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Role of Yoga Therapy in Anxiety, Neurosis and Depression

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Abstract :

Due to lack of prior education and positive motivation, out of 214, only 73 patients of depression and anxiety neurosis opted for yogic therapy along with routine medical treatment in an experimental study conducted over a period of eight years at the relaxation therapy centre in the Department of Physical Medicine, Seville, Spain.

Yoga therapy was given for 2 to 3 hours every week for one year in the out patient department with the help of a monitor or clinical assistant. At the end of one year 42% of the patients (31/73) showed very good improvement, 52% of the patients (38/73) showed good response while 6% (4/73) of the patients did not show any change.

It was found that even though Shavasana is very useful for anxiety states, it is contraindicated for depressive states in the beginning of the treatment.

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A clinical assistant from medical or paramedical discipline working as a yoga therapist is preferable to other yoga teachers when handling psychosomatic problems. Ten basic rules were developed to get better and effective results from yogic therapy.

Introduction :

Swami Kuvalayananda used yoga as therapy according to modern medicine as early as 1924 and since then it is being utilised at Kaivalyadhama and other yoga centres in India.

Yoga is also being used as a therapy in the occident, but systematized approaches are seldom published.

Doctor A. Cayedo has integrated some yoga techniques in, 'Sophrology' and 'Dynamic Relaxation', these new therapeutic methods in psychiatry presented around 1965. Other approaches like 'Stretching techniques' by Meziers, 'Bio-energetics' by W. Reich, 'Re-birthing' or 'Primal Scream' by Janov presented around 1970 are using psycho-physical exercises in the treatment of emotional disturbances of selected type. Most of these techniques find their nearest equivalents in yoga.

It has been observed that integration of simple yoga techniques in routine treatment of anxiety and depression shows beneficial results. The results of such a study extended over a period of eight years has been presented here.

Materials and Methods :

Yoga therapy was offered as a complementary or primary mode of treatment to 284 patients of either sex who came to the clinic for the treatment of anxiety and depression over a period of eight years. Only 73 patients availed of this treatment.

The treatment consisted of some anti-depressive drug like amitriptiline or diazepam as a relaxant along with a programme of yoga therapy given by a monitor (clinical assistant) for 2 or 3 hours a week, mostly at an individual level rather than in a group. Asanas were selected for every individual and were modified according to the response and limitations of the patients.

The monitor was using written instructions to teach yoga techniques and never tried to establish a dialogue at the personal level. He/she tried to maintain an attitude of neutral observer.

Shavasana was contraindicated for some patients and for others, it was not introduced for the first two or three sessions. When Shavasana was indicated it was performed in a progressive manner as follows ;

1. Perception of the body with spine in contact to the ground. Abandon of muscular tensions and to feel relaxed. Metameric levels were followed from top to bottom or vice-versa according to the response of the patients.
2. Stabilising a respiratory pattern of relaxed 'inhalation-exhalation-pause' with emphasis on internal awareness or internal perceptions.
3. Keeping the mind attentive only to breath, forgetting the rest of the body and the external world.
4. To become an OBSERVER OF MENTAL IMAGES WITHOUT CHANGING BREATHING PATTERN AND MUSCULAR TONES i. e. relaxed feeling should not get disturbed. If some mental processes are seen to alter the physical balance, Shavasana was started again or eventually stopped.

It is important to insist on 'present perception' and to compare emotional disturbances coming from past or related with the future. These two are not directly related to 'PRESENT BODY AWARENESS'.

Steps 1 to 3 are possible in all patients with proper training, but step 4 is usually difficult and needs a very professional psychological or psychiatric approach. The treatment was continued for one year or even more.

