Clinical Research

Role of Sattvavajaya Chikitsa (Trance therapy) in the management of Manasa-Dosha Ajeerna

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Abstract

In Ayurveda, three modes of healing are narrated, viz. Daiva-Vyapashraya, Yukti-Vyapashraya, and Sattvavajaya Chikitsa. In the present study, an effort has been made to assess the effect of Sattvavajaya Chikitsa on both Shareera and Manasa Doshas. Similarly, the impact of Yukti-Vyapashraya Chikitsa on both kinds of Doshas has been observed. The psychosomatic disease selected for the study was Manasa-Dosha Ajeerna. The standard drug taken for Ajeerna was Shunthi, while for Sattvavajaya “Trance/Clinical Hypnosis” was applied on the patients. The study was carried out on 27 patients suffering from Ajeerna and having a significant stress score. Patients were divided into two groups with simple random sampling method: Group S was treated with Shunthi tablet, while in group PS, placebo (rice powder tablet) along with Sattvavajaya Chikitsa was provided to the patients. Duration of the treatment was 10 days. Classical signs and symptoms of Ajeerna were studied before and after treatment. Amongst the registered patients, 25 patients completed the course of treatment while 2 dropped out. Group S had shown significant improvement in Vataja and Kaphaja symptoms, while group PS showed significant effect on Pittaja symptoms. In Tamasika Manabhisvas causing Ajeerna, group PS had shown significant improvement, while group S showed significant and highly significant effect on Rajasika and Tamsika Bhavas, respectively.

Key words: Dosha, Manasa-Dosha Ajeerna, Sattvavajaya

Introduction

It is a well-accepted truth that body and mind follow each other in various consequences. This relationship between the body and the mind is actually a gross reflection of the inter-relationship between Shareera and Manasa Doshas. A vast difference of dimensions is observed at this particular stage which is actually a difference of extensions to which the matter and the fundamental forces have reached, respectively. Therefore, interrelationship of Doshas is generally understood on the basis of Panchabhautika constitution of Tridoshas and Trigunatmaka composition of Panchmahabhutas. This calculative way of prediction illustrates the schemata of quantitative relationship of both kinds of Doshas, but such a method of envisaging the Trigunatmaka composition of Shareera Doshas sometimes creates a controversy or confusion and may lead to fallacies, e.g. as per the quantitative parameters Kapha Dosha is “Tamobahula,” but Acharya Sushruta has indicated Kapha to be “Sattvagunopapamana.”

Thus, in the aspect of quantity, Pitta dominates in Sattva, whereas in the aspect of quality, Sattva of Kapha overrules. This mystification can be solved only after analyzing the interrelationship of Doshas thoroughly. Till date, no debate has been done regarding the qualitative affiliation of both kinds of Doshas. Hence, the whole phenomenon of their evolution, functioning, and dissolution requires a deep study to better understand their interrelationship.

Triskandha of Ayurveda, i.e. Hetu, Linga, and Aushadha all are pervaded by one or other shade of interrelationship of Doshas. As the Shareera and Manasa Doshas follow each other also in a diseased condition, it becomes inevitable to concentrate on their interrelationship while giving the treatment and also at the time of following the codes and conducts of Swasthayvritta and Sadhvratta in rationale of their prevention.

Aims and objectives

• To assess the effect of Shareera and Manasa Doshas on Ajeerna Vyadhi in patients having considerable mental stress level and status identification of the Shareera and
Manasa Doshas involved.

• Management of the imbalanced state of the Shareera and Manasa Doshas in Ajeerna by giving Aushadha and Sattvavajaya Chikitsa and to assess the effect of both the therapies on reciprocal Doshas.

Materials and Methods

Patients having classical signs and symptoms of Ajeerna with significant stress score, attending the OPD and IPD of IPGT & RA, Jammagar were selected without any bar of cast, religion, occupation, and sex.

Research design

• It was an open clinical placebo control trial (study).
• To know the mental stress level in the patients, GHQ-12 was used.

Statistical design

• Paired “t” test was used to assess the effect of therapy in each group.
• Chi-square test was applied to compare the effects of both groups on Manasa as well as Shareera Doshas.

Inclusion criteria

• Patients suffering from Ajeerna – chronicity of maximum 2 weeks.
• Patients with decreased Agni-Bala and considerable mental stress score.
• Patients between 18 to 60 years of age.

