

**EFFICACY OF HOLISTIC METHODS IN THE  
CURE OF CERTAIN MENTAL ILLNESSES**

**Thesis submitted to the University of Calicut  
for the Degree of  
DOCTOR OF PHILOSOPHY  
in Psychology**

**BENNY VARGHESSE**

**DEPARTMENT OF PSYCHOLOGY  
UNIVERSITY OF CALICUT  
2005**

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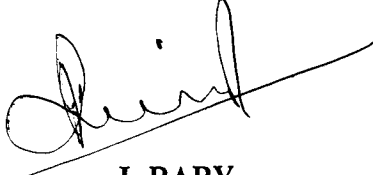
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## CERTIFICATE

Certified that this doctoral dissertation entitled **Efficacy of Holistic Methods in the Cure of Certain Mental Illnesses** is a record of bonafide study and research carried out by Mr. Benny Varghesse under my supervision and guidance.



J. BABY

(Supervising Teacher)

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## DECLARATION

I, Benny Varghesse do hereby declare that this thesis **Efficacy of Holistic Methods in the Cure of Certain Mental Illnesses** has not been submitted for the award of a degree, diploma, title or recognition before.

Calicut University



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## ACKNOWLEDGEMENT

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The various roles they played on each stage of this research work cannot be acknowledged by few words. However I record my intense gratitude to the following to whom I am indebted in the completion of this work.

- Dr. John Baby, Head of the Department of Psychology, University of Calicut and my supervising teacher
- Dr. C. Jayan, Reader, Department of Psychology, University of Calicut
- Dr. V. George Mathew, Former Professor and Head of the Department, Department of Psychology, University of Calicut
- Dr. Usman Koya, Karuna Hospital, Cheruvannur, Calicut
- Dr. Manikandan, Lecturer, Farook College, Feroke
- My Wife and Son
- To my Father who has left me before the completion of this work
- My Mother, Family Members and Relatives
- Mr. Russel Raj and Family
- All the staffs of Thanal, Institute for Psychological Services, Kaladay
- All the patients and their family members who have provided foundation for this study.
- Mr. Saju Vadassery and family
- Dr. Joy and family

- Mr. Biji Mathew, Research Scholar, Department of Psychology, University of Calicut
- Mr. Ashraf, C. Research Scholar, Department of Psychology, University of Calicut
- Mr. Siju, and Mr. Renit, Indicon, Chenakkal, Calicut University
- Administrative and Technical staff, Department of Psychology, University of Calicut
- And to all my teachers, and friends .....

**Benny Varghese**

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*Dedicated to..*

*... My Beloved Father*

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Chapter 1  
Introduction

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Clinical Psychology and Psychiatry are very much inclined theoretically and practically to Modern Medicine or Allopathy. Psychiatry is a part of Modern Medicine and Clinical Psychology, though an independent discipline functions mostly in the style of Modern Medicine. Other systems like *Panchakarma* in *Ayurveda* and other healing systems like Unani, Homoeopathy, Siddha, and Naturopathy are seldom noticed by researchers in Clinical Psychology or Health Psychology. The holistic methods of therapy and cure differ from the mainstream Medical System in theory and practice. The present investigation is an attempt in studying the efficacy of holistic methods in the cure of psychosis and neurosis.

The theoretical foundation of holistic therapies are examined in this chapter.

The elements of holistic methods can be traced in Alternative Medicines, Complimentary Medicine and many ancient systems and therapies like *Yoga*, *Acupuncture*, *Ayurveda* etc. This study makes a search for the glimpses from such ancient knowledge.

According to the World Health Organization, 'Health is state of complete Physical, mental and social well-being and not merely the absence of disease or infirmity'. For Dunn (1967) health is an integrated method of functioning which is oriented towards maximizing the potential

of which individual is capable. It requires that the individual maintain a continuum of balance and purposeful direction with the environment where he/she functions.

Health is the general condition of the body and mind, in terms of their soundness or vigor. It is not the mere absence of illness or injury but a matter of how well all the body's component parts are working (Viktoras,1975).

Health is not the absence of disease. It is a universal good condition on all levels - physical, emotional and mental. Naturopathic Medicine is a distinctively natural approach to health and healing that recognizes the integrity of the whole person.

Disease or 'dis-ease' is defined as a lack of health. Diseases results when any cell is not functioning 100% of its designed duty whether due to trauma, toxicity, lack of communication or a combination thereof. Disease is due to stress. Whether due to ignorance or laziness, exposing the body to stress will produce a diseased state of the body. Stress is the only means of tearing down health resulting in disease, our bodies paying the price for violating the laws of nature (our wrong doing). We do not 'catch' a disease or illness, we earn it. We must 'work' for disease.

Disease is nothing more than the body responding to the wrong we have done to it. It is the body's attempt at keeping us alive in response to the wrongs we have inflicted on our bodies. Pathological changes are the cell's response to stress. These changes or compensations that allowed the body to survive - maintain homeostasis - as long as the stress continues. These tissue changes which result in disease, are the outward manifestation of internal compensation to stress. Until the cause is removed, the condition will remain in one form or another.

The significance of the psychological and social factors in the physical health leads to the development of a biopsychological model. An individual who practices good health habits, is likely to have good health. These habits are greatly influenced by an individual's belief system, attitudes, cultural values and the practices of these habits by family and friends (Schwartz, 1982).

Psychological factors also been clearly demonstrated to have a place in the development of many illnesses. Some of them are; ulcer, high blood pressure, infectious diseases, migraine, low back pain, asthma, obesity and diabetes. It has been established that good health practices are positively correlated with lower mortality rates (Lackman, 1972).

The impact of mind - body relationship on health is best understood by utilizing the biopsychosocial model, which assumes, that one's health state is based on biological, psychological and social factors. It points out the importance of understanding the psychological factors that contribute to all illnesses in order to treat appropriately. The health habits of healthy individual also should be evaluated in their psychosocial contexts. Their contexts may maintain a poor health habits and with appropriate modification that can facilitate the development of healthy ones. According to the model heredity, environment, health care and life style are the four determinants of health (Edlin, *et al.*, 1998; Safarnio, 1990).

The most important aspects of good health is knowing that one is the creator of his own reality, environment and life style. Consciously or unconsciously one is creating and is responsible for interactions and interdependencies, with his environments and others who share his world. Ways to satisfy our needs can be chosen and so one's place on the health continuum is up to him. (Broom & Lewelyn, 1995).

Human beings are exposed to a number of stress events in life. Some of these montmorillonite events are undesirable. These undesirable events produce a mental disequilibrium. Some of the important stresses are in the areas of family, social, financial, work, marital, sexual,

separation, bereavement, education and health. So people employ different strategies called coping mechanisms to deal with the stresses. These are consciously applied mental and behavioral strategies to resolve the stresses or to mitigate the effect of the stresses.

Coping mechanisms can be healthy or unhealthy. Healthy coping mechanisms include problem solving, discussing with family members and friends, change of environment, physical activity, mental activity, visiting places of worship, seeking support from others and psychological acceptance. The unhealthy include excessive dependency, total avoidance of the stresses, drug or alcohol abuse. Emotional problems or physical ill-health may be the result of inadequate coping of the stressful situation or abuse of the use of faulty coping methods.

Certain mental mechanisms of which we are generally not conscious, help to reduce the mental struggle. Some of these defense mechanisms include projection, rationalization, dissociation, displacement, humour and sublimation. To certain extent defense mechanisms serve a protective function. Defenses like asceticism, humour and sublimation are mature defenses. Mental disorders result when unhealthy defenses are used or when healthy defenses break down,

Mental functioning and bodily functioning are intimately related. Each influences the other in health and illness. When we are mentally upset, we experience a number of uncomfortable bodily sensations. When our body system do not function properly, we are not mentally released.

### **The Philosophy of Health**

Health as the totality of a person's existence is the holistic view. It recognizes the interrelatedness of the physical, psychological, emotional, social, spiritual and emotional factors that contribute to the overall quality of a person's life. Health is the result of harmony and unity of mind, spirit and body. The symptoms of illness are viewed as an imbalance in a person's total state of being.

Holistic view emphasizes self-responsibility on healing, maintenance of health and prevention of illness rather than treatment of symptoms. A living cell in our body is capable of rectifying the defects by itself. So the individual has to provide the conditions to facilitate the same. Here in this approach individuals are promoted to take personal command of their health.

Holistic method is originated in America in the early 1970's, in the West Coast. Baer (1992) in an article published in Medical Anthropology

reports that this movement draws from a number of earlier or Contemporaneous movements and trends, particularly the hippie counterculture of the late 1960's and Humanistic Psychology. The hippie counterculture sought health care that was compatible with egalitarianism, naturalness, the primitive and mysticism. They rejected a technocratic and materialistic society and gave importance to self-actualization and wholeness of body and mind. The Holistic Health movement is also influenced by current Chinese, Medical practices, Eastern philosophy and 19th Century Western Health practices. Holistic medicine relies upon the utilization of naturopathic modalities of therapy.

### **Alternative Therapies and Medicines**

Though most people chose to visit a physician when they are sick, many seek alternatives to modern medicine. A large group that opts for healing alternatives are those persons for whom Modern Medicine has little to offer to relieve their suffering or care for their disease. People afflicted with terminal cancer for which there is no further treatment available, those with chronic diseases such as arthritis or allergies that do not respond satisfactorily to drugs and medicine often find relief in Alternative therapies. The medical profession is of late beginning to acknowledge the importance of alternative therapies, often referred to as

Alternative Medicine, in the lives of many of their patients. Some people prefer the term Complimentary Medicine to emphasize that both approaches facilitate healing. Eisenberg, cited by Edlin *et al.* (1998) found in a recent survey that at least 1/3 of patients with serious medical problems were using some form of alternative medicine and the condition most often treated were cancer, asthma, arthritis, chronic back pain, AIDS, gastrointestinal problems and eating disorders.

Alternative medicine can be divided into four broad categories based on the method of healing and intervention.

- Spiritual, psychic or mental approaches including prayer, meditation, hypnotherapy and faith-healing.
- Nutritional therapies including change in diet, fasting, use of supplements, detoxification, water, sunlight, clay therapy.
- Therapies using herbs or other substance derived from natural sources as homeopathy, herbal medicine or immune system boosters.
- Physical therapies such as acupuncture, acupressure, massage and yoga.

Some alternative medicines like acupuncture and herbal remedies have been used for thousands of years. Others such as Chiropractic and

Homeopathy are of relative recent origin and emerged partly as a response to the extra ordinary harsh practices of Conventional medicine in the 18th and 19th century such as bleeding, cupping, leeching, enema and emetics, all of which were commonly used by doctors to treat diseases of which they had no particular understanding. Certain modern medical practices such as bone marrow transplants, spinal surgeries and chemotherapy are still extremely harsh and only marginally successful. Such treatments generally weaken the patient and often interfere with process of healing. Today patients with chronic painful problems still seek treatments; those which offer the promise of help and do little or no harm in bargain

Some of the more widely used alternative medicines and their theoretical foundations are discussed below.

### **Ayurvedic Medicines**

*Ayur* means lifespan and *veda* means knowledge. *Ayurveda* is the science of a healthy long life, Ayurvedic medicine has been practiced for at least 2500 years. According to Eastern mythology, cosmic consciousness manifests itself in the life force called *prana* which provides the vitality and endurance of each living being. *Prana* is also the source of healing.

According to ancient Indian Philosophy the universe is composed of five elements or *panchabhuthas*: Earth or *prithvi*, water or *apa*, fire or *teja*, air or *vayu* and ether or *aakasham*. The *panchabhoothas* are represented in the human body as *doshas*, *dhatu*s and *malas*. There are three *doshas* in the body viz. *vata*, *pitta* and *kapha* known as *tridoshas*. *Vata* is a combination of two elements of the universe - air and ether while *pitta* is an amalgam of earth and water. When any of the three *doshas* became excessively agitated or increases disproportionately in relation to the others, the resulting imbalance causes diseases.

The function or dysfunction of organs is described in Ayurveda in terms of the five elements. For example, digestion is a fire function because food is consumed in the digestive system. Bone and muscle are earth elements because they are composed of minerals. Diseases are diagnosed by taking the pulse and studying the person's physiognomy following the belief that life-force (*prana*) flows through the body along fixed channels called meridians. Treatment includes change of diet, use of herbal mixtures as medicines and other interventions to restore harmony.

### **Sidha Medicine**

Sidha medicine is based largely on Ayurvedic concepts. It is believed that the intermingling of culture and ideas between the Aryans in

North India and Dravidians in South Indian resulted in the synthesis of philosophy of pharmacological and therapeutic procedures that are the corner stones of this form of medicine

Diagnosis emphasizes examination of the following eight features or *asthasthra pariksha* of *nadi* or pulse, *karna* or ears, *swara* or voice, *sparsh* or touch, *varna* or physiognomy, *nav* or tongue, *mala* or feces and *neer* or urine. Pulse reading is used in diagnosis and to assess prognosis. Urine examination involves a characteristic drop of oil on the surface of the urine and testing its movements. *Sidha* advocates use of minerals and metals in medicine and correction of food habits is stressed on.

### **Homeopathy**

The principles of homeopathy were developed by Samuel Hahnemann, a doctor and pharmacologist born in Saxony in 1775. Based on the principles of '*Similia Similibus Curenter*', homeopathy proves that agents that bring about the symptoms of disease can cease their effect when used in extremely diluted form i.e. tiny doses of a substances that evoke disease-like symptoms could somehow stimulate the body's natural defenses and promote natural healing. Accordingly homeopathy is based on four principles.

1. Substances that produce the same symptoms in an individual as the disease dose will cure him (law of similar)
2. Substances are tested by giving them to healthy subjects and observing symptoms (law of proving)
3. Smaller doses are more potent than undiluted solutions (law of entization).
4. Vital forces must be released in the individual that will result in re-establishing body harmony or homeostasis.

Homeopathy practitioners are trained to attend to the patients' physical mental and emotional state, in other words to treat holistically. In addition to the drug the practitioner recommends exercise, nutritional change, relaxation techniques and so on.

### **Chiropractic**

Chiropractic was founded by Daniel David Palmer who had no scientific training. Palmer first cured a man of deafness by manipulating his spine. Several such cures by spinal manipulation followed and he concluded virtually all diseases are caused by subluxed or misaligned vertebrae. Palmer coined the name 'chiropractic' literally meaning 'done by hand' to describe his new healing technique.

The spine consists of twenty four movable vertebrae (discs) that should flex and move freely. Chiropractors define a 'subluxation' as a vertebrae that is partly displaced from its correct position and a 'fixation' as the restricted movement of one or more vertebrae. Chiropractors diagnose subluxation and fixation of the spine by studying a person's posture, by touching the spine and X-ray examinations. Interventions involve correcting or realigning vertebrae so that normal nervous system functions are restored, which in turn alleviate all symptoms and cure disease.

The American Association of Chiropractors define chiropractic as the 'science and art which utilizes the inherent recuperative powers of the body and deals with the relationship between the nervous system and spinal column, including its immediate articulations and the role of this relationship in the restoration and maintenance of health.' Chiropractors are licensed to administer any therapy except surgery and prescription of drugs.

### **Acupuncture**

An ancient Chinese healing art that is described in books dating back to 2500 BC. According to Chinese medical philosophy, disease results from the disruption of the harmonious balance of the vital energy

called 'chi' in the human body. The idea of balanced energy and internal harmony embodied in Chinese medicine is in many respect analogues to the Western concept of homeostasis. Harmony is expressed by a balance between the forces of 'Yin' and 'Yang' which represent the opposing and complimentary aspects of the universal chi, present in every thing including our bodies. Yang forces are characterized as light, positive, creative, full of movement and with the nature of heaven. Yin forces are characterized as dark negative, quiet, receptive and with the nature of earth. When Yin and Yang are in harmony, the person experiences health and wellness, if either predominates the result is disease.

Imbalance between Yin and Yang is adjusted by inserting thin needles called acupuncture needles into specific points on the body that correspond to specific energy points associated with specific organs. Usually many needles are inserted at a number of different acupuncture points that lie along meridians or invisible channels of energy that traverse the body. The acupuncturist inserts the needles into those points that related to the problems. The needles are left in place for a period of time. While in place, the needles may be twisted, heated or used to pass small electrical currents into the body to help to restore the correct balance of energy.

While acupuncture is used to treat almost every conceivable illness, it seems most effective in relief of chronic back pains, reducing stress and quite remarkably in curing drug and smoking addictions. The biological mechanisms that underlie cure with acupuncture are unknown presumably the autonomic nervous systems is affected by the inserted needles or as some studies (Edlin *et al.* 1998) have shown, hormone levels may be altered.

### **Naturopathy**

Naturopathy, also known as Nature Cure, is a combination of variety of natural therapeutics and methods of healing passed down through the ages, this system leans upon the wisdom of the ancients as well as modern science. The curative properties of Nature's elements - the sun, air, earth and water are employees as natural cures.

The primary cause of all diseases, according to naturopathy, is the conscious or unconscious violation of Nature's Law's and disease in reality is a self - purifying effort by the body to heal itself.

Naturopathy professes that what affects one part affects the entire body, no matter by what name the disease is called. The body is a complete entity and therefore, be treated as a whole and in parts.

All healing comes from within the body itself. There are self-curative forces inherent in the human body working towards health and healing; the physician through his nature cure techniques lends only an intelligent assistance.

Indian religious texts like *Vedas* and *Upanishads* lay the greatest stress on living in harmony with Nature and making use of natural stimuli for promotion of health and cure of disease.

### **How Nature Cure Works**

The primary cause of all disease, according to nature cure, is a conscious or unconscious violation of Nature's laws. This may be in thinking, breathing, eating, drinking, dressing, working, resting, as well as in moral, social and sexual conduct.

Lindlahr stated: 'Every acute disease is the result of the cleansing and healing effect of Nature. If you suppress the acute conditions by drugs or by any other means, you are simply laying the foundation for chronic disease. All disease from simple cold to skin eruptions, diarrhea, fever, and so on, represent Nature's effort to remove from the system some of the morbid matter, some poison dangerous to health and life.'

According to the philosophy of Nature cure, it is not the germs that initiate disease; they appear and flourish only where there is a morbid accumulation of waste matter. When morbid waste products in the body are so many that the self-curative force (vitality) works at a low ebb, nature loses its fight and disease sets in.

Nature cure procedures accomplish this aim by assisting nature in removing the accumulated waste products from the body. They stimulate the organs of elimination towards better functioning and thus restore to diseased and disordered organs their normal tone, blood supply, glandular activity and so on. They also intend to bring back to normal, the abnormal physical and mental habits of the patients. So as to stop further harm to the body and to teach him to live in harmony with nature, not in opposition to it.

In nature cure, there is a unity of disease and treatment. Since the body is considered to be a complex entity which reacts to a disease as a whole, treatment is geared towards the body as a whole. However, there must be sufficient inherent vitality left in the patient for the body to react towards.

Naturopathy comprises a variety of healing strategies that include nutrition therapy, hydrotherapy, colour therapy, herbalism, yoga and meditation, massage and so on. Naturopaths are trained to deal with all

aspects of health and to tailor their treatments to suit each individual needs.

The basic principles of the naturopathy are,

- All diseases have the same fundamental cause i.e., accumulation of toxic waste substances in the body.
- Disease is nothing but the body's attempt to rid itself of these toxic substances.
- The body contains the power to heal itself; one only has to provide the conditions for the body for self correction (Carrington, 1981)

According to naturopathy, health is natural; disease is caused by violation of natural laws or deviating from natural habitat of the organism. An animal in its natural or true habitat seldom falls ill. Disease is but ingestion of substances that cannot be assimilated or absorbed by the body. Such toxemia leads to depletion of bio energy or *prana* which leads to unsatisfactory elimination. Detoxification can occur only through dietary correction, fasting and so on. Cure is self rectification of the body. If the body is incapable, no chemical or expert can work any miracle. The eliminating processes are called disease symptoms and include running nose, pussing, bleeding, diarrhea, vomiting, ulcers and even cancers.

Suppression of symptoms using drugs and chemicals will only cause reoccurrence of the same symptom in more violent form. All psychotherapies, Yoga, meditations and fasting facilitate the detoxification process. Naturopathy aims at helping the body rid itself of waste materials using the curative properties of the sun, earth water, air and so on (Streit, 1938).

