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Editor's Desk....

The aim of the mental health sector is to ensure that the mental health and physical health of individuals are treated equally. Mental health issues that affect everyone exist in our lives, in our families, in our workplaces and in our communities. As individuals and as a society we need to do what we can to prevent mental illness. Interventions by national and local governments are essential to prioritize reducing and protecting risk factors for people's mental health, improving mental health for everyone, and creating the conditions necessary to thrive. A recent national survey shows that more Indians are suffering from various mental health problems and Psychiatrists are scarce in proportion to the number of patients, and majority of the patients are reluctant to seek help and suffer their illness in silence. A recent survey by India's National Institute of Mental Health and Neurosciences (NIMHANS) found that 150 million Indians need mental health care services, but less than 30 million seek care. The National Mental Health Survey examined issues of mental illness and, alarmingly, the survey concluded that 1% of the sample size is at high risk of suicide.

Adolescent substance use is a major health problem worldwide. Substance use among adolescents is a significant health problem around the world. Often initiation of use of one substance end in poly substance use, which will aggravates the risk for mood disorders and conduct disorders. problems in academics and social life and deviant and violent behaviours.

In India, substance use among adolescents is increasing at a shocking rate. Substance use among adolescents in Kerala is increasing rapidly and ranks top in the rate of alcohol use in the country with the most commonly used substances are cannabis, drugs, tobacco and alcohol. Controlling substance use in the society, which is the main cause of mental illness in the present, and tightening the laws will help the future generation to be raised as children of drug free and mentally healthy parents.

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ASSESSMENT OF VISHADA WITH MANASIKA BHAVA PAREEKSHA SCALE

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ABSTRACT: Vishada is considered as one among the manasika vikaras in classical textbooks of Ayurveda. People who recurrently suffer from manovikaras like kama, krodha, lobha, chittodvega etc are more likely to be afflicted by vishada. It is known since earlier times that mind and body influence each other. One among the reasons leading to the aggravation of all other diseases is vishada. 1. Vishada and avasada are terms that are used synonymously and is considered to be caused primarily by vata dosha. 2. Ayurveda mentions Vishada as having similar features as in mild to moderate depression. Various scales for assessment for depression like Hamilton's depression rating scale, Zungs self rating depression scale etc are available. Likewise a tool for assessing vishada in Ayurveda also is a need of the hour. This article is an attempt to shed some light into importance of manasika bhavas and the assessment of vishada with the same.



INTRODUCTION: Depression is a state of sad, empty or irritable mood, accompanied by somatic and cognitive changes that significantly affect the individual's capacity to function. Low self worth leads to low performance which results in anxiety (Udignata) and reduced effort (Apravarthi).

Contemporary psychiatry still lacks access to the caverns of the mind and its multiple functional attributes. Aetio-pathogenesis and management of depression still needs more light to be shed upon. Classical textbooks in Ayurveda does not mention Vishada as a Roga but rather it can be considered as a prodromal symptom or state of the mind.

Depression is a disorder which is stealthily gaining more relevance in the contemporary era than in the olden days. It is estimated that by the year 2030 there would be a steep rise in the number of people suffering from depression. Based on many studies conducted in the world as well throughout India it has been found out that it is the most common psychiatric disorder in the outpatient as well as the geriatric population based on various settings. 3

Various studies conducted all over India has revealed that the period prior to the onset of depression is very crucial in depressive disorders. Any form of stressful event may act as a trigger for the manifestation of depression. The cause and presentation of symptoms may vary from person to person. Depression has a multifactorial etiology. Researches have revealed that it is linked with deregulated inflammatory pathways, Hypothalamic Pituitary Adrenal Axis disturbances, genetic, environmental factors-stressful events like financial insecurity, bereavement etc. Management of depressive episodes are primarily done using antidepressants and in major episodes with Electro convulsive therapy. 4

It is in this context where Indigenous Psychiatry plays a role with its own philosophy which is always structured with a concept of its own spiritual base. Therefore an analysis of this particular disease through our own indigenous purview is essential.

In Ayurveda Vishada is not mentioned as a Roga but instead refers to a condition originated from apprehension of failure, resulting in incapability of mind and body to function properly with significant reduction in activity. Most of the cardinal features that are seen in depression are due to the vitiation of vatadosa specifically pranavayu which does the function of "niyanta cha mana:"It has the function of buddhidharana as well. In depression lack of self-control, distractability, lack of initiation, improper perception occurs which is due to the impairment in the normal function of pranavayu. Another function of pranavayu is manodharana which is also hampered. Udanavayu which is responsible for motivation, energy is inturn vitiated. In mild and moderate depression where symptoms such as anxiety and weight loss can be seen the role of vata can be seen. Where symptoms like psychomotor retardation, lack of pleasure can be attributed to kapha. Along with this sadhaka pitta, vyanavata seated in hridaya, which is also the seat of mind which is responsible for emotions are also vitiated. 5

LITERATURE REVIEW

The first reference of Vishada can be traced back to Rigveda as invocation of a God to relieve from the condition. In Srimad Bhagavad Gita -Arjuna Vishada yoga, we are introduced to condition of Arjuna in the battle field as Sidanti Gatrani (loosening of muscles), Mukha shosha (dry mouth), Vepathu (tremors), Aruchi (anorexia), Prasveda (sweating), and Twak Paridaha (burning sensation in the skin). 7



In the Eighteenth chapter of Srimad Bhagavad Gita Satwika Dhriti and Tamasika Dhriti are mentioned. It is a well-known fact that Tamas is characterised by a lack of inertia and also points out to brooding over things that have occurred. Vishada is mentioned as one of the features of a person having tamasika dhriti.

