



Research Article

A CROSS-SECTIONAL STUDY ON THE ROLE OF *ISHTASYA ALAABHA* AND *ANISHTASYA LAABHA* IN THE AETIOPATHOGENESIS OF *MANASAROGA* W.S.R. TO ADVERSE CHILDHOOD EXPERIENCES

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ABSTRACT

Psychological factors are posing a serious challenge to the human civilization in the recent years. The relevance of dealing with the mental wellbeing along with the physical entities is increasing in the contemporary science, which was already been addressed in the Ayurvedic literatures. Childhood and adolescence are critical stages of life for mental health. This is a time when rapid growth and development take place in the brain. Children and adolescents acquire cognitive and social-emotional skills that shape their future mental health and are important for assuming adult roles in society. The quality of the environment where children and adolescents grow up shapes their wellbeing and development. Early negative experiences in home, school, or digital spaces, such as exposure to violence, the mental illness of a parent or other caregiver, bullying and poverty, are called as Adverse Childhood Experiences which increase the risk of mental illness. *Ishtasya Alaabha* and *Anishtasya Laabha* are said to be the *Samanya Manasaroga Nidana*. *Ishtasya Alaabha* refers to not getting the desired things and *Anishtasya Laabha* refers to acquiring undesirable things. Here an attempt is made to find the role of *Ishtasya Alaabha* and *Anishtasya Laabha* in the aetiopathogenesis of *Manasaroga*. The present study suggests that there is statistically significant relationship between *Ishtasya Alaabha* and *Anishtasya Laabha* in the aetiopathogenesis of *Manasaroga*; hence childhood trauma needs more attention, particularly in psychiatric clinical practices and scientific research.

INTRODUCTION

Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community.^[1] The role of *Manas* in the attainment of the health is mentioned by *Acharya Sushruta* in the concepts of *Swastha Lakshana*.^[2] Childhood and adolescence are critical stages of life for mental health. This is a time when rapid growth and development take place in the brain.

Children and adolescents acquire cognitive and social-emotional skills that shape their future mental health and are important for assuming adult roles in society.^[3] The quality of the environment where children and adolescents grow up shapes their wellbeing and development. Early negative experiences in home, school, or digital spaces, such as exposure to violence, the mental illness of a parent or other caregiver, bullying and poverty, increase the risk of mental illness.^[4] An Adverse Childhood Experience (ACE) is a negative or potentially traumatic event that occurs before a person reaches 18 years of age. ACEs can damage a child's sense of safety, stability or bonding.^[5] A survey among 21 countries including Japan, USA, India, China by the World Mental Health (WMH) Initiative found that among 51,945 adults (age

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18 and older) recruited, almost 40% of the population had Adverse Childhood Experiences.^[6]

As per *Charaka Samhita*, there are three types of diseases- *Nija*, *Aagantuja* and *Manasa*. *Ishtasya Alaabha* and *Anishtasya Laabha* are said to be the *Samanya Manasaroga Nidana*.^[7] *Ishtasya Alaabha* refers to not getting the desired things and *Anishtasya Laabha* refers to acquiring undesirable things. Since *Nidana Parivarjana* ^[8] is the first line of management in *Ayurveda*, this study might be helpful to rule out one of the *Nidana* for *Manasarogas*. Here an attempt is made to find the role of *Ishtasya Alaabha* and *Anishtasya Laabha* in the aetiopathogenesis of *Manasaroga*.

AIMS AND OBJECTIVES

- To evaluate the role of *Ishtasya Alaabha* and *Anishtasya Laabha* in the aetiopathogenesis of *Manasaroga*.
- To compare the role of *Ishtasya Alaabha* and *Anishtasya Laabha* in the aetiopathogenesis of *Manasaroga*.

METHOD OF COLLECTION OF DATA

- Interview method – By a set of Pre-tested, Pre-designed Questionnaire.
- Proforma for observational study was prepared.
- Study Design: A cross-sectional survey study.
- Sample size: 100

Inclusion Criteria

- 1. Patients of 18 to 60 years of age.
- 2. Patients with diagnosed psychiatric disorders.
- 3. Patients with mild and moderate mental disorders.

Exclusion Criteria

- 1. Patients with other systemic illness.
- 2. Patients with severe mental disorders.

