

Fear at the Core: An Ayurvedic Perspective on the Emotional Basis of Neurotic Spectrum Disorders

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ABSTRACT

Fear (*bhaya*) is a universal human emotion, acting as a protective response against potential threats. While a proportionate degree of fear has adaptive value, persistent or disproportionate fear adversely affects mental health, physiological systems, and overall well-being. Modern neuroscience attributes fear to dysfunctions in neural circuits involving the amygdala and hippocampus, with chronic activation of the hypothalamic–pituitary–adrenal (HPA) axis leading to immune suppression, metabolic impairment, and psychosomatic disorders. *Āyurveda* conceptualizes *bhaya* as a *mānasika bhāva* arising from imbalances in *rajas* and *tamas*, often precipitated by *prajñāparādha* and *mānasa mithyāyoga*. Classical texts describe *bhaya* as both a symptom and a causative factor in *mānasika rogas*, with long-term effects on *doṣas*, *dhātus*, *agni*, and *ojas*. *Caraka* and *Suśruta* emphasize that *vāta* and *pitta* are particularly vulnerable to vitiation by fear, resulting in psychosomatic manifestations. Chronic *bhaya* is associated with depletion of *rasa dhātu*, *śukra dhātu*, and *ojas*, thereby compromising vitality, fertility, and immunity. Management is directed primarily through *satvāvājaya cikitsā* (psychotherapy), including *jñāna*, *vijñāna*, *dhairya*, *smṛti*, and *samādhi*, which correct faulty thought processes, strengthen coping mechanisms, and restore mental stability. Pharmacological support using *vāta-pitta-samana* and *hṛdya* formulations such as *Kalyānaka kaṣāya*, *Drākṣādi kaṣāya*, and *Guḍūcyādi kaṣāya* complements psychological interventions. Thus, *Āyurveda* provides a comprehensive framework for understanding *bhaya*—integrating emotional, cognitive, physiological, and spiritual dimensions—offering preventive and therapeutic strategies that remain relevant in contemporary mental health care.

Key Words: Fear, *Bhaya*, Emotional Basis, Neurotic Spectrum Disorders

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INTRODUCTION

Compared to the generation a decade ago, the present scenario is deeply influenced by multiple news sources, social conversations, and environments overwhelmed with messages of fear. Consequently, people today are more anxious and apprehensive of situations and individuals around them.

Fear (*bhaya*) is, in fact, the body's natural and protective response towards any perceived threat. Although it is an innate and adaptive reaction, once fear exceeds the individual's self-regulating capacity, it inevitably leads to various psychological disturbances. The modern medical system identifies excessive and unnecessary fear as one of the most common symptoms in psychiatric illnesses.

A minimal degree of fear is considered beneficial, as it functions as a protective mechanism. When fear is proportionate to the actual danger a person is exposed to, it is understood as a normal adaptive response. However, when fear is disproportionate to the stimulus, or persists longer than normally expected, interfering with well-being and day-to-day functioning, it is regarded as excessive or abnormal.

The Neurocognitive Basis of Fear

Cognitive psychologists, often referred to as “brain scientists,” have demonstrated through recent studies that the entire fear response—beginning from the perception of a frightening stimulus and culminating in the *fight-or-flight* reaction—involves five distinct regions of the brain. Among these, the two principal areas associated with the generation of fear are the amygdala and the hippocampus¹. The emotional signalling circuits between these regions are primarily

responsible for the perception and perpetuation of fear.

Stressful experiences in one's life increase the risk of developing persistent fear in the form of anxiety. Continuous processing of fear produces numerous negative consequences for both the body and psyche². Neuroscientific findings affirm that excessive fear is detrimental to human health and is metaphorically “killing mankind.”

Adverse Effects of Excessive Fear

Effects on Mental Health

Excessive and persistent fear exerts devastating effects across multiple systems of the body. From the perspective of mental health, fear is considered the foremost and cardinal symptom in most psychiatric disorders, particularly within the *neurotic spectrum*—including phobias, anxiety disorders, panic disorder, post-traumatic stress disorder (*PTSD*), obsessive–compulsive disorder (*OCD*), and somatoform disorders³.