Exclusion criteria

• Patients without considerable mental stress score.
• Sufferers from diseases other than Ajeerna.
• Patients with the symptoms >2 weeks.
• Patients on drugs causing hyperacidity.

Grouping and posology

Patients were randomly divided into two groups:

1. Group S: Tablets of Shunthi each of 500mg; 2 tablets after meal twice a day with luke warm water were provided to 13 patients.
2. Group PS: Tablets of wheat flour as a placebo each of 500mg; 2 tablets after meal twice a day with luke warm water were given along with Sattvavajaya Chikitsa to 14 patients.

Patients of both the groups were treated for a duration of 10 days.

Assessment criterion

Ajeernasya Nidaanabhoota Manobhaava-Pareekshanam

A. Raajasika Bhaavaas
1) Eershyaa (Parasampattau asahishnutaa)

| Score | Lakshana |
|-------|-----------|
| 0     | Not at all |
| 1     | Strong feeling of comparison with others’ betterment but adaptability is maintained. |

2) Jealousness makes the person working hard to achieve the same goal and it continues up to goal achievement only.

3) Too much of jealousness, may last for a longer period or may end only after harming others.

2) Bhaya (Bhayam Parasmaat Traasa)

| Score | Lakshana |
|-------|-----------|
| 0     | Fearfulness to reasonable cause only |
| 1     | Fearfulness to reasonable cause, counseling required occasionally |
| 2     | Fearfulness to irrational cause, rarely not required counseling |
| 3     | Always in fearful condition, cannot help by counseling |

3) Krodha (Paraabhidrahalakshana)

| Score | Lakshana |
|-------|-----------|
| 0     | Gets angry for reasonable cause with acrid reaction, wishes to harm others |
| 1     | Gets angry for reasonable cause with acrid reaction, wishes to harm others |
| 2     | Gets angry for unreasonable cause with acrid reaction, tries to harm others |
| 3     | Highly irritable and aggressive for no cause/very small cause, surely harms others |

4) Dwesha (Apreeti)

When somebody hurts…

| Score | Lakshana |
|-------|-----------|
| 0     | One does not mind it much and can forgive others |
| 1     | One minds it and wishes to take revenge, but does not take any action for that |
| 2     | One tries to get revenge whenever the situations are favorable; till that, one always keeps the things in mind |
| 3     | One certainly takes revenge and may not be satisfied even after that |

5) Chintaa

| Score | Lakshana |
|-------|-----------|
| 0     | For reasonable cause only, but can manage well |
| 1     | For reasonable cause only, but requires counseling |
| 2     | For unreasonable cause and requires counseling |
| 3     | For irrational cause and even counseling cannot help |

B. Taamasika Bhaavaas

1) Lobha (Parasu Grahanaabhilaashaa)

| Score | Lakshana |
|-------|-----------|
| 0     | No such tendency |
| 1     | Feels temptation, but does not try to get the things |
| 2     | Feels too much of temptation and tries to get the things |
| 3     | Feels great temptation leading to working hard for getting the thing. May not get satisfied even after taking from one, searches to take from others |
2) Shoka
On losing the desired things, feels
Score  Lakshana
0  Little sorrow
1  Sorrow, but can manage well
2  Great sorrow and requires counseling
3  Deep sorrow, cannot manage even with the help of counseling

3) Dainya
General appearance of the patient—
Score  Lakshana
0  Normal
1  Sad and depressed
2  Very sad, hopeless, and cries often
3  Totally inactive, constantly crying, and physical symptoms like breathlessness are there

Doshika Lakshanas of Ajeerna
All the physical manifestations of Ajeerna were divided into three categories as Vataja, Pittaja, Kaphaja, and after that gradations of each manifestation were made in the way similar to that of the Manobhavas stated above.

Criteria for assessment of overall effect of therapy
Total effect of therapy was assessed by taking into account the overall fall in the grades of Manasa bhavas causing Ajeerna and improvement in the signs and symptoms of the same disease after treatment. Overall effect of therapy was determined by measuring the obtained results according to the grades mentioned below:

| Relief (in %) | Overall effect of therapy |
|--------------|--------------------------|
| 100          | Cured/complete remission |
| >75          | Marked improvement      |
| 50–75        | Moderate improvement    |
| 25–50        | Mild improvement        |
| <25          | Unchanged/no improvement|

Observations and Results
The clinical study was carried out on total 27 (group S: 13 and group PS: 14) patients. The general observations regarding some important aspects are as follows:

Out of 27 patients, 25 completed the treatment while 2 dropped out. Maximum, 29.63% of the patients belonged to 30–40 years age group 70.37% were males, 77.78% patients were married. Totally 40.74% patients were occupied with stressful jobs, while 18.52% were laborors.

