A Comparative Clinical Evaluation of Sarpagandha Churna Yoga and Sattvavajaya Chikitsa (Ayurvedic Psychotherapy) in the Management of Yoshaapasmara Vis-A-Vis Hysterical Neurosis

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Received on: 17-07-2012; Revised on: 17-07-2012; Accepted on: 21-07-2012

ABSTRACT

In general there are two types of management are available for medical disorders specially for psychiatricviz; pharmacological and nonpharmacological (Psychotherapy, ECT etc). Ayurveda also describes the drug therapy and Sattvavajaya Chikitsa which is more or less equal to psychotherapy but Sattvavajaya is more spiritual. The disease Yoshaapasmara is commonly found in females and its description is available in Madhava Nidana Parishista, Bhaisajyaratnavali etc. In modern psychiatry it is known as hysterical neurosis (HN) which is now classified under “conversion and dissociative disorder.” Ayurveda has described many herbal and herbomineral formulation for management of the same. “Sarpagandha Churna Yoga” is one of the herbomineral formulation described in celebrated therapeutic text book Rasa Tantrasara Va Siddhaprayoga Sangraha pert 2. Total 28 patients of hysterical neurosis were selected and randomly divided in to two groups. One patient from group A and three patients from group B were dropout from study. Patient of group A were subjected to “Sarpagandha Churna Yoga” and group B were treated with Sattvavajaya Chikitsa. Effect of overall treatment was assessed on the basis of symptomatic improvement in symptoms and psychometric assessment was done by two scales namely Middlesex Hospital Questionnaire (by N. S. Srivastava & V. K. Bhat) and Adjustment Scale (By R.K.Tripathi). After three month of treatment result.

Key words: Yoshaapasmara, Sattvavajaya Chikitsa, Parada, Gandhaka, Rasa Sindura, Sarpagandha Churna Yoga.

INTRODUCTION

The Yoshaapasmara (1) / Apanatranka (2) / Yoshaapatantraka (3) are clinical condition commonly found in females, described in Madhava Nidana Parishista, Bhaisajyaratnavali and Shangadhar Samhita Parishista etc. The original texts (Charaka, Susruta and Astanga Hridaya) have no description about Yoshaapasmara as such but a very similar condition “Apanatranka” is described in all texts. Word “Yosha” refers to female, due to more prevalence in female it is called as Yoshaapasmara but it may occur in male also, who had soft temperament like females or man who can not able to bear the hard situation or event etc. Ayurvedic scholars have equated this clinical entity with hysterical neurosis (now an absolute term) and in modern psychiatry it is classified under “conversion and dissociative disorder”. Since every person’s brain is unique, so also is its capacity to bear external changes. If the person is too sensitive, then there is a high chance that person might act hysterically to seemingly insignificant stimuli. Hysteria is a common form of the emotional reaction in which a patient tends to act out of his/her mental control in a dramatic way. Brain behaves in such a way to attract others to gain sympathy. There are so many reasons or factors that may bring on a hysterical attack. Physical, emotional, or sexual abuse can be a contributing cause of conversion disorder in both adults and children. The term “conversion” was first used by Sigmund Freud (1893). The term conversion disorder (4) reflects the hypothesis that an unconscious psychological conflict is converted in to somatic symptoms thereby reducing anxiety and shielding the conscious self from a painful emotion and can be defined as disturbance of bodily functioning that does not conform to current concepts of the anatomy and physiology of the central or the peripheral nervous system. It typically occurs in a setting of stress and produces considerable dysfunction. The proposed etiologies are suggesting that the symptoms resolve an intrapsychic conflict expressed symbolically through a somatic symptom. Symptoms may manipulate the behavior of other persons and elicit attention, sympathy, and nurturance. Current theories about the etiology of conversion emphasize the role of communication.