Acute and overwhelming fearful stress responses may also precipitate severe psychiatric conditions such as acute psychosis, major depression, and dissociative disorders.

Effects on Cardiovascular System

Fear and anxiety are significant contributing factors to cardiovascular morbidity, including heart disease and cardiac arrest. Studies confirm that these emotional states can induce tachycardia, palpitations, and chest pain, thereby increasing the risk of hypertension and coronary artery disease (*CAD*)⁴.

Effects on Digestive and Excretory System

Fear-induced dysregulation frequently manifests in the gastrointestinal tract⁵, presenting as indigestion, bloating, heartburn, nausea, diarrhoea, constipation, and irritable bowel syndrome (IBS).

Modern research on the impact of fear and anxiety on the cardiac and gastrointestinal systems remains limited. Current pathophysiological explanations primarily attribute these effects to dysfunctions in the *hypothalamic–pituitary–adrenal (HPA) axis* and heightened visceral sensitivity secondary to autonomic nervous system responses.

Effects on Reproductive System

Prolonged activation of the *HPA axis* due to chronic fear can disrupt the functional integrity of the hypothalamus, pituitary, and gonads, ultimately leading to infertility⁶.

Effects on Immune System

More than 300 recent studies on persistent fear and its relation to immunity demonstrate that chronic fear significantly weakens the immune system. Continuous overactivation of the *HPA axis* leads to sustained elevation of corticosteroids in the blood, which gradually suppresses immune competence in the long term.

Exploring the Concept of Fear and Its Negative Effects in *Ayurveda*

In the ancient Sanskrit literature, fear is denoted by the term *bhaya*. Being an indigenous system of medicine, *Āyurveda* accords great importance to positive mental health and the emotional stability of an individual. *Āyurveda* recognizes *bhaya*, *krodha*, *śoka*, *lobha*, *moha*, *māna*, and other similar states as natural emotions of the human mind. However, the science consistently emphasizes that one should never become submissive to negative

emotions. According to the Ayurvedic classics, a person who fails to maintain positive control over emotions will inevitably experience ill-health of both *manas* (mind) and *śarīra* (body)⁷.

Natural State of *Manas*

In *Āyurveda*, *manas* is regarded as the internal faculty responsible for perception, analysis, understanding, and decision-making. Its functions are governed by three fundamental components: *sattva*, *rajas*, and *tamas*. Among these, *sattva* embodies positive, moral, and constructive qualities, whereas *rajas* and *tamas* are primarily associated with negative traits, though they also contribute certain functional aspects. The stability of mental faculties such as knowledge, proper thinking, courage, enthusiasm, decision-making ability, memory, attention, concentration, ethical conduct, and determination is evaluated on the basis of the balance among these three components.

Development of Negative Emotions

All negative states of *manas* or adverse emotional expressions are considered to originate from imbalances of the two *mānasika doṣas*—*rajas* and *tamas*⁸. At times, the *śārīrika doṣas* (bodily humors) can also influence *rajas* and *tamas*, thereby aggravating such emotions. For example, *pitta vṛddhi* (increase of *pitta doṣa*) may manifest as excessive anger

Understanding of Fear (*Bhaya*) in *Ayurveda*

Bhaya is considered an inherent expression of *manas* that manifests due to an imbalance of *rajas* and *tamas*, similar to *śoka*, *krodha*, and other *mānasika bhāvas*⁹. According to *Ācārya Caraka*, the severity of *bhaya* in an individual is understood by the inferential

method, i.e., by assessing the degree of *viṣāda* (lack of confidence/anxiety) present in that person (*bhayam viṣādena*)¹⁰. *Caraka* also regarded *bhaya* as one among the *mano-vegās* (sudden or unforeseen outward mental expressions) which should be consciously controlled by the individual¹¹. If such emotions are not regulated within normal limits, they may give rise to severe and persistent psychological as well as somatic disorders.

Bhaya (fear) is further described as a threat perceived by an individual from others or from external objects (*parasmāt trāsa*)¹²,

Cakrapani defines *bhaya* as “*Apakāraka anusandhānaja dainya*”¹¹ which is the state of mental downfall (*dainya*) caused by constantly anticipating the actions of harm. In another context it is originating from improper usage of *manas* (*mānasa mithyāyoga*)—such as unwanted thoughts, false knowledge, or undesirable memories. For this reason, *Ācārya Caraka* classified *bhaya* under *āgantuka rogās* (diseases due to external factors), particularly as a result of *prajñāparādha*¹³ (intellectual blasphemy/errors due to lack of true knowledge).

