

REVIEW ARTICLE

Manah Sharira Badhakarani Shalyani: A Critical Analysis of the Role of Manasika Shalya in Vrana

Author: Nischintha H R¹

Co Authors: Bharathi D Anvekar², Manjunath S Naregal³, SriKrishna⁴ and Shankar⁵

¹Department of Shalya Tantra, RIAMS, Hassan, KA, India

^{2,3,5}Department of Shalya Tantra, SDM, Bengaluru, KA, India

⁴Kashyapa's Ayurveda centre, West Tambaram, Chennai, TN, India

ABSTRACT

The concept of *Manasika Shalya* in Ayurveda explains the influence of psychological factors on physical health, particularly in the development and healing of wounds (*vrana*). Emotional disturbances such as fear, grief, anger, and stress are considered subtle *shalyas* that affect both mind and body, leading to psychosomatic manifestations and delayed wound healing. This article critically analyses classical Ayurvedic concepts along with modern scientific understanding of the neuroendocrine and stress response involved in wound repair. Literature from Ayurvedic classics and contemporary medical research was reviewed to explore the relationship between *manas*, *sharira*, and *vrana*. Evidence suggests that psychological stress alters hormonal and immune responses through the hypothalamic-pituitary-adrenal axis, impairing inflammation, collagen synthesis, angiogenesis, and tissue regeneration. Ayurvedic principles, including *Daivavyapashraya*, *Yuktivyapashraya*, and *Sattvavajaya Chikitsa*, are discussed as holistic approaches for addressing both physical and psychological components of disease. Supportive case observations further indicate the possible role of counselling, spiritual practices, and stress reduction in improving wound healing outcomes. The study highlights the importance of recognising *Manasika Shalya* as a significant contributing factor in *Vrana* management and supports the integrative Ayurvedic approach toward psychosomatic health. Further clinical and interdisciplinary research is required to validate these concepts and establish their therapeutic relevance in contemporary wound care practices.

Key Words *Shalya Tantra, Pranashta Shalya, Wound Healing, Dushta Vrana, Mental Health, Endocrine Axis*

Received 27th May 2026 Accepted 26th July 2026 Published 10th September 2026

INTRODUCTION

The concept of *Shalya* in Ayurveda extends beyond the physical realm, encompassing deeper intrusions that affect the *manas* (mind) and *śarīra* (body) alike. The classical *shloka* - "*Manahshareera Bādhakārani Shalyāni*" - highlights the unique Ayurvedic understanding of

disease causation through internal and external factors that disturb both mental and physical health¹. In this context, *shalyas* are not limited to foreign bodies like thorns or sharp objects, but also include subtle and abstract elements such as emotional trauma, unresolved desires (*icchā*), grief (*śoka*), fear (*bhaya*), and anger (*krodha*).

REVIEW ARTICLE

These psychological *shalyas* can embed deeply into the psyche, influencing physiological responses and initiating or aggravating psychosomatic disorders.

Ayurveda, being a holistic science, acknowledges the intimate connection between mind and body. The disturbance in mental faculties due to these *shalyas* manifests in the form of various *manasika vyādhis* (mental disorders) or psychosomatic conditions such as anxiety, depression, insomnia, and stress-induced somatic diseases. These conditions reflect the profound interaction of mental stressors with bodily systems, primarily through *doshik* imbalances, especially of *vata* and *rajas*.

This shloka thus serves as a fundamental reference point for understanding psychosomatic pathology in Ayurvedic terms. It promotes further exploration into *manasika chikitsā* (psychotherapy and counselling), *medhya rasāyanas*, and *sattvavajaya chikitsā* as tools to identify these deep-rooted *shalyas* and restore psychosomatic harmony.

