

## ROLE OF *MANOVAHA SROTAS* IN MENTAL HEALTH AND PSYCHOSOMATIC DISORDERS: CLASSICAL INSIGHTS AND CONTEMPORARY RELEVANCE

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### ABSTRACT

*Manovaha Srotas*, the channel system of Ayurveda dedicated to the transmission and nourishment of *Manas* (mind), occupies a central place in the classical understanding of psychological and psychosomatic disease. Originating from *Hridaya* and coursing through the *Dasha Dhamani*, this srotas integrates emotional, cognitive and sensory function, and its vitiation (*Srotodushti*) is implicated in *Manas Roga* such as *Unmada* and *Apasmara*, as well as in a wide spectrum of disorders described as *Sharira-Mano-Adhishthana Vyadhi*. This perspective revisits the classical descriptions of *Manovaha Srotas* found in the *Charaka Samhita*, *Sushruta Samhita* and *Ashtanga Hridaya*, examining its structural correlates, the *Triguna* (*Sattva*, *Rajas*, *Tamas*) framework of mental constitution, and the threefold aetiology comprising *Asatmendriyartha*, *Samyoga*, *Prajnaparadha* and *Parinama*. These classical formulations are

juxtaposed against emerging biomedical evidence, including the gut-brain (vagal) axis, psychoneuroimmunology and validated psychometric instruments built on the *Triguna* construct, to highlight areas of conceptual convergence. Given the substantial and rising global burden of mental and psychosomatic illness, this article argues that *Manovaha Srotas* offers a clinically meaningful, integrative framework capable of informing both the assessment of *Manasika Prakriti* and management through *Sattvavajaya Chikitsa*, *Achara*

*Rasayana* and *Yoga*. Aligning classical Ayurvedic physiology with contemporary neuroscience may enrich holistic, patient-centred approaches to mental healthcare.

**KEYWORDS:** *Manovaha Srotas*, *Manas Roga*, Psychosomatic Disorders, *Triguna*, *Sattvavajaya Chikitsa*, Mental Health.

## 1. INTRODUCTION

Ayurveda has, since antiquity, treated the body (*Sharira*) and mind (*Manas*) as functionally inseparable, communicating through dedicated channel systems termed *Srotas*.<sup>[1]</sup> Among these, *Manovaha Srotas* is uniquely concerned with the transmission, nourishment and regulation of *Manas*, and its disturbance is held responsible for a broad range of psychological and psychosomatic conditions.<sup>[1]</sup>

Contemporary epidemiology underscores the urgency of this classical concern. The National Mental Health Survey of India revealed a considerable prevalence of mental morbidity in the adult population, alongside a substantial gap between need and treatment access.<sup>[2]</sup> Globally, the Global Burden of Disease Study 2019 documented that mental disorders remain among the leading causes of non-fatal health loss, with depressive and anxiety disorders contributing disproportionately to this burden.<sup>[3]</sup>

Despite this burden, contemporary psychiatric practice often considers the neurochemical and behavioural dimensions of mental illness somewhat separately from somatic medicine, whereas the *Manovaha Srotas* framework has, for over two millennia, offered an integrated physiological account linking mind and body through a common channel system.<sup>[1]</sup> This perspective article examines the classical conceptual architecture of *Manovaha Srotas*, its role in the pathogenesis of *Manas Roga* and psychosomatic illness, and the extent to which contemporary neuroscience and psychometric research lend it renewed relevance.

## 2. MATERIALS AND METHODS

This perspective is based on a narrative review of classical Ayurvedic texts, namely the *Charaka Samhita*, *Sushruta Samhita* and *Ashtanga Hridaya*, together with their standard commentaries, supplemented by a non-systematic search of PubMed, Scopus and Google Scholar using the terms *Manovaha Srotas*, *Manas Roga*, psychosomatic disorders, *Triguna* and gut-brain axis. English-language sources of direct conceptual or clinical relevance were selected and thematically synthesised in the Results section below. As this is a narrative

perspective rather than a systematic review, no formal protocol, risk-of-bias assessment or PRISMA methodology was applied.