The severity and chronicity of *bhaya* reflects the mental stability of a person in facing stressful situations. Individuals with *avara sattva* (low *sāttvika* qualities and predominance of *tāmasika* traits) are more prone to develop acute and persistent fear, even in less threatening circumstances—such as hearing strange voices, seeing blood or flesh, distorted images, or other generalized fears¹⁴. Increased *tamas* in a person leads to impaired understanding of reality, further predisposing to fear and defeatism (*tāmasam bhayam ajñānam nidrālutvam viṣādita*)¹⁵.

Ācārya Caraka also emphasized that the prime cause of fear is inefficiency. Although an individual may possess time, energy, or resources to overcome fear, ignorance and procrastination—attributes of heightened *tamas*—make one incapable (*asamarthatā bhayakārāṇām śreṣṭham*)¹⁶.

The underlying cause of *bhaya* is said to arise in two circumstances: either when a person fails to attain what is desired (*iṣṭasya alābha*), or when one attains what is undesired (*aniṣṭasya lābha*)¹⁷. According to *Caraka*, these constitute the principal causes of all psychological disturbances, including *bhaya*. This concept may be aligned with western concept of Approach – Avoidance related psychological conflicts that are considered as cause for many psychological pathologies.

***Bhaya* as a Disease**

In the context of *mānasika roga*, *Āyurveda* considers *bhaya* a purely psychological condition arising from disturbances of *rajas* and *tamas*, without direct involvement of the *śārīrika doṣas* (*vāta, pitta, kapha*)¹⁸. Hence, when irrational fear is the only presenting symptom, the pathology is understood to occur at the level of thought, emotion, mood, attitude, and behaviour.

In such cases, *Āyurveda* recommends management before the disturbance begins to affect the body, primarily through *satvāvājaya cikitsā* (psychotherapy/talk therapy). *Satvāvājaya* enables control over problematic mental activities (*ahitebhyo arthebhyo mano-nigraha*)¹⁹. This approach aims to correct dysfunctional thought processes through self-awareness, self-acceptance, identification of strengths and weaknesses, development of coping mechanisms, and support from others.

If *bhaya* remains unaddressed and persists for long, it adversely affects both body and mind (*vikārāḥ parasparam anuvartamānāḥ kadācit anubadhnanti kāmādayo jvarādayaś ca*)²⁰. This leads to *tridoṣa* imbalance and, ultimately, to severe *mana-śarīra rogas*, as suggested in the verse: *unmāda hetur bhaya harṣa pūrvo*²¹. Prolonged *bhaya* also affects *agni*, *dhātu*, and *ojas*.

Effect on *Agni*

Ācārya Suśruta opines that *icchābhigāta* (unfulfilled desires) and *bhaya* can destroy *antarāgni* (digestive/metabolic fire)²². According to *Ācārya Caraka*, negative emotions such *bhaya* has the unique capacity to generate *āma* even when a person consumes a wholesome diet in appropriate quantity²³.

Effect on *Doṣas*

Caraka mentions that persistent *bhaya* predominantly vitiates *vāta doṣa* (*kāma-śoka-bhayāt vāyuh*)²⁴, whereas *Suśruta Samhitā* attributes it to *pitta doṣa* (*krodha-śokopavāsāt... pittam prakopam āpadyate*)²⁵. Clinically, longstanding *bhaya* often presents with *vāta-pitta* vitiated features—such as dryness of mouth, burning sensation in chest, acid reflux, loose stools, dizziness, tremors, and palpitations. Over time, this manifests as *uṣṇa-rūkṣa guṇa vṛddhi* and depletion of *saumya dhātus*.

Effect on *Dhātus*

According to *Caraka Samhitā*, prolonged *bhaya* causes depletion of *hṛdaya-sthita rasa dhātu*²⁶. *Suśruta* also describes *rasa dhātu kṣaya* as a consequence of fear²⁷.

