

## Clinical Research

Role of *Sattvavajaya Chikitsa* (Trance therapy) in the management of *Manasa-Dosha Ajeerna*Kavita M. Vyas, R. R. Dwivedi<sup>1</sup>PhD. Scholar, <sup>1</sup>Professor and Head, Department of Basic Principles, Institute for Post Graduate Teaching and Research in Ayurveda, Gujarat Ayurved University, Jamnagar, Gujarat, India

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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 Manobhavas* causing *Ajeerna*, group PS had shown significant improvement, while group S showed significant and highly significant effect on *Rajasika* and *Tamasika 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.<sup>[1]</sup> 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 *Panchbhautika* constitution of *Tridoshas* and *Trigunatmaka* composition of *Panchamahabhutas*. 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 “*Sattvagunopapanna*.”<sup>[2]</sup>

Dosha	Mahabhoota	Triguna
Pitta	Teja + Jala	(Sattva + Raja) + (Sattva + Tama)
Kapha	Pruthvi + Jala	Tama + (Sattva + Tama)

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,<sup>[3]</sup> it becomes inevitable to concentrate on their interrelationship while giving the treatment and also at the time of following the codes and conducts of *Swasthavritta* and *Sadvritta* 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

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*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, Jamnagar 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*<sup>[4]</sup>

#### A. Raajasika Bhaavaas

##### 1) Eershyaa (Parasampattau asahishnuta)

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 jealousy, 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 (Paraabhidrohalakshana)

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 laborers.

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. Vishtambha, Sadanam, Angamarda, Katigraha, Shirasoruk, and Vibandha, 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, Angamarda, 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 Vataksaya. 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 Pittaja, 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<sup>[5]</sup> 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 Ashvashana 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 Sanga of Rajas,

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

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

<i>Lakshana</i> distribution	No. of pts	BT mean	AT mean	% Imp	SD (±)	SE (±)	<i>t</i>	<i>P</i>
<i>Eershya</i>	07	1.29	1.29	0	0	--	--	>0.05
<i>Bhaya</i>	10	1.85	1.4	24.32	0.35	0.11	4.07	<0.001
<i>Krodha</i>	08	1.44	0.66	54.34	0.97	0.34	2.2s9	<0.05
<i>Dweshya</i>	12	1.58	1.29	18.42	0.62	0.18	1.63	>0.05
<i>Chinta</i>	11	2.04	1.45	28.89	0.60	0.18	3.24	<0.001
<i>Lobha</i>	07	1.14	1.14	0	0	0	--	>0.05
<i>Shoka</i>	12	1.25	0.98	21.67	0.42	0.12	2.24	<0.01
<i>Dainya</i>	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**

