

AYURVEDIC MANAGEMENT OF YOSHAAPASMARA (HYSTERICAL NEUROSI/CONVERSION DISORDER) –A CASE REPORT

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ABSTRACT

The disease Yoshaapasmara is frequently found in females described in MadhavaNidanaParishista, BhaishjyaRatnawali etc. In modern psychiatry it is known as hysterical neurosis and now it is classified under “conversion and dissociative disorder.” Due to less awareness about this disorder and its clinical presentation, it seems to very emergent condition for a general people. The term conversion disorder 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. Continuously changing lifestyle along with ever-rising stressful psychological conditions contributes to most of the psychosomatic and psychiatric diseases. In BhaisajyaRatnawaliParishista this disorder is described as Yoshaaptantrak, and principles of management in very detailed. Dhatupustikara Anna-pana and Aushadha, KostaShuddhikara Anna-pana and Aushadha, showering of cold water on head, eyes, and face along with head evacuation e.g.nasal insufflations etc. at the time fainting, use of apsmarahara medicine, proper consolation, vata-kaphadoshanashakachikitsa, sttvavajayachikitsa and various drugs and other treatment modality as per clinical situation can be use for the management of the same. Ayurveda has clinically proven drugs like sarpagandhachurnayoga, mansyadikashaya, medhyarasayana and other drug along with non-pharmacological (Sattvavajaya chikitsa) methods for very effective management of the Yoshaapasmara.

Key word- Yoshaapasmara, stress, sarpagandhachurna yoga, conversion disorder

INTRODUCTION

Yoshaapasmara is one such ailment commonly found generally in females described in MadhavaNidanaParishista, BhaishjyaRatnawali and SharngadharaSamhitaParishista etc. Basing on resemblance in clinical features, many Ayurvedic scholars equated the Yoshaapasmara with Apatantraka which is described in all major Ayurvedic texts. Dissociation of Gatikakshetra (motor area) and Sanvedanikakshetra (sensory area) from Manasikakshetra (association area of brain) manifest as various somatic symptoms, sensory disturbances and emotional instability. Word “Yosha” refers to female, due to more prevalence in female, it is called as Yoshaapasmara, but it

may occur in males of who had soft temperament or man who cannot able to bear the any hard situation or events. In modern psychiatry this condition is known as Hysterical Neurosis, but this term also not using today. Hysteria is a mental disorder arising from extreme anxiety. It is characterized by lack of control over acts and emotions, and by sudden seizures of unconsciousness with emotional outbursts. It is often the result of repressed conflicts within the person. The term conversion disorder 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 these symptoms does not conform to current concepts of the anatomy and physiology of the central or the peripheral nervous system. It is named because it is believed that repressed sexual/aggressive energy is converted into physical symptoms. Conversion disorder is most frequent in younger (12-35 years) females (female: male ratio = 2:1 to 10:1), mainly of rural areas and less educated group. It constitute about 6-15% of all outpatient diagnosis and 14-20% of all neurotic disorders. Approximately 5%-24% of psychiatric outpatients, 5%-14% of general hospital patients and 1%-3% of outpatients of psychiatric referrals have a history of conversion symptom. Dissociation 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 a psychological process commonly found in persons seeking mental health treatment. Out of different dissociative disorders, dissociative convulsion (most common in India), which was earlier known as hysterical fits or pseudo seizures and characterized by presence of convulsive movement and partial loss of consciousness

As per Ayurvedic scholarsexcess blood loss/excess menstrual bloods loss, indigestion, anxiety, constipation, grief, hopelessness, placental abnormalities, unfair behavior by family members, soft temperament, unloving / uncaring husband, young widower and excess grief etc and etiological factors of vatavyadhi are the main causative factors. This disease may occur in any time of reproductive age. In modern psychiatry Sexual and physical abuse (incest, childhood abuse etc.), stressful negative life events, marital conflicts, childhood trauma, maladaptive personality, genetically determined hysterical psychopathy and some neurotransmitters were consider as etiological factors. Various etiological factors cause dissociation of Gatikakshetra (motor area) and Sanvedanikakshetra (sensory area) from Manasikakshetra (association area of brain) and manifest as various somatic symptoms, sensory disturbances and emotional instability. An unacceptable sexual or aggressive drive is denied expression and repressed and thus becomes unconscious. The mental energy associated with the drive, which would normally push the drive into conscious experience, is converted into a somatic symptom. The immediate cause of conversion disorder is a stressful event or situation that leads the patient to develop bodily symptoms as symbolic expressions of a long standing psychological conflict or problem.