Maximum, 40.74% patients were having Teekshnagni (at physiological level), while Mandagni was found in 14.81% of the patients. Habit of Vishamashana was found in 29.63% patients, were habitual of doing Vishamashana, while the habit of taking nap immediately after lunch was found in 55.56% patients.

Totally 40.74% of the patients were having Antarmukha type of personality.

Vata-Pitta, Pitta-Vata, and Kapha-Pitta Shareera Prakriti was found in 18.52%, while 25.93% of the patients were having Vata-Kapha Prakriti. Totally 29.63% of the patients were of Raja-Sattva Manasa Prakriti, while 25.93% patients were having Sattva-Raja Prakriti. 14.81% of the patients were having Raja-Tama or Tama-Raja Prakriti, while patients having Sattva-Tama or Tama-Sattva Manasa Prakriti were 7.41%. Maximum, 51.85%, of the patients were having Madhyama Sattva.

Group S shown significant effect on Chinta and Dwesha, while on Bhaya, Krodha, Shoka, and Dainya, it showed highly significant effect [Table 1].

Effect of placebo + Sattvavajaya Chikitsa in group PS was found to be significant on Krodha and Shoka, while on Eershya, Dwesha, and Lobha, its effect was insignificant. In the Lakshanas - Shoka and Krodha, this group showed significant effect [Table 2].

Group S shown significant effect on maximum Lakshanas of Vata, viz. Vishamibha, Sadanam, Angomarda, Katigraha, Shirasoruk, and Vihandhu, followed by two Kaphaja lakshanas (66.67%) Chhardi and Arochaka. The effect of Shunthi was minimum on Pittaja Lakshanas, among which it showed significant effect on Bhrama only [Table 3].

The effect of PS group on Bhrama was significant, while on Avipaka it showed highly significant effect. In Vatika lakshanas Sadanam, Angomarda, and Katigraha, it showed highly significant effect [Table 4].

Except Dainya, on all the above-mentioned Rajasika and Tamasika Manobhavas, Shunthi showed effect which indicates that the difference between the effects of S and PS groups on Raja and Tama is not by chance. Dainya is a Tamasika bhava which produces due to Vatalkshaya. The difference between the therapeutic effects of groups S and PS is significant, hence the effect of Shunthi on Dainya may be by chance [Table 5].

In the same way, $\chi^2$ applied on the characteristics of Ajeerna – 8 Vataja, 3 Pittuja, and 3 Kaphaja Lakshanas – reveals the fact as follows:

In all the 14 parameters, group PS has shown effect which indicates that the difference between the effects of groups S and PS on the manifestations of Ajeerna are not by chance.

Discussion
Manasa-Dosha Ajeerna[5] is a psychosomatic disease. Due to Shoka, Bhaya, etc., Manasa Bhavas at significant level, Manasa-Dosha Vaishamya takes place which in turn causes Shareera Dosha Vaishamya. Provoked Shareera Doshas affect Agni and alter its natural status. Hence, food cannot get digested properly within the correct time period. Here, as the root cause of indigestion is psychological upset, this pathological condition is called “Manasa-Dosha Ajeerna.”

Probable mode of action of placebo
First of all, it creates Vishamashana and Anuraga in the mind of the patient as he feels that he is being treated, his pain is getting consideration from others. Due to this Sangha of Rajas,
Vyas and Dwivedi: Role of Sattvavajaya Chikitsa in Manasa-Dosha Ajeerna