Assessment Criteria

1. *Ishtasya Alaabha*
 - a) Emotional neglect
 - b) Physical neglect
 2. *Anishtasya Laabha*
 - a) Emotional abuse
 - b) Physical abuse
 - c) Sexual abuse
 3. ACE Scale: Adverse Childhood Experience (ACE) Questionnaire (Finding your ACE Score ra hbr 10 24 06)
1. While you were growing up, during your first 18 years of life:
- Did a parent or other adult in the household often. Swear at you, insult you, put you down, or humiliate you? Or

Act in a way that made you afraid that you might be physically hurt?

Yes/ No. If yes enter 1 _____

2. Did a parent or other adult in the household often. Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?

Yes /No. If yes enter 1 _____

3. Did an adult or person at least 5 years older than you ever

Touch or fondle you or have you touch their body in a sexual way?

or Try to or actually have oral, anal, or vaginal sex with you?

Yes /No. If yes enter 1 _____

4. Did you often feel that ... No one in your family loved you or thought you were important or special? Or

Your family didn't look out for each other, feel close to each other, or support each other?

Yes /No. If yes enter 1 _____

5. Did you often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? Or

Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

Yes/ No If yes enter 1 _____

6. Were your parents ever separated or divorced?

Yes /No. If yes enter 1 _____ 7.

7. Was your mother or stepmother: Often pushed, grabbed, slapped, or had something thrown at her? or

Sometimes or often kicked, bitten, hit with a fist, or hit with something hard? or

Ever repeatedly hit over at least a few minutes or threatened with a gun or knife? Yes/ No.

If yes enter 1 _____

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

Yes /No. If yes enter 1 _____

9. Was a household member depressed or mentally ill or did a household member attempt suicide?

Yes /No. If yes enter 1 _____

10. Did a household member go to prison?

Yes /No. If yes enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score.

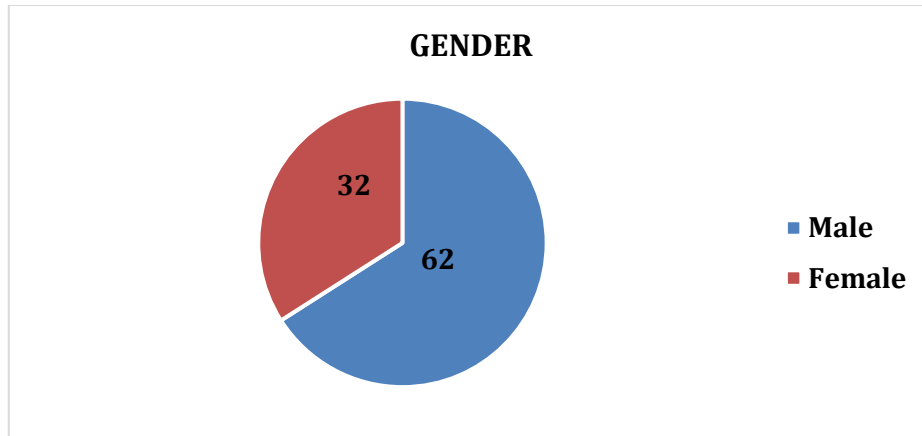
OBSERVATIONS AND RESULTS

In this present study a total number of 100 subjects were involved. All the individuals had completely answered the questionnaire that was given to them for the purpose of study.

Observations Based on the Demographic Data of the Subjects**Table 1: Gender wise distribution of subjects**

Gender	Frequency	Percentage
Male	68	68.0
Female	32	32.0
Total	100	100.0

Out of 100 subjects, 68 were males and 32 were females.

Chart 1: Gender wise distribution of subjects**Table 2: Age wise distribution of subjects**

Age	Frequency	Percentage
18	7	7.0
19	3	3.0
22	2	2.0
23	2	2.0
24	3	3.0
25	3	3.0
26	2	2.0
27	1	1.0
28	2	2.0
29	5	5.0
31	3	3.0
32	7	7.0
33	3	3.0
34	6	6.0
35	5	5.0
36	5	5.0
37	2	2.0
38	5	5.0
39	2	2.0
40	2	2.0
42	2	2.0
43	2	2.0

44	2	2.0
45	1	1.0
46	2	2.0
47	4	4.0
48	1	1.0
50	2	2.0
53	2	2.0
55	1	1.0
56	2	2.0
59	1	1.0
60	8	8.0
Total	100	100.0

