, and general mental health based on examiner's observations and directed interview; includes- assessment of mood, behaviour, orientation, judgment, and memory, problem-solving ability and contact with reality. It is the standardized format in which the clinician records psychiatric signs and symptoms present at the time of the interview. The history of the patients remains the same whereas mental status can change from day to day or hour to hour<sup>16</sup>.

**The mental status examination** includes the following details:

Consciousness (alertness, awareness), General appearance and behaviour (appearance, grooming, facial expression and posture, social behaviour and attitude, rapport, motor behaviour), Cognitive functions (attention and concentration, language functions, orientation, memory, abstract ability, judgment, general information, calculation, intelligence), Thought ( and speech)-( stream, form, possession, content), Mood and affect, Perception (Sense distortion, sense deceptions), Other psychotic phenomena (somatic passivity phenomena), Other experiences (Derealisation and depersonalisation, body image disturbances), Insight<sup>17</sup>.

Fundamental concepts of psychiatric and psychosomatic disorders are explained in Ayurveda under the heading of *Unmada* (insanity). *Unmada* (insanity) can be better understood with the help of eight *vibhrama* (derangements). Whatever the psychological disorder may be, assessed through eight derangements of the mind like perversion of the thinking process, intellect, consciousness and orientation, memory, desire or interest, mannerism or temperament, behaviour and conduct.

*Manapareeksha* (Examination of thought):

*Manas* (mind) is the tool for the perception of knowledge. *Chinthya* (things requiring thoughts), *vicharya* (consideration), *uhy* (hypothesis), *dhyeya* (attention), *sankalpa* (determination) or whatever can be known through *manas* are considered as the objects of *manas*. The actions of *manas* are *indriyabhi-graha* (control of sense organs), *svasyanigraha* (self-restraint), *uhy* (hypothesis) and *vicharya* (consideration). Due to perversion of mind, the patient does not think of such things which are worth thinking; on the other hand, thinks of such things which are not to be thought of<sup>18</sup>.

**Buddhi (Intellect):**

*Buddhi* involves a judgemental factor<sup>19</sup>. It can also be considered through the professional activities<sup>20</sup> and general knowledge. Due to the perversion of intellect person understands eternal things as ephemeral and

useful things as harmful<sup>21</sup>. Erratic response to situations and events indicates derangement of intellect.

*Sanjajnana* (Examination of consciousness and orientation):

*Sanjajnana* represents consciousness and orientation. Due to perversion of consciousness, unable to have the perception of burns caused by fire etc<sup>22</sup>.

Consciousness, alertness, awareness, naming, word-finding, orientation to time, place, person, sense distortion (change in quality, change in spatial form), sense deception (illusion, hallucination) these factors can be better explained under *sanjajnana*.

*Smriti* (Memory): Due to perversion of memory, a person does not remember anything or remembers things incorrectly<sup>23</sup>. Any difficulty in remembering the day-to-day events should be noticed. Immediate, recent, remote memory should be assessed by asking questions related to personal and impersonal events.

*Bhakti* (Desire): *Bhakti* denotes desire, personal interest. Due to perversion of desire, disinclination develops for things desired previously<sup>24</sup>. This can be assessed by conversation, history from family members, desire for food, desire in relation to dress, sexual activity, and entertainment.

*Sheela* (Temperament): Temperament, hobbies, habits are considered under *sheela*. It also denotes the adopted activities by practice<sup>25</sup>. Due to perversion of manners, who is otherwise normal, gets enraged<sup>26</sup>. Mood and affect can be included under *Sheela*. The mood is a pervasive and sustained emotion that colours the perception of the world whereas affect is a pattern of observable behaviour that is the expression

of a subjectively experienced feeling state. Affect will vary in response to changing emotional state.

