



CLINICAL STUDY

THERAPEUTIC EVALUATION OF YASHTIMADHU GHANA VATI AND TAGARA GHANA VATI ALONG WITH PSYCHOTHERAPY IN THE MANAGEMENT OF MENTAL ADJUSTMENT DISORDER OF YOUNG ADULTS

GANESH KOLHE,^{1*} MANDAL SISIR KUMAR,² GODATWAR PAWANKUMAR³

PG Scholar¹, Lecturer,² Associate Professor & HOD,³ PG Dept. of Rognidana, National Institute of Ayurveda, Jaipur, Rajasthan

Corresponding author : email address: drganeshkolhe@rediffmail.com

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Abstract:

Being a health science with holistic approach, Ayurveda looks the mind as integral part of life and health. It advocates the inter-relationship between mind, body and spirit as a whole. It means an imbalance of mental level is equally reflected and re-enforced at physical level and vice versa. When allowed to persist for long time, the psychic and somatic disorders get combined with each other. Ayurveda recommends certain practices to control mind in a view of achieving mental health. So for that purpose present study includes both Drug and Psychotherapy. 112 patients were screened from the survey study (367) and were randomly divided into two groups by Chit method. After completion of trial it was observed that Yashtimadhu & Tagara both are equally effective in a Mental Adjustment disorders though their mode of actions are different.

Keywords: Yashtimadhu, Tagara, Mental Adjustment Disorder

Introduction:

An adjustment disorder is defined as an emotional or behavioural reaction to an identifiable stressful event or change in a person's life that is considered maladaptive or somehow not an expected healthy response to the event or change. The reaction must occur within three months of the identified stressful event or change happening¹.

The number one health issue for young people is their mental health. About 70% of health problems and most mortality among the young arise as a result of mental health and substance-use disorders.²The need to do a comprehensive review of this particular problem has arisen in view of the ever increasing incidence of this entity.

Drugs which can be used safely were selected and single drug preparation had been formulated to assess the efficacy of Yashtimadhu Ghana Vati³ (Glycerhiza glabra) and Tagara Ghana Vati⁴ (Valerianawallichi)

along with REBT (Rational Emotive Behavioural Therapy) counselling in both groups compared with Satvavajaya Chikitsa (Mind control therapy) in the management of Mental Adjustment Disorder (A.D.).

Aims and objectives:

1. To conduct a randomized Upashayatmaka Adhyayana (Therapeutic Trial) to evaluate the efficacy of Satvavajaya Chikitsa (~mind control therapy) and REBT with Yashtimadhu Ghana Vati as compared to Satvavajaya Chikitsa and REBT with Tagara Ghana Vati in Adjustment Disorders of Young Adults.

Materials and methods:

Selection of patients:

Patients were selected from OPD /I IPD of National Institute of Ayurveda Jaipur (Both ArogyaShala and Bombaywala Hospitals). The patients were also selected from survey study carried out in Pool B at NIA Undergraduate and Nursing students, Central University and LNMIT (Jaipur).

Patients fulfilling the diagnostic criteria were included in the present study. In total 112 patients were enrolled for the present study, out of which 12 patients discontinued the treatment and counselling session during the course of trials. So they were dropped out from the study.

Diagnostic criteria for mental adjustment disorder:

For diagnosis of Adjustment Disorder patients, criteria laid down by Diagnostic and Statistical Manual of Mental Disorders⁵ was used.

Inclusion criteria for A.D. patients:

- patients fulfilling DSM IV (fourth edition) definition of A.D.⁶
- Patients coming under the definition of early stage of young adults stated by 'Erik Erikson'.⁷
- Patients of age group of mid and extended Adolescence (12-25 yrs) were selected for the Clinical trial.
- Patients having clinical signs and symptoms of Adjustment disorders
- Patients willing to participate in counselling sessions and drug trials.

Exclusion criteria for A.D. Patients:

- Uncooperative Patients
- Mentally challenged Patients.
- Patients on any maintenance therapy.
- Patients suffering from major illness.

Discontinuation Criteria

- Patients who developed any hypersensitivity symptoms from the constituents of drug formulation
- Patients who didn't follow the instructions given
- Patients who discontinued the treatment themselves due to any reason.

Grouping of the patients:

For the present study 112 patients of A.D. were registered and randomly divided into following groups.

