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Editor's Desk....

We all are living in a society which undergoes constant economic, social and even health changes, psychological crisis represents a significant burden in the lives of millions of people. As per the World Health Organization (WHO) report on mental health, nearly one billion people on our planet suffer from mental disorders such as frequent anxiety or depression. the dreadful number highlights the need to address the issue of mental health significantly for the coming eras. The psychological consequences have highlighted the need to preserve well-being through proper mental hygiene. American psychiatrist Clifford Whittingham Beers back in 1909 bring forward a set of medical practices that allow an individual to enjoy mental health and be in harmony with his or her socio-cultural settings.

Mental hygiene practices insist the actions that are similar to routines like brushing etc. but are designed to prevent negative behaviour, provide emotional steadiness and recover quality of life.

Mental hygiene starts with every individual and we all need to look after our emotions. For this there is a necessity to adopt a series of conducts for emotional self-care. The first thing we need to do to feel OK is to satisfy our basic needs, such as eating and sleeping properly. These are key to psychological well-being and we should not let them slip. It is important that we accept ourselves as we are and having faith in ourselves as we are. Similarly, it is very important to learn managing our emotions by interpreting them and regulating their intensity. Managing desires and being perseverant by maintaining proper motivation for achievable goals is an important aspect of mental hygiene. Learning to relax and handling of stress through different techniques such as mindfulness are also helping to maintain the healthy mind. Interacting with others, and performing regular exercises are unavoidable part of mental hygiene. Ayurveda being the science of life, give much importance to the mental health aspects of an individual by maintaining sadvrutta which is especially told for maintaining the mental wellbeing of every individual.

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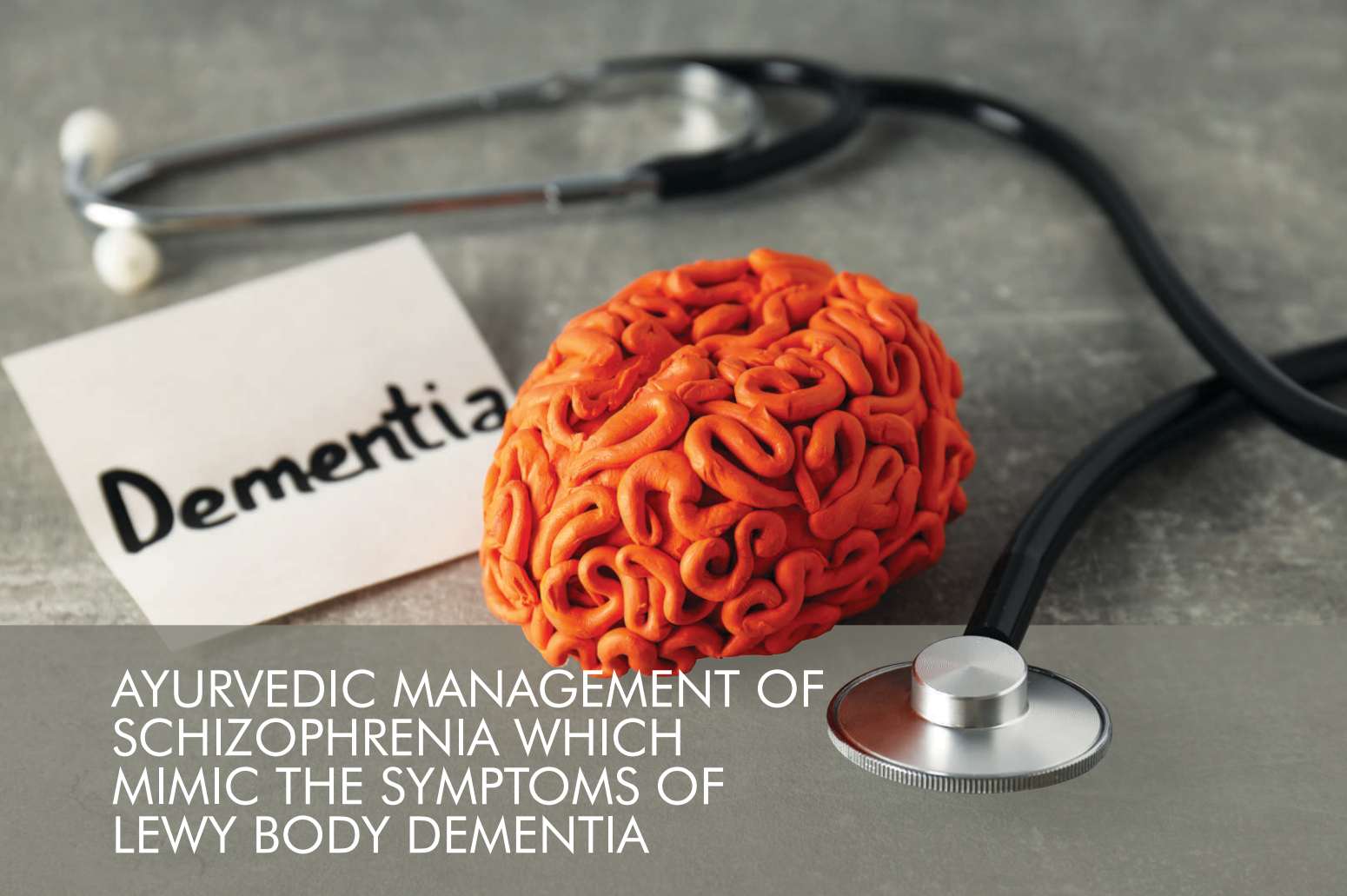
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AYURVEDIC MANAGEMENT OF SCHIZOPHRENIA WHICH MIMIC THE SYMPTOMS OF LEWY BODY DEMENTIA

