



# A PRACTICAL STUDY OF ROLE OF SHAVASANA IN CHITTODVEGA I.E. ANXIETY NEUROSIS.

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**Abstract :** Anxiety neurosis is commonly seen due to excessive psychosomatic stress. Shavasana is a yoga posture and it helps in relaxation of both mind and body and aims at release of tensions working at the level of consciousness. The aim of the study was to access the effect of Shavasana on Chittodvega i. e. Anxiety Neurosis. In this study, 60 patients were selected and divided into two groups. Group A was given Shavasana therapy and Group B was given glucose capsules as placebo therapy. This study was carried out for a period of 45 days. At the completion of therapy; symptoms, Pulse, Blood Pressure and Respiratory Rate were significantly reduced while Concentration Level and Short Term Memory Level were found to be significantly increased ( $p < 0.01$ ) in Experimental Group. It was concluded that Shavasana therapy is useful to reduce the Anxiety Neurosis.

**Index Terms-** Anxiety Neurosis, Shavasana, Placebo therapy.

## Introduction

Ayurveda, the Aryan science of life, is considered to form a part of the mighty Vedas. Its objectives were to put an end to the causes of disease in the public. Ayurveda (Swasthavritta) is therefore a science of Health rather than disease and deals more with prevention than with curative measures (Charak Samhita. Su. 1/26)

Chittodvega i.e. Anxiety Neurosis is commonly seen as a result of excessive psychosomatic stress. The term anxiety means feeling anxious, experiencing high tension and panicky that something terrible is going to happen to him. The patients of Anxiety Neurosis frequently complain of lack of power of thinking and concentration, due to which he is unable to carry on his allotted duties in his occupation. The patient is mentally in a severely stressful condition. He finds difficult to cope with the environment and thus more anxiety is created.

The earlier sages and spiritual leaders described various ways for maintaining tranquility of mind. Among them, yoga seems to be the earliest and the most effective method for providing peace and tranquility of mind. In yoga, Shavasana is defined as "Chittavishrantikar Aasana" (Gherand Samhita 2/11)

Shavasana is a posture of relaxation. It is practiced in supine position for bringing about both physical and mental relaxation. It is not a resting position or sleeping condition but is a conscious relax condition of mind and body. It aims at the release of tensions working at the level of consciousness.

## Aims & Objectives

Yoga seems to be the most effective method for providing peace and tranquility of mind. Though, recently innumerable tranquillising agents have been discovered and marketed, all of them have been certain toxic and habit forming properties. So they bring limitations in the treatment. But the yogic practices not only help in reversing the process of these diseases but also improve the resistance of the body at the psycho-physiological level. So to live a happy and healthy life, Shavasana, a relaxative asana will be a helpful measure to combat Anxiety Neurosis.

## Materials & Methods

The patients were selected randomly from the age of 20 to 60 yrs. In this study, 60 patients of Anxiety Neurosis were studied. These patients were diagnosed with the help of symptoms. The detailed examination of the patient was done with the help of specially developed case paper.

The total 60 patients were divided into two groups of 30 patients in each. Group "A" (Experimental Group) was given Shavasana therapy for 45 days. Group "B" (Control Group) was given capsules of glucose in the dose of 500 mg. twice a day for 45 days. Patients suffering from Unmad, Apasmar, Atavabhinivesh and other mental disorders like Depression, Schizophrenia etc. were rejected.

In this research work, Shavasana therapy was given for the patients of Anxiety Neurosis in Experimental Group(A) daily in the morning or in the evening as per patient's convenient time for 15-20 minutes for the period of 45 days. For practical purpose, first patients were given details about Shavasana and then practices of Shavasana were carried out from them and then told them to do regularly.

## Observation and follow up

The ten selected symptoms of Anxiety Neurosis along with specific parameters were examined at each follow up of the patient at the interval of 15 days up to completion of therapy of 45 days.

## Discussion and Conclusion

The clinical study of the patients was done with the help of proforma. The data obtained was statically analyzed and the summary of the results are as follows.

According to age, most patients were noted from the age group of 20-30 yrs. i.e. 36.67% and 35% patients were from 30-40 yrs age group. 21.66% patients belong to the age group of 40-50 yrs. of age and 6.66% patients belong to the age group of 50-60 yrs. of age. It seems that in 20-30 yrs. age group, people have more struggle and stress because this specific decade of age is beginning of their self dependency. And in the age group of 30-40 yrs., the responsibilities are increased which may be a factor for increase of anxiety.

In this study, 61.67% patients were male and 38.33% patients were female. Less number of female patients was available for the study as the females in India have more family burdens and negligence about their health problems occur by themselves and their family members also

In patients of Anxiety Neurosis, Economic status is also a important factor. 51.67% patients were noted from Middle Socio-Economic class, 35% patients were from Lower Economic class while 13.33% patients were from Higher Economic class. The people from Middle Class are more hopeful for grabbing luxuries in their life which leads to stressful lifestyle. They have to work hard to make their both ends meet. This also adds anxiety in their life.

28.33% patients were having Samish Aahar & 30% patients were of mixed type whereas 41.67% patients were of having Niramish Aahar. So we can conclude that the patients taking aahar of Tamas consistency are more to develop Anxiety Neurosis.

66.33% patients were having Irregular and Disturbed sleep while only 36.66% Patients were having regular and sound sleep. The stressful and anxious lifestyle leads to Irregular and Disturbed sleep.

