

Ayurvedic Psychology and Psychiatric Approaches to the Treatment of Common Affective Disorders

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Although modern Ayurvedic physicians and practitioners seem quite adept at successfully treating affective disorders, the writings of the three major classicists, Sushruta, Charaka, and Vagbhata^{3,9,7} often emphasized consideration of more serious forms of mental imbalances and distress, *unmada* (or insanity). While these serious disorders were sometimes caused initially by doshic imbalances or external circumstances, just as are the less serious illnesses discussed in this article, they could also result from sinful acts, in this birth or another, or through possession by a negative entity. While some forms were recognized as incurable, other forms were considered treatable through various forms of *pancha karma* (cleansing practices), herbal medicines, mantra and ritual.

Charaka (9: 88-89) lists several causes for *unmada*, describing it as a vitiation of doshas which “manifest themselves quickly in the following circumstances”: when the individual is timid; when the mind is afflicted by *rajas* or *tamas* gunas; when the doshas in the body are aggravated and weakened; when the body as a whole is depleted or weakened from other diseases; when the diet is unwhole-

some; when the mind is afflicted over and over again by passion, anger, greed, excitement, fear, attachment, exertion, anxiety and grief; or when the individual is subjected to physical assaults. The *prana vayu* in the heart is afflicted first, he says, and from there the deranged doshas spread elsewhere in the body. This list is interesting in that varieties of these elements often surface in the histories of patients suffering from depression, anxiety, and various forms of post-traumatic stress disorder.

Ordinary and less severely imbalanced kinds of psychic pain (such as depression, which is curable through the same methods as *unmada*, and often traceable to similar causes), are addressed in Vedic and Yogic texts^{10,5} as often as they are in Ayurvedic ones.⁸ This is probably because, despite the multiple and varied proximate causes of emotional imbalances, all are viewed as stemming ultimately from our underlying experience of separation from Divine Consciousness, a predicament shared by all humans save those who have attained to the enlightened state. The Yoga Vasishtha,¹⁰ for example, begins with the story of Lord Rama’s depression as a young man, and

relates the story of how his depressed behavior became, in the hands of his wise and compassionate spiritual counselors, the ground for his recognition of his inner divine nature.

THE HUMAN PREDICAMENT

In Yoga philosophy, emotional pain and its varied expressions, such as anxiety or depression, stem from certain unconscious universal constructs existing in all un-liberated human minds. These constructs form a platform on which all other more individualized neuroses are woven and re-woven, life after life, through a complex association of desires, attachments, and experiences. This is perhaps most clearly delineated in the Yoga Sutras of Patanjali,^{4,5} in which experienced emotional pain is described as a universal condition of human individualized existence, while the source of it is a specific chain of five unconscious mental constructs called *kleshas*, or afflictions.

The first of the *kleshas* is *avidya*, or primal ignorance. This ignorance is experiential rather than conceptual in nature. *Avidya* means that while the nondual source of all existence and

*Author’s Note: This paper addresses the psychological and psychotherapeutic dimensions of Ayurvedic Psychiatry in addition to general Ayurvedic herbal approaches to the treatment of various mood disorders. The material presented in this paper comes from a variety of sources, including personal study with three Indian Ayurvedic physicians, their responses to questions about Ayurvedic psychiatry, observation of their treatment of patients, and the author’s own practice.

awareness is all-pervasive, immanent, and transcendent, and while it radiates from the core of our being, our individualized and unpurified egos and sense organs, because they are relatively crude instruments compared to the subtlety of pure awareness, are incapable of directly perceiving it. Since it is the nature of the ego, *ahamkar*, to identify with something, it then identifies with some sort of limited self-concept, usually the body-mind complex, social identity, and individual attributes of personality and experience, etc. The result of this ignorance of our true nature is our misidentification of self with some aspect of limited existence. As my spiritual teacher Baba Hari Das once remarked:

We are born into the world knowing only one thing: This body is mine. But we don't even know who it is who is claiming the body.

This mis-identification results in the coloring of our perception of reality so that the entire universe is divided into *me* versus *not me*, and the objects of our experience are divided into *mine* and *not mine*. This is *asmita*, I-ness, the second *klesha*.

