



ORIGINAL RESEARCH PAPER

Ayurveda

EVALUATION OF DHARANIYA VEGA (SUPPRESSIBLE URGES) BY DEVELOPING TOOLS OF ASSESSMENT W.S.R. TO MANODAIHIKA SIDDHANT (PSYCHOSOMATIC CONCEPT) AND ROLE OF SATTVAJAY CHIKITSAA IN SUPPRESSION OF DHARANIYA VEGA -A CLINICAL AND ASSESSMENT PROTOCOL.

KEY WORDS: Ayurveda, Dharaniya Vega, Manodaihika Siddhant, Sattvavajay Chikitsa, Dosha.

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ABSTRACT

Background- Psychosomatic concept (Manodaihika Siddhanta), Dharaniya Vega (urges to be suppressed or controlled) and Sattvavajay Chikitsa (psychotherapy) are concepts of Ayurveda which are the core of this study. Psychosomatic concept is an inter-relationship of Mind (Manas) and body (Sharira). The diseases evolving due to mind-body interaction are termed as psychosomatic diseases.[1] Vega means the natural urges of the body and mind. Dharaniya Vega are the suppressible or controllable urges which are not only confined to psychological attribute but also to verbal and physical attributes.[2] Some diseases or their subtypes in Ayurveda are nomenclatured based on suppressible urges like Shokaja Atisara (diarrhea due to grief), Bhayaja Atisara (diarrhea due to fear), Kamaj Jwara (fever due to passion), etc.[3,4] Sattvavajay Chikitsa given in Charak Samhita is a psychotherapy which literary means controlling the mind from unhealthy actions which has been developed as a counselling tool. **Conclusion-** The study will provide clinical evidence that will establish, the role of Dharaniya Vega in remedial or prevention of psychosomatic diseases and the role of Sattvavajay chikitsa in Dharaniya Vega.

Introduction

Background/Rationale: Ayurveda, the most ancient system of medicine with its holistic approach, propounded many theories and concepts after their prolong observation with in-depth understanding of mind, body and spirit and its amalgamation for attaining the complete health. Dharaniya Vega is one such concept elaborately described in Charak Samhita with its classification into those belonging to Sharirika (Somatic), Manasika (Psychological) and Vachika (Speech) related urges [5] and is needed to be explored and validated as it is an important aspect which influences the psychosomatic health. The total numbers of Dharaniya Vega may vary as the exact counting has not been mentioned in the classics. It depends upon one's interpretation but here we are considering Ckakrajani's commentary as a standard one. Table 1 lists the various Dharaniya Vega.

Persons having *Hina Sattva* (low psychic constitution) are more prone to develop the emotions of fear, grief, greed, delusion and ego [6] which is in turn causes many psychosomatic diseases. Evidence-based medicine is the approach followed globally for wider appreciation of any system of medicine. In the same line, validation of concepts of Ayurveda with appropriate tools make it a dire necessity.

A psychosomatic disorder is a stress disorder whose main original cause is psychological but its predominant manifestation is observed in the body. [7,8,9] A study in India shows the prevalence of psychosomatic disorders in psychiatric patients is 21.5%. The psychosomatic disorders included were hypertension, peptic ulcer, bronchial asthma, rheumatoid arthritis, ischaemic heart disease and chronic pain of psychiatric patients. [10] In Ayurveda, from causation of disease to its treatment, for maintenance of health to its derangement, the three dimensions of life i.e., psychological, physiological and spiritual all are taken into consideration. Also, the psychosomatic medicine is emerging as a new stream of medicine in the Western society. [11,12] The fundamental aspects of social and behavioral health can be seen in Ayurveda in the form of *Sadvritta*, *Dincharya* (daily regimens), *Ritucharya* (seasonal regimens), *Dharaniya-Adharaniya Vega*, *Aachar Rasayan*, etc., which can be emerged as a social and behavioral medicine for the benefit of the society. *Sattvavajay chikitsa* is solely the *Charak's* contribution to the Ayurveda science. It has been mentioned under three types of medicines viz, *Daivavyapashraya* i.e., spiritual medicine, *Yuktivyapashraya* i.e., rational therapy and *Sattvavajaya* i.e., psychic therapy. [13]

Sattvavajay means all those treatment modalities that leads to control over the mind from unhealthy actions or intensions of mind i.e., controlling the mind from objectionable desires and stimulus. [13] *Manonigraha* requires the increase of *Sattva Guna*, *Dhi*, *Dhruti*, *Smriti* by following *Sadvritta* as well as the Yogic practices.

