



CLINICAL EVALUATION OF SARPAGANDHA CHURNA YOGA IN THE MANAGEMENT OF YOSHAAPASMARA VIS-À-VIS HYSTERICAL NEUROSI

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ABSTRACT

The disease Yoshaapasmara is commonly found in females described in Madhava Nidana Parishista, Bhaishjya Ratnawali etc. In modern psychiatry it is known as hysterical neurosis (HN) which is now described as “conversion and dissociative disorder.” Although presently there are no definitive etiopathogenesis, clinical manifestation and management but Ayurveda has described many herbal and herbo-mineral formulations for management of the same. “Sarpagandha Churna Yoga” is one of them. Total thirteen patient of hysterical neurosis were selected and given the trial drug in the form of capsule with milk. Effect of trial drug was assessed on the basis of symptomatic improvement in symptoms and psychometric assessment was done by two scales namely Middlesex Hospital Questionnaire (by O. N. Srivastava & V. K. Bhatt) and Adjustment Scale (By R.R.Tripathi). After three month of treatment it was found that the trial drug is very effective for the management of Yshaapasmara vis –a-vis Hysterical Neurosis.

KeyWords: Yoshaapasmara, Parada, Gandhaka, Rasa Sindura, Sarpagandha Churna Yoga.

INTRODUCTION

Ayurveda has been written in the form of Astanga Ayurveda which covers all the medical, surgical and psychological disabilities and their management by various treatment modalities like pharmacological, non pharmacological and surgical means. A wide range of psychiatric conditions have been described in Ayurveda out of them Unmada (psychosis) and Apsmara (epilepsy) are the major psychological infirmity. The disease Yoshaapasmara /Apatantraka / Yoshaapatntraka is commonly found in females described in Madhava Nidana Parishista, Bhaishjya Ratnawali and Sharngadhara Samhita Parishista etc. There is no description of Yoshaapasmara available in Brihatrayee (Chraka Samhita, Susruta Samhita and Astanga Hridaya). Human is rational & emotional and is being influenced by even small change in any spears of life resulting in to various physical and psychological reactions and mostly these reactions are unfavorable. The Man of present era is living under various adversities, stresses, strains and anxiety. Various types of stresses like educational, social, official, economical, family and so many other type of stresses are present in the today’s life style which are responsible for lack of material happiness, comforts and mental peace. Continuously changing lifestyle along with ever-rising stressful psychological conditions contributes to most of the psychosomatic and psychiatric diseases. The idleness, sexual repression, perverted thoughts, fears, worries, depression, traumatism and prolong sickness etc. are the common causative factors. Since every person’s brain is unique, so also is its capacity to bear external changes. If the person is too sensitive, then there is a high chance that person might act hysterically to seemingly insignificant stimuli. Physical, emotional, or sexual abuse can be a contributing cause of conversion disorder in both adults and children. Basing on similarity in clinical features, many Ayurvedic scholars equated the Yoshaapasmara with Apatantraka¹ which is described in all major Ayurvedic texts. Word “Yosha” refers to female, due to more prevalence in female it is called as Yoshaapasmara² but it may occur in male also who had soft

temperament like females or man who cannot able to bear the hard situation or events. Ayurvedic scholars have equated this clinical entity with hysterical neurosis (now an absolute term) and in modern psychiatry it is described as ‘conversion and dissociative disorder’. Hysteria is a common form of the emotional reaction in which a patient tends to act out of his/her mental control in a dramatic way. Brain behaves in such a way to attract others to gain sympathy. The term “conversion” was first used by Sigmund Freud (1893). The term conversion disorder³ reflects the hypothesis that an unconscious psychological conflict is converted in to symbolic symptoms, thereby reducing anxiety and shielding the conscious self from a painful emotion and can be defined as disturbance of bodily functioning that does not conform to current concepts of the anatomy and physiology of the central or the peripheral nervous system. It typically occurs in a setting of stress and produces considerable dysfunction. The proposed etiologies are suggesting that the symptoms resolve an intrapsychic conflict expressed symbolically through a somatic symptom. Symptoms may manipulate the behavior of other persons and elicit attention, sympathy, and nurturance. Current theories about the etiology of conversion emphasize the role of communication. People, who have difficulty in verbally articulating psychosocial distress for any reason, may use conversion symptoms as a way of communicating their distress. Hysteria (comprising of conversion, dissociative and somatization disorder)⁴ constitute about 6-15% of all outpatient diagnoses and 14-20% of all neurotic disorder. Approximately 5%-24% of psychiatric outpatient, 5%-14% of general hospital patient and 1%-3% of outpatient psychiatric referrals have a history of conversion symptoms. Life time prevalence of conversion disorder varied widely, ranging from 11/100000 to 500/100000 in general population samples. This disorder is more frequent in women than in men, ratio varying from 2:1 to 10:1. Dissociation⁵ is an altered state of consciousness characterized by partial or complete disruption of the normal integration of a person’s normal conscious or psychological functioning. Dissociation is most commonly experienced as a