Group I: - 57 patients were enrolled in this group, out of which 7 patients dropped out and only 50 patients completed the trial were managed with Yashtimadhu Ghana Vati and REBT counselling along with Satvavajaya Chikitsa (5 step Chintyadi technique)

- Dosage-250 mg BD
- REBT Counselling
- 4 sessions of group counselling.
- Needed Individual counselling sessions as per the course of patient.
- Span of treatment 30 days.
- Anupana (vehicle)- Kushmanda Svarasa (the extract of Benincasa hispida)

Group II: 55 patients were enrolled in this group out of which 5 patients dropped out and only 50 patients completed the trial were managed with Tagara Ghana Vati and REBT counselling along with Satvavajaya Chikitsa (5 step Chintyadi technique)⁸

- Dosage-250 mg BD
- REBT Counselling
- 4 sessions of group counselling.
- Needed Individual counselling sessions as per the course of patient.
- Span of treatment 30 days.
- Anupana- Kushmanda Svarasa⁹

Assessment criteria:

Assessment of effects of the therapy was done on the basis of various criteria. For the purpose of assessment, a detailed research Performa were incorporating various parameters like Dashavidha Pariksha (tenfold of examination)¹⁰, Ashtavidha Pariksha (eight fold of examination), Deha Manasa Prakriti etc.¹¹ Assessment was done every 7 days during the entire study period.

Following criteria were adopted for the purpose of assessment.

- Hamilton's Rating scale of Anxiety [HAM-A]¹²
- Hamilton's Rating scale of Depression [HAM-D]

Observations and Results-

For the present study 112 patients of A.D. were registered and randomly divided into following groups. 57 patients were enrolled in group I, out of which 7 patients dropped out and only 50 patients completed the trial. In group II 55 patients were enrolled out of which 5 patients dropped out and only 50 patients completed the trial.

- Addiction wise distribution reveals that majority of patients i.e. 91% had an addiction of tea/coffee, 30% patients were addicted to smoking, 28% patients were addicted to alcohol, 11% patients were addicted to tobacco chewing and 7% were having no addiction.
- Agni wise distribution of patients shows that maximum no. Of patients i.e.78%

had Vishama Agni, 11% had Manda Agni while 5 % had Tikshna Agni.

- Deha Prakriti wise distribution shows that maximum i.e. 67% Patients had Vata-Pitta Prakriti, 17% patients had Vata-Kapha Prakriti and 16% had Pitta-Kapha Prakriti.
- Manasa Prakriti shows that maximum i.e. 79% patients were of Rajasika Prakriti, followed by 14% were of Tamasika Prakriti while 7% of patients were found to have Rajasika–Tamasika Prakriti.
- Satva wise distribution of patients shows that maximum i.e 86% patients had Madyama Satva, 14% had Avara Satva while no patients were found for Pravara Satva.

Table 1 showing Distribution of Types of A.D.

Sl.	Adjustment disorder	Group A (n=50)		Group B (n=50)		Total n=100	Total %
		No of Pt.	%	No of Pt.	%		
1	Anxiety	33	66	29	58	62	62
2	Depression	8	16	10	20	18	18
3	Mixed	3	6	4	8	7	7
4	Behavioural	2	4	4	8	6	6
5	Emotion& Behaviour	3	6	3	6	6	6
6	Unspecified	1	2	0	0	1	1

Wilcoxon Matched-Pairs Signed Ranks Test For Paired And Mann-Whitney “U” Test For Unpaired Non-Parametric Variables Were Used To Analyse The Following Data:

Table 2 showing effect of therapy on Symptoms of Hamilton’s Rating Scale in Group A

Sl.	Symptoms	Mean		Dif.	% of Change	SD	SE	P	w
		BT	AT						
1	Anxious Mood	2.96	1.06	1.90	64.19	0.86	0.12	<0.0001	1225
2	Tension	2.66	1.08	1.58	59.40	0.81	0.11	<0.0001	1110
3	Fear	2.08	0.96	1.12	53.85	0.77	0.11	<0.0001	820
4	Insomnia	1.98	0.86	1.12	56.57	0.69	0.10	<0.0001	1058
5	Concentration	2.42	1.00	1.42	58.68	0.70	0.10	<0.0001	1225
6	Depression	0.78	0.40	0.38	48.72	0.81	0.11	<0.0031	200
7	Muscular	1.56	0.70	0.86	55.13	0.45	0.06	<0.0001	861
8	Sensory	1.30	0.50	0.80	61.54	0.83	0.12	<0.0001	406
9	CVS	1.06	0.48	0.58	54.72	0.64	0.09	<0.0001	380