Manochikitsa is seen scattered in many places in Ayurveda treatises viz:

“Manaso gyan vigyan dhairya smriti samadhibhihi” ch. su. 1/ 58

Table 1: Dharaniya Vega (Suppressible Urges)

Mental suppressible urges ch.su.7/27	Verbal Suppressible urges ch.su.7/28.	Physical suppressible urges ch.su.7/29.
Greed (lobha)	Speaking harsh words (Parusha)	Hurting others (Parpida)
Grief (Shoka)	Excessive Speaking (Ātimatra)	Desire for another woman (Stribhoga)
Fear (Bhaya)	Back biting (Suchak)	Stealing (Asteya)
Anger (Krodha)	Irrelevant talk/lying (Ānruta)	Action of violence for others (Hinsa)
Ego (Maan)	Using untimely words (Ākalayukta Vakya)	
Shamelessness (Nairlajja)		
Jealousy (Irshya)		
Excessive attachment (Atiraga)		
Desire for things possessed by others (Abhidhya)		

Acharya Charak in *Sutrasthan*, chapter one, have given the principles of treatment of psychic diseases by *Gyan- is adhyatmagyan* that is spiritual knowledge and absolute *Atma* or *Brahma* is the only truth and that materialistic world along with its *Panchbhautic* body is only transitory, *Vigyan*-knowledge of the scriptures and texts which takes the person towards true knowledge, *Dhairya*- calming down the vitiated manas, increasing the patience of the person by counselling and meditation, *Smriti* – trying to memorize the past incidences, *Samadhi* - Abstract meditation.

The World Health Organization estimate shows that some of the countries in Asia and Africa have around 80% of population who seek help for their primary care from traditional system of medicine. There is a worldwide use of Indian traditional system of medicine which has been classified under the broad title of complementary and alternative medicine (CAM).^[14] A systematic review which included 16 studies, Fras. et. al; establish the use of CAM to be as high as 74.8% in some of studies which was more commonly used for psychosomatic disorders like back pain or joint pains, pathologic depression, insomnia, severe headache or migraine and stomach or intestinal illnesses.^[11,18] With more and more inventions, the life is becoming comfortable and as the society is becoming affluent, but, however, due to social media, unwanted use of the Internet, the moral and social values are decreasing. which may further lead to imbalance of *Manasika Dosha (Raja & Tama)* which are increasing adverse social issues like rapes, misconduct, murders, mental imbalance, psychiatric diseases, low morale (*Alpa Sattva*) and hence, it is important to study suppressible urges and its concept elaborately.

Objectives: The objective of this study is two-fold:
 I. Evaluate and assess the role of *Dharaniya Vega* in healthy and diseased conditions
 ii. Assess the impact of *Sattvavajay Chikitsa* in control of *Dharaniya Vega* (controllable/suppressible urges).

This study will critically analyze the psychosomatic concept from Ayurveda and modern point of view. A survey study to assess the status of *Dharaniya Vega* in both healthy and diseased volunteers attending MGACH & RC.

Methods

Study design: The study is a combination of survey and Interventional study.

Place of Study: Volunteers for the survey study will be randomly selected from MGACH & RC, Wardha.

Plan of Study: The study consists of designing and validation of questionnaire to evaluate the impact of *Dharaniya Vega* on diseases and healthy condition. The flow chart of the study plan is described in below figure.

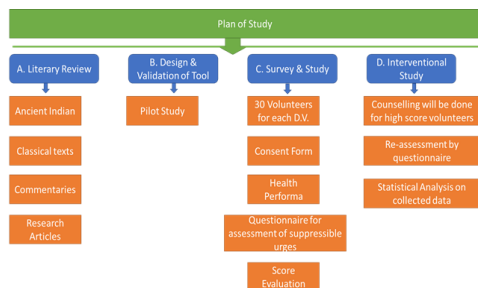


Figure 1 – Plan of Study

Conceptual review- Review of literature from Ancient Indian Texts- Veda, Upanishads, Ayurvedic Treatises- Brihatrayi, Laghutrayi, contemporary Ayurvedic literature, commentaries on various treatises, published articles in

national as well as international journals, magazines. Pilot study- First, a preliminary questionnaire will be prepared for which, Likert scale has been used for evaluation. The prefatory version of the questionnaire will be pretested with the experts and scholars from related disciplines to obtain information on reliability and validity aspects. The resulted modified and approved final version of the questionnaire will be distributed to the target group which will be 10 percent of the actual sample size.

Rationality of Questionnaire-The objects for the primary questionnaire version is derived from the mental, verbal and physical types of *Dharaniya Vega* given in *Charak Samhita* along with its explanation based on *Chakrapani, Dalhana* and other commentaries available.

Survey study- To provide preliminary collateral evidence to the concept. For this, a survey will be done on minimum of 30 volunteers for each *Dharaniya Vega* attending MGACH & RC, Wardha. Duration of its affliction will be seen based upon its chronicity – Acute (less than 1year) & chronic (more than 1 year). Sampling - Random.

Inclusion Criteria- Participants aged 18 and above. Participants ready to give written consent and able to give answers to the questionnaire. Without any major psychiatric illness.