Table 1: Effect of therapy on Manasa Bhavas in Group S

| Lakshan a distribution | No. of pts | BT mean | AT mean | % Imp. | SD (±) | SE (±) | t    | P    |
|------------------------|------------|---------|---------|--------|--------|--------|------|------|
| Eershya                | 10         | 1.2     | 1.1     | 8.33   | 0.211  | 0.067  | 0.667| >0.05|
| Bhaya                  | 08         | 2.06    | 1.47    | 28.79  | 0.68   | 0.24   | 2.467| <0.001|
| Krodha                 | 10         | 1.5     | 0.75    | 50     | 0.49   | 0.15   | 4.88 | <0.001|
| Dwesha                 | 10         | 1.9     | 1.8     | 5.26   | 0.3    | 0.1    | 1.05 | <0.01 |
| Chinta                 | 10         | 1.95    | 1.45    | 25.64  | 0.39   | 0.12   | 4.04 | <0.01 |
| Lobha                  | 09         | 1       | 1       | 0      | 0      | 0      | -    | >0.05|
| Shoka                  | 09         | 1.89    | 1.64    | 13.23  | 0.37   | 0.12   | 2.04 | <0.001|
| Dainya                 | 09         | 1.44    | 0.78    | 46.15  | 0.71   | 0.24   | 2.83 | <0.001|

Table 2: Effect of therapy on Manasa Bhavas in Group PS

| Lakshan a distribution | No. of pts | BT mean | AT mean | % Imp. | SD (±) | SE (±) | t    | P    |
|------------------------|------------|---------|---------|--------|--------|--------|------|------|
| Eershya                | 07         | 1.29    | 1.29    | 0      | 0      | 0      | --   | --   |
| Bhaya                  | 10         | 1.85    | 1.4     | 24.32  | 0.35   | 0.11   | 4.07 | <0.001|
| Krodha                 | 08         | 1.44    | 0.66    | 54.34  | 0.97   | 0.34   | 2.29 | <0.05 |
| Dwesha                 | 12         | 1.58    | 1.29    | 18.42  | 0.62   | 0.18   | 1.63 | <0.05 |
| Chinta                 | 11         | 2.04    | 1.45    | 28.89  | 0.6    | 0.18   | 3.24 | <0.001|
| Lobha                  | 07         | 1.14    | 1.14    | 0      | 0      | 0      | --   | >0.05|
| Shoka                  | 12         | 1.25    | 0.98    | 21.67  | 0.42   | 0.12   | 2.24 | <0.01 |
| Dainya                 | 11         | 1.18    | 0.41    | 65.38  | 0.32   | 0.09   | 7.88 | <0.001|

Table 3: Effect of therapy on Sharirika Lakshanas in Group S

| Lakshana distribution | No. of pts | BT mean | AT mean | % Imp. | SD (±) | SE (±) | t    | P    |
|-----------------------|------------|---------|---------|--------|--------|--------|------|------|
| Vataja                |            |         |         |        |        |        |      |      |
| Vishtambha            | 07         | 1.57    | 1.09    | 31.82  | 0.41   | 0.15   | 3.24 | <0.01|
| Sadanam               | 09         | 1.44    | 1.19    | 17.31  | 0.4    | 0.13   | 1.90 | <0.05|
| Angamardha            | 08         | 1.88    | 1.28    | 31.67  | 0.76   | 0.27   | 2.22 | <0.05|
| Katigraha             | 07         | 1       | 0.68    | 32.14  | 0.43   | 0.16   | 2    | <0.05|
| Shiraso ruk           | 09         | 2       | 1.39    | 30.55  | 0.7    | 0.23   | 2.63 | <0.01|
| Pravahanam            | 06         | 1.17    | 0.83    | 28.57  | 1.03   | 0.42   | 0.79 | >0.05|
| Vibandha              | 08         | 1.56    | 0.91    | 42     | 0.64   | 0.23   | 2.90 | <0.01|
| Pittaja               |            |         |         |        |        |        |      |      |
| Pravritti             | 02         | 2       | 0.75    | 62.5   | 1.06   | 0.75   | 1.67 | >0.05|
| Jwara                 | 04         | 1.25    | 0.38    | 70     | 0.85   | 0.43   | 2.05 | >0.05|
| Bhrama                | 07         | 1.21    | 0.54    | 55.88  | 0.55   | 0.21   | 3.24 | <0.01|
| Kaphaja               |            |         |         |        |        |        |      |      |
| Chhardi               | 05         | 1.8     | 0.8     | 55.55  | 0.61   | 0.27   | 3.65 | <0.01|
| Arochaka              | 11         | 1.64    | 0.8     | 51.39  | 0.82   | 0.25   | 3.39 | <0.001|
| Avipaka               | 11         | 2.64    | 2.02    | 23.27  | 1.14   | 0.34   | 1.79 | >0.05|

it attaches with particular receptor. Hence, normal physiology re-establishes because of Agnisamyam and Vatanulomana. Here, a hypothesis can be put forth. Receptors, if counted as Indriyas, and process of recognition as Sparsha, then it can be inferred that placebo may affect Vata and Rajas. But when matter/particle is needed, it may not reach the target. Thus, placebo may show its effect as a drug up to a certain level, but after that if certain chemical is needed or any peculiar charged particle is needed, then the placebo may not show significant effect.