ABSTRACT: Schizophrenic symptoms are having striking similarity with those of Lewy body dementia. As per now there are no promising treatments for schizophrenia in contemporary medicine. This case examines the scope of Ayurvedic management in a 71 year old female schizophrenic patient, presented with both cognitive, psychotic and physical symptoms that mimic with symptoms of Lewy body dementia, who came for admission without her will and who is under various neuroleptic medications with not much improvement in the condition. Assessments were done with Mini Mental Status Examination, Montreal Cognitive Assessment and Positive & Negative Syndrome Scale before and after the management. The management was a combination of modalities including Rookshana, Snehana, Vasti, Nasya and Rasayana. The treatment modalities were found to be effective in reducing both cognitive and psychotic symptoms.



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INTRODUCTION

Schizophrenia today is a chronic, frequently disabling mental disorder that affects about one per cent of the world's population. Its symptoms represent multiple psychological domains, including perception, inferential thinking, language, attention, social interaction, emotion expression, and volition.¹ Schizophrenia is having striking similarity with Lewy body dementia. Dementia with Lewy bodies (DLB) is a common cause of dementia in older people, characterised by a tetrad of visual hallucinations, fluctuations in cognition, spontaneous parkinsonism, and REM sleep behaviour disorder.² Confusion and misdiagnosis often happen because

symptomatology of both these diseases are almost similar especially in case of geriatric population. Treatments, especially pharmacological treatments, have been in wide use for nearly half a century, yet there is little evidence that these treatments have substantially improved outcomes for most people with schizophrenia.³

CASE HISTORY

According to patient, there were no complaints which points out the degree of insight. Informant-complained that she often says something is there in her throat, reduced food intake, increased walking and restlessness, self-laugh occasionally, reduced memory sometimes, not mingling with people as before and needed assistance in every activity. The condition Affected routines of her daily life, physical health, quality of life and social relationships. According to the informants, she was an active person premorbidly with a helping mentality. Her younger daughter got divorced at 2017 (according to informants, she had no stress regarding that) 3 years back, her brother died due to MI to whom she had some family issues. According to the informant she was behaving normally during the period of grief. After 10 days, she started to complain that she is having difficulty in swallowing solid foods, so they consulted an ENT physician and diagnosed with MNG of both thyroid lobes, done total thyroidectomy then. While she was in the operation theatre (she was very afraid of the surgery), she saw a man in black dress with a lamp and bell in his hand, she cried within the theatre itself. Within the hospital stay itself (after 3rd day of surgery) she said once, her elder brother (who died 15 days back) is sitting on the cot beside her and she said "go away, go away", "be quite". After 4 days the sutures removed wound healed well, so she got discharged along with Thyronorm. She started to show increased anxiety, checking whether the gas burner is switched off or not, whether the switch of water motor is off or on for many times. They consulted the same physician and he referred her to a psychiatrist, also prescribed with anti-depressant. Her suspiciousness reduced after starting the medicine. But after 7 days, she developed vomiting along with altered sensorium, she was immediately taken to hospital, diagnosed with hyponatremia and treated for 5 days in hospital stay. After some days she showed difficulty to take food properly as there is some obstruction in her throat (njarambu valikkal as per patient). Due to this reason her food intake was improper for 5 days. They consulted the psychiatrist again, She prescribed Oleanz 2.5 mg, food intake slightly improved thereafter. After some days, she started to show symptoms like wandering inside the house, running away from home, occasional self-laugh, reduced interest in food but sometimes asking for food within short intervals and after that neglecting the food after eating small amount only. Sometimes she started to forget that she had food. She started to lose the weight also. She started to refuse the medicine gradually and again started to say that something is there inside her throat. Also started to prefer more time on bed, reduced self-hygiene and reduced food intake. started to ask some strange questions like where is she, where am I (but sometimes she is Having good orientation regarding the place and time). She is unable to do every activity of daily living voluntarily without verbal cues and compulsion. They consulted another psychiatrist, diagnosed as Major depressive disorder with delusions, admitted there for 5 days and started with anti-depressant as well as antipsychotics. At Jan 2022, she developed tremor of right hand, consulted a neurologist and started with Syndopa along with THP. Taken MRI- mild diffuse cerebral atrophy with prominent CSF space, minimal ischemic gliosis in cerebral white matter were evident. They consulted another psychiatrist again due to aggravation of symptoms; he prescribed antipsychotic (Quetiapine) stopped after 7 months and started anti-depressant along with an antipsychotic (Tolaz). But due to increased sedation, informant stopped giving antipsychotic. In between she developed incontinence of bladder for 3 days. But it relieved itself. Even though they are under various neuroleptic medications, the symptoms are not reducing considerably. So, informants made her got admitted for better management.