However, because the identification of *ahamkar* was false to begin with, and because what is *me* is relatively small compared to the rather large surrounding universe mostly composed of *not me*, a sort of existential terror and insecurity results. We therefore develop various strategies for enlarging *me* and buttressing and preserving our individual and continually threatened existences. This leads to the third *klesha*: *raga* (attraction). *Raga* creates in us a pattern of acquisition. We begin to pursue human relationships, control strategies, material possessions, knowledge, wealth, status, power, etc.; anything which might be capable of enlarging and protecting our weak and frail individualized existence. But because the nature of the creation is change, all objects within it are impermanent, and thus subject to loss at any moment. In experiencing an object which gives us pleasure, we become attached to that pleasure, and desire to experience it again. When the experience becomes unavailable to us, we feel pain. Our spouse or partner whom we loved

and enjoyed leaves us for another. We try to persuade him or her to return, or we try to find another like him or her. If after repeated efforts we are not successful, but our attachment remains strong, our pain and anger turns to depression, helplessness, and finally hatred of ourselves and the world. This is the fourth *klesha*, called *dvesha* (repulsion): "the hate which follows after experiencing pain." (II-8)

Because of *raga* and *dvesha*, a tremendous, continual, and habitual outflowing of our energies and attention, through our senses to the objects of the external world, has been created. This outflow of all our attention and energies can only increase our identification with our physical bodies and our present physical existence, and makes it even harder for us to perceive or identify with our spiritual nature. Not only do we fear death because it represents an ending of our ability to fulfill our desires, but emotionally we have identified with our body-mind complex; thus, subconsciously, if not consciously, we fear that our existence will terminate with the death of our physical bodies. This is the fifth *klesha*, *abhivivesha*, the clinging to life, which "dominates even the wise." (II-9) Or, as Anand Das puts it:

The kleshas are imprinted on the chitta, the individual consciousness, from time immemorial, and create and perpetuate the illusion that existence is limited to the mind-body complex. Even after death, the chitta retains the kleshas in seed form and they sprout to full fruition in the next incarnation. As long as the individual thinks that consciousness is limited to bodily existence he is forever at the mercy of forces beyond his control, snatching a little happiness here and there but always aware, even if it is on a subconscious level, that sooner or later the body will die and the vehicle of experience will be no more. (4, sutra II-2)

Having presented the problem of suffering, Patanjali's answer to it is that "the pain of the future is to be avoided" (sutra II-16). Because of the changing nature of the universe, there is really only one way to do this, and that is to transcend

the primal ignorance, that of our identification with duality and the products of the creation, to merge with our own deeper reality, the all-pervasive, eternal, nondual consciousness, the source out of which the creation arises. To get from here to there, Patanjali proposes in book II a practical methodology: *ashtanga yoga* (or, "eight-limbed" system of practice). *Ashtanga yoga* culminates in *samadhi*, higher consciousness, which unfolds in stages. The ultimate answer to the pain of existence is, in this system, always a spiritual answer.

The immediate method is to stop the thoughts in meditation, directly or by controlling the breath, or by concentrating the awareness on one's object of meditation, thus interrupting the identification of the consciousness with the objects of pain. This brings some measure of equanimity and peace to the mind. To fulfill our duties in this world with wisdom and compassion while remaining inwardly immersed in the inner blissful peace of divine consciousness is the ultimate healing. Methods of Ayurveda simply approximate, in one way or another, this state of inner equilibrium by balancing the doshas, and perhaps by creating a chemical environment in the brain which approximates, as best it can, the after-effects of mental peace and clarity produced by the regular practice of deep meditation. It is probably no accident that a great many of the sacred herbs of India, used in various ways in ritual and ceremony⁶ and discussed below, are also used internally in the treatment of emotional disorders and imbalances.

THE ROLE OF THE GUNAS

The subject of depression and other affective disorders is complex and falls under the general category of *manas rog*, diseases of the mind. In Ayurvedic psychiatry, *gunas* as well as doshas are considered in the treatment of mental-emotional disorders (9:186). The *gunas* in Ayurvedic thought are the three great energies of creation, whose activation propels its origination and the processes of change which occur within it. They are *sattva*, the quality of equanimity, clar-

ity and inner peace; *rajas*, or activity and movement; and *tamas*, dullness, heaviness, contraction. Living beings have awareness due to *sattva*, process and change due to *rajas*, and individuation and physical bodies due to *tamas*. When *rajas* dominates in the mind, the person is obsessively active, distracted, and complains of racing thoughts which he or she is unable to quiet. When this imbalance becomes more pronounced, hyperactivity, anxiety, insomnia, or inability to concentrate can manifest. When *tamas* dominates the mind, however, the result is lethargy, depression, dullness, negativity, and lack of motivation. Obsessive-compulsive disorder, in this model, would be seen as an excess of both *rajas* and *tamas*. The *gunas* also give rise to a variety of mental or personality types¹ in which one of the three *gunas* dominates.