Result and Observations :

I. The reasons for non-acceptance of yogic therapy by 211 out of 284 patients were found to be as under.

1.	Ignorance	— 137	— 65%
2.	Wrong information	— 21	— 10%
3.	Misconception	— 42	— 20%
4.	Bad experience in past	— 11	— 5%

II. Classification of 73 patients who opted for yogic therapy was as follows ;-

A. Based on subjective evaluation –

1.	Anxiety	— 46	— 63%
2.	Depression	— 27	— 37%

B. Based on symptoms related to un-resolved conflicts ;

1.	Major depression	— 18	— 25%
2.	Anxiety	— 55	— 75%

C. Based on somatic symptoms :

1.	Present	— 67	— 92%
2.	Absent	— 6	— 8%

III. Presenting symptoms or reasons for initial consultation could be classified as below :

Somatic	— 43	— 58%
Psychic	— 18	— 25%
Psychosomatic	— 12	— 17%

IV A. At the end of one year overall trend of results as observed in respect of the subjective feelings of the patients and as objectively judged by the physician in respect of the patient being able to pay more attention to his/her capacity to adapt, adjust and enjoy life, and/or more out-put of work rather than mere reduction in medicine was as follows :

1.	VERY GOOD (Patients stopped all medicines)	31	— 42%
2.	GOOD (Reduced medicines to a great extent)	38	— 52%
3.	NO CHANGE (Maintain medicines as before)	4	— 6%

In one case inspite of very good psychological and emotional results, medicines (amitriptiline) were increased.

IV B. After one year it was found that —

1. 35 patients (i. e. 41%) were regular in their practice of various yoga techniques.
2. 15 patients (i. e. 19%) had irregular practice of yoga and
3. 23 patients (i. e. 33%) had given up yoga practices for one reason or the other.

V. In our practice Shavasana was considered to be the most excellent technique to get psycho-physiological approach to the patient. However, it needs a very professional guidance.

Some-times patients found difficulties in following the techniques of Shavasana. Psycho-physical relaxation was not always accepted as a desirable thing by some patients. Very often some resistance was seen to manifest before, during or after the session which could be recognised in the one or more of the following ways.

A. Before starting the session –

1. Lack of interest
2. Fear of what will happen during the session.
3. Apprehension because of the attitude of perfectionism.

B. During the session of relaxation —

Inability to perceive different body parts.
Imitation (Pretending) or self deception.
Apprehensive fear
Anxiety of what may happen.
Somatic responses such as palpitation, breathing difficulty, muscular tension etc.
Blocking in varlous regions of the body as reflection of protection of the personality.

C. After the session of relaxation is over —

Crying or sobbing
Emotional imbalance
Over relaxation response.
Fear of getting cured.
Reflex increase in tensions

VI. Difficulties encountered for starting yoga therapy —

A. The difficult task is to make the patients interested in their own body and to develop the motivation to release tension in order to relax

muscles and develop some mastery over the breathing.

B. Second obstacle is getting mental images appearing PASSIVELY without suggestions from the therapist, or imaging by the patient and the patient getting lost in them. As therapists we are interested to keep patient's attention on the physical awareness like breath, or muscles.

In our practice we insist on Shavasana session in any non-special or non-sophisticated simple environment; but with the emphasis on learning te avoid external disturbances like noise from cars, or street, light, or temperature through relaxation and internal awareness. This helps the patients to remain free from getting attached to any external factors; and to learn and master the technique without developing dependence on the yoga therapist.

In our practice we found that if this NON CONDITIONING ATTITUDE is not kept, patients develop lot of resistances to relax properly and effiicently.

Discussions :

1. Depression is considered as an inability to enjoy any aspect of positive life and is generally known as Major Depression.
2. Common symptoms in depression are :
   1. Inability to maintain work or social life
   2. Total inability to perceive "positive things"
   3. Lack of interest in life.
   4. Sometimes fixed idea to commit suicide.

3. Common symptoms in anxiety neurosis are :

1. Feeling tense and anxious
2. Bipolar evolution
3. Difficulty to enjoy : Family life, work and social life.
4. Moral suffering (culpability, fear)
5. Partial inability of perceiving positive things.