In Sabdakalpadrumam and Vacaspathyam vishada is referred to as Avasada which gives meaning as "Svakarya Akshamatvam"⁸

According to Charaka Samhita

Vishada is considered as one among the nanantmajavikaras of vatadosa. (Ch Su 20/).⁹

Vishada is a manasikadushti which is having tama pradhana raja dosha (Ch Vi 8/119). He also mentions that vishada is more prevalent in hinsatwapurusha. Symptoms of vishadam include avasada or derangement of manas, vak, kaya. (Ch Su 16/14, Ch Su 25/40)¹⁰

According to Chakrapani death of son, anticipating anxiety, apprehensiveness leads to vishada. (Chakrapani Ch Su 7/27)

In Jvara Nidana vishada is mentioned as one among the symptoms of vatika jwara. (Ch Ni 1/1)

According to Susruta Samhita

In Vedotpatti Adhyaya-Dalhana commented "Asiddhibhayatvividheshu karyasusado apravruttihi for vishada. (Su Su 1/3)¹¹

According to Susruta, depressed mood is a feature of tamasikadosha (Su Sa 1/18)

DISCUSSION

Manasika bhava pareeksha (to evaluate the mental status of an individual like positive and negative emotions known as manasika bhavas which is already mentioned by Charaka) can be utilized to assess the various emotions in vishada which can be categorized into positive and negative and a particular score of 0-3 can be allotted.



SI No	SYMPTOMS		Score
1.	Bhayam	Negative Emotions	
2.	Krodha		
3.	Shoka		
4.	Dweshha		
5.	Rajah		
6.	Manasa Arthesu		
7.	Chinta		
8.	Dhairyam	Positive Emotions	
9.	Dhriti		
10.	Harsha		
11.	Priti		
12.	Viryam		
13.	Shraddha		
14.	Medha		
15.	Avasthana		
16.	Upadhi		
17.	Vijnana		
18.	Sheela		
19.	Samjna		
20.	Smriti		
	TOTAL SCORE		

SI No	NEGATIVE EMOTIONS	Gradings
1.	Bhayam - Vishadena	
	No fear	0
	Fearful only at reasonable cause	1
	Fearful even in reasonable cause	2
	Always fearful emotion	3
2.	Krodha - Abhidrohena i.e. "Parapidartha Pravrittih" (Chakrapani)	
	No violent tendencies	0
	Violent thoughts very rarely	1
	Violent, Sadistic functions often	2
	Frequent thoughts and functions of violence and sadistic	3
3.	Shoka Dainyena i.e. "Rodanadi" (Chakrapani)	
	No feeling of Sorrowness	0

	Feels inferiority and sorrow at occasion	1
	Inferiority complexes and greedy oftenly	2
	Weeps and feels inferior very frequently	3
4.	Dvesha - Pratishedhena i.e. "Vyavrutya" (Chakrapani)	
	No revenging tendency at all	0
	Thoughts of revenge only at few events	1
	Thoughts and acts of revenge oftenly	2
	Always thoughts and acts of revenge	3
5.	Rajah-Sangena i.e. "Naryadisangena Tatkaranam	
	Rajoanumiyate" (Chakrapani) (Opposite affection)	
	Normal affection - 0	0
	Gradual decreased affection	1
	Loss of affection occasionally	2
	Frequently and totally loss of affection	3
6.	Manasa- Arthesu Avyabhichranena	
	No deviations	0
	Getting deviated very rarely	1
	Deviation oftenly and knowledge perception impairs	2
	Deviation and perception frequently disturbed	3
7.	Chinta	
	No worry	0
	Anticipation of the worst occasionally	1
	Anticipation of the worst frequently	2
	Excessive worry with irritation	3
	POSITIVE EMOTIONS	
8.	Dhairyam-Avishadena i.e. Manaso Adeinyam" (Chakrapani)	
	No fear or sorrow at any cause	0
	Fearful only at reasonable at any cause	1
	Fearful occasionally	2
	Always in fearful and depressed emotions	3
9.	Dhriti- Alaulyena	
	Not greedy for anything (Good controlling power)	0
	Greedy and willing for few objects (Mild)	1
	Greedy but not strongly willing (Moderate)	2
	Greedy for all objects (Cannot control)	3
10.	Harsha - Amodena i.e. "Nriyagitavaditradutsavakaranama" (Chakrapani)	

	Totally cheerful on all occasion	0
	Cheerful and initiative with good circumstances	1
	Cheerful and active in that, only at occasion	2
	No feeling of cheerfulness	3
11.	Priti - Tosena i.e. Mukhanayanprasadadih" (Chakrapani)	
	Always happy and pleased	0
	Happy and pleased occasionally	1
	Express happy mood oftenly	2
	No feeling of happiness at all	3
12.	Viryam - Utthanena i.e. "Kriyarambhena" (chakrapani)	
	Starts and works very quickly	0
	Works with less interest	1
	Delayed and decreased in working capacity	2
	Not able to start any work	3
13.	Shraddha - Abhiprayena i.e. "Abhyarthanena" (Chakrapani)	
	Always very good in attitude and interest	0
	Occasionally good in attitude and interest	1
	Impaired attitude and interest	2
	Totally loss of attitude and interest	3
14.	Medha - Grahanena i.e. "Granthadidharanena"(Chakrapani)	
	Always grasps the events at an instance	0
	Grasps the event but confused	1
	Delayed in grasping the events with confusion	2
	Unable to grasp or understand	3
15.	Avasthan - Avibhramena i.e. "Sthiramativam" (Chakrapani)	
	Always confident and stable in perception	0
	Oftenly stable in knowledge perception	1
	Rarely confident and stable in perception	2
	Not stability or confidence in perception	3
16.	Upadhi- Anubandhanena i.e. "Uttar Kalinaphalena" (Chakrapani)	
	Normally short impact that can be solved by the person himself	0
	Prolonged, disturbing impact but able to solve by self-efforts	1
	Impact can only be solved by the perseverance effort and counseling by others	2
	Even other cannot help in resolving the impact of concerned Problem	3
17.	Vijnana	
	Normal functioning in routine	0
	Gradual hampered performance in functioning	1

	Impaired motivation towards functioning often	2
	Loss of pace and motivation in functioning	3
18.	Sheela Anushilanena	
	Very good conduct at all instances	0
	Impaired conduct only at occasions	1
	Impaired conduct recurrently	2
	Totally abnormal conduct	3
19.	Samjna Namagrahanena	
	Completely attentive in all occasions	0
	Attentive occasionally	1
	Attentive rarely	2
	Absolutely no attentiveness	3
20.	Smriti Smaranena	
	Very good in recalling and remembering	0
	Recalls and remembers with difficulty	1
	Delayed recall and remembers with difficulty	2
	Delayed recall and remembers with confusion	3

CONCLUSION: Till date there still remains unexplored areas in understanding the mind and the management of depression is only partially effective in bringing back the person to socially and medically accepted normalcy. With the help of Manasika Bhavas we will be able to categorize these symptoms according to the predominance of rajas or tamas and plan treatment accordingly. It will also help to grade vishada according to the positive/negative emotions. This article is an attempt to quantify these symptoms according to Ayurveda and introduce this concept to western countries and for further research purpose.