### 3. RESULTS

#### 3.1 Conceptual Framework of *Manovaha Srotas* in Classical Ayurveda

Ayurveda conceives the body as traversed by innumerable *Srotas*, channels through which *Dosha*, *Dhatu* and *Mala* are transported to their respective destinations; these channels are classified according to form as *Vritta* (round), *Dirgha* (elongated), *Sthula* (gross) and *Anu* (minute).<sup>[1]</sup> *Manas*, in this framework, is considered *Nitya* (eternal) yet *Anu* (atomic) in dimension, and is classified as *Ubhayendriya* because it participates in both the cognitive and conative functions of perception and action.<sup>[1]</sup> Because *Manas* operates trans-sensorially, contacting the sense organs at multiple sites rather than through a single discrete structure, classical authorities describe its conducting channel, *Manovaha Srotas*, as pervading the entire body rather than being confined to one anatomical location.<sup>[1]</sup>

The *Mula Sthana*, or site of origin, of *Manovaha Srotas* is identified as *Hridaya*, from which it extends through the *Dasha Dhamani*, ten major vessels said to emerge from the heart.<sup>[1]</sup> *Acharya Charaka* employs the term *Manovaha Srotas* specifically in the context of *Indriya Sthana* and *Chikitsa Sthana*, particularly while describing *Unmada Chikitsa*, where causative mental trauma (*Mano Abhighataka*) is said to vitiate the *Vata*-predominant *Dosha* in individuals with a diminished proportion of *Sattva*, thereby afflicting both *Hridaya* and the seat of intellect.<sup>[1]</sup> The *Charaka Samhita* further elaborates the physiology of *Manas* in its *Sharira Sthana* and its philosophical foundations in *Sutra Sthana*, drawing on the *Sankhya* and *Vaisheshika* schools of Indian philosophy to characterise *Manas* as the instrument linking *Atma* (soul) to the sensory and motor faculties.<sup>[4]</sup>

Central to this conceptual architecture is the doctrine of *Triguna*, comprising *Sattva*, *Rajas* and *Tamas*, which together with the *Tridosha* (*Vata*, *Pitta*, *Kapha*) of the body determine an individual's overall constitution. *Sattva* is associated with clarity, balance and wholesome cognition; *Rajas* with activity, restlessness and desire; and *Tamas* with inertia, dullness and ignorance.<sup>[1]</sup> Whereas *Vata*, *Pitta* and *Kapha* are designated *Sharirika Dosha*, *Rajas* and *Tamas* are designated *Manasika Dosha*, and it is their relative preponderance, rather than that of *Sattva*, which is not regarded as pathogenic, that determines susceptibility to disorders of *Manovaha Srotas*.<sup>[1]</sup> Parallel descriptions appear in the *Sushruta Samhita*, which similarly identifies both *Sharira* and *Manas* as *Rogadhishthana*, or seats of disease, requiring

purificatory and palliative therapy directed at both domains, and in the *Ashtanga Hridaya*, which integrates the physiology of mind within its broader account of *Srotas* and *Dasha Dhamani*.<sup>[5,6]</sup>

Both the *Tridosha* of the body and the *Triguna* of the mind are ultimately understood to derive from the *Panchamahabhuta*, the five elemental constituents regarded by Ayurveda as the basic substratum of the material universe.<sup>[1]</sup> This shared elemental origin allows *Sharirika* and *Manasika Dosha* to interact readily within a single physiological economy. *Sattva*-dominant individuals are classically described as even-tempered and discerning; *Rajas*-dominant individuals as ambitious and prone to irritability; and *Tamas*-dominant individuals as inert and susceptible to confusion,<sup>[1]</sup> descriptions intended to guide both the prevention of *Manovaha Srotodushti* and the individualisation of therapy according to constitutional tendency.

