

VISHADA: AN AYURVEDIC PERSPECTIVE ON PSYCHOLOGICAL INHIBITION

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ABSTRACT

Vishada is an Ayurvedic concept describing a state of mental disturbance in which emotional strength, confidence, initiative, and engagement with daily life becomes diminished. It extends beyond temporary sadness and involves changes in mental, behavioural and physical functioning. The present discussion explores the classical understanding of Vishada with emphasis on its etiopathogenesis and therapeutic perspective. Psychological experiences such as Ishta Viyoga and prolonged stress may disturb the equilibrium of Satwa and Tamas, with subsequent involvement of Manas, Vatadi doshas and Manovaha Srotas. Its manifestations, including Kaya-Vak-Manas Sada, Apravritti, Karyeshu Asiddhi Bhaya and impairment of Dhi, Dhriti, and Smriti demonstrate the wide-ranging influence of Vishada on activity, motivation, cognition,

communication and social interaction. The Ayurvedic approach further emphasizes restoration of mental well-being through different lines of treatment. Understanding Vishada through this holistic framework highlights the close relationship between emotional experience and overall functioning and provides a foundation for its deeper exploration in contemporary mental-health research.

KEYWORDS: Vishada, Manas, Satwa, Tamas, Manovaha Srotas.

INTRODUCTION

In Sushruta Samhita, Hridaya is considered the main seat of Mana, acting not merely as the physical heart but as the center of consciousness, emotions, intellect and psychological

activities.^[1] According to Bhela Samhita, Manas is situated between the Shiras and Talu, considered superior among all the Indriyas and remaining in its own seat, it perceives and understands sense objects upon contact.^[2] Manas represents consciousness, life, and the doer itself with core psychological experiences such as Jnana, Sukha, and Dukha seated directly within Hridaya.^[3,4] The characteristic feature of Mana is explained as Jnanasya Bhava and Jnanasya Abhava; when Atma, Indriya, Mana, and Indriyarthas come together properly, Jnana is produced (Bhava), whereas if Manas is distracted, withdrawn, or disturbed, perception does not occur even when senses are exposed to the object (Abhava).^[5]

Pathologically, The direct relation between all the provided concepts and Vishada lies in its underlying Samprapti (pathogenesis). When Vata Dosha becomes pathologically aggravated, it specifically manifests as this Nanatmaja Vikara by afflicting Hridaya (the seat of Mana, Chetana, and Ojas) and causing obstruction in the Manovaha Srotas.^[6] This vitiated vata disrupts Prana Vata (which regulates perception, memory, and Manonigraha) and Udana Vata (which governs Vak Pravritti, Utsaha, Prayatna, Urja, Dhairya, Bala, and Atmawishwasa). Concurrently, it impairs Sadhaka Pitta (seated in Hridaya for emotional processing and Abhimana) and Tarpaka Kapha (which provides stability to mental faculties).^[7] As a result, the primary Mana Karma of Indriyabhigraha, Svasyanigraha, Uha, and Vichara are compromised, leading to Vibhrama (such as Buddhi, Smriti, and Cheshta Vibhrama).^[8] This cascade depletes Ojas, precipitating the characteristic clinical presentation of Vishada marked by Bhaya, Daurbalya, Atichintana, Indriya-vyapada, Karshya, and Manodaurbalya, especially in individuals possessing Avara Satva.

LITERATURE REVIEW

NIRUKTI

□ □ + षट् + □ □ ⇨ Vishada

where “Vi” indicates intensity while “Sad” denotes decline or loss of courage.

An intense state of sorrow or loss of courage.^[9]

Definition

VakKaya Chitta Avasadah Vishadah.

Vishada is a state known as “Avasada”, meaning fatigue of speech, body and mind.

This definition reflects feelings of unwillingness to respond and a slowdown in physical and mental activities.^[10]

Nidana

The general causes of Manas Roga are considered for understanding Vishada. These mainly include:

1. Asatmyendriyarthasamyoga
2. Prajnaparadha
3. Parinama

These factors may occur through overuse, misuse or lack of proper use of the senses, mind, speech and body. For example, excessive exposure to unpleasant or disturbing sights, suppression of natural urges, uncontrolled emotions like fear, grief, greed, jealousy and ego can disturb mental balance and lead to Vishada.^[11]

Rupa

In Ayurvedic classics, some symptoms are present. In Sushruta samhita has mentioned the term Vishada, on that Dalhana commentary as

1. Asiddhi

Asiddhi is not merely external failure. It is an internal perception of helplessness and incapability, which continuously affects the mind and body.