4. In both cases frequently, there are somatic symptoms like–

Alteration of sleep pattern.
Anorexia and/or Bulimia (loss of appetite and/or over-eating).
Asthenia (fainting, fatigue)
Dispnoea
Anger
Arterial hypertension, palpitations
Vomitting
Gastric ulcer
Impotence or sexual rejection
Headaches and pains
Neurological disorders

5. Some theories explaining the neurophysiogical basis of emotional imbalances in these two states are summarised below :

1. Lack of Non-Adrenaline (N. A.) secretion.
2. Decrease of 5-MHPG (metoxihidroxi fenil glicol) excretion.
3. Decrease of 5th (5-Hindroxi Triptiline) i. e. serotonine.
4. Descrease excretion of 5-HIAA (Hidroxiindol acetic Acid)

5. Dis-balance of 5TH/NA
6. Poor response of TSH AND TRH (Thyroid stimulating hormone)
7. Increase in cholinergic response due to triggers depression.

Therefore, some chemical tests are suitable to give an orientation, and sometimes a diagnostic aid like.

1. T. S. D. (Dexametasone suppression test) or
2. Excretion of MHPG and
3. Response to TSH to TRH.

6. The mechanism of anxiety neurosis being different from that of depression, the yoga treatment procedures for these two conditions have been found to be different in certain respects.

For example, relaxation or Shavasana cannot be used as the 'first prescription, in yogic treatment of depression while treatment of anxious and tense patients should be started with relaxation. Moreover yoga techniques could also influence hormonal balance.

7. The modus operandi of yoga therapy based on psychological principles in this patients have been worked out on the following lines.

1. Yoga practices provide an approach to discover body image and body perception by the patients.
2. Precise yogic practices evoke peculiar feelings which facilitate a kind of communication from and with the blocked areas (as for instances sexual region during respiration in Makarasasa).
3. Some others, such as Shavasana can be used.

1, As a therapy as well a
2. As a diagnostic procedure.

It depends on the way in which the yoga therapist guides the patient.

4. Some Pranayamas as well as Kapalabhati are able to produce rapid effects facilitating physical and emotional reactions in the patient.

5. Other practices like Simasana can be understood in two parts :-
1st—Activation of body expession (contraction of extensory muscles) and
2nd—perception of effects of body actions at the emotional levels.

6. Right understanding on psychological levels of Yamas and Niyamas provides guidelines for an easy approach without risks in severe patients.

7. Physical approach serves an in optimal starting point allowing discussion and communications WITHOUT TOUCHING THE BASIC APPARENT SYMITOMS of the patients.

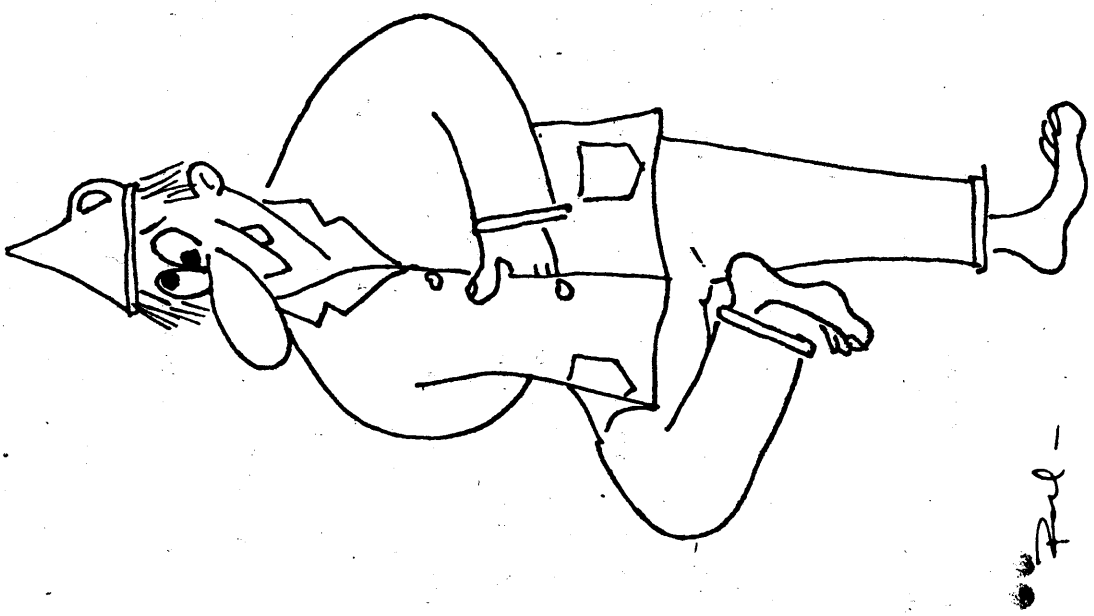
8. After one practical session, some rapports get established with the paient and it can help to start psychotherapy and/or psychoanalysis.