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ON THE RAZOR'S EDGE OF DESIRE SEIZURES OF APSARA AND GANDHARVA IN AYURVEDIC PSYCHOLOGY

Psychological disorders were understood in ancient times according to two paradigms : religious and medical. « Madness » could have been either a sign of seizure by celestial or infernal spirits, or humoral troubles such as melancholia, that Hypocrates's and Gallienus successors described as a physiological disease due to increase of black bile (melancholia) within the body. Among seizures described by the Greeks, two were generally mentioned by poets and philosophers : muses and nymphs . The influence of muses on the mind and artistic skills of poets, beyond the fact the word music itself come from those celestial beings, is still evoked in common allegories we employ to describe artistic inspiration. The seizure by nymphs and the behavior they inspire to their host gave also some common words such as nymphomaniac : seized by nymphs, which became understood in a modern way as « over-fascinated by lust ». But the influence of nymphs, daughters of god Pan is rooted beyond the realm of sex, so they could also inspire men writing and singing epics. Men seized by nymphs who dared to meditate on their dedicated caves could get out r-anformed into « nympholepts », kind of seers or Greek prophets, at the edge of wisdom and

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madness, or never go back, and disappear in their realms. In the ancient world when men lived among gods, and gods among men, such experiences of seizure were somehow common, and changes in way of thinking or behavior were not typically considered as a disease in medical terms, but as a gift of the celestial beings, a curse, or both. The seized had also a determinate social role in the sense they were guides of the community, mystical healers, and writers of legends that make a whole civilization alive.

Not far from ancient Greece were the Indian civilization. Mixing of both influences in North West India after the departure of Alexander the Great could easily be seen in Gandhara culture, now modern Afghanistan. From early 200 BC to 200 AD, Indian epics were compiled into scriptures, schools of philosophy flourished and one of the oldest medicine's books ever used as a reference by ayurvedic doctors till today, Charaka Samhita, was written. For the first time in history of Indian medicine, in parallel of the development of humoral theory of doshas explaining biology and diseases of human beings, those phenomena of seizures by invisible spirits were described in medical terms. According to the ayurvedic schema of pathology, invisible spirit seizure or bhutagraha, were understood as specific forms of madness « unmada », different from the inner physiological, « doshic » origins ones. Five-fold examination of disease (panchanidana) were applied to those cases : etiology (nidana), pathogenesis and nosography (samprapti), prodromal symptoms (purvarupa), forms of symptoms (rupa), and diagnostic testings (upashaya). Among categories of « bhuta unmada », several types were defined according to the nature of the invisible seizer. Among them, gandharva and apsara, celestial beings of fascinating beauty, linked with arts and romance, that are generally compared to muses and



nymphs of the Greeks, are considered as potential seizers leading to madness.

Gandharva are evoked in the Rig Veda as guardians of Soma, the ambrosia of the gods, living near the Sun between celestial waters (apa). They « seize » the ethereal essence of Soma to make a drink out of it, to be distributed to the gods (RV 9, 113). They also act as messengers between gods and men such as angels in abrahamic religions. Among apsara, their female consorts, the story of Urvashi is narrated in Rig Veda (RV 10, 65). The myth of her romance with a human king, Pururavas, was developed further in epics and Indian classical literature such as in Kalidas. In Atharva Veda, at the root of Ayurveda, some hymns ward off gandharva as « tsribhagan » (AV 8, 6 : 19), attired by woman. They are also related to fate and gambling. But generally saying, especially after depiction of their origins and misadventures in the epics, we could say they are linked, as the Greek muses, to arts, music for male, gandharva, singers of the courts of gods, and dance for female. Apsaras are often sent by Indra to seduce ascetics, in attempt to stop their penance. They are also subject to curse, and able to create conflicts. Viradha, an ugly demon killed by Rama and Lakshmana in the forest of their exile, was a gandharva who has been cursed by a rishi to be reborn as a demon. Tilottama was created by Brahma to help the gods, so that twin demon brothers Sunda and Upasunda, would destroy each other in attempt to marry her.

Commenting anatomically on the chapter concerning the way all the gods are contained in men (CS, Sh 5 : 5), Chakrapani states gandharva represents desires in men and woman, kama. The word kama could be understood as libido, carnal appetites as well as psychic desires

in general. It is to say that all those stories related to gandharva might illustrate the way human beings deal with desire, and in a Freudian perspective, the way they repress, express or sublimate it. Gandharva also constitute a personality type according to Charaka among seven archetypes belonging to "sattvic" group. Sattvic personalities are luminous and belong to the celestial sphere, compared to demon or vampire's ones deeply associated with what modern psychology views as « personality disorders ». But still, as the seventh one, gandharva is not stranger to worldliness and prone to lust :

« Fond of dancing, singing, music and praise, expert in poetry, stories, historical narrations and epics, constantly use scents, garlands, pastes, clothing, engaged with women and passion. The individuals having such qualities should be known as Gandharva in mind. » (CS, Sh 4 : 37/7)

Having gandharva personality does not mean one is automatically « seized » by gandharva and apsara, such as artists, poets, nympholepts or nymphomaniacs falling into their realms, at the razor-edge between artistic inspiration, lubricity and madness. The seizure is considered as a disease, not as a personality. The mechanism of seizure and its psychopathological consequences are compared in Ayurveda as a kind of sundial effect. Even if Charaka employ the metaphor of a polished gemstone reflecting an image, sundial might be more adapted to describe seizing because the key-word for this mechanism is *chaya*, shadow. To seize is to cast a shadow over a victim. David Gordon White explain *chaya* as a recurrent theme in magic and sorcery with the help of ancient theory of perception . Seizers (*graha*), such as planets in astrology or invisible spirits could activate their negative influence by casting a shadow by their mere sight. Sight is viewed as a direct presence of the seer on the surface object it sees. Needless to say that as soon as seizers look at their victim, somehow, they possess them and cast a shadow over them. Considering psychological theory of mind in Samkhya, and the recurrent image of *buddhi*, the intellect, as a mirror reflecting both spiritual subject and material objects, we can understand, in a psychological manner, that the shadow Charaka speaks of is cast over the mind. The way victims comprehend themselves and interact with world is shadowed by the seizer, who takes a subtle control on his host. In a medical context, seizing (*grahana*) is different from « possession », *avesha* in Sanskrit, since the seizer does not « enter » the body of its victims as *Shuruta*, the other great master of Ayurveda, explains. He casts a web of influence over the mind of its victims and he nourishes from his vital energy.