People, who have difficulty in verbally articulating psychosocial distress for any reason, may use conversion symptoms as a way of communicating their distress. Hysteric (5) comprising of conversion, dissociative and somatization disorder constitutes about 6-15% of all outpatient diagnoses and 14-20% of all neurotic disorder. Approximately 5%-24% of psychiatric outpatient, 5%-14% of general hospital patient and 1%-3% of outpatient psychiatric referrals have a history of conversion symptoms. Life time prevalence of conversion disorder varied widely, ranging from 11/100000 to 500/100000 in general population samples. This disorder is more frequent in women than in men, ratio varying from 2:1 to 16:1. Dissociation (6) is an altered state of consciousness characterized by partial or complete disruption of the normal integration of a person’s normal conscious or psychological functioning. Dissociation is most commonly experienced as a subjective perception of one’s consciousness being detached from one’s emotions, body and/or immediate surroundings. The essential feature of the dissociative disorder is a disruption in the usually integrated functions of consciousness, memory, identity, or perception. The disturbance may be sudden or gradual, transient or chronic. According to International society for study of trauma and dissociation (7), some studies indicate that dissociation occurs in approximately two to three percent of the general population. Other studies have estimated a prevalence rate of 1% for all dissociative disorders in the general population. Approximately 73% of individuals exposed to a traumatic incident will experience dissociative states during the incident or in the hours, days and weeks following. It begins in early adulthood and has been diagnosed more frequently in women than in men. Due to less awareness about disorder and clinical presentation, it seems to very emergent condition for a general people. This condition is often misdiagnosed as neurological (epileptic) disorder and many times medical conditions like multiple sclerosis etc were under diagnosed. Besides being a health problem, this disorder is also responsible for social and economical problems of family. Yoshaapasmara is very difficult to treat and may occur in any stage of reproductive age i.e. till menopause. Ocean of Ayurvedic formulatory has many herbal and herbomineral formulations along with other therapeutic measures like Sattvavajaya, Yoga etc for the management of the Yoshaapasmara.

Sattvavajaya Chikitsa (Ayurvedic Psychotherapy and Counseling):

Acharya Charaka has defined it as a method of controlling or restraining of the mind from unwholesome Arthus, literally we can say overcoming of mind or victory over mind or control of mind which can be achieved by increasing Satwta to subdue the exaggerated Rajas and Tamas. Bhagavat Gita suggests that there are two ways to get victory...
over mind i.e. Abhyasa (practices) and Vairagya (detachment). According to Chakra sattva vajayayapunarah hithe yath hithe yam manoni grahah [8], means Atma nendriyarth Samyoga (incompatible contact of Indriyarth) has been regarded as one of the principle causes of diseases. So avoidance of excessive, deficient or erroneous (Aityoga, Hira yoga and Mithayoga), use of Manaarthas (Chintya, Vicharya, Uhya, Dhreyaya and Sakalpa along with Sukha, Dukha etc) as well as Indriyarthas (Saba, Sparaha, Rasa, Gandha) should be serve to cure the mental disorders. Chakra says that by improving thinking through Jnana (knowledge) having any drug dependence or addiction like alcohol (Alcohola), Ayurvedic therapeutics i.e. Rasa Sindura (Rasa Tarangini 6/167). The selected drug i.e. Sarpagandha Churna Yoga + Sattvavajaya Chikitsa (Ayurvedic psychotherapy). Group A

- Patient having no significant psychiatric illness viz. depression, schizophrenia etc. were registered only.
- Patient having no significant H/o surgery viz. hysterectomy, neurorsurgery, spinal surgeries etc. were registered only.
- Patient not having any drug dependence or addiction like alcohol etc.
- Patient having no significant finding in different lab investigations like EEG, CT scan of head etc.

**Selection of Study Groups:** All the 28 patients were selected after proper clinical examination and fulfilling the diagnostic criteria. Out of 28 registered patients, 24 patients turned up for follow ups and remaining 4 patients dropped out. These 24 patients were divided in to two groups.

- **Group A:** Comprising 13 patients given Sarpagandha Churna Yoga.
- **Group B:** Comprising 11 patients were treated with Sarpagandha Churna Yoga + Sattvavajaya Chikitsa (Ayurvedic psychotherapy).

**Assessment of Drug Response:**

**Clinical Assessment:**

- Patient with history of substance abuse e.g. alcohol, cannabis etc.
- Patient having endocrine or metabolic disorders.
- Patient having any diagnosis significant psychiatric illness or taking treatment.
- Patient having significant history of head injury.
- Patient having significant findings in lab investigations like EEG, CT scan head etc.

**Psychometric Assessment:**

- "M. chol" score according to their severity before and after treatment. Study consisted of three follow ups initially at 15 day interval for two follow ups thereafter two follow ups of one month interval each. During each follow up patients were interviewed regarding symptomatic improvement, general examination, systemic examination and psychiatric examinations.