### 3.2 *Manovaha Srotodushti* and the Pathogenesis of *Manas Roga*

Ayurveda attributes the vitiation of *Manovaha Srotas* to three principal aetiological categories, collectively responsible for the genesis of both somatic and psychic disease: *Asatmendriyartha Samyoga*, the improper, excessive, deficient or perverse contact of the sense organs with their objects; *Prajnaparadha*, an offence against wisdom denoting volitional transgression arising from impaired intellect (*Dhi*), retention (*Dhriti*) or memory (*Smriti*); and *Parinama*, the inexorable effect of time on bodily and mental constitution.<sup>[1,7]</sup> Vitiation through these pathways disturbs the equilibrium of *Rajas* and *Tamas*, the two *Manasika Dosha*, and the resulting *Manovaha Srotodushti* manifests along a spectrum, from subtle behavioural change to overt derangement of cognition, conduct and self-awareness.<sup>[7,8]</sup>

*Unmada*, broadly translated as insanity or psychosis, exemplifies the clinical consequence of *Manovaha Srotodushti*. The *Charaka Samhita* describes five varieties of *Unmada* arising when aggravated *Dosha* obstruct *Hridaya* and *Manovaha Srotas*, producing characteristic perversion of mind, intellect, consciousness, memory, conduct and behaviour.<sup>[1]</sup> *Apasmara*, or epilepsy, is similarly framed as a departure of memory and consciousness consequent upon derangement of intellect, frequently triggered by extreme emotional states such as fear, grief or anger acting upon a mind already burdened by *Rajas* and *Tamas*.<sup>[1]</sup> Beyond these classical *Mahagada* (major disorders), Ayurvedic nosology recognises a graded continuum of milder *Manovikara*, including conditions arising from the dominance of a single bodily *Dosha*, illustrating that disturbances of *Manovaha Srotas* need not always present as florid

psychiatric illness but may manifest as subtler dysregulation of mood, attention or behaviour.<sup>[8]</sup>

Importantly, classical authorities classify *Manas Roga* according to the relative contribution of somatic and psychic factors, distinguishing disorders of predominantly psychic origin from those of psychosomatic origin and from somatic disorders with secondary psychic involvement.<sup>[7,8]</sup> This tripartite classification anticipates, in conceptual terms, the contemporary recognition that psychiatric and medical illness frequently co-occur and interact bidirectionally, an insight that underlies much of the discussion that follows.

Ayurvedic nosology also correlates the dominant vitiated *Dosha* with broad clinical presentation. *Vata*-predominant vitiation tends to manifest as restlessness and fear; *Pitta*-predominant vitiation as irritability and excessive ambition; and *Kapha*-predominant vitiation as lethargy and resistance to change.<sup>[8]</sup> Although these correlations cannot be mapped directly onto modern diagnostic nosology, they illustrate that classical Ayurveda attempted, within its own vocabulary, a form of clinical sub-typing that anticipates the heterogeneity recognised within contemporary psychiatric classification.

### 3.3 Psychosomatic Interlinkage: The *Sharira-Manas* Relationship

The Ayurvedic definition of positive health, *Swasthya*, requires harmonious equilibrium not merely of *Dosha*, *Dhatu*, *Mala* and *Agni* at the somatic level, but of *Atma*, *Indriya* and *Manas* together; an individual is considered truly healthy only when body, senses, mind and soul function in concordance.<sup>[1]</sup> This integrated definition underlies Ayurveda's longstanding recognition that *Sharirika* (somatic) and *Manasika* (psychic) disease are mutually convertible: a disturbance originating in the body can precipitate psychic disturbance, and, conversely, psychic disturbance can manifest as somatic illness.<sup>[1,8]</sup> Such bidirectionally caused conditions are termed *Adhija Vyadhi*, or psychosomatic disorders, in which *Manovaha Srotodushti* contributes to, or is contributed to by, derangement of somatic *Srotas*.<sup>[7,9]</sup>

*Acharya Charaka* attributes disease affecting both mind and body to a common threefold mechanism of wrong utilisation, non-utilisation and excessive utilisation of time, mental faculties and the objects of the sense organs, indicating a unified causal architecture rather than separate pathways for somatic and psychic pathology.<sup>[1]</sup> Sustained emotional disturbance, whether arising from grief, fear, anger or unfulfilled desire, is thus capable of producing demonstrable somatic consequence, just as chronic somatic illness can erode

*Sattva* and predispose to *Manas Roga*.<sup>[9]</sup> This reciprocal causation positions *Manovaha Srotas* not as an isolated psychiatric construct but as an integrative physiological axis linking emotional regulation to systemic health, a conceptualisation with evident resonance to the biopsychosocial models increasingly favoured in contemporary psychosomatic medicine.

