



To Study the Effect of Aradhana on Mental Health WSR to Anxiety & Depression

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Abstract:

World today has lot more psychological problem than physical suffering. In fact it can be said that not only diagnosed psychiatric patients but every human being who is running for survival is facing some kind of mental or psychological disturbances. Nearly 1/4th of all the patients who seek treatment are said to be present with psychological problems. About 15% patients require immediate psychiatric help. Therefore it was decided to launch a clinical trial on a group of which could be safe, effective, cheap and easy for the management of mental diseases, and help to maintain mental health. For this purpose following procedures may be suggested to control the growing of stress disorders: *Aradhana*. 30 clinically diagnosed patients of Anxiety and Depression each were treated with *Aradhana* alone for 2months. On the basis of the description available in various treatises of Ayurveda, it can be concluded that there is very close correlation of Ayurveda with Spirituality along with pathogenesis of various diseases particularly *Manas Roga*(Mental Illness) and a combined approach delivers much better results.

Keywords: *Aradhana*, *Manas Rog* ,Anxiety, Depression,

Introduction:

Modern man is living in the perpetual state of ever increasing stressful situations arising from the development of science and technology, environmental pollution, highly ambitious and competitive life styles, over population, monotony and boredom of complex interpersonal relationships, job responsibilities and many other associated mental and emotional causes. All socio-economic groups of population including high pressure executives, businessman, working women and even students are affected by a variety of stresses. The stress disorder is a psychosomatic disease. The Anxiety and Depression form the major examples of such disorders.

Ayurveda lays emphasis on total health i.e. state of physical, sensorial, mental and spiritual equipoising called *Arogya*, which is a foundation of Trivarga i.e. *Dharma*, *Artha* and *Kama*. According to Acarya susruta an individual is considered as *Swastha* whose *Dosas*, *Agnis*, *Dhatus* and *Malas* are in state of *Samya* i.e. equilibrium or normalcy (Samdosah samagnischa samadhatumala kriyah) and who is mentally, sensorially and spiritually in the state of calmness (Prasannatmendriya manah)¹. This touches all the four aspects of *Ayu* i.e. *Sharirendriya-Sattvatma Svathya*.

According to Ayurveda life is the manifestation of union of three entities without which life cannot exist. These are *Sattva*, *Atma* and *Sharira* and their influence on each other is obvious (Cha.Su. 1/46)². *Chittodvega* (Anxiety) has not been described as an individual disease in *Ayurvedic* treatises. But it has been mentioned under the chapter of *unmada roga* as one of the causative factors & also mentioned as *Mano Vikara* by Acharya Charaka. (Cha.Ni. 7/4)³.

Thus as regards the possible measures which can be employed to tackle the problems of abnormal stress response and to prevent stress disorders, the modern system of medicine provides no definite remedies. So far as Indian medicine is concerned the following measures may be suggested to control the growing of stress disorders:

- 1) Social and environmental rectification by following the principles of *Swasthvritta*, help to make the society less stressful.
- 2) Development of stress resistance in man by inducing basic changes in the personality with the help of appropriate psychophysical practices such as the practice of *Aradhana*.

The present research work has been started with following aims & objectives.

1. Clinical and conceptual studies on *Avsaad (Visaad)* and *Chittodvega* vis-à-vis Depression and Anxiety.
2. To evaluate antidepressive and anxiolytic effects *Aradhana* in a series of patients suffering from *Avsaad* and *Chittodvega* (Depression and Anxiety) on S.A.S and B.D.I scale.
3. To compare the efficacy of antidepressive and anxiolytic effect of *Aradhana*.

Concept of Avasada:-

The word *avasada* is derived from the root *ava+sad+dhyani*. The synonyms are *Avasanna* (sad,lazy) *Vishada* (sadness, melancholy) and *Sadnam* (sadness, dejection). *Avasada* literally means depression, annihilation. The word *Vishada* has been mentioned in the context of *Manas Dosha Vikara*. *Charaka* used the term *Sadanam* to refer the sense of depression and described as *kaphaj unmaad*⁴.

Avasada:-

1. Sinking, fainting, and Sitting down.
2. Lack of energy, Exhaustation, Fatigue, 'Vipadeti Tavadavasatkari' (Kiratarjuna 18/23)
Vishaad is a word of masculine gender and it is derived by the root '*sada*' after adding the prefix '*vi*' and suffix '*Gana*' to it .It denotes *avsada* and *jadta* as per *vachaspathyum*⁵
As *Acharya Charak* has mentioned that the person who recurrently suffers from *Chittodvega*(Anxiety Disorders), *Kama*, *Krodha*, *Lobha* etc. *Mansika Vikaras* is more prone to suffer from *Unmada* etc. major *Vikaras*.(Cha.Ni.7/4)⁶ or these *Vikaras* when become more extensive may lead to *Unmadadi* major mental disorder.