Mental status examination

She was Lean, and restless on appearance, touch with surroundings was impaired. Eye contact with examiner was not maintaining, but sometimes staring. While assessing motor behavior she had increased walking but sometimes preferred to lie down. Intensity and pitch of speech were reduced and the content was irrelevant & incoherent. Form and Stream of speech were continuous but non goal oriented. There was h/o suspiciousness, fear and somatic delusion in thought content. Visual and auditory hallucinations were evident in perception. Orientation to time and place were impaired (sometime intact), orientation to person was intact. Attention and concentration were impaired. While assessing memory, immediate retention was intact, recall- impaired with confabulations, recent was impaired with confabulation (sometimes normal) and remote was intact. While assessing intelligence she was giving irrelevant answers. Abstract thinking was intact, Visuospatial ability was impaired. Judgement was impaired

Points for differential diagnosis

The present patient shows symptoms of Lewy body dementia such as fluctuating cognition, visual hallucinations, parkinsonian features and neuroleptic sensitivity. But the visual hallucinations were not recurrent and the neuroleptic sensitivity was not severe DLB can be excluded and the presence of auditory hallucination, somatic delusion, disorganised speech and negative symptoms pointed towards the diagnosis of schizophrenia.

Dasavidha pareeksha

Dosha - Vata kapha ,Dhatu- Rasa,mamsa and majja, Rogabala - Pravara ,Rogibala - Avara, Anala-mandham, Prakriti -Vata Pitha, Satwam- Madhyama, Abhyavaharana Sakthi - avara, Jarana sakti-avara,srotas- manovaha,rasavaha, mamsavaha and majjavaha

Internal medicines

1. Sweta. Shankupushpi+Gokshura +Sarpagandha- 1 gm bd with lukewarm water
2. Sweta. Shankupushpi+Vacha + Amaya choorna - ½ teaspoon after food bd with lukewarm water
3. Mahakalyanaka ghritha4 - 1 teaspoon at night after food

Table no 1 - Procedures done

Treatment	Medicine with dose and duration
Talapothichil	Purana dhathri and Mustha for 7 days
Rookshana	Gandarvahastadi kashayam5 15ml bd Shaddharanam6 tab 2 - 0 - 2 Ashta churna7-1/2 tspn bd b/f with lukewarm water for 3 days
Snehapana	Mahakalyanakam grtham- 15ml starting dose up to 90 ml for 5 days
Abhyanga and ushma sweda	Dhanwantharam taila8 for 1 day
Matravasthi	Mahakalyanaka ghritha for 3 days
Pratimarsa nasya	Ksheerabala 101 avarti for 7 days
Siro pichu	Ksheerabala taila9 for 7 days
Rasayana	Gudaardraka10 for 6 days 2gm+2gm 6g+6g 8g+8g 5g+5g 7g+7g 9g+9g

Assessment scales

Mini Mental Status Examination - 10 (BT), 15 (AT)

Montreal Cognitive Assessment- 6 (BT), 10 (AT)

Positive and Negative Syndrome Scale- 147 (BT), 126 (AT)

DISCUSSION: The present case of schizophrenia can be explained under the condition of Vatnmda Kapha anubandha. Even though Kapha dosha is associated which demands Teekshna treatments, considering the age and general condition of the patient, Teekshna shodhana are not practical. Talapothichil or Sirolepa opted initially to reduce the restlessness. Rookshana was done to prepare the body for Snehapana as well as to reduce the Kapha dosha. As Uthamamathra snehapana and Shodhana are not possible Snehapana was done in smaller doses with Mahakalyanaka ghrita which is helpful in psychotic symptoms and Brmhana in nature which also help in improving the general condition of the patient. Vasti is the ultimate Chikitsa for Vata, but a Niruha can't be done in this case, but Mathra vasti serve the purpose. While considering the Stanika dosha which is prana Vata and Tarpaka Kapha-Nasya is beneficial. Gudaardraka is effective in Agnimandhya, Aruci, aids in the ideal formation of Rasa dathu and it alleviate other Kaphaja symptoms also¹⁰. After treatment improvements were observed in social mingling, restlessness, incoherent speech, orientation and food intake.