All healing comes from within the body itself. There are self curative forces inherent in the human body working towards health and healing, the physicians through their nature cure techniques lends only an intelligent assistance.

Fresh air and sunshine, use of water, fasting so on were used as agents to promote health or to cure disease in ancient India, Egypt and Greece. The great Bath of the Indus civilization at Mohenjo-daro, the elaborate baths during the Roman times, and of the Mughal period in India are witnesses to the popularity of such methods.

The Nature cure movement found support from Germany and some other countries of Europe in the latter half of the 19th century. Priessenitz, Schroth, Kuhno, father Kneippe, Bilz, Ehret and Planton were pioneers in this field. America also made contributions in this direction through the efforts and enthusiasm of men like Lindlahr and Kellogg. While pioneers

like Priessnitz in Europe relied mainly on physical exercise, fresh air and water from the brooks. Lindlahr of America used some other methods so as to give Nature Cure the shape of a system of Medicine. The term Naturopathy was coined by a 19th century German homeopath H-H School.

Indian religious texts like the *Vedas* and *Upanishads* lay the greatest importance on living in harmony with nature and making use of natural stimuli for promotion of health and cure of disease. Later Gandhi was one of the greatest proponents of nature cure. He struck to these methods whenever he had illness.

Lindlaher stated “every acute disease is the result of the cleaning and healing effect of Nature. If you suppress the acute conditions by drugs or by any other means, you are simply laying the foundation for chronic disease. Disease will represent Nature’s efforts to remove from the system some poison dangerous to health and life” (Cited from Jaggi, 1998)

### **Orthopathy**

Orthopathy is the term used to denote the disease symptom itself is the cure process. The concepts of orthopathy was published in 1852 by Jennings, J (1960) in Ohio. Modern Medical doctors like Trall, Shelton,

Tilden, Clements and Dodds have later associated with Jennings in this scientific movement in America.

Earlier Naturopathy has mostly concerned on suppression of symptoms by natural means and Naturopathy also sought remedial measures but through natural means. Orthopathy as well as Naturopathy disagreed with the etiological concepts of diseases. They have identified toxemia in the body as the major cause of all disease, toxins, mostly of destructive chemical in nature. Rectification of health is possible through correct nutrients. Orthopathy believes that cure is generated by the body itself. They did not believe in drugs, as drugs suppress symptoms which is not cure and the symptoms get further complicated by drugs. The Germ theory and calorie estimate theory also were not acceptable to nature curists. They dwelled on the restoration of bio-energy for the elimination of any disease symptoms. Any symptom is a sign of depletion of bio energy and so there is no point in suppressing or arresting a symptom. Philosophically, Orthopathy is the opposite of Allopathy. Orthopathy is the most developed after Homeopathy.

### **Toxaemia and Internal Cleaning**

Dr. Mercola- Every act of every cell in the body produces waste. This waste is poisonous; it is incompatible with the life of the cell... The

cells throw their waste in to the lymph that carries it back to the blood. The blood takes the waste to the excretory organs mentioned above of elimination. Normal elimination keeps the blood and lymph clean. Toxaemia is hence the aftermath of Enervation. Enervation in brief is the sum total of all our expenditures of nerve energy involved in our day to day living. When the sum of our daily expenditure is greater than we can or than we do recuperate daily, We become enervated. When an enervated individual is saturated with toxins, will precipitate a crisis, a process of compensatory elimination through channels whose main work is not elimination, e.g., mucous membranes (colds, catarrh, inflammation and skin eruptions)

### **Autogenous self Generated Poisoning (Toxaemia)**

'Natural Hygiene holds that the one cause of all disease is the toxic saturation at the cellular level of the bodily tissues, bloodstream, and fluids brought on by the depletion of nerve energy reserves through wrong living habits. This state of self-poisoning is alternately termed 'Auto-Intoxication', 'Toxicosis', and 'Toxemia'. Every act of every cell in the body produces waste. This waste is poisonous, it is incompatible with the life of the cell...' 'The cells throw their waste into the lymph that carries it back to the blood. The blood takes the waste to the excretory organs

mentioned above for elimination.' Normal elimination keeps the blood any lymph clean. Toxaemia is hence the aftermath of enervation. Enervation in brief is the sum total of all our expenditures of ~~nerve~~ energy involved in our day to day living. When the sum of our daily expenditure is greater than we can or than we do recuperate daily, we become enervated. When an enervated individual is saturated with toxins, any additional enervating influence that puts an added check to elimination will cause the toxaemia to be pushed above the point of toleration, and will precipitate a crisis, a process of compensatory elimination through channels whose main work is not elimination, e.g., mucous membranes (colds, catarrh, inflammation and skin eruptions). Natural hygienists know the cause and they also known how to remove it. Fasting will enable the body to rid itself of toxins and hygienic living will prevent their recurrence. (Keki Sidhwa)

“There is really only one disease of the body. It is called Toxemia. Many doctors of natural hygiene have proven this in their work, but common knowledge of the way the body works, along with common sense, will also support this statement. In his book *Toxemia Explained* Dr. John Tilden explains the definition of Toxemia as nature's effort to eliminate toxins from the blood.” (Paul Nison)

The science of Natural Hygiene is about enhancing physical, emotional and mental well-being through education. It provides us with a simple, straightforward system for regaining and maintaining superb human health and beauty. Hygiene is personally empowering and liberating. It teaches independence and rational action. It banishes fear and ignorance regarding human health and how to keep it. Ultimately it is about freedom. Optimum health through natural hygiene.

All natural healing comes down to cleansing and detoxifying the body. When there is enough wrong with people to produce discomfort of mind or body, they seek relief instead of seeking for and removing cause. Learn why elimination of the symptom is not the same as elimination of the disease.

### **Detoxification**

Our body is designed to utilize natural substances which serve as a stimulus to our immune system, which has the function of removing these substances. Although the toxicity of a chemical may vary, it is the job of the liver to reduce toxins into compounds that the body can safely handle and eliminate through the kidneys (as urine), skin (as sweat), Lungs (as expelled air) and bowels (as feces). Maintaining these eliminative organs in good working order is essential for one's good health to continue.

While there are many detoxification programs available, they differ in their actions and their intent. Some Detoxification Programs (DP) work only with the bowels, others may cleanse the liver or the blood, and others may aid the kidneys or the skin in their functions. By combining these detox programs in to a total health program, one can effectively restore their health to an optimal level and look younger in the process. When the body can eliminate toxins, then health is restored and energy and vigor are revitalized. Many different approaches to detoxification and wellness will programs that augments detoxification will improve health. Other factors must be considered in detoxification, like nutrition, water, and exercise, rest, sunshine, and fresh air.

### **Detoxification for Optimum Health**

Detoxification is a normal body process of eliminating or neutralizing toxins through the colon, liver, kidneys, lungs, lymph and skin.

Chemical and toxins are the primary cause of illness, disease and obesity. Substances that are toxin to our bodies come from all directions: the air we breathe, the food we eat, the water we drink, the cleaning products we use, and the metabolic waste produced inside us. Toxins build-up in the body contributes to premature aging and chronic and

degenerative disease. Chemical and toxins accumulate in fat tissue. The more chemicals and toxins, the more fat.

Detoxification comes in many forms and refers to many different programs that cleanse the body of toxins. Today, our environment is toxic and the foods we eat, even the air we breathe and the water we drink is laden with chemicals foreign to our system. Therefore, everyone is undergoing some type of detoxification to maintain life and health. Although basic detoxification begins with diet, detox programs may include nutritional fortification for the liver, lungs, kidneys, bowels and blood. Detoxification for the body may refer to the cleansing of the bowels, kidneys, lungs, the liver or the blood, since these are the organs involved in detoxification of chemicals and toxins for the body. The liver acts as an in-line filter for the removal of foreign substance and wastes from the blood. The kidneys filter the waste from the blood in to the urine, while the lungs remove volatile gases as we breathe. (Dr. Ted Spence)

The body naturally manufactures fat in abundance to incarcerate and absorb chemicals and toxins that accumulate over time. As you clean the body, one can expect fat and inches to be substantially reduced. (J.K.Paulsen)

Chemicals are polluting the earth's environment faster than the human organism can adapt to them. Toxins are building up and our bodies are becoming filters trapping the pollutants. The current level of chemicals in our air, food and water supply alters us at the most basic level - our enzymes, then spreads throughout every body functions to lower our threshold of resistance to disease". (Linda Page)

Naturopaths hold that illness can be healed by the natural process of the body. They believe that the primary cause of disease is the accumulation systems are no longer up to the task, proponents of detoxification say everyone should detoxify at some point.

They back up their arguments by listing the various symptoms of toxicity which include headache, fatigue, congestion, backaches, aching or swollen joints, digestive problems allergy symptoms, and sensitivity to chemicals, perfumes, and synthetics. Others list constipation, hemorrhoids, mood changes, ulcers, psoriasis, and acne as common symptoms. The benefit common to using one of the many detoxification therapies available, say its proponents, is that they all put the body and especially its digestive tract, on vacation. In other words, by cleansing the body of built- up poisons and not adding more to the mix, we reduce the stress on the immune system and therefore promote healing and good

health. Specially, advocates of detoxification therefore promote healing and good health. Specifically, advocates of detoxification therapies claim increased vitality, reduced blood pressure and blood fats, and improved assimilation of vitamins and minerals.

Toxic intestinal cells can result in poor absorption of nutrients, a leaky gut wall, or sluggish bowel movements and food allergies. Since over 70% of our immune system is in the lining of the small intestine (called the GALT, Gut associated Lymphoid Tissue), our overall immunity may be compromised because of the toxic intestinal cells.

Detoxification is essential for good health to exist. Our body must eliminate toxins daily or we would die immediately. Since our environment is more toxic today, our livers are over stressed with environmental toxins to deal with daily. Processing other toxins, when the liver is stressed, may be delayed. Detoxification is also a life style change. For it is by the way we live that determines our health and how our liver process toxins. The human body continually detoxifies itself, getting rid of the poisons that assault it from both without and within.

## **Detoxification Methods**

Among the several therapies available for detoxification, some are more intrusive or more difficult to implement than others, especially for a busy working person.

Fasting has proven throughout history for physical, mental and spiritual rejuvenation, fasting promotes cleansing and healing; helps normalize weight, blood pressure, cholesterol; rebuilds the immune system and helps reverse the aging process. (Patricia Bragg)

With salt water hydrotherapy one can balance the pH factor and get rid of heavy metals such as lead, mercury, arsenic amalgam.

There have been numerous studies on Chlorella's detoxifying effect on cadmium, heavy metals, PCBs, and chlordecone (a harmful insecticide). In addition there have been recent findings of chlorella's potential radio protective effect against Gamma- rays.

Wheat grass and other green juices cleanse the lymph system, build the blood, remove toxic metals from the cells, nourish the liver and kidneys and restores vitality.

Marine plants and fresh water algae targets hidden nutritional deficiencies and detoxifies the body.

Therapeutic Clay: In addition to the role it plays as a potent detoxifier, 'Calcium Montmorillonite clay' has also been used extensively in the treatment of pain, open wounds, colitis, diarrhea, hemorrhoids, stomach ulcers, intestinal problems, acne, anemia, and a variety of other health issues. (Cohen)

Herbal formulas to cleanse and purify- Assists the body's natural ability to cleanse/detox and restore balance.

New studies show that homeopathic medicine is effective in treatment of toxic exposure to various types of poisoning. As reported in new scientist.com (Oct.22, 2003), researchers treated infected mice with homeopathic Arsenicum Alb, which reduced the toxicity in the livers of the mice.

Urography is one approach to health that is 100% safe to use, it is extremely effective, has never harmed anyone and it is absolutely free of charge. It cannot be controlled and you truly benefit from using it. Thousands of urine therapy advocates certify that this is a healing modality that activates the lymphatic system which detoxifies the body and starts the true process of healing and regenerating the body.

## **Detoxification Diets**

Detoxification diets help the body to eliminate toxins in many ways. First, natural vegetarian diets include the fiber needed for stimulating good bowel eliminate. Thy also contain the proper amounts of vitamins that feed and nourish the bowels and the liver, as well as other eliminative organs. Thy also include a valuable source of enzymes since most vegetarian diets are eaten raw. The elimination of meat from the diet for a short period enhances detoxification because meat is so difficult to digest and requires many enzymes for its digestion. Therefore, vegetarian diets are cleansing diets and aid the body in elimination of toxins.

Of course, changing diets and lifestyle is easier said than done for some people. Many people want health and will go to any length to improve their health, including dietary changes. But there are others who do not want to change their life style for anything. These people will be difficult to motivate and will not stick with the detox programs for one day. Thy may not want to give up their sodas, or their cigarettes, their beer or their coffee. They may make a few changes, like drinking more water, or thy may give up completely in a very short notice. Our way of eating has been cultivated over many years and will not change over night. But to those who do want better health and do not want to rely on

pills/drugs for their existence nutritional changes will be welcomed, especially when they start feeling better and having more energy.

Diets are very important and are usually the basis for any detox program, whether it is herbs, cleansing or other detox programs. Detox diets will generally eliminate trigger foods, which may cause many problems with digestion and elimination. Food like wheat (glutens) and dairy (milk, cheese) are often the cause of allergies. Sugar is eliminated because of its empty calories and tendency to produce hypoglycemia. Meats are eliminated because they may contain hormones, antibiotics and are difficult to digest. Caffeine is wise to avoid, since it has many ill effects on the body's digestion. Refined, processed and junk foods are also out for any detox program to work.

### **Healing Crisis**

A healing crisis is also known as the herxheimer reaction, which occurs when the body is detoxifying too rapidly and toxins are being released faster than the body can eliminate them. As you move toward better health with natural healing programs and better nutrition, healing begins to occur. The healing process usually does not occur without repercussions. During the initial phase of healing, as your body begins to clean house, (detoxify) and your vital energy begins to repair and rebuild

internal organs, you may experience headache, uneasiness, flu like symptoms and fatigue.

The body has an inherent desire for perfect health. We have the ability to earn our way back to that state, no matter how normal or bad our health is now. But in the meantime, the body must go through an elimination process to achieve good health. The elimination process is often referred to as the healing crisis. Once the healing crisis starts, reactions may be mild or severe. Expect ups and downs as it takes awhile to get good health back.

In a healing crisis every body system works together to eliminate waste products and set the stage for regeneration. Old tissues are replaced with new. A disease occurs when the body cannot make it through its natural healing crises for one reason or another. The body is locked into a destructive and shut down place, physically, emotionally, mentally, and spiritually.

Symptoms of the healing crisis may at first be identical to the disease it is meant to heal. But there is an important difference: elimination. A cleansing, purifying process is underway and stored wastes are in a free-flowing state. The body, mind, and spirit are no longer

locked. Sometimes pain and symptoms during the healing crisis are more intense than that of the chronic disease, but it is temporary and necessary.

The crisis will usually bring about past conditions and personal issues. People often forget the disease, issues, or injuries they have had in the past, but are usually reminded during the crisis so that they can heal their unfinished business. This arises in whatever order the body is capable of handling at that time.

Physical reactions could include skin eruptions, nausea, headache, sleepiness, unusual fatigue, constipation, diarrhea, head or chest cold, ear infections, boils, or any other way the body uses to loosen and eliminate toxins. An initial healing crisis usually lasts around three days but if the energy of the patient is low, it may last a week or more.

Your body needs juices, and especially water to help carry off the toxins. This is a time for rest. Be kind to yourself - mentally, emotionally, and of course physically.

One crisis is not always enough for a complete cure. The person in a chronic locked disease state will often have to go through cycles of healing crises with each one improving the condition some. It has taken time to develop a chronically diseased state, and time is required to let go of the "locked" energy, piece. It's like peeling the layers off an onion.

Often the crisis will come after one feels their very best and most energized, setting the stage for the elimination. The whole body gets into action. Most people feel an energy boost at the beginning until the toxins start dumping into the blood stream for elimination. Go as slowly as your body needs so your elimination is gradual and comfortable.

With a more serious condition, there may be many small crisis to go through before the system can become healthily balanced. Everything must be considered and given its proper place in the build-up to a healing crisis. One should expect it and work with the body, not resentfully against crisis. One should expect it and work with the body, not resentfully against it.

It is necessary to revisit each step the body has been through that brought it to its current state of disease. People learn from an early age that symptoms are bad and should be stopped or suppressed. They take all kinds of drugs to stop their bodies from eliminating catarrh and waste. This is very confusing to the body! Mucus production is the body's perfect mechanism for taking out the garbage! If that process is suppressed, the immune system is compromised and the next time it doesn't work quite so well. The body has it's own memory and it remembers all the injuries and all the times it was suppressed. In the

reversal process these memories are brought to light in reverse order from which they happened and people reexperience illness and traumas in a phenomenon known as retracing.

The difference this time is that the symptoms come and go quickly and there is an underlying sense that the whole process is not threatening, that it is natural and health promoting. The healthy changes people feel after a healing crisis remain as long as a health supportive lifestyle is embraced, as long as one continues to honor the remarkable and extraordinary intelligence of the body. Give the body what it needs to constantly create strong new tissue and the reward will be wonderful health and vitality.

## **Meditation**

Meditation is the state achieved from intense concentration on a single object all other thoughts vanish and all that is left is an intense awareness of the object.

For some traditions, that's all there is to it. In yoga, however, the ultimate goal is a bit more ambitious. Meditation is one of the Eight Limbs of yoga outlined in Patanjali's *Yoga Sutras*. Called *dhyana*, meditation is considered the highest practice and is the final step before

bills. James Hewitt, in *The Complete Book of Yoga* defines the goal of yoga meditation like this: .... meditation means sense withdrawal (*Pratyahara*) and concentration (*dharana*), sustained into contemplation (*dhyana*), with the aim of triggering a super -conscious state (*Samadhi*), which is one of intuitive realization of the identity of the individual soul or spirit and the cosmic soul or spirit.

Meditation helps reduce stress and anxiety, lower blood pressure, and improve concentration, clarity. Or, to paraphrase Patanjali's classic comment about yoga, *yogaschittavrittinirodhah*. Whether your goal is enlightenment, revelation, relaxation, simple clarity or low blood pressure, the process of meditation puts you in touch with something good and quietly profound.

### **Hydrotherapy**

Hydrotherapy helps to eliminate morbid material from the surface of the skins and improve circulation of body fluids. This includes hipbath, arm and footbath, spinal bath and steam bath to different parts of the body. Hydrotherapy is seen as a good antidote for insomnia. Steam bath is specially helpful in all forms of chronic, nephritis and infections-Cold hip bath relieves constipation and indigestion and helps proper functioning of

organs. Hot hipbath helps to relieve pain pelvic organs and painful urination spinal bath rejuvenates the central nervous systems.

### **Water the Great Healer**

Water therapy has been used for centuries to heal the sick. Hydro- and hydrothermal therapy are traditional methods of treatment that have been used for the treatment of disease and injury by many cultures, including those of ancient Rome, China, and Japan. Water therapy has been around for centuries. The ancient Greeks took therapeutic baths. Water is an important ingredient in the traditional Chinese and Native American healing systems.

No matter what the specific health or fitness goal, one cannot achieve the maximum benefit from any health program without drinking the right kind of water in the proper amount. All experts agree, that next to the air we breathe, water is the most important thing we will ever put in our bodies. It is surprising that so much time and money is being spent on supplements, organic foods and natural remedies (some of which are very subtle and delicate) but little attention is given to the quality and effect of the water with which those items are taken.

Most of us do not naturally drink the amount of water necessary for improvement, so we function with low level dehydration and suffer a variety of diseases as a result. (Julian Whitaker)

Hydrotherapy (use of water) is used at different temperature and in different forms for treatment. Cold water cause the small blood vessels of the skin to contract and produces polar and coldness But soon after wards the contracted blood vessels expand and the increase in the blood supply brings redness thus dispelling polar. A cold water baths is given to patients to invigorate the body and to strength the vital force gradually as and when the patient can bear it the temperature of the cold water is lowered further.

### **Mud Therapy**

Mud is renowned to have many uses in promoting health in plants, animals and humans. Bentonite, Montmorillonite, Pascalite, as well as other types of healing clays, have been used by indigenous cultures since before record history, Central Africa and the aborigines of Australia. Mud taken internally, it supports the intestinal system in the elimination of toxins. The application of clay has achieved miraculous healing of Buruli Ulcer - mycobacterium ulcerous, which is similar to leprosy, and tuberculosis mycobacterium or flesh eating disease.