That mechanism is a general feature of seizure, but each seizer have their own way of penetrating the system of their victim. Considering the court functions of gandharva and apsara, music and dancing, we could expect the privileged

vehicles of their seizing would be the senses of hearing, speaking and locomotion. The Padmapurana even states that gandharva and apsara are sons and daughter of *Vac*, the goddess of speech. And since gandharva means « fragrance » we could also consider the sense of smell. But Charaka choose to focus on the sense of touch as the principal way the gandharva's shadow interferes between the mind and the world. Overwhelmed carnal sensations, goosebumps during aesthetically charged experiences could be the actual sensual manifestations of being seized by those beings. Sense of touch is also in analogy with air element (*vayu*), and many scriptures stand the actual chief or tutelary deity of gandharva is *Vayudeva*, the god of wind. Apart from general conditions of seizure, such as trauma and behaving against dharma, *gandharvagraha* seems to affect artists and people fond of worldliness, but also men and woman indulging in adultery and prone to look after carnal pleasures :

« The gandharvas (celestial musicians) enter into person who is fond of hymns (praising verses), vocal and instrumental music; has liking for others wife, perfume and garland, and has purity and good conduct often on twelfth and fourteenth day of the fortnight (by finding an opportunity to afflict in them). » (CS, Ch 9 : 21)

According to Charaka, the alienated seized by a gandharva shows a cohort of symptoms such as irritability, recklessness, megalomania, sharpness along with excited mood (CS, Ch 9 : 21). They are obsessed by music, dances, fragrances, refined gastronomy, red clothes, garlands, stories and sacred sacrifices (*bali*). We could easily « modernize » that description imagining at typical mannered townsman behavior roaming from artistic exhibitions to concerts, restaurants and clubs, showing off « hype ». But it wouldn't describe the psychic pain

and the disconnected sense of reality the seized suffers from. The alienated is always within the realm of his own fantasy, to the point his worldly attachments, gossips and dramas, become signs of psychic disorder. In fact, those symptoms generally fit with manic episodes of bipolar spectra in modern psychology, as Dr. Kshama Gupta and Dr. Prasad Mamidi point out. Seductive attitudes, hyper-sexuality, indulgence in intoxicants, uninhibited behavior, which are common traits of manic episodes, are found in Gandharva seizure according to Vagbhata. The only potential sign of « down phase » that could fit the perfect clinical picture of bipolar disorder would be diminished speech noticed by Shuruta. Vagbhata makes two sub-categories of Gandharva graha. One with insomnia and overstimulating intellectual activities called Hasana reminds modern hypo-mania. The other is more social conflict oriented and called Sarambha. Gupta and Mamidi associate it with modern disruptive mania.

By giving explicit names to apsara seizure such as Sarambha, Vagbhata considers distinctions of symptoms (vishesha) to be linked with mythology. It opens the gate of understanding narratives behind symptoms. That dynamical approach, at the root of bhutavidya, leads to specific insights and therapeutic rituals that remind the principle of « symbolic efficacy » of the French anthropologist Claude Lévi-Strauss. It is also a general principle of exorcism: more we know about the seizer, more we could deal with it.

To continue on Gandharva and apsara examples, Rambha is according to Hindu mythology, a main apsara, master of dance of a stunning beauty married to the yaksha king Nalakubera, son of the god of abundance Kubera. Ravana, the main demon-king antagonist of the Ramayana epic, put a lustful eye on her. Although she reminded him she was her daughter-in-law, as Ravana is the

brother of Kubera, he raped her. Being informed of the crime, Nalakubera cursed Ravana that his head would explode as soon as he would commit abuse on a woman. It is because of this curse that Ravana, while detaining Sita, didn't touch her at all. Rambha was also sent by Indra to sage Vishvamitra to inspire lust on him in order to break his penance. Having once fallen in the trap of Indra with another apsara called Minaka, he cursed Rambha to be petrified and released from stone condition only by a pious Brahmin. In a sense, apsaras are prone to be stakes of conflicts. The way the alienated could crystallize social conflicts might be linked to those stories, such as in Tilottama's one.

Some of my clinical experiences suggest me also that the way patients seized by apsara crystallize social conflicts could be linked with sexual abuses, and the breaking of « omertà » about it. The problem remains, as in modern psychology, in the way of interpreting those revelations of abuses: are they real or fantasized? That traditional bhutavidya approach seems to offer a natural approach of interpreting those issues considering the nature of the seizers and its cosmological social dynamics with other ones such as rakshasa, yaksha, or even naga. Symptoms of euphoria, maniac enthusiasm, seductive behaviors and social dramatization are clearly linked with apsara and Gandharva seizing, while expression of violence, crude sexuality, addictive, abusive behavior and social withdrawal are connected to rakshasa seizing. Rakshasa are the « demons » of Hindu pandemonium, night predators ready to transgress natural and social law to satisfy their appetite of lust, meat and blood. The dialectics between those two cohorts of symptoms and graha could be understood in the light of the rape of apsara by rakshasa. The more symptoms of apsara or Gandharva seizing occurs, the more fantasy, the more symptoms of rakshasa influences, the more actual violence and abuse in the life history of the patient. The gradation between the two « poles », apsara and rakshasa graha allows somehow the patient to make a distinction between real facts and fantasy. More precisely, the investigation on apsara and Gandharva is linked to desire itself, and the way libido could be problematic; while rakshasa's thematics is about transgression and abuse. But compared to some modern rationalistic psychologies, bhutavidya does not work on facts, in the way a patient should remind early childhood trauma for example, and learn to make rational distinctions between facts and interpretations. It works on representations only, with the idea that for the subconscious mind (citta), experience of reality and representation of reality cannot be separated. Both nourishes each other: karma (action) has impact on citta (mind), and citta on karma.

