

# The conceptual and Applied study of Medhâ and Manas in Âyurveda

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**ABSTRACT :** There are very few works done on the concept of *Medhâ* and *Manas* till today. So, the present study was carried out to describe the applied concept of Âyurvediyya *Mano-Vijñâna*, to assess *Medhâ* in classical direction and to assess the efficacy of *Yashtîmadhu Churna* (*Medhya Aushadha*) and effect of *Sattvâvajaya Chikitsâ* on *Medhâ*. The subjects of the study were physically healthy volunteers between the age group of 16 to 25 years. They were divided into two groups. Selection and registration of volunteers was done by randomized open trial. In Group-A *Yashtîmadhu* granules and in Group-B roasted Suji granules + *Sattvâvajaya Chikitsâ* were selected. For the assessment of *Medhâ*, P.G.I. Memory Scale, Recognition Cards of National Psychological Corporation, Agra was adopted and to assess the *Manas Prakrti*, a questionnaire was adopted with some modifications. In Group - A (*Yashtîmadhu* group) 4.41% improvement was found which is statistically highly significant (<0.01) and in Group - B (*Sattvâvajaya Chikitsâ* group) 4.54% improvement is obtained which is statistically significant (<0.05). *Yashtîmadhu* and *Sattvâvajaya Chikitsâ*, both were beneficial in promoting the '*Medhâ* in healthy volunteers hence need is to conduct such a study on large number of patients for a longer duration.

**Key words :** Medhâ, Manas, Buddhi, Sattvâvajaya.

## INTRODUCTION

Mind and intellect are among the phenomena on which man always failed to derive into a definite conclusion. Now it is the need of era to interpret and conclude those ancient concepts of *Medhâ* and *Manas* in terms of modern medical and psychological sciences. The changes in the life styles and circumstances have changed the face of the modern man. For the successful survival of man in this competitive world there is a need for promotion of mental health and management of various psychological and psychosomatic problems.

Âyurveda being a holistic medical science considers *Sharîra* and *Manas* both as *Rogâdhisthâna* or seat of disease<sup>1</sup>. Same way definition of *Swastha* emphasizes on spiritual, psychological and physical well being of metaphysical faculty in which *Manas* is regulator and most important factor<sup>2</sup>.

The term '*Âyu*' stands for the inseparable concomitance of the *Sharîra* (body), *Indriya* (sense organs), *Sattva* (Mind) and *Âtmâ* (soul)<sup>3</sup>. *Manas* is considered as the most important factor from "*Tridanda Purusha*" for which Âyurveda is propagated. *Medhâ* affects the happiness or misery of the '*Âyu*' and is essential for fulfillment of the motive of Âyurved. It prevents an individual from indulging into

*Prajñâparâdha*. Longevity without *Medhâ* is a kind of burden on society and for man too. That's why promotion of *Medhâ* is desired and necessity of everyone.

In *Samhitâkâla* which was the golden period of Âyurveda, *Âchâryas* have given much emphasis to promotion of *Medhâ*. *Gurus* in that time used to give their *Shishyas* varieties of *Dravyas* to make them sharp and intelligent (*Medhâvi*). At present, each person and scientist is busy with such experiments to achieve high intellect and powerful mind. Ayurvedic System of Medicine has mentioned several naturally occurring medicinal plants under the category '*Medhya*'. By virtue of inducing mental upliftment as major influence several medicinal plants mentioned as '*Rasâyana Drugs*' in Ayurveda are primarily claimed as '*Medhya*'<sup>4</sup>.

Keeping the importance of the *Medhâ* and *Manas* in mind this particular work was thought to be carried out.

## Aims and Objectives :

- 1) To interpret the Ayurvedic concept of *Medhâ* and its parallel knowledge in modern medical science.
- 2) To describe the applied concept of Âyurvediyya *Mano-Vijñâna*.
- 3) Assessment of *Medhâ* on classical direction.
- 4) To assess the efficacy of *Yashtîmadhu Churna* (*Medhya Aushadha*) and effect of *Sattvâvajaya Chikitsâ* on *Medhâ*.