Mudpacks are one of the important method of nature cure. Gandhi (1996) popularized this method in India. He used it initially in case of constipation. For this purpose, a mud poultice is made by mixing some clean dry earth with water and then packing it in a piece of thin cloth, 1 inches broad, 6 inches long, and 1/2 inch thick. This is kept on the abdomen through out the night or early in the morning.

In high fever an application of mud poultice on the head and abdomen is very useful. Although it does not always bring down the temperature, it does soothe the patient and make him feel better. A mud poultice applied on the head also relieves headache.

### **Sun Bath**

The light and heat from the sun are indispensable to all nature. Humanity is also part of nature and needs sunlight for health and well being, for vitality and happiness. (Richard Hobday)

Although many people believe the ultraviolet (UV) light is harmful, Liberman maintains our bodies need at least a small amount of UV light in order to function properly. He cites study, which indicate that, due to all the ways in which we block sunlight from our lives, including wearing sunglasses designed to block out UV rays, "it is possible that we are

unknowingly contributing to the increased incidence of blindness and eye disease in this country.” Dr. Liberman does warn against looking at the sun directly, or exposing ourselves to it between 10.00 a. m. and 2.00 p. m., but emphasizes that light is a nutrient for the body. He says people needs to be outside in natural light, without sunglasses or sun block, for a minimum of one hour a day. He warns that warm-white and cool-white fluorescents “should absolutely be avoided.” People who cannot get outside regularly need to equip their work areas with full-spectrum light fixtures. Syntonics is the name given to light therapy, which involves utilizing specific colors for healing specific ailments. Liberman discusses its benefits in treating vision problems, seasonal affective disorder (SAD), cancer, and learning disabilities.

### **Healing Power of Sunlight**

Jacobs Liberman, challenges the modern myth that the sun is dangerous to our well-being. The sun was once used as a general tonic to heal almost everything and man has run naked on this planet under the sun for centuries. The sun provides the basis for all life on earth. The sun is the source of energy for all plants, and indirectly, for all animals. If the sun causes cancer, man wouldn't be here today. Contrary to popular

belief, sunbathing actually helps heal cancer of the skin while sunbath increase cancer risk.

Sunbath has been found to be efficacious especially in case of chronic diseases. In cases of debility, exposure of the uncovered body to the morning sun acts as an all round general tonic and accelerates the metabolism. Before antibiotic treatment of tuberculosis we discovered, a sunbath was recommended in such cases.

### **Fasting**

“Fasting is the world’s most ancient and natural healing mechanism. Fasting triggers a truly wondrous cleansing process that reaches right down to each and every cell and tissue in the body. Within 24 hours of curtailing food intake, enzymes stop entering the stomach and travel instead into the intestines and into the bloodstream, where they circulate and gobble up all sorts of waste matter, including dead and damaged cells, unwelcome microbes, metabolic wastes, and pollutants. All organs and glands get a much needed and well - deserved rest, during which their tissues are purified and rejuvenated and their functions balanced and regulated. The entire alimentary canal is swept clean. By rebuilding immunity, health is naturally restored and disease disappears. If health and immunity are thereafter conscientiously maintained, the

individual is no longer vulnerable to disease and dieting become unnecessary. (Evert Loomis)

Proven throughout history for physical, mental and spiritual rejuvenation, fasting promotes cleansing and healing: helps normalize weight, blood pressure, and cholesterol; rebuilds the immune system; and helps reverse the aging process. If we ate to get these poisons out of our bodies we must fast. By fasting we give our bodies a physiological rest. This rest builds Vital Force. The more vital forces we have, the more toxins are going to be eliminated from the body to help keep it clean, pure and healthy. (Patrica Bragg)

Accumulation of waste products in the body either due to overeating or due to faulty digestion and assimilation is considered one of the major causes of ill health. Fasting is the best way to eliminate these waste products.

To begin with absolute abstinence from food is recommended. After this, fruit juice in limited quantities is allowed. No hard and fast rules are set down to determine the duration of a fast. Each individual case is handled according to one's needs. Foul breath, a coated tongue, and a bad taste in the mouth are said to be the first symptoms to appear when one fasts. They are worse in those who are heavily loaded with waste

products. These symptoms continue till the work of elimination is completed. While reducing the body weight a little, a fast adds to the individual's Zest and health. The good effects of fasting are enhanced by a preliminary cleaning of the bowels, which is usually came out by an enema or bowel wash.

### **Fasting in the Natural Therapeutic**

In a fast, we can observe the body gleefully going about getting rid of the toxins and accumulated for years, with the greatest capability and intelligence, all on its own. Examination and tests are not necessary in the majority of causes, but they help in understanding the problem. The body uses the least important stored materials, the heart, nervous system lungs and other vital parts remain intact stored materials, the heart, nervous system lungs and other vital parts remain intact, and calcium is not robbed from teeth, bone and nails. (William Easier)

There are very few pathological condition which cannot be helped by a prolonged fast. If our excesses and deficiencies have produced disease, fasting provide a rational approach to its reversal and may be the only hope for restoration of health in chronic degenerative condition. If the causes of impairments are removed and conditions favorable to healing are supplied, the body always to achieve the highest possible

degree of health. These conditions are created while fasting and supplying the body with pure water, fresh air and sunlight.. This is best accomplished while in a state of mental, sensory, emotional, physical and physiological rest.

### **Massage Therapy**

This is one of the oldest techniques for relieving pain and correcting internal malfunctions. Regular oil massage relieves body pain, tones up nervous system, influences respiration and circulation, quick elimination of toxins and waste materials from the body through excretory organs, such as skin, lungs, kidney and so on. It improves muscle tone, boosts up energy and can relieve several mental and physical discomforts.

### **Yoga Therapy**

Yoga is an ancient Indian system of philosophy and spiritual practice. In broad terms it aims at deliverance from suffering and pain through meditation to effect a reunion with the universal spirit. In more specific terms it includes the practice of various postures - static and moving, breathing exercises, a disciplined and meditation - all of which tune up the body, mind and spirit. Yoga is a discipline - a means to the end, which is *samadhi*, a state of union with the ultimate.

The *Yogasutra* states Man's mind and soul are immersed in the world around him; he must try to disentangle himself from the scene around him so that he can perceive a clear picture of his soul. The state of mind has its repercussions upon the physical well-being too. In modern times, this has been illustrated by the Austrian Psychologist, Sigmund Freud.

Yoga derives itself from ancient science of *Tantra*. The Sanskrit word *tantra* is expanded into 'tan' meaning expansion of consciousness and 'tra' meaning liberation of energy. *Tantra* predates all the world's religions and provides the esoteric basis on which many of these religions are based. *Tantra* is a philosophy which when put into practice becomes Yoga (Swami Sathyananda Saraswati, 1983).

*Tantric* philosophy and belief is "let the mind be for what it is and where it is; do not interfere". The main aims of *tantra* is to liberate the mind from the bonds of matter or *prakriti*; when the mind becomes free from patterns, formation and impressions, it becomes infinite in nature.

Pathanjali systematized *asanas* and other procedures including postures, breathing exercises, balanced diet and disciplined life and compiled the text *Yoga Sutra* linking *Samkhya* philosophy with the above aspects. According to him yoga consists of eight components, *yama*,

*niyama, asana, pranayama, prathyahara, dharana, dhyana and samadhi.*

The first four relate more to the body; *Yama* and *niyama* are universal-dos and don'ts. *Asanas* tone up the physical body and *pranayama* is breathing exercise. The process of *prathyahara* is intended to disconnect one's awareness from the sense organs thereby instigating internalization of awareness. *Dharana* is one-pointed consciousness. All the above techniques if practiced regularly and diligently will cause the state of *dhyana* to arise spontaneously.

### **Immune System**

The immune system is not responsive to drugs for healing. Antibiotics used to fight infections actually depress the immune system when used long-term. But natural nutritive forces, like healing foods and herbal medicines can and do support the immune system. By rebuilding immunity, health is naturally restored and disease disappears.

To strengthen the immune system, one must address the needs of the whole body. A strong immune system is essential for health. It is a very complex system of the body, involving the skin, intestines, nasal mucus, blood, lymph and many other organs and tissues. Factors that impair the immune system include nutrient deficiencies, contaminated air, water and food, unhealthful life-styles and too much exposure to harmful

microbes. Other factors that weaken the immune system are negative attitudes and emotions and the presence of toxic metals, toxic chemicals and biological toxins in the body. Others are sluggish metabolism, lack of rest and sleep, excessive stress or too much exercise. As these causative factors are removed or corrected, the immune system improves. (Lawrence Wilson)

The immune system function is generally to protect against injury and specifically to maintain vigilance against foreign substance that the body has encountered.

Invading organisms have many ways to enter the body, and the immune system has a means to combat each type of entry. In general immune system -to invading foreign substances are of two type general (non specific) and specific responses.

Our health is directly influenced by our immune system. The onset of almost all infectious and degenerative disease is preceded or accompanied by inadequate immune response. With intensifying concerns about the perils of vaccinations and antibiotic resistant organisms, a new weapon against disease is sorely needed. Transfer factors are such a weapon, and based upon almost 50 years of research, transfer factors appear to be highly effective with few, if any, side effects. If our immune

system are functioning normally, transfer factors are produced after we are exposed to infectious agents such as viruses, bacteria, fungi, and parasites. Recent research, however, provides evidence that transfer factors, even from another animals such as a cow, can enable us to develop immunity to infectious agents before we are actually exposed to them. In addition, transfer factor administration can accelerate our immune response once we have been infected. This new approach to optimizing the immune response to infectious agents promises to revolutionize our approach to disease prevention and control! (Greg B. *et.al*).

Two broad categories of immune system disorders or dysfunctions- in appropriate immune response: excessive or lacking.

Immunodeficiency (lacking or deficient) - when the immune system does not recognize invaders as being undesirable and therefore does not mobilize to destroy them.

Autoimmunity (excessive or self-destruction) - When the immune system fails to recognize 'self as friendly and mounts an attack on itself' Explaining Autoimmune Disease (David Isenberg,).

Example of immunodeficiency (under active) include a group of diverse conditions caused by one or more immune system defects and characterized clinically by increased susceptibility to infections with consequent severe, acute, recurrent, or chronic disease: pneumonia, thrush, diarrhea, AIDS/HIV, infections, cancer, SARS, chronic granulomatous disease, etc.

Examples of autoimmune disorders (overactive) include: Hashimoto's thyroiditis, pernicious anemia, Addison's disease, diabetes, rheumatoid arthritis, systemic lupus erythematosus, dermatomyositis, Sjogren's syndrome, immune system dermatomyositis, lupus erythematosus, multiple sclerosis, myasthenia gravis, Reiter's syndrome, Graves disease, Psoriasis, Eczema, Cushing's, fibromyalgia, Scleroderma, etc.

Because transfer factors can function as immune system modulators, they can help to restore immune system balance in many types of clinical situations. (Kenneth Bock).

### **Psychogenic Disease and Illness**

Traditionally the medical professions have concentrated clinical and research efforts on controlling anatomical and psychological factors

in disease. In contrast psychopathology has had its interest centered primarily on the discovery and remedy of psychological factors associated with mental disorders. Before DSM -111, psychogenic illness was categorized psychosomatic disorders. The focus in these earlier times was on specific body system diseases. In 1980, with the adoption of DSM - 111, the category of psychophysiologic disorders were dropped because of the perspective emphasizing the psychological component of all illness. With DSM - IV, to permit some sort of psychiatric coding for the many disease, we recognize as having psychological contributions. Axis I provides a category called psychological factors affecting the physical condition

In primitive society disease was considered to have spiritual origin and cure was attributed to divine intervention. As civilization progressed theoretical formulations underwent series of evolution. Hypocrites known as the father of Modern Medicine was the first to view health in a holistic fashion. According to him in order to cure a person, the healer must have all relevant knowledge about the whole of things including the patient's thought and feelings with the spread of Christianity and Cartonsian Dualism of Rene Descartes, mind and body were considered parts of the whole yet two separate realm of study with very limited interactions.

In the 19<sup>th</sup> Century the mind - body schism spread to its farthest division. It was Freud who brought psyche and soma back together. He demonstrated the importance of emotions in producing both mental disturbances and somatic disorders. His early psychoanalytic formulations detailed the role of psychic determinism in somatic conversion reactions.

According to Lipowski, cited by Lader [1983], psychosomatic medicine encompasses three separate activities.

1. It is concerned with the study of relationship between psychological, biological, and social factors in illness and health.
2. It emphasizes the holistic approach in clinical practice
3. It deals with situations where psychology works along with medical science.

The 10<sup>th</sup> International Classification of Diseases provides a comprehensive list of psychogenic disorders - Bronchial Asthma is listed among seven other contemporary diseases including hypertension, peptic ulcer, rheumatoid arthritis, hyperthyroidism, neurodermatitis and colitis.

Psychosomatic diseases are physical ailments with a genuine organic basis that are caused in part by psychological factors, especially emotional distress (Mazur Nagueh, 2001). Psychosomatic disorders do not

necessarily have a strong psychological component in every affected individual. There is a genetic predisposition to many psychosomatic diseases and in some people these disease are largely physiological in origin (Weiner and Fawzy, 1989).

### **Types of Mental Illness**

Today, mental illness is believed to be natural phenomenon with specific causes. It has become increasingly clear that both biological and psychological factors are involved in the origin of mental disorders. Actually, psychological disorder are signs of personal weakness, and such disorders are found curable, to a large extent. A vast majority of those who have been diagnosed as mentally ill were treated and their condition improved and brought to normal, and they could lead productive lives.

The members of primitive societies believed that evil spirits caused mental illness. Ancient Greeks believed that mental disorders stemmed primarily from natural causes. Prior to 18<sup>th</sup> Century, people suffering from mental illness were subjected to inhuman treatment. The symptoms appeared to have religious and mystical significance and they were treated with respect and worshipful attitude.

During the middle age these supernatural beliefs were translated into more harmful forms of treatment. During this period people used exorcism as a form of treatment technique. Most treatment took the form of rituals, prayers, exorcism or chanting. They also recommended torture to drive out the devil.

Hypocrites believed and suggested that brain damage, heredity and imbalances within the body are attributive of mental illness. Phillippe Pinel in 1793, introduced reforms and accepted that psychological disorders are a type of illness. It was a turning point in the history of mental illness.

However the first influential psychological view point about mental illness, free from supernatural and biological approaches, came from Fraud, who viewed that mental problem had psychological causes

#### **Classification of mental illness:-**

According to D S M - IV, the mental disorders are Classified into -

##### **1. Anxiety Disorders**

Anxiety is a feeling of apprehension or tension in reaction to stressful situations. If it tarts beyond a limit, it makes difficulties in adjustments and lead to extreme states of mental disorders. Some people

experience anxiety without any external reason or cause. If it begins to impede peoples daily functioning, it is considered a psychological problem known as an anxiety disorder. There are four main types of anxiety disorder.

- a. Phobic disorder:- It is marked by a persistent, intense, irrational fear of specific objects or situations that presents no real danger.
- b. Panic Disorder :- It is characterized by recurrent attacks of overwhelming anxiety that usually occur suddenly and unexpectedly, and last for a few seconds and prolongs to several hours.
- c. Generalized Anxiety-disorder :- Here the person experiences long - term, consistent anxiety without knowing its reason. He feels worried or afraid of something but is unable to understand what it is.
- d. Obsessive - Compulsive disorder  
This is marked by persistent, uncontrollable intrusions of unwanted thoughts and urges to engage in senseless rituals.

## **2. Somatoform Disorders**

Somatoform disorders are physical ailments that have no authentic organic basis and that are due to psychological factors. These disorders are different from psychosomatic diseases, the latter are genuine physical

ailments caused in parts by psychological factors, especially emotional distress.

- a. Somatisation disorder : It is marked by a history of diverse physical complaints, which appear to be psychological in origin.
- b. Conversion Disorder : It is characterized by a significant loss of physical functions with no apparent organic basis, usually in a single organ system. It has a rapid onsets. They involve actual physical disturbances, such as the inability to use a sensory organ or the complete or partial inability to move an arm or a leg. But the causes of such a physical disturbance is purely psychological.
- c. Hypochondriasis : It is characterized by excessive preoccupation with health concerns and have unrealistic fears of the diseases. There is a contrast fear of illness and physical sensations are misinterpreted as signs of disease.
- d. Pain disorder: It is characterized by the report of pain of sufficient duration and severity to cause significant life disruption in the absence of objective findings of medical pathology.

### 3. Dissociative Disorder

Here in this disorder, people lose contact with portions of their consciousness or memory, resulting in disruption in their sense of identity. We see people with this type of disorders, wandering in the streets with no notion of who they are or where they came from.

#### a. Dissociative Identity Disorder:

It is also called as multiple personality disorder. He displays characteristics of two or more distinct personalities. Each personalities has a unique set of likes and dislikes and his own reactions to situations.

#### b. Disassociate Amnesia:

Here patient fails or is unable to remember past experiences.

#### c. Dissociative Fugue:

In this state people take an impulsive, sudden trip, often assuming a new identity. After some time, days, months, or sometime years - they suddenly realize that they are in a strange place and completely forget the time that they have spent on wandering.

#### **4. Mood Disorders**

It is marked by emotional disturbances of various kinds that may spill over to disrupt physical, perceptual, social and thought process. Two key status of mood disorder are Mania and Depression. Maniac episode is characterized by one or more distinct periods, in which the predominant mood is either elevated or expansive or irritable in conjunction with a number of associated symptoms. Clearing this phase, one may see flight of ideas, a nearly continues flow of accelerated speech with abrupt changes in topics.

In depression people show persistent feelings of sadness and despair and loss of interest in sources of pleasure sought previously. They may also have feelings of worthlessness and having lost the joy of living.

#### **5. Schizophrenias and Delusional Disorders.**

It refers to a class of disorders in which severe distortion of reality accrues. Thinking, perception, and emotion may deteriorate; there may be a withdrawal from social interactions; and there may be displays of bizarre behavior.

The characteristics of schizophrenia are :

- a. Decline from a previous level of functioning.

- b. Disturbances of thought and language
- c. Perceptual Disorders
- d. Emotional Disturbances.
- e. Withdrawal.

## **6. Personality Disorder**

They are long standing habits of thoughts and behavior, that colour an individuals whole life and so impair it, by making the person unhappy and interfering with his functioning or both. It is defined as, extreme personality variations associated with the failure to achieve the universal tasks of establishing a personal identity, forming attachments to others, experiencing intimacy with them, and seeking affiliation.

### **a. Anti-social or sociopathic personality disorder**

Individuals with this disturbance tend to display no regard, for the moral and ethical rules of society or the rights of others.

### **b. Borderline personality Disorder**

They have difficulty in developing a secure sense of who they are. As a consequence , they tend to rely on relationship with others to define their identity.

### **c. Narcissistic personality Disorder**

It is characterized by an exaggerated sense of self - importance. Those with this disorder expect special treatment from others, while at the same time they will be disregarding others feelings.

d. **Paranoid personality Disorder:**

They suspects that virtually everyone around him is trying to deceive or take advantage of him in some way. So he perceives hidden, threatening meanings in ordinary remarks.

e. **Schizoid personality Disorder**

They are detached from the social world, showing little interest in friendships, love affair, or any other kind of intimate contact with other persons

## **7. Eating Disorders**

It is the serious disturbances in eating habits or patterns that pose a threat to individual's physical health and well being. Eating disorders include - Anorexia Nervosa - is a disorder in which individuals, intensely fearful of being or becoming 'fat' literally starve themselves, failing to maintain a normal body weight and Bulimia Nervosa involves episodes of (excessive eating, followed) by various forms of compensatory behavior designed to avoid weight gain - such as self - induced vomiting or overuse of laxatives.

## 8. Sexual And Gender Identity Disorders

Problems relating to sexuality and gender identity constitute an important group of psychological disorders. Sexual dysfunctions, include disturbances in sexual desires sexual arousal and the inability to attain orgasm. Sexual Desire Disorder involve lack of interest in sex or active aversion to sexual activities. They rarely have sexual fantasies. They avoid almost all sexual activity, and these reactions cause them considerable distress.

Sexual Arousal Disorders involve the inability to attain or maintains an erection (males) or the absence of vaginal swelling and lubrication (females). Orgasm disorders involve the delay or absence of orgasm in both sexes and they may also include premature ejaculation in males etc. Paraphilias are sexual disorder involving choices of inappropriate sexual objects, such as young children, or the inability to experience arousal except in the presence of specific objects or fantasies.

