



Personality Disorders - Ayurvedic Perspective

Anjumol M¹, Jithesh M²

¹PG Scholar, Department of Kayachikitsa VPSV Ayurveda College, Kottakkal

²Professor and Head Department of Kayachikitsa, VPSV Ayurveda College, Kottakkal

ABSTRACT: Personality disorders are a group of mental health conditions that are characterized by inflexible and atypical patterns of thinking, feeling, and behaving. These inner experiences and behaviors often differ from the expectations of the culture in which someone lives. It is common in the society but many are being undiagnosed or even under diagnosed. Personality disorders can lead to distress, social isolation and eventually increases the risk of depression and other mental health issues if left undiagnosed and untreated. There are numerous types of personality disorders which are grouped into three clusters based on similar characteristics and symptoms. A few people may have signs and symptoms of multiple personality disorders. As per DSM 5 each personality disorder has a criteria that must be met for a diagnosis. Management of personality disorder in contemporary medicine is limited and it is symptomatically palliative rather than curative in nature.

In this context, concepts of mental health in *Ayurveda* becomes relevant and hence the information about personality disorder and its Ayurvedic perspective needs to be explored. With the *Ayurvedic* treatment modalities, behavioral modifications are possible and thereby improving the quality of life. Just as the ratio of *Vata, Pitta, and Kapha* in body constitution, there are distinctive proportion of Sattva, Rajas, and Tamas and its combinations in the mind. The concepts of 3 types of mind ie: *sudda, rajasa and tamasa* and also its combinations can be considered as different types of personalities or personality traits in *Ayurveda*. Personality disorder is a topic that needs more discussion and understanding for effective management. There are already certain efforts in understanding sattva, Rajas, and Tamas *gunas*. It can be furthered so that comprehensive personality picture can be generated, which can have implications for health career, education and many other dimensions of life. Personalities resulting from *satwa, rajas and tamas* are predisposing factors for the development of personality disorder. Any triggering factors may precipitate the changes in personality leading to a disorder. The concept of personalities presented in Ayurvedic literature definitely provides immense scope of exploring it in the light of modern psychology which scientifically analyses human behaviour.

KEY WORDS: Personality, Personality disorders, Personality trait, *Trisatwa*, DSM 5.

INTRODUCTION

As per *Ayurvedic* texts, a person is said to have good health or *swasthya* when they enjoy a balance of physical and psychological elements (*samadasha*), *proper digestion (samagni)* of the body, and of tissues in the organs (*samadhatu*) combined with proper elimination of wastes (*malakriya*), a happy functioning of mind (*prasanna- atma manaha*) and proper functioning of the five senses (*sama-indriya*).¹ As *Âyurveda* is a medical science and its prime aim is the maintenance of health and eradication of diseases, the concept of

Manas also has been described accordingly. In the Ayurvedic System of Medicine, the type of personality has been determined from two angles. Physiological and Psychological, as body and mind are too close to each other. Personality disorders are common in our society but many are being undiagnosed because of its egosyntonic nature. About 7.8% of people worldwide and 1.07% in India are suffering from personality disorders.² It usually appears during the transition between childhood and adulthood, when the individuals become socially, emotionally and cognitively prepared for the developmental task.

As per DSM 5 personality disorders are diagnosed when personality traits are inflexible and maladaptive, cause significant functional impairment and subjective distress³. If left undiagnosed or untreated it leads to distress, social isolation, eventually increase the risk of other mental diseases. It can be difficult to diagnose since most people with a personality disorder don't think there's a problem with their behavior or way of thinking. Because of this, people with a personality disorder typically don't seek help or a diagnosis for their condition. Instead, their relatives or a social agency may refer them to a mental health professional because their behavior causes difficulty for others. The management of personality disorder in contemporary medicine is limited and it is symptomatically palliative rather than curative. In this context, concepts of mental health in Ayurveda become relevant and hence the information about personality disorder and its Ayurvedic perspective should be explored and disseminated among the Ayurvedic fraternity.