Exclusion Criteria- With major psychiatric illness like bipolar disorder, schizophrenia, panic disorders, dementia, autism. Altered sensorium.

Interventional Study by Structured Counselling- *Sattvavajay Chikitsa* (Psychotherapy) is one of the types of treatment mentioned in Ayurveda. In the present study, Counselling has been selected as the interventional tool in both healthy and diseased volunteers and the efficacy of the same would be assessed through the new developed tool. It will be done on the basis of principles of *Sattvavajay Chikitsa* (psychotherapy) of Ayurveda. It will be achieved by structured counselling which is prepared with the help of research articles.16,17 Root Cause Analysis (RCA) will be done which will rule out the precipitating cause. Counselling session will discuss about their lifestyle and if needed, lifestyle modifications will be suggested. Table 2 gives the structure of the counselling.

Table 2: Counselling Structure

Sattvavajay chikitsa (counselling)	Period	Volunteers involved	Effect
1. Pranayama Anuloma Viloma	10 min- Advised to do 10-min daily in the morning	All	Improves cognition, Relieves stress and anxiety, Better overall sense of well being ⁴⁷ Promotion of Gyan (cognition)
2. Dhyana (meditation)	5 min- Advised to do 10 min daily after Pranayama	All	Regulates mind Promotion of Vigyan (skilled knowledge) Promotion of Dhairya (patience) Promotion of Smriti (memory of past)
Pratidwanda Chikitsa (creation of opposite emotions) ⁴⁶	10 min	All	The present deranged emotion will be allayed by bringing the influence of opposite one's to bear on the prevailing one and neutralize it.

Ashwasan Chikitsa (Reassurance)	10 min	All	Relieves fear, boosts self-confidence and promotes hope
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Based upon the level of involvement of Dharaniya Vega, counselling will be done. For this, a minimum of 30 volunteers will be randomly selected from the survey study. Inclusion criteria- Irrespective of the chronicity of the volunteers, Both male and female volunteers. Exclusion criteria-Those not willing to give the written informed consent. Number of Counselling Sessions- If the DV are not severely impacted, one counselling session will be given and again the assessment of DV will be done after 30 days of counselling. If the DV are severely impacted, two counselling sessions will be given within two months with the gap of 30 days and again assessment of DV will be done after 60 days of counselling. Period of Counselling Session- 35 minutes. Questionnaire Score will be assessed both, before and after counselling. A Consent form in Hindi, Marathi and English will also be prepared. Below format will be used in Questionnaire scoring

Table:3 Questionnaire Score:

Suppressible urges	Score before counselling:	Score after counselling:
Physical		
Verbal		
Mental		

Sample size calculation-A minimum of 30 volunteers for each Dharaniya Vega. Statistical Test: Correlation Regression and other appropriate test will be applied as per the data variables.

Result

The studies conducted earlier shows the evidence that Sattvavajay Chikitsa have great impact in improving the psychosomatic health of an individual. In that line, this study will further add to the evidence whether the psychosomatic health if improved will help in controlling those Dharaniya Vega which is difficult to control over. The study will also show that whether these Vega can be assessed with the questionnaire developed. The following outcome is expected from the study

1. Generate preliminary clinical evidence to show the, I. concept of Dharaniya Vega as an important remedial/preventive tool for psychosomatic diseases ii. impact of Sattvavajay chikitsa in Dharaniya Vega
2. Create literary documentation of the clinical evidence and the study.

Discussion

Key results: This study will enlist all the diseases which can be identified as Psychosomatic diseases as per Ayurveda theory which is scattered in all the Ayurvedic treatises. Interrelationship of these enlisted diseases with suppressible urges can be further open for clinical study. Preliminary collateral evidence of this study will open the gate for further large-scale clinical researches.

Limitations: As the structured questionnaire is subjective in nature, it may lead to bias.

Interpretation: If the Dharaniya Vega becomes easily assessable through the questionnaire developed, then it will be a great achievement for Ayurveda science in exploring its fundamental concepts.

Generalisability:

The importance of Dharaniya Vega can be raised in general masses through focused training programs and public awareness campaigns with the help of health care workers.

Conclusion: There are many studies on stress and its long-term and short-term effects on body which is also proven to be one of the causes of Psychosomatic diseases. However, there is hardly any study that discuss the interrelationship between multiple Dharaniya Vega and psychosomatic diseases. So, this study taken an approach of producing literary and preliminary clinical evidence to understand the concept of Dharaniya Vega as an important remedial/preventive tool in psychosomatic health. There are psychometric scales available for the assessment of stress, fear, greed, anger, etc. as standalone conditions in modern psychology. However, there are instances when multiple psychosomatic urges cause disease. Hence, there is a need to develop a single tool which encompasses all the facets of Dharaniya Vega as described in Ayurveda.

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