Since mental/emotional imbalances result from excesses of *tamas* or *rajas* in the mind, successful treatment hinges, either directly or indirectly, upon increasing the relative amounts of *sattva guna* in the mind and decreasing *rajas* or *tamas*. To this end, activities, foods, and Ayurvedic herbs are classed as having predominantly rajas, tamasic, or sattvic effects on the consciousness. As mentioned previously, the herbs which are classified as sattvic are also often sacred in the traditional culture and are often used in ritual as well as for psychiatric purposes. The name of the three species of plants classed as *Brahmi*,* for example, comes from the same root as *Brahman*, the Sanskrit name for God, whose nature is *Sat-Chit-Ananda*, or Reality-Nondual Consciousness-Bliss. Because it is tridoshic as well as sattvic, it is used, in appropriate combination with other herbs, in nearly all psychiatric treatments. It imparts to the mind a quality of peaceful alertness, improves memory, and rejuvenates the nervous system.

Tulsi, a sacred plant whose wood is often used to make *malas* (prayer beads), is warming in its effects, while sandalwood, also used for *malas* as well as for incense and ritual offerings, is cooling. These and other sattvic herbs, as well as those herbs which are considered as potentiators for them, are typically chosen in the treatment of depression and other mental, emotional, and nervous system disorders. Tamasic substances such as meat, fish, alcohol, and mushrooms are to be strictly avoided, and the intake of onion, garlic, and eggs, while they have powerful healing effects for certain diseases, should also be eliminated from normal culinary usage because of their tamasic and/or rajasic effects on the consciousness. In traditional Ayurveda, mental-emotional illnesses were treated not only through medicines and diet, but also through the use of mantra or ritual. It is not uncommon for modern practitioners to recommend meditation, Yoga asanas, mantras, devotional practices such as chanting, as well as a strict vegetarian diet, as adjuncts to treatment.

PRECIPITATING FACTORS

In Ayurveda, immediate triggers of illness, which act to imbalance the doshas, may be either internal, external, or both. External causes relevant to emotional illnesses include seasonal changes and harsh weather conditions, traumatic experiences, the negative wishes or intentions of others, poor nutrition, etc. Internal causes include ignoring our inner wisdom, imbalanced relationships with the sensory universe, and the maturation of negative karmas. Any of these can provoke the doshas, disturbing either the *manas* (mental) *agni* or the digestive *agni*. The term *agni* literally means fire, but its implications include the concepts of discrimination and digestion. In Ayur-

veda, a natural connection between the brain and the gut is perceived. Just as in the process of digestion of food the digestive *agni* must properly discriminate between what should be absorbed and what should be excreted, the *manas agni* must similarly digest the experiences of our emotional world, deciding which experiences should be retained within our awareness and which are best let go of. Due to the connection of these two *agnis*, it is a tenet of Ayurveda that if either becomes imbalanced in its functioning, the other will follow unless the balance is quickly restored. Since proper functioning of the digestive *agni* is also directly and immediately related to the energy level of the body, the link between mental clarity and peace, good digestion, and physical vitality becomes an obvious and clearly articulated principle of Ayurvedic medicine, and is strictly adhered to in the development of treatment protocols. Even though discussion in this article will be limited to a consideration of *manas* herbs, it should be clearly understood by the reader that adequate Ayurvedic treatment cannot be rendered without including in patients' individual formulas the herbs which address the totality of their health issues. In cases of long term affective disorders, these issues almost always include involvement of gastrointestinal and other physiological imbalances.

Since any of the precipitating events listed above could befall any of us at various times in our lives, prevention in terms of mental health is just as significant as prevention in terms of physical health; indeed, in Ayurveda, they are neither separate issues nor separate processes. Resilience, in the form of *ojas* (vital energy) is to be cultivated. This is done through living in a natural and respectful balance with the natural world, taking neither more nor less than what

*Author's Note: The term *brahmi* is somewhat generic, apparently based on its effect rather than taxonomy. In North India, an Ayurvedic practitioner might tell you he was using *brahmi* and it would mean Gotu Kola. From Dr. Ram Prasad Mishra (Head of HMG Department of Ayurveda, Nepal, equivalent in rank to our surgeon general), whom I had the honor to accompany on his WHO tour, I learned that depending on locality, the term *brahmi* could refer to *Centella asiatica* (syn. *Hydrocotyle asiatica*), or *Bacopa monniera*; not even the same genera. I do not object to designating *brahmi* as *Bacopa monniera*, since that is probably what I mostly use.

we need, and eating a healthy and nourishing diet appropriate to our individual bodies. *Ojas* is enhanced through daily routines of meditation, *Yoga asana*, work which fulfills us, avoidance of unnecessary stress, and the avoidance of extremes (under-eating, overeating or eating too frequently; overindulgence in sexual activity; working too much or too little; too much or too little exercise).