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## MATERIALS AND METHODS

Two types of materials were used for the study.

**Conceptual Material :** Total Âyurvedic literature related to the subject was studied with related parts of modern medical literature, modern psychiatry and psychological literature, seminar proceedings, journals etc. has been compiled and analyzed.

**Clinical Material :** To assess the status of *Medhâ* a clinical study on physically healthy volunteers who have complains regarding memory or not was carried out on the basis of *Grahana Shakti* i.e. registration part of memory.

### Criteria for Selection of the Volunteers :

Volunteers of either sex, religion etc. between the age of 16 to 25 years were selected for the present study.

*Medhâ* of the selected volunteers was assessed by classical methods before starting the treatment. For the assessment of *Medhâ* P.G.I. Memory Scale-Recognition Cards of National Psychological Corporation, Agra was adopted without any modification.

### Criteria for Exclusion of the Volunteers :

- ♦ Volunteers of the age below 16 and above 25 years.
- ♦ Volunteers with any type of listed psychiatric disorders.
- ♦ Mentally handicapped person was excluded.
- ♦ Volunteers suffering from severe systemic diseases like T.B., cancer etc. were excluded.

### Grouping :

All the volunteers were randomly divided into two groups as follows -

#### Group A :

Drug : Yashîmadhu (*Glycyrrhiza glabra*)  
Form : Granules  
Dose : 4 gm twice a day with the *Anupâna* of milk

#### Group B :

Drug : Granules of roasted Suji + *Sattvâvajaya Chikitsâ*  
Dose : 4 gm twice a day with the *Anupâna* of milk  
Duration : 30 days in both the groups

### Procedures suggested to the volunteers as *Sattvâvajaya Cikitsâ* :

- 1) Bhrâmarî Prânâyâma
- 2) Vrikshâsana
- 3) Trâtaka on 'Aum'
- 4) Chanting of the Mantra
- 5) Auto suggestions
- 6) Reverse counting (100 to 0)
- 7) Positive mindset

### Criteria for Assessment :

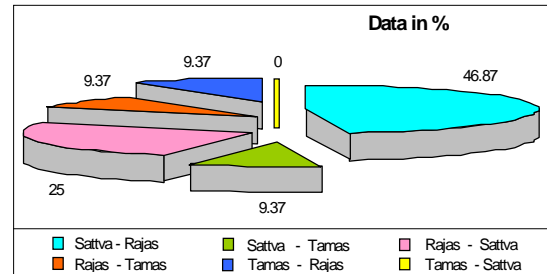
- ♦ P.G.I. Memory scale of National Psychological Corporation, Agra has been adopted for the assessment of *Medhâ* before and after treatment.
- ♦ To assess the *Manas Prakrti*, a questionnaire has been adopted with some modifications (Original source- Ph.D. work of Renu Sharma on Tri-dimensional approach to personality and Indian perspective, M.S. University, Vadodara, 1990)

## OBSERVATIONS & RESULTS

Total 37 volunteers were registered. In group A, 17 volunteers completed the treatment while 02 volunteers Left Against Medical Advice (LAMA). In group B, 15 volunteers completed the treatment while 03 volunteers Left Against Medical Advice (LAMA). It was found that most of the volunteers were belonging to the age group of 23 to 25 years (62.16%), Post graduate (40.54%), student (83.78%), middle class (59.45%), Vegetarian (100%).

Maximum number of volunteers had the habit of consumption of Madhura Rasa dominant *Âhâra* (78.38%), *Guru-Snigdha Guna* dominant *Âhâra* (72.97% -78.38%), *Vishamâgni* (40.54%), *Vishamâshana* (40.54%), *Madhyama Koshta* (67.56%), tea (59.45%), sound sleep (70.27%), *Krodha* (59.45%). Majority of the volunteers had *Vâta-Pitta Sharîra Prakrti* (43.24%) and *Sattva -Rajas Mânasa Prakrti* (46.87%).