PERSONALITY AND PERSONALITY DISORDERS

Personality is a characteristic way of thinking, feeling, and behaving. Personality embraces moods, attitudes, and opinions and is most clearly expressed in interactions with other people. It includes behavioral characteristics, both inherent and acquired, that distinguishes one person from another and that can be observed in people's relations to the environment and to the social group and the way of thinking, feeling and behaving that makes a person different from the other. An individual's personality is influenced by education, experiences, socialization and different stressors of life. Personality disorder is the way of thinking, feeling and behaving that deviates from the expectations of the culture, causing distress or functional impairments. Personality differs from Personality disorders when personality traits are inflexible and maladaptive, cause significant functional impairment and subjective distress.³

TYPES OF PERSONALITY DISORDERS

There are 3 clusters of personality disorders they are cluster A, B and C based on the similar characteristics they share. Cluster A, is described as the odd or eccentric cluster of personalities. Social awkwardness and social withdrawal are the common features. Cluster B is described as dramatic, emotional, or erratic. Impulsive behavior and emotional instability are the common features. Cluster C, the avoidant or fearful cluster, self doubt is the main feature of this group.⁴

Cluster A – Paranoid, Schizoid and Schizotypal personality disorder

Cluster B- Borderline, Narcissistic, Antisocial, Histrionic personality disorder

Cluster C – Avoidant, Dependent, Obsessive compulsive personality disorder

AYURVEDIC VIEW OF PERSONALITY DISORDERS

Ayurveda has a unique holistic approach and it includes all the factors that are necessary for maintenance of health. *Trigunas* are essential drives of the mind which differentiate individuals on the basis of their psychological constitution. These psychological constitutions are based on the dominance of the three *gunas*. – *Satva*, *Raja* and *Tama*. *Satwa* is considered as virtuous while others are considered as vitiators. The term *satwa* is also considered as synonymous of mind. *Rajas* is a factor of aggression and *tamas* is a factor of

confusion. Mind influenced fairly and constantly by the predominance of *rajas* is called *rajasa satwa* and similarly influenced by *tamas* is called *tamasa satwa*. Mind not affected by *rajas* and *tamas* is in its pure form and hence called *sudda satwa*. *Ayurveda* includes the above mentioned *satwa* in terms of personalities. Personalities due to *satwa*, *rajas* and *tamas* may be a predisposing factors for development of personality disorders. Any triggering factors may precipitate the changes in personality.

In the context of personality disorder, exact correlation with any of the clinical condition may not be possible. Here it is being tried to identify some features from *satwikadikaya*, *unmada*, *prakruti* and *graha* which resembles with features of personality disorders. As per *Ayurveda*, the universal attributes of *satwa*, *rajas*, and *tamas* are reflected in the mind and they are considered as attributes of mind for all practical purposes. The concepts of 3 types of *satwa* ie: *sudda*, *rajasa* and *tamasa* are again classified into 16 types. These can be considered as types of personalities in *Ayurveda*. The pure *sattvika* type of mind is positive and is of seven categories ie. *Brahma*, *Arsha*, *Aindra*, *Yamya*, *Varuna*, *Kauber* and *Gandarva*. Six types of *Rajas* dominant psychic constitutions are *Asura*, *Rakshasa*, *Paisacha*, *Sarpa*, *Praitha* and *Shakuna*. Three types of *Tamas* dominant psychic constitutions are *Pashava*, *Matsya* and *Vanaspatya*.^{5,6}

CHIKITSA

The management of personality disorders is limited in contemporary science, further improvement in daily living and symptomatic relief is possible with *Ayurveda*. Approach towards personality disorders can be in three ways- preventive aspect, curative and to avoid relapses.