MATERIALS AND METHODOLOGY

Shalya Tantra, one among the eight branches (*Ashtanga*) of Ayurveda, deals with the identification and removal of *Shalya*—foreign or harmful entities that disturb the equilibrium of the body and mind. The term *Shalya* is derived from the root “शल्,” signifying the tendency to penetrate deep into tissues and cause rapid destruction. *Shalya* is classified in multiple ways:

- **Based on the area of manifestation:** *Shariram* (internal/endogenous), *Agantujam* (external/exogenous)

- **Based on size:** *Mahata* (gross), *Anu* (subtle or microscopic)

Acharya Sushruta, in the *Yantravidhi Adhyaya* of *Sutra Sthana*, defines *Shalya* as: “मनःशरीराबाधकराणि शल्यानि”—any entity that causes distress to both *Manas* (mind) and *Sharira* (body)¹. The mention of *Manas* before *Sharira* signifies its preeminence and highlights the psychosomatic approach embedded within *Shalya Tantra*. This underscores that no *Shalya* affects only the body or the mind in isolation; both are invariably impacted. Thus, *Manasika Shalya* is considered a subset of *Shareerika Shalya*. For instance, an *Agantuja Shalya*, such as a thorn prick, primarily causes physical pain but may also induce psychological responses such as fear or anxiety, demonstrating the mind-body interplay.

Vrana is another significant concept under *Shalya Tantra*. *Acharya Sushruta* emphasises that the management of various diseases, including *Vrana*, is achievable through *Vranachikitsa* using the *Shashti Upakrama*². Importantly, *Vrana* is not limited to external ulcers or wounds. *Sushruta*, while describing *Pakshaghata* (hemiplegia), attributes its origin to a *Vrana* located in the *Shiras* (head), indicating that pathological lesions can occur even at the cellular or neurological level³.

REVIEW ARTICLE

Psychosomatic disorders are conditions where psychological factors significantly influence physical symptoms. Their prevalence and incidence vary based on specific disorders, populations, and diagnostic criteria. Due to overlapping symptoms and methodological differences, exact figures are difficult to determine. However, studies estimate that 20–30% of individuals in primary care may present with psychosomatic complaints ⁴.

Manas, derived from the *Panchamahabhutas*, possesses the qualities of *Anutva* (subtlety) and *Ekatva* (singularity), as supported by various *Nyayas* (logical postulates). It functions as an *Ubhayendriya* (both sensory and motor organ) and as *Kriyasheela* (active), enabling the perception of *Jnana* (knowledge). This establishes the interconnectedness of *Manas* and

Sharira, indicating they are not separate entities but function in unison. Hence, any disturbance in one inevitably influences the other ⁵.

Mano vikaras –

Acharya Sushruta, while explaining the classification of *rogas*, mentioned a separate section for *mano vikaara*, whereas *Acharya Charaka* mentions them as *mano vegas* ⁶.

1. Disease manifestation – 4-fold classification: *Shareera*, *Manasa*, *Agantava* and *Swabhava* ⁷

2. *Dosha bala pravruthi* – 2-fold classification: *Shareera* and *manas* ⁸.

3. *Roga adhishtana*- *manah* and *Shareera* ⁹.

Relationship between *manas* and *vrana* –

A. BIOLOGY OF WOUND HEALING ¹⁰ -

The process of wound healing is very complex and interlinked with each system.

Injury to parenchymal cells



Vasoconstriction, blood coagulation, and f/b platelet activation and release of platelet-derived growth factor + chemoattractant factors are released.



INFLAMMATORY PHASE

Cytokines and chemokines act as chemoattractants for the migration of phagocytes and other cells.

PROLIFERATIVE PHASE



This recruits and replicates cells necessary for tissue regeneration and capillary growth



REMODELING PHASE

Finally, wound remodelling may continue for weeks and months

B. FACTORS INFLUENCING WOUND HEALING ¹¹ –

- Local factors: infection, hypoxia, dehydration, contamination.

