



Review Article

CLINICAL DEPRESSION IN AYURVEDA: A CRITICAL APPRAISAL OF *VISHAADA*, *KAPHAJA UNMADA*, *GRAHA* DISORDERS AND RELATED PSYCHOPATHOLOGICAL CONCEPTS

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ABSTRACT

Chronic low mood, anhedonia, fatigue, cognitive impairment, trouble sleeping, and decreased psychosocial functioning are the hallmarks of major depressive disorder, a common mental illness. Several conditions, such as *Vishaada*, *Kaphaja Unmada*, *Manovaha Srotodushti*, *Tamo-guna* predominance, and certain *Graha* disorders, show varying degrees of clinical resemblance to clinical depression. It is necessary to critically re-evaluate the common practice of directly equating depression with *Kaphaja Unmada*. **Objective:** To critically evaluate the Ayurvedic concepts of *Vishaada*, *Kaphaja Unmada*, *Graha* disorders, and related psychopathological entities in the context of contemporary clinical depression and to propose a rational Ayurvedic interpretative framework. **Materials and Methods:** A narrative review was conducted using classical Ayurvedic texts, together with contemporary psychiatric literature based on DSM-5 and ICD-11. The clinical manifestations, etiopathogenesis, and psychopathological characteristics of these conditions were comparatively analyzed. **Findings:** *Kaphaja Unmada* showed more resemblance to severe depressive states linked to psychomotor retardation and cognitive dysfunction, while *Vishaada* showed the closest resemblance to the affective manifestations of mild-moderated depression. While *Graha* disorders have little phenomenological overlap, *Manovaha srotodushti* and *Tamo guna* predominance offer a more comprehensive explanation for the pathophysiology of depressive disorders. **Conclusion:** Clinical depression should be interpreted through an integrative Ayurvedic framework incorporating *Vishaada*, *Kaphaja Unmada*, *Manovaha srotodushti* and psychological attributes according to disease severity, *Dosa* predominance, and individual mental constitution. Such an approach is more comprehensive and clinically meaningful than correlating depression exclusively with *Kaphaja Unmada*.

INTRODUCTION

Due to their significant effects on emotional, cognitive, behavioural, and social functioning, depressive disorders rank among the top causes of disability globally and are a significant public health concern. The symptoms of major depressive disorder (MDD) include persistent depression, diminished interest or pleasure in once-enjoyable activities, exhaustion, difficulty concentrating, disturbed sleep and appetite, feelings of excessive guilt or worthlessness, psychomotor abnormalities, and

recurrent thoughts of suicide or death. These symptoms cause clinically significant distress or impairment in social, professional, or personal life, last for at least two weeks, and indicate a shift from the person's prior level of functioning. Psychotic symptoms like hallucinations or delusions can also happen in extreme situations. All age groups are affected by depression, which is linked to significant morbidity, a lower quality of life, a higher risk of suicide, and increased healthcare utilisation. According to epidemiological reports, depression is one of the most common mental illnesses in the world, with a significant burden seen in India. Recurrence, incomplete remission, treatment resistance, and side effects continue to be significant clinical challenges despite advancements in pharmaceutical and

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psychological therapies, prompting the investigation of complementary and integrative approaches.^[1-3]

According to the Global Burden of Disease report, the 1-year prevalence of unipolar depressive episodes is estimated to be 5.8% for men and 9.5% for women, while the point prevalence is 1.9% for men and 3.2% for women. The prevalence of depression was 15.1%, according to an Indian population-based study. An estimated 57 million Indians, or 18% of the world's population, suffer from depression.^[4] When depression is at its worst, it can make a person feel suicidal and that life is no longer worth living. At its mildest, it can simply make a person feel depressed all the time. Nearly 30% of people with depression have substance use disorders as a comorbid condition, according to data from the National Mental Health Survey 2015–16.^[5]

Ayurveda does not describe a disease entity that directly corresponds to clinical depression. Instead, its psychological manifestations are distributed across several conditions and conceptual frameworks, including *Vishaada*, *Avasaada*, *Kaphaja Unmada*, *Manovaha Srotodushi*, *Tamo-guna* predominance, and certain *Graha* disorders. Each of these entities explains particular dimensions of depressive psychopathology rather than the disorder in its entirety. Therefore, attempts to establish a one-to-one correlation between depression and a single Ayurvedic diagnosis may oversimplify the complexity of both systems of medicine.