CHITTODVEGA VIS-À-VIS ANXIETY

The word anxiety derived from the Latin word "anxieta" meaning disquiet state of feeling anxious some other words like worry, apprehension, fear, agitation, dread, angst etc. are also used as a synonyms in English literature.

There is no separate & wide description of *Chittodvega* in Ayurvedic texts. *Chittodvega* can manifest as a causative or aggregative emotional factor of various somatic disorders i.e. *Atisara* (Cha. Ci. 19)⁷. Anxiety are also caused as well as aggravated by various emotional disturbances.

Chikitsa of Manas Rog:

Three modalities of treatment are ⁸

- 1) *Yuktivyapashraya Chikitsa*
- 2) *Daivavyapashraya Chikitsa*
- 3) *Satwavajaya Chikitsa*

Material and methods:

Following materials and methods were employed for the completion of present research project –

1) Selection of cases-

2) Administration of treatment:

Selected patients of depression were for the treatment as follows-

(Aradhana);

Treatment: aradhana with mantra

Time: 20 minutes/day

Duration: 2 months

All the patient were recommended dietary restriction (use only Satvik Ahaar) and other activities in all the three groups as per the description available in ayurvedic classics (Sadvrta palan) during the course of the therapy

Method for Aradhana:

The patients were asked to do aradhana any time in whole after waking & completing their Pratahacharyas, they were made to sit in padmasana oif not able to sit in this then sukhasana will be the posture of sitting. All were sit on mat, then after making gyan mudra having erect spine with relaxed mind and body, and then start chanting ‘ohm’ mantra for 20 minutes with all concentration over mantra & its vibrating sound after aradhana patients were asked to rub hands and touch the eyes with hands and slowly open their eyes and come to normal position.

Requirement for Aradhana:

1. *A quite environment:* For this, we required to have a quite room, as one usually keeps for worship. This greatly helps in minimizing distraction.
2. *A passive attitude:* This is the most important thing in eliciting the relaxation response. One should not bother about any disturbing thoughts that come to his mind; he should let the matter go away and then concentrate on his practice.
3. *A comfortable position:* This is important to prevent undue muscle tension in the body. Any posture that would give a person maximum relaxation, such as the cross-legged lotus posture, is good. Though lying down posture is also good, yet it is liable to induce sleep and hence it should be avoided.
4. *A mental device or Mantra:* In order to shift the mind from the external objects to internal thought, one should have a mental device such as mantra which is usually a sacred word or phrase to be repeated silently for about 15 minutes with eyes fully closed and mind withdrawn.

Criteria of assessment

All the patient registered for the clinical trial were screened for their demographic profile like age, sex, marital status, family history ,their socio-economic status, etc. during the trial and follow –up study the patients were assessed on the following parameters-

a) Subjective improvement

b) Clinical improvement.

a) All the patients registered for the trial were specifically asked for any changes in their clinical manifestations and growing feeling of well being produced by the treatment under trial.

b) For the assessment of clinical improvement the incidence of presenting features was and the severity of symptoms was rated in each case. For this purpose the following “Beck Depression Inventory(BDI) and Sinha Anxiety Scale(SAS) was used.

Duration of clinical trial and follow up studies-

All the patients of three groups were followed up to 2 times i.e. on 15th day and 30th day to evaluate the therapeutic effect of treatment given. The patients were asked to fill the Beck Depression Inventory and Sinha Anxiety Scale for diagnosis before and after the treatment

In Beck Depression Inventory(BDI):-

The numerical system used to rate or to report value on some measured dimension , for example, a scale ranging from 0-3, with 0 meaning strongly disagree and 3 strongly agree; in the scale various symptoms are graded into different grade as shown below-

Absent	0
Mild	1
Moderate	2
Severe	3

Total BDI score can range from 0 to 63

Norms

0-9
0-18
19-29
30-63

Level of Depression

Normal non depressed state
Mild depression
Moderate depression
Severe depression

Criteria for overall assessment of therapy on depression:

Complete remission-	below the 10(<10) BDI scoring after treatment were considered as complete remission.
Markedly improved considered as	below the 17(<17) BDI scoring after treatment were markedly improved.
Moderately improved treatment were considered as	below the 24(<24) BDI scoring after moderately improved.
Improvement treatment were considered as improved.	below the 31(<31) BDI scoring after
Unchanged treatment were considered as unchanged.	below the 31(>31) BDI scoring after

In Sinha Anxiety Scale(SAS):-

The *true* options were been counted followed by putting under the percentile scores. In this way the level of anxiety was judged on the basis of percentile score's according to the ranges indicated below.