**Method of Preparation:**

In present work following methods is used for preparation [13] of Rasa sindura (Rasa Taranagini 6/162-167).

- **Parada** - 1 part
- **Gandhak** - 2 parts
- **Vatankur Swarasa** - Q.S.

First of all prepare Kajali of Parada and Gandhaka and triturate with Vatankur Swarasa for three times in Khalva Yantra, after drying powdered it and fill in Kakapuri, cover it all around with cloth smeared with mud for 7 times, up to 1/3rd. Place in a Baluka Yantra and apply slow moderate and strong heat gradually by increasing the temperature the mouth of the bottle which was open from the beagnig may be closed with cork prepared with chalk or brick a/c to size of temperature the mouth of the bottle which was open from the begnig.

The Exclusion Criteria:

- Patient with history of any significant physical illness e.g. tuberculosis, diabetes mellitus, ishemic heart diseases, CVA etc.
- Patient having no diagnosis significant psychiatric illness or taking treatment.
- Patient having significant history of head injury.
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results. Now we can conclude that most of the patients found more significant changes were found but improvement was observed in symptoms like irregular bowel habit, paraesthesia, paresis and sensory loss in both the groups. Group A shows statistically significant results (improvement) in symptoms like abdominal pain (χ²=4.5), frequency of episodes of unconsciousness (χ²=32.9), duration of unconsciousness episodes (χ²=20.73) and headache (χ²=22.72). Group B shows significant results in symptoms like anxiety (t=2.00), appetite (t=1.89) menstrual abnormality in females (t=1.066), breathlessness (t=9.36) and in chest pain (t=12.00). After treatment group B shows statistically significant result in symptoms like frequency of episodes of unconsciousness (χ²=30.42), duration of unconsciousness episodes (χ²=21.18) headache (χ²=17.49) and status of Agni (t=2.58). There was a very good improvement was observed in case of some symptoms in both group but they were statistically significant, for example in group A symptoms like menstrual abnormality in females (χ²=4.00), breathlessness (χ²=4.00), chest pain (χ²=4.00), pain abdomen (χ²=8.00), likewise on symptoms muscle cramps (χ²=6.75), tremor/abnormal body movements (χ²=7.95), pain abdomen (χ²=6.40) and restless (χ²=8.59) in group B. Here it is necessary to mention that symptoms of specific disconcertive disorder like amnesia, hyperagitation and deralization were not founds in any of registered patients. Between the groups comparison i.e. group A versus group B shows nonsignificant results in majority of symptoms. On frequency of unconsciousness episodes, in third follow-ups (χ²=7.4) and on chest pain in 2nd follow-ups (χ²=5.015) & 3rd follow-ups (χ²=0.15), vomiting/nausea in 1st follow up and status of Agni (χ²=8.36) shows significant change in group B. In this series under psychometric assessment we have use two scales namely Adjustment Scale by R.R.Tripathi and Middlesex Hospital Questionnaire (MHQ). It was observed that effect of treatment on adjustment scale in group A (t=3.89, p<0.01 HS) and in group B (t=4.19, p<0.01 HS) that was highly significant. Between the group comparisons shows nonsignificant results. Now we can conclude that most of the patients found more adjusted than earlier. Effect of treatment on MHQ in group A (t=5.50, p<0.01 HS) and in group B (t=5.82, p<0.01 HS) was also highly significant but between the group comparisons shows nonsignificant changes.

CONCLUSION
Yoshapamasara vis-à-vis hysterical neurological illness commonly found in females is very difficult to treat due to its variable etiology and manifestation in different patients. Doic involvement in Yoshapamasara
are Vata and Kapha and Rasa Sindura is having the Kapha shama, Parada is having Tridosha, while Gandhaka and Sarpagandha are having the Vata-Kapha shama properties, which are the ingredient of trial drug. Rauwolfia serpentina is established herbal antipsychotic drug which is the main ingredient of Sarpagandha Churna Yoga. Sattavayana provides the mental support to the patient and family. Although its time bounded small sample study and etiology and manifestation also varies in patient to patient but it was found that it is the very effective approach for the management of hysterical neurones and patients were more adjusted than earlier. The findings of this study also enlighten the future clinical trial of this drug in insomnia, psychosis and newly diagnosed epileptic disorders.

REFERENCES:

Source of support: Nil, Conflict of interest: None Declared