



REVIEW ON MADAMURCHA AND SANYASA IN AYURVEDA

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ABSTRACT

The disease entity Mada-Murcha-Sanyasa is uniquely well expressed in different contexts in Ayurveda classics. A review through the Ayurveda literature throws light on Mada, Murcha and Sanyasa, explicitly dealt in different contexts partly or exclusively. It is evident that Mada Murcha Sanyasa are dealt in the context of different diseases in samhitas, these terms are not novel and can be identified as either premonitory symptom or sign itself in many contexts. Discrete explanation is given regarding aetiology and symptomatology for aforesaid conditions and accounting with vivid characteristic features for each type. This article is a review focussing on scattered references connected Mada-Murcha-Sanyasa in Ayurveda literature, aimed at providing the reader with comprehensive knowledge of Mada, Murcha and Sanyasa for better understanding.

Keywords: Mada, Murcha, Sanyasa

INTRODUCTION

Mada-Murcha-Sanyasa is mentioned under various contexts in Bruhatrayees. Term Mada is labelled as the condition arising due to visha, madya and shonitha, similar to state of intoxication induced by Pooga phala¹. Condition identified as Murcha results in chyuthi (destruction) of chetana (action/movements)². It ends up with loss of consciousness or fainting. Sanyasa is termed as karma-tyaga (devoid of any action/movements)³. The concept of Mada-Murcha-Sanyasa is separately dealt under different chapters of Charakasamhita, Susrutasmhita, Ashtanga hrudaya/Sangraha and Madhava nidana. So it is necessary to review the information and study at one place to facilitate comprehensive understanding.

DISCUSSION

Description on Mada is available in Charakasamhita Sutra and Chikitsasthana, Susrutasmhita Uttara sthana and Ashtanga Hrudaya-Sangraha Nidanasthana. Vidhishonitiyaadhyaya of Charaka Samhita expounds on causation of Mada, Murcha and Sanyasa. Mind of an individual gets afflicted with rajas and tamas on indulging habitually in malina-ahara (unwholesome food) resulting in Kupita mala (dosha vitiation) either jointly or separately⁴. Acharya Charaka ascribes term kupita mala and commented by Chakrapani as Dushta-dosha (vitiating humour)⁵. Further dushtadosha obstructs rakta-vahini, rasa-vahini and samjya-vahini (channels of rakta, rasa and samjya) resulting in manifestation of Mada, Murcha and Sanyasa⁶. Chakrapani opines rasa-samjya-vahani as channels transmitting sensory aspect of mind located spread all over the body⁷. Further he also points towards dhamanis carrying rasa dhatu attached to hrudaya⁸. An individual with weak mind (prone to rajo-tamo gunas) afflicted by vata, afflicts mind and results in moha

(altered consciousness)⁹. Similarly pitta and kapha can also afflict mind, resulting in moha in an individual¹⁰. Moha is quite feasible by injury to hrudaya¹¹. Interestingly, Gangadhara contradicts the second idea of Chakrapani that Rasa-samjyavaha refers to manovaha channels attached to hrudaya, that if injured lead to mental confusion. He opines that only damage to hrudaya cannot give rise to the symptoms until and unless the seat of buddhi is affected. A consideration of hetu (aetiology), linga (symptomatology) and upashanthi (cure) of above shows that, Sanyasa is more serious than Murcha and the latter is more serious than Mada¹².

Acharya Vagbhata emphasizes niadana of mada, murcha and sannyasa in nidanasthana Madatyayanidana. A person prone to rajoguna and moha, indulging in ahita-ahara (incompatible food) gets afflicted with mada, murcha and sannyasa caused by the obstruction of the channels of rasa, rakta and chetana¹³. Mada, Murcha and Sannyasa are strong in their successive order¹⁴. Further Mada, arises from each of the dosas separately, their combination, rakta, madya and visha¹⁵.