In that configuration, disruptive rakshasa influences within the realm of apsara, such as predators entering garden of nymphs, could either be marked at trauma, or fear of trauma. I

noticed in some of patients seized by gandharva or apsara the fear of becoming a monster or the fear of monsters itself. Dramatic romance condemned by family or society as unnatural even criminal could also open some gates to rakshasa influences. Legends of gandharva and apsara being cursed and reborn as rakshasa are found in Ramayana. Passing through the dangerous forest Dandaka during their exile, Rama, Sita and Lakshmana encountered a mighty rakshasa called Viradha who wanted to abduct Sita. Rama and Lakshmana managed to kill him, and while agonizing he revealed his true identity. He was none other than the famous gandharva Tumburu, cursed by Kubera because he forgot his duty while engaging with Rambha : « King Kubera thus cursed angrily me for not presenting myself in his service when I was interested in a celestial dancer Rambha, and indeed he alone said this curse-clearance to me. » (Valmiki Ramayana, Aranyakanda, 4 : 1819) . That illustrates the price of unlimited desires, forgetting dharma, could be darkness, violence and bestial lust. That dialectic is not only Indian culturally fashioned but is found in popular western fairy tales such as in « Beauty and the beast ». Could patients showing gandharva seizure be « cursed » by their own « superego » so that they somehow « reincarnate » symbolically as rakshasa ? That would be a way to explain « phase down » of bipolar disorder in an additional way.

Rakshasa means « protectors » in Sanskrit. Some stories about their origin mention two brothers, one attempting to devour his father, the other to protect him. When they are subdued, they can get the role of guardians such as gargoyles on the outside walls of cathedrals or wrathful spirits as protectors of dharma in Tibetan Buddhism. To understand that principle, we have to remind dogs are originally wolves...The menace of the rakshasa could act as a border not to be crossed in order to keep integrity of the ego, shaken by desire. In an additional perspective, desire should be limited and always work in harmony with dharma, otherwise, it opens the gate to monstrosity. But it doesn't mean that for patients seized by gandharva, solution would directly come from the guardrail.

There are other beings that play the role of guardians in south Asia : naga, the snakes beings. Nagas are opposite of ghandarva. Gandharva and apsara come from the sky, naga and nagini from under earth and deep waters. Gandharva are often portrayed as bird-like beings with wings and feathers while naga, apart from air ones that could be compared to « dragons », crawl. They are often engaged in war against ghandarva. In Nordic myths, roots of Yggdrasil, the cosmic tree, is eaten by underworld snakes, while birds from its upper branches and canopy come down to attack them. It reminds Garuda of South Asia mythology, the famous bird-hero and greatest enemy of the nagas. My clinical experiences suggest that the dialectic of conflict between snakes and birds could show a need of some

patients seized by ghandarva or apsara to be protected and saved from their own desires by some kind of guardians. But those guardians could also play the role of executioners who bind and choke their victims as snakes rolls up around their preys. That conflict coming from within the psychic area of the subject, could be externalized by actual situations and relationships.

Dealing with seizure issues, Charaka recommends « divinet re-atment », daivavyapashraya, whether than rational re-atments (yuktivyapashraya) dealing with doshic physiology, or psychotherapy (sattvavaja) that directly works on negative thoughts and emotions (manovikara). The list of spiritual re-atments he describes, such as mantra, sacred plants and gems, offerings, sacrifice, pilgrimage, etc ; could be seen as a whole therapy employing different tools for different stages of the re-atment. The main intervention for seizure issues is « bali », sacrifice. Offer ritually and symbolically whatever the seizer expects as tribute, and money of negotiation, so that it will leave its victim, is the basic principles of bhutabali in that therapeutic context. Charaka does not give details on the articles to be offered ritually, but Shsuruta and Vagbhata do. In its crude form, although gandharva and apsara are considered prominently sattvic entities, wild game meat and wine must be offered as bali according to Shsuruta. Animal sacrifice and meat offerings to the gods were commonly practiced during Vedic times, compared to today Hinduism most influenced by Vaishnavism vegetarianism . Tributes must be deposited on route of cow ranchumance or at the middle of a cow herd. One must understand the importance of cows symbolism in Hinduism. As cow are the most sacred animals and incorporate all the gods within their bodies, cow herds are god's courts, and ranchumance routes, god's pathways, where aspara and gandharva

perform their regular duties. Vagbhata focus on new clothes offering with water libations. In Hinduism, water libations or liquids offerings such as milk, wine for tatnrics or simply water, are always made from a consecrated pot. The waters into pot are themselves consecrated in the names of the holy rivers of India such as Ganges, Yamuna, etc. It seems that the Greek cult of nymphs also used consecrated cups, with proper invocations . Nymphs had wild shrines, near ponds and deep into natural caves while muses had dedicated temples with theaters and art performances, where pilgrims used to payt r-i-bute to the gods and muses with votive statues. In Tamil Nadu, votive statues made of clay or rice flour, are till today modeled in sexually explicit postures and offered in the middle of a yatnra or geomterical figures in beautiful garden or groves to appease apsaras, as Josiane Racine reports . Indian medieval sorcery books such as Damara and Bhutadamara Tatnra also deal with apsara's cult, but are more « siddhi » supernatural powers oriented than focused on therapeutics. Cult of apsara with matnra, yatnra and offerings belong usually to vashikarana kriya, « love sorcery ». Whatever the various uses of tatnric practices,t r-a-ditional healers nowadays are highly influenced by Tatnra in the way they ritually operate with seizing issues .