Preventive aspect

Personality is influenced by the factors from the period of conception itself *Ayurveda* postulates that the emotional state of mind of mother during pregnancy and even at the time of conception can deliver their effects on the psychic trait of the progeny. There comes the relevance of *satwa vaishesyakara bhava* of *Caraka* which are the 4 factors that influence and determine the psychic variants of the child. These factors are mental faculty of the parents, whatever the mother hears, reads and thinks during the pregnancy, actions and practices of past life of child.⁷

Hence the measures to prevent the psychological and behavioral changes in individual should start from the period of conception. There comes the relevance of month wise regimen of pregnant women. Proper *ahara*, *vihara* and *vichara* should be followed during pregnancy with respect to each month. It would result in proper physical and mental development of fetus.⁸

Avoidance of factors adversely affecting fetus also plays a major role. Certain behaviors of mother during pregnancy like *amarsha*(*Hostility*), *soka*(*sadness*), alcohol use, may adversely affect the personality trait of a child.⁹ An individual's personality is purely enhanced and depicted by the good conduct and moral behaviour. So following *sadvrta* has got important role in creating a good personality. The above said preventive measures, reduces the risk of manifestation of personality disorders.

Curative aspect

Management may be done based on the *dosha* assessments in each personality disorders given in the table 1. Based on the symptoms presented, *dosha* assessment has to be done and principles of *unmada* is to be adopted. Combinations of *samana*, *shodana* and *satvaavajaya* is found to be effective in the management. *Satvaavajaya cikitsa* described in *Ayurveda* can be equated with psychotherapy. It is done through *jnana*, *vijnana*, *dhairya*, *smriti* and *samadi*. The methods described in classics for the treatment of psychic disorders are *Jnanam* (spiritual knowledge or true understanding), *Vijnanam* (specific knowledge or scriptural knowledge), *Dhairya* (patience or controlling power), *Smriti* (memory or recall),

Samadhi(meditation/concentration). It is a treatment aimed to cure the emotional and behavioural disturbances with the help of psychological techniques.

Avoiding relapses

Rasayana is an *Ayurvedic* rejuvenation therapy which helps for avoiding relapses of mental disorders. Among this, *Medhya Rasayanas*, which will help to improve the power of acquisition, retention, and recollection. *Ayurveda* provides a list of herbs known for nootropic activity as well as their multi-dimensional utility in various conditions.¹⁰ *Achara Rasayana* means specific code of conduct, lifestyle and behavior which when followed judiciously, brings about rejuvenation in the body-mind system and helps to have a good control on mind. It signifies the physical and mental conducts of a man. This is a measure having no involvement of drugs and if it is sincerely taken into practice, it may replenish and maintain total life process free from ailments.¹¹ A careful analysis of qualities of *Achara rasayana* reveal that most of them are related with *Mana*, *Dhi*, *Dhriti* along with good conduct and these results in maximum benefit. Following *medhya rasayana*, *achara rasayana* and *yoga* are important for avoiding relapses of any mental disorders. *Acaryas* recommended a particular life-style consisting of *Dina charya* (daily) and *Ritucharya* (Seasonal activities), involving Diet (*Ahara*), *Vyayama* (exercise), meditation and virtuous qualities (*Sadvrutta*), and activities of sleep and sex. The importance of bodily health and mental health was stressed together with practice of spirituality.

DISCUSSION

The functioning of mind depends upon several factors. Normalcy of mind is directly related to its action and properties. Since man is considered as a social being, the influence of customs prevailing in the society will definitely influence the formation of mental characters. The physical features are categorized as *dosha* body types (*prakriti*) as per *Ayurveda*. Similarly, mental aspects are categorized into different types based on qualities of *satva*, *rajas*, and *tamas*. *Ayurveda* recognizes 16 types of personalities or personality traits based on the classical *Guna* theory.

There is no description of specific etiology, pathogenesis, and prognosis available for personality disorder in *Ayurvedic* texts. The symptoms of *unmada*, *graha*, *saatvikadi kaya*, *deha prakriti* explained in *Ayurveda* are also applicable for assessments of *dosha* predominance of personality disorders thus providing appropriate management. Several studies have proved Personality is being influenced by the factors from the period of conception itself. *Dosha* assessment is very important for deciding the treatment in any disorders. It should be assessed by the symptoms presented by the person and treatment decided accordingly. Another type of treatment is psychotherapy (*satwavajaya chikitsa*). *Rasayana* also plays an important role in preventing relapses of any mental disorders. The *dosha* predominance of the person with personality disorder should be assessed, on the basis of which *samana*, *shodhana*, *rasayana* and *satwavajaya* should be decided. Thus changing the behavior and improving quality of life. Proper observance of *swasthvritha* and *sadvritha* also play a major role in avoiding its relapses.