- a. Exhibitionism - Sexual urges or arousing fantasies make some people to expose their genitals to an unsuspecting stranger.
- b. Voyeurism - It is the act of observing another person without being seen by an unsuspecting person who is naked or disrobing or engaged in sexual activity. He is a peeping Tom.

- c. Transsexic Fetishism - intense sexual urges leads to some to cross - dressing (dressing in the clothing of the other sex)
- d. Other paraphilias are Necrophilia - sexual arousal to corpses, Zoophilia - sexual contact with or fantasies concerning animals.

## **9. Substance Related and other Addictive Disorders**

Addictive behavior is one of the most wide spread mental health problem of our society. Addictive disorders can be seen all around us.

- a. Alcoholism refers to over dependence in alcohol or addiction that seriously interferes with life adjustments. Alcoholics are people with serious drinking problems, whose drinking impairs his/her life adjustment in terms of health, personal relationships and occupational functioning.
- b. Drug abuse : Usually addiction is associated with antisocial personality. Use of psychoactive substance develops dependence on such drugs. Signs of drug abuse include the inability of stopping intoxication throughout the day, blackouts, impaired ability to work or get along with others, and finally physical deterioration.

## **SIGNIFICANCE OF THE PRESENT STUDY**

The study investigates the 'Efficacy of Holistic methods in the cure of certain mental illness'. The Clinical Psychology and Psychiatry are very much inclined to Modern Medicine, the Allopathic system, in approaches and practices. But the etiology of diseases of mental and physical seems to be not clear and sometimes even vague in Modern Medicine. For example the Germ theory is attributed to almost 20 percent of the diseases. What about the other 80 percent? The concept of health, diseases symptoms, suppressing symptoms by drugs etc. are seriously questioned by a group of theoreticians in the same field.

The approach of Modern Medicine in dealing with diseases is mostly symptom suppression. The precise nature of illness and the course of its aggravation are often vague especially in the case of mental illness. The entire pharmacology is dealing with symptoms suppression but symptom suppression cannot be considered 'cure' in its real sense. Cure is a process by the body only when the cause of symptom is removed.

Biological, psychological and social factors are regarded as the etiology of mental diseases. Traditional Ayurvedic and American Orthopathy systems consider the body's toxic condition as a predominant cause for illness both mental and physical. Various symptoms are

determined by the location of toxin in the body. Toxin predominantly acting on the higher centers of the brain is supposed to be the cause for mental illness. The curative process involves two functions in Holistic approaches.

1. The stoppage of toxic substances entering in the body
2. The removal of already entered toxic substance

A toxic substance is that which enters our body through air, water and food which is not required for the metabolic activities of the body. That substances are not assimilated by the body and some of them are having chemical substances with destructive characteristics and such substances are more harmful.

The present study aims at investigating the efficacy of holistic methods in the cure of certain mental illness. The theoretical basis of these procedures are from Ayurvedic and Orthopathic concepts already described.

The summary of such concepts are the following:

1. The basis of health is bio-energy or vital force (*Parna*) which is an inborn characteristic of an organism.

2. Disease symptoms indicate the depletion of the bio-energy often caused by toxemic condition.
3. Disease symptoms are body's wise attempts to comeback to the state of well being. It should not be suppressed, rather the cause for the symptoms should be stopped.
4. Cure is self generated process of the body which cannot be brought in by and external chemical or drug.
5. The body is made up of *Pancha Bhuthas* (Constituent elements) and any imbalance of its constituent elements is the cause for disease (*Tridosha* theory). The organism is to be in constant interaction with the *Pancha Bhuthas* and also through the intake of nutrients. A constant deprivation of the *Pancha Bhuthas* lead to illness.

In holistic therapy we focus on therapeutic methods like

Psychotherapy : It is in the form of discussion method between the therapist and the client. The clients are also required to express their problems and their removal through writing.

- Yoga : A complete science of health which integrates body and psyche through hormonal balancing and elimination of toxic substances.
- Dhyana* (Meditation) : A state of yoga which leads to higher states of consciousness and well-being.
- Massage : To sensitize the cells of the body and activate them.
- Sathwic* Food : (Fruits, nuts, sprouts and vegetables in the unprocessed form). It nourishes our body and mind and play a vital role in our mental and bodily functioning.

## HYPOTHESES

Based on the review of relevance of the theoretical concepts of the holistic methods the study is designed. The following are the hypotheses formulated:

1. Mental diseases (psychosis and neurosis) can be cured by holistic methods of raw food (*yogic* food) *yogasana* and similar *panchabhootha upasana* techniques.

2. The holistic methods can bring in a significant change in physiological measures conducive to increased health.
3. Duration of illness, disease category and sex difference influences the rate of cure in holistic methods of cure.
4. Various sub groups according to age, sex, disease category and duration of illness differ in their scores in physiological and maladjustment variables.

**EFFICACY OF HOLISTIC METHODS IN THE  
CURE OF CERTAIN MENTAL ILLNESSES**

**Thesis submitted to the University of Calicut  
for the Degree of  
DOCTOR OF PHILOSOPHY  
in Psychology**

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**DEPARTMENT OF PSYCHOLOGY  
UNIVERSITY OF CALICUT  
2005**

Chapter 2

# Review of Literature

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The impact of nutrition on psychological variables is very rarely investigated. The impact of nutrition on complete uncooked and unprocessed food (fruits, nuts, sprouts and vegetables) is almost a rarity. Freud had proclaimed, "you are what you eat." What he meant is our behaviour and consciousness is very much influenced by the food we take. The same idea is depicted in several places in the *Upanishads* the renowned eastern documentation of knowledge. C.G. Jung towards the later years of his life had opined that the nutritional science would pave the way to resolve the riddles in psychopathology.

The following reviews are mostly related to holistic methods of curing mental illness. Very few studies were available where the nutrition was a variable and a complete raw food variable is almost nil. Since the work is first of its kind similar works could not be reviewed except one or two.

Saxena, V.B. (1975) conducted a research study on the effect of exposure to organic solvents on memory, perception vigilance and dexterity. The study was conducted on a sample of 60 workers of an automobile garage in Kanpur city. Out of 60 workers, 30 workers (spray painters) were exposed to organic solvents and other 30 who were not exposed to organic solvents. The results say that the longer the exposure duration, the greater the loss in psychological functions. When the results compared, there was significant difference in all the psychological functions - memory, vigilance and dexterity.

Gamberale and Helten (1975) in their study indicated that exposure of neurotoxic chemical affects about six categories of psychological functions, namely: memory in its aspect of storage and reproduction of information, intellectual general functioning, sustained attention, psychomotor abilities and eye-hand coordination, reaction time, personality and mood.

Hannien (1976) had demonstrated the adverse effects on many solvents (Trichloroethelene, methyl chloroform, methylene chloride, dichloro methane etc.) used in industry on CNS and psychological functions of sensory motor, psycho motor, visual functions, vigilance and memory.

Vasudevan *et al.* (1994) studied a group of 7 subjects with tension headache who went 30 sessions of yogic meditation. Pre, mid and post assessments were made using the psychophysiologic and psycho-behavioural measures. Findings revealed there was a significant statistical reduction in pain perception. Yogic meditation was effective in reducing tension headache.

Sachdeva (1994) studied 26 hypertensive and 20 normotensive subjects and provided 12 weeks yogic life style (Meditation, breathing techniques, postures, a low fat, non spicy, vegetarian diet and behavioural modification). Subjects reported a progressive reduction in systolic and diastolic BP, body weight, serum cholesterol and triglyceride levels.

Krishnan (1995) discusses the scientific and psychological significance of yoga as a means of attaining spiritual emancipation. Within the *yoga* fold,

the nature and significance of *raja yoga*, *hatha yoga*, *Kriyas*, *asanas*, *pranayana*, *bandhas* and *mudhras* are studied. Findings from empirical studies on yoga reveal that long term practitioners of yoga have a remarkable voluntary control over their autonomic process, which helps them in coping with psychological stress. They also describe yoga as a system of psychotherapy and call upon clinician to perfect yoga therapy so as to make its application universal.

M. Sahay (1997) in the research study found that the psychogenic headaches can also appear from unknown personality factor which is closely associated with noise than the mere manifestation of neuroticism. Further found that the association between noise and psychogenic headache is significantly more among women than men.

S. Dayal (1997) in his psychoanalytic study of hypertensive patients reveals that they are inhibited due to extremely early (pregenital) psychological trauma. The resultant hostile, aggressive impulses are severely repressed and ego defences are erected to keep these pregenital conflicts repressed, preventing thereby their normal expression either in symptoms or in health. This constant repression provides a continued stimulation to the sympathetic nervous system increasing thereby the arterial pressure. Psycho dynamically on account of repressed aggression and hostility, these patients are submissive, compliant, meek, polite and dependent. These personality attributes are likely

to lead to conflict with their bosses, leads to hostile competitive inferiority due to failure, increase in dependent longings, inferiority and guilt feeling etc.

Krejci (1998) demonstrated the effectiveness of yoga exercises with mentally retarded children. The yoga programme was run for a 12 week period, 2 hours a week. Findings indicate a distinct improvement in the children's state of health not only of motoric abilities but also great mental tranquillity.

Schumacher, K. (1998) suggested Musical dialogue - music therapy on social contact disorder and communication difficulties. Musical dialogue is a way of leading people incapable of speech out of their isolation and difficulty of expression and of helping early the emotionally disturbed people to get in contact with their feelings. Video excerpts of therapy sessions with 3 autistic children show how basic capabilities for interpersonal dialogue are made possible through music therapy.

Kesselring, A., Spchiger, E., Muller, M. *et al.* (1998) stated the foot reflexology (FR) an intervention study. The study's goal was to test if foot reflexology (FR) affects well-being voiding, bowel movements, pain and /or sleep in women who underwent an abdominal operation. 130 subjects were randomised into three groups. For five days they were exposed to 15 minutes of FR, foot/leg massage (FM) or talking respectively. Results show that women in the FR group were more able to void without problems, after the indwelling catheter had been removed than did women in the comparison groups. There

was also a tendency in the FR-group for the indwelling catheter to be removed earlier than in the other groups. In comparison, the FR - subjects slept worse than the others. FM showed significant results in subjective measurement of well being, pain and sleep.

Clark, M.E., Lipe, A.W., Bilbery, M. (1998) proposed the use of music to decrease aggressive behaviours in people with dementia. The purpose of this study was to examine the effects of recorded, preferred music in decreasing occurrences of aggressive behaviour among individuals with Alzheimer's type dementia, during bathing episodes. Eighteen older adults, age 55 to 95, with severe levels of cognitive impairment, participated in the study. They were randomly scheduled for observation during bath time under either a control (no music) condition or an experimental condition with which recorded selections of preferred music were played via audiotape recorder during the bathing episode. Following a 2 week (10 episode) observation period, conditions were reversed. A total of 20 observations were recorded for each individual. Results indicated that during the music condition, decreases occurred in 12 of 15 identified aggressive behaviours. Decreases were significant for the total number of observed behavioural and for hitting behaviours. During the music condition caregivers frequently reported improved affect and a general increase in cooperation with the bathing task. The implications of these findings for improving the overall quality of care for severely cognitive impaired older adults are confirmed in this study.

Ernet, E., Rand, J.I., Stevinson, C. (1998) claimed the efficacy of complementary therapies for depression. Depression is one of the most common reasons for using complementary and alternative therapies. The aim of this article is to provide an overview of the evidence available on the treatment of depression with complementary therapies. Systematic literature searches were performed using several databases, reference list searching, and inquiry to colleagues. Data extraction followed a predefined protocol. The amount of rigorous scientific data to support the efficacy of complementary therapies in the treatment of depression is extremely limited. The areas with the most evidence for beneficial effects are exercise, herbal therapy (*Hypericum perforatum*), and to a lesser extent, acupuncture and relaxation therapies. There is a need for further research involving randomised controlled trials into the efficacy of complementary and alternative therapies in the treatment of depression.

Wong, A.H., Smith, M., Boon, H.S. (1998) suggested herbal remedies in psychiatric practice. Patient's use of alternative and complementary health services has created a need for physicians to become informed about the current literature regarding these treatments. Herbal remedies may be encountered in psychiatric practice when they are used to treat psychiatric symptoms; produce changes in mood, thinking, or behaviour as a side effect or interact with psychiatric medications. English - language articles and translated abstracts or articles (where available) found on medicine and sources from the

alternative/complementary health field were reviewed. Each herb was assessed for its safety, side effects, drug interactions, and efficacy in treating target symptoms or diagnoses. A synopsis of the information available for each herb is presented. In many cases the quantity and quality of data were insufficient to make definitive conclusions about efficacy or safety. However there was good evidence for the efficacy of St. John's work for the treatment of depression and for ginkgo in the treatment of memory impairment caused by dementia. More research is required for most of the herbs reviewed but the information published to date is still of clinical interest in diagnosing, counselling and treating patients who may be taking botanical remedies.

Researches on herbal medicines cannot be treated as medicine as such, as most of the herbs and leafy herbs are nutrient supplements. The above referred study is to be considered learning in mind the nutritive quality of such herbal medicines.

Freeman, D.W., Wolfson, R., Affolter, H.U. (1998) suggested spiritual dimensions of a mind - body group for people with severe mental illness. In mind-body group designed to address issues of well being for people with severe mental disorders, experiences with spiritual themes of optimal functioning and ultimate meaning emerged with surprising clarity.

Shifrin, J. (1998) presented the faith community as a support for people with mental illness. Innovative programs developed by faith communities for

people with mental illness, as well as guidelines for collaboration between religious and mental health organizations, are presented.

Margolin, A., Avants, S.K., Kleber, H.D., *et al.* (1998) discussed the rationale and design of the Cocaine Alternative Treatments Study (CATS), a randomised, controlled trial of acupuncture. Acupuncture has been incorporated as a treatment component in numerous addiction treatment programs in the United States; however, its efficacy has not been demonstrated in large-scale, controlled clinical trials. In this article they discuss the background and design of the cocaine alternative treatments study (CATS), a randomised, controlled, multisided study of acupuncture that will enrol 500 cocaine dependent individuals at 6 sites across the country, and that constitutes the largest controlled trial for the treatment of cocaine addiction undertaken to date. After presenting the background of the study, they discuss the approach taken to address several critical issues, including the choice of appropriate control conditions, point complementary therapies are used by a significant number of individuals, and the need to evaluate them in controlled clinical trials is an ongoing and urgent issue.

Kanba, S., Yamada, K., Migushima, H., Asai, M. *et al.* (1998) suggested the use of herbal medicine for treating psychiatric disorders in Japan. Alongside the Western pharmacotherapy that is now the major medical modality in Japan, they continue to offer a number of traditional remedies. They prefer to allow patients to choose between these two approaches, after

explaining the advantages and potential adverse effects of each. Research into the traditional treatments continues, and they now have a number of studies available concerning the efficacy of oriental herbal medicine (Kampo Medicine) in Japan. There are about 120 different prescriptions available for treatment. Herbs are believed between them. Improvement brought about by herbal medicine does not differentiate slow, but sometimes very drastic. Side effects are rare. Those that do occur are mostly allergic reactions to natural substances. Therefore, herbal medicine is especially useful for elderly patients and patients with physical complications. Prescription is traditionally selected by judging *Sho* of patients. *Sho* is equivalent to a syndrome, but comprises psyche and somatic symptoms and signs obtained by traditional physical examination that focuses constitution, general physical condition, pulse, abdominal signs, and examination of the tang. However, currently modern diagnoses are also applied to deciding upon the prescription. Western physicians can select the appropriate preparation without having a special knowledge of oriental medicine.

Montakab, H. (1999) claimed the effect of acupuncture in insomnia 40 patients with primary difficulties in either falling asleep or remaining asleep were diagnosed according to the traditional Chinese medicine, allocated specific diagnostic subgroups and treated individually by a practitioner in his private practice. The patients were randomised into 2 groups, one receiving true acupuncture, the other needled at non-acupuncture points for 3-5 sessions

at weekly intervals. The outcome of the therapy was assessed in several ways, first and foremost by an objective measurement of the sleep quality by polysomnography in a specialized sleep laboratory, performed once before and once after termination of the series of treatments. Additional qualitative results were obtained from several questionnaires. The objective measurement showed a satisfyingly significant effect only in the patients who received the true acupuncture. The subjective qualitative assessment was better in the proper treatment group than in the control group but was not calculated statistically for methodological reasons. Based on the results of this study, it can be concluded that true and individualized acupuncture indeed shows efficacy in primary sleep disorders. However, a direct influence by the therapist cannot be excluded.

Manyan, B.V. (1999) suggested Ayurveda in dementia. The ancient Indian medical system, Ayurveda, included geriatrics as 18<sup>th</sup> medical division. Well-documented evidence exists for treating aging and age related disorders including dementia. Geriatrics was termed *Rasayanatantra*. Cognitive function was well recognized and Sanskrit terms existed such as *Buddhi* for intelligence and *cittanasa* (*citta* means mind, *nasa* means loss of) for dementia. A normal human life span was considered to be 100 years. It could be prolonged to 116-120 years through the use of preventive treatments, if they were started during late youth or middle age. Treatments included herbal preparations, diet, exercise and attention to general mode of life and social behaviours. Several

herbal formulations are described, including details of their composition and preparations. The mode of action of antiaging drugs was believed to occur at 3 levels. Detailed description of the mode of action of several herbs is provided and recent research confirms some of this activity.

Kim, E.J., Buschmann, M.T. (1999) suggested positive effect of expressive physical touch on patients with dementia. This study explored the effect of expressive physical touch with verbalization (EPT/V) on anxiety and dysfunctional behaviour in patients with dementia using a one group repeated measures design. The study findings are that (1) anxiety is lower immediately following EPT/V and EPT/V causes decreasing episodes of dysfunctional behaviour. Therefore it behoves caregivers and family members to use expressive physical touch and verbalization when caring for these patients, since it is cost effective simple to learn and practice and it is most effective in improving and maintaining patient's high quality of life.

Lichstein, K.L., Peterson, B.A., Riedel, B.W., Mean, M.K., Epperson, M.T., Aguillard, D.N. *et al.* (1999) attempted to prove the need of relaxation to assist sleep medication withdrawal. This study explores the usefulness of relaxation and gradual medication withdrawal in weaning insomniacs from sleep (Hypnotic) medication. They recruited 40 volunteers from the community who had insomnia, half of whom were chronic users of hypnotics while the other half were non-medicated. Half of participants (10 medicated & 10 non-medicated) received progressive relaxation. All medicated participants received

a standard gradual drug withdrawal program. Medicated participants reduced sleep medication consumption by nearly 80% participants who received relaxation obtained additional benefits in sleep efficiency, rated quality of sleep and reduced withdrawal symptoms. Medicated and non medicated participants attained comparable, improved sleep by post treatment and follow up. Hypnotic withdrawal was accompanied by serious worsening of insomnia, but this dissipated by the end of the withdrawal period. The psychological treatment of hypnotic dependent insomnia has high potential for making an important clinical contribution.

Walter, B., Rey, J.M. *et al.* (1999) suggested the relevance of herbal treatments for psychiatric practice. A study was conducted to prove this suggestion. The objective or aim of the study is to inform psychiatrists about the basic principles, terminology, schools of thought, efficacy, safety and regulatory issues regarding herbal treatments for mental illness. For achieving this aim, information was obtained by computerised and manual searching of medical and botanical database, and by discussions with experts in herbal medicine and regular aspect of the pharmaceutical industry. The results of the study showed that herbal medicines are commonly used in developed and developing countries for psychiatric illness.

The main schools of herbal medicine in Australia are Western herbal medicine, traditional Chinese medicine and 'Ayurveda' (Indian herbal medicine). Herbs used for psychiatric or neurological disorders are termed

'nervines'. Three nervines which have attracted considerable attention recently are St.John's Work, Ginkgo biloba and valeriana officinalis. In Australia, most herbal drugs are classed as 'listed drugs' which are required to satisfy less rigorous safety and efficacy criteria than 'registered drugs'. The popularity of herbal remedies has a number of clinical and research implications for psychiatry. The study came to a conclusion saying that psychiatrist should not endorse treatments that are unsupported by sound research, nor remain ignorant about alternative approaches to mental illness. The extent of use of herbal treatments for mental illness suggests that psychiatrists should become more knowledgeable about developments in this area.