It takes little observation to convince us that individuals vary in their resilience to various forms of stress. In part this is due to constitution (*vata*-dominant individuals typically have weaker reserves than other *prakritis*, while those dominant in *kapha* are able to absorb life's blows more easily); in part it is due to differential experiences of being nurtured in childhood; in part to the level of physical and social stresses experienced during the lifetime; and to lifestyle habits. Nevertheless, it is still possible, through the regulation of diet and lifestyle and the cultivation of inner equanimity, to build our *ojas* so that our resilience is strong and our boat remains afloat amid the waves of the universe.

DOSHAS AND MENTAL DISORDERS

Ayurvedic treatment, in mental illnesses as well as physical ones, relies upon the assessment of the *vikriti* of the illness, the imbalanced *doshas* and *gunas* in the patient. Some affective disorders, such as anxiety, tend to be related to a single dosha, regardless of the constitution of the patient; whereas others, like depression, can be caused by *vata*, by *pitta*, or by *kapha*, or a combination of these. Manic-depressive illness, on the other hand, while mediated by the cycling of *vata* dosha, also expresses attributes of at least one, and usually two, other doshas. It is essential, therefore, to first discover through examining the patient which one or ones of the doshas is most significant in the etiology of the disease.

When the doshas exist in a healthy ratio in a person, *pitta*, the luminous factor, endows the mind with the ability to concentrate and competently utilize ra-

tional thought processes; to ask intelligent questions and solve problems. *Kapha*, the solid and liquid factor, gives steadiness, memory, and organization; while *vata*, the spacious and kinetic factor, controls not only the nervous system itself, but also the processes of creativity, intuition, sensitivity, and empathy. Disordered *vata* can give rise to difficulty concentrating, racing thoughts, memory loss, spaciness, depression, insomnia, anxiety, terror, and oversensitivity to stimuli. It is the dosha most often implicated in a variety of nervous system disorders, and is the main dosha involved in post-traumatic stress disorder, hyperactivity, manic-depressive illness, anxiety and panic disorders, and most forms of attention deficit disorders. Disordered *pitta* can give rise to chronic irritability, obsession, rage, hate, clever manipulation and deception, control issues, and destructiveness or violence; it is the main dosha in suicidal or violent depressions and obsessive-compulsive disorders. Disordered *kapha* can give rise to dullness, some forms of attention deficit disorders, attachment, inertia, denial, lack of motivation, seasonal affective disorder, and severe organic clinical depression.

In the United States, other Ayurvedic practitioners I have spoken with agree that our patients often have long-term *vikritis* stemming from childhood, which must be addressed even when the presenting complaint is something entirely different. As with other illnesses, in Ayurveda, a short term *vikriti*, or imbalance, can usually be treated quickly; whereas a long-term *vikriti* of the same degree of severity may take a much longer time to resolve. Lack of emotional or physical nurturing, verbal or sexual abuse, being too cold, insufficient nutrition, erratic emotional responses of the parents, or fear and insecurity, create in the child's mind a *vikriti* of *vata*. A *vikriti* of *pitta* can be created by physical abuse or excessive criticism, which creates anger and hatred in the mind, or by well-meaning parents who structure the child's every waking moment toward the acquisition of skills geared for future success. Parents whose response to the high-energy

activity of childhood is to encourage the child to sit down and watch television and consume an excess of sweet and cooling foods like ice cream and soft drinks are encouraging development of a *vikriti* of *kapha*. Regardless of the constitution of the child, parents who force their children to suppress emotion, rather than offering guidance for its healthy expression, also unwittingly contribute to development of a host of physical illnesses of the future, as the suppressed doshas undergo somatization in various ways. In severe or long term cases, the *vikriti* almost takes on a life of its own, while the *prakriti*, or innate natural constitution of the person, has been submerged beneath a false, imbalanced "self" whose expression dominates the pulse, the demeanor, and the health issues of the patient.