*Chesta* (Activity): *Chesta* includes Self-initiated self-activities. Due to perversion of behaviour, indulges in undesirable activities<sup>27</sup>. *Chesta* includes *Vachika* (speech), *Kayika* (body) and *Manasika chesta* (mental activities)<sup>28</sup>. Under *Chesta* concept physical activities should be highlighted as other two things are explained under *mana* (thinking process)

*Achara* (Codes of conduct): The rules and regulations explained in the treatise is *achara*, codes of conducts<sup>29</sup>. Depending upon an individual's dwelling place and religion certain practices are imbibed and this is *Achara*<sup>30</sup>. *Achara* is assessed by the activities of an individual. Due to perversion of conduct, the patient resorts to such activities which are against the rules prescribed in religious works. The activities like maintaining personal hygiene or social hygiene etc can be considered under the broad term of *Achara*.

**Review Methodology:**

Material related to Ayurveda is collected from *Brihatrayi* and *Laghutrayi*, relevant Psychiatry textbooks are referred to obtain the details of Mental Status. Scientific databases were searched for relevant studies and reviews. The keywords used for the search were *Astavibhrama* and Mental Status.

**DISCUSSION**

The aim is to understand the concept of eight domains of *manas* (mind) concerning the description of mental status examination.

**Table 2:** Showing the relationship between Mental Status and Eight Domains.

Mental status		<i>Mana</i>	<i>Buddhi</i>	<i>Sanjajnana</i>	<i>Smriti</i>	<i>Bhakti</i>	<i>Sheela</i>	<i>Chesta</i>	<i>Achara</i>
Consciousness	Alertness			*					
	Awareness			*					
General appearance & Behaviour	Appearance								*
	Grooming						*	*	
	Facial expression & Posture						*		
	Social behaviour & attitude						*	*	
	Rapport						*	*	
	Motor behaviour							*	

Cognitive functions	Attention and concentration	*		*					
	Language functions						*		
	Orientation			*					
	Memory				*				
	Abstract ability		*						
	Judgment		*						
	General information,		*						
	Calculation		*						
	Intelligence		*						
Thought (and speech)	Stream, Form, Possession, Content	*					*		
Mood and Affect		*				*			
Perception	Sense distortion sense deceptions			*					
Other psychotic phenomena	somatic passivity phenomena	*		*					
Other experiences	Derealisation and personalisation body image disturbances	*							
Insight		*	*						

Consciousness is best analysed by alertness and awareness. Alertness refers to the readiness to respond to a stimulus and awareness is higher cognitive and emotional function. These entities are better understood by the concept of *sanjajnana*. General appearance and behaviour which includes appearance, grooming, facial expression and posture, social behaviour and attitude, rapport, motor behaviour can be considered under *achara*, *chesta*, *sheela*. Cognitive functions like attention, concentration, language functions, orientation, memory, abstract ability, judgement, general information, calculation, intelligence come under *mana*, *buddhi*, *sanjajnana*, *smriti*, *chesta*. The domains of *mana* and *buddhi* are related to Thought (and speech). Perception is attributed to *sanjajnana*. Other psychotic phenomena can be considered under *mana* and *sanjajnana*. Other experiences in the form of derealisation and depersonalisation come under the concept of *mana*. Insight, awareness about the illness is better explained by *mana* and *buddhi*.

**Arguments:** Even though eight domains are explained, is it possible to consider *chesta vibhrama* or any *vibhrama* without the impairment of *mana* (thinking process)?

An individual may have multiple *vibhrama* at a time and diagnosis is usually done based on the prominent presentation. The order of *vibhrama* explained in the literature may be considered in successive order i.e., initially *mana* then *buddhi*, *sanjajnana*, *smriti*, *bhakti*, *sheela*, *chesta*, *achara*. And the diagnosis is usually made on the basis of dominant presentation in the patient.

### CONCLUSION:

Even though many folds of examination techniques are explained in the literature for the evaluation of somatic and psychosomatic disorders, the concept of *Astavibhrama* (eight derangements) explained in the chapter of *unmada* (insanity) can be generalized for assessing the mental status of the individual. The mental status should be appreciated with due consideration of cultural, religious background and educational background. Interpretation of mental status

cannot be generalised; it is specific to a given point in time.

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