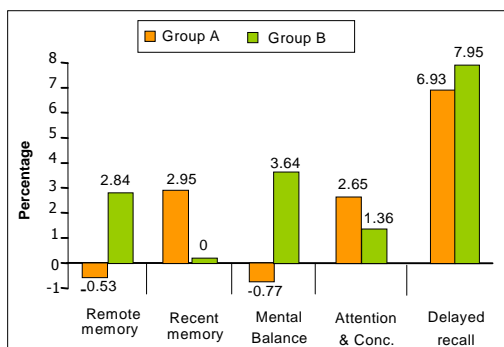
### GRAPH NO. 1 : OBSERVATIONS OF MANASA PRAKRITI PARIKSANA ON 32 VOLUNTEERS :



## RESULTS

### EFFECT OF THERAPY IN BOTH THE GROUPS ON 10 SUB TESTS OF P.G.I. MEMORY SCALE :

GRAPH NO. 2 (A) :



GRAPH NO. 2 (B) :

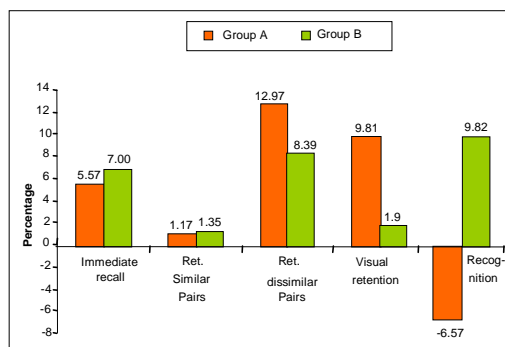


TABLE NO. 1 : OVERALL EFFECT OF THERAPY IN BOTH THE GROUPS :

Groups	Mean score		X	%	S.D.	S.E.	t	p
	B.T.	A.T.						
Group - A	77.15	73.75	03.40	04.41	03.60	00.90	03.78	<0.01
Group - B	79.96	76.33	03.63	04.54	05.20	01.34	02.70	<0.05

**Group-A :** In Immediate recall 5.57% improvement was noticed which was statistically significant (<0.05) and Verbal retention for dissimilar pairs was improved by 12.97% which was statistically highly significant (<0.01).

**Group-B :** In Remote memory 2.84% improvement was observed, which was statistically significant (<0.05). In Immediate recall 7.00% improvement was noticed, which was statistically significant (<0.05) and Recognition was increased by 9.82% which was also statistically significant.

In Group - A, 4.41% improvement was found which was statistically highly significant (<0.01) and in Group - B, 4.54% improvement was obtained, which was statistically significant (<0.05).

## DISCUSSION

In Âyurvedic classics the word 'Medhâ' has been used mainly in 2 ways viz. (1) *Grahana Shakti* (grasping power) and *Dhârana Shakti* (retention power)<sup>5</sup>. *Buddhi*, *Smrti*, *Dhî* etc. words have also been used as the synonyms of *Medhâ*<sup>6</sup>.

*Buddhi* is described as *Jñâna*. *Cakshubuddhi*, *Shrotrabuddhi* etc. Five kinds of perceptions (*Buddhi*) are said to be produced by five

*Indriyas* (sense organs). The word '*Buddhindriya*' is used as a synonym of '*Jñânendriya*' also denotes the '*Jñâna*' (knowledge) as a meaning of *Buddhi*.

*Smriti* seems to be used in the sense of 'recall' only, but where *Smritibhramsha* is described in *Prajñâparâdha*, commentator *Gaṅgâdhara Râi* opines that "the subject to be remembered, is retained only in the absence of *Smritibhramsha*; and at times if the person due to *Dhî-Dhriti Bhramsha* gets engaged with unrighteous deeds then also he prevents himself from doing so by virtue of proper *Smriti*.