KAPHA DISORDERS

Kapha-type depression is perhaps closest to the allopathic diagnosis of clinical depression. The absence in the patient's history of initiating stressful or traumatic events is occasionally due to the propensity to denial exhibited by *kapha-prakriti* individuals; in such cases unexplained incidents of weeping or sadness are often reported. Often, however, the causes of the illness are almost entirely metabolic. The winter depressions associated with seasonal affective disorder are also due to *kapha*, and can be treated similarly. Sadness; lack of motivation, enthusiasm, or joy; weeping without understanding why; disinterest in life; excessive drowsiness; despair; low energy and low metabolism are typical symptoms, and the practitioner should also look for other signs of provoked *kapha* such as thickening of body secretions, excess mucous, sluggish digestion and elimination, and blockage of other channels, especially the sinuses.

While this type of depression often responds slowly to treatment, it is nevertheless the easiest type to treat because it responds well to simple anti-*kapha* directives: heat, dry, and activate. *Kapha*-type depression responds to exercise, and vigorous and heating styles of *Yoga asana*.

Cold, wet, bland foods are to be avoided, as are yogurt, ice cream, cheese, cold milk, ice water, and excess fats. Cooked, well-spiced grain and bean dishes, and raw and cooked vegetables should form the basis of the diet. Helpful spices are pungents such as ginger, black pepper, cloves, and mustard.

The most important herb for the treatment of *Kapha* depression is *vacha*, or Indian calamus root (*Acorus calamus*). *Vacha* is sattvic, increases *pitta*, sharpens intelligence, and gives clear perception. It is said, for example, that feeding *vacha* paste to a baby through a gold tube will enable the child to develop high intelligence; however, the most common route for which *vacha* has been traditionally utilized is nasal administration (*nasya*), most often as *vacha* oil (an extraction of the herb in sesame oil).

A second *nasya* which I have found beneficial in the treatment of *kapha*-type affective disorders is a water decoction of the following herbs: ginger (*Zingiber officinalis*), pippali (*Piper longum*), trifala (a combination of *Terminalia bellerica*, *Terminalia chebula*, and *Emblica officinalis*), licorice root (*Glycyrrhiza glabra*), and *sucanat*, with sufficient sea salt added to the final filtrate to render it reasonably close to physiological saline. Although initially quite pungent, it quickly brings deeply appreciated alertness and enthusiasm to the mind. *Vacha* can also be administered orally, where it can be combined with various other herbs such as *vyotishmati* (*Cardiospermum halicacabum*), *brahmi* (*Bacopa monniera*), *tulsi* (*Ocimum sanctum*), *hing* (*Ferula asafoetida*), *guggulu* (*Commiphora mukul*), *pippali* (*Piper longum*), ginger (*Zingiber officinalis*), licorice root (*Glycyrrhiza glabra*), and western herbs myrrh (*Commiphora myrrha*) or sage (*Salvia spp.*).

Arogyavardini is helpful to stimulate sluggish metabolism, and *trifala guggulu*, which stimulates inner heat and opens channels, is also sometimes indicated. Warm *triphala* tea should be drunk at night before bed. *Vaman* with salt water and licorice tea is also helpful, after proper preparatory measures, i.e., internal and external oleation procedures and *swedana*.

For seasonal affective disorder, a type of *kapha* or occasionally *vata-kapha* depression, conventional light therapy is combined with *vacha* and *vyotishmati* which enhance the mental *agni* (fire) of the patient. Pungent herbs such as ginger, *chitrak* (*Plumbago zeylonica*), cloves (*Syzygium aromaticum*), mustard (*Brassica alba*) and *trikatu* can be used in cooking. Daily *trataka* (candle gazing) or *arati* (a simple devotional ceremony using lighted ghee wicks) and walks in the sun have been found effective.

Attention deficit disorder not accompanied by hyperactivity is also caused by *kapha* or is a combination in varying degrees of *kapha* and *vata* doshas. In this case, a *nasya* for mental clarity is useful in addition to other anti-*kapha* and anti-*vata* measures; it is a decoction made from *vacha*, *haritaki*, *brahmi*, and *shankapushpi* (*Evolvulus alsinoides*); with honey, and appropriate salt to be added after the boiling and filtration process is completed.

