

## A SURVEY BASED STUDY ON DISEASE INTENSIFYING ROLE OF VIṢĀDA

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### ABSTRACT

World today has lot more psychological suffering than physical. Today's busy and hasty -busty life, competitiveness, peer pressures during work hours, high expectations, lust for luxurious life etc. lead to anxiety, stress, restlessness, depression and other psychological disturbances. In fact it can be said that not only diagnosed psychiatric patients but every human being who is running for survival is facing some kind of psychological disturbance. For instance if we look randomly at the out patients department of any general hospital, it shows that, nearly ¼<sup>th</sup> of all the patients who seek treatment are said to be present with psychological problems. About 15% patients require immediate psychiatric help. These psychological problems make human beings vulnerable in every sense particularly to various physical ailments. Generally these factors go unnoticed by a physician as he/she is more inclined towards the physical problems. The most convincing aspect is that *Ācārya Caraka* established the severity of these factors thousands of years ago. He gave a comprehensive term '*Viṣāda*' and proclaimed that '*Viṣāda*' is the prime disease intensifying factor. From this point of view '*Viṣāda*' can be considered as a major factor which has yet not been explored in the field of Āyurvedic Research. This research article is based upon a survey study aimed at exploring the concept of '*Viṣāda*' and its role in the pathogenesis of every disease to establish the basic concept opined by *Ācārya Caraka* '*Viṣādo Rogvardhanānām....*' The article highlights the conceptual study along with the results and observations of the survey study to explore the presence of '*Viṣāda*' and its impact on the illness of the patients and the importance of '*Sattvāvajaya Cikitsā*' and '*Adravyabhūta Cikitsā*' to deal with the same.

**Keywords:** '*Viṣāda*', Survey study, '*Sattvāvajaya Cikitsā*', '*Adravyabhūta Cikitsā*'.

### INTRODUCTION

Human beings face unprecedented challenges today. All though in many ways, man has greater opportunities for a rich and fulfilling life than ever before; yet it is quite clear that certain measures are required to cope up with the ever increasing competitive environment of modern world. *Āyurveda* is becoming popular at a fast pace as it deals with complete individual health and advocates a balanced and healthy way of living. The fundamental definition of 'Health'

by *Ācārya Suśruta* predominantly maintains that A '*Swastha Puruṣa*' comprises of balanced '*Doṣā*', '*Agni*', '*Dhātu*', '*Mala*' and '*Kriyā*' as well as *Prasanna* (sound/happy) '*Ātma*', '*Indriya*' and '*Manasa*'. '*Doṣa*', '*Agni*', '*Dhātu*', '*Mala*' and '*Kriyā*', come under physical health where as '*Ātma*', '*Indriya*' and '*Manasa*' can be categorized under mental and spiritual health<sup>[1]</sup>. This definition is in complete concomitance with the definition of health postu-

lated by W.H.O<sup>[2]</sup>. Any disease is caused due to three-fold causes i.e. *Asātmendriyārtha Saṃyoga*, *Prajñāprādha* and *Pariṇāma*<sup>[3]</sup>. *Ācārya Caraka* has considered *Prajñāprādha* as the root cause of the psychological disturbances such as *īrṣyā*, *śoka*, *bhaya*, *krodha*, *māna*, *dveṣa* etc<sup>[4]</sup>. The mental phenomena like *kāma*, *krodha*, *lobha*, *harṣa*, *bhaya*, *moha*, *āyāsa*, *śoka*, *cinta*, *udvega* etc. are the natural states of mind<sup>[5]</sup> but these may convert into disease in their aggravating condition. These factors can vitiating the *śārīrika doṣās* as well as *manovaha srotāsas* which can further result into the production of systemic disorders<sup>[6]</sup>. *Ācārya Caraka* established the severity of these factors thousands of years ago. He gave a comprehensive term '*Viṣāda*' and proclaimed that '*Viṣāda*' is the prime disease intensifying factor<sup>[7]</sup>. '*Viṣāda*' the very term indicates the inference of *Bhaya* where as *Dhairya* can be estimated by '*Aviṣāda*'<sup>[8]</sup>. Although '*Viṣāda*' has not been much explained as a disease in *Āyurvedic* texts yet it has been quoted at various places. It has been named as an emotional state or as a *Vātaja Nānātāmja Vyādhi*<sup>[9]</sup>. *Ācārya Dalhana* describes '*Viṣāda*' as a state characterized by depressed mental and physical activities and less talk<sup>[10]</sup>. In the modern science '*Viṣāda*' is found to be identical to Depression characterized by feeling of worthlessness, helplessness and hopelessness.