Yager, J., Siegfried, S.L., DiMatteo, T.L. *et al.* (1999) suggested the use of alternative remedies by psychiatric patients.

Cornwall, P.L. *et al.* (1999) stated naturalistic treatment study of depression in general practice. Clinical management is important in treatment of depression.

Chan-Ob, T., Boon Yanaruthee, V. *et al.* (1999) conducted a study to show the correlation of meditation with psychosis. This study analysed the correlation between contemplation and psychosis from three cases of patients presenting psychotic symptoms subsequent to practicing meditation. Sleep loss following a wrong doing in meditation tend to be the main cause in the first two cases, and drug withdrawal was found to be the principal factor in causing

a psychotic eruption in the third case. In this last case, sleep deprivation subsequent to meditation was only a minor influence. Discussion regarding the correlation between meditation and psychosis is presented in this study.

Stubberfield. T., Purry, T. *et al.* (1999) suggested the utilization of alternative therapies in attention deficit hyperactivity disorder. To prove this, he conducted a study using these therapies. The objective was to identify the prevalence of use, the referral patterns and the prevalence benefit of alternative therapy in children with attention deficit hyper activity disorder (ADHD). For achieving this objective, a mailed questionnaire survey was undertaken in June 1993, of the use of various therapies by families of 381 children with ADHD. The respondent rate was 76%. The result was, of respondents, 69% were using stimulant medication and 64% had used or were using a non-prescriptions therapy. Diet therapies were the most commonly used alternative therapy (60%). There was no statistical difference in the prevalence of use of other therapies between the medicated group reported more benefit from some alternative therapies. Physicians were commonly involved in suggesting a modified diet. Schoolteachers, family and friends were the main source of suggestion of alternative therapies. He concluded the study stating that clinicians should be aware of the range of alternative therapies and of their frequent use by families of children with attentional problems.

Triveni, Aminabhavi and Vijayalakshmi (1999) revealed a significantly lower level of neuroticism in yoga practitioners in comparison to non-

practitioners. The practitioners manifested a lower level of anxiety as well as depression.

Maandiong & Bishop (1999) examined the role of anger expression in the experience of stress, coping with stress and psychological and physical well being among 268 people, which indicated that anger expression was significantly related to stress mechanisms for coping with stress and psychological well being. Higher levels of anger expression were associated with higher levels of stress as well as one of active coping. Active coping was in turn related to psychological well being. In contrast, the only significant predictor of physical well being was reported stress, with higher levels of stress related to lower levels of physical well being.

Tovtkorshynska *et al.* (2000) sought to examine whether there were gender differences in the relationship of depressive, anxiety and related somatic symptomatology to the presence, severity and duration of asthma. A total of 54 adult asthma patients (24 women, 30 men) and 31 healthy subjects (19 women, 12 men) were studied within each gender group, pts psychological distress levels were compared as a function of severity (mild vs moderate) and duration of disease (5 years + years) to each other and with healthy subjects. Data were collected in Ukraine utilizing the Minnesota Multiphasic Personality Inventory (MMPI), a validated psychological assessment instrument in Eastern European populations. Relative to healthy women with both mild and moderate asthma showed elevated distress in multiple domains reflecting somatic and

psychological complaints. In contrast, only men with relatively more severe disease of longer duration showed elevated symptomatology relative to healthy men, with depressive symptoms predominating. To the extent that distress in response to asthma takes a more diffuse form and may be expressed at milder and earlier stages of the disease in women than men, the finding suggest that the need to tailor health education and behavioural intervention to the unique psychological needs of women and men in order to be maximally effective.

Yardley (2001) conducted a longitudinal study and described factors influencing perception of non-pharmacological treatment. The model highlights the potential for reciprocal interaction between abstract beliefs relevant to illness and treatment and concrete experiences of therapy and for interaction between perceptions of symptom change and of therapist competence. (26)

George et al. (1998) attempted to formulate and find out the effectiveness of a cognitive, behavioural intervention program in (a) modifying type A behaviour pattern (b) reducing anxiety and (c) changing maladaptive assumption in a subject who had CHD (Coronary heart disease). A single case design with pre, mid and post treatment assessment was used. The cognitive behavioural intervention program developed based on the assessment and functional analysis, consisted of (a) Coronary counselling, (b) Education about type A behaviour patterns, (c) Stress inoculation training and (d) behavioural counselling to significant others. Findings illustrate the effectiveness of the program in the modification of type A behaviour pattern, anxiety, anger and

dysfunctional assumption. The study also throws light on the need of similar studies in large sample using long term follow up so that efficacy of intervention programs also can be assessed. Such intervention program will be potential in prevention of psychosomatic diseases and in turn decreasing enormous costs of expensive pharmacological and surgical intervention.

Ritz (2001) reviewed studies of relaxation training for adult asthma patients for the period between 1980 and 2000. 6 controlled and 3 uncontrolled studies were identified, employing a variety of methods, such as progressive relaxation, functional relaxation, autogenic training or yoga. Most studies had low sample sizes and suffered from one or more methodological rates, problematic measurement procedures, or insufficient descriptions of methodology and results. Overall effects on parameters of lung function, symptoms, medication, consumption and underlying rationale of relaxation therapy in asthma are discussed from a psychophysiological viewpoint. The study was concluded by stating that it remains to be demonstrated that relaxation training can significantly contribute to the standard treatment to psychosomatic diseases in adult patients.

According to Loew *et al.* (2001) 'Functional Relaxation' (FR) as cited by Marinanne Fuchs is a body-oriented Psychotherapy that involves teaching the patients a type of relaxation technique aimed at maintaining equilibrium of the nervous system. Method: In order to determine whether the practice of elementary parts of this therapy has an immediate beneficial effect-on

pulmonary function, a randomised, single -blind, prospective cross-over study was done with 21 asthmatics with acute bronchoconstriction. On 3 consecutive days they were given either (1) a 5 minutes verbal standard instruction in elementary exercises of FR (eFR), which they were to practice during subsequent body Plethysmographic measurement or (2) inhalative terbutaline (IT) a beta sympathomimetic drug or (3) an unspecific 'Placebo relaxation' technique (PTR), so that all subjects tried all 3 treatment in random order. Spirometric variables were assessed.

Results: There was a significant decrease in specific airway resistance with EFR, which though not as pronounced as with IT, was significantly greater than with PRT. This study shows that clinically relevant effects can be achieved for patients with asthma through mind- body interaction, which can be triggered by reproducible procedures. The conclusion drawn was that further development of the RR approach could lead to a non-pharmacological and effective supplementary treatment for psychosomatic diseases, which is in high demand by many patients.

Veeramanikandan (2002) has conducted a study with 30 patients who suffering from Asthma. The treatment camp exceeded for seven days. During the camp, they were given raw food to eat. They were trained in *yogasana*. The individual and group psychotherapies were provided. Subjects were asked to follow the life style for 40 days. The subjects who could follow the procedures fully were 28. The recovery was excellent. All the asthmatic patients could

breath without the help of a chemical after 4 days. Complete cure was observed in patients who were not depended to steroid drugs who were about 40%.

A study on is the outcome of experiences derived from 24 holistic camps held in various parts of Kerala for the purpose of data collection by holistic health researches in the Psychology Department of Calicut University, deals with the philosophical foundation of natural cure (not naturopathy) and the procedures to be followed for the cure of diseases. (Baby, J., 2004)

An extensive practical study conducted to develop a self-help manual for the therapists, trainers and trainees. There are altogether about 108 methods of *yogasana* training used in different combinations depending on their purposes. One *asana* can have various versions. The fundamental *yoga* postures are about 30 and its combinations make several thousands of *asanas*. This study deals with 23 basic postures based on empirical and experimental insights derived from 150 *yogasana* training courses conducted by himself. (Baby, J., 2004)

Dubey, S.N. and Pradhan Madhurima (2004) in their study examine the effectiveness of cognitive behaviour therapy for the treatment of patients suffering from major depressive episodes without psychotic features. The cognitive behaviour therapy was given for a month, which helped the patients to recover from the major symptoms of depression. A post treatment following at two, six and twelve months revealed the persistence of positive changes in the patients.

Ojha Sandhya (2004) says in her study that mental health influences the ability to handle day to day problems and enjoy life, the relationship between mental health and physical health has of late been a topic of keen interest to the psychologists, who has now turned to the study of yoga psychology.

Punam Rani Shukla and Ram Harsh Singh (2004) conducted a study on the effect of practice of *Shavasana* in the management of chronic tension type headache. The objective of the present study was to see the effect of *Shavasana* in the management of chronic tension type headache of women. For this 40 female patients of chronic tension headache in the age range 20 to 30 years were taken. The diagnosis of the patients was done on the basis of diagnostic criteria of international society. Before giving treatment, the patients were administered tension headache questionnaire. Then the patients were randomly assigned to one of the four treatments: meditation only, meditation with practice of *Shavasana*, *Shavasana* with placebo, and placebo alone. The recovery of the patients was measured on the same questionnaire after one month. The result indicated the patients receiving placebo (*Ayurvedic* medicine) with practice of *Shavasana* showed significant improvement in the symptoms of tension headache in comparison to those receiving monotherapy.

Ritu Chowdhary (2004) on her study on therapeutic significance of meditation found predisposition of a subject to a meditational technique affects the therapeutic facility induced by practicing the meditational technique. Various techniques of meditation do not seem tailored for specific therapeutic

effects. Practitioners employing meditation for bringing about efficiency in mental functions certainly seem to succeed. Various cultural and aptitudinal factors motivate a person to undertake the practice of specific meditational technique. The value of meditation may be greater for those who wish to be involved in directing their own development than for those wanting to be cured passively.

Inseparable relation between mind and body is best explained by biopsychosocial model of health. Negative emotions influence psychoneural, hormonal and immune system to predispose one to psychosomatic disorders (recently called psychophysiological disorders). Number one psychosomatic killer in the world is Coronary Heart Disease.

Recently the Health Psychology researchers are interested in the psychological factors which lead to pathophysiology of heart. Early researchers had pointed out the role of type A personality in CHD, but later, arguments are still remaining among researchers about the deadly component of type A, which leads to unhealthy consequences in the heart functioning. Many researchers propose hostility as the deadly component.

Increased stress of present era, is believed to be one of the causes of increased mortality due to CHD, because stress hormones can make imbalances in the blood cell activity, hardening of arteries, increased fat deposition etc. other than it gives an overload of work upon heart muscles.

The personality theory of Inertia Activation Stability (Mathew, 1995) also propose that people having heart attack may have higher rates of Activation and Stability (Two component of *trigunas* - the Eastern concept of Personality).

A study planned to explore all the above mentioned psychological factors, namely, hostility, stress and IAS dimensions of personality of heart patients and to do a comparison with normal. (Baby Shari, P.A., 2005) The study also had planned to do a psychological analysis of natural cure methods of intervention. This kind of method aims at correcting life style by removing the causal factors of disorders other than suppressing the symptoms and thereby expects cure of disorders. In the present study an intervention of this sort, was given to heart patients to study its efficacy through the psychological analysis of above mentioned variables. Some of the physiological variables were also studied through the pre and post intervention comparison. The study categorically concludes the efficacy of holistic methods in curing CHD.

There is a severe dearth of studies on the effect of natural raw diet. Very few people have recognised the curative effect of natural raw diet. It is almost unknown to mainstream Medicine. Perhaps the Nature Cure people have such experience but they usually do not publish research article.

Studies on alternative therapies and *yoga* are abundant. Modern Medicine is gradually accepting such studies and the same is being

incorporated in the mainstream therapies. The curative effect of *yogasana* is accepted worldwide.

The theoretical foundation of Orthopathy and Naturopathy are so thought provoking but little attention is given to that field by psychologists. The present study is an attempt in such a direction.

**EFFICACY OF HOLISTIC METHODS IN THE  
CURE OF CERTAIN MENTAL ILLNESSES**

**Thesis submitted to the University of Calicut  
for the Degree of  
DOCTOR OF PHILOSOPHY  
in Psychology**

**BENNY VARGHESSE**

**DEPARTMENT OF PSYCHOLOGY  
UNIVERSITY OF CALICUT  
2005**

Chapter 3  
Method

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The study aimed at investigating the 'Efficacy of the Holistic Methods in the Cure of Certain Mental Illnesses' namely psychosis and neurosis.

### Sample

The sample was collected from an Institute of Psychological Services where holistic methods were practiced in the cure of mental illness. The institution is situated in Ernakulam district of Kerala. The patients who were admitted in the institute were subjected for a package programme of therapy for 20 days.

The investigator was working as a psychologist and nature cure therapist in the institute who was in charge of supervising all cure methods. The following are the number of patients:

Total Sample (According to Sex and Disease Category)

	Male	Female	Total	Grand Total
Psychotics	25	9	34	47
Neurotics	10	3	13	

### Total Sample (According to Age)

Age in years	N
1 - 30	20
31 - 40	18
41 and above	9
Total	47

### Total Sample (According to Duration of Illness)

Duration of illness in years	N
0 - 2	14
Above 2 - 5	10
Above 5 - 10	14
Above 10	9
Total	47

## Tools

### 1. Personal Data Sheet

The personal data sheet prepared for the study is comprised of all the personal and demographic information about each patient. A brief outline of clinical history and

details about the earlier treatments, symptoms, medical interventions were included in the personal data sheet.

## 2. **Mathew Maladjustment Inventory (MMI)**

This is a widely used diagnostic tool in Malayalam (Mathew V.G., 1975) all over Kerala. It is a 100 items questionnaire measuring five major aspects of maladjustments and also gives an index of general maladjustment or total maladjustment. The following are the trait interpretations.

1. Anxiety : Feeling of impending doom, fear, worry of future, perspiration, palpitation, tremor, being upset (15 items)
2. Depression : Worry, suicidal thoughts, disinterest, feelings of guilt, sense of failure, hopelessness, despair, emptiness (20 items).
3. Mania : Restlessness, lack of self-control, lack of restraint, over activity, quick temper, getting into trouble, over talkativeness, impulsivity (13 items)
4. Inferiority : Feeling of smallness, sensitiveness, shyness, self consciousness, lack of self-confidence, easily hurt (15 items)

5. Paranoia : Suspiciousness, feeling of being persecuted, exploited and misunderstood, not trusting others, getting into quarrels (15 items)
6. Total maladjustment : Anxiety, mania, depression, inferiority, obsessive ruminations, compulsions, phobias, withdrawal tendency, nightmares, etc. (100 items)

### **Validity**

Since the test measures somewhat comprehensively, different types of maladjustment, the test can be said to possess a high degree of content validity. A selection of 30 items from this test, forming a scale of maladjustment in the Mathew Temperament Scale, correlates .68 with Neuroticism scale of a Malayalam adaptation of the EPI.

### **Test Development**

The first step was the listing of symptoms of maladjustment. They, along with a collection of items measuring other aspects of temperament were subjected to factor analysis. A single factor of maladjustment emerged along with other factors of

temperament. Items for the present maladjustment inventory were selected by internal consistency item analysis from the pool of items initially prepared for the factorial study. The division into various sub-scales is based only on subjective judgement, item validation being only against the total general maladjustment score. The subscales are based on item clusters used in factor analysis. They are not factorially independent, and correlate highly with each other (0.2 to 0.7), but are of use in interpretation of individual profiles which may show different degrees of scatter.

### **Procedure**

The clinical picture of the subject was examined thoroughly by the investigator. Documents about previous therapy history were noticed. A preliminary enquiry about the nature of the case was made through conversation with each patient, relatives and bystanders. The symptoms were also thoroughly subjected for observation. A clinical profile of each patient with all the details regarding their symptoms was prepared after this preliminary interview. (See the clinical profile in the chapter on results).

The most important aspect of the therapy package was, patients were given only raw foods (uncooked, unprocessed fruits, nuts, sprouts, vegetables and tuberous foods) throughout their stay in the institute. The second important aspect of the package was therapeutic *yogasana* training was administered to all the patients in groups. Individual and group psychotherapy was also provided whenever necessary. An effort was taken to make the atmosphere of the institute very happy and relaxing, which is conducive in

the process of cure. Social games and leisure hours and musical and artistic performance by the patients and the staff at every evening were an essential programme of the package. The daily routine of the package were as follows:

### Daily Routine of the Package Programme

7.00 a.m.	:	Bath
7.30 a.m.	:	Yoga and meditation Massage Walking and sun bath Breakfast
10.00 a.m.	:	Individual sessions (psychotherapy) Games Writing homework (given during the time of individual session)
11.30 a.m.	:	Spinal bath, bath Lunch Games Rest
3.30 p.m.	:	Spinal bath, bath Badminton / outing
6.30 p.m.	:	Yoga and meditation Massage - Individual sessions
8.30 p.m.	:	Supper Entertainment
10.00 p.m.	:	To bed

A little flexibility of the above routine was permitted in the case of patients who required it. Regimentation was at the minimum level as most of the patient could voluntarily cooperate with the procedures.

Subjects were given a personal data (see appendix I), and the Mathew Maladjustment Inventory (see appendix II), during the first day or second day of their admission. All the subjects were in testable condition and they could fill the performas themselves with a little assistance in few cases.

### **Guidelines Followed in Diet**

Subjects were provided with raw food throughout the package period. Effort was taken to avoid commercial food as far as possible. Commercially available foods are often low in nutritional value as they are artificially produced. Chemical fertilizers and pesticides pollute the foods, which is highly hazardous to health. So naturally available fruits, vegetables and other raw foods, especially the seasonally available fruits and nuts such as mango, jackfruit etc. fruits which are available in all seasons such as coconuts, banana, dates, ground nuts etc. were preferred.

The personal preferred food of each subject was given priority as the personal liking is very much related to bodily requirements especially in the case of natural diet.

## Yogasana Practice

Yogasana practice was given as per a therapeutic yogasana training manual developed by John Baby (2004). (See appendix III). This basic yogasana training is suitable for patients as well as normal. This programme deals with 23 basic postures and is based on empirical and experiential insights derived from various yogasana courses held in University of Calicut. This yoga course was derived after discussing it with yoga experts in international yoga centres in India. The same was presented in a national seminar of clinical psychologists to ascertain its clinical value.

This therapeutic yoga has four salient features:

(1) It was done in groups, where the subjects were asked to observe complete silence (*mounam*), which is aimed at bringing inner silence (*antara mounam*) in each patient, which is conducive to the process of cure. (2) Mixing exercises along with *yogasana* was completely avoided as exercises are predominantly for warming up of muscles; which can even be opposite to *yoga*. (3) There was no specific restriction or rules regarding inhaling and exhaling. The subjects were allowed to breath deeply, slowly and steadily according to their own personal requirements. This method is believed to be more beneficial than the specific breath regulating instructions. (4) A Buddhist type of meditation of observing the breath, that is watching or paying attention to the air entering the lungs and the air going out of the lungs. This can result into a no

mind state (*chitta vritti nirodham*) according to Pathanjaly the compiler of *Astanga Yoga Suthra*.

Massage, spinal bath, barefooted walking for exposure to earth, air and sunlight, and bath (*panchabhootha upasana*) were also included in the package as per the time schedule. Subjects were asked to express their feelings and mental status either orally or by writing. This was found to be very useful in managing their emotional catharsis. Subjects were also asked to write about certain specific things, which were related to their interpersonal conflicts and problems. On the 20th day before discharge, the subjects were given the Mathew Maladjustment Inventory for a second time to see the difference, if any, in their perceived adjustment. The physiological variables also were measured on the 20<sup>th</sup> day.

### **Clinical Profile**

The investigator has maintained a clinical profile of each patient. The profile comprises the personal data, disease category and a brief case summary followed by all the major symptoms manifested at the time of admission and at the time of discharge. A severity rating of the major symptoms was done using a five-point scale at the time of admission as well as at the time of discharge. The following are the weightage given to the severity ratings:

Symptom Rating	Weightage
Very severe	5
Severe	4
Moderate	3
Slight	2
Very rare or almost nil	1

A cure rating score was arrived at by deducting the total severity rating score at the time of discharge from the total severity rating score at the time of admission. Such a symptom severity score is an impressionistic and qualitative measure only. A standardized measure of such an assessment could not be used because of the unavailability of such a one. Moreover, disease symptoms are highly unique and individualistic.