PITTA DISORDERS

Pitta-type depression is perhaps the most dangerous form of depression as it can, in extreme cases, lead to violence against others on the one hand, or a "successful" suicide attempt on the other. Often apparent in the case histories of such individuals is the thwarting of significant desires in the person's life: the individual has been deprived of something which was wanted badly, and the resulting damaged pride and loss of self-esteem mingle with emotions of anger, jealousy, rage, and hatred. Control strategies are often well-developed, and occasional manifestations of various types of obsessive-compulsive disorders can appear.

A second common history in cases of patients suffering from *pitta* depression is that of extreme or chronic stress, often tied to job or other responsibilities, or related to prolonged social or personal injustices. Reserves become gradually depleted, and perpetual under-the-surface irritability, a sense of injustice, or smoldering resentment sometimes accompanies other symptoms. Physical

manifestations are often present: redness or yellowness of skin and eyes, disturbed digestion, waking around 2-3 a.m. and lying awake worrying or planning, hyperacidity, high blood pressure, skin rashes, or heart disease. Less severe and more short-term cases of irritability and *pitta* depression may be caused by change of the seasons, overexposure to heat, or by eating an excess of heating, sour, or salty foods, competitive work situations; and for women, PMS and menopause. All of these can be addressed by similar arrays of anti-*pitta* herbs and diet. In the more serious forms of *pitta manas rog*, however, it should be understood that, because of the potential for violence, immediate and temporary psychiatric care or strong methods of *pancha karma* like *shirobasti* and *virechan* may be necessary. In the long term, psychotherapy and meditation are needed as treatment adjuncts.

Important herbs used in the treatment of *pitta* depression are those which are both sattvic and cooling: especially sandalwood (*Santalum album*), which cools anger and hatred, lotus (*Nelumbo nucifera*), which helps to dispel desire, and rose (*Rosa spp.*) petals, which are said to nurture the heart. These should be combined with *brahmi* (*Bacopa monniera*), which brings peace and clarity to the mind. From the several Ayurvedic herbs which are said to potentiate the effects of *brahmi*, some anti-*pitta* ones such as *shatavari* (*Asparagus racemosus*), *guduchi* (*Tinospora cordifolia*), and licorice root can be added to the formula. In cases where low blood pressure is absent, *bhringaraj* (*Eclipta alba*) should also be added. (*E. alba* is hypotensive only in fairly large doses, but it is applicable here for hepatoprotective and mild tranquilizing effects. Bhargava, K., et al., *J Res Ind. Med.* 9 (1) 1974.) A vegetarian anti-*pitta* diet should be followed; hot spices, onions and garlic, excessively oily, salty, and sour foods, stimulants, food additives, and alcohol and caffeine should be eliminated.

From a Yogic perspective, it should be understood that even though thoughts of pain and anger are deeply painful to the one experiencing them, the problem

is that the mind is deeply attached to them. Healing involves therefore persistent and repeated disruption of the mind's dwelling in negative thoughts, replacing it with moments of peace or bliss until these become more habitual. *Shirodhara* and external massage with brahmi coconut oil or sandalwood coconut oil are excellent treatments for slowing the mind. The practices of *shitali*, *sitkarti*, or *khaki mudra* and meditation on *om* in the heart or the disc of the full moon in *sahasrara* are effective in the case of *pitta*. Brahmi coconut oil should be applied to the soles of the feet and the forehead at night before bed, and should be massaged inside the nostrils in the morning before breakfast. If the patient is strong enough, purgation is extremely useful to expel the *pitta* downward; in cases where this is not appropriate, a little *amla* (*Embllica officinalis*) is helpful in the formula.

VATA DISORDERS

In vata-caused depression, the accompanying symptoms are insecurity, fear, helplessness, feeling overwhelmed, poor memory and concentration, difficulty completing tasks, anxiety, insecurity, nervousness, restlessness, insomnia, and spinning thoughts. It becomes difficult to stop the continuous re-play of emotional pain. There is, however, less emphasis in the patient's mind on solving the problem or dealing with the perpetrator of the insult as is the case with *pitta* depression. Rather, the mind is simply preoccupied with finding a way to stop the pain. If severe and untreated, the prognosis is more often addiction than violence. Accompanying signs of *vata* manifesting elsewhere in the body may include chilliness, inner trembling or heart palpitations, cardiac arrhythmias, loss of appetite, dryness of skin and mucous membranes, constipation and gas.