CONCLUSION: Schizophrenia is often misdiagnosed or difficult to distinguish from other disorder having psychotic symptoms especially in geriatric population. Hence proper diagnosis is mandatory. When coming to ayurveda, proper dosha assessment and management plan facilitates better treatment outcome.

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AYURVEDIC MANAGEMENT OF ATTENTION DEFICIT HYPERACTIVITY DISORDER ALONG WITH COGNITIVE BEHAVIOURAL THERAPY - A CASE REPORT.

ABSTRACT: An invariable pattern of inattention and/or hyperactivity-impulsivity that interferes with function or development is considered to be an indication of ADHD. As listed in the DSM-V, symptoms typically include inattention, hyperactivity and impulsivity. These behaviour are typically displayed by children before age of 12 years and in a variety of settings- at home, at school, and in social situations and they cause remarkable impairment in his or her social, academic or occupational functioning.

A 8 year old boy presented with lack of concentration, difficulty to sustain attention in activities, reluctant to engage in tasks and always running and climbing, talks excessively increased anger, last 3 years was admitted in Government Ayurveda research institute for mental health and hygiene, Kottakkal. Based on dosha predominance, it was diagnosed as Vata-Pitta Unmada. Accordingly he was treated with Ayurvedic internal medication and procedures including virechana, shirodhara, snehapana, abhyanga, ushmasweda and pratimarsa nasya for 27 days along with 10 session of CBT. Conners ADHD rating scale was used to evaluate symptoms before treatment score was 65 after treatment reduced to 40.

Keywords: ADHD, Ayurvedic management, cognitive behavioural therapy.



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Introduction

ADHD affects an estimated 4% to 12% of school aged children worldwide.¹ The essential feature of ADHD is a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development¹. Inattention manifest behaviourally in ADHD as lacking persistence, having difficulty sustaining focus and being disorganized and is not due to defiance or lack of comprehension¹. Hyperactivity refers excessive motor activity.¹

Clinical presentation with history

A 8 year old boy was brought by his parents to the Govt. Ayurveda research institute for mental health and hygiene, Kottakkal on the month October 2022 with presenting complaints of lack of concentration, difficulty to sustain attention in activities, reluctant to engage in tasks and always running and climbing, talks excessively increased anger, last 3 years lying Parents are the informants and the information is reliable and adequate.

Patient is the third child of NC parents was born at the eight month of pregnancy with low birth weight and neonatal jaundice. He was kept in NICU for 14 days. Meconium passed only after 14 days of delivery. Family atmosphere was not in harmony as there was always dispute with parents and also with mother and grand mother. From childhood itself he was restless and hyperactive, always making quarrel with elder sister and harming others. Parents noticed that he was not able to initiate or complete any task and always wandering. Ate age of 4 years he was sent to school, teacher also complaint that he is having issues in attention and not sit in classroom, wandering inside classroom and poking other students because of these issues father took him for counselling but no changes observed in his behaviour and academic performance also poor. Now he is admitted in GARIM for further management.

Family History

Family atmosphere is not harmonious, parental conflicts and disputes between mother and grandmother are present. Mother is a psychiatric patient, under medication since 4 years. Mother's sister and her son having psychiatric illness.

Table 1: Mental status examination

General appearance	Lean, well dressed
Eye contact with examiner	Downward gaze occasionally
Motor activity	Increased
Mood	Happy
Affect	Happy
Speech	Rate increased
Thought	Could not able to elicit
Insight	Grade 1
Attention and concentration	Impaired
Intelligence	Not appropriate to age
Reading and writing	Not appropriate to age
Impulsivity	Present

Pulse rate was 66/min and feeble, temperature was 97.8° and respiratory rate was 16/min.

Table 2: Dasavidha Pareeksha

Dooshya Dosha Dhatu	Vatapitta Rasa
Desam Bhoomidesam Dehadesam	Sadaranam Sarva sareera, Manas
Balam Roga Rogi	Pravara Madhyama
Kalam Kshanadi Vyadhyavasta	Sisira Purana
Analam	Avara
Prakriti Dosha prakriti Manasa prakriti	Vatapitta Rajasatamasa
Vaya	Balya
Satwa	Anavasthita
Satmya	Avara
Ahara Abhyavaharana sakti Jarana sakti	Avara Avara

Table 3: Ayurvedic psychiatric examination

Mental faculties	Mental faculties
Manas	Manas
Budhi	Budhi
Samjna	Samjna
Smriti	Smriti
Bhakti	Bhakti
Sheela	Sheela
Cheshta	Cheshta
Ahara	Ahara

Diagnosis: The symptoms of patient satisfying diagnostic criteria of Attention Deficit hyperactivity Disorder in DSM 5 and current severity is moderate.