The entire study concludes that 53.33% patients were of Vata-pittaj Prakruti, 18.33% patients were of Vata-kaphaj Prakruti, 15% patients were of Kapha-pittaj Prakruti, 8.33% patients were of Vataj Prakruti, 3.33% patients were of Kaphaj Prakruti and 1.67% patients were of Pittaj Prakruti. The study shows that Vata-pittaj Prakruti persons are more prone to develop Chittodvega.

In this study, 70% patients were noted from Rajas Manas Prakruti whereas 20% patients were noted from Tamas and only 10% patients were noted from Satwik Manas Prakruti. The study shows that Rajas Manas Prakruti Patients are more susceptible to develop Anxiety Neurosis.

In this study, 40% patients were of having unhappy personal life while 30% patients were of having tolerable and 30% patients were of having happy personal life. It means that near about 70% patients were having personal problems in their life and they were unhappy or tolerating those problems.

The entire study concludes that 55% patients were of Respectable social life, 45% patients were of isolated social life whereas 0% patients were having antisocial life. The social life of the patients of Chittodvega is always affected. They try to live in isolation from the society, may be due to having social phobia.

The percentage of relief of each symptom was drawn in the patients of both groups. By Willcoxon's test, the "Z" value was obtained and the Significance or Insignificance of the obtained value was interpreted with the help of Probability (P) of that value. Summary of above discussion about symptoms is as follow.

#### Effect of therapy on symptoms of Anxiety Neurosis

Sr. No.	Symtoms of Chittodvega	% of Relief		'z' value	Probability (P)	Interpretation
		Exp.Gr.(A)	Cont.Gr.(B)			
1.	Akaran Chinta	34%	8%	2.46	P<0.01	More Significant
2.	Manas asthirta	31%	2%	3.02	P<0.001	Highly Significant
3	Nidranasha	27%	3%	2.59	P<0.01	More Significant
4.	Hridrava	31%	4%	2.74	P<0.01	More Significant
5.	Shirogurav	25%	2.5%	2.52	P<0.01	More Significant
6.	Swedpravrutti	27%	4%	2.45	P<0.01	More Significant
7.	Varamvar Mutrapravrutti	38%	11%	2.42	P<0.01	More Significant
8.	Hastapadakampa	46%	5%	3.63	P<0.001	Highly Significant
9.	Agnimandya	25%	2%	2.60	P<0.01	More Significant
10.	Bhrama	32%	12%	1.86	P>0.1	Insignificant

Here, symptoms except Bhrama show significant results.

The total effect of therapy on parameters was evaluated with the help of 'Z' test. The mean values and C.S.D. values were obtained. The probability 'P' was interpreted with the help of obtained 'Z' value.

#### Effect of therapy on parameters of Anxiety Neurosis

Sr. No	Parameter	Mean values of the Parameter				'Z' value	Probability (P)	Interpretation
		Exp. Gr.(A)		Cont. Gr.(B)				
		B.T.	A.T.	B.T.	A.T.			
1.	Nadi/Min	76.66	73.60	74.66	74.13	3.42	P < 0.001	Highly Significant
2.	Shwasgati / Min	19.23	18.50	18.76	18.60	2.80	P < 0.01	More Significant
3.	Systolic B.P.(mmHg)	121.26	118.66	124.33	124.20	2.61	P < 0.01	More Significant
4.	Diastolic B.P.(mmHg)	79.53	78.0	81.46	81.43	2.08	P < 0.01	More Significant
5.	Dehabhar (kg.)	55.16	55.76	52.23	52.20	1.68	P > 0.2	Insignificant
6.	Concentration Level	70.56	90.96	63.56	63.0	2.92	P < 0.01	More Significant
7.	Short Term Memory	3.96	5.06	4.1	4.03	3.01	P < 0.001	Highly Significant

In Experimental Group (A), the Nadi, Shwasgati, & Raktachap (B.P.) of the patients were found to be significantly reduced as compared to the Control Group (B) after completion of the therapy. The Dehabhar parameter was observed as insignificant in results. But the Concentration Level and Short Term Memory Level were found to be significantly increased in Experimental Group (A) as compared to Control Group (B) after completion of the therapy.

The total effect of the therapy was assessed in five categories. At the completion of therapy, I found that 23.33% patients were partially improved, 40% patients were moderately improved, 20% patients were fairly improved, and 16.67% patients were unchanged while 0% patients were observed increase in symptoms in Experimental Group (A).

In Control Group (B), 43.33% patients were partially improved, 0% patients were moderately improved, 3.33% patients were fairly improved, 23.33% patients were unchanged while 30% patients were found having increase in symptoms.

Here, I have not done the group of "cured patients" as the study was carried out for a short duration (45 days) period only. The patients were also not avoided from taking Samish Aahar. For correction of behavior, Yama-Niyama palan is also a essential part which was also not included in this study. As most of the patients were noted from Rajas Manas Prakruti, who are basically unstable minded. So for the cure of these patients, long term therapy is required. Chittodvega is a Kruchhasadhya Vyadhi means difficult to treat.

This study is a step in the series of development in the field of yoga (Swasthavritta) to find satisfactory solutions in the treatment of stress and related disorders. A scientific approach is needed to evaluate and establish the efficacy of this therapy. Large scale study with biochemical studies should be carried out for longer duration to see the use of Shavasana in Chittodvega (Anxiety Neurosis).

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