CONCLUSION

A personality disorder is a mental health condition that involves long-lasting, all-encompassing, disruptive patterns of thinking, behavior, mood and relating to others. These patterns cause a person significant distress and/or impair their ability to function. Personality disorder are becoming common in our society. As there is no direct reference available in *Ayurveda*, *satwikadi kaya*, *unmada*, *dehaprakriti* and *graha lakshnas* grouped under each personality disorders thus helping for its management.

Even *Ayurveda* emphasizes its treatment modalities into three parts viz. *Daivyapashraya Chikitsa* and *Yuktyapashraya* and *Satwawajaya Chikitsa*. *Sattvavajaya* therapy is used as new concept of

psychotherapy in *Ayurveda*. The effectiveness of “traditional mental health promoting practices” was identified as health regimens (*swasthvrta*), correct behavior (*sadvrta*), and *yoga*. *Ayurvedic* treatment comprises of non herbal therapies like *satwavajaya chikitsa* along with *pancha karma* therapies and *rasayanas* to improve mental functions. The present topic is focused on symptoms for identifying the *dosha* predominance so helping for its management. Personality disorder is an under explored area in *Ayurveda* psychiatry field. The concept of personalities presented in *Ayurvedic* literature definitely gives immense scope of exploring it in the light of modern psychology which critically scientifically analyses human behaviour.

REFERENCES

1. K.R Srikanta Murthy. *susruta samhita*. 2010th ed. Vol. 1. Sutra sthana.ch.15th. varanasi: chaukhambha orientalia;P110
2. Winsper C, Bilgin A, Thompson A, Marwaha S, Chanen AM, Singh SP, et al. The prevalence of personality disorders in the community: a global systematic review and meta-analysis. *The British Journal of Psychiatry*. Cambridge University Press; 2020;216(2):69–78.
3. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*.5th ed. Arlington psychiatric association;2013
4. WHO. *ICD- 10. Classification of mental and behavioural disorders*. 10th ed. 2007.
5. K.R Srikanta Murthy. *susruta samhita*. 2010th ed. Vol.1.Sareera sthana.4th ch. varanasi: chaukhambha orientalia;P74-76.
6. Ram karan sharma, Vaidya Bhagavan dash. *Caraka Samhita*. 2007th ed. Vol.2. Sareera sthana.ch 4th. varanasi: Chowkhambha Sanskrit series office;P407-411.
7. Ram karan sharma, Vaidya Bhagavan dash. *Caraka Samhita*. 2007th ed. Vol.2. Sareera sthana. ch.8th. varanasi: Chowkhambha Sanskrit series office;P470.
8. Ram karan sharma, Vaidya Bhagavan dash. *Caraka Samhita*. 2007th ed. Vol.2. Sareera sthana. ch.10th. varanasi: Chowkhambha Sanskrit series office;P153.
9. Ram karan sharma, Vaidya Bhagavan dash. *Caraka Samhita*. 2007th ed. Vol.2. Sareera sthana. ch.8th. varanasi: Chowkhambha Sanskrit series office;P474.
10. Kulkarni R, Girish KJ, Kumar A. Nootropic herbs (Medhya Rasayana) in *Ayurveda*: An update. *Pharmacogn Rev*. 2012 Jul;6(12):147-53. doi: 10.4103/0973-7847.99949. PMID: 23055641; PMCID: PMC3459457.
11. Kumarawat, Shreeram Verma, A, Yadav, S., & Meera, K. (2018). *Achara rasayana- a behavioural therapy in Ayurveda to promote health and happiness*. *International journal of Ayurveda and pharma research*.
12. P.V. Tewari. *kasyapa samhita*. 2008th ed.Sutra sthana.28th ch. varanasi: Choukhambha visvabharati; P81-85
13. Ram karan sharma, Vaidya Bhagavan dash. *Caraka Samhita*. 2007th ed. Vol.2. Nidana sthana. ch.10th. varanasi: Chowkhambha Sanskrit series office; P406.
14. K.R Srikanta Murthy. *Ashtanga hridayam*. 2014th ed. Vol.3. 4th ch. varanasi: Choukhamba krishnadas academy; P40-45.
15. K.R Srikanta Murthy. *susruta samhita*. 2010th ed. Vol.1. Sareera sthana. ch.4th. varanasi: chaukhambha orientalia;P70-72.
16. K.R Srikanta Murthy. *susruta samhita*. 2010th ed. Vol.1. Sareera sthana. ch.1st. varanasi: chaukhambha orientalia;P13.