10	RS	0.98	0.38	0.60	61.22	0.64	0.09	<0.0001	351
11	GIT	2.04	0.86	1.18	57.84	0.66	0.09	<0.0001	990
12	Urinary	1.10	0.54	0.56	50.91	0.79	0.11	<0.0001	440
14	Autonomous	1.76	0.76	1.00	56.82	0.67	0.09	<0.0001	820
14	Global	2.34	0.28	2.06	88.03	0.74	0.10	<0.0001	1275
15	Total	25.02	9.86	15.16	60.59	3.21	0.45	<0.0001	1275

Table 3 showing effect of therapy on Symptoms of Hamilton's Rating Scale in Group B

<i>Sl.</i>	<i>Symptoms</i>	<i>Mean</i>		<i>Dif.</i>	<i>% of Change</i>	<i>SD</i>	<i>SE</i>	<i>P</i>	<i>W</i>
		<i>BT</i>	<i>AT</i>						
1	Anxious	2.18	0.88	1.30	59.63	0.68	0.10	<0.0001	1176
2	Tension	2.06	0.82	1.24	60.19	0.85	0.12	<0.0001	861
3	Fear	1.88	0.84	1.04	55.32	0.78	0.11	<0.0001	780
4	Insomnia	1.90	0.52	1.38	72.63	0.83	0.12	<0.0001	946
5	Concentration	2.22	1.02	1.20	54.05	0.64	0.09	<0.0001	990
6	Depression	1.42	0.40	1.02	71.83	0.84	0.12	<0.0001	732
7	Muscular	1.72	0.72	1.00	58.14	0.73	0.10	<0.0001	703
8	Sensory	1.40	0.52	0.88	62.86	0.66	0.09	<0.0001	747
9	CVS	1.34	0.44	0.90	67.16	0.65	0.09	<0.0001	703
10	RS	1.56	0.56	1.00	64.10	0.76	0.11	<0.0001	741
11	GIT	1.84	0.84	1.00	54.35	0.78	0.11	<0.0001	803
12	Urinary	1.64	0.74	0.90	54.88	0.79	0.11	<0.0001	639
13	Autonomous	1.76	0.66	1.10	62.50	0.68	0.10	<0.0001	861
14	Global	2.14	0.74	1.40	65.42	0.83	0.12	<0.0001	1056
15	Total	24.88	10.00	14.88	59.81	3.56	0.50	<0.0001	1275

Table 4 Show Comparison between Group A vs Group B for Hamilton's Rating Scale of Anxiety

<i>Symptoms</i>	<i>Mean</i>		<i>Dif.</i>	<i>% of Diff</i>	<i>SD</i>	<i>SE</i>	<i>U</i>	<i>P</i>
	A	B						
Anxious	1.90	1.30	0.60	31.58	1.09	0.15	753	<0.0002
Tension	1.58	1.24	0.34	21.52	1.22	0.17	931.5	<0.0191
Fear	1.12	1.04	0.08	7.14	1.14	0.16	1163	<0.5096
Insomnia	1.12	1.38	0.26	23.21	1.17	0.17	1051.5	<0.1319
Concentration	1.42	1.20	0.22	15.49	0.79	0.11	1103	<0.2472
Depression	0.38	1.02	0.64	168.42	1.31	0.18	739	<0.0002
Muscular	0.86	1.00	0.14	16.28	0.93	0.13	1120.5	< 0.3
Sensory	0.80	0.88	0.08	10.00	0.99	0.14	1125.5	<0.3535

CVS	0.58	0.90	0.32	55.17	0.87	0.12	941	<0.0179
RS	0.60	1.00	0.40	66.67	1.05	0.15	892	<0.0067
GIT	1.18	1.00	0.18	15.25	1.02	0.14	1125.5	<0.3403
Urinary	0.56	0.90	0.34	60.71	1.14	0.16	996	<0.0574
Autonomous	1.00	1.10	0.10	10.00	0.93	0.13	1136.5	<0.3801
Global	2.06	1.40	0.66	32.04	1.26	0.18	731	<0.0001
Total	15.16	14.88	0.28	1.85	5.14	0.73	1191.5	<0.6881

Table 5- show effect of therapy on Total Hamilton's Rating Scale of Depression Score

<i>Group</i>	<i>N</i>	<i>Mean</i>		<i>Diff.</i>	<i>% of change</i>	<i>SD</i>	<i>SE</i>	<i>P</i>	<i>W</i>
		<i>BT</i>	<i>AT</i>						
A	12	19.17	7.5	11.67	60.87	3.45	0.99	0.0005	78
B	12	18.67	6.75	11.92	63.84	3.12	0.9	0.0005	78