Considering current psychiatric knowledge, the traditional Ayurvedic ideas of *Vishaada*, *Avasaada*, *Kaphaja Unmada*, *Graha* disorders, and associated psychological concepts are critically examined in this review. This review offers a more thorough Ayurvedic framework for understanding by contrasting their clinical characteristics and conceptual underpinnings.

Depression in Ayurveda

Depressive illness cannot be placed under a single heading in Ayurvedic texts. Many of the symptoms are scattered under different titles. When we investigate the features of depression and compare them with Ayurvedic terms, many symptoms will resemble *Kaphaja Unmada*, *Vishaada*, *Avasaada*, *Graha* etc.

Depression and Avasaada

Avasaada - Chitta dehayoh glani.

The term *Avasaada* is derived from the root 'Ava' and 'Sada', conveying the meaning of sinking, exhaustion, or physical and mental dejection. Instead of portraying *Avasaada* as a separate disease entity, classical descriptions mainly describe it as a symptom that arises after unfavourable life events or psychological stress. Diminished enthusiasm, exhaustion, decreased physical activity, and emotional

discouragement are its hallmarks. *Avasaada* lacks the more comprehensive psychopathological profile necessary for a full correlation with major depressive disorder, even though these characteristics resemble some depressive symptoms. Therefore, rather than its Ayurvedic equivalent, it is better understood as one of the symptomatic manifestations of depression.

Depression and Graha

Graha disorders are traditionally described as conditions resulting from external or supernatural influences and are characterized by distinctive behavioural and psychological abnormalities. Certain manifestations of *Pitr Graha*, including an unpleasant facial expression (*Aprasanna drsti*), miserable appearance (*Dina vadana*), excessive sleep (*Nidralu*), diminished digestive capacity (*Manda pavaka*), and interrupted speech (*Skhalita vak*), show superficial resemblance to depressive symptoms.^[6] However, *Graha* disorders are fundamentally different from clinical depression in terms of their aetiology, course, and characteristic presentation. Therefore, *Graha* disorders cannot be regarded as true for Ayurvedic equivalents of depressive illness, even though there is some phenomenological overlap.

Depression and Vishaada

Among the various Ayurvedic concepts, *Vishaada* demonstrates the closest resemblance to the emotional and affective manifestations of depression. It is described as one of the *Vataja Nanatmaja Vikaras* and is also mentioned as a symptom in other disease conditions^[7]. According to classical commentators, *Vishaada* is a condition that results in a lack of initiative, decreased motivation, and decreased physical and mental activity. It is caused by a fear of failure or unfavourable circumstances. *Vishaada* sufferers have diminished functional ability, diminished interest in their jobs, emotional despair, and related physical complaints. These features correspond closely to the early or mild stages of depressive illness. However, *Vishaada* is only one part of the larger depressive spectrum because it does not include cognitive impairment, behavioural abnormalities, or psychotic features seen in severe depression.

Kayabheda, Satwa Sara, and Manasa Prakriti in Depression

Kaya bheda and susceptibility to Mental Disorders

Ayurveda recognizes that an individual's psychological constitution significantly influences susceptibility to mental illness. Acharya Charaka classifies human constitution into seven *Satwika*, six *Rajasika*, and three *Tamasika Kayas*, representing different mental constitutions^[8]. *Rajas* and *Tamas*-dominated individuals are thought to be more susceptible to psychological disorders because these *Gunas* encourage emotional instability, attachment,

delusion, and disturbed mental equilibrium. On the other hand, the predominance of *Satwa* protects the development of *Manasika Vikaras* by strengthening emotional resilience, self-control, and adaptability. According to this theory, a person's innate mental makeup influences both the occurrence and intensity of depression in addition to outside stressors.