#### AIM & OBJECTIVES:

1. To carry out a comprehensive, analytic and comparative study; elaborating the fundamental aspect of '*Viṣāda*' as described by *Ācārya Caraka*.
2. To re-establish the role of '*Viṣāda*' in the intensification of disease by surveying different diseased patients and to highlight '*Sattvāvajaya Cikitsā*' and '*Adravyabhūta Cikitsā*' as a tool to deal with '*Viṣāda*'.

#### MATERIALS & METHODS:

The study carried three components: Conceptual Study, Survey Study and reviewing the methods of '*Sattvāvajaya Cikitsā*' and '*Adravyabhūta Cikitsā*'.

1. All the available literature was thoroughly reviewed to explore the basic concept of '*Viṣāda*' and a deep conceptual study was done to find the ayurvedic and modern aspect of '*Viṣāda*'.
2. A Voluntary Survey was done on the IPD and OPD Patients of NIA, Jaipur. The survey results were statistically evaluated.
3. The methods of '*Sattvāvajaya Cikitsā*' and '*Adravyabhūta Cikitsā*' were proposed in the end.

#### Conceptual Study:

Complete historical and literary review was carried out. The basic concept behind the role and involvement of '*Viṣāda*' in any physical illness was explored. It's a simple truth that any diseased person cannot enjoy life the same way he used to enjoy previously. He can no more be in a happy state. More over *Vyādhi* or disease has been called '*Dukha*' in *Āyurveda*<sup>[11]</sup>. The extent of this *Dukha* or distress or unhappiness may vary from person to person and patient to patient. This *Dukha* itself is '*Viṣāda*' in a more comprehensive terminology. There are lots of factors which influence the course of disease other than the main aetiological factors. These include *Viṣāda*, *Ajña Bhiṣaka* (ignorance by patient), *Alpa Bala* (less physical & mental strength), wrong management of disease, ignorance of *Alpa* and *Guru Vyādhi* concept, *Chronicity*, *Ojas Kṣaya* (decreased immunity), *Ahitāhāra* (unwholesome food), other factors involved in pathogenesis, *prasparānubandha* (intermingling) of *Doṣas*, lack of proper attendants and equipments; lack of self-control in the patient; incompetence of the physician; and lack of proper treatment or subsistence of past sinful acts of the patient etc<sup>[12]</sup>.

Among these factors, *Viṣāda* is the most important one. *Ācārya Caraka* has considered it *Agrya* in '*Rogvardhanātmaka*' factors. *Viṣāda* can be defined as the lassitude and inactivity in various actions due to fear of failure or the lassitude of speech, body and mind or a feeling of sorrow or lack of *Utsāha* i.e. spirit or enthusiasm. Symptoms of '*Viṣāda*' are feeling of sorrow, self - repenting and hopelessness,

Lack of interest in own and others' actions, continuous anxiety, lethargy and lack of sleep, *Utsāha hāni* i.e. loss of enthusiasm, liking for solitude, loss of normal functions, weakness and anorexia, *Aruci*, *Agnimāndya*, heaviness of body and loss of physical strength and activities etc. After reviewing these symptoms of '*Viṣāda*' described in text, it is observed that these are present in every illness to some extent. It is universally found in diseased as well as in seemingly healthy person. The various definitions and etymology of *Viṣāda* suggest the same.

