

## INDIGENOUS THERAPY IN PRACTICE OF PSYCHIATRY IN INDIA<sup>1</sup>

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Present methods of psychiatric treatment for the neuroses and the psychosomatic disorders include psychotherapeutic techniques of one form or another as well as behaviour modifications, environmental manipulations and drug treatment with psychotropic agents. Although they are useful in many instances, the value of these methods has not been proved beyond doubt.

The cardinal principle in all forms of psychotherapy is to attempt to bring about optimum adjustment of an individual to his environment, so that personality functioning is maintained under conditions of maximum gratification and minimum frustration.

All the ancient Indian systems of psychotherapy despite their variable, and at times even diametrically opposite techniques, ultimately aim at attainment of liberation.

Psychophysiological therapy (Yoga) represents a new and different approach to the treatment of neurotic and psychosomatic disorders. Patanjali propounded this theory many centuries ago, he explained that pre-occupation with and feed back from environmental gratifications and frustrations is the root cause of many mental illnesses. The aim of this therapy is to minimize this pre-occupation, increase self-awareness and thereby produce better integration of the personality with

resulting actualization of ones' creative potentialities.

Patanjali Yoga has as its basic tenet, *citta, vrithi, nirodha*, or control of the flux of mind. Mind is sought to be silenced to the point of *Shunya* by control of the senses. This state of *Shunya* which transcends the three familiar states of consciousness—waking, dreaming and dreamless sleep—is the state of superconsciousness in which time ceases and the present movement becomes coextensive with eternity.

For the practice of the yogic discipline of mental concentration through control of senses, a prerequisite is to be able to have control over the body, its voluntary musculature as well as its involuntary visceral functioning. Those who attend to and develop only the physical aspect of yoga are the Hatha yogies, those who concern themselves with the awakening of a mythical serpent power (Kundalini) are the Kundalini yogies; while those who seek after the ultimate in yoga are the Mahayogies.

Yoga consists of eight steps: The first two steps are—Yama and Niyama. They are social and ethical in nature. The next three are—Asana, Pranayam and Pratyahara, which are methods to discipline the individual. Lastly the three main steps are called—Dharana, Dhayana and Samadhi.

Though these arts are with us from times immemorial it is only in recent years

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that it has assumed world wide importance. The historical, philosophical and psychotherapeutic aspects of yoga have been dealt with in length by Neki (1975, 1977), Venkoba Rao and Parvathi Devi (1974), Venkoba Rao (1964, 1968 and 1978) and Verma (1969, 1979). It has been utilized as a method of treatment by Vahia *et al.* (1966, 1972, 1973a, 1973b) and Balkrishna *et al.* (1977). Datey *et al.* (1969) have used a particular form of yogic exercises, known as 'Savasana' to control hypertension. Other forms of yogic exercises have been advocated for constipation, insomnia, headache, arthritis etc. (Indra Devi, 1955; Sita Devi, 1960; Yogendra, 1960, 1965).

The purpose of this study is an attempt to evaluate the role of 'yoga' as a form of therapy in patients suffering from neurosis (Anxiety state) and psychosomatic disorders (peptic ulcer and hypertension).

#### MATERIAL AND METHOD

The sample consisted of thirty patients attending the OPD of psychiatry and medicine departments of K. G's Medical College and suffering from anxiety state (N=15), peptic ulcer and primary hypertension (N=15). Besides these 30, 12 patients were contacted but were not included in the study, since they did not turn up after the initial assessment and 9 were drop outs. Only those subjects were included who have attained education above middle high school and were between 15—55 years of age.

Patients were initially assessed by psychiatrist with the help of a case history proforma, which included items for socio-demographic and identification data, a history of present and past illness, family and personal data, physical as well as mental status examination were done and recorded.

The target symptoms were rated on a 5-point rating scale for the severity. Fur-

ther, these subjects were assessed by the following psychological tests—

1. PGI Health Questionnaire N<sub>1</sub>—to assess the degree of neuroticism
2. Severity of stress was rated on a 4—point scale for the amount of stress felt in the areas of interpersonal relations, heterosexual relations, domestic, occupational, social and recreational and physical health.
3. Taylor's Manifest Anxiety Scale— to measure the amount of anxiety experienced.
4. Psycho-somatic experience blank part I & II

*Therapy*—The patients taken for the study were kept drug-free during the period of treatment. For the purpose of therapy following techniques were employed—

1. In patients suffering from anxiety state, following asanas were subjected in systematic order—

Sukhasana—Bajrasana—Savasana—Yog Mudra and Bhujangasana.—

2. Patients suffering from peptic ulcer were subjected in systematic order— Pavan Muktasan, Bhujangasana, yog mudra and pranayam exercises.