Since the time St Augustine judged all fairies, nymphs, and spirits of nature as evil, their cult disappeared in the West. Pagan cult of those spirits passed into folk sorcery and survived somehow on worship of some christian saints. But most of the coherence of that "daemonist" therapeutics y-stem almost disappeared, and modern rational socitey inspired by sciences and fight against « superstitions » terminated the job initiated by Catholics. Compared to the West, those kind of medicinal cults and the idea off r-i-bute offerings to appease spirits responsible of madness, survived in Islamic areas,

where those spirits got identified with « djinns ». As far as apsara and gandharva are concerned, to Asian converted Muslims, celestial apsara (daivika) became « houris», celestial virgins of the paradise mentioned in the Koran, while earthly gandharva and apsara (laukika) are now identified as « amorous » djinns. Issues of amorous djinns in love affairs, adultery and libidinal problems within couples are alsot r-e-ated by Maghreb and sub-Saharan Muslim « marabouts », who usually belong to Sufi communities. What about the West ? Do those old medicinal cults make sense today in our secular culture ? That is a big question.

We keep on playing drama masterpieces that share themes found in gandharvagraha issues, such as Shakespeare Romeo and Juliet. We read to children fairy tales to the point we teach them after all, these are only « stories ». Western modern spychologists took those tales as narrative of challenges of spychic life, especially Jungians. But apart from art-therapy, which could be a serious solution to consider in gandharva apsara seizing issues, direct ritualistic approach in modern therapeutics is taboo. The major objection to the appliance of theset r-a-ditional tools would be : it won't make sense for a modern western patient. It wouldn't work due to cultural gap, since ym-bolic efficacy in rituals might only work within a specific cultural field and especially « archaic » ones from what modern man supposed to divorce. This is not what my clinical experience shows. Even if I'm till now unable to furnish objective data to prove the efficacy of rituals and to explain how it works, I had good feedback from most of the patients It r-e-ate with those tools, especially those who are opened tos ym-bolic and ritual works, sensitive to ceremonial atmosphere and mythology. My intuition tells mes ym-bolic tools do not only works on the basis of « faith », as rationalist spychologists acknowledge scientifically, but find a way to directly operate at subconscious levels of mind whatever cultural knowledge, with a subtle network of analogies different from linear logic . After all, humantiy has spent more times using those kind of analogical paradigms rather than causal ones. Western and Indian culture might originate from a same multi-influences cultural milieu called « indo-european ». Apart from those risky statements, we could also argue, in a Jungian perspective, that archteypes do not depend on their cultural forms but are universal and written within all human beings. That would mean, forms changes, spirit don't. After all, we can maybe appease apsara by ritually offer them modern rhinestones, fashionable clothes such as Gucci shawls in a ceremonial high class « hype » political or artistic gala ritualistic ambiance... The problem would be : how to penterate archteypes in a secular world without loosing the sacred link off r-a-dition that gives to rituals their evocative « power » ? I can't answer that question till today and open it to you readers as a conclusion.



THE EFFECT OF SARASWATHARISHTA IN MUDHATA A CLINICAL APPROACH W.S.R INTELLECTUAL DISABILITY OF CHILDREN

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INTRODUCTION: Raising a child with an intellectual disability can be a daunting and exhausting task. Family members must cope with the daily stress of seeing their child struggle. It is natural to feel grief, resentment, disappointment and frustration. Sometimes these feelings can lead to feeling of guilt, hopelessness and depression. It is tough to see society treat them like they are less than others because they look different. A child in our society is expected to meet standards, sadly many children are unable to meet the standards.

Intellectual disability (intellectual developmental disorder) is a disorder with onset during the developmental period that includes both intellectual and adaptive functioning deficits in conceptual, social, and practical domains. The essential features of intellectual disability are deficits in general mental abilities and impairment in everyday adaptive functioning, in comparison to an individual's age, gender, and socio culturally matched peers. Onset is during the developmental period.

Children with Intellectual Disability can do learn new skills, but they learn them more slow. The pressure to meet our society values was too much and too fast for them. Overall, males are more likely than females to be diagnosed with both mild (average male : female ratio 1.6:1) and severe (average male: female ratio 1.2:1) forms of intellectual disability. So being a burning problem, it needed effective and safe treatment with the right support, most will be able to do their own works as independently. The chief aim should be to make the affected children more capable of performing common activities of everyday life. So they can come out from regret and guilt.

Ayurveda explained conditions as "Mudha,³Murkha,⁴ Alpabuddhi,⁵ (indicating stunted growth of mental faculties) appear to be state of 'Intellectual Disability. Saraswatharishtha ⁶, a reputed formulation of Bhaishajya Ratnavali Rasayana Prakarana, specially indicated in manodosha, chittasamthosha and as like Amruth. It is consider here to increase the Intellectual ability.

Study design: It was an open labeled clinical study with pre and post test



design where in minimal 30 patient suffering from Intellectual Disability were selected and the parameters of signs and symptoms were recorded and scored based on the standard scoring methods and analyzed statistically.

Patients were administered with Saraswatharishta without Gold 12 ml 2 times a day for 2 months.

Duration of clinical study:

Intervention : 2 months

Follow up : 2 months

Diagnostic criteria: Mudhata was diagnosed as per classical reference and Intellectual Disability was diagnosed on the basis of Diagnostic criteria mentioned in DSM 5

Inclusion criteria:

1. Patient fulfilling the diagnostic criteria.
2. Patients of age group between 4 to 12 years.

Exclusion criteria:

1. Associated with complications of other systemic disorder.
2. Major and minor cognitive disorders, Autism spectrum disorder, Communication Disorder and Specific learning disorders.

Assessment criteria:

- Signs and symptoms of Intellectual Disability were evaluated on the basis of DSM 5 criteria
- Manasa bhava assessment scale
- Adaptive Behavior Evaluation Scale revised 2nd Edition 4 to 12 yrs

DISCUSSION: While defining swastha, it has been quoted that prasanna athmendriyamana are the most important characteristics. So the degree of affliction of mana causes disturbance in human beings. Manas is one of the complicated topic in ayurveda, action of medhya rasayana and its rasayana property acting in manas and its guans are more interesting. Hence the objective is to find out the efficacy of rasayana in reduced intellect of children.