subjective perception of one's consciousness being detached from one's emotions, body and/or immediate surroundings. The essential feature of the dissociative disorder is a disruption in the usually integrated functions of consciousness, memory, identity, or perception. The disturbance may be sudden or gradual, transient or chronic. According to International society for study of trauma and dissociation⁶, some studies indicate that dissociation occurs in approximately two to three percent of the general population. Approximately 73% of individuals exposed to a traumatic incident will experience dissociative states during the incident or in the hours, days and weeks following. It begins in early adulthood and has been diagnosed more frequently in women than in men. Hysterical disorders frequently prove to be actual medical or neurological disorders, which makes it important to rule out these disorders before diagnosing a patient with hysterical disorders. Due to less awareness about disorder and clinical presentation, it seems to very emergent condition for a general people. This condition is often misdiagnosed as neurological (epileptic) disorder⁷ and many times other medical conditions like multiple sclerosis etc. were under diagnosed. Besides being a health problem, this disorder is also responsible for social and economical problems for a family. Yoshaapasmarā is very difficult to treat and may occur in any stage of reproductive age i.e. till menopause. Many herbal and herbo-mineral formulations along with other therapeutic measures like Yoga, Sattvavajaya etc. are suggested for the management of the Yoshaapasmarā.

SELECTION OF TRAIL DRUG-The selection of proper drug in the management of disease is very important because proper drug will never deceive the physician in the path of success. In Ayurveda, drug or diet articles that reverses or break the Samprapti (pathogenesis) without producing any side effect is considered as ideal. Drug combinations are envisaged to serve synergistic action, combined action, toxicity neutralization action and specific action. The selected drug i.e. Sarpagandha Churna Yoga⁸ is taken from celebrated text book of Ayurvedic therapeutics i.e. Rasa Tantra Sara Va Siddha Prayoga Sangraha. This formulation contains Rasa Sindura and Sapagandha Churna.

AIM AND OBJECTIVE-

- 1- To prepare the herbo-mineral formulation by the classical methods.
- 2- The clinical evaluation of Sarpagandha Churna Yoga for the management of Yoshaapasmarā (HN).

MATERIAL AND METHODS- Drug was prepared in Ayurvedic pharmacy and department of Rasa Shastra which contains 475 mg of Sarpagandha Churna and 25 mg of Rasa Sindura and filled in capsule. Rasa Sindura was prepared by classical method described in Rasa Tarangini (6/162-167).

Ingredients

Sarpagandha Churna- 475 mg

Rasa Sindura- 25 mg (contain Shodhit Parada and Shodhit Gandhaka).

Vatankura swarasa- Q.S. Triturating liquid used in making of Rasa Sindura.

Method of Preparation- In present work following method⁹ is used for preparation of Rasa Sindura (Rasa Tarangini 6/162-167)

Parada – 1 part

Gandhaka – 2 parts

Vatankur Swarasa – Q.S.

First of all prepare Kajjali of Parada and Gandhaka and triturate with Vatankur Swarasa for three times in Khalva

Yantra, after drying powdered it and fill in Kacakupi, cover it all around with cloth smeared with mud for 7 times up to its 1/3rd. Place it in a Baluka Yantra and apply slow moderate and strong heat gradually by increasing the temperature. The mouth of the bottle which was open from the beginning may be closed with cork prepared with chalk or brick according to size of mouth of bottle. The closing of bottle mouth should be done only when the extra Sulfur is burned completely and the fumes of Sulfur similar to Gorochan in colour, stops coming out from the mouth of bottle. The joint of cork and mouth should be sealed properly with molasses and lime powder made in to paste with water. After this strong heat may be applied for at least two more hours to allow the prepared compound to sublime and adhere in to neck of bottle. On cooling the sublimed product (Rasa Sindura) may be collected from the neck of bottle having the red colour similar to the rising sun.