<u>Percentile Ranges</u>	<u>Level of Anxiety</u>	<u>Grade</u>
81-100	Very high anxiety	4
71-80	High anxiety	3
41-70	Normal anxiety	2
25-40	Low anxiety	1
0-24	Very low anxiety	0

Results:

Effect of Therapy on BDI:-

Effect of Aradhana on BDI: the initial mean was 19.8 having reduction of 12 with 39.394% decrease of BDI Score were observed which was highly significant ($P < 0.001$).

Effect of Therapy on SAS:-

Effect of Aradhana on SAS: 36.364% decrease of SAS Score were observed which was significant ($P < 0.05$)

Overall Effect of Aradhana on 30 patients of Depression : It shows that 20% of the patients were observed with complete cure. The overall effect shows that maximum 70% patients were markedly improved, followed by 10% with moderately improvement. None of the patients was improved and unchanged.

Overall Effect of Aradhana on 30 patients of Anxiety : It shows that 30% of the patients were observed with markedly improved, 30% of the patients were moderately improved 20 % were having excellent relief, 10% with mild relief, whereas 10% showed no improvement.

Probable Mode of action of Aradhana:

This effect is attributed to the meditation process due to enhance the *Sattva* quality. The modern physiology and biochemistry say that it is possible to produce energy in Mantra Jap and increase capacity and efficiency of respiration. In almost all the methods of relaxation like yoga, meditation etc. similar general principles prevail. One involves efforts and concentration focusing attention upon a particular object or sensation and the other a simple watchfulness and observation allowing fine flow of perception.

These findings supported our hypothesis that these prayers significantly lower the level of depression and anxiety while they concomitantly elevate the level of optimism and spirituality. Patients with depression and with anxiety related feelings of self-reproach and guilt and ruminated over past errors.

Following conclusion can be drawn from the current research project.

- 1) On the basis of their clinical manifestations the disease *Avsaad* and *Chittodvega* can be correlated with the Depression and Anxiety respectively as described in modern medical science.
- 2) Anxiety is a broader terms which covers condition like GAD, OCD, Panic disorders, phobic disorders, specific disorder etc.
- 3) Observations & results obtained in a series of patients of *Avsaad* and *Chittodvega* (Depression and Anxiety), treated with *Aradhana* have shown the recovery in clinical manifestations of the disease confirming the potent antidepressive and anxiolytic effects of *Aradhana*.
- 4) It appears that *Aradhana* producing remarkable antidepressive and anxiolytic effects in a series of patients of *Avsaad* and *Chittodvega* (Depression and Anxiety) in form of producing psychoactivity and tranquility of mind.

- 5) *Aradhana* when assessed in term of its antidepressive effects in a series of patients of *Avsaad* and *Chittodvega* (Depression and Anxiety) has witnessed highly significant improvement in various symptoms of the disease.
- 6) The anxiolytic effects produced by *Brahama muhurat jagran* when administer alone in patients of group A has shown mild improvement in patients of *Avsaad* and *Chittodvega* (Depression and Anxiety) after the course of the therapy in current research project.
- 7) *Aradhana* when assessed in term of its anxiolytic effects in a series of patients of *Avsaad* and *Chittodvega* (Depression and Anxiety) has witnessed significant improvement in various symptoms of the disease.
- 8) The follow-up study of *Aradhana* showed that all the patients were regular for follow up. The effect of follow up study shows that *Aradhana* provided better improvement.
- 9) *Aradhana* are costless procedure, freely available and almost everywhere may be applied and easily administrable by *Hina Sattva* patients of mental illness as an added advantage for administration of these procedures in the management of patient of *Avsaad* and *Chittodvega* (Depression and Anxiety).
- 10) It was observed that certain practices of meditation complemented the antidepressive and anxiolytic effect of *Aradhana* producing an early response in the patients.

