

Therapy Based on Yogic Principles and Techniques. (1)

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Abstract :

Training in yogic physical culture meant for people of average health was found to be very slow in producing effect in cases like Neurotic Depression and Inguinal Hernia. Individualized need-based yogic education programme together with psychological guidance and counseling and recognizing the responses to yoga techniques were found to be more useful in giving quick & better results in respect of relief from various symptoms. Developing awareness of 'what is happening' in the body along with 'let-go' feeling was found to give better and deeper relaxation than the 'doing' aspect of the asanas.

' Neurotic Depression'

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Part One-Report by the Authors

History-A 21 years old unmarried female patient with the Following complaints came for consultation and yogic treatment, if possible.

Chief Complaints :

1. Fear of moving alone on roads, outside home and office.
2. Loss of self confidence.
3. Developing temporary and overall interest in life, black- outs while walking on roads in the company of friends and relatives.
4. Depression.
5. General phobia.
6. Feeling of loneliness and insecurity.

Associated Complaints :

1. Loss of appetite, Indigestion and gases.
2. Acidity.
3. Cough and Cold.
4. Insomnia.

Duration : Three years.

These complaints were of insidious onset and they had become intensive over the last 1 year or so. The patient had tried allopathic, ayurvedic and homeopathic medicines and even psychiatric treatment with temporary reliefs and the intensity of complaints went on increasing as the time passed by.

Yogic Treatment in a Group :

The patient was admitted in Yogic Hospital of the Institute. Routine yogic treatment was given for two weeks in group along with other hospital patients. It consisted of training in simple asanas like Bhujangasana, Ardha-hala-sana, Ardha-Shalabhasana, Vakrasana, Yoga Mudra, Cha-krasana, Ardha-matsyendrasana, Shavasana and asanas of easy course and short course as recommended by Swami Kuvalayananda.

Pranayamic breathing viz., Anuloma-Viloma and Ujjayi without Kumbhaka, Cleansing processes viz. Kapalabhati, Neti and Agnisara and Om recitations were also given as part of the yogic treatment programme.

At the end of two weeks, even though the patient was looking fresh and had no indigestion, cough and cold, she was unable to stay alone and her chief complaints did not show much change.

Individualising Yogic Treatment:

At this stage the patient was referred to the authors for further help, if possible. The patient was interviewed by one of the authors who is a psychologist. During the first interview it was seen that the patient was an over-protected child since childhood and was having lot of tensions and anxiety with depressive symptoms and inability to adjust to life situations as per NSQ and ASQ studies.

After these interviews, the patient was instructed to experience various movements and feelings associated with the movements and the ones trying to develop during the maintenance of asanas already taught to her. The patient was made to experience the breathing movements in different parts of the body and the same were corrected, if found Wrong through suitable asanas. The patient was reminded to become aware of the breathing movements and to check them for being correct from time to time so as to keep them correct throughout the day.

The emotional and intellectual aspects were introduced in the practice of Shavasana in order to bring the tensions to the surface and the patient was advised to perform all the asanas with the awareness of body, breathing and feelings.

Moreover discussions were held to know her philosophy of life, value system and approach to life situations.

With the slight modifications in the mode of performing yoga techniques, the patient started getting sleep for 5 to 5-30 hrs. by the end of the week and also got few dreams. Establishing contact with her emotions and thoughts during Shavasana was seen to be more useful for her. It was observed that she had started to develop self-confidence and an urge to start working again.

She was discharged after one week of such training with the advice to continue the practices at home and to come for follow-up after every two months.

Follow-up Studies :

During follow-up sessions after two months, she was found to be more energetic, fresh and well collected in respect of her problems. She was able to work for 10 to 12 hrs. per day and was able to move alone on foot on roads without anybody's company.

Review and follow-up after 4, 6 and 8 months revealed that she was completely free from her complaints. The same picture was noticed even after 2 years. However, she required one re-orientation session in between after about ten months.

Part Two : Summary of the observations made by parents of the patient in their own words ;

"After her college days, my daughter was feeling very nervous. She was having frequent cough and cold with slight fever on occasions forcing her to remain at home in a depressed condition.

We tried to give her usual medical treatment. We consulted several doctors to find out what was wrong with her. Medicines, sometimes gave her slight relief, but it was only temporary.

Because of our past associations with Kaivalyadhama, we went there and came in contact with Dr. Bhole. He agreed to treat her on yogic lines. She was admitted in the Yogic hospital of the Institute and was given routine yogic treatment along with other patients for two weeks. Even though improvement in her general condition was noticed, her specific complaints did not show much change. There-fore Dr. Bhole asked her to take some guidance from him at an individual level and was treated accordingly for one week and was advised to continue the treatment at home.

The results appeared to be promising. She felt better. She appeared to gain confidence and feel active to do her work independently.

She continued to do yogic performance at home as per instructions with a bit of enthusiasm, building up hope and self confidence. Dr. Bhole and his associate Mrs. J. P. Oak often paid visits to watch her progress and gave further instructions to her for performing yoga techniques according to her requirements.

She went to the Institute for follow-up studies after every two months. However, once again she developed a set back in her progress. Therefore, once again she was given special treatment under personal observation for a week or so.

Surprisingly, then she improved in her health and various daily activities very rapidly. She could feel fresh and happy to do any work on her own initiative. That was a great change which we could see in her.

It is about two years now. She is quite normal and very happy.

Conclusion :

It could be said that a need to modify the mode of teaching and practising yoga techniques is felt while treating patients with psychosomatic problems. The importance of psychological counselling and interviews cannot be over-looked. With combination of the two, the patient could be helped effectively on a long term basis -with minimum of medicines or even withdrawing them completely after some time.