Satwa sara and psychological resilience

Among the various *Saras* described in Ayurveda, *Satwa Sara* reflects the excellence of mental strength and psychological stability. Individuals possessing *Pravara Satwa* demonstrate courage, emotional balance, sound judgement, and an enhanced ability to withstand stressful circumstances. Those with *Madhyama Satwa* are able to cope with adversity but often require reassurance and external support. In contrast, individuals with *Avara Satwa* possess limited mental endurance and are more likely to develop psychological disturbances even in response to comparatively minor stressors^[9,10]. This gradation provides an important Ayurvedic explanation for the wide variation in individual vulnerability to depressive disorders despite exposure to similar life events.

Role of Manas and Triguna in depression

According to Ayurveda, the three basic psychological attributes *Satwa*, *Rajas*, and *Tamas* make up the *Manas*, which is intrinsically *Trigunatmaka*. The harmonious balance of these *Gunas* is essential for maintaining mental health. *Satwa* is linked to positive behaviour, emotional stability, perceptual clarity, and discrimination. While *Tamas* is marked by inertia, ignorance, withdrawal, and diminished mental awareness, *Rajas* encourages activity, passion, restlessness, and emotional reactivity. Excessive predominance of *Tamas*, often accompanied by disturbed *Rajas*, may manifest clinically as lethargy, diminished motivation, impaired cognition, emotional withdrawal, and loss of interest- features that closely resemble depressive illness^[11]. Thus, disturbance of the *Trigunas* provides a comprehensive Ayurvedic psychological framework for understanding the pathogenesis of depression beyond the limitations of disease-specific correlations.

According to Ayurveda, vitiation of *Kapha* and *Vata Dosas*, dysfunction of the *Manovaha Srotas*, predominance of *Tamas*, and impaired *Satwa* all seem to contribute to depression. Individual differences in the relative contributions of each component may account for the varied clinical manifestations of depressive disorders. Rather than a uniform disease correlation, this multifaceted understanding supports a customised approach to diagnosis and treatment.

Depression and Unmada

Unmadam punar mano buddhi samjna njana smruti bhakti seela cheshta achara vibhramam vidyat"
CH NI 7/5

Unmada is one of the principal psychiatric disorders described in Ayurveda and is characterized by disturbances of higher mental functions, behaviour, cognition, memory, perception, and conduct. Acharya Charaka defines *Unmada* as a disorder involving derangement of *Manas* (mind), *Buddhi* (intellect), *Samjna* (orientation), *Jnana* (knowledge), *Smriti* (memory), *Bhakti* (desire), *Sila* (habit), *Chesta* (psychomotor activity), and *Acharya* (conduct). Collectively, these disturbances impair an individual's capacity for appropriate perception, decision-making, emotional regulation, and social functioning.

Particularly in later stages of the illness, the clinical signs of depression overlap with several *Unmada* components. Impaired concentration, cognitive dysfunction, psychomotor retardation, decreased motivation, altered social behaviour, and diminished functional capacity are all possible symptoms of persistent depressive episodes. However, patients with mild or moderate depression typically do not exhibit the profound disturbance of higher mental faculties and characteristic behavioural disorganization described in classical *Unmada*. Therefore, severe depressive illness with marked cognitive and behavioural impairment shows greater phenomenological similarity to *Unmada* than depression itself.

Components of Unmada relevant to depression

The classical description of *Manovibhrama* denotes impairment of normal mental functioning, resulting in defective perception, reduced emotional control, and compromised judgement. In depression, similar disturbances may manifest as persistent negative thinking, impaired decision-making, and reduced psychological flexibility.

Buddhivibhrama refers to disturbance of intellect and discrimination. Patients with depression frequently experience indecisiveness, impaired concentration, and difficulty in planning or executing routine activities, reflecting partial impairment of these functions.