9. While studying the clinical evolution of our patients, we have elaborated a decalogue to be applied by yogic therapit when treating emotional or psychological patients to avoid common errors and improve results.

BASIC RULES FOR YOGIC THERAPY TO BE FOLLOWED BY DOCTOR-MONITOR TEAM.

1. MOTIVATION-Explanation of the reasons of the practice.
2. EXPLANATION OF THE TECHNIQUE.
3. ACCEPTATION OF THE TECHNIQUE BY THE PATIENT.
4. DEMONSTRATION AND PRACTICE INSISTING ON THE IMPORTANCE OF PERCEPTIONS (muscular stretching, proprio and visceroceptive perceptions from the body)
5. DEVELOP 'SANTOSHA' (INCREASING CAPACITY OF FINDING POSITIVE VALUES) in patients.
6. DEVELOP 'VIDYA' Perception of reality, by following NON-IMPOSING TECHNIQUES, NEITHER PHYSICAL NOR MENTAL in patients.
7. AVOID TRANSFER, SELF PROJECTION, AND DEPENDENCE. (Fig I)
8. KEEP NEUTRAL ATTITUDE OF AN OBSERVER.
9. GUIDE PATIENT'S INTEREST TOWARDS ONE-SELF AND TO one's own body Perception and acceptance; and to the emotional evolution of oneself as a result of yoga practice. (Fig II)
10. PRACTICE HAS TO BE ADAPTED DYNAMICALLY with consideration to patient's limitations, interest, capacity and evolution.