Assesment: Conners ADHD rating scale

Table 4: Assesment

Before treatment (8/10/2022)	65
On review (24/1/2023)	40

Table 5: Internal medicine

Medicine	Dose	Anupana	Aushada kala	Rationale
Krimighna vati ²	2 no.s	Luke warm water	2 times a day after food	Krimihara
Krimishodhini	2 no.s	Luke warm water	At bed time after food	Krimihara
Shaddharanam ³ tablet	2 no.s	Luke warm water	2 times a day after food	Amapachana Agnideepana
Gandharvahastadi Kashaya ⁴	15 ml	45 ml luke warm water	2 times a day before food	Agnideepana Mala sodhana To Improve appetite
Swetasankapushpi churna Gokshura churna Sarpaganda churna	2 gm	Luke warm water	2 times a day after food	Medhya Vatapitta samana
Kalyanakam ghrita ⁵	10 gm	milk	At bed time after food	Unmada nasana Mangalya, Medya

Table 6: Treatment schedule

Treatment	Medicine with dose & duration	Rationale	Obsrvations
Virechana	Avipathy Churna ⁶ 10gm with luke warm water	Vatanulomana, Indriya prasada, Budhi prasada	Patient became co-operative for treatment. 7 vegas passed
Shirodhara	Kwada of useera - 7 days	Srotoshodhana Rookshana	Anger got reduced
Rookshana	Gandharvahastadi Kashaya 4 15ml bd Shaddharanam 4 tablet 1-0-1 2 days	Agnideepana	Appetite improved
Snehapana	Kalyanakam ghrita ⁵ (15ml, 30ml, 45, 60ml, 75ml)	Dosha utkleshana Snehana	Showed irritability during snehapana
Abhyanga & ushma sweda	Lakshadi taila ⁷ - 3 days	Bring sakhagata dosha to koshta	Increased fatigue
Virechana	Avipathy Churna ⁶ 10gm with luke warm water	Vatanulomana, Indriya prasada, Budhi prasada	Increased fatigue
Pratimarsa nasya	Ksheerabala ⁸ 7A (3 drops)- 7 days	Alleviate behavioral changes, improve cognitive function	Became calm, Obey parents

Cognitive Behavioural Therapy: 10 session CBT including each session lasting for 50 minutes. Along with CBT parental training was given to address the stress of parents.

Table 7: Medicine at time of discharge

Swetasankapushpi churna Gokshura churna Sarpaganda churna	2 gm	Luke warm water	2 times a day after food	Medhya Vatapitta samana
Kalyanakam ghrita ⁶	10 gm	milk	At bed time after food	Unmada nasana Mangalya

Result

Assessment was done using Conners ADHD rating scale and score was reduced from 65 to 40 after follow up

Discussion

The child presented with the complaints of lack of concentration, difficulty to sustain attention in activities, reluctant to engage in tasks and always running and climbing, talks excessively increased anger rules as per DSMV criteria diagnosis is ADHD. Features of unmada, Manovibhrama, Budhi vibhrama, Sheela vibhrama, Cheshta Vibhrama and Achara vibhrama are present. Since the dosha involvement is vata associated with pitta, treatments were aimed to mitigate this dosha along with Medhya drugs and CBT to correct cognition and behaviour.

As the patient is 8 year old and did not underwent deworming since years, initial krimihara was essential. Then rookshana was done. Gandharvahastadi Kashaya and Shaddharanam tablet were administrated for this purpose. A formulation which having medhya property as well as corrects cognitive and behavioural changes thought to be useful, so kalyanakam ghrita which is significantly improves cognition and memory⁹ was selected.

As impairment is found in manas, budhi, sheela, cheshta and achara medhya drugs can be used. Sankapushpi is medhya rasayana. Medhya rasayana drugs work on HPA axis normalize secretion of neurotransmitters such as dopamine serotonin and thus can improve mental function¹⁰. Sarpaganda has sedative effect and it exerts a calming effect on excited, tense, hyper active patients¹¹.

Treatment procedures started with virechana, along with koshtasodhana which is having manaprasada and budhiprasada action. Avipathy churna was used for it. Since Kashaya dhara is srotosodhana and rooksha in nature it was selected as shirodhara using useera kashaya. After that gandarahastadi kashaya which is agnideepana and shaddharana which is amasayagata vatahara are used internally for rookshana. After this kalyanakam ghrita was used for shodananga snehapana. Then abhyanga and ushmasweda done to bring utklishta doshas from sakha to koshta. Lakshadi taila was used for abhyanga. Again virechana was done using avipathy churna.

Pratimarsa nasya with ksheera bala taila 7 avarthi was used as principal dosha involved is vatapitta. Ksheerabala taila being utilized as a rasayana drug in conventional Ayurveda treatment and continuous administrations of this formulation prevent the

release of abrupt electrical discharge, improve the physical and mental condition of the patients¹². It has profound soothing and relaxing effect on mind¹².