Probable mode of action of Sattvavajaya

In the PS group, placebo is not the chief remedy, rather the patient’s mind diverts toward the new process of trance and the hypnotherapist. As Sattvavajaya is an Adravyabhoota Chikitsa, the mode of its action can be envisaged at the level of Trigunas. Jnana or knowledge is of two types – Indriya-Sapeksha and Indriya-Nirapeksha Jnana. Till the output continues, one cannot concentrate well on one particular subject. By progressive muscle relaxation and suggestions for withdrawal of Indriyas and Mana from their Vishayas, one may obstruct the flow of Indriya-Sapeksha Jnana and by concentrating on single topic or suggestion help to prevent the Indriya-Nirapeksha Jnana. Due to these hurdles, intensity of mind (activities) may reduce. So, Raja and Tama subside and Sattva gets strength. This improves the mental condition of the patient. Probable mode of action of Shunthi is shown in Figure 1.
Table 4: Effect of therapy on Sharirika Lakshanas in Group PS

| Lakshana distribution | No. of pts | BT mean | AT mean | % imp | SD (±) | SE (±) | t    | P    |
|-----------------------|------------|---------|---------|-------|--------|--------|------|------|
| Vataja                |            |         |         |       |        |        |      |      |
| Vishtambha            | 08         | 1.69    | 1.47    | 12.96 | 0.68   | 0.24   | 0.9  | >0.05|
| Sadanam               | 12         | 1.75    | 1.39    | 20.24 | 0.34   | 0.099  | 3.56 | <0.001|
| Angamarda             | 12         | 1.42    | 0.92    | 35.29 | 0.38   | 0.11   | 4.51 | <0.001|
| Katigraha             | 09         | 1.33    | 0.69    | 47.92 | 0.42   | 0.14   | 4.6  | <0.001|
| Shirasoruk            | 08         | 1.5     | 1.56    | -4.17 | 0.82   | 0.29   | -0.22| >0.05|
| Pravahanam            | 06         | 1.5     | 1.42    | 5.55  | 0.66   | 0.27   | 0.31 | >0.05|
| Vibandha              | 05         | 1.8     | 1.5     | 16.66 | 0.45   | 0.2    | 1.5  | >0.05|
| Pittaja               |            |         |         |       |        |        |      |      |
| Pravritti             | 04         | 1.25    | 0.5     | 60    | 0      | 0      | --   | >0.05|
| Jwara                 | 05         | 0.9     | 0.8     | 11.11 | 1.02   | 0.46   | 0.22 | >0.05|
| Bhrama                | 05         | 1.2     | 0.5     | 58.33 | 0.44   | 0.2    | 3.5  | <0.01|
| Kaphaja               |            |         |         |       |        |        |      |      |
| Chhardi               | 05         | 1.5     | 0.8     | 46.67 | 0.84   | 0.37   | 1.87 | >0.05|
| Arochaka              | 07         | 1.71    | 1.5     | 12.5  | 0.57   | 0.21   | 1    | >0.05|
| Avipaka               | 12         | 1.92    | 1.39    | 27.17 | 0.61   | 0.17   | 2.97 | <0.001|

