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Concept of *Ashta Vibhrama* and its Critical understanding

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Abstract

Ashta vibramas are mentioned in *Charaka Samhita* while explaining the disease *Unmada.* As the name suggests, it includes eight errors or confusions which leads to disturbed functioning of the mind, thus leading to *Unmada* or mental disorders. These include *vibrama* of *Mana, buddhi, samja jnana, smriti, bhakti, Sheela, Cheshta* and *aachara.* The concept of *Ashta vibrama* is often ignored or not usually critically analysed. *Ashta vibrama* is the ayurvedic form of Mental Status Examination (MSE). An in-depth knowledge about *ashta vibrama* helps in understanding psychiatric disorders through its presentation according to ayurveda. The present article explores the concept of *Ashta Vibhrama* in detail and attempts to interpret it in light of contemporary psychological and psychiatric understanding.

Key words : *Ashta Vibhrama, Unmada*. Psychiatric disorders.

In Ayurveda, the reference about psychiatric disorders is limited to very few conditions like *Unmada, Madatyaya, Atatva-bhinivesha*. *Madatyaya* is about substance abuse disorder, specifically alcohol use disorder and its management. *Atatvabhinivesha* is usually corelated to Obsessive compulsive disorder and Somatoform disorders. *Unmada* is the only chapter dedicated to psychiatric conditions. Proper understanding of *Unmada* is required to know the presentation of psychiatric illness in Ayurveda and its treatment. As opposed to the contemporary psychiatry, there are few different diagnoses given in ayurveda for psychiatric illnesses. *Unmada* in fact can be considered as a spectrum of psychiatric disorders rather than one particular condition. To understand this, a proper critical analysis of the concept *of Ashta vbibrama* is needed.

Ashta vibrama is mentioned by *Acharya Charaka* in *Nidana sthana, unmada nidana adhyaya*. *Ashta* means eight and *vibrama* means distortion or derangement of normal functioning. These eight domains are said to be affected in Unmada. They include *vibrama* of *Mana, buddhi, samja jnana,*

smriti, bhakti, Sheela, Cheshta and *aachara.*[1]

1. Mano vibrama (Disturbance of thought)

The person does not think about what should be thought i.e, appropriate thoughts and instead thinks about what should not to be thought, meaning one has inappropriate thoughts. While explaining the concept of manas, it is said that the activity of thinking or *chintya* is the main object of mind, as explained in the chakrapani teeka. Thus, derangement of the basic activity of mind can cause psychiatric disorders.

In the case of depressive disorders, it is seen that the patient has ruminations over minor past failings, recurrent thoughts of death or recurrent suicidal ideation. They also report an impaired ability to think. They often have thoughts like "I'm worthless", "I'm a burden", "I can't do anything right" which is then reflected in their mood and affect as sad and depressed.[3]

In case of obsessive-compulsive disorder (OCD), the patient has obsessions which are basically recurrent and persistent thoughts, urges, or images that are experienced as intrusive and unwanted. In most individuals it causes marked anxiety or distress. Here the patient is aware of the *mano vibrama.* Some forms of OCD report specifically having taboo or forbidden thoughts including aggressive and sexual obsessions.[3]

Body dysmorphic disorder is characterized by preoccupation with one or more perceived defects or flaws in physical appearance that are not clearly observable or appear only mildly to others, and may have repetitive behaviors like mirror checking, excessive grooming, skin picking, or reassurance seeking or mental acts (*e.g.*, comparing one's appearance to that t of other people) in response to the appearance concerns.[3] Here, all the aspects which are under thinking comes under *mano vibrama*.

Delusions are a disorder of thought content where the person has firm unshakable beliefs that are false.[2] As it comes under thought, it can be considered as a *mano vibrama*. Delusions are specifically seen in schizophrenia.