Conclusion

ADHD is characterized by a persistent persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development¹ Onset of ADHD is before 12 years of age. If these symptoms not identified by parents in future child may face several issues. So timely and appropriate management is necessary.

The present ADHD was treated with Ayurvedic medication, therapies and Cognitive Behavioural Therapy yielded changes, as attention and concentration got impaired and motor activity and anger got reduced. This shows the scope of Ayurveda in managing conduct disorder and related disorders.

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DEALING WITH OBSTACLES: VINAYAKA GRAHONMADA IN DHARMASHASTRAS AND BHUTATANTRAS

Among the list of bhutas given in the Brihat Trayi, there is no mention of vinayakas. Still, they should be considered within the scope of bhutavidya since both dharmashastras and tantras moot them as potentially dangerous bhutas whose influence can induce unmada.

As far as the name Vinayaka is concerned, every Hindu thinks of Ganesha as a benefactor, wise and peaceful god, often portrayed in a sweet shape, and not necessarily of some dangerous invisible beings as irritated as burning fire. But Ganesha is definitely associated with aboriginal gods called vinayakas, who somehow resemble yakshas. They form the personal guard of Ganesha and are to be ritually fed in order to get rid of the obstacles they create in human life. They are specific ganas of Ganesh, like the rudraganas of Shiva and the yoginiganas of Uma. Ganesha is appointed as the commander in chief of ganas as Ganapati.

Four vinayakas are mentioned in the Manava Grihyasutra: Shalakatankata, Kushmandarajaputra, Usmita, and Devayajana. Yajnavalkya states in his smriti that these are only the names of a single Ganapati, and adding two makes a total of six: Mita, Sammita, Shala, Katankata, Kushmanda, and Rajaputra. One who is familiar with bhutavidya could easily spot Kushmanda in the list of bhutas given by Vagbhata. But as far as the symptoms of grahonmada are concerned, one can doubt they reflect both the same type of bhutas (see K. Gupta and P. Mamidi, 2018). Kushmandas form a type of bhutas mostly forgotten by late Hinduism but described in Buddhist mythology as khumbhandas, big bellied dwarves associated with greed, often included in the more generic term of yaksha. By the way, the very name of Kushmanda is found within the list of the fifty-six vinayakas of Kashi given in the Skanda Purana. Being at the east of the second mandala of Kashi Ganesha's holy shrines, " he is to be worshipped always by the devotees for the suppression of great mishaps and calamities " (Skandapurana 4.2.57). Shalakatankata, which means "enemy to boasting", is spotted in the north-east of the second mandala and figured as a " ganadhyaksha ", presiding officer in service of Ganesha. A lot of vinayakas are named yakshas, such as Yakshavignesha. That demonstrates a link between vinayakas and yakshas, as also seen in Jainism. Rajaputra is found in the south-west of the same second circle, and " on being worshipped, he will reinstate a king who has lost his kingdom ". That particular worship prescription is explained by the symptoms of vinayaka grahonmada given by the dharmashastras.



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Yajnavalkya reminds us that " Vinayaka has been appointed for the purpose of bringing about obstacles in the performance of sacred rites and has been put at the head of all the hosts of Devas (Ganas) by Rudra and Brahma as well as (by Vishnu) " (Yajnavalkyasmriti 1.271). As karmavighna siddhyartha, he puts obstacles as well as removes them. Vijnaneshvara, in his Mitakshara, comments that Ganapati is called Vigneshvara, the Lord of Obstacles. Just by definition, and as far as psychology is concerned, we can already comprehend that vinayakas might be linked to the way we psychologically " metabolize " obstacles in our life events.

The most complete list of symptoms is given in the Manava Grihyasutra: " The persons who are possessed by these vinayakas show the following symptoms: He presses a clod of earth, and he cuts down blades of grass. He traces scratches on his limbs, he sees water in his dream, he sees people with shaven heads (in his dream), he sees people with crested hair (in his dream), he sees people with reddish-brown garments (in his dream), he sees camels, pigs, donkeys, Candalas, etc. (in his dream), and he has other impure dreams. He dreams that he strides through the air. When he walks along a path, he thinks (to himself): Someone is following me from behind. " (Manavagrihyasutra 2.14.1-13)

All of those features recall some traits of psychosis. Playing with clods of earth and grass as well as self-mutilation could suggest, in the context of psychosis, the " dismemberment " of the body-mind-broken continuum that is for most of the modern psychiatry models at the root of psychosis. Ambiguity in the text itself between hallucinations and oniric symptoms is typical of psychosis thematics, where dreams and reality are not clearly distinct. I tend to connect dreams of shaven heads or crested hairs with dreams of strides and flights as signs of the beginning of an acute delirious puf that could finally end in persecutory delusions, which denote a lack of discernment, from an ayurvedic perspective: dhivibramsha. Features of colors, animals, and signs of impurity could reflect some ancient psychic registers whose exposure is permitted by the collapse of repression mechanisms: dhritivibramsha, impairment of self-control.