If the *Sattva* of the patient is *Pravara* he can cope up with the distress of his illness but if the patient is of *Alpa* or *Avara Sattva* then he fails to cope up with his illness. Such patient will lose patience and he will be always terrified i.e. he will be afflicted by *Adhairya* and *Bhaya* and will further become more prone to physical and emotional disorders. Due to *Viṣāda*; his *Mānasa Doṣas* will further mask the *Sattva Guṇa* and will be involved with the *Śārīrika Doṣas*. *Prasparānubandha* of *Śārīrika* and *Mānasa Doṣas* will take place. *Acārya Cakrapāni* has commented that *Prasparānubandha* leads to intensification of the disease<sup>[13]</sup>. This clarifies that presence of '*Viṣāda*' will intensify the disease. More over beside *Prasparānubandha* of *Doṣas*, role of '*Viṣāda*' in disease intensification can also be due to vitiation of *Vyāna Vāyu* due to *Viṣāda*<sup>[14]</sup> or Chronicity of the disease as due to prolonged illness '*Viṣāda*' will be developed in the patient which will further lead to *Ojasa Kṣaya* alongwith *Kṣaya* of other *Deha Dhātus* which in turn will intensify the disease.

#### **SURVEY STUDY:**

A voluntary survey was conducted on the physically ill patients. The aims of the survey study were:

- To find the levels of '*Viṣāda*' in physically ill.
- To establish the role of *Viṣāda*' in the intensification of a disease.

The patients for the survey were selected from the OPD and IPD of the Hospital, NIA, Jaipur. A survey Performa was designed. The Performa was based on two scales along with general, personal and

medical history and *Daśvidha Parīkṣā*. For assessment of '*Viṣāda*' in the physically ill patients the 'Hospital Anxiety and Depression Scale (HADS)',<sup>[15]</sup> was used as after thoroughly reviewing the Ayurvedic and other textual evidences along with the modern medicine literature; the characteristics of '*Viṣāda*' were found to be similar with Depression. The second self rating scale named 'Illness Assessment Scale (IAS)' was designed by the researcher based on the factors affecting the disease and the self-experience of the patient about the course of his illness; as the patient can be the best judge of his/her own state<sup>[16]</sup>.

**The Hospital Anxiety and Depression Scale (HADS)** is two dimensional. It assesses both depression and anxiety in the medically ill. Each component of the questionnaire carries seven questions each. Patients were asked to choose one response from the four given responses. They were asked for an immediate response and were dissuaded from thinking too long about their answers. The questions related to anxiety were marked 'A' and to depression 'D'. The score for each response varies from 0 to 3. The total 'A's' and 'D's' then added to obtain the total scores. The norms below give the idea of the levels of Depression and Anxiety: 0-7 = Normal, 8-10 = Borderline Abnormal, 11-21 = Abnormal

**The Illness Assessment Scale** was again based on seven questions. Each question carried four responses ranging from 0 to 3. All the seven responses were added to calculate the final score. The final Score showed the feelings of the patient regarding his disease. The norms giving the assessment of the scores are as under:

0-7 = Relieved, 8-10 = Remained same or slightly intensified, 11-21= Intensified

#### **General Observations:**

1. **Demographic Profile** -After interviewing according to the Survey Proforma, the patients were assessed with the incidence of their age, sex, socioeconomic status, marital status, religion, habi-

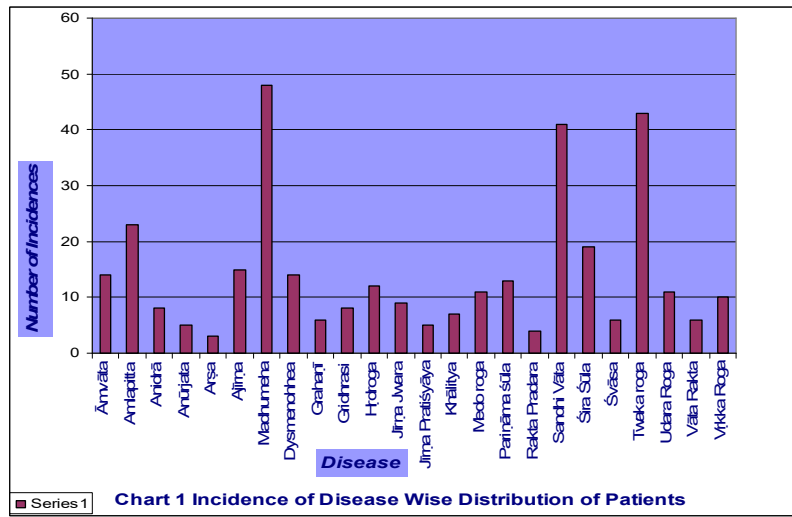
tat, dietary habit, nature of job and other relevant information.