It leads to: Chinta, Bhaya, Shoka, Dainya, Nirutsaha and Atmavishwasani.

2. Bhaya

Bhaya in Vishada acts both as a Nidana and as a Lakshana.

Persistent fear disturbs the equilibrium of mind, weakens mental stability, and gradually leads to emotional exhaustion and depressive features.

Bhaya is mainly associated with aggravation of:

Rajo guna → causes restlessness, anxiety, instability.

Tamo guna → causes helplessness, withdrawal, hopelessness.

3. Saada

Sada in Vishada is not merely physical tiredness. It includes:

Emotional exhaustion, Mental heaviness, Lack of motivation, Reduced interest in activities, feeling drained even without any excessive physical work.

4. Apravritti

Person avoids work, social interaction, responsibilities, and pleasurable activities.^[12]

Sapeksha Nidana

Vishada is described as a disease condition in Ayurveda. Therefore, disorders showing similar signs and symptoms can be considered under the Sapeksha Nidana of Vishada.

These include

- Kaphaja unmada^[13]
- Smaro unmada^[14]
- Manodukhaja unmada^[15]

Krucha sadhyata of manasika vyadhi

Arjuna explains that Mana is inherently Chala, Pramathi, Balavat and Durnigraha, controlling it becomes extremely difficult just like restraining Vayu. This reflects the uncontrolled and unstable nature of Mana seen in Manasika Vikaras, so it becomes difficult to treat.^[16]

Chikitsa

Although Vishada is not elaborately described as an independent disease entity in the Ayurvedic classics, its symptomatology and pathogenesis can be understood through the concepts of Manas Roga and Tridosha involvement. Therefore, the therapeutic principles described for Manas Rogas provide a comprehensive framework for the effective management of Vishada.

Vishada is described as a Vataja Nanatmaja Vikara in Charaka Samhita. Since Vata plays a predominant role in its pathogenesis, the principles of Vatasya Upakrama can be effectively employed in its management. Therapies such as Snehana, Svedana, Shodhana, Basti, Snehana and Brihmana measures promoting mental stability help alleviate aggravated Vata and restore psychological well-being.^[17]

Vishada is described as a Manasika Vikara predominantly involving dominance of Tamas with vitiation of Rajas and Vata Dosha. Since Unmada and Vishada both originate from derangement of Manas, Buddhi, Smriti, Sheela and Aachara, the Chikitsa Siddhanta explained for Unmada can be adopted in the management of Vishada.

According to Charaka Samhita, four drugs are specifically classified as Medhya

1. Mandukaparni
2. Yastimadhu
3. Guduchi
4. Shankapushpi.^[18]

Harshana Chikitsa is a psychological approach that can be used in the management of Vishada to create happiness, reassurance, and mental comfort in the patient.

Measures of Harshana Chikitsa

- Consoling the patient with pleasant and encouraging words
- Creating a calm and positive environment
- Engaging the patient in enjoyable and pleasing activities
- Giving hope, reassurance, and motivation
- Diverting the mind from grief and negative thoughts
- Encouraging social interaction and companionship
- Reintroducing things or activities loved by the patient.^[19]

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The Bhagavad Gita explains that although the mind is inherently restless and difficult to control, it can be regulated through Abhyasa and Vairagya.^[20]

In Ayurveda, uncontrolled Arisadvargas disturb the equilibrium of Mana by increasing Rajas and Tamas, thereby leading to mental disorders such as Vishada among many others.

Opposite Positive Qualities should be advocated in chikitsa

Kama → Santoṣha

Krodha → Kṣama

Lobha → Dana

Moha → Viveka

Mada → Vinaya

Matsarya → Maitri

Thus, avoiding Arishadvarga plays an important role in the prevention and management of Viṣhada by promoting Sattva Bala and mental wellbeing.^[21]

Classification of Ahara based on triguna and its application in Chikitsa**1. Sattvika Ahara**

These foods are: Rasya, Snigdha, Sthira, Hrdya.