Table 5: Comparative effect of therapy on Manobhavas causing Ajeerna

| Lakshana            | Group | >50% | <50% | Total | χ²    | P    |
|---------------------|-------|------|------|-------|-------|------|
| Eershya (Raja + Pitta) | PS    | 0    | 7    | 7     | 0.24  | >0.05|
|                     | S     | 2    | 8    | 10    |       |      |
|                     | Total | 2    | 15   | 17    |       |      |
| Bhaya (Raja + Vata)  | PS    | 1    | 9    | 10    | 0.75  | >0.05|
|                     | S     | 3    | 5    | 8     |       |      |
|                     | Total | 4    | 14   | 18    |       |      |
| Krodha (Raja + Pitta)| PS    | 5    | 4    | 9     | 0.45  | >0.05|
|                     | S     | 8    | 2    | 10    |       |      |
|                     | Total | 13   | 6    | 19    |       |      |
| Dwesha (Raja + Vata)| PS    | 2    | 11   | 13    | 0.02  | >0.05|
|                     | S     | 1    | 10   | 11    |       |      |
|                     | Total | 3    | 21   | 24    |       |      |
| Chinta (Raja + Vata)| PS    | 3    | 8    | 11    | 0.01  | >0.05|
|                     | S     | 2    | 8    | 10    |       |      |
|                     | Total | 5    | 16   | 21    |       |      |
| Lobha (Tama + Vata) | PS    | 0    | 7    | 7     | --    | --   |
|                     | S     | 0    | 9    | 9     |       |      |
|                     | Total | 0    | 16   | 16    |       |      |
| Shoka (Tama + Vata) | PS    | 3    | 9    | 12    | 0.21  | >0.05|
|                     | S     | 1    | 10   | 11    |       |      |
|                     | Total | 4    | 19   | 23    |       |      |
| Dainya (Tama + Vata)| PS    | 9    | 1    | 10    | 3.45  | <0.05|
|                     | S     | 4    | 5    | 9     |       |      |
|                     | Total | 13   | 6    | 19    |       |      |

Discussion on effect of therapy

Effect on psychological causes of Manasa-Dosha Ajeerna

Bhaya: In Bhaya, PS group showed statistically highly significant improvement, i.e. 24.3%.

Krodha: In Krodha, S group showed highly significant relief while PS showed 54.3% relief which is statistically significant.

Dwesha: PS showed maximum effect on Dwesha, i.e. 18.4%, which is significant.

Chinta: Both S and PS groups showed highly significant relief in Chinta, which is 25.6% and 28.9%, respectively.

Shoka: In Shoka, PS group showed 21.7% relief, i.e. statistically significant.

Dainya: PS group showed maximum, i.e. 65.4%, relief in Dainya, which is statistically highly significant.
Group S showed highly significant effect on Chinta and Krodha, a Shunthi is Ushna and Kaphavatamrut, its therapeutic effect on Chinta caused by Raja/Vata can be estimated. On the other hand, it reduces Krodha also. Here, the mode of its action is somewhat difficult to envisage. Actually, while describing the actions of Trigunas, Krodha has been included in both groups – Rajasika and Tamasika Bhavas. It is obvious that generation of Krodha from each of them would have a separate mode of action. Raja as a part of Pitta can be correlated here, but involvement of Tamas requires a deep logic to get explained.

As described in Shreemad Bhagvat Geeta, due to Dhyana of Vishayas, one gets affiliated to them and when his desire is not fulfilled he gets caught by anger. In Rajasika persons, this affiliation/Sanga is not too strong, rather it is fluctuating due to instability of Raja, while in Tamasika Purushas, this desire or Kama is very strong and obligatory. So, when they do not get the desired thing, they get irate and the sternness of their anger is so much severe that it may lead to Sammoha. Thus, Krodha due to Tama includes Avarana of Buddhi, Dhruvi, and Smruti which can be ruptured through Teekshnata of dravyas like Shunthi.

The PS group showed marked effect on all the above-narrated Manobhavas as Avajaya of Mana due to Udeerana of Sattva is the real treatment for all undesired psychological states.

Effect of therapy on somatic features of Manasa-Dosha Ajeerna

On Vataja Lakshanas: In Vishyambha, Shunthi showed 31.8% relief, i.e. highly significant, while in Sadanam and Angamarda, PS group showed 35.3% relief, both of which are statistically highly significant.

Trance causes relaxation of muscles and it also stops inputs of grief and pain from reaching the brain. Thus, it shows better result on muscular pain. That is why it showed good effect on Angamarda. It also subsided Prushthagraha and Katigraha by 55.9% and 47.9%, respectively, which are statically highly significant. Sometimes, during trance, the person tries to control his muscles from getting relaxed. This action is performed by conscious mind. It results ultimately into headache, neck stiffness, etc. So, in PS group, Shiraso ruk did not improve; rather, it had been increased which shows patient’s active involvement in the procedure of trance. Shunthi has shown significant effect on Shiras o ruk. On Pravahanam, none of the groups showed significant effect, while on Vibandha, group S showed statistically significant effect.