Table 1. Dosha assessment and symptoms of personality disorders in Ayurveda and modern

Personality disorders		Lakshana	As per modern
Paranoid (VK)	Satwikadi kaya ^{5,6,12,16}	शंङ्कालु (pisacha - R)	Mistrust of others, Read hidden meaning
		नित्यशंखिता (sakuna - R)	Constant suspicion, Reluctant to confide
	Unmada		
	Dehaprakriti ¹⁵	दृढवैर (K)	Grudges held for long period
		अदृढसौहृद (V)	Detached from others
	Graha ¹⁴	अधृति (V) अनवस्थितात्मना (V)	
अस्वस्थचित्त (pisacha) अप्रसन्नदृष्टि (pitru)		Exploitation expected	
Schizoid (KV)	Satwikadi kaya ^{5,6, 12,16}	एकस्थानरति ⁵	Solitary life style
		(vanaspatya-T)	
	Unmada ¹³	स्थानमेकदेशे (K) तूष्णीभाव (K) रहस्कामता (K)	Emotionally cold and detached
	Dehaprakriti ¹⁵	अदृढसौहृद (V)	Relationships of no interest
	Graha ¹⁴	शून्यरति (pisacha)	Solitary life style
अकोपन (deva)		Indifferent to praise/criticism	
Schizo- typal (V)	Satwikadi kaya ^{5,6, 12,16}	नित्यशंखिता (sakuna-R)	
		शंङ्कालु (pisacha-R)	Doubts others
		दुर्मैध (sakuna-R)	Conceptual distortion and strange behavior
	Unmada ¹³		
	Dehaprakriti ¹⁵	अदृढसौहृद (V) अनवस्थितात्मना (V)	Friendless except for family Reluctant in social situations
Graha ¹⁴	अस्वस्थचित्त (pisacha)	Odd beliefs and magical thinking	
Histrionic (VP)	Satwikadi kaya ^{5,6, 12,16}	अहंकार (राजस)	Attention seekers
		अलंकारप्रिय (yaksha-R)	Focus on physical appearance
	Unmada ¹³	संरम्भश्च अस्थाने (P)	Over excited
	Dehaprakriti ¹⁵	अदृढसौहृद (V)	Relationships are considered more intimate than they actually are
		प्रलापि (V)	Impressive speech but lacking details
Graha ¹⁴	रक्तवस्त्रप्रिय (gandarva) रक्तवस्त्रमाल्यानुलेपन (gandarva)	Focus on physical appearance	

		कथानुयोगप्रिय (gandarva)	Speech is excessively impressionistic
Narcissistic (PV)	Satwikadi kaya ^{5,6, 12,16}	आत्मपूजक(asura-R)	Huge sense of self importance
		अहंकार (राजस)	Think they are special, Requires excessive admiration
		दम्भ (राजस)	Crookedness, Take advantage of others to get what they want
		अधर्मशीलता(तामस निर्भय (yamyas-S)	Arrogant attitude
	Unmada ¹³	अमर्ष(P)	Envious to others
		क्रोध(P)	Arrogant attitudes
	Dehaprakriti ¹⁵	क्रोधि (V)	React with rage
		न भयात् (P)	
	Graha ¹⁴	जिह्मदृष्टि (asura)	Crookedness
		परुषभाषिण (rakshasa)	Harsh speech
Antisocial (PV)	Satwikadi kaya ^{5,6, 12,16}	अकारुण्य (राजस) दम्भ (राजस)	Deceitfulness
		अधर्मशीलता(तामस)	Disregard for social norms, Illegal activities beginning in childhood
		शूर(aindra-S,asura-R)	Reckless, violent behaviours
		मद्य मांसप्रिय (pisacha-R)	Fond of alcohol and meat
		साहसप्रियता (pisacha-R)	Disregard for safety of self & others
		परस्पर अभिमर्दता (matsya-T)	physical fights, violent behaviours
	Unmada ¹³	अमर्ष(P)	Impulsivity
		क्रोध(P)	Irritability & aggressive, physical fights
		शस्त्रलोष्टकशकाष्ठमुष्टिभिरभिहननं स्वेषां परेषां वा(P)	Irritability & aggressive, physical fights
	Dehaprakriti ¹⁵	क्रोधि (V)	Impulsivity
		नास्तिक(V), नभयात्(P)	Disregard for social norms
		स्तेन (V) शूर(P)	Stealing
	Graha ¹⁴	चण्ड (asura)	
		द्विजातिवैद्यपरिवादिनं (yaksha)	Disregard for social norms