<i>Lakshana</i> distribution	No. of pts	BT mean	AT mean	% Imp	SD (±)	SE (±)	<i>t</i>	<i>P</i>
<i>Vataja</i>								
<i>Vishtambha</i>	07	1.57	1.09	31.82	0.41	0.15	3.24	<0.01
<i>Sadanam</i>	09	1.44	1.19	17.31	0.4	0.13	1.90	<0.05
<i>Angamarda</i>	08	1.88	1.28	31.67	0.76	0.27	2.22	<0.05
<i>Katigraha</i>	07	1	0.68	32.14	0.43	0.16	2	<0.05
<i>Shiraso ruk</i>	09	2	1.39	30.55	0.7	0.23	2.63	<0.01
<i>Pravahanam</i>	06	1.17	0.83	28.57	1.03	0.42	0.79	>0.05
<i>Vibandha</i>	08	1.56	0.91	42	0.64	0.23	2.90	<0.01
<i>Pittaja</i>								
<i>Pravritti</i>	02	2	0.75	62.5	1.06	0.75	1.67	>0.05
<i>Jwara</i>	04	1.25	0.38	70	0.85	0.43	2.05	>0.05
<i>Bhrama</i>	07	1.21	0.54	55.88	0.55	0.21	3.24	<0.01
<i>Kaphaja</i>								
<i>Chhardi</i>	05	1.8	0.8	55.55	0.61	0.27	3.65	<0.01
<i>Arochaka</i>	11	1.64	0.8	51.39	0.82	0.25	3.39	<0.001
<i>Avipaka</i>	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 *Agnisamyā* 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 *Adravayabhoota 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
<i>Vataja</i>								
<i>Vishtambha</i>	08	1.69	1.47	12.96	0.68	0.24	0.9	>0.05
<i>Sadanam</i>	12	1.75	1.39	20.24	0.34	0.099	3.56	<0.001
<i>Angamarda</i>	12	1.42	0.92	35.29	0.38	0.11	4.51	<0.001
<i>Katigraha</i>	09	1.33	0.69	47.92	0.42	0.14	4.6	<0.001
<i>Shiraso ruk</i>	08	1.5	1.56	-4.17	0.82	0.29	-0.22	>0.05
<i>Pravahanam</i>	06	1.5	1.42	5.55	0.66	0.27	0.31	>0.05
<i>Vibandha</i>	05	1.8	1.5	16.66	0.45	0.2	1.5	>0.05
<i>Pittaja</i>								
<i>Pravritti</i>	04	1.25	0.5	60	0	0	--	>0.05
<i>Jwara</i>	05	0.9	0.8	11.11	1.02	0.46	0.22	>0.05
<i>Bhrama</i>	05	1.2	0.5	58.33	0.44	0.2	3.5	<0.01
<i>Kaphaja</i>								
<i>Chhardi</i>	05	1.5	0.8	46.67	0.84	0.37	1.87	>0.05
<i>Arochaka</i>	07	1.71	1.5	12.5	0.57	0.21	1	>0.05
<i>Avipaka</i>	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	χ <sup>2</sup>	P
<i>Eershya (Raja + Pitta)</i>	PS	0	7	7	0.24	>0.05
	S	2	8	10		
	Total	2	15	17		
<i>Bhaya (Raja + Vata)</i>	PS	1	9	10	0.75	>0.05
	S	3	5	8		
	Total	4	14	18		
<i>Krodha (Raja + Pitta)</i>	PS	5	4	9	0.45	>0.05
	S	8	2	10		
	Total	13	6	19		
<i>Dwesha (Raja + Vata)</i>	PS	2	11	13	0.02	>0.05
	S	1	10	11		
	Total	3	21	24		
<i>Chinta (Raja + Vata)</i>	PS	3	8	11	0.01	>0.05
	S	2	8	10		
	Total	5	16	21		
<i>Lobha (Tama + Vata)</i>	PS	0	7	7	--	--
	S	0	9	9		
	Total	0	16	16		
<i>Shoka (Tama + Vata)</i>	PS	3	9	12	0.21	>0.05
	S	1	10	11		
	Total	4	19	23		
<i>Dainya (Tama + Vata)</i>	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 *Kaphavatanut*, 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*, *Dhruti*, 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 *Vishtambha*, *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 statistically 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 *Shiraso 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 *Bhrama*, between which PS group showed maximum, i.e. 58.3%, relief.

On *Kaphaja Lakshanas*: *Shunthi* showed maximum, i.e. 55.6%, improvement in *Chhardi* which is statistically significant, while in *Arochaka* it showed 51.4% relief which is highly significant. Both the effects might be because of *Kaphashamaka* and *Pachana* 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. 39.9%, and on *Manasa Dosha-Tama*, i.e. 29.03%, [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.