While explaining effect of excessive intake of madya in the context of Madatyayachikitsa, Charaka delineated the term Mada. He opines that Hrudaya gets afflicted by excessive intake of madya resulting in harsha (exhilaration), tharsha (passionate desire), rati (erotic stimulation), sukham (sense of pleasure) and varieties of psychic morbidities of rajasika and tamasika nature depending upon the mental attitude of the person culminating in moha-nidra¹⁶. This mental perversion caused by alcohol is considered as mada. Among samanyalakshana of mada, tharsha refers to abhilasha (desire)¹⁷. In this context Satwa does not refer to mana, but refers to mana prakriti¹⁸. Person having rajasa prakriti will have satwa of rajasa and will have satwa of tamasa in tamasa

prakriti¹⁹. A person afflicted with mada will visualise different pictures in front of his eyes (chitra)²⁰. He will be in altered conscious or delirium stateduring sleep²¹.

Mada may result due to Tridosha either single or combined together. Mada may also result due to Madya (alcoholic drinks), visha (poison) or rakta (vitiation of blood), even then the manifestation is only due to vitiation of vata, pitta and kapha²². However, each type of doshajamada will exhibit lakshanas related to specific dosha involved²³.

Acharya Susruta explained Madya guna and method of consumption of Madya in uttarasthana Panatyaya-pratishedhaadhyaya. If a person consumes madya without adhering to rules and methods of consumption of madya like ananna (without food), or amatraya (consumed in great quantity), then Madya being similar to agni, combines with kayagni / jataranala (digestive fire) and results in mada²⁴. Due to mada, the functions of the sense organs become deranged; the intoxicated person reveals Bhavam / Abhiprayam (even all the secrets of his mind) on his own accord without any control²⁵.

Sushruta explains following stages of Mada referred as Mada Avastha. Mada exhibits in three avasthas (stages) purva, madhya and paschima. Following are lakshanas of Mada along with commentary of Dalhana. In the purvaavastha (first stage) person exhibits Vardhanam (increase) inveerya/Utsaha (enthusiasm), rati / harsha (pleasure), preeti / trupti (satisfaction), harsha / tushti (contentment), bhashya (talking) and hasyadhi (laughing etc)²⁶.

In Madhya-avastha (middle stage) pralapa (irrelevant talk), moha (delusion) and yukta-ayukta kriya / Kadhachitayukthakadha chityukthaha kriya (performing discriminate and indiscriminate activities at different instances) will be exhibited²⁷.

In paschimaavastha (last stage), veesamjyaha (the person lies unconscious) and nashta karma kriya guna (losing all activities and properties). Nashta karma kriya guna can also indicate loss of ability to perform action²⁸.

Consuming madya in proper method benefits buddhi, smriti, preeti, nidra, ruchi and sampaata-geetha-swaravardhanascha (voice will be clear and pleasure to listen to singing)²⁹. Buddhi, smriti, vak and chesta will be vague in unmattha stage³⁰. Avyakta buddhi-smriti-vak implies aspashta (indistinct) and vicheshta, the actions exhibited out from vigata kaaya³¹. Unmatthaleela denotes unmatthakreedha, impaired actions producing because of an insane state³².

Sushruta opines that mada does not adversely affect individual of shleshmaprakti, alpa-pitta (less pitta dominance), Snigdha (unctuous) and Matropa-sevinaha (consuming madya in proper quantity)³³. On the contrary Dalhana opines that madya adversely affects person Pittadhika (possessing greater dominance of pitta), Ruksha (dry), Ati-matrasevinaha (consumption of madya in large quantity)³⁴.

It is interesting to find mention of mada by Acharya Sushruta in Unmadapratishedhaadhyaya in the context of mentioning sixth type of unmada resulted by visha as apravruddha / alpa-lingaha (less manifested) and taruna / alpamatra (undeveloped)³⁵. Dalhana opines that Unmada in very early stages of evolution exhibiting mild symptoms is also regarded as Mada³⁶.

Charaka Samhita, Ashtanga Hrudaya and Sangraha enumerate following types of mada as vataja, pittaja, kaphaja, sannipataja, rakthaja, vishaja and madyaja and have mentioned their lakshanas. According to Charaka, Sakta-analpa-drutha-bhasham (slurred, excessive and very fast speech), chala-skhalitha-chesta (unsteady and in-coordinated actions) and ruksha-shyava-aruna-akruti (dry blackish-reddish body appearance) are vatajamada lakshanas³⁷. Vagbhata also opined the same features for Vataja mada³⁸.