2. The *Daśavidha Parīṣksā* was performed.
3. The HADS and IAS were filled by the patients.

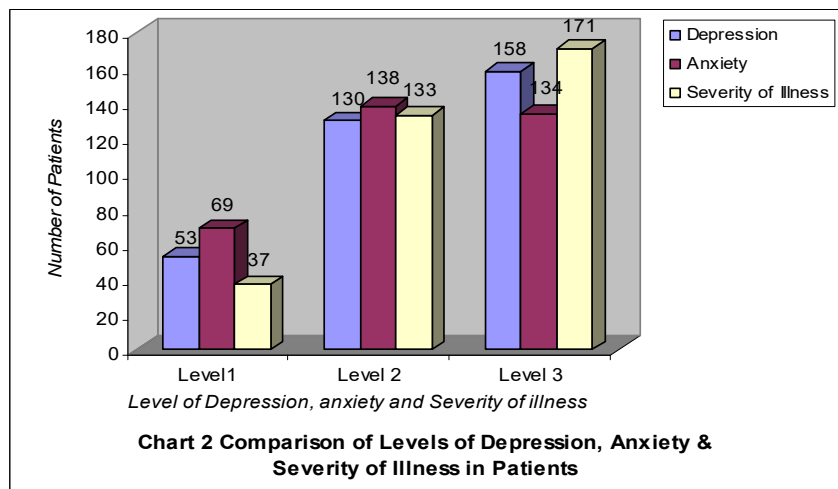
### OBSERVATIONS AND RESULTS

The Performa was applied on a total number of 341 patients from the OPD and IPD of Hospital, NIA, Jaipur. The Performa was keenly filled by the researcher and the patient. The Brief observations of the survey are as under:

- It was observed that nearly 54% individuals of the survey population under study were male and rests were female.
- Around 48% individuals belonged to the 21-40 yrs age group and second highest percentage was of the 41-60 yrs age group. 7% of the patients were below 20yrs and 12% were above 60 yrs.
- 85% of the patients belonged to Hindu religion. Rest of the patients belonged to Muslim religion. One patient was of Sikh and one was of Christian religion.
- 70% of the patients were from urban area and 30% from rural area.
- 54% of the patients were from middle class, 35% from the lower, 9% from the lower middle and 2% from middle upper class and one patient from the upper class.
- 26% had educational qualification up to middle standard followed by Primary group having 20% share, and 13% of the patients were senior secondary level educated while 9% were of higher education group.
- 26% of the patients were house-wives, 19% were from private sector, 16% from Govt. Sector, 13% were students, 12% were unemployed, and 10% from labour class and 4% were retired.
- It was observed that maximum patients were vegetarian and only 19% were having mixed food habits.
- Majority of patients (79%) were free from any kind of addiction. 10% were addicted with Smoking followed by alcohol (7%).
- 46% of the patients were of *Vata-Kaphaja Prakṛti* followed by 31% of *Vata-Pittaja Prakṛti* and rests were of *Pitta-Kaphaja Prakṛti*.
- 58% of the patients were of *Tāmasika Mānasika Prakṛti* and rest were *Rājasika Mānasika Prakṛti*.
- 36% of the patients were *Meda Sāra*, 25% were *Asthi Sāra*, 22% were *Māṃsa Sāra* and rests were *Twaka Sāra*.
- *Samhanana* of 39% patients was *Avara*, 37% patients were of *Madhyama Samhanana* and rests were of *Pravara Samhanana*.
- 53% of the patients were of *Avara Sātmya* followed by 27% of *Madhyama Sātmya* and 20% of *Pravara Sātmya*.
- It was observed that no patient was of *Pravra Sattva*. 78% of the patients were of *Avara Sattva* while 22% were of *Madhyama Sattva*.
- It was observed that majority (82%) of the patients enjoyed normal sleep while 8% complained of decreased sleep while 10% complained of increased sleep.
- 64% of the patients agreed of facing some sort of family disturbance.
- 75% of the patients under study were married while 20% were unmarried and 5% were widow/widower. 37% of the patients had disharmonious but adjustable marital relationship while 20% felt that their marital relationships were stressful.
- It was observed that 22% of the patients were not satisfied with their occupation while rest seemed to be satisfied.
- The Survey sample included a number of diseases. But more frequent diseases were *Madhumeha*, *Sandhi Vāta*, *Twaka Rogas* etc. The respective percentage of the incidences of the diseases is shown in the Chart 1.