### 3.4 Contemporary Relevance: Bridging Classical Insight and Modern Neuroscience

Several features of the classical *Manovaha Srotas* model find notable resonance in contemporary biomedical research. The description of *Hridaya* as *Mula Sthana*, connected to the periphery through the *Dasha Dhamani*, has prompted scholarly proposals that this anatomical schema may correspond, at a functional level, to integrated cardiovascular-neural signalling, given the marked similarity between the described functions of *Manas* and those attributed to the brain in contemporary neuroscience.<sup>[1]</sup> While such correlations remain interpretive rather than literal anatomical equivalences, they illustrate the explanatory ambition of the classical model and its amenability to reinterpretation within a modern physiological vocabulary.

Perhaps the clearest contemporary parallel lies in the gut-brain axis. Ayurveda explicitly describes *Manovaha Srotas* as closely connected with *Rasavaha Srotas*, the channel responsible for the transport of nutrient plasma derived from digested food, implying an early recognition of a digestive-mental linkage.<sup>[8]</sup> Modern psychoneuroimmunology has substantiated an analogous bidirectional pathway through the vagus nerve, which conveys information from the gastrointestinal tract and its resident microbiota to brain regions governing mood and anxiety, and which is increasingly investigated as a therapeutic target in depression and stress-related disorders.<sup>[10]</sup> The conceptual convergence between *Rasavaha-Manovaha Srotas* interconnection and the vagally mediated gut-brain axis suggests that classical Ayurvedic physiology, though articulated in a markedly different vocabulary, may be tracking biologically real phenomena.

The *Triguna* construct has likewise attracted empirical scrutiny within psychology. Validated psychometric instruments, including the Mysore *Triguna* Scale, have demonstrated that *Sattva*, *Rajas* and *Tamas* can be operationalised as measurable personality dimensions with acceptable reliability, lending construct validity to Ayurveda's longstanding framework for assessing *Manasika Prakriti*.<sup>[11]</sup> Such tools open the possibility of incorporating classical constitutional assessment into contemporary research on personality, stress vulnerability and treatment response.

Finally, the scale of contemporary mental health need lends practical urgency to this convergence. Survey data from India indicate a considerable burden of mental morbidity alongside a substantial gap between need and treatment access,<sup>[2]</sup> while global estimates confirm that mental disorders remain a leading contributor to non-fatal disease burden, with depressive and anxiety disorders disproportionately represented.<sup>[3]</sup> Within this landscape, an integrative framework capable of addressing both somatic and psychic dimensions of illness, as *Manovaha Srotas* purports to do, merits renewed clinical and academic attention.

These parallels should, however, be drawn with appropriate caution, as the correlations proposed between *Manovaha Srotas* and structures such as the vagus nerve or central nervous system remain interpretive rather than demonstrations of anatomical identity.<sup>[1,10]</sup>

### 3.5 Therapeutic Implications: Integrating Ayurveda in Mental Healthcare

Classical Ayurveda outlines a multi-pronged therapeutic approach to disorders of *Manovaha Srotas*, broadly comprising *Daivavyapashraya Chikitsa* (spiritual or faith-based therapy), *Sattvavajaya Chikitsa* (psychological restraint and counselling-based therapy aimed at withdrawing the mind from harmful objects), and *Yuktivyapashraya Chikitsa* (rational therapy employing diet, medication and physical measures).<sup>[9]</sup> Alongside these, preventive strategies such as *Sadvritta* (codes of right conduct), *Achara Rasayana* (conduct-based rejuvenation) and adherence to *Pathya Ahara-Vihara* (wholesome diet and lifestyle) are emphasised as means of preserving *Sattva* and forestalling *Manovaha Srotodushti* before overt disease develops.<sup>[8]</sup>