3. Cases of hypertension were subjected to the following anasnas—Sukhasana, Bajrasana, Savasana and Pranayam exercises.

These patients were randomly assigned into 2 groups (a) first group (to be termed as index group) was given psychophysiological therapy based on Patanjali's concept of yoga. (b) The other group treated as control group were given treatment involving postures and breathing exercises (designed as neuro-psychophysiological therapy) to compare with yoga therapy.

The treatment session of one hour duration were conducted 6 days a week for a period of 6 weeks under supervision of yoga therapist. The patients of both groups were assessed after every 15 days in the areas of relief of target symptom and on other took

such as TMAS, PGI-N<sub>2</sub>, and psychosomatic experience blank I and II.

### OBSERVATIONS

Table I describes the general characteristics of the sample. Mean age of

TABLE I—*General Characteristics of the sample*

	Neurotic Psychosomatic				Total
	Index group	Control group	Index group	Control group	
<b>Sex—</b>					
Male ..	5	4	6	5	20
Female ..	3	3	2	2	10
<b>Domicile—</b>					
Rural ..	2	1	4	2	9
Urban ..	6	6	4	5	21
<b>Education—</b>					
VIII—XII	3	7	8	7	25
Graduate ..	5	..	..	..	5
Prof. ..	..	..	..	..	..
<b>Marital Status—</b>					
Single ..	1	..	1	2	4
Married ..	7	7	7	5	26
Widow ..	..	..	..	..	..
Separated ..	..	..	..	..	..
<b>Mean Age (yrs.)</b>	31.9	34.3	28.8	29.9	

TABLE II—*Mean improvement in neurotic and psychosomatic group from base line scores for target symptom scale*

	Neurotic Group (N=15)						Psychosomatic Group (N=15)					
	Index group (N=8)		Control group (N=7)		t	Index group (N=8)		Control group (N=7)		t		
	Mean	s.d.	Mean	s.d.		Mean	s.d.	Mean	s.d.			
I Assessment ..	2.25	3.07	1.57	2.26	0.43*	3.50	4.27	1.43	1.05	1.11*		
II Assessment ..	4.50	2.5	2.43	2.32	1.48*	5.50	4.5	1.43	1.29	2.06*		
III Assessment ..	8.13	2.46	3.14	2.54	4.49***	7.57	5.27	1.71	1.58	2.60**		

\* N.S. ; \*\*p<0.05 ; \*\*\*p<0.01

neurotic and psychosomatic patients were 33.8 and 29.3 years.

Table—II compares the mean improvement in neurotic and psychosomatic patients for target symptoms. Only final assessment showed statistically significant differences in both neurotic (p<0.01) and psychosomatic (p<0.05) groups.

Table—III compares the mean improvement scores for PGI health questionnaire N<sub>2</sub>. In neurotic group difference is significant at final assessment (p<0.05). The psychosomatic index group differed significantly from the control group in the very first assessment (p<0.05) and also in the subsequent assessments.

In table—IV a comparison was made for the mean improvement in the scores for severity of stress. No significance difference was observed in either of the groups.

In table—V a comparison for mean improvement in neurotics and psychosomatics on Taylors' Manifest Anxiety Scale showed that the neurotic index group significantly differ from control group at second assessment (p<0.05) and third assessment (p<0.01), while psychosomatic index group differed significantly at 0.01 level in all the three assessments.