Expressions of wrath and wildness are portrayed as symptoms of vinayaka graha's " effulgence like terrible flames " as described in the Netra Tantra. Commenting on Netra by quoting Kriyakalagunottara Tantra, Kshemaraja lists some symptoms of vinayaka graha: hurling and menacing, dust on feet, always being angry, and teeth chattering (Netrat Tantra 19.63).

We can notice the necessity for the patient in crisis to be in direct contact with natural elements without being embarrassed by social codes. Cutting down blades of grass reminds animals to find a way on natural paths obstructed by vegetation, such as elephants cutting trees to feed themselves and to move on. But the

absence of self-control cannot fully explain the wildness associated with specific interactions with the earth and limb anatomy. After all, dhritivibramsha is found in many, if not all, types of unmada. For that, we need psychological perspectives on the ritual given by the classics to get rid of vinayaka graha.

The Manava Grihyasutra enumerates all the obstacles experienced in the lives of vinayaka grahonmada affected patients. As far as social issues are understood as symptoms, we can eventually, from an ayurvedic perspective, consider those as " bhedas ".

" Princes now, when they are possessed by these Vinayakas, even when they are endowed with auspicious marks, do not attain sovereignty. Girls who long for husbands, even when they are endowed with auspicious marks, do not gain husbands. Women who long for offspring, even when they are endowed with auspicious marks, are not blessed with issues. Of women, even when they are virtuous, the children die. A learned Brahmin, even when he has the qualities for being a teacher, does not gain the official status of teacher. During the time that the pupils study, great obstacles arise for them. The traffic of merchants vanishes. The husbandry of ploughmen bears only a few fruits. " (Manavagrihyasutra 2.14.14-21)

It is notable that these situations concern samskaras, social rituals, and social status. It refers to major steps in human life as well as the challenges of social acknowledgement and accomplishment. In those situations, stress is commonly felt. The point here is not stress itself, but the way the patients with vinayaka grahonmada deal with stress. Thus, this given list of calamities should not be perceived as kinds of omens, " black magic ", or curses that would re-enforce paranoia. It speaks about the way the " obsessed " deal with obstacles, personified by vinayakas. Instead of being addressed as challenges to gain more wisdom and self-knowledge and indicators to find a suitable place for oneself in society, they are thought of and experienced as enemies. To resume: obstacles become enemies.

As tantric upasanas demonstrate, the way we interact with and see deities depends on our frame of mind. Giver of wisdom and knowledge, helper in all situations, lighthearted and portrayed as a benevolent child, could be considered Ganesha sattvic form, on whom one can rely by developing a sattvic mind. On the opposite, a rajasic mind will tend to see Ganesha as those kinds of angry spirits such as vinayakas who deliberately put obstacles and obstruct our path toward goals we may have fixed, especially if those goals are self-oriented, generating strong desires and, as a result, anxiety. Yajnavalkya also lists what modern psychiatry calls the " negative symptoms " of vinayaka graha: " he is absent-minded, unsuccessful in his undertakings, and depressed without any cause. " (Yajnavalkyasmriti 1.274). The traits of vinayakas are especially associated with impurity in dreams, and feelings of depression and

mutism might be associated with *tamas*. Some forms of Ganesha that deal with *tamas*, such as *Uchchista Ganapati*, are worshiped by tantrics. His mantra contains "Hasti Pishaci": that denotes association with *pishaca*. In a *bhutavidya* context, it means the negative symptoms shown in *vinayaka grahonmada* should not be diagnosed as *pishaca grahonmada* but as *rajo-tamasic vishesha vinayaka grahonmada*.

In a psychological perspective, we can simply consider the reaction of the mind confronted to obstructions: discouragement, feelings of uselessness of efforts that ultimately end in depression. As far as *vinayaka* is considered *graha*, the term "obsessed" is pertinent since those feelings toward obstacles do not last on people with balanced *sattvabala*: either he tries again in another way or he renounces and chooses another path considering what he tried was not fit for him. That is not the case within *vinayaka grahonmada*'s scope. Rumination about obstacles persists over time. And most of all, it creates a rupture in the psychic system that allows psychotic reactions. Features of maniacal reactions as well as depression are seen. That tends to connect *vinayaka grahonmada* with schizoaffective disorder in modern psychiatry since both mood disorders and psychotic symptoms occur.