Charaka mentions Sakrodha (anger), kali-priya (inclination towards quarrels) and rakta-peeta-akruti (red or yellowish complexion of the body) are features of pittaja mada³⁹. Vagbhata opines krodha, rakta-peetabha and kalaha-priya as lakshana⁴⁰. Further Charaka adds Parusha-bhasham, commented by Chakrapani as parusham-bhrutha – (speaking harsh words), prahaara (beating) and asita (blackish complexion) as pittajamada lakshana⁴¹.

Swalpa-asambhaddha vachana (less and irrelevant speech), alasya (laziness), pandu (pallor), pradhyana-tatpara (deep thinking) are mentioned as kaphajamadalakshanas by Charaka and Vagbhata^{42,43}. Further Charaka adds tandra (drowsiness) as a lakshana⁴⁴. Charaka, Ashtanga Hrudaya and Ashtanga Sangraha mentioned Sannipatajamada and advocate to include symptoms and manifestations of all the individual doshajamadalakshanas collectively^{45,46}.

Mada caused by Rakta presents with stabdha-anga and drushti (stiff body parts and fixed gaze)⁴⁷. Mada caused by Madya will manifest lakshans of increased pitta, vikrutaswara-angata (abnormal voice and movements of body parts)⁴⁸. Lakshanas of Mada caused by Visha includes kampa (tremors), ati-nidrata (excess sleep) and it is very difficult to treat among all kinds of Mada⁴⁹.

With above understanding on mada let us explore the next entity murcha. Murcha is considered to be a condition of more gravity than mada but, less serious compared to sanyasa. Acharya Shushruta explains Murcha as; samjya-vaha-nadi getting obstructed by aggravated vata etc leading to sudden dominance of tamasa, manifesting sukha dukkha vyapohati (cessation of the feelings of happiness and misery)⁵⁰. Due to cessation of sukha and dukha (feeling of comfort and discomfort), the person falls on the ground like a log of wood (patati-kashtavat)⁵¹. This phenomenon is identified as Moha or Murcha.

Nidana of Murcha is mentioned alike in Charakasamhita, Astangahrudaya, Astangasangraha, whereas nidana mentioned by Madavakara simulates Shushruta, that is dealt in the beginning of this article. Shushruta in Uttara sthana, Murchapratishedha adhyaya, mention that, a ksheena (emaciated) individual, having bahu dosha (pronounced aggravation of dosha), indulging in virudha-ahara (incompatible food), vega-agaata (suppression of the urges of body), abhighata (afflicted by injures) and heena-satwa (weak mind), in them, the doshas undergo aggravation profoundly, accumulate in bahya and abyantarakaranaayatana (external motor and internal sensory organs)⁵². Dalhana commenting on this opines karanaaya thaneshu points to bhuddhi-inndriya, karmendriya, mano bhuddhi ahankara sthana (abode of mind, intelligence, egotism, sensory and motor organs)⁵³. Bahyakaranaayatana includes karmendriyas (Motor organs) and abyantarakaranaayatana includes mano bhuddhi ahankara sthana indicating anthahasamjyavaha nadi⁵⁴. Profoundly aggravated dosha lodging in bahya and abyantarakaranaayatana results in fainting, identified as murcha⁵⁵.

Purvaroopa (premonitory symptoms) include Hrut-peeda (pain in the region of vital centre), jhumbhana (increased yawning), glani (exhaustion), samjya-nasha and bala-nasha (loss of consciousness and strength)⁵⁶. Charakasamhita, Astangahridaya, Astangasam graha, Madhavanidana and Shushruta mention alike, types of murcha as vataja, pittaja, kaphaja and sannipataja. Further, In Shushrutasamhita and Madhava nidana, three more types are additionally mentioned that include rakthaja, madyaja and vishaja.