Smrtivibhrama, or disturbance of memory, resembles the cognitive deficits observed in depressive disorders, particularly reduced attention, impaired working memory, and subjective forgetfulness.

Alteration of *Bhakti* (interest or desire) closely parallels anhedonia, one of the cardinal symptoms of major depressive disorder, wherein individuals lose interest in previously enjoyable activities.

Disturbance of *Chesta* manifests as abnormalities of psychomotor activity. In severe depression, this corresponds to psychomotor retardation, reduced spontaneous movements, diminished speech, and decreased facial expression.

Disturbances involving orientation, gross behavioural disorganisation, and profound impairment of social conduct are rare in simple depressive disorders, even though some aspects of *Unmada* are like depressive psychopathology. These characteristics only become significant in cases of severe depression accompanied by psychotic symptoms or significant cognitive impairment.

Depression and *Kaphaja Unmada*

Among the five varieties of *Unmada*, *Kaphaja Unmada* exhibits the greatest clinical resemblance to depressive illness. Classical descriptions include lethargy, excessive sleep, reduced speech, diminished physical activity, anorexia, impaired cognition, social withdrawal, and lack of enthusiasm, all of which correspond closely to the clinical features of major depressive disorder. These similarities explain why *Kaphaja Unmada* has frequently been proposed as the nearest Ayurvedic correlate of depression.

Table 1: Comparing *Kaphaja unmada* and Depression^[12-17]

<i>Kaphaja Unmada</i>	Depression
<i>Rahapriti</i>	Desire for loneliness
<i>Saucha vidweshā</i>	Loss of interest in one's own routine
<i>Sadanam</i>	Reduced energy
<i>Bhaibhatsyam</i>	Ideas of death/suicide
<i>Alpamati</i>	Reduced attention
<i>Alpa cheshta, Alpa vak, Sthanamekadesa</i>	Psychomotor retardation
<i>Ati nidra</i>	Increased sleep
<i>Alpa ahara, Arocaka</i>	Decreased appetite

However, this correlation should be interpreted with caution. Major depressive disorder encompasses a broad spectrum ranging from mild affective symptoms to severe psychotic depression. Many patients, particularly during the early stages of illness, present predominantly with sadness, loss of interest, hopelessness, or fatigue without exhibiting the marked disturbances of cognition, behaviour, and personality characteristics of *Unmada*. Consequently, equating all depressive disorders with *Kaphaja Unmada* oversimplifies both the Ayurvedic description and the clinical heterogeneity of depression.

The Ayurvedic correlate of severe *Kapha*-dominant depressive states, particularly those marked by psychomotor retardation, cognitive slowing, social withdrawal, hypersomnia, and decreased motivation, is better understood as *Kaphaja Unmada*. Depending on the predominant clinical presentation, concepts like *Vishaada*, *Avasaada*, and *Manovaha Srotodushti* may provide a better understanding of mild and moderate depressive disorders. This multifaceted approach allows for a more accurate understanding of contemporary psychiatric disorders while maintaining the integrity of traditional Ayurvedic principles

DISCUSSION

The present review demonstrates that clinical depression cannot be satisfactorily correlated with a single Ayurvedic disease entity. Although several authors have traditionally equated depression with *Kaphaja Unmada*, such an approach overlooks the clinical heterogeneity of depressive disorders as well

as the multidimensional description of mental illness in Ayurveda. The symptomatology of depression extends beyond a single classical diagnosis and overlaps with multiple Ayurvedic concepts, each reflecting different aspects of psychopathology.

Among the entities examined, *Vishaada* most closely resembles the affective and emotional symptoms of depression, especially persistent melancholy, diminished motivation, loss of enthusiasm, and decreased functional activity. However, the behavioural abnormalities, psychomotor retardation, and cognitive impairment seen in severe depression are not sufficiently explained by *Vishaada*. On the other hand, *Kaphaja Unmada* is strikingly similar to advanced depressive states, which are marked by decreased initiative, diminished speech, excessive sleep, social disengagement, psychomotor slowing, and impaired cognition^[18]. However, a direct one-to-one correlation is inappropriate because patients with depression do not always exhibit its defining disturbances of higher mental functions.