Administration of drug: Sapagandha Churna Yoga was given to patient in the dose 500 mg two times in a day, filled in capsule (Sarpagandha Churna 475mg + Rasa Sindura 25 mg).

Anupana - Milk/Water/Gulab Jala

CLINICAL STUDY - Seventeen cases were selected from the Kayachikitsa O.P.D and I.P.D. S.S. Hospital I.M.S. B.H.U. Varanasi and out of them four case were dropout from study. Case selection was random regardless of age, sex, occupation and socioeconomic considerations.

The exclusion criteria - Patients with following examination findings or history and clinical condition were excluded.

- Age below 12 year and above 45 years.
- Females after menopause.
- Patient with history of any significant physical illness e.g. tuberculosis, diabetes mellitus, ischemic heart diseases, CVA. etc.
- Patient having any diagnosed significant psychiatric illness or taking treatment.
- Patient with history of substance abuse e.g. alcohol, cannabis etc.
- Patient having endocrine or metabolic disorders.
- Patient having significant history of head injury.
- Patient having significant findings in lab investigations like EEG, CT scan head.

The Inclusion criteria- Patient who fulfill the DSM IV diagnostic criteria for conversion or dissociative disorder were selected along with other considerations like -

- Patients ranging between 12-45 years of age were registered only.
- Females before menopause.
- Patients having no significant medical illness viz., hypertension, diabetes mellitus, pulmonary tuberculosis etc were registered only.
- Patients having no significant psychiatric illness viz. depression, schizophrenia etc. were registered only.
- Patients having no significant H/o surgical interventions viz. hysterectomy, neurosurgery spinal surgeries etc. were registered only.
- Patients having no significant H/o trauma viz. spinal cord injuries etc. were registered only.
- Patient not having any drug dependence or addiction like alcohol etc.
- Patient having no significant finding in different lab investigations like EEG, CT scan of head etc.

ASSESSMENT OF DRUG RESPONSE –

Clinical Assessment- It was based on relief found in the signs and symptoms of the disease. For this purpose main signs and symptoms were given a suitable score according to their severity before and after treatment. Study consisted of three follow ups, initially at 15 day interval for two follow-ups thereafter two follow-ups of one month interval each. During each follow up patients were interviewed regarding symptomatic improvement, general examination, systematic examination and psychiatric examinations.

Psychometric Assessment- following scales were used for this purpose -

- Middlesex Hospital Questionnaire (M.H.Q. – O. N. Srivastava And V. K. Bhatt
- Adjustment Scale - By R.R.Tripathi

The M.H.Q. is a short, clinical diagnostic self rating scale for psychoneurotic patients, constructed by Crown and Crisp (1966). It gives a “quantitative clinical profile” as the test consists of six subscales having 8 questions each and study was concentrated on Hysterical personality traits (HYS) subscale. The Hindi version of the M.H.Q. is a very sensitive, reliable and valid instrument for differentiating the neurotics from normal. Hindi version was prepared by O.N.Srivastava and V.K. Bhat, Department of Psychiatry I.M.S. B.H.U. Varanasi (1973). In this study we have used an Adjustment Scale (Samayojana Suchika) prepared by Prof. R. R. Tripathi published by Raghuvver Publication Varanasi. This scale simply aims at screening an individual for minor departure from adjustmental norms the baseline for which must be in terms of dimensions of healthy adjustment.