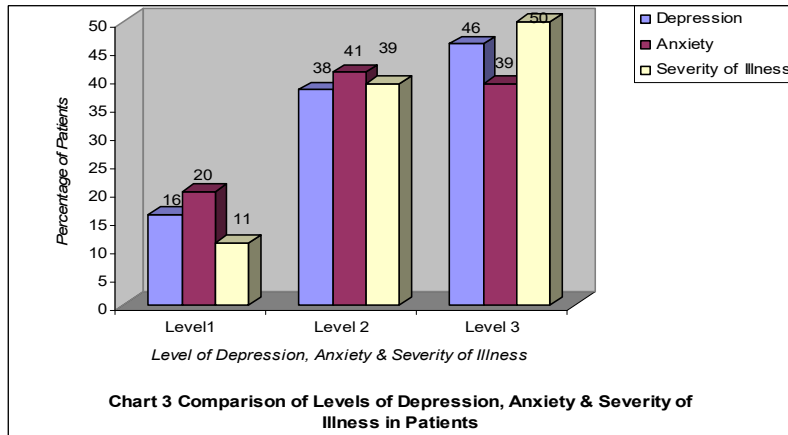


- It was observed that the incidences with Chronicity of less than 2 yrs, between 2-4 yrs and between 4-6 yrs were almost equal. However 7% of the patients were found to be suffering from more than 6 yrs.
- It was observed that 46% of the patients under study were having Depression Score in Abnormal Range while 38% were Borderline Abnormal; only 16% were free from Depression.
- It was observed that 41% Patients were Borderline Abnormal followed by 39% having High Anxiety scores. 20% were free from Anxiety.
- It was observed that 50% of the patients were of the view that their disease has intensified while 39% stated that their condition was somewhat constant or slightly intensified. 11% were of the opinion that they had some relief.
- It was observed that out of 341 patients, 158 had abnormal levels of Depression, 134 had abnormal levels of anxiety and 171 patients felt that their disease had intensified.



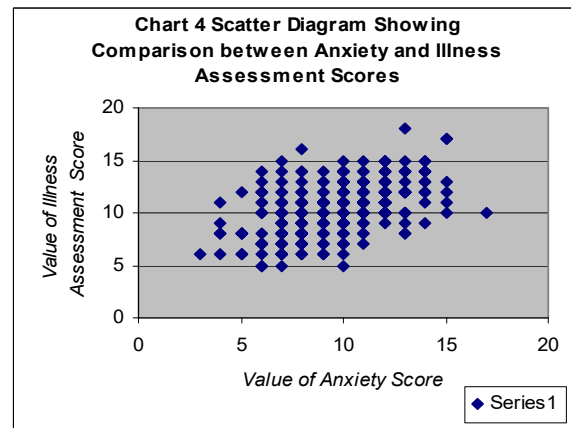
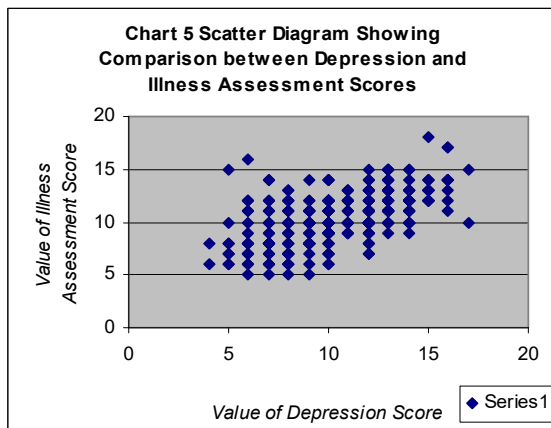
- It was observed that half of the patients felt that their disease had intensified, 39 % felt that it was constantly in same stage of mildly intensified and only 11% had been somewhat relieved. 46%

of the patients had abnormal levels of depression while 38% were at borderline. 39% had abnormal anxiety levels and 41% were at borderline.



