

LETTER TO EDITOR

Meditation Versus Medication

Dear Sir,

We report two cases whose psychiatric dysfunction failed to respond to pharmacotherapy, but which dramatically 'melted' with the practice of transcendental meditation (TM).

Case 1: R., a 55 year old businessman, was diagnosed as Panic Disorder (severe) with Agoraphobia (mild) (American Psychiatric Association, 1987). Over 3 years of illness, he had received alprazolam (2 mg/day), lorazepam (6 mg/day), diazepam (15 mg/day), propranolol (120 mg/day) and dothiepin (200 mg/day), in 2-3 divided doses, alone or in various combinations, the prescriptions in each instance being increased to the maximum tolerated dose (s). Despite rigid adherence (corroborated by R.'s wife) to the medication schedules prescribed for adequate periods, R. never observed more than 10-15% relief in severity of symptoms and frequency of panic. When he presented to us, his hope for succour was complicated by a reluctance to be (further drugged; therefore, after discussing the pros and cons with him, we suggested that while he continue his current prescription of 150 mg of dothiepin in a single night time dose, he attended a course on TM at an 'ashram' in the same city. After 5 TM sessions over 1 week, R. reported near-total relief from both panic and agoraphobia. This improvement was maintained by regular practice of TM over 6 months' follow-up, despite tapering off and withdrawal of his medication. Presently, R. meditates regularly, and is both symptom and drug-free.

Case 2:—J., a 28 year old (male) unemployed college dropout with a past history of mania, was receiving imipramine for his first episode of Major Depression (American Psychiatric Association, 1987). After 3½ months of unsuccessful pharmacotherapy (including 8 fruitless weeks on the current dose of 300 mg/day) and 3 serious suicide attempts, he learnt from a mutual friend of R.'s (Case 1) benefit from TM. J. continued his medication but decided (on his own) to undergo the TM course. Within a week, he experienced marked improvement: Hamilton Rating Scale for Depression scores dropped from 30 to 12 and with continued practice of TM, reduced to 6 over 2 further weeks. Three months later, with TM + Imipramine (150 mg/day), J. remains symptom-free.

TM is a form of meditation which facilitates relaxation and which has been claimed to reduce psychological dysfunction as well as enhance positive mental health; regrettably, little literature is available on TM for psychiatric disorders (West and Singer, 1980; Holmes, 1984). While neither of our 2 cases had exhausted their medication options for their respective disorders, both (while responding poorly to drugs) improved dramatically with TM. We cannot opine whether specific (for mental functioning, as claimed by the proponents of TM), nonspecific (e. g., secondary to other non-specific placebo-related factors) were involved in our patients' response to

TM, but nevertheless feel that systematic study of TM for psychiatric dysfunction is warranted. A particular advantage of TM over conventional nonpharmacological therapies is that TM is easy to learn (most subjects require less than a week to acquire meditation skills) and consumes just 20-minute session a day (Holmes, 1984).

References

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- Holmes, D. S. (1984). Meditation and somatic arousal reduction: a review of the experimental evidence. *American Psychologist*, 39, 1-10.
- West, L. J. and Singer, M. T. (1980). Cults, quacks and nonprofessional psychotherapies. In: (Eds) Kaplan, H. I.; Freedman, A. M. & Sadock, B. J., *Comprehensive Textbook of Psychiatry*, 3rd ed., Baltimore: Williams and Wilkins.

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