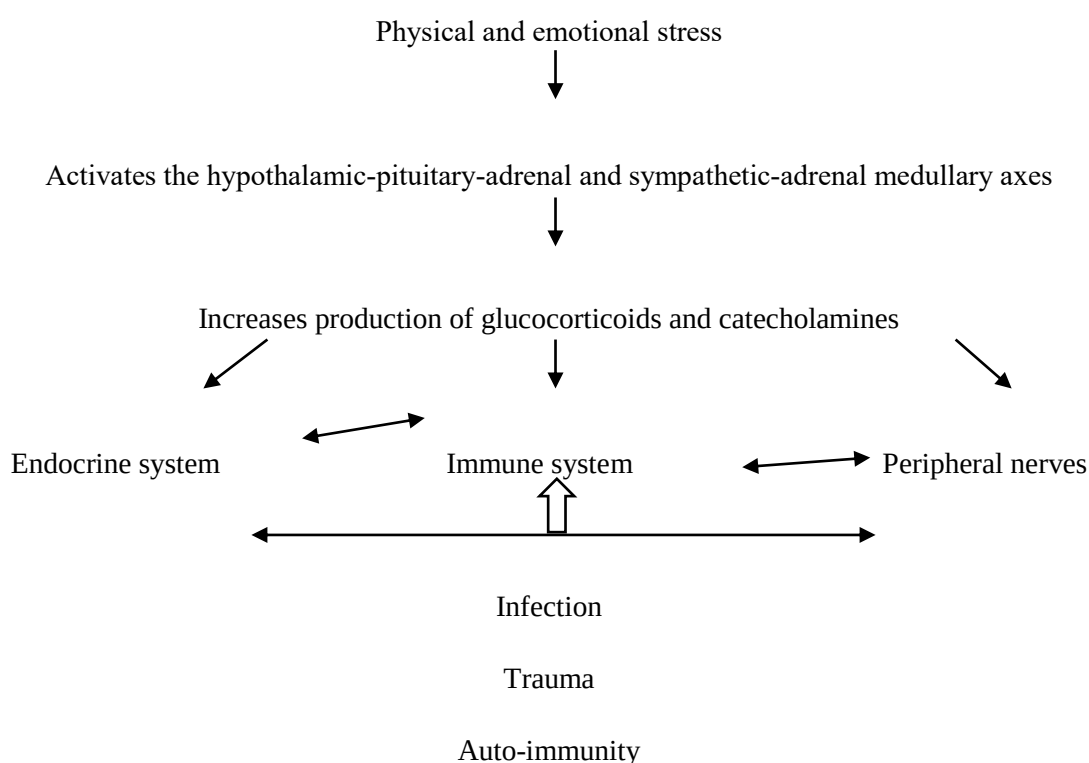
REVIEW ARTICLE

- Systemic factors: Age, conditions, nutritional status, stress, immune system, obesity, smoking, comorbidities, etc.

Acharya Sushruta, while explaining about *vrana*, has mentioned several instances about factors affecting a *vrana*, dos and don'ts of a *vranita*, and the prognosis of a *vrana* ¹². He says that if a

vranita is also *Sattvavan*, it is considered a *sadhya vyadhi*. For a *vrana* to heal, *vranita* shouldn't be *अनात्मवान्*, meaning *अबुद्धिमान्* ¹³. Acharya has even addressed factors that prolong the phase of *rudha vrana* like *हर्ष, क्रोध, भय*, etc ¹⁴.

NEUROENDOCRINE AXIS ¹⁵: This includes – HPA axis, Dopaminergic system.



WOUND HEALING AND PSYCHOLOGY ¹⁶ –

1. Cortisol helps to adapt to stress, so until stress is gone, cortisol remains in the body. It causes impaired inflammation, reduced collagen synthesis, delayed epithelialization, and increased risk of infection.
2. Catecholamines – when they merge with adrenaline during stress, delay wound healing.
3. Serotonin – in the tissue repair phase of wound healing, it contributes to the formation of

granulation tissue and collagen deposition, but when impaired, this process is also impaired.

4. Dopamine – regulates angiogenesis, aiding in tissue repair and delaying wound healing.

STRESS BIOMARKERS ¹⁷ – Role of Biomarkers in Delayed Wound Healing

Delayed wound healing is a multifactorial process influenced by several internal biomarkers. While conventional parameters such as protein levels, anaemia, and nutritional status

REVIEW ARTICLE

are commonly assessed, it is equally important to consider stress-related biomarkers for a comprehensive evaluation. These markers provide a broader understanding of the wound healing environment and its systemic influences.

a. Metabolic Markers:

1. **Serum Cholesterol:** Ideal levels range between 3 to 6 mg/dL. Deviations from this range may impair cell membrane integrity and delay the healing process.

2. **Serum Albumin:** Reflects protein status and is essential for tissue repair and collagen synthesis; low levels are associated with poor healing.