Out of 100 subjects, 7 were of 18 years of age, 3 were of 19 years of age, 2 were of 22 years of age, 2 were of 23 years of age, 3 were of 24 years of age, 3 were of 25 years of age, 2 were of 26 years of age, 1 was of 27 years of age, 2 were of 28 years of age, 5 were of 29 years of age, 3 were 31 years of age, 7 were 32 years of age, 3 were of 33 years of age, 6 were of 34 years of age, 5 were of 35 years of age, 5 were of 36 years of age, 2 were 37 years of age, 5 were 38 years of age, 2 were of 39 years of age, 2 were 40 years of age, 2 were of 42 years of age, 2 were of 43 years of age, 2 were of 44 years of age, 1 was of 45 years of age, 2 were of 46 years of age, 4 were of 47 years of age, 1 was 48 year old, 2 were 50 years of age, 2 were 53 years old, 1 was 55 and 2 were 56 years of age, 1 was of 59 years of age and 8 were of 60 years of age.

Graph 1: Age wise distribution of subjects

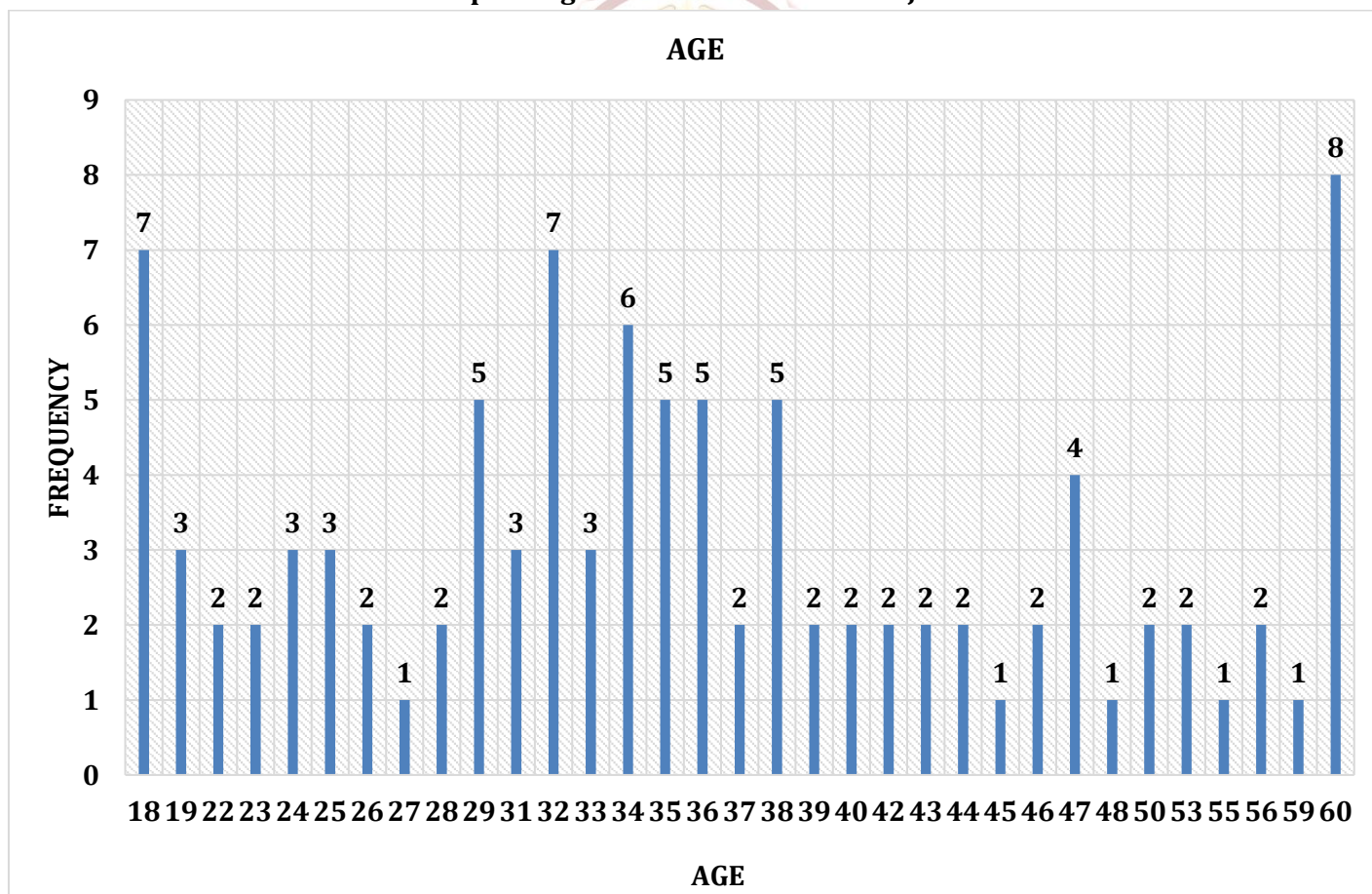
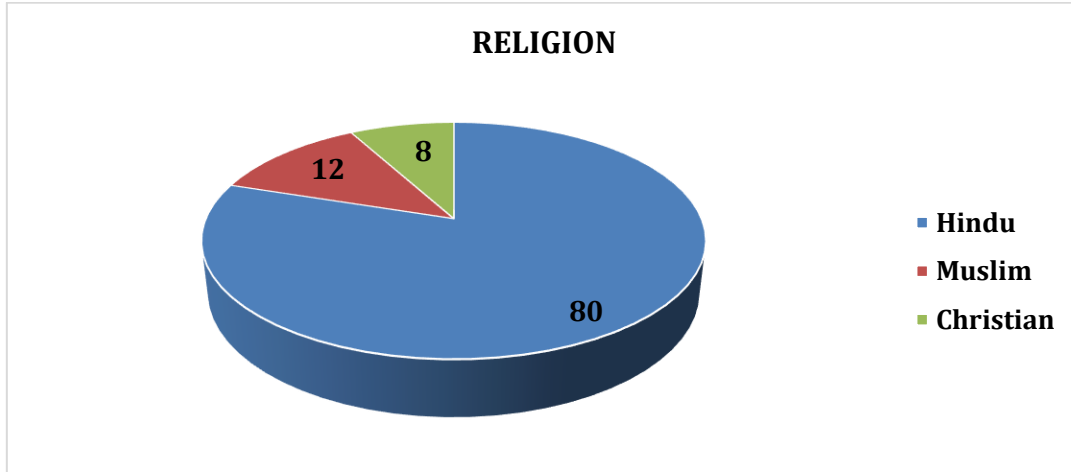