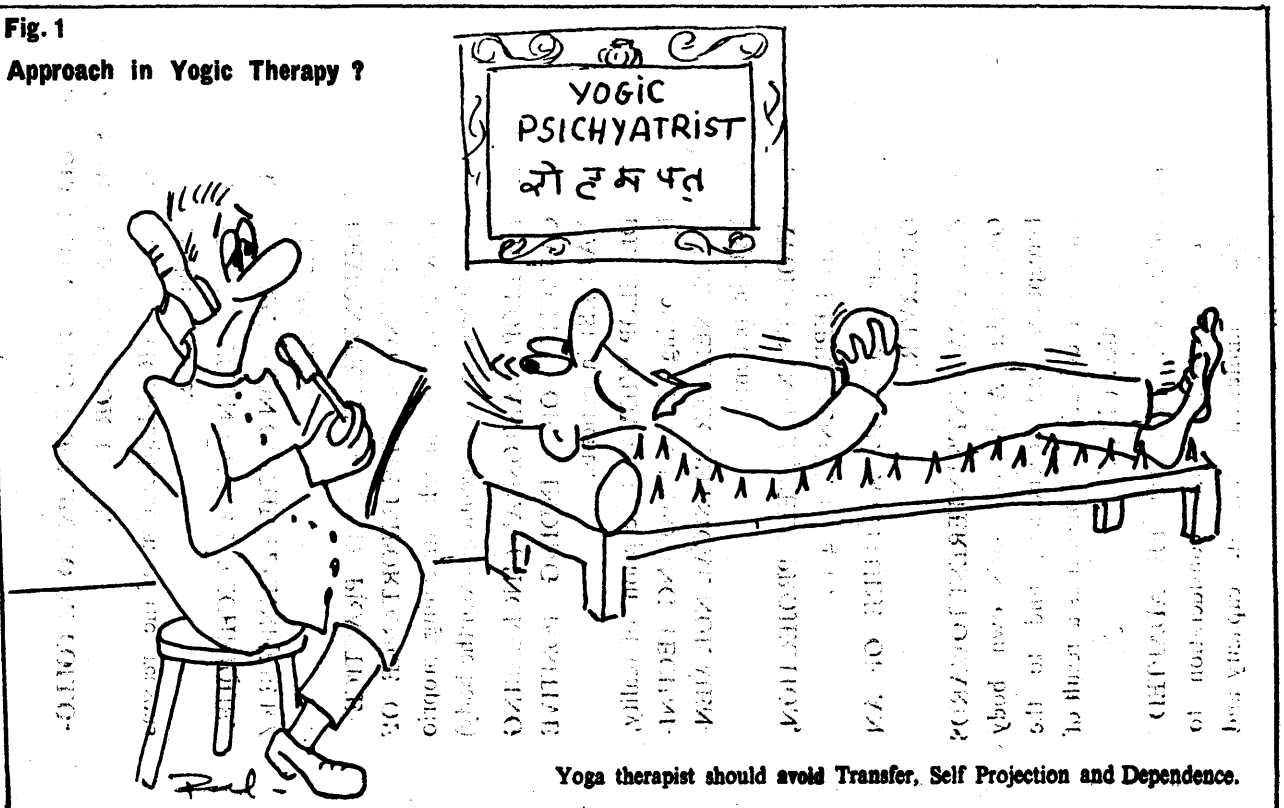
Fig. 2 Approach in Yogic Therapy



The patient should be encouraged to have one's own body perception and its acceptance and one should be taught to evaluate the emotional state as a result of one's practice.

Fig. 1

Approach in Yogic Therapy ?



Yoga therapist should avoid Transfer, Self Projection and Dependence.

Conclusions : It could be said that—

1. Yoga therapy is a powerful tool in the treatment of mental disorders like anxiety and depression, provided patients could be motivated to undertake it.
2. But to insure good results without harm, some rules are to be kept in mind.
3. In the hands of professional psychiatrist, not only yogic training can be used as a treatment procedure but also for psychoanalysis and at a diagnostic procedure.
4. Motivation of the patients to come for yoga therapy is most important. Therefore, it is necessary to improve the professional standard and prestige of this newly developing discipline. At present its basic principles and exact technical details are rather vague and in the hands of non-medical persons, who may not be competent enough to put things in right place and with clear perspective. We have to assess yogic therapy with a professional approach.
5 The role of a Monitor (Clincial assistant) working in close collaboration with psychatric or psycho-somatic medicine specialists has been found to be very useful in yoga therapy.

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Effect of Yogic Training on Neuro-Muscular Efficiency in Normal and Stressful Conditions*

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Abstract :

Delayed fatigue, increase in duration of performance and total work output as studied by finger erogography under normal and stressful conditions was found in subjects undergoing yogic training for 3 weeks when compared to subjects of the control group.

KEY WORDS :- Ergography, Neuro-muscular efficiency, Stress, Yoga-training.

Introduction :-

Very few studies have been reported so far, related to the neuromuscular efficiency and the yogic training. Sahu[3] (1978) found that the neuromuscular activity was reduced after the practice of shavasana. Paranjpe and Bhole*[1] (1979) concluded that the yogic training having more stress on the physical culture for the first three months, improved

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