Maximum number of children in this study were in the age group of 10 to 12 years i.e. 63%. This was followed by 37% children in the age group of 7 to 9 years. While only 0% children were reported in the age group of 4 to 6 years. The child is expected to learn to adopt few communication skills, running, skipping, acquire sphincter control, up till 10 to 15, have fine co-ordination and play competitive games by the age of 5 years. Any deficit in this normal development

worries the parents. This worries drives them to consult a physician in case of further delay. Thus maximum cases are reported between this time period of 4 to 12 years. This data proves the geographical distribution of particular sect. Maximum number of patients belonged to the middle socio economic strata (73%), while 14% patients were of upper middle and (13%) lower middle class none (0%) from the high socio economic group. Exposure to various infections, Malnutrition, untimely re-atment and faulty delivering techniques are much more common in the lower middle class and middle class. This may contribute to higher incidence of reduced intellect in this group. Although maximum number of patients were delivered caesarean (70%); and 30% were delivered normal. The data indicates that caesarean delivery was recorded in more than one third of the cases. Meconium aspiration which is often a cause of or associated with caesarean section, cause hypoxia which may also lead to reduced mental function. The data indicates that 100% of children having mixed diet. This data proves the geographical distribution of particular food habit. Majority of the patients (67%) had a sound and undisturbed sleep. In 33% children the sleep was disturbed. In children the sleeping hours are more than in adults. Also predominance of tamas and kapha may be the cause for very sound sleep. Majority of the patients had poor exercise (60%) Remaining 40% had moderate exercise. Exercise also plays a vital role in improving the mental health. 18 number of children (60%) reported of regular bowel evacuation. In 40%, the bowel habit was found to be irregular. They had history of constipation. Mentally ill children usually have irregular eating habits, may become hard due to lack of proper water intake and constipation is reported. The association of vitiated vata along with vitiated kapha as is usually found in cases of mudhata may be the reason of irregular bowels. In this study 57 % of patients had normal temperament. 33% were calm 10% were cruel in nature. An aggressive and hyperkinetic state and negative or pessimistic attitude is usually responsible for this abnormal behavior in the mentally ill children. Prakriti- According to the saririka prakriti maximum number of these children 57% were kaphavata pradhana while 13% were pittakapha dominant and 7% children were found to be Vatapitta dominant. According to their manasa prakriti maximum number i.e. 77% of children were tamasa pradhana while 23% were rajasa pradhana. Vitiated vata and kapha dosa are usually involved in the pathogenesis of mudhata. In the present case the child has kapha vata prakriti the chances of the disease becoming asadhya or krcchra

sadhya are higher. According to the description of different manasika praktis the tamasa pradhana usually has a reduced intellect. Maximum number of patients (80%) had avara sara while 20% had madhyama sara, pravara sara was not present in any of the patients. There is an association between the normal growth and development pattern. If one is impaired the other is also affected. Thus in maximum number of children growth being also affected, sara was found to be avara. 73% of the total number of patients had a avara Samhanana while 27% had madhyama samhanana. In the severely and moderately reduced intellect children the compactness of body is not proper. In this study total number of patients (100%) the satva was found to be avara. The mentally ill children usually lack self-confidence, they are not self-dependent and cannot think and judge the situation correctly. Acarya Caraka has told that person having avara and madhyama satvabala are vulnerable to diseases, which is supported in the above study. 70% children had an avara satmya and 30% had madhyama satmya. Satmya stands for such factors are wholesome to the individual even when continuously used. In the present study maximum children had avara satmya and hence they did not get proper nourishment for both body and mind. In maximum number of children i.e. 93%, the vyayama sakti was avara while in 7% children it was found to be madhyama. Growth is also affected in most of these cases and the compactness and sarata of dhatus being reduced in these children, so they usually cannot do strenuous exercise. In 67% of the patients the pramana was found to be avara. The pramana of 33% children was madhyama. The disproportion amongst body parts is a common feature of intellectually disabled children.

On Manasabhavas– Medha– The capacities to understand, comprehend and conceptualize were improved significantly. There was an increase of 21.32%. The data shows that saraswatarishta provided the improvement in boosting the medha. Smrti–The capacity of recalling and retaining which were considered under the manasabhava Pariksa – smrti, showed a statistically highly significant improvement 24.65% ($P < 0.001$) which shows the effect was statistically significant. Saraswatarishta have direct role in improving the memory Dhrti– The data reveals that after the treatment there was an increase in dhrti by 25.32% ($P < 0.001$) and was highly significant on boosting the courage and insight of the children, that help them to do daily activities more fast and perfect. Vijnana– the improvement in

the capacity of proper judgment and better insight into the situation, was increased by 24.988% which was highly significant ($P < 0.001$). The assessment is done by looking how perfectly the work has been done (vyavasayeneti pravarti), the performance clarity indicates his knowledge and logic application with work. Krodha– The anger was reduced. The effect was highly significant ($P < 0.001$) as the decrease in krodha was 26.165%. Excessive uncontrollable anger is one of the risk factor in intellectually disabled children, it can cause self harm as well as homicide also. Here saraswatarishta can play a vital role in reducing the krodha. Soka– Study provided 31.818% relief in grief from sorrowful disposition which is statistically highly significant ($P < 0.001$). Excessive soka as well as lack of soka is one of the phenomenon can be seen in mentally ill children. Some times there are not even to control their feeling. Rasayana can control the manasa bhavas like soka again proved in this study. Bhaya– In this study fear of children was decreased by 30.318% which was statistically highly significant ($P < 0.001$). Fear towards doing daily activities and specific phobias are also markedly reduced. Harsha– In this study harsha of children was increased by 30.318% which was statistically highly significant ($P < 0.001$). Children those who are very introvert improved their social interaction and depressed mood also gets changed. Factors affecting the intelligence is always in controversy. Is intelligence inherited or built? There are lot of factors affect one's intelligence and memory it begins from one's life and continue till death. Biological, social factors, psychological and family factors also have vital role in impairment of intellect. Acharyas mentioned ayurveda can make changes in these conditions like impaired intellect and memory. Ayurveda also gives importance to genetic and hereditary aspect of buddhi and medha. "mano buddhestatha nidra aalsayam mada eva cha" these are derived from akasha bhuta. "Agnayani medha," indicates that medha originates from agni.

Here mentioned the total effect on saraswatarishta in conceptual, social and practical domain of children with ABES – R2 412 Years Scale

Effect on conceptual domain– On overall communication.: The data reveals that saraswatarishta given orally provided the maximum improvement in conceptual domain specially in communication. It was calculated on the basis of a series of 5 questions had the raw score of 30. These tests basically estimate communication, of the child. On overall functional academics: The effect was highly significant ($P < 0.001$).

