

YOGA IN MANAGEMENT OF PSYCHONEUROTIC, PSYCHOTIC AND PSYCHOSOMATIC CONDITIONS

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INTRODUCTION

There is a growing interest in the ancient Indian science of Yoga. The yogis have always looked upon this ancient system as a way of life, and not as a treatment method for a given set of illnesses. However, the common man frequently tends to seek relief from his specific disturbing symptoms by means of yoga. The medical men are also rather inquisitive about yoga as a potential weapon in their therapeutic armamentarium. Finally, the yogis themselves are not averse to deal with the 'patients' and to help them to get rid of their illnesses, though the ultimate aim of such 'yoga therapy' does extend beyond the relief of symptoms.

It was with these considerations in mind that we launched upon a project at The Yoga Institute, Santacruz, to study the value of yoga in management of various disorders. The present paper deals with the patients suffering from psychological and psychophysical disorders 'treated' with yogic methods.

METHODS AND MATERIAL

The patients attending The Yoga Institute, Santa Cruz, (both outdoor and indoor services) were taken up for the study. In all, 106 patients were taken up. Each patient was first interviewed by the psychiatrist; given psychological tests (MMPI, MPI, TAMS) by a psychologist, and also examined by a physician if and when necessary. The patient was also subjected to pathological, radiological and electrocardiographic examinations whenever indicated.

*The work was carried out, under Dr. N.S. Vahia, the well known psychiatrist, by Dr. D. K. Deshmukh, M. D. D. P. M. with the assistance of Shri Shambhunath and others. The project was undertaken with the financial aid of Central Council for Research in Indian Medicine and Homoeopathy, Ministry of Health, Government of India.

The patients were treated by Y.I. team along their usual lines. The treatment consisted of teaching of yogic processes, lectures by Shri Yogendraji, and individual talk with the therapist, when thought necessary. There was no attempt at fragmentation of the classical methods to determine "which is the most important and effective part of Yoga." A totalistic approach was adhered to—the idea of fragmentation of yoga being considered unacceptable.

At the end of six weeks each patient that completed the due course was again seen by the psychiatrist, given the psychological tests by the psychologist and also examined by the physician, whenever necessary. The psychiatrist used Knight's criteria (as quoted by Wobe) as his guidelines for assessing the improvement.

The results are presented in the following tables:

RESULTS

No. of patients taken up	106
No. of patients who completed the course	46
% of patients who completed the course	43.40%

Improvement according to diagnosis was as follows:—

In certain cases more than one diagnosis was made. In the table below, they have been placed under the diagnostic heading that was of primary importance. Details about these cases are given below:

1. One case of bronchial asthma, had even symptoms of anxiety and the other had those of anxiety depression. Both have been grouped under Bronchial Asthma, but in assessing improvement of the patient, both the conditions have been taken into account.
2. Similarly are cases of diabetes, also having anxiety depression. In this case also total improvement had been assessed.

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ANALYSIS OF IMPROVEMENT IN 46 PATIENTS

DIAGNOSIS

Diagnosis	Total No. of patients	IMPROVEMENT				% of improvement*
		Good	Moderate	Slight	Nil	
Anxiety reaction	16	8	5	3	0	81.25%
Anxiety depression (including mixed depression 1 case)	9	3	6	0	0	100%
Schizophrenia	4	1	0	2	1	25%
Schizo obsessive-compulsive neurosis	1	0	1	0	0	100%
Bronchial asthma including 1 chronic bronchitis and sinusitis	11	5	4	2	0	81.81%
Diabetes Mellitus	2	1	1	0	0	100%
Mucus colitis	3	2	1	0	0	100%
TOTAL	46	20	18	7	1	82.5%

This was done as Bronchial asthma and Diabetes Mellitus are considered psychosomatic illnesses. Psychiatric symptoms in such case should be considered a part of the same, underlying psychophysiological disturbances.

DURATION—IMPROVEMENT

Although initially patients were divided into six categories, according to the duration, final comparison has been made between two broad groups—duration less than 3 years and duration more than 3 years.

This was done because majority of the patients taken up for study suffered from chronic disorders, (minimum duration recorded being 10 months in this series), and therefore multiple groups were considered unnecessary. Also on account of limited number of patients studied, it was thought desirable

to have fewer groups so that sufficient number of patients can be placed in each group, for the purpose of statistical evaluation.

Duration of illness	Total No. of patients	IMPROVEMENT*				Percentage improved
		Good	Moderate	Slight	Nil	
Below 3 years	15	7	4	3	1	73.33%
Above 3 years	31	13	14	4	0	87.09%

* Improvement includes those having good or moderate improvement.

SOCIAL STRESS IMPROVEMENT*

Social Stress	Total No. of patients	Good	Moderate	Slight	Nil	Percentage improved
Severe	1	0	0	1	0	0%
Moderate	11	2	6	3	0	72.72%
Mild, absent or doubtful	34	18	12	3	1	88.23%
Total	46	20	18	7	1	82.5%

* The improvement assessed by the psychiatrist has been by and large corroborated by the elaborate reports of psychological testing.

DISCUSSION

From the data presented, it appears that there is a high rate of improvement in these psychiatric patients who attended the course for the minimum prescribed length of time. If the dropouts are considered as failures, the picture would be different.

The present trial is uncontrolled, there being no comparison with an established method of treatment. However, if the comparison with results of other treatments as reported in literature is justified, yoga seems to fare well. Our im-

provement rate was 82.5 per cent which seems to surpass the results of psychoanalytical therapy in various series (varying from 39%-67%). It may be noted that psychoanalysis is the only therapy that aims at personality integration.

One remarkable feature is that the duration of illness seems to make no difference in the outcome of treatment. This was observed by Vahia *et al.* in their studies also (conducted at the KEM Hospital, Bombay).

SUMMARY AND CONCLUSION

The results of a pilot study are presented and found to be encouraging. There seems to be enough justification to carry on further, more elaborate and sophisticated trials on the value of yoga in management of psychological and physiological disorders.

WHAT YOGINS

by RAM

If anybody cares for the practical side of yoga, these works treat of

(i) the nature of yoga, (ii) the nature of the check the rise and growth of yoga that help an aspirant to achieve (iii) the results to be expected of yoga.

It can easily be understood that yoga is the only way by which the mind is demonstrated. Nobility is also an activity in its nature and fully revealed (means) and *apāyas* practice. A person can be achieved through himself in any under

The aforesaid conditions discuss those factors that are *samādhi*. Yoga is said to be 'properties or conditions' *pyayau* in *Kātha 2*. The fact that a wrong doing in the mind as is clearly stated in *cittavikṣepah*.

These impediments are *upasarga*, *vigna* or *antarāya* is used in the practices being deluded

1. Vide *Viṣṇupurāṇa* *brahmanī sāṅgyoga yoga ityā* translated by Wilson as: 'Controlled by that condition of mind which complete the control'.
2. Śaṅkara explains that it must mean new achievement or 'loss of the desired'.
3. Cp *Viṣṇupurāṇa*