DISCUSSION:

The *Aradhana* and *Dhyana* are a process comprising the fixation of the mind to a limited area of operation. The mind can ordinarily be compared to a horse that is free to run wherever it likes. We can train an uncontrolled horse by restricting its movement progressively to smaller and smaller areas. Similarly, the mind is trained in *Aradhana*, by allowing it to wander, but not beyond certain boundaries. A suitable area is first to be chosen for this, and activity of the mind is kept limited to this area. Afterwards one can close the eyes and try to fix the mind on the mental image of any one of these objects.

It is thus a process of thought in which one succeeds in applying a censor, a whip to the mind, whereby thoughts do not arise at random as in ordinary thinking activity, but they are all concerned about a limited topic. This is indeed an arduous task, for it is something very much against the tendency of the mind. The mind is usually very agile and active; it constantly keeps on moving from thought to thought. The mind can ordinarily be compared to a constantly disturbed pond. Like various waves arising in various manners on the surface of a pond, the mind is also constituted ordinarily by a multitude of vibrations arising and dissipating at random. These thoughts are concerned with a large variety of topics. In *Aradhana*, this activity of the mind is so restricted that thoughts concerning a single limited topic are only allowed to arise and dissipate. We do experience a state of deep absorption at times in our daily life, for example, when we are deeply engaged in the reading of a masterly book of our choice, or the listening of the tunes of a soft melody, or while we are watchfully observing an exciting game. Such states of absorption are akin to *dharana*, the only difference being that the latter is a state which is pursued by voluntary act. It may be said to have two features, namely, an expanse of the area of operation of the mind, though a limited one, and a variety of vibrations or thoughts arising in the mind, although they are all concerned about a single limited topic.

Aradhana thus is not a state of stillness of the mind; it does not imply pinpointedness. It is characterized by a set of thoughts that are connected with each other as members of a small group. There seems to be quantitative difference between this state and the usual mental activity, in which the mind appears to behave like a more or less confused mass or bundle of thoughts which are hardly controlled. In *Aradhana* a small and well-knit bundle of thoughts may be said to be in operation.

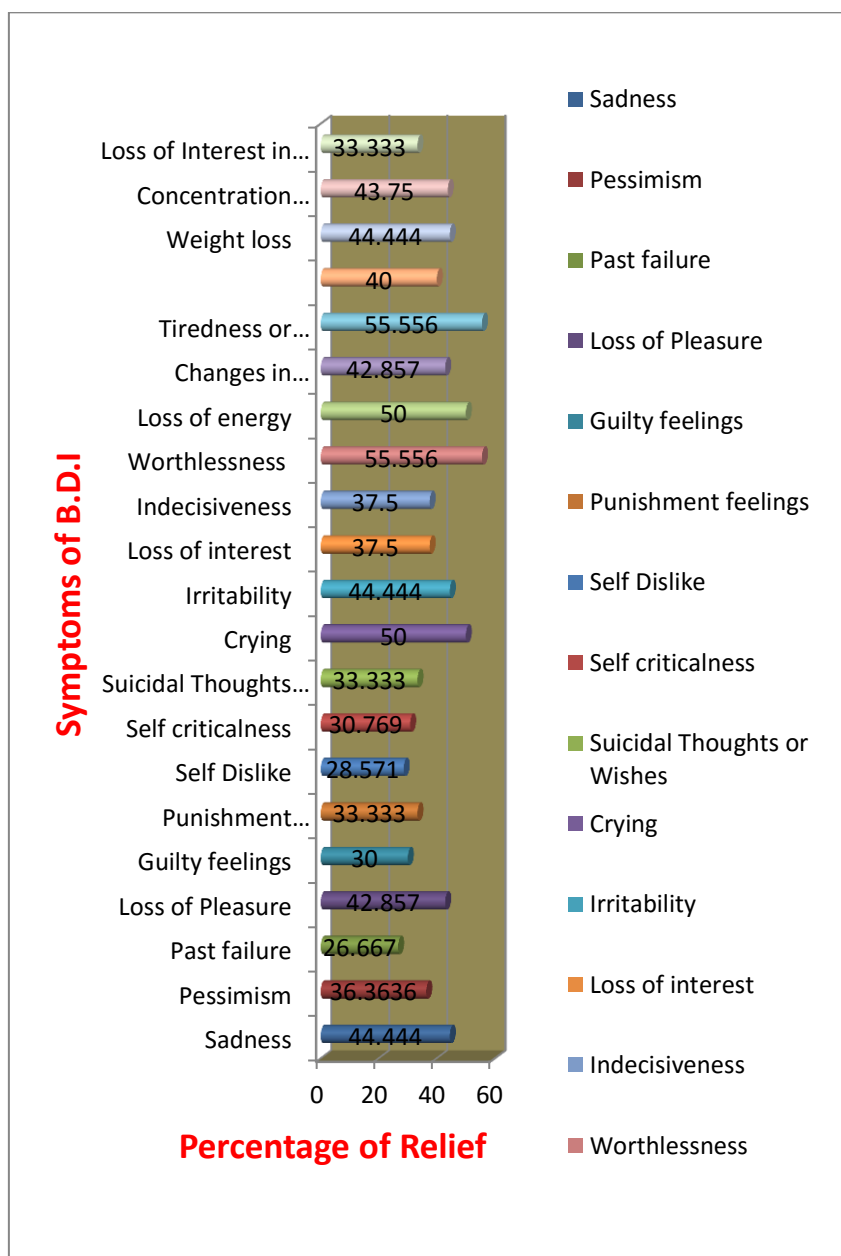
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general principles prevail. One involves efforts and concentration focusing attention upon a particular object or sensation and the other a simple watchfulness and observation allowing fine flow of perception.