RESULT AND DISCUSSION

Sarpagandha Churna Yoga is indicated¹⁰ in the management of insomnia, Apatantraka (hysterical neurosis), Unmada (psychosis), hypertension and newly diagnosed epileptic disorders. Rasa Sindura¹¹ mainly works on Kapha Dosa, Rasa-Rakta-Mamsa Dhatu, Amashaya, Hridaya and Kaphasthana. It regulates 5 types of Vata and maintains proper functioning of nerves, hence gives pleasure to those who use it. It regulates the sense organs. Urine, faeces etc. waste materials are excreted from the body without any trouble. It is Pittasaraka and best among invigorating agents. It is Pramehahara (antidiabetic) and also works on Rajayakshma (tuberculosis), Pandu (anaemia) and Sthaulya (obesity). Other properties like Medhya (intellect promoting), Parama Rasayana, Mutrala (diuretic), Dhatukriya-Pravardhaka (promoting tissues functions), Hridya (cardiotonic), Kamagni Sandeepana (aphrodisiac) etc. are mentioned in different texts. Rasa Sindura works on Trimarma (heart, brain and bladder). Rasa Sindura (Red sulphide of mercury) is promoter of various enzymes. It also works on 5 types of Pitta, which are responsible for Deepana-Pachana (digestive and assimilative function), Raktavardhana (blood forming), Medha (intellect), Dristi (vision), Balakara (strength), Kantivardhana (lusture promoting) and Kusthahara (treating skin disorder). Parada¹² have Shadarasa and Sara, Guru, Snigdha Guna, Ushna Virya, Madhura Vipaka and Tridosghna. It has properties like Vrisha (aphrodisiac), Balya (strength forming), Rasayana, Yogavahi, Sarvarogajita (treating all disorders), Shodhana (purifying), Ropana (healing) and Krimighna (deworming). Parada balances the Tridosa (Tridosghna), increases Buddhi (intelligence), Medha (intellect), Smriti (memory), Kanti (lusture), Prabha (glow) and Bala (strength) and is best aphrodisiac (Mahavrisya). Gandhaka¹³ is having properties

like Kushtaghna, Rasayana, Pitta vardhak and Kapha Vata hara. This element is present in many polypeptides, proteins, and enzymes. Sarpagandha¹⁴ is Kapha-Vata shamaka, Mastiska shamak, Nidrajanan (hypnotic), Krimighna, Ampacaka and Hridayavasadak (cardiac depressant). It shows Anticholinergic, Hypotensive, Anticontractile, Sedative, Relaxant, Hyperthermic, Antidiuretic, Hypnotic, Vasodilator, Antiemetic, Nematicidal, and Antifungal activity. Therapeutic use of Sarpagandha is documented in various mental and neurological disorders like Unmada, Apasmara, Anidra etc. It is used as antihypertensive and Tranquilizer. It is first herbal antipsychotic drug. Rauwolfia serpentina¹⁵ had been sold as “Pagalpan Ki Jadi” (medicine for insanity) in folk medicine for centuries. This herb had been used as an aid to meditation, reportedly even by Mahatma Gandhi. The first report in the medical literature of the use of Rauwolfia was published in 1931 in an Indian Medical Journal by Gananath Sen and K. C. Bose. They reported that this drug reduces the blood pressure, and also improves the violent maniac symptoms and also documented the actions like hypnotic effect, a calming effect on agitated, mentally deranged patients, and a hypotensive effect in arterial hypertension. That same year, 1931, two Indian chemists, Siddiqui, and Siddiqui, first extracted several alkaloids including Ajmaline and Serpentine from Rauwolfia¹⁵. In an extensive study published in the prestigious British Heart Journal (1949), Rustom Jal wakil reported the antihypertensive effect of Rauwolfia. In 1954, Nathan Kline reported therapeutic efficacy of Reserpine in schizophrenia. Comparative effects¹⁶ of *Rauwolfia vomitoria* and chlorpromazine on locomotor behavior and anxiety in mice shows that the Root bark extract from *Rauwolfia vomitoria* produced better behavioral effects with less distortion in motor coordination when compared to chlorpromazine and so has a great potential as an alternative antipsychotic agent compared to chlorpromazine. Since Reserpine did not produce same effects as *Rauwolfia vomitoria*, the effect of *Rauwolfia vomitoria* may not be due solely to Reserpine as claimed. Ajmaline¹⁷, a Rauwolfia derivative, has been found to possess potent antiarrhythmic effects. Ajmalin is an effective drug for the treatment of serious digitalis-toxic cardiac arrhythmias. Response of patients to the therapeutic trial was assessed through clinical, physiological and psychometric parameters. Clinical assessment was done on the basis of statistical calculations. After treatment it was found that no statistically significant change were observed in speech, attention, concentration, memory, mood, Vyayama Sakti and Sattva. Although there was no significant changes were found but improvement was observed in symptoms like irregular bowel habit, paralysis, paresis and sensory deficit. After treatment statistically significant changes (improvement) was founded in symptoms like Ama ($t=2.00$, $p<0.05$) appetite ($t=2.00$, $p<0.05$), urinary retention/difficulty in micturition ($\chi^2=11.5$, $p<0.05$), and restlessness ($\chi^2=10.31$, $p<0.05$) and highly significant results in symptoms like muscle cramps ($\chi^2=14.5$, $p<0.01$), frequency of episodes of unconsciousness ($\chi^2=32.9$, $p<0.01$), duration of unconsciousness episodes ($\chi^2=20.73$, $p<0.01$), abnormal body movements/tremors ($\chi^2=17.95$, $p<0.01$) and headache ($\chi^2=22.72$, $p<0.01$). There was a very good improvement was observed in case of some symptoms but they were statistically insignificant, like menstrual abnormality in females ($\chi^2=4.00$), breathlessness ($\chi^2=4.00$), chest pain ($\chi^2=4.00$) and pain abdomen ($\chi^2=8.00$). Here it is necessary to mentioned that symptoms of specific dissociative disorder like amnesia, fugue and