In the terms of Modern Psychology, sensory memory, working memory or temporary memory is not *Medhâ*<sup>7</sup>. The definition of *Medhâ* given by *Dalhana* can be elaborated as, an individual's specific intellectual ability to retain a large amount of knowledge (cognition) and for a long time.

The process of knowledge initiated by *Indriya* is further expressed in 3 ways after reaching to the *Âtmâ*. (1) An action is initiated as a response. (2) Knowledge is stored as *Medhâ - Smriti* if no action is to be taken. (3) Action is performed and knowledge is also stored as *Smriti-Medhâ*.

*Sâdhaka Pitta* is responsible for the manifestation of good quality of *Medhâ*<sup>8</sup>. *Pitta* and

*Sattva Guna* dominant persons are possessed with sharp intellect due to the *Tikshna Guna* of *Pitta*. They are good in grasping as well as holding the knowledge for long. *Pitta* is *Sattva Guna* dominant and *Sattva Guna* is *Ākāsha Mahābhūta Pradhāna* and *Apratighātva* is the *Guna* of *Ākāsha* hence whole process runs without any obstruction. *Ākāsha* itself is devoid of any kind of action. So, it doesn't obstruct or disturb this process and the whole process of production of *Medhā* completes properly. Decline of *Medhā* starts after 40 years hence it should be nourished by extraneous supplements to maintain its normal functioning at this age<sup>9</sup>.

*Charaka* postulated that *Pañchamahābhūtas* of *Āhāra* gets digested by the *Pañcha Ushmās* which resides in these *Pañcha bhūtas* of *Sharīra*. By *Bhūtāgni Pāka*, *Pañchabhūtas* of *Āhāra* converts into subtle form by a general principle of *Pāchana* or *Agnikarma*. These subtle *Bhūtas* are called as *Tanmātrā* in *Dārshanika* terms. *Tanmātrā* is too subtle that is not cognizable by *Indriyas* hence by reaching the subtle *Srotasas* they nourish the subtler elements like *Manas- Indriyas*.

In the modern psychology description of the various psychiatric diseases evolve around the same five *Vishayas* of the *Manas*. And on this basis there is a change in the behaviour of the person e.g. Schizophrenia, where there is an abnormality in the *Chintana* and *Vichāra Shakti* of the person. Incoherence, in which there is abnormality in *Uhya* and Delusion, where abnormality is in *Sankalpa* etc. Hence, these *Vishayas* of the *Manas* have pathological as well as physiological importance.

*Darshanas* as well as *Āyurveda* accepted *Manas* to be *Nitya*. According to *Charaka* the *Shat Kāranas (Padārthas)* are responsible for *Kārya* i.e. *Dhātusāmya*. Hence *Manas*, which is one of the nine *Dravyas*, therefore is itself a *Kārana*, and also a causative factor for *Dhātusāmya*.

Of all the sites of *Manas*, the *Hridaya* which is the heart seems to be the most appropriate as its seat, when analyzed on the basis of the textual references, especially on the symptoms observed in its vitiated state. *Manas* travels in the whole body through *Manovaha Srotas* and has *Samavāya Sambandha* with *Sparshanendriya*.

#### Probable mode of action of *Yashtīmadhu* :

On administration with the help of *Madhura Rasa*, *Shīta Virya* and *Madhura Vipāka*, *Yashtīmadhu* is expected to pacify the *Pitta*, the main responsible factor of *Medhā*. By *Guru*, *Snigdha Guna* and

*Madhura Rasa-Vipāka* it controls the *Chala Guna* of *Vāta*. *Vāta* is the controller and stimulator of Mind. As *Medhā* is closely related to *Manas*, the factors affecting it will affect *Medhā* too<sup>10</sup>.