Prodromal symptoms include pain in heart / chest pain, yawning and continuous letharginess and disorder is manifest as vauge and diffirent types of signs and symptoms. After removal of etiological factor, disease spontaneously disappears or after menopause. Its prognosis depends on and family environment and social environment around the patient.

In BhaisajyaRatnavaliParishista this disorder is described as Yoshaaptantrak, and principles of management in very detailed. Dhatupustikara Anna-pana and Aushadha (nutritious diet, drink & medicine), KosthaShuddhikara Anna-pana and Aushadha (diet, drink and medicine causing cleansing of gastrointestinal tract eg.mild purgation etc.), showering of cold water on head, eyes, and face along with head evacuation e.g. nasal insufflations etc. at the time fainting, use of apsmarahara medicine, proper consolation , vata-kaphadoshanashakachikitsa, sttvavajayachikitsa and various drugs and other treatment modality as per clinical situation can be use for the management of the same.

CASE STUDY

A 16 year old young hindu unmarried, 10th class girl student (MRD no 2184934) from Vill-Bedhawan, JamuaMirzapur, belonging with lower middle class combined family having agriculture as source of income came tokayachikitsamanasroga OPD (Attending consultant – Prof. J.S. Tripathi) on date 30/06/18 with complaint of episodes of pain abdomen followed by muteness associated with stiffness in neck with upward bending for 2-5 minutes. Frequency of episodes was 2-3 per month since last 10 month. Other associated symptoms are mild decrease in appetite, and sometimes mild restlessness. In spite having normal EEG and CT scan brain, in private hospital the case was diagnosed as seizure disorder and started the treatment by using drugs like valproic acid, clobazam, levetiracetamlorazepam, mirtazepine, sodium divalproex etc. when patient not get benefitted symptomatically by treatment than she came to S.S. hospital Indian medicine wing for the treatment.

On examination – Patient's general condition was average, PR=80/min, BP= 110/70mmhg, there was no pallor, icterus, clubbing, cyanosis, or any type of swelling or lymphadenopathy. On the systemic examination of CNS, CVS, respiratory, gastrointestinal, urogenital and loco-motor no any clinical finding was noted.

INVESTIGATION

(A) Lab investigation- 15/12.2017-Hb%=11.6mg/dl, WBC=10900, RBC= 376000/mm³, PLT= 130000/mm³, MCV=86.7fl, MCH=30.8pg, MCHC= 35.6g/dl, RBS=92mg/dl, LFT= within normal limit, Serum Urea= 23 mg/dl, Creatnine= 0.62mg/dl, HIV=negative, HbSag= negative, HCV= negative,

(B) Radiological investigation- 19/12/17- EEG= normal, CT scan brain= normal, X-ray cervical spine-AP/LAT = normal, USG abdomen= normal.

TREATMENT GIVEN

After proper history taking and clinical examination along with inspection of lab and radiological investigation patient was diagnosed as case Yoshaapasmaras. Following treatment was given to the

patient for initially for 15 day thereafter 3 follow ups of 1 month along with SttvavajayaChikitsa primarily focused on patient and family education about infirmity and its outcome.