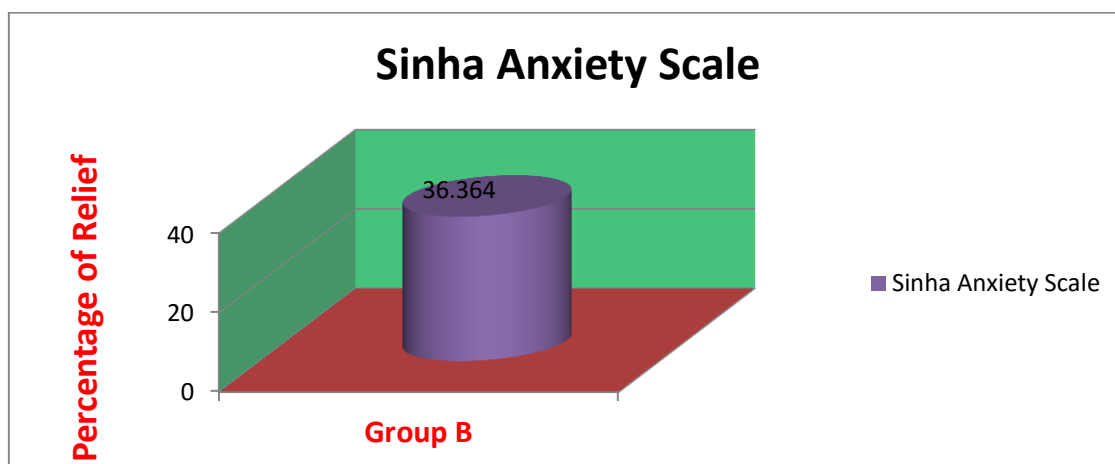
These findings supported our hypothesis that these prayers significantly lower the level of depression and anxiety while they concomitantly elevate the level of optimism and spirituality. Patients with depression and with anxiety related feelings of self-reproach and guilt and ruminated over past errors. This was postulated to create a milieu of self devaluative negativity and hopelessness which in turn promulgates thought patterns that had the potential to both cause and perpetuate depression and anxiety. We postulate that prayer intervention can help alleviate this vicious cycle. In this study, prayers removed the negative emotions and facilitated a “decentering” in an effective and speedy way. As the participants focused on Scriptures, they were able to build positive emotions with concomitant thought patterns.

Therefore it can be concluded that *Aradhana* may be used effectively separately for the management of patients of *Avsaad* and *Chittodvega* (Depression and Anxiety) safely.

Graph No. 1– Showing The “Incidence Of Symptoms Of Bdi” In 30 Patients Of Depression.



Graph No. 2– Showing The “Percentage Of Relief In Sas” In 30 Patients Of Anxiety.



Criteria for overall assessment of therapy on Anxiety:

S.No.	Improvement	Range
1	No Relief	00%
2	Mild Relief	< 25%
3	Moderate Relief	< 50%
4	Markedly Relief	<75%
5	Excellent Relief	100%

Table No. 1 - Showing The “Level Of Depression” In 30 Registered Cases Of *Avassad* (Deression)

Depression	Number of Patients	Percent (%)
Mild	06	20%
Moderate	24	80%
Severe	00	00.00%

Table No. 10 - Showing The “Level Of Anxiety” In 30 Registered Cases Of *Chittodvega* (Anxiety)

Anxiety	Number of Patients	Percent (%)
Very low	04	13.34%
Low	16	53.34%
Normal	10	33.33%
Severe	00	00.00%

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