- Correlation between Depression & Severity of illness:** The value of correlation co-efficient between the depression scores of the patients and IAS scores was 0.58. For df (Degree of freedom n-2) = 339; The highest value of 'r' observed by chance is 0.321 corresponding to the probability of 0.001. Observed value of 'r' is 0.58 which is greater than the table value of 'r' (0.321). Hence, the value of 'r' is highly significant. Hence it is proved that Depression or 'Viṣāda' is partially positively correlated with the severity of illness.

- Correlation between Anxiety & Severity of illness: For df (Degree of freedom n-2) = 339; The highest value of 'r' observed by chance is 0.321 corresponding to the probability of 0.001. Observed value of 'r' is 0.48 which is greater than the table value of 'r' (0.321). Hence, the value of 'r' is highly significant. Hence it is proved that Anxiety is partially positively correlated with the severity of illness.





## DISCUSSION

Statistically significant correlation between Depression & severity of Illness and Anxiety & Severity of Illness was observed. It means that Depression and Anxiety both are partially positively correlated with each other. It denotes that if depression increases the Severity of the disease also increases. Same is true for anxiety. Although a positive correlation coefficient does not exclude the involvement of other factors too. Since the diseased person is already taking treatment for the respective physical ailment so a further drug therapy or any sort of *Yuktivyapśrya Cikitsā* to eradicate *Viṣāda* is not advisable as the patient may be reluctant.

*Sattvāvajaya* and *Adravyabhūta Cikitsā* can help the physician to deal with the *Viṣāda* of the patient. *Sattvāvajaya Cikitsā* is primarily based on to lift up the *Sattva* of the diseased patient. It will reduce the vitiated *Mānasa doṣas* by raising the *Sattva Guṇa* of the patient and this added with the *Yuktivyapśrya Cikitsā* for the particular physical disease will help the patient to recover early. *Adravyabhūta Cikitsā* has indirect action on disease. Its components are *Bhayadarśana*, *Vismāpana*, *Vismāraṇa*, *Kṣobhaṇa*, *Harṣaṇa*, *Bhartsanā*, *Vadha-Bandhana*, *Svapana*, *Samvāhana*. All the techniques included under *Daivayapāśrya Cikitsā* can also be included in *Adravyabhūta Cikitsā*. After keenly analysing the methods of *Adravyabhūta Cikitsā* it seems that all these methods are somewhat closer to the methods of *Sattvāvajaya Cikitsā* and are more helpful in treating psychiatric disorders or psychosomatic ailments. All these methods have been widely used in *Āyurvedic* classics for treating various diseases arising by some psychological involvement.

## CONCLUSION

The study was based on the survey part of '*Viṣāda*' involved in the physically ill. Though the subject is quite difficult yet it is of great relevance and importance to the medical field. '*Viṣāda*' can be understood in different ways by different angles This is

just a small effort to re-define the treatment approach that should be adapted by every physician anywhere in this world. The researcher has proved the '*Sarva Roga Nāidānika*' aspect of '*Viṣāda*'. Based on the findings of the survey study, it is advised that every physician should accept the gravity of the role of '*Viṣāda*'.

In routine practice, it is felt that *Āyurvedic* medicine specially '*Rasa Auśadhis*' are very costly and are not that much popular in masses as treatment of choice. This is also observed that *Āyurvedic* medicines many a times do not give the desired results. The researcher feels that the most probable cause behind it is the ignorance of '*Viṣāda*' of the patients by the physicians treating them. The physicians keep on ignoring '*Viṣāda*' and are more inclined towards the treatment of the physical illnesses and focus on the common available treatment in practice and fail to achieve the desired results. This very fact is hampering the growth, acceptance and propagation of '*Āyurvedic Cikitsā Padhati*' in masses. If every physician starts treating the '*Viṣāda*' of his patients by simple and cost effective methods of *Sattvāvajaya* & *Adravyabhūta Cikitsā* than he will surely achieve far better and faster results and this will also create better future prospects of '*Āyurvedic Cikitsā Padhati*' at national as well as international platform by reducing the costs of the treatment and benefiting the patients with early and easy recovery from their illnesses.

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