depersonalization etc. were not found in any of registered patients. In this series under psychometric assessment we have use two scales namely Adjustment Scale by R.R.Tripathi and Middlesex Hospital Questionnaire (MHQ). It was observed that effect of trail treatment on adjustment scale ($t=3.89$, $p<0.01$ HS) that was highly significant. Now we can conclude that most of the patients were found more adjusted than earlier. Effect of trail treatment on MHQ ($t=5.50$, $p<0.01$ HS) was also highly significant.

CONCLUSION

Yoshaapasmara vis-à-vis hysterical neurosis commonly found in females is very difficult to treat due to its variable etiology and manifestation in different patients. Doshic

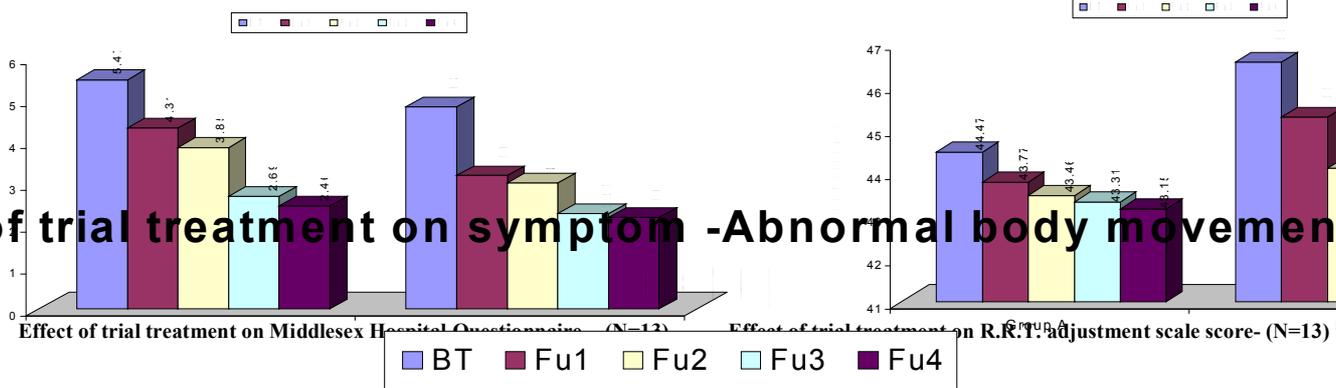
REFERENCES

1. Charaka. Charaka Samhita- English Translation by- P.V. Sharma, Chaukhambha Orientalia Prakashana. Reprint 2008. Siddhi Sthana Chapter 9 Trimarmiyasiddhi Verse 12-24, Page No. 647-648. And Susruta. Susruta Samhita Chikitsa Sthana, English Translation by- K.R. Srikantha Murthy, Chaukhambha Orientalia Prakashana. 3rd Edition 2008, Chapter 5 Mahavatavyadhi Chikitsa, Verse 18. Page. Nos.69-71.
2. Madhava. Madhava Nidana- Revised And Edited By Prof. Yadunandan Upadhyaya, Chaukhambha Prakashana, Reprint 2007. Part 2- Parishista, Yoshaapasmaranidanam Page No.456-458.
3. Gelder, M.G. et al, New Oxford Text Book of Psychiatry- Reprinted Edition 2006. Vol. 2, Conversion Disorder Page No. 1091-1093 And Harold I. Kaplan.M.D. Benjamin I. Sadock, M.D. Comprehensive Text Book Of Psychiatry- 8th Edition Chapter 15th Conversion Disorder Page No. 1814-1818.
4. Diagnostic and Statistical Manual of Mental Disorders Text Revision- American Psychiatric Association 4th Edition. Page No. 485-497 & 519-533.
5. Gelder, M.G. et al, New Oxford Text Book of Psychiatry- Reprinted Edition 2006. Vol. 2, Dissociative Disorder Page No. 1093-1094 And Harold I. Kaplan.M.D. Benjamin I. Sadock, M.D. Comprehensive Text Book Of Psychiatry- 8th Edition Chapter 17th, Dissociative Disorder Page No. 1844-1901.
6. International Society for the Study of Dissociation, <http://www.isst-d.org>. Assessed on January 10/ 2012.
7. Alper K., Devinsky O. et al. Nonepileptic Seizures and Childhood Sexual and Physical Abuse. Oct.1993, Goodwin J. Simms M. Et Al.; Hysterical Seizures; A Sequel to Incest. Am J Orthopsychiatry.