Social domain– The effect was highly significant

($P < 0.001$). It was calculated on the basis of a series of 19 questions had the raw score of 95. These tests basically estimate social participation of child. On overall leisure-The effect was highly significant ($P < 0.001$). These tests basically estimate social participation of child, understanding the concept of measurement, demontsrate the knowledge of requirement of personal saftey.etc On overall self direction-The effect was highly significant ($P < 0.001$). It was calculated on the basis of a series of 5 questions had the raw score of 25. These tests basically estimate in accepting the consructive criticism, verifying the level of accuracy for completing assignments etc. Practical domain-On overall self care The effect was highly significant ($P < 0.001$). It was calculated on the basis of a series of 6 questions had the raw score of 30. These tests basically estimate self care of toileting needs, ties shoes, fastens article of clothing etc. On overall health and saftey-The effect was highly significant ($P < 0.001$). It was calculated on the basis of a series of 8 questions had the raw score of 40. These tests basically estimate the article preference , makes refusals terminates an activtiy or situation, seeks assistance while needed etc. on overall home living-The effect was significant ($P = 0.001$). It was calculated on the basis of a series of 8 questions had the raw score of 40. These tests basically estimate demontsrates appropriate mealtime behavior, turns on faucet ,flushes toilet etc, take care of personal propetry etc.On overall work-The effect was highly significant ($P < 0.001$). It was calculated on the basis of a series of 13 questions had the raw score of 65. These tests basically estimate the social interaction skill, interacts appropriately in a group situation etc. On overall communtiy use-The effect was highly significant ($P < 0.001$). It was calculated on the basis of a series of 7 questions had the raw score of 35. These tests basically estimate appropriate use of free time ,interacts appropriately with one other person etc.

Effect of ingredients of saraswatarishta- Saraswatarishta has twetny three ingredients, those ingredient are proved medhya, rasayana, vedanastapaka, vatanulomana, , with pharmacological activities like antitsress, antipsychotic, antidepressant,t r-anquillizer, smooth muscle relaxant, and anxiolytic. Brahmi, shatavari, abhaya, mishi, pippali, vacha, are proved medhya drugs. These improve the intellectual capacity of the person. Brahmi, shatavari, vidarika, abhaya, renuka, pippali, vajigandha, amruta, vidanga are considered as rasayana drugs. These helps in nourishing the mind and body and keep them in

normalcy. Vacha acts as sanjnasthapaka, improves the intellectual capacity of the mind and improves the ability of perception of the reality, acceptance of reality . By observing all the information gathered it is clear that Saraswatarishta helps in improving the intellect as well as t r-e-ating the manodosha and manodoshajanya vyadhi. Thus Saraswatarishta in the present study showed good result in improving the intellect.

CONCLUSION: On analysis of features of mudhata ,kapha pradhanat r-i-dosha along with tamo dosha vitiated due to the nidanas like asatmyendriyarthasamyoga , pranjaparadha or parinama produces mudhata , and the lakshnas are matching with signs and symptoms of intellectual disability. So one can come to conclusion that intellectual disability is considered under the umbrella of mudhata. Oral medication by saraswatarishta in a dose of 12 ml bd with anupana of water effective in remission of signs and symptoms of mudhata. Saraswatarishta provides a statistically high significant p value ($p < 0.001$), there was remarkable result in manasa bhavas which involved in the mudhta. Over all improvement in manasa bhava assessment scale 36.09%. Over all improvement in Adaptive Behavior Evaluation rating scale and the changes that occurred in conceptual , social and practical domain was statistically significant with p value < 0.001 . Study showed positive feed back in the management of mudhata/intellectual disability. Hence the present study substantiates the phalsaruthi of saraswatarishta reducing manodoshajanya vikara and act as rasayana. After the r-e-atment period , during the follow up the intensity of severity was less when compared to the intensity before r-e-atment. This may due to the rasayana property of saraswatarishta, which had its own effect even in the follow up period also.

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Photo Gallery

WORLD MENTAL HEALTH DAY PROGRAMS

Awareness programmes at Sree Kerala Varma College, Thrissur in connection with World Mental Health Day

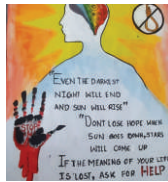
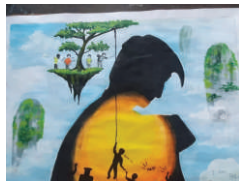
Mental Health awareness program was conducted for students of Sree Kerala Varma College, Thrissur in connection with the mental health week celebration. The students were sensitized about the importance of Mental health and theme "Make Mental Health and well being for All a Global Priority."

A quiz programme was conducted for the students on the topic "Mental health and Substance Use Disorders" led by Dr Vijaynath V, Assistant Professor, Government Ayurveda College, Thrippunithura.

The winners were awarded certificates and cash prizes by Dr Parvatheedevy (Superintendent GARIM, Kottakkal).

A clown show was performed by Mr. Parthasarathi and Mr. Manoj Soni conveying the effect of drug abuse.

Mr Kannan, NSS Programme officer delivered vote of thanks.



The theme of World Mental Health Day 2022 is Make Mental Health and Well Being for All A Global priority.

As a part of observing World Mental Health Day, GARIM Kottakkal in association with NSS units SSM Polytechnic College, Tirur conducted a poster making competition on the topic "Improve mental health and prevent suicide." A clown show was also performed on the theme importance of Mental health by Sri Parthasarathi and Sri Manoj Suni. The function started at 9.30 am. The program was inaugurated by Sri Haneefa Puthuparambil, HOD General department SSM Polytechnic, Tirur. The function was presided by Sri T K Basheer, Vice principal. The NSS program officer Mrs Mumtaz M delivered the welcome speech. Dr MP Parvatheedevi, Superintendent GARIM took an awareness class on importance of mental health in daily living to the students of SSM Polytechnic.

Dr Brinu JA, Dr Francis J Aradan, Dr Toolika E, Dr Aparna P M, Dr Jiljith, and Sri KA Khader (NSS district coordinator) gave the felicitation speech for the function. The winners of the poster making competition were awarded cash prize and certificates. Mr Jayasoorya NSS volunteer Secretary delivered the vote of thanks.