3. **Waist-Hip Ratio:** Indicates central obesity, which is linked to chronic low-grade inflammation and delayed healing.

4. **Glycosylated Haemoglobin (HbA1c):** Elevated HbA1c levels indicate poor glycemic control, commonly seen in diabetic patients, which significantly hampers wound healing.

b. **Immunological Markers:** Inflammatory cytokines such as **Interleukin-6 (IL-6)**, **Tumour Necrosis Factor-alpha (TNF- α)**, and **C-reactive Protein (CRP)** play critical roles in modulating the inflammatory phase of wound healing. Dysregulation or persistent elevation of these markers can contribute to chronic wound states.

c. Neuroendocrine Markers:

1. **Dehydroepiandrosterone (DHEA):** Balances the effects of cortisol; low levels may reflect increased stress and compromised immunity.

2. **Adrenaline and Aldosterone:** Indicators of stress response; elevated levels can influence vascular tone, perfusion, and immune function, thereby indirectly affecting wound healing dynamics.

By incorporating the evaluation of these biomarkers, a more holistic and targeted approach to managing delayed wound healing can be achieved.

MANAGEMENT-

Acharya Charaka outlines a threefold classification of treatment approaches, which remains foundational in addressing both somatic and psychological disorders:¹⁸

1. दैवव्यपाश्रय

This approach includes spiritual and faith-based therapies such as *mantra*, *japa*, *homa*, and *stotra parayana*. Several scriptural references highlight specific practices for particular conditions:

- *Vishnu Sahasranama Parayana* – effective in *Vishama Jwara*
- *Subrahmanya Bhujanga Stotra* – used in psychological imbalances
- *Shiva Stuti* – for *Kushta* (*Ashtanga Hridaya, Chikitsa Sthana* 19)
- *Rudra Mantra Prayoga* – applied in psychosomatic and *manasika* conditions

2. युक्तिव्यपाश्रय-

This is the rational, individualised approach that includes the use of *Aushadha* (medicines), *Ahara* (diet), and *Vihara* (lifestyle modifications).

REVIEW ARTICLE

- Treatment here is not merely symptomatic but adopts a holistic model based on patient-specific needs.
- For example, in *Shokaja* and *Bhayaja Atisara*, *Acharya Charaka* suggests that merely eliminating the causative factor leads to recovery.
- Medicines such as *Manasamitra Vati*, *Brahmi Vati*, and herbs like *Puga*, *Haridra*, *Shankhapushpi*, and *Ashwagandha* are known to modulate the hypothalamic-pituitary-adrenal (HPA) axis, thereby addressing stress-induced pathology¹⁹.
- Among external therapies (*Bahya Chikitsa*), *Shirodhara* has been scientifically studied for its regulatory effects on the HPA axis. The choice of medicament in *Shirodhara* can be selected based on disease presentation or using the above-mentioned herbs.

3. सत्त्वावजय- This involves controlling or redirecting the mind and includes:

- Educating the patient about *Ahara*, *Vihara*, and *Aushadha Sevanavidhi*
- Adoption of *Yoga*, *Pranayama*, and mindfulness practices that aid in *Manonigraha* (mental restraint and clarity)

These three types of treatments can be broadly classified into two categories:²⁰

- द्रव्यभूत – Pharmacological interventions such as internal (*Shamana* and *Shodhana*) and external therapies (*Bahya Chikitsa*) fall under this group, primarily aligning with *Yuktivyapashraya*.
- अद्रव्यभूत – Non-pharmacological interventions, including *Mantra*, *Stotra*

Parayana, *Harsha Chikitsa* (including music therapy, dance therapy, *Acharya Rasayana*, *Yoga*, and *Pranayama*, fall under this domain, showing endorphin activities.

Modern integrative approaches now recognise the value of these ancient interventions. Techniques such as cognitive behavioural therapy (CBT), music therapy, guided relaxation, and hypnosis mirror the principles of *Adravayabhuta Chikitsa*. These methods aim to correct cognitive distortions, promote emotional regulation, and support behavioural changes.

Psychotherapy, as understood in modern contexts, also aligns with *Sattvavajaya Chikitsa*. It helps individuals recognise maladaptive thought patterns, manage difficult emotions, and enhance overall quality of life—particularly useful in chronic conditions with psychosomatic manifestations.