Table 3: Religion wise distribution of subjects

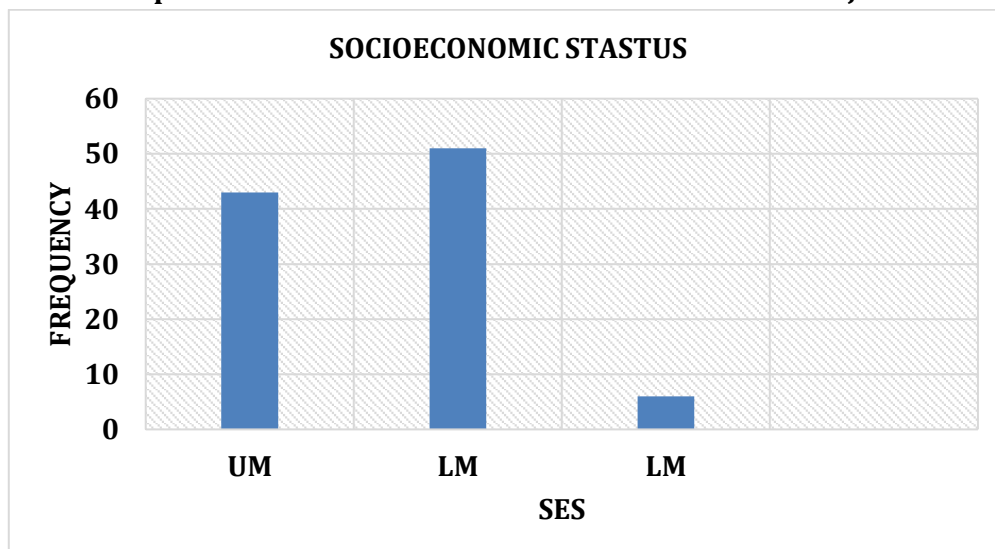
Religion	Frequency	Percentage
Hindu	80	80.0
Muslim	12	12.0
Christian	8	8.0
Total	100	100.0

Out of 100 subjects, 80 were Hindu, 8 were Christian and 12 were Muslim.