A more comprehensive theoretical framework for comprehending depression is offered by the ideas of *Satwa*, *Triguna* imbalance, and *Manovaha Srotodushti*. While disturbed *Rajas* may explain anxiety, irritability, agitation, and disturbed sleep, which often coexist with depressive disorders, predominant *Tamas* contributes to inertia, hopelessness, emotional withdrawal, and diminished mental clarity. The various clinical manifestations of depression seen in modern practice may be explained

by the interaction of these psychological elements with *Kapha* and *Vata Dosas*.

Another important observation is the role of *Satwa Sara* in determining psychological resilience. Individuals possessing *Pravara Satwa* are more capable of adapting to stressful life events, whereas those with *Avara Satwa* appear more susceptible to emotional disturbances. This classical concept closely parallels the modern understanding of resilience, vulnerability, and individual variability in response to psychosocial stressors. Such similarities indicate that Ayurvedic psychological principles remain relevant for interpreting contemporary psychiatric disorders.

This review suggests interpreting depression based on its predominant clinical presentation rather than using a single Ayurvedic diagnosis. While severe *Kapha*-dominant depression with significant psychomotor retardation and cognitive impairment is more like *Kaphaja Unmada*, early or mild depression may be primarily understood through *Vishaada* and *Avasaada*. The underlying pathophysiological framework that unifies these entities into a cohesive Ayurvedic interpretation is provided by disturbances of *Manovaha Srotas*, *Triguna*, and mental constitution.

This integrative model preserves the integrity of classical Ayurvedic descriptions while avoiding oversimplified disease correlations. It also supports individualized assessment based on *Dosa* predominance, *Guna* imbalance, *Satwa* status, and disease severity, thereby providing a more rational foundation for diagnosis and therapeutic planning in integrative mental healthcare.

Limitation

The narrative analysis of traditional Ayurvedic literature and modern psychiatric theories forms the foundation of this review. The suggested correlations are interpretive in nature and have not been verified by experimental or clinical research. Direct comparison between Ayurveda and contemporary psychiatry may be hampered by differences in terminology, diagnostic standards, and conceptual frameworks. To validate these suggested correlations and create evidence-based Ayurvedic diagnostic models for depressive disorders, more observational studies, clinical trials, and interdisciplinary research are needed.

CONCLUSION

There is insufficient correlation between major depressive disorder and a single Ayurvedic disease entity. The current review shows that rather than being mutually exclusive diagnoses, *Vishaada*, *Avasaada*, *Kaphaja Unmada*, *Manovaha Srotodushti*, *Triguna* imbalance, and individual *Satwa* each represent distinct aspects of depressive psychopathology. While *Kaphaja Unmada* is more similar to severe depressive states marked by

psychomotor retardation, cognitive impairment, and marked functional decline, *Vishaada* is more like the affective manifestations of mild and moderate depression. Similarly, there is little phenomenological overlap between *Graha* disorders and depressive illness, and they should not be considered direct equivalents.

Instead of establishing a one-to-one disease correlation, depression should be interpreted through an integrative Ayurvedic framework that considers *Dosa* predominance, *Guna* imbalance, *Manovaha Srotodushti*, *Satwa* status, and disease severity. Such an approach more accurately reflects both the complexity of depressive disorders and the multidimensional nature of Ayurvedic psychopathology. It also provides a rational basis for individualized diagnosis and treatment planning within integrative mental healthcare. To confirm these conceptual correlations, create standardised Ayurvedic diagnostic criteria for depressive disorders, and assess individualised therapeutic approaches based on traditional Ayurvedic principles, more multidisciplinary clinical research is necessary.

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