Table—VI compares the mean scores

TABLE III—Mean improvement in neurotic and psychosomatic group from base line scores for P.G.I. N<sub>2</sub>

	Neurotic Group (N=15)					Psychosomatic Group (N=15)				
	Index group (N=8)		Control group (N=7)		t	Index group (N=8)		Control group (N=7)		t
	Mean	s.d.	Mean	s.d.		Mean	s.d.	Mean	s.d.	
I Assessment	5.00	2.92	4.43	5.42	0.23*	9.25	6.26	1.29	1.66	2.91**
II Assessment	11.38	7.22	7.14	7.85	0.97*	13.63	7.09	3.00	2.59	3.44***
III Assessment	20.63	7.16	8.14	9.42	2.60**	20.75	7.51	3.13	2.28	5.32***

\* N.S. ; \*\*p<.05 ; \*\*\*p<.01

TABLE IV—Mean improvement in neurotic and psychosomatic group from base line scores for severity of stress

	Neurotic Group (N=15)					Psychosomatic Group (N=15)				
	Index group (N=8)		Control group (N=7)		t	Index group (N=8)		Control group (N=7)		t
	Mean	s.d.	Mean	s.d.		Mean	s.d.	Mean	s.d.	
I Assessment	0.75	1.39	0.86	0.83	0.16*	1.13	1.16	1.14	1.55	0.01*
II Assessment	1.13	1.64	1.14	0.84	0.01*	1.38	1.22	1.71	1.04	0.63*
III Assessment	1.75	1.32	1.43	0.91	0.48*	3.00	2.24	1.88	1.90	0.93**

\*N.S.

TABLE V—Mean improvement in neurotic and psychosomatic group from base line scores for Taylor's manifes anxiety scale

	Neurotic Group (N=15)					Psychosomatic Group (N=15)				
	Index group (N=8)		Control group (N=7)		t	Index group (N=8)		Control group (N=7)		t
	Mean	s.d.	Mean	s.d.		Mean	s.d.	Mean	s.d.	
I Assessment	5.00	3.00	2.29	1.82	1.86*	9.88	5.85	1.43	1.59	3.30***
II Assessment	8.88	4.42	3.57	3.20	2.34**	11.75	4.60	1.71	1.58	4.90***
III Assessment	14.25	4.66	4.00	3.42	4.27***	20.00	5.07	1.57	1.59	8.23***

\*N.S. ; \*\* p<.05 ; \*\*\*p<.01

of the improvement on P-S experience blank—I. On this scale neurotic index group as compared to control shows statistically significant at second and third assessments ( $p < .05$ ,  $p < .01$ ) but psychosomatic patients significantly differ in all the three assessments ( $p < .05$  for first,  $p < .01$  for second and third assessments).

While analyzing Table—VII for mean improvement on P-S experience blank—II, the neurotic index group significantly differ from control at third assessment ( $p < .5$ ) and at first and second assessment ( $p < .01$ ). In psychosomatics only second and third assessment is statistically significant ( $p < .01$ ).

TABLE VI—Mean improvement in neurotic and psychosomatic group from base line scores for P-S experience Blank I

	Neurotic Group (N=15)					Psychosomatic Group (N=15)				
	Index group (N=8)		Control group (N=7)		t	Index group (N=8)		Control group (N=7)		t
	Mean	s.d.	Mean	s.d.		Mean	s.d.	Mean	s.d.	
I Assessment	10.25	10.07	2.86	3.48	1.65*	12.50	5.92	4.71	4.66	2.50**
II Assessment	19.25	11.41	4.29	3.32	2.92**	23.13	8.45	5.71	4.95	4.26***
III Assessment	27.88	10.61	4.71	2.87	4.99***	34.38	12.84	6.14	4.49	4.93***

\*N.S. ; \*\* $p < .05$  ; \*\*\* $p < .01$

TABLE VII—Mean development in neurotic and psychosomatic group from base line scores for P—S experience Blank II.

	Neurotic Group (N=15)					Psychosomatic Group (N=15)				
	Index group (N=8)		Control group (N=7)		t	Index group (N=8)		Control group (N=7)		t
	Mean	s.d.	Mean	s.d.		Mean	s.d.	Mean	s.d.	
I Assessment	11.00	5.41	2.57	1.92	3.48***	12.50	8.87	4.00	3.46	2.12*
II Assessment	22.38	10.31	4.00	2.00	4.13***	21.63	9.95	4.57	5.21	3.63***
III Assessment	33.75	27.66	3.71	2.26	2.53**	29.75	13.23	6.57	3.42	4.02***

\*N.S. ;  $p < .05$  ; \*\*\* $p < .01$

#### DISCUSSION

Goals of psychotherapy and mental health ideals have very close relationship with each other. In this context, it would not be without interest to know that many indigenous therapeutic techniques that have been in vogue for centuries have come

to be tried again more recently (Neki, 1977).

Every form of Psychotherapy aimed at adjustment of an individual to the Society, so that personality functioning is maintained under conditions of maximum gratification and minimum frustration.