The following are the clinical profiles of all the 47 subjects depicting the symptoms at the time of admission and the level of cure or persistence of the symptoms at the time of discharge, after the treatment package intervention for 20 days.  
(continued)

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Chapter 4  
**Results and Discussion**

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## CLINICAL PROFILE

Case No. 1
Disease category <b>Neurosis</b>

Name **NPP** Age **42** Sex **M** Education **Degree**, Married, Religion: **Hindu**

<p>Case Summary</p> <p><b>Mr. NPP belongs to a Hindu religious family. He was suffering from deep feeling of guilt. He was a graduate. He was suffering from anxiety disorder for 27 years. He had undertaken treatment of Allopathy and Ayurveda for 14 years.</b></p>
---

	Major symptoms at the time of admission	Symptom Rating	Remarks
1.	<b>Fear</b>	<b>4</b>	<b>He had pathological fear of God.</b>
2.	<b>Lack of sleep</b>	<b>4</b>	<b>Severe</b>
3.	<b>Lack of concentration</b>	<b>3</b>	<b>Moderate</b>
4.	<b>Guilt feeling</b>	<b>3</b>	<b>He feels his actions are bad and it displeases God</b>
5.	<b>Anxiety</b>	<b>3</b>	<b>Moderate</b>
	<b>Total</b>	<b>17</b>	

	Major symptoms at the time of discharge	Symptom Rating	Rate of Cure
1.	<b>Fear</b>	<b>2</b>	<b>Slight</b>
2.	<b>Lack of sleep</b>	<b>1</b>	<b>Nil</b>
3.	<b>Lack of concentration</b>	<b>3</b>	<b>Moderate</b>
4.	<b>Guilt feeling</b>	<b>1</b>	<b>Nil</b>
5.	<b>Anxiety</b>	<b>2</b>	<b>Slight</b>
	<b>Total</b>	<b>9</b>	

## CLINICAL PROFILE

Case No. 2
Disease category Psychosis

Name **SK** Age **32** Sex **M** Education **Degree** Unmarried, Religion: **Hindu**

<p>Case Summary</p> <p><b>Mr. SK belongs to a very orthodox Hindu family. There were higher ritualistic practices in his family. He is a graduate and a businessman. He was suffering from schizophrenia for 15 years. He had a family history of mental illness. He had undergone Allopathy, Ayurveda and Transcendental Meditation practice.</b></p>
--

	Major symptoms at the time of admission	Symptom Rating	Remarks
1.	<b>OCD</b>	<b>4</b>	<b>Touching of posts</b>
2.	<b>Feel himself as God</b>	<b>2</b>	<b>He thinks - the things are happening due to his thoughts</b>
3.	<b>Fear of accidents</b>	<b>2</b>	<b>Slight</b>
4.	<b>He believes that the events happens around him are related to his action and thinking</b>	<b>3</b>	<b>Moderate</b>
	<b>Total</b>	<b>11</b>	

	Major symptoms at the time of discharge	Symptom Rating	Rate of Cure
1.	<b>OCD</b>	<b>2</b>	<b>Slight</b>
2.	<b>Feel himself as God</b>	<b>2</b>	<b>Slight</b>
3.	<b>Fear of accidents</b>	<b>1</b>	<b>Nil</b>
4.	<b>He believes that the events happens around him are related to his action and thinking</b>	<b>1</b>	<b>Nil</b>
	<b>Total</b>	<b>6</b>	

## CLINICAL PROFILE

Case No. 3
Disease category <b>Psychosis</b>

Name SJ Age 26 Sex M Education Computer Unmarried, Religion: RC

Case Summary <b>Mr. SJ was from a noble family. Both his parents were teachers. He was the only son. He was suffering from schizophrenia for two months. He undertook Allopathy treatment. When he had admitted at the institute he had bodily stiffness.</b>
--

	Major symptoms at the time of admission	Symptom Rating	Remarks
1.	<b>Unwanted and unrelated speaking</b>	<b>4</b>	<b>Severe</b>
2.	<b>Angry</b>	<b>4</b>	<b>Severe</b>
3.	<b>Violent</b>	<b>2</b>	<b>Slight</b>
4.	<b>Body stiffness</b>	<b>4</b>	<b>Severe</b>
5.	<b>Laziness</b>	<b>3</b>	<b>Moderate</b>
6.	<b>Lack of confidence</b>	<b>3</b>	<b>Moderate</b>
7.	<b>Lack of interest</b>	<b>3</b>	<b>Moderate</b>
	<b>Total</b>	<b>23</b>	

	Major symptoms at the time of discharge	Symptom Rating	Rate of Cure
1.	<b>Unwanted and unrelated speaking</b>	<b>1</b>	<b>Nil</b>
2.	<b>Angry</b>	<b>1</b>	<b>Nil</b>
3.	<b>Violent</b>	<b>1</b>	<b>Nil</b>
4.	<b>Body stiffness</b>	<b>1</b>	<b>Nil</b>
5.	<b>Laziness</b>	<b>2</b>	<b>Slight</b>
6.	<b>Lack of confidence</b>	<b>2</b>	<b>Slight</b>
7.	<b>Lack of interest</b>	<b>2</b>	<b>Slight</b>
	<b>Total</b>	<b>10</b>	

## CLINICAL PROFILE

Case No. 4
Disease category Psychosis

Name SJ Age 24 Sex M Education Pre-degree & Computer, Unmarried Religion: Christian

<p>Case Summary</p> <p>Mr. SJ was born and brought up outside India. He could not adjust with Kerala culture where his family settled at Kerala. He was very ambitious man. He was suffering from schizophrenia from 10 years. He had treatment of Allopathy, Ayurveda, Bio feedback, Acupuncture etc. He had fascination for various courses of study for which he joined and discontinued.</p>
--

	Major symptoms at the time of admission	Symptom Rating	Remarks
1.	Over ambition	4	Wants to be greater than younger brother who is successful
2.	Tension	3	Moderate
3.	Stubbornness	3	No adjustment
4.	Argumentative	3	Moderate
5.	Laziness	3	Wants to became great but nothing/no efforts
6	Lack of interests	3	Moderate
	<b>Total</b>	<b>19</b>	

	Major symptoms at the time of discharge	Symptom Rating	Rate of Cure
1.	Over ambition	3	Moderate
2.	Tension	2	Slight
3.	Stubbornness	2	Slight
4.	Argumentative	2	Slight
5.	Laziness	2	Slight
6	Lack of interests	2	Slight
	<b>Total</b>	<b>13</b>	

## CLINICAL PROFILE

Case No. 5
Disease category <b>Neurosis</b>

Name **AG** Age **29** Sex **M** Education **B.Ed.**, Unmarried, Religion: **Hindu**

Case Summary <b>Mr. AG from a very poor family. He was very studious, own effort he became a high school teacher. Together with the same he started a shop at his house. He was suffering from severe anxiety disorder from six years which made him do nothing. He had consulted with a psychologist previously. His main problem was bowel movements.</b>
--

	Major symptoms at the time of admission	Symptom Rating	Remarks
1.	<b>Fear of travelling</b>	<b>4</b>	<b>Fear of going to latrine</b>
2.	<b>Fear of class room, students</b>	<b>3</b>	<b>It due because dirty</b>
3.	<b>Always think about going to latrine</b>	<b>4</b>	<b>Thinking always about going to latrine</b>
4.	<b>No confidence</b>	<b>3</b>	<b>Moderate</b>
5.	<b>Inferiority</b>	<b>2</b>	<b>Slight</b>
	<b>Total</b>	<b>16</b>	

	Major symptoms at the time of discharge	Symptom Rating	Rate of Cure
1.	<b>Fear of travelling</b>	<b>1</b>	<b>Nil</b>
2.	<b>Fear of class room, students</b>	<b>1</b>	<b>Nil</b>
3.	<b>Always think about going to latrine</b>	<b>2</b>	<b>Slight</b>
4.	<b>No confidence</b>	<b>2</b>	<b>Slight</b>
5.	<b>Inferiority</b>	<b>2</b>	<b>Slight</b>
	<b>Total</b>	<b>8</b>	

## CLINICAL PROFILE

Case No. 6
Disease category <b>Psychosis</b>

Name **HP** Age **39** Sex **M** Education **SSLC**, Unmarried, Religion: **Hindu**

<p><b>Case Summary</b>  <b>Mr. HP is a military man. He had lost one eye from his childhood. He was basically very lazy man from childhood. Due to loose of eye, had developed inferiority complex. He was suffering from schizophrenia from 15 years. He had undergone treatments of Allopathy and Ayurveda.</b></p>
---

	Major symptoms at the time of admission	Symptom Rating	Remarks
1.	<b>Unwanted bad talks</b>	<b>3</b>	<b>To nurses or to females</b>
2.	<b>Lack of clearances</b>	<b>3</b>	<b>Always speaks, but not clear</b>
3.	<b>Lack of confidence</b>	<b>3</b>	<b>Moderate</b>
4.	<b>Laziness</b>	<b>3</b>	<b>Moderate</b>
5.	<b>Chain smoking</b>	<b>4</b>	<b>Severe</b>
6.	<b>Inferiority</b>	<b>3</b>	<b>Developed due to loss of eye</b>
7.	<b>Visual and auditory hallucinations</b>	<b>3</b>	<b>Concentrate always as if he is listening to something</b>
	<b>Total</b>	<b>22</b>	

	Major symptoms at the time of discharge	Symptom Rating	Rate of Cure
1.	<b>Unwanted bad talks</b>	<b>2</b>	<b>Slight</b>
2.	<b>Lack of clearances</b>	<b>2</b>	<b>Slight</b>
3.	<b>Lack of confidence</b>	<b>2</b>	<b>Slight</b>
4.	<b>Laziness</b>	<b>2</b>	<b>Slight</b>
5.	<b>Chain smoking</b>	<b>1</b>	<b>Nil</b>
6.	<b>Inferiority</b>	<b>2</b>	<b>Slight</b>
7.	<b>Visual and auditory hallucinations</b>	<b>3</b>	<b>Moderate</b>
	<b>Total</b>	<b>14</b>	

## CLINICAL PROFILE

Case No. 7
Disease category <b>Psychosis</b>

Name **PPP** Age **32** Sex **M** Education **SSLC, Married, Religion: RC**

<p>Case Summary</p> <p><b>Mr. PPP was from a poor family. He had married and had two children. The onset of his illness was sudden. He was suffering from schizophrenia for about six months. He undertook the Allopathy treatment. He had delusions that a bearded man to following him to attack and he often runs continuously.</b></p>
--

	Major symptoms at the time of admission	Symptom Rating	Remarks
1.	<b>No concentration</b>	<b>4</b>	<b>Only after the disease</b>
2.	<b>Fear of a bearded man with a jeep (delusion)</b>	<b>4</b>	<b>So he runs away from house, he runs only through the lands of people not on road</b>
3.	<b>Running away from home</b>	<b>5</b>	<b>Very severe</b>
4.	<b>Fear of a man with a Gun</b>	<b>4</b>	<b>Severe</b>
5.	<b>Visual and auditory hallucination</b>	<b>4</b>	<b>Always try to hear or see</b>
	<b>Total</b>	<b>21</b>	

	Major symptoms at the time of discharge	Symptom Rating	Rate of Cure
1.	<b>No concentration</b>	<b>1</b>	<b>Nil</b>
2.	<b>Fear of a bearded man with a jeep (delusion)</b>	<b>2</b>	<b>Slight</b>
3.	<b>Running away from home</b>	<b>1</b>	<b>Nil</b>
4.	<b>Fear of a man with a Gun</b>	<b>1</b>	<b>Nil</b>
5.	<b>Visual and auditory hallucination</b>	<b>2</b>	<b>Slight</b>
	<b>Total</b>	<b>7</b>	

## CLINICAL PROFILE

Case No. 8
Disease category <b>Psychosis</b>

Name **VP** Age **26** Sex **M** Education **Degree**, Unmarried, Religion: **Hindu**

<p>Case Summary</p> <p><b>Mr. VP was from a Hindu family. He was the only son. He was over protected. He was suffering from schizophrenia for eight years. He had the treatments of Allopathy, Ayurveda and Homeopathy.</b></p>
---

	Major symptoms at the time of admission	Symptom Rating	Remarks
1.	<b>Hot tempered</b>	<b>3</b>	<b>He wants everything</b>
2.	<b>Poor in studies</b>		
3.	<b>Destructive mind</b>	<b>3</b>	<b>If he did not receive his wants he destructs materials</b>
4.	<b>Doubting</b>	<b>3</b>	<b>Everyone</b>
5.	<b>No friends</b>	<b>3</b>	<b>He had no interaction from childhood</b>
6.	<b>Tension</b>	<b>3</b>	<b>In every thing</b>
7.	<b>Auditory hallucination</b>	<b>3</b>	<b>Moderate</b>
	<b>Total</b>	<b>18</b>	

	Major symptoms at the time of discharge	Symptom Rating	Rate of Cure
1.	<b>Hot tempered</b>	<b>2</b>	<b>Slight</b>
2.	<b>Poor in studies</b>		
3.	<b>Destructive mind</b>	<b>1</b>	<b>Nil</b>
4.	<b>Doubting</b>	<b>2</b>	<b>Slight</b>
5.	<b>No friends</b>	<b>2</b>	<b>Slight</b>
6.	<b>Tension</b>	<b>2</b>	<b>Slight</b>
7.	<b>Auditory hallucination</b>	<b>2</b>	<b>Slight</b>
	<b>Total</b>	<b>11</b>	

## CLINICAL PROFILE

Case No. 9
Disease category <b>Psychosis</b>

Name **VVJ** Age **35** Sex **M** Education **SSLC**, Married, Religion: **Hindu**

<p>Case Summary</p> <p><b>Mr. VVJ from a Hindu family. There was interpersonal problems in his family. He was suffering from Schizophrenia for two years. He is married. He was taking Allopathy treatment.</b></p>
---

	Major symptoms at the time of admission	Symptom Rating	Remarks
1.	<b>Restlessness</b>	<b>4</b>	<b>Always walks</b>
2.	<b>Talkative</b>	<b>3</b>	<b>Speaks always, sometime non connection.</b>
3.	<b>Destruction of materials</b>	<b>3</b>	<b>When angry</b>
4.	<b>Sudden alteration of mood</b>	<b>3</b>	<b>There was visual and auditory hallucinations</b>
	<b>Total</b>	<b>13</b>	

	Major symptoms at the time of discharge	Symptom Rating	Rate of Cure
1.	<b>Restlessness</b>	<b>2</b>	<b>Slight</b>
2.	<b>Talkative</b>	<b>1</b>	<b>Nil</b>
3.	<b>Destruction of materials</b>	<b>1</b>	<b>Nil</b>
4.	<b>Sudden alteration of mood</b>	<b>2</b>	<b>Slight</b>
	<b>Total</b>	<b>6</b>	

## CLINICAL PROFILE

Case No. 10
Disease category <b>Psychosis</b>

Name AT Age 26 Sex M Education Degree, Unmarried Religion: RC

<p>Case Summary</p> <p><b>Mr. AT belong to a Christian orthodox family. He was ambitious. There was failure in his business. He was suffering from schizophrenia from two months. He had Allopathy treatment from a national institute of mental health and neurosciences.</b></p>
--

	Major symptoms at the time of admission	Symptom Rating	Remarks
1.	<b>Visual hallucinations</b>	<b>3</b>	<b>He is on his way of making world peace</b>
2.	<b>He is a peace maker (hallucination)</b>	<b>3</b>	<b>Moderate</b>
3.	<b>Laziness</b>	<b>3</b>	<b>Only after disease</b>
4.	<b>Disinterest</b>	<b>4</b>	<b>Only after onset of disease</b>
	<b>Total</b>	<b>13</b>	

	Major symptoms at the time of discharge	Symptom Rating	Rate of Cure
1.	<b>Visual hallucinations</b>	<b>2</b>	<b>Slight</b>
2.	<b>He is a peace maker (hallucination)</b>	<b>1</b>	<b>Nil</b>
3.	<b>Laziness</b>	<b>1</b>	<b>Nil</b>
4.	<b>Disinterest</b>	<b>1</b>	<b>Nil</b>
	<b>Total</b>	<b>5</b>	

## CLINICAL PROFILE

Case No. 11
Disease category <b>Psychosis</b>

Name SN Age 39 Sex M Education PG, Married, Religion: Hindu

Case Summary Mr. SN belonged to an orthodox Hindu family. From his childhood he wanted to be a <i>muni</i> but in his living he was very pleasure seeking. He was suffering from schizophrenia for four years. He had the treatments of Allopathy. He has a family history of schizophrenia from the mother's side.
--

	Major symptoms at the time of admission	Symptom Rating	Remarks
1.	<b>Wanted to be a muni - feels himself as Kanchi Kamakodi</b>	<b>4</b>	<b>Hallucination</b>
2.	<b>Suicidal tendency</b>	<b>2</b>	<b>No attempts</b>
3.	<b>Shabbiness</b>	<b>3</b>	<b>No bath, no caring about dress</b>
4.	<b>Disinterest</b>	<b>4</b>	<b>Simply sits</b>
	<b>Total</b>	<b>13</b>	

	Major symptoms at the time of discharge	Symptom Rating	Rate of Cure
1.	<b>Wanted to be a muni - feels himself as Kanchi Kamakodi</b>	<b>3</b>	<b>Moderate</b>
2.	<b>Suicidal tendency</b>	<b>1</b>	<b>Nil</b>
3.	<b>Shabbiness</b>	<b>2</b>	<b>Slight</b>
4.	<b>Disinterest</b>	<b>2</b>	<b>Slight</b>
	<b>Total</b>	<b>8</b>	

## CLINICAL PROFILE

Case No. 12
Disease category <b>Psychosis</b>

Name **MT** Age **41** Sex **FM** Education **PG**, Married, Religion: **Hindu**

<p>Case Summary</p> <p><b>She belongs to a very orthodox Brahmin Tamil family. She was married to a Malayalee. She wanted to do further study. Husband did not allow. This is onset of illness. It was a gradual development. She was suffering from schizophrenia for five years. She had Allopathy treatment.</b></p>
---

	Major symptoms at the time of admission	Symptom Rating	Remarks
1.	<b>Destruction tendencies</b>	<b>4</b>	<b>When angry, but simple things</b>
2.	<b>Violent nature</b>	<b>4</b>	<b>To husband and family</b>
3.	<b>Auditory and visual hallucinations</b>	<b>3</b>	<b>Moderate</b>
4.	<b>Lack of cleanliness</b>	<b>3</b>	<b>No bath, neat dress</b>
5.	<b>Mood variations - disorientation</b>	<b>4</b>	<b>Severe</b>
	<b>Total</b>	<b>18</b>	

	Major symptoms at the time of discharge	Symptom Rating	Rate of Cure
1.	<b>Destruction tendencies</b>	<b>1</b>	<b>Nil</b>
2.	<b>Violent nature</b>	<b>1</b>	<b>Nil</b>
3.	<b>Auditory and visual hallucinations</b>	<b>2</b>	<b>Slight</b>
4.	<b>Lack of cleanliness</b>	<b>1</b>	<b>Nil</b>
5.	<b>Mood variations - disorientation</b>	<b>2</b>	<b>Slight</b>
	<b>Total</b>	<b>7</b>	

## CLINICAL PROFILE

Case No. 13
Disease category Psychosis

Name **AK** Age **25** Sex **M** Education **Degree**, Unmarried, Religion: **RC**

Case Summary <b>Mr. AK belong to a religious Christian family. He was misused by elders for homosexual acts in childhood. Later developed deep guilt feeling in him. He was suffering from schizophrenia for four years. He had the treatment of Allopathy.</b>
--

	Major symptoms at the time of admission	Symptom Rating	Remarks
1.	<b>Anxiety</b>	<b>2</b>	<b>Slight</b>
2.	<b>Homosexual interests</b>	<b>2</b>	<b>He is having guilt feeling</b>
3.	<b>OCD</b>	<b>3</b>	<b>Hardworking</b>
4.	<b>Fear of red colour</b>	<b>4</b>	<b>Sudden appearance</b>
5.	<b>Visual hallucination</b>	<b>3</b>	<b>Moderate</b>
	<b>Total</b>	<b>14</b>	