Chart 2: Religion wise distribution of subjects**Table 4: Socio economic status wise distribution of subjects**

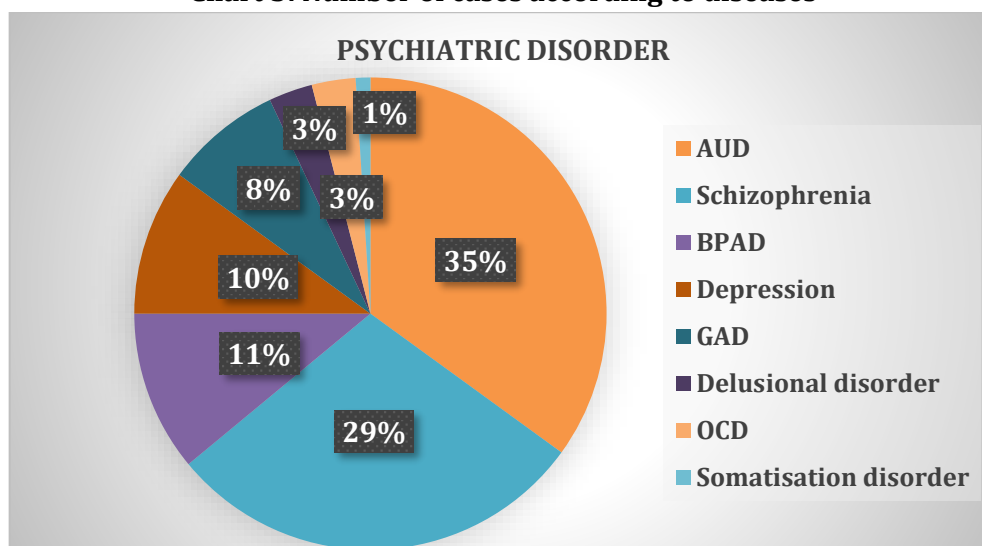
SES	Frequency	Percentage
UM	43	43.0
LM	51	51.0
L	6	6.0
Total	100	100.0

Out of 100 participants, 6 belonged to lower class, 51 belonged to lower middle class, 43 belonged to upper middle class.

Graph 2: Socio economic status wise distribution of subjects

Observation on Number of Cases According to Diseases

Chart 3: Number of cases according to diseases



In this study majority of the subjects were suffering from Alcohol use disorder and Schizophrenia.

Observation Based on the Questionnaire

Table 5: Experienced emotional abuse

Emotional Abuse	Frequency	Percentage
No	23	23.0
Yes	77	77.0
Total	100	100.0

Out of 100 subjects, 77 experienced emotional abuse and 23 did not experience emotional abuse.

Table 6: Experienced physical abuse

Physical Abuse	Frequency	Percentage
No	77	77.0
Yes	23	23.0
Total	100	100.0

Out of 100 subjects, 77 did not experience physical abuse and 23 experienced physical abuse.

Table 7: Experienced sexual abuse

Sexual Abuse	Frequency	Percentage
No	91	91.0
Yes	9	9.0
Total	100	100.0

Out of 100 subjects, 91 did not experience sexual abuse and 9 experienced sexual abuse.

Table 8: Experienced emotional neglect

Emotional Neglect	Frequency	Percentage
No	26	26.0
Yes	74	74.0
Total	100	100.0

Out of 100 subjects, 26 did not experience emotional neglect and 74 experienced emotional neglect.

Table 9: Experienced physical neglect

Physical Neglect	Frequency	Percentage
No	44	44.0
Yes	56	56.0
Total	100	100.0

Out of 100 subjects, 44 did not experience physical neglect and 56 experience physical neglect.

Cross Tabulation**Table 10: Ace Total Score * Manasaroga**

Count		Manasaroga								
		AUD	Schizophrenia	BPAD	Depression	GAD	Delusional disorder	OCD	Somatisation disorder	Total
Total score	.00	2	0	0	0	0	0	0	0	2
	1.00	2	2	2	1	0	0	0	0	7
	2.00	7	3	0	3	3	0	0	1	17
	3.00	5	6	3	2	1	1	1	0	19
	4.00	6	8	3	3	3	0	2	0	25
	5.00	5	6	4	0	0	1	0	0	16
	6.00	1	3	0	1	1	1	0	0	7
	7.00	0	1	0	0	0	0	0	0	1
Total		28	29	12	10	8	3	3	1	94

Crosstabulation Between Questionnaire and Manasaroga**Table 11: Question 1 * Manasaroga**