On Pittaja Lakshanas: On Ateesara, Shunthi showed maximum 62.5% effect, but it is statistically insignificant; while PS group showed significant, i.e. 50%, relief in Ateesara. Shunthi shows this effect due to its Grahi Guna, while Sattvavajaya acts on negative emotions and anxiety causing stimulation which increases peristalsis movement. On Jvara, PS group showed significant effect, i.e. 11.1%. Both the groups showed significant effect on Bhrana, between which PS group showed maximum, i.e. 58.3%, relief.

On Kaphaja Lakshanas: Shunthi showed maximum, i.e. 55.6%, improvement in Cchhardi which is statistically significant, while in Arochaka it showed 51.4% relief which is highly significant. Both the effects might be because of Kaphashamak and Rachana properties of Shunthi. On Avipaka, only PS group showed significant effect, i.e. 27.2%. In Manasa-Dosha Ajeerna, Avipaka is caused mainly due to Agnimandhya for which certain emotions are responsible. Sattvavajaya acts on these particular Bhavas. This may be the cause of its better results in curing Avipaka.

Effective therapy

Shunthi did not show comparatively much effect on any of the Shareera or Manasa Doshas. PS group showed maximum effect on Pitta, i.e. 59.9%, and on Manasa Dosha-Tama, i.e. 29.05%, [Chart 1].

Overall effect of therapy

Complete remission was found in none of the patients in PS group, while in S group 7.69% of the patients got complete relief. Moderate improvement was found in maximum, i.e. 42.86%, of the patients belonging to PS group, while in groups, mild improvement was found in maximum number of the patients, i.e. 53.85%. In S and PS groups, the number of uncured patients was 23.08% and 28.57%, respectively [Table 6].

Conclusion

- Shareera and Mana are related with each other through their fundamental functional forces, viz. the Tridoshas and Trigunas, respectively.

Figure 1: Probable mode of action of Shunthi

![Figure 1: Probable mode of action of Shunthi](image)

Chart 1: Effect of therapy on Shareera Doshas and Manasa Doshas

![Chart 1: Effect of therapy on Shareera Doshas and Manasa Doshas](image)
At the level of Kriyatmakata, both of the Doshas have proved their interrelationship by responding to mutual remedies.

- Group S showed significant improvement in Vataja and Kaphaja symptoms, while group PS showed significant effect on Pittaja symptoms. On Tamasika Manobhavas causing Ajeerna, group PS showed significant improvement while group S showed significant and highly significant effect on Rajasika and Tamasika bhavas, respectively.

### Table 6: Overall effect of therapy

| Result of therapy       | Group S | Group PS |
|-------------------------|---------|----------|
|                         | No. of pts | Percentage | No. of pts | Percentage |
| Complete remission      | 1        | 7.69     | 0          | 0          |
| Moderate imp.           | 2        | 15.38    | 6          | 42.86      |
| Mild imp.               | 7        | 53.85    | 4          | 28.57      |
| Unchanged               | 3        | 23.08    | 4          | 28.57      |

### References

1. Acharya Charaka, Charaka Samhita (with Ayurveda Deepika Commentary of Cakrapanidatta), Shareera-Sthana, 4/36. Edited by Vaidya Jadavaji Trikamji Acharya. 3rd ed. Varanasi: Chaukhamba Sanskrit Sansthan; 2004.
2. Acharya Sushruta, Susruta Samhita- Nibandhasangraha Commentary of Shri Dalhanacharya, Nyayachandrika Commentary of Gaydas, Shareera-Sthana Adhyaya 4/74. Edited by Yadav Sharma. 3rd ed. Varanasi: Chaukhamba Orientalia; 2003.
3. Acharya Charaka, Charaka Samhita (with Ayurveda Deepika Commentary of Cakrapanidatta), Vimana-Sthana, Adhyaya 6/8. Edited by Vaidya Jadavaji Trikamji Acharya. 3rd ed. Varanasi: Chaukhamba Sanskrit Sansthan; 2004.
4. Acharya Sushruta, Susruta Samhita- Nibandhasangraha Commentary of Shri Dalhanacharya, Nyayachandrika Commentary of Gaydas, Sootra-Sthana Adhyaya 46/500. Edited by Yadav Sharma. 3rd ed. Varanasi: Chaukhamba Orientalia; 2003.
5. Acharya Dalhana, Sushruta Samhita- Nibandhasangraha Commentary of Shri Dalhanacharya, Nyayachandrika Commentary of Gaydas, Sootra-Sthana 46/500. Edited by Yadav Sharma, 3rd ed. Varanasi: Chaukhamba Orientalia; 2003.