Derailment, which is slipping from one topic to another unrelated topic, tangentiality or answering questions in a way that veers off topic, word salad or incoherent, incomprehensible mixtures of words, thought blocking which is interruption of speech mid-thought, are all disorder of thought, which basically means *mano vibrama*.[2]

2. Buddhi Vibhrama (Disturbance of Intellect) :

The individual perceives *nitya* as anitya, and *hita* as *ahita* and vice-versa. *Nitya* can mean permanent, usual, ordinary or necessary and *hita* means favourable or favourite. When *budhi vibrama* occurs, there could be impairment in judgment, causing reckless, impulsive decision making. This is seen in personality disorders, specifically borderline personality disorder, bipolar disorder and substance abuse. Perceiving something that is not favourable for oneself, like excessive consumption of alcohol, as favourable is seen in substance abuse. Similarly in body dysmorphic disorder, the person perceives that his or her

body is not symmetrical even though that might not be the case or that is natural.[3] In eating disorders too, the person perceives that they are fat when in reality they might be malnourished. In binge eating disorder, the person consumes excessive food due to the impairment in perceiving what is good or bad thus affecting their decision-making.[3] Having a poor insight is indeed *budhi vibrama*. This is seen in personality disorders and psychotic conditions. Even in conditions like depressive disorders or anxiety disorders, the person may not have an insight of 6 which is the highest under mental status examination.

3. Samja Vibhrama (Disturbance of Consciousness/Orientation) :

Samja refers to awareness and responsiveness to surroundings. When there is impairment in *sanja jnana*, the person does not perceive sensations such as burning caused by fire. Alternatively, *Samja* refers to awareness. It implies the responsiveness of the person when his name is being called. This can also be understood as consciousness, which comes under Mini-mental status examination or examination of cognition.[8] Altered sensorium, often referred to as altered mental status, is non-specific clinical symptom indicating a dysfunction in brain arousal or content, ranging from confusion to coma.[9] In the later stages of dementia, the person might not respond to his own name. Clouding of consciousness is also seen in delirium and dissociative disorders.[10,11] Altered sensorium can be observed in psychotic conditions like schizophrenia, major depressive disorder, dissociative disorders and neuroleptic malignant disorder.

4. Smriti Vibhrama (Disturbance of Memory)

Smriti denotes memory and recall. Its impairment leads to forgetfulness, inability to retain information, or distorted recollections. Memory impairment is seen in neuro-degenerative disorders like dementia.[7] Dissociative disorders, are characterized by a disruption of and/or discontinuity in the normal integration of consciousness, memory, identity, emotion, perception, body representation, motor control, and behavior. Here the person has altered memory or forgets some important memories in their life specifically traumatic memories[3]. In dissociative identity disorder, an alter is created to overcome some traumatic experience. In dissociative amnesia there is an inability to recall autobiographical information that is inconsistent with normal forgetting.

Impaired memory is also seen in post-traumatic stress disorder (PTSD). In PTSD there usually is impairment in the ability to recall specific details of the traumatic event[4].

5. Bhakti Vibhrama (Disturbance of Preferences/ Behavioral Inclinations) :

Bhakti here refers to liking, desires, and personal inclinations. Acharya has specifically mentioned that the objects or activities towards which there previously was a desire becomes undesirable by the person. This is seen in depression where the person losses interest in activities or hobbies.[3] In psychiatric conditions while taking history, special emphasis is given to pre-morbid personality to highlight the changes at present.[2]

6. Sheela Vibhrama (Disturbance of Character/ Conduct) :

Sheela represents habitual behavior

and personality traits. Its derangement leads to deviation from one's normal conduct and social behavior like a person who is always calm and composed suddenly developing anger outbursts or crying spells. Dissociative identity disorder is associated with a difference or stark contrast in behavior of the alters or split personalities.[3] Pre-morbid personality is found to be different from the current symptoms in many psychiatric conditions.

7. Cheshta Vibhrama (Disturbance of Psychomotor Activity) :

Cheshta includes motor activities. Disturbance manifests as agitation, restlessness, purposeless movements, or reduced activity. Psychomotor agitation and retardation are seen in depression, mania, and psychosis. In neuro-psychiatric conditions like Parkinson's disease there is psychomotor disturbances.[2]

8. Achara Vibhrama (Disturbance of Conduct and Lifestyle).

Achara refers to overall behavior, habits, and social functioning. Its derangement leads to inappropriate actions, neglect of self-care, and impaired social conduct. The person adopts improper behavior such as absence of cleanliness, deviating from conduct established by scriptural teachings and discipline. It is seen in schizophrenia, major depressive disorder and mania.