Acharya Shushruta opines that lakshanas of six different types of murcha simulate with lakshans of Apasmara respectively⁵⁷. He does not mention separate lakshans for Murcha. Dalhana opines that devoid of dantha-nakhakhadana (chewing/ biting tooth and nails) akshivaikrithi (unnatural/abnormal movements of eye), lalasarava (dribbling of saliva) etc symptoms and rest of the symptoms of Apasmara have to be considered accordingly⁵⁸.

Charaka, Vagbhata and Madhavakara have narrated lakshanas of Murcha as follows: In Vatajamurcha, an individual views sky as neela (bluish), krushna (blackish) and aruna (reddish), then Tama-praveshayathi (entering into darkness), followed sheegra-pratibudhyate (quickly regains consciousness)⁵⁹⁻⁶¹. Other lakshanas include Vepathu (tremor), Hrudayasyaprapidana (pain in the region of vital centre), Karshya (emaciation) and Shyava-aruna-chaaya (blackish red complexion)⁶². Charaka and Madhavakara add angamarda (body ache) also as a lakshana^{63,64}. Chakrapani in the commentary mentions that, vataja Murcha exhibiting blackish-reddish tinge in complexion is an arista lakshana pointing to fatality. But this is not tenable because the tinge arises without any apparent cause should be regarded as a sign indicating arista (approaching death), whereas here vata is cause of the disorder as evident. Further, it could be understood that vatajamurcha may cause severe distress and not death⁶⁵.

Pittajamurchalakshanas include, Tamapravesha (entering into darkness), sa-swedapratibudhyate (regaining consciousness with sweating), Santapa (warmth), Rakta-peetaakulekshana (reddish yellow eyes), Sambhinna-varcha (loose stools)⁶⁶⁻⁶⁸. Further Charaka and Madhavakara mention that afflicted person views sky as rakta (reddish), harita (greenish), peeta varna (yellowish), peetabha (yellowish discoloration) as lakshana^{69,70}. Astangahridaya mentions additionally Thrushna (thirst), Neela-peeta-vit (bluish yellow stools) and daha (burning sensation) as lakshana⁷¹.

Kaphajamurchalakshana includes Afflicted person views sky as Megha-sankasham (sky dominantly occupied with clouds), tamo-ghanaihi-aavrtam (covered with dark clouds), Tama-pravesha – chiraschapatibudhyate (enters into darkness and takes prolonged time to regain consciousness), gurubhihi-pravrutaihi (feels as if body is covered with heavy blanket), praseka (salivation) and hrullasa (nausea)⁷²⁻⁷⁴.

Charakasamhita, Ashtanga Hrudaya, Ashtanga Sangraha and Madhava Nidana all mention sannipatika type of Murcha. It manifests with signs and symptoms of vatika, paittika and slaishmika types of murcha. Patient exhibits apasmaraiva-gataha infers, individual falls on ground like a patient suffering from epilepsy but devoid of irregular movement of body⁷⁵⁻⁷⁷. Unlike Apasmara (epilepsy), present condition is devoid of biting the teeth or throwing out limbs as commonly seen in apasmara (epilepsy)⁷⁸.

It is interesting to note that Sushruta and Madhavakara have mentioned six kinds of murcha as vataja, pittaja, kaphaja,

rakthaja, madyaja and vishaja. It is mentioned that in all these six kinds, pitta is the dominant dosha^{79,80}. Shushruta opines that murcha caused in an individual by the smell of rakta manifests with Stabdha-anga-drushti (loss of movements of the body parts and the eyes) and gooda-ucchwasa (Dalhana comments aspashtaswasa - imperceptible respiration)^{81,82}. Pruthvi and ambumahabhutas dominante tamoguna and the odour of rakta is contributed by these mahabhutas. Hence by the smell of rakta (blood), afflicted individual faint and fall on the ground⁸³.