		संतर्जक (rakshasa) प्रहरन्त (rakshasa) सुरमांसरुचि(asura)	Physical fights Fond of alcohol and meat	
Border- Line (PV)	Satwikadi kaya ^{5,6, 12,16}	अनवस्थायि (sakuna-R, matsya-T)	Unstable relationships	
		अनुबन्धकोप (rakshasa-R)	Explosive anger	
		परस्परअभिर्मर्दता (matsya-T) अनुसक्तकामक्रोध (matsya-T)	Impulsive behaviors	
	Unmada ¹³	शस्त्रलोष्टकशकाष्टमुष्टिभिरभिहननं स्वेषां परेषां वा(P)	Self harming, Suicidal attempts	
		अमर्ष(P) क्रोध(P)	Explosive anger	
	Dehaprakriti ¹⁵	क्रोधि (V)	Mood swings	
		अनवस्थितात्मना (V)		
		क्षिप्रकोपप्रसादि(P)		
		शीघ्ररागविराग(V)		
	Graha ¹⁴	प्रहरन्त (rakshasa)	Self harming	
		काष्ठादिरात्मपीडनेन (brahma) नखैलिखन्तमात्मन (pisacha)	Suicidal attempts	
		जिह्मदृष्टि(asura)	Crooked	
		परुषभाषिण (rakshasa)	Harsh speech	
	Avoidant (KV)	Satwikadi kaya ^{5,6, 12,16}	भीरु(pisaca-R)	Overly sensitive to criticism or rejection
			दुखबहुलता (राजस) विषादित्व (तामस) दुखशील (preta-R)	Intense fear of embarrassment, Fear of rejection / criticism Feelings of inadequacy and social anxiety
स्थानमेकदेशे (K) तूष्णीभाव (K) रहस्कामता(K)			Unwilling to get involved with people, Restraint within intimate relationships	
Dehaprakriti ¹⁵		अदृढसौहृद(V)	Distrust of other people	
Graha ¹⁴				
Depend ent(PV)	Satwikadi kaya ^{5,6, 12,16}	दुखबहुलता (राजस) विषादित्व (तामस) दुखशील (preta-R)	Preoccupied with fear, Fear of separation	

	Unmada ¹³		
	Dehaprakriti ¹⁵	आश्रिता(p)	Need others to take responsibility for them Difficulty in making decisions
	Graha ¹⁴		
Obsessive Compulsive (VK)	Satwikadi kaya ^{5,6, 12,16}	शुद्धि (brahma-S) लेखस्थवृत्त (yamyā-S) प्राप्तकारिदृढोत्थाने (yamyā-S)	Perfectionism Stubborn
	Unmada ¹³	रहस्कामता (K)	Likes to be alone
	Dehaprakriti ¹⁵	अदृढसौहृद(V)	Not having many friends
		न जितेन्द्रिय(V)	Excessively devoted to work and productivity Inflexible about matters of morality
Graha ¹⁴	स्नानोद्यानरुचि (gandarva)	Perfectionism	

Here features of each personality disorders has been correlated with the features of Satwikaadi kaya, Unmada, Dehaprakriti and Graha So that the dosha assessment can be done properly and managed accordingly.