2. Rajasika Ahara

Foods that are: Katu, Amla, Lavana, Ati-ushna, Tiksha, Ruksha and Vidahi (causing burning).

3. Tamasika Ahara

Foods that are: Yata-yama, Gata-rasa, Puti, Paryushita, Ucchista (leftover) and Amedhya (impure).^[22]

DISCUSSION

The present discussion highlights a meaningful conceptual correlation between Vishada described in Ayurveda and depressive disorders described in modern psychiatry. Both describe a state in which emotional well-being, motivation, cognitive functioning, and overall daily functioning become progressively impaired. In Ayurveda, Vishada is associated with impairment of Satva, representing mental clarity, strength, confidence and purposeful action, along with the increased influence of Tamas, associated with heaviness, inactivity and mental dullness. These features can be broadly correlated with the reduced motivation, low energy, impaired concentration, and functional decline observed in depressive disorders.

The classical features of Vishada further demonstrate this correlation. Kaya-Vak-Manas Sado, referring to reduced functioning of the body, speech, and mind, resembles the

psychomotor slowing and mental fatigue commonly observed in depression. Apravritti, or difficulty in initiating activities, corresponds to reduced motivation and loss of initiative, while Karesu Asiddhi Bhava, the fear of failure in one's activities, may contribute to avoidance and reduced confidence. Disturbance of Dhi, Dhriti, and Smriti, representing understanding, mental control, and memory, also finds a parallel in the cognitive difficulties of depression, including impaired concentration, memory, decision-making, and emotional regulation.

From an etiopathophysiological perspective, Vishada may develop in response to psychological factors such as Ishta Viyoga and prolonged emotional stress, which disturb mental equilibrium and subsequently influence bodily functions. The involvement of Prana Vata, Sadhaka Pitta, and Tarpaka Kapha, along with disturbances of Manovaha Srotas, provides an Ayurvedic framework for understanding the interaction between psychological disturbances and physical functioning. Similarly, modern psychiatry recognizes the effects of prolonged stress on brain–body interactions through neuroendocrine, inflammatory, and neurotransmitter-related mechanisms, potentially affecting mood regulation and neuronal adaptation.

While Vishada and depressive disorders show conceptual similarities, Ayurveda and modern psychiatry differ in their therapeutic approaches. Modern psychiatric treatment is important for the management of acute symptoms, particularly in moderate-to-severe depression, but long-term pharmacotherapy may be associated with adverse effects such as weight gain and metabolic concerns. The recurrent nature of depression also emphasizes the need for effective long-term management.

In this context, Ayurveda offers a broader psychosomatic and holistic approach to Vishada, aiming to promote mental well-being and overall quality of life. Ayurvedic interventions may show favourable long-term outcomes, particularly in newly diagnosed and mild-to-moderate depressive conditions; however, further large-scale comparative clinical studies are required to establish their effectiveness and role in relapse prevention. Thus, the correlation between Vishada and depression provides a complementary framework for understanding the psychosomatic, cognitive, and behavioral dimensions of depressive illness.

CONCLUSION

Vishada can be understood as a multidimensional disturbance of the mind–body continuum, extending beyond sadness to influence emotional balance, cognition, motivation, behaviour, and physical functioning. Its classical features, including Satwa–Tamas imbalance, Kaya-Vak-Manas Sado, Apravritti, Karyesu Asiddhi Bhaya, and impairment of Dhi-Dhriti-Smriti provide a distinctive Ayurvedic lens for understanding the gradual loss of mental clarity, inner drive, confidence and functional engagement. Rather than establishing direct equivalence with modern psychiatric diagnoses, these features offer meaningful conceptual similarities and a complementary framework for understanding psychological distress. The holistic perspective of Vishada emphasizes the interconnectedness of Manas, behaviour and bodily functioning, creating scope for a broader approach to mental well-being. Thus, Vishada serves as a conceptual bridge between classical Ayurvedic understanding and contemporary mental-health perspectives, encouraging further clinical and interdisciplinary exploration of its therapeutic potential.

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