1	Name of the medicine	Ingredient	Dose and Anupana	Action
2	Mansyadikashaya	jatamansi, ashwagandha, khusariajwayana	40ml bid	Anticonvulsant, Anti Hypertensive
3	Sarpagandhachurna yoga	sarpagandha churna- 475mg, rasa sindura - 25mg	500mg bid with milk.	Hypnotic, Antihypertensive, Tranquilizer, Anticonvulsant,
4	Pragyavardhinivati	Bala, bilva, vacha, swarnamakshika, muktapisti, rajatabhasma, etc	2 tab bid	Anti-anxiety, anti-depressant and brain tonic
5	Brainocaresb	Brahmi, shankhapushpi, ashwagandha, satavari, amrita etc	2 tsftid	Medhyarasayan/ tonic,immunomodulator, helps in rejuvenation of neurons brain
6	Neurokalpa fort	Rasna, dashmula, ekangeera rasa, vatagajankusha rasa etc	1cap bid	Vata shamaka, anti-arthritic

RESULT

After first follow up patient was having complaint of decreased appetite and after three months of treatment there was no episodes of hysterical fits and any other complaint and she was completely asymptomatic.

DISCUSSION

The human 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 others are present in the today's life which are responsible for lack of material happiness, comforts and mental peace. The idleness, sexual repression, perverted thoughts, sexual abuse, fears, worries, depression, mental trauma, and prolong sickness etc. are the commonly associated with Human life. Physical, emotional, or sexual abuse can be a contributing cause of conversion disorder in both adults and children. The term "conversion" was first used by Sigmund Freud (1893). The term conversion disorder 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. The principal drug *SarpagandhaChurna Yoga* is indicated in the management of insomnia, Apatantraka (hysterical neurosis), Unmada (psychosis), hypertension and newly diagnosed epileptic disorders. Rasa Sindura mainly works on KaphaDosa, Rasa-Rakta-MamsaDhatu, Amashaya, Hridaya and Kaphasthana. It regulates 5 types of Vata and 5 types of pitta. Sarpagandha is Kapha-Vata shamaka, Mastiskashamak, Nidrajanan (hypnotic), Krimighna, Ampacaka and Hridayavasadak (cardicdepressent). It shows Anticholinergic, Hypotensive, Anticontractile, Sedative, Relaxant, Hyperthermic, Antidiuretic, Hypnotic, Vasodilator, Antiemetic, Nematicidal, and Antifungal activity. *Mansyadikashaya* alsohas same properties and indications likesarpagandhachurna yoga. Neurokalpa fort is a drug combination use for various vatavyadhimanagement. Syrup *Brainocare*act as brain tonic,immunomodulator and helps in rejuvenation of neurons.*Prgyavardhinivati* is also a combination of various medhyarasayana and other ingredients working on nervous tissue. This drug has anti-anxiety, antidepressant nootropic properties. Acharya charaka has defined it as a method of controlling or restraining of the mind from unwholesome Arthas, literally we can say overcoming of mind or victory over mind or control of mind which can be achieved by increasing Sattva to subdue the exaggerated Rajas and Tamas. Asatmendriyarthasamyoga (incompatible contact of Indriyarthas) has been regarded as one of the principle causes of diseases. So avoidance of excessive, deficient or erroneous (Atiyoga, Hinayoga and Mithyayoga), use of Manoarthas (Chintya, Vicharya, Uhya, Dheyaya and Sakalpa along with Sukha, Dukhaetc) as well as Indriyarthas (Sabda, Sparsha, Roopa, Rasa, Gandha) should serve to cure the mental disorders.

CONCLUSION

Yoshaapasmara commonly found in females is quite difficult to diagnose and treat due to its variable etiology and clinical manifestation. Dosis involvement in Yoshaapasmara are Vata and Kapha and Sarpagandhachurna yoga containing *Rasa Sindura* is having the Kaphashamaka, Parada is having Tridosghna, while Gandhaka and Sarpagandha are having the Vata-Kaphashamaka properties. *Mansyadikashaya*, *Brainocare*, *Neurokalpa fort* are the vata kaphashamaka and having the properties like medhyarasayana (nootropic and cognitive enhancer), anti-anxiety, and antidepressant. Along with above drugs and *sattvavajayachikitsa* (to correct faulty life style and for patient and family education about infirmity) can be use to successful management of the same.

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