CASE REPORTS

1. A 62-year-old male patient, K/C/O DM for 10 years, was diagnosed initially with a pressure ulcer, which later on was found to be osteomyelitis. There was no improvement in the condition. Later, the patient was advised to chant Vishnu sahasranama twice daily. After 5 days, there was a significant change in the wound, and after 35 days, the wound was healed with scarring.

2. A 56-year-old female patient K/C/O DM visited our OPD for a Diabetic foot ulcer with uncontrolled FBS and PPBS of 350 mg/dL and

REVIEW ARTICLE

380 mg/dL. While collecting history, she had family issues and seemed stressed. So we advised counselling for her. After a couple of sessions of counselling and a change in the environment, there was a drastic change in the FBS to 200 mg/dL.

DISCUSSION

“यत्किञ्चिदाबाधकरं शरीरे तत् सर्वमेव प्रवदन्ति शल्यम्” — This classical definition emphasises that *Shalya* refers to anything that causes distress to the body. However, no *Shalya* impacts only the physical body (*Sharira*) in isolation; it inevitably affects both *Sharira* and *Manas* due to their inherent interconnection. The mind and body are intricately linked, functioning as *Adhara* (support) and *Adheya* (supported), thereby exerting reciprocal influence on each other. This psychosomatic interaction is well-illustrated in the *Chandogya Upanishad*, which describes the division of *Ahara Rasa* during *Sara-Kitta Vibhajana* into three components: one nourishing the body, another nourishing the mind, and the third forming waste (*Kitta*)²⁰. This suggests that the same *Doshas* present in the body also influence the mind. Consequently, any *Shalya*—whether physical or mental—manifests effects on both somatic and psychological levels. Hence, *Manasika Shalya* should be considered a subset of *Shareerika Shalya*, reinforcing the holistic perspective of disease in Ayurveda. In summary, the Ayurvedic management of

conditions involving both *Manas* and *Sharira* calls for a comprehensive approach that blends spiritual, rational, and psychological therapies, respecting the individuality of each patient.

CONCLUSION

Imbalance of *Doshas* at the mental plane often manifests as disturbances in the physical body, which aligns with the classical concept of “*Manah Sharira Badhakarani Shalyani*.” This highlights the psychosomatic nature of many disorders in Ayurveda. As practitioners, adhering to the principle of “*Purusham Purusham Veekshya*” enables individualised and holistic treatment planning. Therefore, it becomes imperative to assess and address *Manasika Shalya* alongside *Sharirika Shalya* in clinical practice. In conclusion, incorporating the mental dimension in diagnosis and management not only enhances treatment outcomes but also upholds the integrative vision of Ayurveda.