In psychosis, the self is experienced as split, broken into pieces. In that matter, there is an interesting fact to be noticed to link the mud play of the obsessed with the ritual given by scriptures to pacify *Vinayaka*: "the obsessed should throw into the water pots the earth brought from the stable of horses and elephants, from an anthill, from the confluence of rivers, and from a pond" (*Yajnavalkyasmriti* 1.279). Then "these should be thrown into waters that were brought in four vessels of the same color from a pond" (*Yajnavalkyasmriti* 1.280). The ritual symbolically enacts the collecting of fragmented "pieces of self" into pots, and by adding water to them, conveys the psyche to remodel itself as "one" by pouring the waters of the pots on the patient. It is a typical example of what the anthropologist C. Levi Strauss would call symbolic effectiveness. The waters are consecrated with Vedic hymns so that the gods penetrate back the body of the patient in a more functional way. Then a *homa* is performed to pacify the *vinayakas*. At last, a *bali* is offered to *Ambika* and *Vinayaka*. As stated by *Caraka* (CS, Sh. 5.5) and *Sushruta* (SS, Sh. 1.6) in their *sharirasthana*, the gods incarnate functions of the human psychic and sensitive subtle anatomy. Those kinds of soul recovery rituals are universal and found among various cultures, especially those with strong animistic references. Psychic troubles and psychosomatic diseases are understood as fragmentation of the mind-soul: parts of it could get lost in different "loka". In a strict modern psychiatric sense, those phenomena are not superstitions but a common feature of psychosis. It can manifest in dreams and actual delirium: a patient can, for example, have the certitude that different parts of himself are embedded in different parts of the world or consider different parts of

his anatomy as separate entities. The spatial and dynamic model of analytic psychosis treatment developed by some psychologists, such as G. Pankov (1977), consists of re-establishing body-self unity and autonomy. Both symptoms and traditional ways of treatment tend to demonstrate that *vinayaka grahonmada* could be associated with psychosis.

The quoted scriptures, being not medical ones, do not offer medicinal formulations to get rid of *vinayaka graha*. But the *dravyas* used in that traditional exorcism ritual are commonly found in *bhutavidya*. *Gorochana* and *guggulu* are mixed with water and the different collected earths to be poured on the patient. He is then anointed on the head with mustard oil poured with *udumbara laddle* and *kusha* grass. Pharmacological research now tends to demonstrate the anxiolytic and antidepressant activity of *Ficus racemosa* (Kannan et al., 2020). A very famous Ganesha prayer addressed to *Vigneshvara* indicates the use of *kapittha* and *jambu*. It is commonly understood that those fruits having hypoglycemic properties are symbolically related to Ganesha's taste for sugar and, thus, are remedies for *madhumeha*. But pharmacological studies also tend to demonstrate the anxiolytic activity of *Syzygium cumini* (Rehman et al., 2020) and *Limonia acidissima* (Vaishali et al., 2021). Those indications offer new ayurvedic pharmaceutical perspectives in the field of *bhutavidya*. *Mustard* and *kusha* are widely used in *bhutaghna* formulations. Adding *udumbara*, *kapittha*, and *jambu*, all those herbs and juices seem safe regarding psychotropic herb-drug interactions. Still, bibliographical and clinical studies need to be pursued for a better understanding of *vinayaka grahonmada* and its ayurvedic treatment.

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WORLD MENTAL HEALTH DAY PROGRAM

The mental health day was observed as a seven day mental health programmes from October 8 to October 14. A reels competition was conducted based on the theme "Mental health is a universal human right" for the UG students, house surgeons and PG scholars of different Ayurveda colleges of Kerala. A short video competition was conducted for the students of different arts colleges in Malappuram based on the same theme. The winners were awarded certificate and cash prize by Dr Parvatheedevi (Superintendent, GARIM, Kottakkal).



The theme of mental health Day 2023 is mental health is a universal human right. As a part of observing world mental health Day on October 10, the program was inaugurated by Smt. Rasiya Bangalath (Inspector of police, Women cell Malappuram). There was an awareness class on the topic "General awareness and legal aspects of POCSO" by the chief guest. Another class on the topic "General awareness about drug abuse and legal aspects" was taken by Sri Biju (Program officer Vimukthi, Malappuram).



A Mass run was conducted on October 11 from Changuvetti to Rajas Higher Secondary School, Kottakkal by the staffs of GARIM in collaboration with NSS unit of Govt. Womens Polytechnic, Kottakkal. The function was inaugurated by Sri. Jaleel Manammal, Edarikode Panchayat President. Various awareness programmes on the importance of mental health has been conducted in different schools in Kottakkal by the doctors of the institution.



Photo Gallery



Medical Camp



Onam Celebration @ Garim



Send off function @ Garim



Yoga class at Manovikas special school as a part of Pratheeksha project



Pratheeksha project camp at Kodur BUDS school



Yoga class at Cholakkundu GUPS school as a part of Medha project



Class at Msm HSS School, Kallingalparambu.