		Manasaroga								
		AUD	Schizophrenia	BPAD	Depression	GAD	Delusional disorder	OCD	Somatisation disorder	Total
1.	No	12	5	1	2	1	0	0	0	21
	Yes	16	24	11	8	7	3	3	1	73
Total		28	29	12	10	8	3	3	1	94

Table 12: Question 2 * Manasaroga

		Manasaroga								
		AUD	Schizophrenia	BPAD	Depression	GAD	Delusional disorder	OCD	Somatisation disorder	Total
2.	No	24	20	8	9	5	2	2	1	71
	Yes	4	9	4	1	3	1	1	0	23
Total		28	29	12	10	8	3	3	1	94

Table 13: Question 3 * Manasaroga

		Manasaroga								
		AUD	Schizophrenia	BPAD	Depression	GAD	Delusional disorder	OCD	Somatisation disorder	Total
3.	No	27	27	9	10	6	3	3	1	86
	Yes	1	2	3	0	2	0	0	0	8
Total		28	29	12	10	8	3	3	1	94

Table 14: Question 4 * Manasaroga

		Manasaroga								
		AUD	Schizophrenia	BPAD	Depression	GAD	Delusional disorder	OCD	Somatisation disorder	Total
4.	No	2	6	8	5	4	1	0	0	26
	Yes	23	28	10	7	5	1	0	0	74
Total		25	34	18	12	9	2	0	0	100

Table 15: Question 5 * Manasaroga

		Manasaroga								
		AUD	Schizophrenia	BPADA	Depression	GAD	Delusional disorder	OCD	Somatisation disorder	Total
5.	No	12	10	7	5	4	1	1	1	41
	Yes	16	19	5	5	4	2	2	0	53
Total		28	29	12	10	8	3	3	1	94

Table 16: Question 6 * Manasaroga

		Manasaroga								Total
		AUD	Schizophrenia	BPAD	Depression	GAD	Delusional disorder	OCD	Somatisation disorder	
6.	No	21	16	9	8	7	0	3	1	65
	Yes	7	13	3	2	1	3	0	0	29
Total		28	29	12	10	8	3	3	1	94

Table 17: Question 7 * Manasaroga

		Manasaroga								
		AUD	Schizophrenia	BPAD	Depression	GAD	Delusional disorder	OCD	Somatisation disorder	Total
7.	No	26	28	11	10	8	3	3	1	90
	Yes	2	1	1	0	0	0	0	0	4
Total		28	29	12	10	8	3	3	1	94

Table 18: Question 8 * Manasaroga

		Manasaroga								
		AUD	Schizophrenia	BPAD	Depression	GAD	Delusional disorder	OCD	Somatisation disorder	Total
8.	No	8	23	10	5	6	2	2	1	57
	Yes	20	6	2	5	2	1	1	0	37
Total		28	29	12	10	8	3	3	1	94

Table 19: Question 9 * Manasaroga

		Manasaroga								
		AUD	Schizophrenia	BPAD	Depression	GAD	Delusional disorder	OCD	Somatisation disorder	Total
9.	No	22	16	7	7	7	2	1	1	63
	Yes	6	13	5	3	1	1	2	0	31
Total		28	29	12	10	8	3	3	1	94

Table 20: Question 10 * Manasaroga

		Manasaroga								
		AUD	Schizophrenia	BPAD	Depression	GAD	Delusional disorder	OCD	Somatisation disorder	Total
10.	No	28	29	12	10	8	3	3	1	94
Total		28	29	12	10	8	3	3	1	94

Results Based on the Questionnaire

Statistical test used: CHI SQUARE TEST

Table 21: Chi-square test

Chi-square value	55.357
Df	7
p value	<0.001

There is high statistically significant relationship between *Ishtasya Alaabha* and *Anishtasya Laabha* in the aetiopathogenesis of *Manasaroga* at $p < 0.001$.

MANN-WHITNEY TEST

Table 22: Rank

Group	N	Mean Rank	Sum of Ranks
<i>Anishtasya Laabha</i>	100	77.03	7703.00
<i>Ishtasya Alaabha</i>	100	123.97	12397.00
Total	200		

There is statistically significant difference between the role of *Ishtasya Alaabha* and *Anishtasya Laabha* in the aetiopathogenesis of *Manasaroga*.