*Yashtīmadhu* by virtue of its *Pitta Shāmaka Guna*, increased the *Sattva* which is possessed with psychic qualities i.e. *Medhā*, *Smriti* etc. and hence improved the immediate recall. *Yashtīmadhu* worked at the level of *Uhya Shakti* of *Manas* which resulted into improved Verbal retention for dissimilar pairs.

In *Sattvāvajaya*, the suggested techniques helped to increase the self awareness and diverted the mind inwards, increased the *Sattva Guna* of *Manas*. Thus, with the help of this *Sattva* dominant mind, past things seemed to be recalled more efficiently because *Sattva* has been called *Prakāshaka* that reduces the *Āvarana* of *Buddhi* done by *Tamas*. Thus, it showed improvement in remote memory. *Sattvāvajaya* makes one sharp and attentive that enables him to grasp the subject very quickly. This is done by increased attention and concentration power, hence immediate recall was improved. *Trātaka* seemed more effective on recognition. As it is the best visualization enhancing technique<sup>11</sup>.

#### CONCLUSION

*Yashtīmadhu* and *Sattvāvajaya Chikitsā*, both were beneficial in promoting the '*Medhā*' in healthy volunteers. Complex functions of *Buddhi* which required being alert and immediate action were improved with *Sattvāvajaya Chikitsā*, whereas slow actions and long term memory recall showed better results with *Yashtīmadhu*. The duration of one month seems to be inadequate for the assessment of the effect of *Yashtīmadhu* as well as *Sattvāvajaya* on *Medhā* but the results are still encouraging hence need is to conduct such a study on large number of patients for a longer duration.

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## हिन्दी सारांश

### आयुर्वेद में मेधा और मनस का सैद्धान्तिक एवं प्रायोगिक अध्ययन

नीता पटेल, महेश व्यास एवं हितेश व्यास

मेधा और मनस के सैद्धान्तिक विषय पर अब तक बहुत कम शोध कार्य हुए हैं। अतः प्रस्तुत अनुसंधान कार्य आयुर्वेदीय मनो-विज्ञान का प्रायोगिक अध्ययन करने, मेधा का शास्त्रीय निर्देशानुसार परीक्षण करने और यष्टीमधु एवं सत्त्वावजय चिकित्सा का मेधा पर प्रभाव जानने हेतु किया गया। अध्ययन के विषय १६ से २५ साल तक के शारीरिक रूप से स्वस्थ स्वेच्छुक व्यक्ति थे। इनको दो समूह में विभाजित किया गया था। समूह 'अ' में यष्टीमधु ग्रेन्युल्स और समूह 'ब' में रोस्टेड सूजी ग्रेन्युल्स+सत्त्वावजय चिकित्सा दी गई। मेधा के परीक्षण के लिए पी.जी.आई. मेमरी स्केल-रेकग्नीशन कार्ड्स ऑफ नेशनल साइकोलोजिकल कोर्पोरेशन, आगरा अपनाया गया था और मानस प्रकृति परीक्षण के लिए एक प्रश्नावली आवश्यक फेरफारों के साथ अपनायी गयी थी। समूह 'अ' यष्टीमधु में ४.४१ प्रतिशत परिणाम मिला जो सांख्यिकीय दृष्टि से अति सकारात्मक है और समूह 'ब' सत्त्वावजय चिकित्सा में ४.५४ प्रतिशत परिणाम प्राप्त हुआ जो सांख्यिकीय दृष्टि से सकारात्मक है। यष्टीमधु और सत्त्वावजय चिकित्सा दोनों स्वस्थ स्वेच्छुक व्यक्तियों में मेधा वर्धन के लिए लाभदायक साबित हुए। अतः इस प्रकार का शोध कार्य अधिक रुग्णों पर एवं लम्बी समयावधि तक होना चाहिए।

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गुजरात आयुर्वेद युनिवर्सिटी