The present experience provides in-

interesting insights into the treatment of neurotic and psychosomatic disorders with a new and different approach i.e., Psychophysiological therapy based on the concept of 'Patanjali'.

The basic concept of Psychophysiological therapy is to enable a person to develop control over the voluntary and autonomic functions, so that he or she can channelize faculties in any field of activity appealing to the self by objective assessment of the demands of the reality situation, without subjective preoccupation with the resultant gains.

The system of therapy combines the supportive, re-educative and insight instilling forms of psychotherapy.

In the present study the patients of neurosis as well as psychosomatic disorder did show marked improvement on Target Symptom Rating Scale, after six weeks of Yoga therapy, which indicates that both groups of the patients suffered from an illness of a severe intensity, thus prolonging the time required for improvement.

The finding on PGI-N<sub>2</sub> health Questionnaire suggests that the patients of neurosis had severe manifestations of neurotic tendencies as they have showed improvement only after six weeks whereas those of psychosomatics showed improvement just after two weeks. The observation indicates that the patients should be taken for a longer time on this therapy for those who have manifestation of a neurotic nature since they would take longer to cope with the painful situations.

A noteworthy finding was observed for severity of stress in different areas of life. From this finding it can be concluded that psychophysiological therapy reduces only perceived stress of the personal life.

Psychophysiological therapy emphasizes that in a constantly changing environment recurrent cycles of pleasure and pain are unavoidable. The only way to maintain freedom from anxiety is by unlearning,

being preoccupied with externally oriented pleasure and pain and relearning to channelize mental and physical faculties in an optimum fashion according to one's intrinsic capacities (Vahia *et al.*, 1973). In the present study, Taylor's Manifest Anxiety Scale indicates that the neurotics were having severe manifest anxiety and thus they took longer to respond (after four weeks). Psychosomatic patients on the other hand showed improvement on the very first assessment i.e. after two weeks. The progressive fall in anxiety scores suggests that in neurosis, longer the therapy is taken, the greater the improvement. The same pattern of reduction in the scores of TMAS was also observed by Vahia *et al.* (1973). In a study of neurotic patients Balkrishna (1977) reported a high significant result on TMAS. Thus the finding of the present study is in agreement with the studies of Vahia *et al.* (1973) and Balkrishna (1977).

Results of psychosomatic experience Blank I and II reveal that the patients of psychosomatic disorder would take a longer time for greater improvement because they have severe experience of psychosomatic symptoms. It is only for this reason that the patient of psychosomatic disorder showed gradual improvement on these scale in comparison to neurotic patients.

The psychophysiological therapy acts by modification of the underlying psychological factors and does not concentrate only on symptom relief. It recognizes the importance of cognitive processes, thinking and fantasy. The therapy seeks to help the subject gain greater access to his own internal experience and increase in self awareness.

The improvement obtained on the different psychological parameters as a result of 'yoga' indicates that the psychophysiological therapy has greater value in the treatment of neurosis and psychosomatic disorder. This finding is significant in view of the fact that the value of the present procedure

of psychiatric treatment for the neurosis and psychosomatic disorder have not been proved beyond doubt.

Lastly it is suggested that the studies are needed to be carried out on a larger sample for the purpose of further clarifications in this area.

#### CONCLUSION

The observation of the present study indicates that the neurotic and psychosomatic patients showed marked improvement as a result of 'yoga' therapy.

From the improvement in third assessment for target symptom rating scale, it appears that both groups of the patients were having illness of high severity, so that they took longer time for the improvement.

The improvement in neurotic group on PGI health questionnaire shows that the neurotic patients had manifestations of neurotic tendencies as they have showed improvement only after six weeks whereas psychosomatic showed improvement on the very first assessment.

Since no significant result was observed for severity of stress in different areas of the life, it can be concluded that this therapy reduce the perceived stress in personal life of the patients.

The results obtained on Taylor's Manifest Anxiety Scale indicates that the neurotics were having severe manifest anxiety and so they took longer to respond. Psychosomatic patients on the other hand showed improvement on the first assessment.

The results on psychosomatic experience blank I and II shows that the psychosomatic patients have severe experiences of the psychosomatic symptoms because they showed gradual improvement on these scales.

Lastly, it is suggested that the studies are needed to be carried out on a large sample for the purpose of further clarifications in this area.

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