Regarding *śukra dhātu*, *Ācārya Caraka* explains that *bhaya* causes *śukra duṣṭi*, leading to various types of *klaibya* (sexual dysfunctions) such as *bijopaghātaja klaibya*

and *kṣayaja klaibya*²⁸. *Caraka* further mentions that chronic *bhaya* results in depletion of all seven *dhātus*, from *rasa* to *śukra*²⁹.

Effect on *Ojas*

As per *Caraka*, *bhaya* is also a cause of *Ojas kṣaya*³⁰. This depletion results in generalized debility and compromised immunity, predisposing the body to recurrent illness. Diseases caused by severe and longstanding *bhaya* include *jvara*, *atisāra*, *grahaṇī*, *pāṇḍu*, *vātavyādhi*, *śiro-roga*, *hṛdroga*, *unmāda*, and *apasmāra*.

Role of *Śārīrika Doṣas* in *Bhaya Utpatti*

Although *bhaya* is primarily described as *mānasika* in origin (due to *rajas* and *tamas* imbalance without direct involvement of *śārīrika doṣas*), in certain cases aggravated *doṣas* can secondarily influence the mind. *Caraka Samhitā*³¹ notes that severe *vāta* vitiation produces *bhaya* and *śoka* at the level of *manas*. Fear can also manifest due to impaired *sādhaka pitta*³² and diminished *Ojas*³³.

Management of *Bhaya*

In the view of *Ācārya Caraka*³⁴, carrying a stick in hand was advised to reduce fear—symbolizing that proper preparedness or equipping oneself against threats is a key strategy in overcoming *bhaya*. Often, correct knowledge about the fearful object itself reduces the intensity of fear. Since inefficiency (*asamarthatā*) is considered the prime cause, enhancing one's capabilities and efficiency becomes essential. Furthermore, the presence and support of family and friends strengthen courage in the individual.

In conditions where *bhaya* is purely psychological, *satvāvājaya cikitsā*³⁵ is the primary line of management. This includes:

- **Jñāna** – Self-awareness and insight: understanding one's identity, what is beneficial, self-acceptance, and recognition of strengths, weaknesses, opportunities, and threats.
- **Vijñāna** – Awareness of the specific condition: stress-related knowledge, corrective practices, do's and don'ts.
- **Dhairya** – Development of coping skills: reassurance, family support, and cognitive restructuring.
- **Smṛti** – Reflective learning: analyzing past events, sharing experiences, and identifying root causes (similar to regression therapy).
- **Samādhi** – Relaxation techniques and meditative practices.

When chronic pathology arises with evident *doṣa* predominance, medicinal intervention is warranted. Formulations possessing *vāta-pitta-śamana* properties, *laghu guṇa*, *rasa-dhātu-trapaṇa*, and *hr̥dya* qualities are particularly beneficial. Preparations such as *Kalyāṇaka kaṣāya*, *Drākṣādi kaṣāya*, and *Guḍūcyādi kaṣāya* have been observed to yield excellent results in conditions of persistent fear, especially when combined with appropriate *satvāvājaya cikitsā*

Summary and Conclusion

Fear (*bhaya*) is a natural protective emotion, but when excessive or persistent, it adversely affects mental, physiological, and immune functions. Modern neuroscience identifies the amygdala, hippocampus, and chronic *HPA axis* activation as central to fear's pathological effects, contributing to anxiety,

cardiovascular, gastrointestinal, and reproductive disturbances.

In *Āyurveda*, *bhaya* is a *mānasika bhāva* arising from *rajas* and *tamas* imbalance, often linked to *prajñāparādha* and faulty mental activity (*mānasa mithyāyoga*). Chronic fear disrupts *doṣas*, depletes *dhātus* (*rasa*, *śukra*) and *ojas*, and predisposes to psychological and somatic disorders. Management emphasizes *satvāvājaya cikitsā* (psychotherapy) and supportive medicinal formulations with *vāta-pitta-śamana* and *hr̥dya* properties.

Thus, *bhaya* represents a multidimensional phenomenon bridging mind and body. *Āyurveda* provides an integrative framework for understanding, preventing, and managing fear, offering enduring strategies for mental health and holistic well-being.

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