	Major symptoms at the time of discharge	Symptom Rating	Rate of Cure
1.	<b>Anxiety</b>	<b>1</b>	<b>Nil</b>
2.	<b>Homosexual interests</b>	<b>1</b>	<b>Nil</b>
3.	<b>OCD</b>	<b>2</b>	<b>Slight</b>
4.	<b>Fear of red colour</b>	<b>1</b>	<b>Nil</b>
5.	<b>Visual hallucination</b>	<b>2</b>	<b>Slight</b>
	<b>Total</b>	<b>7</b>	

## CLINICAL PROFILE

Case No. 14
Disease category <b>Psychosis</b>

Name NS Age 31 Sex M Education SSLC, Unmarried, Religion: Muslim

<p>Case Summary</p> <p><b>Mr. NS was a very successful businessman. He was suffering from schizophrenia from 1.5 years. He had treatments of Allopathy and Homeo. His main symptom was burning sensation. He has a hereditary predisposition.</b></p>
---

	Major symptoms at the time of admission	Symptom Rating	Remarks
1.	<b>Restlessness</b>	<b>4</b>	<b>Severe</b>
2.	<b>Burning sensation</b>	<b>3</b>	<b>Over head</b>
3.	<b>High heart beat</b>	<b>3</b>	<b>Only thinking</b>
	<b>Total</b>	<b>10</b>	

	Major symptoms at the time of discharge	Symptom Rating	Rate of Cure
1.	<b>Restlessness</b>	<b>1</b>	<b>Nil</b>
2.	<b>Burning sensation</b>	<b>2</b>	<b>Slight</b>
3.	<b>High heart beat</b>	<b>2</b>	<b>Slight</b>
	<b>Total</b>	<b>5</b>	

## CLINICAL PROFILE

Case No. 15
Disease category <b>Psychosis</b>

Name **KMA** Age **45** Sex **M** Education **6<sup>th</sup> STD**, Married, Religion: **Muslim**

<p>Case Summary</p> <p><b>Mr. KMA belongs to a Muslim family. He was an active and successful politician. But due to some reasons he had to leave the party. It was the onset of disease. He was suffering from schizophrenia for 17 years. He had the treatments of Allopathy and Ayurveda. Undergone mild ECT twice.</b></p>
--

	Major symptoms at the time of admission	Symptom Rating	Remarks
1.	<b>Disappointment</b>	<b>3</b>	<b>Not in political party</b>
2.	<b>Feeling of dejection</b>	<b>3</b>	<b>Ingratitude of party members</b>
3.	<b>Auditory and visual hallucinations</b>	<b>3</b>	<b>Becomes great leader</b>
4.	<b>Violent nature</b>	<b>3</b>	<b>When opposed by same family member</b>
	<b>Total</b>	<b>12</b>	

	Major symptoms at the time of discharge	Symptom Rating	Rate of Cure
1.	<b>Disappointment</b>	<b>1</b>	<b>Nil</b>
2.	<b>Feeling of dejection</b>	<b>1</b>	<b>Nil</b>
3.	<b>Auditory and visual hallucinations</b>	<b>2</b>	<b>Slight</b>
4.	<b>Violent nature</b>	<b>1</b>	<b>Nil</b>
	<b>Total</b>	<b>5</b>	

## CLINICAL PROFILE

Case No. 16
Disease category Neurosis

Name JKJ Age 28 Sex M Education Degree, Unmarried, Religion: RC

<p>Case Summary</p> <p>Mr. JKJ belong to a middle class family. He was a businessman. He was suffering from family problems. No one was understanding him in the family, he complains. Since six years he is suffering from anxiety disorder. He had treatment of Allopathy and Bio feedback packages.</p>
--

	Major symptoms at the time of admission	Symptom Rating	Remarks
1.	Tension	3	About business
2.	Family disturbances	3	Moderate
3.	Homosexual tendency	2	Slight
4.	Fear	3	of business and married life
5.	Depression	3	Moderate
6	Shivering	3	Moderate
	<b>Total</b>	<b>17</b>	

	Major symptoms at the time of discharge	Symptom Rating	Rate of Cure
1.	Tension	2	Slight
2.	Family disturbances	3	Moderate
3.	Homosexual tendency	3	Moderate
4.	Fear	2	Slight
5.	Depression	2	Slight
6	Shivering	1	Nil
	<b>Total</b>	<b>13</b>	

## CLINICAL PROFILE

Case No. 17
Disease category <b>Psychosis</b>

Name **SH** Age **21** Sex **M** Education **9<sup>th</sup> Std.** Unmarried, Religion: **Hindu**

<p><b>Case Summary</b>  <b>He was the only son of his parents. He was over-protected. He could do nothing without his father. He was shifted from one hospital to another by his father without full treatment. He was suffering from schizophrenia from six years. Medicine - Allopathy, Ayurveda and Homeo.</b></p>
---

	Major symptoms at the time of admission	Symptom Rating	Remarks
1.	<b>Violent nature</b>	<b>3</b>	<b>In the family or familiar place</b>
2.	<b>Fear</b>	<b>4</b>	<b>Absence of family member</b>
3.	<b>Laughing</b>	<b>3</b>	<b>Moderate</b>
4.	<b>Lack of attention</b>	<b>3</b>	<b>Moderate</b>
5.	<b>No neatness</b>	<b>4</b>	<b>No bath, no washing</b>
	<b>Total</b>	<b>17</b>	

	Major symptoms at the time of discharge	Symptom Rating	Rate of Cure
1.	<b>Violent nature</b>	<b>1</b>	<b>Nil</b>
2.	<b>Fear</b>	<b>2</b>	<b>Slight</b>
3.	<b>Laughing</b>	<b>3</b>	<b>Moderate</b>
4.	<b>Lack of attention</b>	<b>2</b>	<b>Slight</b>
5.	<b>No neatness</b>	<b>1</b>	<b>Nil</b>
	<b>Total</b>	<b>9</b>	

## CLINICAL PROFILE

Case No. 18
Disease category <b>Neurosis</b>

Name **RC** Age **28** Sex **M** Education **Pre-degree, Unmarried** Religion: **Hindu**

<p>Case Summary</p> <p><b>An over protected boy and full freedom of life was enjoyed. Had bad company. Feared about sexual potency - So went often to prostitutes. Suffering from anxiety disorder from two years. Had taken Allopathy medicine.</b></p>
--

	Major symptoms at the time of admission	Symptom Rating	Remarks
1.	<b>Lack of concentration</b>	<b>3</b>	<b>No interest in anything</b>
2.	<b>Fear</b>	<b>3</b>	<b>Because of over protection</b>
3.	<b>Drinking alcohol</b>	<b>3</b>	<b>Moderate</b>
4.	<b>Lack of self confidence</b>	<b>3</b>	<b>Has done nothing alone</b>
5.	<b>Depression</b>	<b>3</b>	<b>Good for nothing feeling</b>
6.	<b>Doubts about sexual capacity</b>	<b>4</b>	<b>So goes on testing</b>
	<b>Total</b>	<b>19</b>	

	Major symptoms at the time of discharge	Symptom Rating	Rate of Cure
1.	<b>Lack of concentration</b>	<b>2</b>	<b>Slight</b>
2.	<b>Fear</b>	<b>1</b>	<b>Nil</b>
3.	<b>Drinking alcohol</b>	<b>2</b>	<b>Slight</b>
4.	<b>Lack of self confidence</b>	<b>2</b>	<b>Slight</b>
5.	<b>Depression</b>	<b>2</b>	<b>Slight</b>
6.	<b>Doubts about sexual capacity</b>	<b>1</b>	<b>Nil</b>
	<b>Total</b>	<b>10</b>	

## CLINICAL PROFILE

Case No. 19
Disease category <b>Psychosis</b>

Name **RI** Age **41** Sex **FM** Education **9<sup>th</sup> Std.** Unmarried, Religion: **Hindu**

<p>Case Summary</p> <p><b>Mrs. RI was a dance teacher. She was sexually misused from early years. So she was highly interested in it. On the backing of dance class she goes for sex work and earns money. She was suffering from schizophrenia for six months. Undergone Allopathy treatment.</b></p>
--

	Major symptoms at the time of admission	Symptom Rating	Remarks
1.	<b>Visual and auditory hallucinations</b>	<b>3</b>	<b>Moderate</b>
2.	<b>Wandering nature</b>	<b>4</b>	<b>Due to sexual interests</b>
3.	<b>No neatness</b>	<b>4</b>	<b>Severe</b>
4.	<b>Careless dressing</b>	<b>4</b>	<b>Severe</b>
	<b>Total</b>	<b>15</b>	

	Major symptoms at the time of discharge	Symptom Rating	Rate of Cure
1.	<b>Visual and auditory hallucinations</b>	<b>2</b>	<b>Slight</b>
2.	<b>Wandering nature</b>	<b>2</b>	<b>Slight</b>
3.	<b>No neatness</b>	<b>1</b>	<b>Nil</b>
4.	<b>Careless dressing</b>	<b>1</b>	<b>Nil</b>
	<b>Total</b>	<b>6</b>	

## CLINICAL PROFILE

Case No. 20
Disease category Psychosis

Name LA Age 32 Sex FM Education Degree, Unmarried, Religion: Hindu

<p>Case Summary</p> <p>Ms. LA was an unmarried women. She never liked anyone to whom she was proposed. She had not interpersonal relationship with any one. She was suffering from schizophrenia since three years. And had treatments of Allopathy.</p>
--

	Major symptoms at the time of admission	Symptom Rating	Remarks
1.	Speaking	3	Not according to situation
2.	No interpersonal relationship	3	In the family/not in Thanal
3.	Complaints for everything	3	Others are neat
4.	Lack of sleep	3	Moderate
5.	Lack of cleanliness	4	Outer dress was very neat, but seldom washes inner clothes.
	<b>Total</b>	<b>16</b>	

	Major symptoms at the time of discharge	Symptom Rating	Rate of Cure
1.	Speaking	1	Nil
2.	No interpersonal relationship	2	Slight
3.	Complaints for everything	2	Slight
4.	Lack of sleep	1	Nil
5.	Lack of cleanliness	1	Nil
	<b>Total</b>	<b>7</b>	

## CLINICAL PROFILE

Case No. 21
Disease category <b>Psychosis</b>

Name **KPS** Age **32** Sex **M** Education **PG**, Married, Religion: **Hindu**

<p>Case Summary</p> <p><b>He was a clerk. He had good handwriting. He was afraid of mistakes. He was suffering from schizophrenia since six years. He was taking Allopathy medicine.</b></p>
--

	Major symptoms at the time of admission	Symptom Rating	Remarks
1.	<b>Fear</b>	<b>3</b>	<b>Of mistakes</b>
2.	<b>Restlessness</b>	<b>3</b>	<b>Anxious</b>
3.	<b>Shivering during writing</b>	<b>4</b>	<b>Due to medication</b>
4.	<b>Makes mistakes in writing</b>	<b>4</b>	<b>Destruction of thoughts</b>
5.	<b>Difficulty in facing people</b>	<b>3</b>	<b>Moderate</b>
6.	<b>More sleep</b>	<b>2</b>	<b>Slight</b>
7.	<b>Problems in interpersonal relationship</b>	<b>3</b>	<b>Moderate</b>
	<b>Total</b>	<b>22</b>	

	Major symptoms at the time of discharge	Symptom Rating	Rate of Cure
1.	<b>Fear</b>	<b>2</b>	<b>Slight</b>
2.	<b>Restlessness</b>	<b>2</b>	<b>Slight</b>
3.	<b>Shivering during writing</b>	<b>1</b>	<b>Nil</b>
4.	<b>Makes mistakes in writing</b>	<b>1</b>	<b>Nil</b>
5.	<b>Difficulty in facing people</b>	<b>2</b>	<b>Slight</b>
6.	<b>More sleep</b>	<b>1</b>	<b>Nil</b>
7.	<b>Problems in interpersonal relationship</b>	<b>2</b>	<b>Slight</b>
	<b>Total</b>	<b>11</b>	

## CLINICAL PROFILE

Case No. 22
Disease category <b>Psychosis</b>

Name **SK** Age **37** Sex **M** Education **SSLC**, Married, Religion: **Hindu**

Case Summary <b>Mr. SK belongs to an orthodox Hindu family. There was interpersonal problems among family members. He was suffering from schizophrenia since 15 years. Although the years he had Allopathy medicines.</b>
--

	Major symptoms at the time of admission	Symptom Rating	Remarks
1.	<b>Fluctuation in thinking</b>	<b>3</b>	<b>Moderate</b>
2.	<b>Lack of concentration</b>	<b>3</b>	<b>Moderate</b>
3.	<b>Shivering</b>	<b>3</b>	<b>Due to medication</b>
4.	<b>Problems in interpersonal relations</b>	<b>4</b>	<b>Severe</b>
5.	<b>Lack of self confidence</b>	<b>3</b>	<b>Moderate</b>
	<b>Total</b>	<b>16</b>	

	Major symptoms at the time of discharge	Symptom Rating	Rate of Cure
1.	<b>Fluctuation in thinking</b>	<b>2</b>	<b>Slight</b>
2.	<b>Lack of concentration</b>	<b>2</b>	<b>Slight</b>
3.	<b>Shivering</b>	<b>1</b>	<b>Nil</b>
4.	<b>Problems in interpersonal relations</b>	<b>2</b>	<b>Slight</b>
5.	<b>Lack of self confidence</b>	<b>2</b>	<b>Slight</b>
	<b>Total</b>	<b>9</b>	

## CLINICAL PROFILE

Case No. <b>23</b>
Disease category <b>Psychosis</b>

Name **MN** Age **38** Sex **M** Education **BE**, Married, Religion: **Hindu**

<p>Case Summary</p> <p><b>An over protected, individual from a well to do orthodox family. He had no freedom from childhood. Graduated in Engineering. During his study he had influence of bad friends led to drug addiction. Disturbed family background. He was suffering from schizophrenia since six years.</b></p>
--

	Major symptoms at the time of admission	Symptom Rating	Remarks
1.	<b>Alcohol use</b>	<b>4</b>	<b>Severe</b>
2.	<b>Drug abuse</b>	<b>3</b>	<b>Moderate</b>
3.	<b>Depression</b>	<b>3</b>	<b>Moderate</b>
4.	<b>Auditory and visual hallucinations</b>	<b>3</b>	<b>Brother-in-law harms him</b>
5.	<b>Cleanliness</b>	<b>3</b>	<b>Moderate</b>
	<b>Total</b>	<b>16</b>	

	Major symptoms at the time of discharge	Symptom Rating	Rate of Cure
1.	<b>Alcohol use</b>	<b>1</b>	<b>Nil</b>
2.	<b>Drug abuse</b>	<b>1</b>	<b>Nil</b>
3.	<b>Depression</b>	<b>2</b>	<b>Slight</b>
4.	<b>Auditory and visual hallucinations</b>	<b>2</b>	<b>Slight</b>
5.	<b>Cleanliness</b>	<b>1</b>	<b>Nil</b>
	<b>Total</b>	<b>7</b>	

## CLINICAL PROFILE

Case No. 24
Disease category <b>Psychosis</b>

Name **JS** Age **35** Sex **M** Education **Degree**, Married, Religion: **RC**

<p>Case Summary</p> <p><b>Mr. JS is from a family where there is family history of mental illness. He was suffering from psychosis (schizophrenia) for 12 years. He had Homeo and Allopathy treatments.</b></p>
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	Major symptoms at the time of admission	Symptom Rating	Remarks
1.	<b>Doubts</b>	<b>3</b>	<b>Of everything</b>
2.	<b>Always thinking disturbed</b>	<b>3</b>	<b>Useless thinking</b>
3.	<b>Thinking about the homosexual acts happened before</b>	<b>2</b>	<b>He takes pleasure in it</b>
4.	<b>Feeling of ridicules</b>	<b>3</b>	<b>Moderate</b>
5.	<b>Gloomy</b>	<b>3</b>	<b>Moderate</b>
	<b>Total</b>	<b>14</b>	

	Major symptoms at the time of discharge	Symptom Rating	Rate of Cure
1.	<b>Doubts</b>	<b>2</b>	<b>Slight</b>
2.	<b>Always thinking disturbed</b>	<b>2</b>	<b>Slight</b>
3.	<b>Thinking about the homosexual acts happened before</b>	<b>3</b>	<b>Moderate</b>
4.	<b>Feeling of ridicules</b>	<b>2</b>	<b>Slight</b>
5.	<b>Gloomy</b>	<b>1</b>	<b>Nil</b>
	<b>Total</b>	<b>10</b>	

## CLINICAL PROFILE

Case No. 25
Disease category <b>Psychosis</b>

Name AN Age 51 Sex M Education SSLC, Married, Religion: Hindu

<p>Case Summary</p> <p><b>Mr. AN belongs to a Hindu family. He was suffering from inferiority complex from childhood. He felt inferior even before wife. He was suffering from schizophrenia since 12 years. He was taking Allopathy medicines.</b></p>
---

	Major symptoms at the time of admission	Symptom Rating	Remarks
1.	<b>Doubts of wife</b>	<b>3</b>	<b>Extra affair</b>
2.	<b>Feeling of heat in body</b>	<b>3</b>	<b>Moderate</b>
3.	<b>Feels - his brain is shaking</b>	<b>3</b>	<b>So he shakes head and confirms</b>
4.	<b>Shows - mannerisms - bites teeth, with lips etc.</b>	<b>4</b>	<b>Severe</b>
5.	<b>Shaking of legs</b>	<b>4</b>	<b>Severe</b>
6.	<b>Lack of sleep</b>	<b>4</b>	<b>Severe</b>
	<b>Total</b>	<b>21</b>	

	Major symptoms at the time of discharge	Symptom Rating	Rate of Cure
1.	<b>Doubts of wife</b>	<b>3</b>	<b>Moderate</b>
2.	<b>Feeling of heat in body</b>	<b>2</b>	<b>Slight</b>
3.	<b>Feels - his brain is shaking</b>	<b>2</b>	<b>Slight</b>
4.	<b>Shows - mannerisms - bites teeth, with lips etc.</b>	<b>1</b>	<b>Nil</b>
5.	<b>Shaking of legs</b>	<b>1</b>	<b>Nil</b>
6.	<b>Lack of sleep</b>	<b>1</b>	<b>Nil</b>
	<b>Total</b>	<b>10</b>	

## CLINICAL PROFILE

Case No. 26
Disease category Psychosis

Name SP Age 24 Sex FM Education Pre-degree, Unmarried: Religion: Hindu

<p>Case Summary</p> <p><b>Ms. SP belongs to an orthodox Hindu family. Her father died in her early years. Mother was over protective. She was suffering from schizophrenia since six years. She had undergone treatments of Allopathy, Ayurveda, Manthravadam.</b></p>
--

	Major symptoms at the time of admission	Symptom Rating	Remarks
1.	Walking with stiff body	4	Like military
2.	Washing hands frequently	3	Moderate
3.	Shaking hands obsessively	4	Very roughly
4.	Laughing without reason	3	Loud
5.	Smiling without reason	3	Moderate
6.	Talking meaningless	3	No connection
7.	Forgetting dates etc. (disoriented)	4	Severe
	<b>Total</b>	<b>24</b>	

	Major symptoms at the time of discharge	Symptom Rating	Rate of Cure
1.	Walking with stiff body	1	Nil
2.	Washing hands frequently	2	Slight
3.	Shaking hands obsessively	1	Nil
4.	Laughing without reason	2	Slight
5.	Smiling without reason	2	Slight
6.	Talking meaningless	3	Moderate
7.	Forgetting dates etc. (disoriented)	3	Moderate
	<b>Total</b>	<b>14</b>	

## CLINICAL PROFILE

Case No. 27
Disease category Psychosis

Name SJ Age 31 Sex FM Education BHMS, Married, Religion: RC

<p>Case Summary</p> <p><b>She is a homeo doctor. From her early childhood she had taken her own decisions. She was not interested in anything. She was suffering from schizophrenia since 10 years. Had treatment of Homeo and Allopathy.</b></p>
---

	Major symptoms at the time of admission	Symptom Rating	Remarks
1.	<b>Difficulty to approach others</b>	<b>4</b>	<b>Always stands behind</b>
2.	<b>No confidence</b>	<b>3</b>	<b>Moderate</b>
3.	<b>False interpretation</b>	<b>3</b>	<b>Moderate</b>
4.	<b>Laughs without reason</b>	<b>3</b>	<b>Moderate</b>
5.	<b>Suicide tendency</b>	<b>2</b>	<b>Never attempted</b>
	<b>Total</b>	<b>15</b>	