The concept of *Ashta vibrama* can be understood as the ayurvedic alternative for mental status examination (MSE). Aspects that are assessed through *ashta vibrama* include general appearance and behavior, psychomotor activity, mood and affect, thought, perception, cognition including orientation, consciousness, memory, insight and judgment. Each *vibrama* can be understood through the components of MSE, as mentioned in table-1.

Table-1. Corelation of Ashta vibramas with components of Mental status examination

Vibramas	MSE component
Mano Vibhrama	Mood and affect, thought
Buddhi Vibhrama	Thought content, judgment, insight
Samja jnana Vibhrama	Perception, orientation, consciousness
Smriti Vibhrama	Cognition- memory,
Bhakti Vibhrama	Motivation, thought content
Sheela Vibhrama	Behavior
Cheshta Vibhrama	Psychomotor activity
Achara Vibhrama	General appearance and behavior

Mano vibhrama includes abnormalities in emotions and thought content, *buddhi vibhrama* involves disturbances in cognition, particularly judgment and discrimination. *Samja gnana vibhrama* is related to impairment in awareness and perception, and *smriti vibhrama* is about memory loss or altered memory. *Bhakti* and *sheela vibrama* include changes in motivation and personality traits. *Cheshta* and *achara vibhrama* includes disturbances in motor behavior and social conduct. The critical analysis of *ashta vibramas* help us understand that classical ayurveda texts have identified and explained the domains of mental functioning that are altered in psychiatric conditions. The relevance of *ashta vibrama* is not just limited to psychotic conditions, which is what *unmada* is wrongly

correlated to by students, but can cover a vast spectrum of psychiatric conditions including mood disorders, anxiety disorders, and stress-related conditions such as adjustment disorder to name a few. In all these conditions, disturbances in one or more domains of the *vibramas* are commonly observed.

The concept of *Ashta vibhrama* can be considered as the basis for the specific therapy mentioned for psychiatric disorders in ayurveda which is Satvavajaya chikitsa. Satvavajaya chikitsa can be considered as the ayurvedic psychotherapy method. The word *Satvavajaya* means winning over or control of mind. The aim of *Satvavajaya chikitsa* is to restrain the mind from unwholesome objects. Here the objects include the various aspects of thinking, analysing, guessing, focusing, decision making and the emotions felt, all of which is believed to happen in the mind. Unwholesome objects mean suicidal thinking, delusional thoughts, cognitive distortions, distorted beliefs and impulsivity to name a few. The treatment is through *Dhee, Dhairya* and *Atmadi vijnana. Dhee* is the use of or kindling of intellect of the person. *Dhairya* is restoring courage to say no to things that are harmful and do things that are beneficial. *Atmadi vijnana* is the spiritual approach, where through the regular practice of Yoga, the person reaches the state of *Samadhi* and is enlightened with the knowledge of *Paramatma*.[9] Another reference talks about the use of *gnana, vignana, dhairya, smriti* and *samadhi*. *Gnana* is spiritual knowledge, *vignana* is knowledge of the subject of interest or expertise of the person and *smriti* is memory.[2]

The concept of *Satvavajaya chikitsa* is parallel to contemporary psychotherapy specifically Cognitive Behavioral Therapy (CBT). CBT includes thought, emotions and behavior. It focuses on identifying any maladaptive thought, cognitive distortions and faulty behavior and correcting those through therapy sessions usually held once a week for a period of about 40 minutes.[8] Correcting the maladaptive thought is indeed addressing mano vibrama. Cognitive restructuring is achieved by targeting *budhi vibrama*. Behavioral changes are achieved by focusing on the *sheela, chaeshta* and *achara vibramas*. Memory based interventions like journaling and life experience essays done in CBT helps correct *smriti vibrama*.

Even though there is specific mention of ashta vibramas in classics, the use of it in clinical practice and modern research is limited. There is a need for systematic efforts to develop proper assessment tools specific for psychiatric conditions in ayurveda bases on the concept of *ashta vibrama*. Its clinical utility has to be evaluated through empirical studies. Integrating these classical concepts with standardized psychiatric assessments such as MSE and diagnostic systems like DSM-5-TR can enhance their relevance and acceptance in contemporary mental health care.

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