Broadly, there are two frequent types of histories 1) a sudden or unexpected physical or emotional injury or traumatic event, or 2) a childhood history of lack of parental nourishment and/or verbal or sexual abuse. In the first case, which, if severe, corresponds to a psychological

diagnosis of post-traumatic stress disorder, anti-*vata* measures need to be taken immediately if possible, in order to calm *vata* and prevent its spread through the body. The diet should be one of nurturing, warm, soupy, oily foods, with plenty of ghee. *Brahmi* (*Bacopi monniera*), a tri-dosha herb, can be taken as a tea with honey every few hours, and *ashwagandha* (*Withania somnifera*) with a pinch of cinnamon (*Cinnamomum zeylanicum*) or cardamon (*Elettaria cardamomum*) can be taken with warm milk before bed. *Brahmi* sesame oil should be massaged on the feet and forehead before bed. Internally, *jatamansi* (*Nardostachys jatamansi*), *shankapushpi*, *brahmi*, *lotus*, and *bala* (*Sida cordifolia*) are all potentially helpful.

In the second case, a long term *vikriti* is present and a minimum of one to two months should be expected before any substantial progress is seen. The empty quality of the space and gaseous elements, which make up *vata*, create a despair that one is unable to meet basic physical or emotional needs or that one is unwanted, unloved, and has no place in the universe. In the pulse, *vata* has invaded the seats of *kapha*, and it should be understood that the parent's failure to convey divine love to the child leaves an empty place in the psyche which must in some way be answered by assisting the adult patient to access that quality of love through avenues other than that of addiction or neurosis. Treatment can be enhanced by various methods of oleation: *snehan* and *swedan* (oiling the body and sweating/steaming; hence, oleation and purgation), *vasti* (herbal oil enema), *shirodhara* (warm sesame oil drizzled on the forehead), and especially, *nasya* (nasal herbal oil treatment).

In addition to *brahmi*, there are several herbs which can be used in treatment. *Jatamansi*, the Indian relative of valerian, which is said to be more sattvic than its cousin, is mildly warming and gives a feeling of psychic resiliency and protection that helps to settle the thoughts. Licorice root and *bala* give strength and calm the nervous system. *Ashwagandha* is excellent for exhaustion, overwork, emaciation, and insomnia,

and provides a feeling of emotional fulfillment desperately needed by severely *vata* provoked patients, while *shankapushpi* acts to calm and rejuvenate the brain and nervous system.

Anxiety, panic attacks, and attention deficit disorder associated with hyperactivity are common disorders of *vata* dosha in which *vata* is more extremely provoked than in simple *vata* depression. In the former two, provoked *vata* dosha combines with *tamas* guna, and in the latter, it combines with *rajas* guna. *Prana* and *udana vayus* (two of the five forms of *vata*) are often rather seriously disturbed, and avoidance of caffeine, white sugar, excessively hot spices and other stimulating substances, and eating of a natural vegetarian anti-*vata* diet is essential. Soups, kichari, and nurturing vegetables like baked potatoes, yams, and winter squash with butter or ghee should be encouraged. Protein is important, and moderate intake of eggs from free-ranging hens; and cottage cheese, yogurt, and milk, if one is able to digest it well, should be encouraged. Cold foods, ice water, and snacking between meals should be strictly prohibited. Forms of meditation which cultivate awareness practices are particularly helpful.

The herbs used for treatment of anxiety and panic disorders are somewhat different from those used for treatment of depression. While some patients respond well to *brahmi*, occasionally others have reported it to be slightly activating. *Jatamansi* and *vidari*, along with various combinations of *ashwagandha*, *vacha*, *shankapushpi*, *dashmula*, *bala*, *sarpagandha* (contraindicated in low blood pressure cases) *chitrak*, and *trifala* give good results. For attention deficit disorder/hyperactivity *sarasvati churna*, *jyotishmati*, or *vacha* combined with sattvic anti-*vata* and anti-*pitta* herbs can be used. However, it should be understood that complete progress will be slowed unless the patient is willing to undergo some of the various oleation processes of *pancha karma*. For attention deficit disorder with hyperactivity, castor oil and warm ginger tea, oil *vastis* (enema), and *hingwashtak churna* can help *vata* to move downward; whereas anxi-

ety patients often respond well to oleation of the head, and *nasyas*.