Table 6- Show Comparison between Group A vs Group B for Total Hamilton's Rating Scale of Depression Score

<i>Mean</i>		<i>Dif.</i>	<i>% of Diff.</i>	<i>SD</i>	<i>SE</i>	<i>U</i>	<i>P</i>
<i>Group A</i>	<i>Group B</i>						
11.67	11.92	0.25	2.14	1.91	0.55	64.5	0.6837

Discussion :

Somatic diseases get combined with another Psychic diseases. Such combination of diseases resulting in Psychosomatic disorders.¹³ So treatment protocol which can pacify both Manasa & Sharira symptoms was selected .

In modern psychotherapeutic regimen there has been speculation that the most successful course of treatment is a combination of drugs and psychotherapy.¹⁴

Chakrapani in Vimana Sthana commented that Sattvavajaya Chikitsa can be included in both, Yukti Vyapashraya (~Scientific medicine) or Daivavyapashraya Chikitsa (~Divine medication) depending on its Dravya Bhutatva (~materialistic) or Adivrya Bhutatva (immaterial). If Sattvavajaya is done by using Dravya then it is Yukti vyapashraya and if it is done by Adivrya means then it is Daivapashraya.¹⁵

It means Sattvavajaya Chikitsa is useful with Yukti vyapashraya and applying combine therapy enhances the efficacy of

therapy and may be helpful in combating the vitiated Mano Doṣas.

The concept Satvavajaya suggests that withdrawal of mind from unwholesome objects (Ahithartha). However, Tadaranda has reused the term Satvavajaya, he incorporates Dhidhairya divijnanam (deeper understanding of intellect & fortitude) under the concept of Satvavajaya.¹⁶

Acharya Charaka too in different context has admitted that psychotherapy constitutes mainly the deeper understanding of fortitude, Intellect, Memory and Mental equanimity among others.¹⁷

The term Satvavajaya in its wider implications has the import of 'Psychotherapy' in general and is used to denote 'Mind control' in a limited and a restricted sense. Satvavajaya is defined as the reduction of mind to restrain itself from unwholesome preoccupation.

Apart from Psychotherapy the various Psychotropic drugs has been mentioned in the Classics among them Yashtimadhu & Tagara

are most important one. Yashtimadhu has been described by Acharya Charaka in Medhya Rasayana, so it has definite role in cognitive aspects of individual. In modern science Licorice extract at 0.5% and 1.0% act as an effective natural antioxidant and anxiolytic effect for substances that are oxidation-susceptible.¹⁸ Tagara is proven drug in Anxiety, breathlessness, epilepsy, giddiness and fainting fits, Has a remarkable influence on the cerebro-spinal system, hypochondriasis (abnormal concern about one's health), hysteria, insomnia, migraines.¹⁹

Conclusions

1. Both the Trial drugs Yashtimadhu and Tagara were found to be equally effective along with REBT and Satvavajaya Chikitsa in the following Categories:
 - Anxiety Total Score [HAM-A]
 - Depression Total Score [HAM-D]
 - Difficulties in concentration and memory
 - Fears.
 - Gastro Intestinal Symptoms
 - Genito- Urinary Symptoms
 - Muscular symptoms
 - Sensory Symptoms
 - Tension
2. The Trial drug Yashtimadhu was found to be more effective along with REBT and Satvavajaya Chikitsa as compared to Tagara in the following Categories:
 - Anxious Mood
 - Behaviour during Interview
3. The Trial drug Tagara was found to be more effective along with REBT and Satvavajaya Chikitsa as compared to Yashtimadhu in the following Categories:
 - Autonomous Symptoms
 - Cardiovascular symptoms
 - Depressed Mood
 - Insomnia
 - Respiratory Symptoms

REBT can be termed as modern way of Satvavajaya Chikitsa . Both REBT and classical Satvavajaya Chikitsa are effective in the management of A.D. when drugs like Yashtimadhu and Tagara are added to the management protocol of REBT and Satvavajaya Chikitsa ; there is an enhanced synergistic result.

Yashtimadhu is good drug of choice in case of Anxious mood and behaviour during interview. However when Autonomous symptoms, cardiovascular symptoms, depressed mood, insomnia and respiratory symptoms are prominent then Tagara is drug of choice combined with Psychotherapy (REBT and Satvavajaya Chikitsa).

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