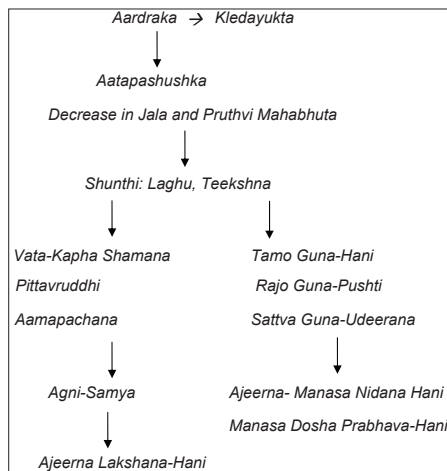


Figure 1: Probable mode of action of *Shunthi*

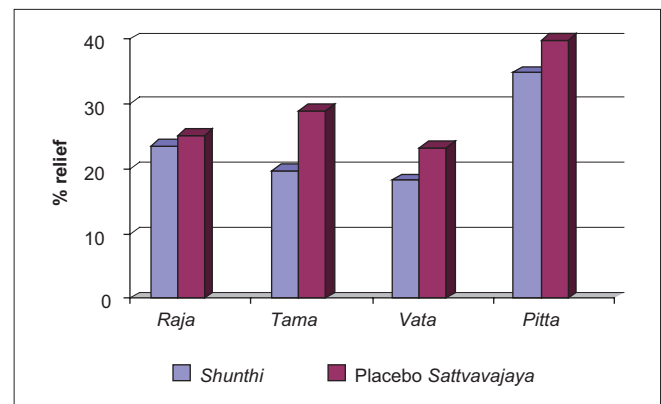


Chart 1: Effect of therapy on *Shareera Doshas* and *Manasa Doshas*

**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

- 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.

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## हिन्दी सारांश

### मानसदोष – अजीर्ण पर सत्त्वावजय (ट्रान्स थेरेपी) के प्रभाव का चिकित्सकीय अध्ययन

कविता एम. व्यास, आर. आर. द्विवेदी

आयुर्वेद में तीन प्रकार की चिकित्सा-प्रणालियाँ वर्णित हैं यथा – दैवव्यपाश्रय, युक्तिव्यपाश्रय एवं सत्त्वावजय । प्रस्तुत अनुसन्धानात्मक अध्ययन में शारीरिक एवं मानसिक दोनों प्रकार के दोषों पर सत्त्वावजय चिकित्सा के प्रभाव का परीक्षण करने का प्रयास किया गया है । इसी प्रकार, युक्तिव्यपाश्रय चिकित्सा के दोषद्वय पर प्रभाव को जानने हेतु भी प्रयास किया गया है । अध्ययन के लिए मनोशारीरिक व्याधि 'मानसदोष-अजीर्ण' को चुना गया । अजीर्ण की प्रमाणित औषधि के तौर पर शुण्ठी को निश्चित किया गया जब कि सत्त्वावजय के लिए 'ट्रान्स/क्लिनिकल हिप्नोसिस' का रूग्णों पर प्रयोग किया गया । अजीर्ण से पीड़ित एवं जी.एच.क्यू. १२ के अनुसार तनावग्रस्त साबित हुए २७ रूग्णों को चयनित करके तत्पश्चात् यादृच्छिक विभाजन पद्धति द्वारा दो वर्गों में विभाजित किया गया: १) १३ रूग्णों को शुण्ठी टैब्लेट (५०० मि.ग्रा.) २ गोली २ बार तथा २) १४ रूग्णों को प्लेसीबो टैब्लेट (५०० मि.ग्रा.) २ गोली २ बार एवं साथ ही साथ सत्त्वावजय चिकित्सा (ट्रान्स) द्वारा; १० दिनों के लिए चिकित्सा दी गई । दोनों वर्गों में क्रमशः १२ तथा १३ रूग्णों ने पूर्ण चिकित्सा ली । अध्ययन के पूर्व एवं पश्चात् अजीर्ण के शास्त्रोक्त लक्षणों का परीक्षण किया गया । अवलोकनों एवं प्राप्त परिणामों के सांख्यिकीय अध्ययन अनुसार शुण्ठी के प्रभाव से अजीर्ण के वातज एवं कफज लक्षणों में मध्यम सुधार, निदानरूप राजसिक एवं तामसिक भावों में क्रमशः मध्यम तथा उत्तम सुधार पाया गया । प्लेसीबो टैब्लेट एवं ट्रान्स के द्वारा पित्तज लक्षणों एवं तामसिक मनोभावों में मध्यम सुधार प्राप्त हुआ ।