Contemporary clinical research offers encouraging, if still developing, support for therapeutic modalities aligned with this *Sattvavajaya*-oriented approach. Systematic reviews and meta-analyses of randomised controlled trials have reported small-to-moderate beneficial effects of yoga on anxiety symptoms relative to control conditions,<sup>[12]</sup> and have similarly demonstrated meaningful reductions in depressive symptom severity among patients with major depressive disorder following mindfulness-based yogic intervention.<sup>[13]</sup> These findings, while requiring further replication in larger and more diverse populations, suggest that practices long advocated within the Ayurvedic management of *Manas Roga* possess measurable biomedical efficacy and are not merely culturally specific rituals.

Translating these convergences into clinical practice will require sustained interdisciplinary effort. Standardised, validated instruments for assessing *Manasika Prakriti* and *Manovaha*

*Srotodushti*, integration of Ayurvedic constitutional assessment alongside conventional psychiatric diagnostic criteria, and well-designed comparative or adjunctive clinical trials would all strengthen the evidence base for an integrative model of mental healthcare grounded in the *Manovaha Srotas* framework.

#### 4. DISCUSSION

The classical description of *Manovaha Srotas* presents a physiological model in which mind and body are never treated as separate systems but as expressions of a single, elementally derived constitution.<sup>[1]</sup> This perspective has important implications for modern mental healthcare, where the continued division between psychiatric and somatic medicine is increasingly recognized as an obstacle to delivering holistic and integrated patient care.<sup>[9]</sup> The threefold aetiology of *Asatmendriyarthasamyoga*, *Prajnaparadha* and *Parinama* offers a framework that is notably behavioural and cognitive rather than purely biochemical, anticipating contemporary psychosocial models of mental illness causation even as it predates them by centuries.<sup>[1,7]</sup>

The points of convergence identified in this review, namely the *Rasavaha-Manovaha* interconnection and the vagally mediated gut-brain axis, the *Triguna* construct and its validated psychometric correlates, and the demonstrated efficacy of yoga-based intervention, are not proof that Ayurvedic physiology is mechanistically identical to modern neuroscience.<sup>[8,10,11,12,13]</sup> Rather than implying direct equivalence, these findings demonstrate that two separate explanatory paradigms have recognized the intrinsic connection between mood, cognition, and somatic functioning. This conceptual alignment reinforces the relevance of *Manovaha Srotas* as a scientifically approachable framework that warrants further investigation, beyond its traditional philosophical significance.

What remains absent, however, is a body of prospective clinical research that operationalises *Manovaha Srotodushti* as a measurable construct and tests Ayurvedic interventions against validated psychiatric outcome measures. Addressing this gap, through collaboration between Ayurvedic and biomedical researchers, represents the most direct route by which the classical insight reviewed here can be translated into demonstrable clinical benefit.<sup>[2,3]</sup>

#### 5. CONCLUSION

*Manovaha Srotas* represents one of Ayurveda's most enduring contributions to an integrated understanding of mental and psychosomatic illness, offering a physiological account that has,

for over two millennia, refused to separate the fate of mind from that of body. Its classical descriptions of origin, pathogenesis and therapeutic management anticipate, in striking conceptual terms, several themes now central to contemporary psychiatry and psychosomatic medicine, including the gut-brain axis, constitutional personality assessment and mind-body integrative therapy. Given the considerable and growing burden of mental and psychosomatic disorders documented in both Indian and global epidemiological data, there is a clear academic and clinical rationale for revisiting *Manovaha Srotas* not merely as a historical curiosity but as a framework warranting rigorous contemporary validation. Continued interdisciplinary research, combining classical textual scholarship with biomedical and psychometric methodology, may help translate this ancient construct into clinically actionable practice for modern mental healthcare.

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