Murcha resulted by madya, manifests with vilapamschetaha (person talks irrelevantly) and nashta-vibhranta-manasaha (altered state of mind) and vikshipa-anga-gatrani-bhoomou (falls on the ground exhibiting irregular movements of the body till madya undergoes digestion)⁸⁴. Murcha resulted by visha manifests with vepathu (fine movements of body parts), swapna (sleep), thrushna (thirst) and sthambha (stiffness of the body). The intensity of manifestation of these symptoms varies depending on the properties of visha⁸⁵.

With above understanding on mada and murcha, now let us explore the next entity sanyasa. Sanyasanidana is mentioned in Vidhishonitiyaadhyaya of Charakasamhita along with mada and Murcha. Charaka elucidates that the malaha (doshas) atibalaha (acutely aggravated) affects Vak (speech), Deha (body), Manas (mind) and leads to akshepana of cheshta (cessation of all activities) by taking abode in pranayatana commented by Chakrapani as Hrudaya (Vital centre), weakens the individual and results in absolute unconsciousness. Such individual collapses like kastibhoota (log of wood) or mruthoopama (corpse)⁸⁶. Hence Sanyasa is characterised by absolute loss of consciousness in an afflicted individual. It should be considered as an emergency condition, because afflicted individual would die quickly if appropriate therapy like sadyaprabodhanakari management (management bestowing consciousness instantaneously) having immediate action is not administered⁸⁷.

A simile is stated by Charaka to highlight emergency management in sanyasa. If an individual is plummeting towards sanyasa, then hurriedly management has to be adapted to rescue afflicted individual, as a bhajana (pitcher/pot) sinking in durge-ambasi (deep water in pool) has to be lifted up much before it sinks and touches the bottom. Once it sinks to bottom of the pool then it is difficult to find it and take it out of the water. Similarly it infers that an afflicted individual sunk in pronounced stage of sanyasa may be difficult to rescue⁸⁸.

Differentiation in Mada, Murcha and Sanyasa is resulted due to gravity of vitiation of doshas. Charaka mentions that after the onset of mada and murchavega (episode), as vega proceeds doshas become ksheenabala (depleted strength). Therefore mada and murcha in afflicted individual gets subsided on its own. In this context Chakrapani comments that, commencement and continuation of vyadhivega itself is responsible for progressive balaksheenata of doshas. This concept is elaborately mentioned in the context of vishamajwara (Cha. Chi. 3/70). Unlike mada and murcha, an individual afflicted with Sanyasa will be in achestaavastha (devoid of activity). In sanyasa, hrudaya (vital centre) one among the pranaayatanaasthana, is affected. Hence, if immediate ashukari-chikitsa (immediate therapy / treatment) is not administered, then retrieval of the condition of patient is not possible⁸⁹.

Ashtanga hrudaya / Sangraha and Madhava-nidana also mention the characteristic feature alike Charaka. But, Sushruta mentions that, pronounced aggravation of dosas and / or of tamoguna, results in fainting of an afflicted individual and fall

to be awakened, then such condition has to be understood as Sanyasa and is difficult to treat⁹⁰. The bouts of unconsciousness subside by their own accord in Mada and Murcha caused by the dosas, but in Sanyasa, they do not subside without medication^{91,92}.

Ashtanga hrudaya / Sangraha mention that condition of Individual afflicted with sanyasa is like a deep water source filled with dangerous crocodiles that may kill a person, if he is not quickly rescued from water. Similarly person sinking deep in sanyasa if not rescued immediately by apt management would result in death⁹³.

CONCLUSION

Mada, murcha and sanyasa results due to indulgence in unwholesome diet in prone persons, afflicted with rajas and tamas. Aetiology and symptomatology of these conditions has been mentioned in classics. Nidana, purvarupa, rupa and samprati is delineated for murcha in Susrutasmhita. Sub types are mentioned for both mada and murcha with characteristic features for each of the types but there is no sub-classification mentioned for sanyasa. A consideration of hetu (aetiology), linga (symptomatology) and upashanthi (cure) shows that, Sanyasa is more serious than Murcha and the latter is more serious than Mada. Familiarisation of specific signs and symptoms exhibited by each type of mada and murcha will help in diagnosis and thereby better management. However, in sanyasa, a quick and wise approach is inevitable.

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