involvement in Yoshaapasmara are Vata and Kapha and Rasa Sindura is having the Kapha shamaka, Parada is having Tridosghna, while Gandhaka and Sarpagandha are having the Vata-Kapha shamaka properties, which are the ingredient of trial drug. *Rauwolfia serpentina* is established herbal antipsychotic drug which is the main ingredient of Sarpagandha Churna Yoga. Although it is time bounded small sample study but it was found that it is the very effective formulation for the management of hysterical neurosis and after treatment patients were more adjusted than earlier. The findings of this study enlighten the future clinical trial of this drug in insomnia, psychosis and newly diagnosed epileptic disorders.

8. Oct.1979. Incestuous Rape; A Cause For Hysterical Seizure In Four Adolescent Girls. Gross M.; Am J Orthopsychiatry. Oct.1979.
9. Rasa Tantra Sara Va Siddha Prayoga Sangraha 2nd Part, Krishna Gopala Ayurveda Bhawana.12th Edition 2010. Chapter 18 Unmada-Apasmara Page No. 141.
10. Sharma Sadananda Rasa Tarangini- Edited By Kashinatha Shastri- Motilal Banarasi Das 11th Edition. 2009, Taranga 6- Page No. 135-140.
11. Rasa Tantra Sara Va Siddha Prayoga Sangraha 2nd Part, Krishna Gopala Ayurveda Bhawana.12th Edition 2010. Chapter 18 Unmada-Apasmara Page No. 141.
12. Sharma Sadananda Rasa Tarangini- Edited By Kashinatha Shastri- Motilal Banarasi Das 11th Edition. 2009, Taranga 6- Page No. 140-149.
13. Sharma Sadananda Rasa Tarangini- Edited By Kashinatha Shastri- Motilal Banarasi Das 11th Edition. 2009, Taranga 7- Page No. 153-176.
14. Sharma Sadananda Rasa Tarangini- Edited By Kashinatha Shastri- Motilal Banarasi Das 11th Edition. 2009, Taranga 8- Page No. 175-198.
15. Pandeya Gyanendra , Dravya Guna Vijanana, Krisnadas Akedamy 1st Edition 2001second Section Drugs Page No. 410-415 And Sharma P.V. Dravya Guna Vijanana, Chaukhambha Bharati Academy Reprint 2009.2nd Part Chapter 1, Medhyadi Verga, Page No. 36-39.
16. Matcheri S. et. al, The Tale of *Rauwolfia Serpentina* And The Contributions Of Asian Psychiatry , Asian Journal Of Psychiatry Volume 4, Issue 3, September 2011, Pages 214-215
17. Sunday Agba Bisonga et. al, Comparative Effects of *Rauwolfia Vomitoria* And Chlorpromazine on Locomotor Behaviour And Anxiety In Mice., Journal of Ethnopharmacology August 2010, 334-339 www.elsevier.com/locate/jethpharm.
18. Vaclav Bazika Et Al, Ajmalin, A Rauwolfia Alkaloid For The Treatment of Digitoxic Arrhythmias , The American Journal Of Cardiology Volume 17, Issue 2, February 1966, Pages 227-231

Effect of trial treatment on symptom -Abnormal body movements/tremor



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