TREATMENT CONSIDERATIONS

In general, a reasonable question asked by the patient is "how long will it take to get well?" In Ayurveda, the usual answer to this question is that treatment goals are met more slowly the more doshas are involved, and the longer the patient has had the problem. Manic depressive illness, for example, is at least a two-dosha disease, with extreme fluctuations of *vata*; successful treatment understandably takes a great deal longer than, for example, recent post traumatic stress disorder, the emotional complications of which can often resolve with surprising rapidity. Beyond this, in treating affective disorders, I have found it extremely difficult to predict treatment outcomes in terms of time it will take to resolve individual cases. Males with *pitta*-type depression are among the most difficult cases that I treat, even when the depression is relatively recent; it is usually 3 months into treatment before substantial gains are achieved. Women with PMS *pitta*-type depression usually are substantially better within the first month of treatment, even though they may have had the problem for years; which suggests a great deal about the role and degree of attachment and desire in the genesis maintenances of the imbalances. Anxiety of recent origin more often manifests with greater complexity of physical symptoms than does *vata* depression of recent origin, and usually takes a bit longer to resolve.

Routes of administration must also be considered in the treatment of *manas rog*. While ingestion is obviously the easiest; the most effective is often considered to be *nasya*, since nasal administration, in Ayurveda, is said to cure all diseases above the neck, and the nose is considered the most direct route to the brain, especially when the medium which carries the herbs is a medicated oil preparation of ghee, sesame oil, or coconut oil. Other common routes of administration are *vasti* (enema) which can directly ac-

cess the nervous system via the spine, and various external oil treatments applied to the head, including *shirodhara* and *shirobasti*. One *kapha-prakriti* patient, a nurse suffering from manic-depressive illness, whose psychiatric treatments were able to manage her depression but not her mania, made dramatic progress in our clinic because she was willing to take a medicated herbal and sesame oil *vasti* once per week. A young woman with a resistant case of insomnia was cured only through the use of herbal ghee *nasya*.

An important and related issue in practicing Ayurveda in the West is that of patient compliance. This becomes even more critical in the case of affective disorders, where one of the presenting symptoms may be that it is difficult to marshal energy for carrying out tasks. In my experience, it is easiest to gain compliance, in general, with taking the herbal formulas; it is at least a culturally familiar idea that when ill, one can expect to take medication 2 or 3 times a day. Other demands or requirements may seem difficult or overwhelming, especially when the patient is *vata* provoked or leads a stressfully busy life. In treating severely *vata*-provoked individuals, it is imperative not to overwhelm them with too many tasks. While one of the most effective treatments for both insomnia and affective disorders is medicated oil *nasyas*, it is harder to gain compliance, and handing them a bottle of brahmi oil with instructions for limited use, such as rubbing a little on the forehead at night, may be the best solution at least in the beginning. Severely depressed patients may be willing to sniff herbal powders, but not to use nasal drops.

Ayurvedic practitioners are also encouraged to approach their patients in a way which is in harmony with the constitution of their patient, so that the *vaidya's* good wishes for the patient's recovery will be heard. This advice on bedside manner, while it applies to all patients is, I feel, especially important in treating patients with mental and emotional disorders, where more prolonged counseling may occur. The saying goes something like this:

"Treat *vata* like a delicate flower, with a sweet and nurturing (oily) manner; treat *pitta* like your brother-in-law, with gifts and favors; and treat *kapha* with a slap."

Vata, lonely, fearful, and confused, needs most of all to be loved and reassured; *pitta*, plagued by pride and anger, must be treated with respect including full explanations of diagnoses and treatment plans; and *kapha*, inert and well-padded, requires assertive and pointed comments about the potential dangers of his/her condition in order to marshal the will to heal.

My teacher, the late Professor R.P. Trivedi put this saying into practice: a well-respected university professor of *kapha prakriti* was brought to Dr. Trivedi. The man, who had escaped Nazi Germany, but whose parents were left behind and subsequently killed, began to experience depression when he reached the same age his father had attained at the time of his death. Though mentally sharp, he suffered from insomnia, had lost weight, and felt driven to pace continuously. Trivedi diagnosed the case as a *prana* disorder pushing on the unconscious mind. Herbally, he treated the man's *vikriti* with *vata*-calming, sattvic herbs like *brahmi*, *vidari*, and *vacha*, and those with delicate fragrances, such as *cinnamon* and *cardamon*. But in speaking to him, he addressed his *kapha prakriti* : "Here, you feel with your fingers your own pulse, how strong it is. Now you feel my pulse – I am a small man, my pulse is not strong like yours. You have so much life force. So why are you allowing this depression, this guilt, to take over your mind? You must seize your will, you must use it; so many people respect you, so many people depend on you. You are strong, you must overcome this illness."

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