REVIEW ARTICLE

REFERENCES

1. YT Acharya editor, Sushruta Samhitha with Nibandha sangraha commentary of Shri Dalhanacharya, Sutrasthana; Yantravidhi adhyaya; chapter 7 verse 4, Chowkamba Surabharathi Prakashan 2018.
2. YT Acharya editor, Sushruta Samhitha with Nibandha sangraha commentary of Shri Dalhanacharya, Chikitsasthana; Dvivraneeya chikitsitam adhyaya; chapter 1 verse 8, Chowkamba Surabharathi Prakashan 2018.
3. YT Acharya editor, Sushruta Samhitha with Nibandha sangraha commentary of Shri Dalhanacharya, Sutrasthana; Vranasravavijnaneeyam adhyaya; chapter 22 verse 7, Chowkamba Surabharathi Prakashan 2018.
4. Torrubia-Pérez E, Reverté-Villarroya S, Fernández-Sáez J, Martorell-Poveda MA. Analysis of Psychosomatic Disorders According to Age and Sex in a Rural Area: A Population-Based Study. J Pers Med. 2022 Oct 18;12(10):1730. doi: 10.3390/jpm12101730. PMID: 36294869; PMCID: PMC9605088.
5. YT Acharya editor, Charaka Samhitha with Ayurveda tattwapradiipika commentary of Shri Chakrapanidutta, Shareerasthana; Katidhapurusheeyam adhyaya; chapter 1 verse 18-22, Chowkamba Surabharathi Prakashan 2018.
6. YT Acharya editor, Charaka Samhitha with Ayurveda tattwapradiipika commentary of Shri Chakrapanidutta, Sutrasthana; Nvegandharaneeyam adhyaya; chapter 7 verse 26, Chowkamba Surabharathi Prakashan 2018.
7. YT Acharya editor, Sushruta Samhitha with Nibandha sangraha commentary of Shri Dalhanacharya, Sutrasthana; Vedotpatti adhyaya; chapter 1 verse 24-25, Chowkamba Surabharathi Prakashan 2018.
8. YT Acharya editor, Sushruta Samhitha with Nibandha Sangraha commentary of Shri Dalhanacharya, Sutrasthana; Vyadhisamuddhesheeya adhyaya; chapter 24 verse 5, Chowkamba Surabharathi Prakashan 2018.
9. YT Acharya editor, Sushruta Samhitha with Nibandha Sangraha commentary of Shri Dalhanacharya, Sutrasthana; Vedotpatti adhyaya; chapter 1 verse 24-25, Chowkamba Surabharathi Prakashan 2018.
10. Wallace HA, Basehore BM, Zito PM. Wound Healing Phases. [Updated 2023 Jun 12]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK470443/>
11. Guo S, Dipietro LA. Factors affecting wound healing. J Dent Res. 2010 Mar;89(3):219-29. doi: 10.1177/0022034509359125. Epub 2010 Feb 5. PMID: 20139336; PMCID: PMC2903966.
12. YT Acharya editor, Sushruta Samhitha with Nibandha sangraha commentary of Shri Dalhanacharya, Sutrasthana; Krutyakrutyavidhi adhyaya; chapter 23 verse 3, Chowkamba Surabharathi Prakashan 2018.

REVIEW ARTICLE

13. YT Acharya editor, Sushruta Samhitha with Nibandha sangraha commentary of Shri Dalhanacharya, Sutrasthana; Hitahiteeya adhyaya; chapter 20 verse 19, Chowkamba Surabharathi Prakashan 2018.
14. YT Acharya editor, Sushruta Samhitha with Nibandha sangraha commentary of Shri Dalhanacharya, Sutrasthana; Krutyakrutyavidhi adhyaya; chapter 23 verse 21, Chowkamba Surabharathi Prakashan 2018.
15. Gouin JP, Kiecolt-Glaser JK. The impact of psychological stress on wound healing: methods and mechanisms. Immunol Allergy Clin North Am. 2011 Feb;31(1):81-93. doi: 10.1016/j.iac.2010.09.010. PMID: 21094925; PMCID: PMC3052954.
16. Walburn J, Vedhara K, Hankins M, Rixon L, Weinman J. Psychological stress and wound healing in humans: a systematic review and meta-analysis. J Psychosom Res. 2009 Sep;67(3):253-71. doi: 10.1016/j.jpsychores.2009.04.002. Epub 2009 Jul 2. PMID: 19686881.
17. Hifsa Nisar, Rahul Srivastava. Fundamental concept of psychosomatic disorders: a review. International Journal of Contemporary Medicine, Surgery, and Radiology. 2017;3(1):12-18.
18. YT Acharya editor, Charaka Samhitha with Nibandha sangraha commentary of Shri Dalhanacharya, Sutrasthana; Tristayeshaneeya adhyaya; chapter 11 verse 54, Chowkamba Surabharathi Prakashan 2018.
19. Speers AB, Cabey KA, Soumyanath A, Wright KM. Effects of *Withania somnifera*(Ashwagandha) on Stress and the Stress- Related Neuropsychiatric Disorders Anxiety, Depression, and Insomnia. Curr Neuropharmacol. 2021;19(9):1468-1495. doi: 10.2174/1570159X19666210712151556. PMID: 34254920; PMCID: PMC8762185.
20. YT Acharya editor, Charaka Samhitha with Nibandha Sangraha commentary of Shri Dalhanacharya, Sutrasthana; Rogabhishagjiteeyam adhyaya; chapter 8 verse 87, Chowkamba Surabharathi Prakashan 2018.
21. Chandogya Upanishad 7-26-2.