Table 23: Test Statistics

Mann-Whitney U	2653.000
p value	<0.001

DISCUSSION

❖ **On Emotional Abuse:** These are some of the ways research suggests emotional abuse can impact the brain: ^[9]

- Early emotional abuse could cause changes to the hippocampus that make it harder to empathize with the emotions of others.
- Emotional abuse is linked to thinning of certain areas of the brain especially the prefrontal cortex and temporal lobe that help to manage emotions and be self-aware.
- Research has connected childhood abuse to epigenetic brain changes that may cause depression. Epigenetic refers to how the environment and behaviours affect the genes. In particular, the study found changes to certain genes in the hypothalamic-pituitary-adrenal (HPA) axis, which is an area of the brain that's involved in the stress response.

On Physical Abuse

- When a person constantly receives or is at the risk of receiving blows to the body, slaps to the face, or another form of cruel physical contact, there is a high chance that their body will host various injuries.
- People that have been battered by their parents may also experience stress, PTSD, anxiety, depression among other symptoms. Physical violence may disrupt sleep patterns and has been linked with insomnia. In addition, there is a high risk of engaging in substance abuse following repeated physical violence.^[12]

On Sexual Abuse

- When a person's sexual autonomy is forcibly overtaken by another person, this can produce understandably adverse reactions in the body and mind.^[10] A victim of sexual abuse may also find it difficult to hold on to relationships and can begin to struggle with depression and anxiety. While

navigating the anger and disbelief of their abuser's actions, victims may experience PTSD, sexual dysfunction, and poor sleep patterns. In severe cases, this extreme breach of trust and humanity can cause a victim of sexual assault to make attempts at ending their life.^[11]

On Physical Neglect

- Physical neglect is failing to provide for the child's basic needs. The neglect includes not providing food, clothing, shelter, or medical attention. It also includes a lack of supervision.
- The immediate emotional effects of neglect are isolation, worthlessness, and an inability to trust—can translate into lifelong consequences, including poor mental health and behavioural health outcomes and increased risk for substance use disorder.^[12]

On Emotional Neglect

- People who are emotionally neglected as children grow up to be adults who must deal with the consequences. Because their emotional needs weren't validated as children, they may not know how to deal with their emotions when they occur. More research needs to be done to fully understand the effects of emotional neglect, especially on adults. The research that exists suggests that many of the impacts and symptoms of emotional neglect are increased risk for psychiatric disorders, addictions, and lowered self-esteem. Adults who experienced childhood emotional neglect may also become parents who neglect their children emotionally. Never having learned the importance of their own emotions, they may not know how to nurture emotions in their children. Effective treatment and understanding their own experiences of neglect can help people of all ages overcome the effects of emotional neglect in the short-term and prevent future complications as well.^[13]

Discussion on number of cases according to diseases

- By assessing the level of ACEs in patients with several mental disorders, namely substance use, schizophrenia, depression, bipolar disorder, OCD and delusional disorder this study confirmed that ACE is an important risk factor for mental disorders. Among them majority of the subjects were suffering from Alcohol use disorder and Schizophrenia.
- There are robust associations between accumulated exposures to ACEs and health risks, including substance use disorders (SUDs) and co-occurring psychopathology throughout the lifespan.^[14] As a severe neuropsychiatric disorder, schizophrenia was considered to have significant associations with ACEs.^[15] The literature suggests that the greater the severity of ACEs, the greater the severity of the schizophrenia symptoms.^[16] ACEs have been repeatedly shown to negatively impact 'recovery' among patients with schizophrenia.^[17] Among them the most frequent subtype of trauma was emotional neglect, but rates of emotional abuse and physical neglect were also significantly increased.
- Specific mental disorders are believed to be related to different sets of genes. Understanding these correlates and susceptibility loci linked to respective familial predisposition has substantially increased our knowledge of the neurobiological foundations of psychiatric disorders during the previous decade. Epigenetic and DNA methylation alterations of genes are now considered as potential pathophysiological factors. In addition, stressful stimuli and traumatic events experienced early in life will significantly affect the physiological and behavioural patterns of the individual and can be transmitted across generations.^[18] Therefore, clinicians should pay more attention to the impact of negative early childhood experiences on adult mental health and illness.

CONCLUSION

- The present study suggests that there is statistical significant relationship between *Ishtasya Alaabha* and *Anishtasya Laabha* in the aetiopathogenesis of *Manasaroga*; hence childhood trauma needs more attention, particularly in psychiatric clinical practices and scientific research.
- Such information is important as it contributes to the public education on the negative impact of childhood adversity toward a child's mental health development and the effective approaches to treatment.

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