	Major symptoms at the time of discharge	Symptom Rating	Rate of Cure
1.	<b>Difficulty to approach others</b>	<b>2</b>	<b>Slight</b>
2.	<b>No confidence</b>	<b>2</b>	<b>Slight</b>
3.	<b>False interpretation</b>	<b>2</b>	<b>Slight</b>
4.	<b>Laughs without reason</b>	<b>1</b>	<b>Nil</b>
5.	<b>Suicide tendency</b>	<b>1</b>	<b>Nil</b>
	<b>Total</b>	<b>8</b>	

## CLINICAL PROFILE

Case No. 28
Disease category <b>Neurosis</b>

Name **JJ** Age **32** Sex **M** Education **Pre-degree**, Married Religion: **RC**

<p>Case Summary</p> <p><b>Mr. JJ belongs to a Christian family. He had a disturbed family life. He was suffering from anxiety disorder for two years. He had taken Allopathy medicine.</b></p>
--

	Major symptoms at the time of admission	Symptom Rating	Remarks
1.	<b>Fear</b>	<b>4</b>	<b>Almost everything</b>
2.	<b>Lack of sleep</b>	<b>3</b>	<b>Moderate</b>
3.	<b>Restlessness</b>	<b>3</b>	<b>Moderate</b>
4.	<b>Violent nature</b>	<b>2</b>	<b>When some family members oppose him</b>
	<b>Total</b>	<b>12</b>	

	Major symptoms at the time of discharge	Symptom Rating	Rate of Cure
1.	<b>Fear</b>	<b>2</b>	<b>Slight</b>
2.	<b>Lack of sleep</b>	<b>1</b>	<b>Nil</b>
3.	<b>Restlessness</b>	<b>2</b>	<b>Slight</b>
4.	<b>Violent nature</b>	<b>1</b>	<b>Nil</b>
	<b>Total</b>	<b>6</b>	

## CLINICAL PROFILE

Case No. 29
Disease category <b>Psychosis</b>

Name **RG** Age **42** Sex **FM** Education **6<sup>th</sup> Std.** Unmarried, Religion: **RC**

<p>Case Summary</p> <p><b>Mrs. RG belongs to an orthodox Christian family. She had many sufferings from husband's family and even husband. She was never adjusted to her family. She was suffering from schizophrenia since two years. She had Allopathy treatment.</b></p>
---

	Major symptoms at the time of admission	Symptom Rating	Remarks
1.	<b>Fear</b>	<b>4</b>	<b>Of everything</b>
2.	<b>Lack of sleep</b>	<b>4</b>	<b>Severe</b>
3.	<b>No talking even when wanted to</b>	<b>5</b>	<b>Very severe</b>
4.	<b>Fear of darkness</b>	<b>4</b>	<b>Severe</b>
5.	<b>Retaliation towards his family</b>	<b>4</b>	<b>Family friction</b>
6.	<b>Talking alone</b>	<b>4</b>	<b>Severe</b>
	<b>Total</b>	<b>25</b>	

	Major symptoms at the time of discharge	Symptom Rating	Rate of Cure
1.	<b>Fear</b>	<b>2</b>	<b>Slight</b>
2.	<b>Lack of sleep</b>	<b>1</b>	<b>Nil</b>
3.	<b>No talking even when wanted to</b>	<b>1</b>	<b>Nil</b>
4.	<b>Fear of darkness</b>	<b>2</b>	<b>Slight</b>
5.	<b>Retaliation towards his family</b>	<b>3</b>	<b>Moderate</b>
6.	<b>Talking alone</b>	<b>2</b>	<b>Slight</b>
	<b>Total</b>	<b>11</b>	

## CLINICAL PROFILE

Case No. 30
Disease category <b>Neurosis</b>

Name **JPS** Age **29** Sex **M** Education **Degree**, Married, Religion: **RC**

<p>Case Summary</p> <p><b>Mr. JPS from his childhood he had felt loneliness. He felt inferior from others. He was suffering from anxiety disorder since five years. He had undertaken Allopathy treatment.</b></p>
--

	Major symptoms at the time of admission	Symptom Rating	Remarks
1.	<b>Lack of sleep</b>	<b>4</b>	<b>Severe</b>
2.	<b>Chest pain</b>	<b>4</b>	<b>No organic cause</b>
3.	<b>Fear</b>	<b>4</b>	<b>Severe</b>
	<b>Total</b>	<b>12</b>	

	Major symptoms at the time of discharge	Symptom Rating	Rate of Cure
1.	<b>Lack of sleep</b>	<b>1</b>	<b>Nil</b>
2.	<b>Chest pain</b>	<b>2</b>	<b>Slight</b>
3.	<b>Fear</b>	<b>2</b>	<b>Slight</b>
	<b>Total</b>	<b>5</b>	

## CLINICAL PROFILE

Case No. 31
Disease category <b>Psychosis</b>

Name SA Age 29 Sex M Education SSLC, Unmarried, Religion: RC

<p>Case Summary</p> <p><b>Mr. SA belongs to a strict disciplined family. His father was very stubborn in everything. He punishes even for slight deviations. His mother had committed suicide. He was suffering from schizophrenia since 12 years. Undertook treatment of Allopathy.</b></p>
--

	Major symptoms at the time of admission	Symptom Rating	Remarks
1.	<b>Auditory and visual hallucinations</b>	<b>3</b>	<b>Moderate</b>
2.	<b>Very slow movements</b>	<b>3</b>	<b>Moderate</b>
3.	<b>Lack of concentration</b>	<b>3</b>	<b>Moderate</b>
4.	<b>Lethargy</b>	<b>3</b>	<b>Moderate</b>
5.	<b>Lack of confidence</b>	<b>3</b>	<b>He was punished for everything</b>
	<b>Total</b>	<b>15</b>	

	Major symptoms at the time of discharge	Symptom Rating	Rate of Cure
1.	<b>Auditory and visual hallucinations</b>	<b>3</b>	<b>Moderate</b>
2.	<b>Very slow movements</b>	<b>2</b>	<b>Slight</b>
3.	<b>Lack of concentration</b>	<b>2</b>	<b>Slight</b>
4.	<b>Lethargy</b>	<b>2</b>	<b>Slight</b>
5.	<b>Lack of confidence</b>	<b>2</b>	<b>Slight</b>
	<b>Total</b>	<b>11</b>	

## CLINICAL PROFILE

Case No. 32
Disease category <b>Psychosis</b>

Name **APD** Age **18** Sex **FM** Education **SSLC, Unmarried,** Religion: **RC**

<p>Case Summary  <b>Ms. APD was deaf and dumb. But she could very easily communicate with every one. She was cared well in the family. She was suffering from schizophrenia for five years. She had Allopathy medicines.</b></p>
--

	Major symptoms at the time of admission	Symptom Rating	Remarks
1.	<b>Doubts</b>	<b>4</b>	<b>Her sister-in-law</b>
2.	<b>Angry</b>	<b>3</b>	<b>To family members and friends</b>
3.	<b>Disobedience</b>	<b>3</b>	<b>To only family members</b>
4.	<b>Sits alone always</b>	<b>3</b>	<b>Moderate</b>
5.	<b>Smiling</b>	<b>3</b>	<b>Moderate</b>
6.	<b>Seeking attention</b>	<b>4</b>	<b>Severe</b>
	<b>Total</b>	<b>20</b>	

	Major symptoms at the time of discharge	Symptom Rating	Rate of Cure
1.	<b>Doubts</b>	<b>2</b>	<b>Slight</b>
2.	<b>Angry</b>	<b>1</b>	<b>Nil</b>
3.	<b>Disobedience</b>	<b>1</b>	<b>Nil</b>
4.	<b>Sits alone always</b>	<b>1</b>	<b>Nil</b>
5.	<b>Smiling</b>	<b>2</b>	<b>Slight</b>
6.	<b>Seeking attention</b>	<b>2</b>	<b>Slight</b>
	<b>Total</b>	<b>9</b>	

## CLINICAL PROFILE

Case No. 33
Disease category <b>Neurosis</b>

Name **JT** Age **24** Sex **M** Education **Pre-degree**, Unmarried, Religion: **RC**

Case Summary <b>Mr. JT belongs to a Christian orthodox family. He had no freedom in his family. He was brought up outside India. He was suffering from anxiety disorder since seven years. Had medication of Allopathy.</b>
--

	Major symptoms at the time of admission	Symptom Rating	Remarks
1.	<b>Seeks attention</b>	<b>4</b>	<b>Severe</b>
2.	<b>Lack of tolerance</b>	<b>4</b>	<b>Severe</b>
3.	<b>OCD</b>	<b>3</b>	<b>Hand washing</b>
4.	<b>Adjustment problems with sister</b>	<b>4</b>	<b>She mocks him</b>
5.	<b>Lack of adjustment</b>	<b>4</b>	<b>To everything</b>
	<b>Total</b>	<b>15</b>	

	Major symptoms at the time of discharge	Symptom Rating	Rate of Cure
1.	<b>Seeks attention</b>	<b>2</b>	<b>Slight</b>
2.	<b>Lack of tolerance</b>	<b>3</b>	<b>Moderate</b>
3.	<b>OCD</b>	<b>2</b>	<b>Slight</b>
4.	<b>Adjustment problems with sister</b>		
5.	<b>Lack of adjustment</b>	<b>2</b>	<b>Slight</b>
	<b>Total</b>	<b>9</b>	

## CLINICAL PROFILE

Case No. 34
Disease category <b>Psychosis</b>

Name **EB** Age **21** Sex **FM** Education **Degree**, Married, Religion: **RC**

<p>Case Summary</p> <p><b>She belongs to a poor family. She was over protected from childhood. She was married. Only after marriage the symptoms started. She was suffering from schizophrenia since six months. She had Allopathy treatment.</b></p>
---

	Major symptoms at the time of admission	Symptom Rating	Remarks
1.	<b>Fear</b>	<b>3</b>	<b>Moderate</b>
2.	<b>Fear in sexual relationship</b>	<b>4</b>	<b>Some fear is in relationship - but show interest</b>
3.	<b>Laziness</b>	<b>4</b>	<b>Severe</b>
4.	<b>Lack of clarity</b>	<b>4</b>	<b>Severe</b>
	<b>Total</b>	<b>15</b>	

	Major symptoms at the time of discharge	Symptom Rating	Rate of Cure
1.	<b>Fear</b>	<b>2</b>	<b>Slight</b>
2.	<b>Fear in sexual relationship</b>	<b>1</b>	<b>Nil</b>
3.	<b>Laziness</b>	<b>2</b>	<b>Slight</b>
4.	<b>Lack of clarity</b>	<b>2</b>	<b>Slight</b>
	<b>Total</b>	<b>7</b>	

## CLINICAL PROFILE

Case No. 35
Disease category <b>Psychosis</b>

Name **JTA** Age **37** Sex **M** Education **Degree, Unmarried,** Religion: **RC**

<p>Case Summary</p> <p><b>Mr. JTA belongs to a middle class Christian orthodox family. He was very good in his studies. He has suffering from schizophrenia since 7.5 years. He had taken Allopathy medicine.</b></p>
---

	Major symptoms at the time of admission	Symptom Rating	Remarks
1.	<b>Uttering unconnected words</b>	<b>3</b>	<b>Moderate</b>
2.	<b>Insomnia</b>	<b>4</b>	<b>Severe</b>
3.	<b>No food intake</b>	<b>4</b>	<b>Severe</b>
4.	<b>No bath</b>	<b>4</b>	<b>Severe</b>
5.	<b>Hand wash</b>	<b>3</b>	<b>Moderate</b>
6.	<b>Mannerism - hand</b>	<b>4</b>	<b>Severe</b>
	<b>Total</b>	<b>18</b>	

	Major symptoms at the time of discharge	Symptom Rating	Rate of Cure
1.	<b>Uttering unconnected words</b>	<b>2</b>	<b>Slight</b>
2.	<b>Insomnia</b>	<b>1</b>	<b>Nil</b>
3.	<b>No food intake</b>	<b>1</b>	<b>Nil</b>
4.	<b>No bath</b>	<b>1</b>	<b>Nil</b>
5.	<b>Hand wash</b>	<b>2</b>	<b>Slight</b>
6.	<b>Mannerism - hand</b>	<b>2</b>	<b>Slight</b>
	<b>Total</b>	<b>9</b>	

## CLINICAL PROFILE

Case No. 36
Disease category Psychosis

Name VMA Age 36 Sex FM Education Degree, Married, Religion: Hindu

<p>Case Summary</p> <p><b>She is a government employee. She belongs to a very poor family. She was suffering from schizophrenia since five years. Had taken medication of Allopathy and Ayurveda.</b></p>
---

	Major symptoms at the time of admission	Symptom Rating	Remarks
1.	Lack of sleep	4	Severe
2.	Doubts	3	Of husband
3.	Less food intake	4	Severe
4.	Quarrel	3	With husband and his family
5.	Self talk	3	Complaints
	<b>Total</b>	<b>17</b>	

	Major symptoms at the time of discharge	Symptom Rating	Rate of Cure
1.	Lack of sleep	1	Nil
2.	Doubts	3	Moderate
3.	Less food intake	2	Slight
4.	Quarrel	3	Moderate
5.	Self talk	2	Slight
	<b>Total</b>	<b>11</b>	

## CLINICAL PROFILE

Case No. 37
Disease category <b>Psychosis</b>

Name **SV** Age **19** Sex **M** Education **Degree**, Unmarried, Religion: **Hindu**

<p>Case Summary</p> <p><b>An over protected child of very loose family. There was problems in interpersonal relationship. He was suffering from schizophrenia since one year. He had Allopathy treatments.</b></p>
--

	Major symptoms at the time of admission	Symptom Rating	Remarks
1.	<b>Doesn't want to study</b>	<b>4</b>	<b>Severe</b>
2.	<b>No aims in life</b>	<b>4</b>	<b>Severe</b>
3.	<b>Inertia</b>	<b>4</b>	<b>Severe</b>
4.	<b>General apprehension</b>	<b>3</b>	<b>Moderate</b>
	<b>Total</b>	<b>15</b>	

	Major symptoms at the time of discharge	Symptom Rating	Rate of Cure
1.	<b>Doesn't want to study</b>	<b>2</b>	<b>Slight</b>
2.	<b>No aims in life</b>	<b>2</b>	<b>Slight</b>
3.	<b>Inertia</b>	<b>2</b>	<b>Slight</b>
4.	<b>General apprehension</b>	<b>2</b>	<b>Slight</b>
	<b>Total</b>	<b>8</b>	

## CLINICAL PROFILE

Case No. <b>38</b>
Disease category <b>Neurosis</b>

Name **RTN** Age **56** Sex **FM** Education **4<sup>th</sup> Std.** Married, Religion: **Hindu**

<p>Case Summary</p> <p><b>She was from a Hindu orthodox family. She had problems with her husband. She was suffering from anxiety since one year. Had Allopathy treatment.</b></p>
--

	Major symptoms at the time of admission	Symptom Rating	Remarks
1.	<b>Lack of sleep</b>	<b>4</b>	<b>Severe</b>
2.	<b>Fear</b>	<b>3</b>	<b>Moderate</b>
3.	<b>Anxiety</b>	<b>3</b>	<b>Moderate</b>
4.	<b>Generalised aversion</b>	<b>3</b>	<b>To husband</b>
	<b>Total</b>	<b>13</b>	

	Major symptoms at the time of discharge	Symptom Rating	Rate of Cure
1.	<b>Lack of sleep</b>	<b>1</b>	<b>Nil</b>
2.	<b>Fear</b>	<b>2</b>	<b>Slight</b>
3.	<b>Anxiety</b>	<b>2</b>	<b>Slight</b>
4.	<b>Generalised aversion</b>	<b>1</b>	<b>Nil</b>
	<b>Total</b>	<b>6</b>	

## CLINICAL PROFILE

Case No. 39
Disease category <b>Neurosis</b>

Name SA Age 30 Sex M Education Degree, Unmarried, Religion: RC

<p>Case Summary</p> <p><b>He belongs to a Christian family. He was jealous from his childhood. He lacks confidence. He was suffering from anxiety disorder since two years. Had Allopathy medication.</b></p>
---

	Major symptoms at the time of admission	Symptom Rating	Remarks
1.	<b>Jealousy</b>	<b>4</b>	<b>To brothers and sisters</b>
2.	<b>Inferiority</b>	<b>3</b>	<b>Moderate</b>
3.	<b>Hot-tempered</b>	<b>3</b>	<b>To family members alone</b>
4.	<b>No risk taking</b>	<b>3</b>	<b>Moderate</b>
5.	<b>Lack of confidence</b>	<b>3</b>	<b>Moderate</b>
6.	<b>Anxiety</b>	<b>3</b>	<b>About future</b>
	<b>Total</b>	<b>19</b>	

	Major symptoms at the time of discharge	Symptom Rating	Rate of Cure
1.	<b>Jealousy</b>	<b>2</b>	<b>Slight</b>
2.	<b>Inferiority</b>	<b>2</b>	<b>Slight</b>
3.	<b>Hot-tempered</b>	<b>1</b>	<b>Nil</b>
4.	<b>No risk taking</b>	<b>3</b>	<b>Moderate</b>
5.	<b>Lack of confidence</b>	<b>2</b>	<b>Slight</b>
6.	<b>Anxiety</b>	<b>2</b>	<b>Slight</b>
	<b>Total</b>	<b>12</b>	

## CLINICAL PROFILE

Case No. 40
Disease category <b>Psychosis</b>

Name **GPN** Age **26** Sex **M** Education **Degree**, Unmarried, Religion: **Hindu**

<p>Case Summary  <b>His father was a homeo doctor. He was an over protected child. He was suffering from schizophrenia since seven years. Had medications of homeo, Allopathy and Ayurveda.</b></p>
---

	Major symptoms at the time of admission	Symptom Rating	Remarks
1.	<b>Guilt conscious</b>	<b>4</b>	<b>About his acts</b>
2.	<b>Lack of appropriate responses</b>	<b>4</b>	<b>Severe</b>
3.	<b>Carelessness</b>	<b>4</b>	<b>Severe</b>
4.	<b>Lack of neatness</b>	<b>3</b>	<b>No bath, washing of clothes</b>
	<b>Total</b>	<b>15</b>	

	Major symptoms at the time of discharge	Symptom Rating	Rate of Cure
1.	<b>Guilt conscious</b>	<b>2</b>	<b>Slight</b>
2.	<b>Lack of appropriate responses</b>	<b>3</b>	<b>Moderate</b>
3.	<b>Carelessness</b>	<b>3</b>	<b>Moderate</b>
4.	<b>Lack of neatness</b>	<b>1</b>	<b>Nil</b>
	<b>Total</b>	<b>9</b>	

## CLINICAL PROFILE

Case No. 41
Disease category <b>Neurosis</b>

Name **SVR** Age **24** Sex **FM** Education **Nursing**, Unmarried, Religion: **Hindu**

Case Summary <b>She was an overprotected child. She was very good in studies. Never goes alone anywhere. Suffering from anxiety disorder since three months. Had Allopathy medicine.</b>
---

	Major symptoms at the time of admission	Symptom Rating	Remarks
1.	<b>Fear</b>	<b>4</b>	<b>Wad dependent always</b>
2.	<b>Depression</b>	<b>3</b>	<b>Moderate</b>
3.	<b>Uninterested in everything</b>	<b>4</b>	<b>After illness</b>
4.	<b>Wants always company</b>	<b>4</b>	<b>Severe</b>
5.	<b>Lack of courage</b>	<b>4</b>	<b>Severe</b>
	<b>Total</b>	<b>15</b>	

	Major symptoms at the time of discharge	Symptom Rating	Rate of Cure
1.	<b>Fear</b>	<b>2</b>	<b>Slight</b>
2.	<b>Depression</b>	<b>1</b>	<b>Nil</b>
3.	<b>Uninterested in everything</b>	<b>1</b>	<b>Nil</b>
4.	<b>Wants always company</b>	<b>2</b>	<b>Slight</b>
5.	<b>Lack of courage</b>	<b>2</b>	<b>Slight</b>
	<b>Total</b>	<b>8</b>	

## CLINICAL PROFILE

Case No. 42
Disease category Neurosis

Name **DPS** Age **39** Sex **FM** Education **SSLC, Married**, Religion: **Hindu**

<p>Case Summary</p> <p><b>She belongs to a high family. Always thinks about the only son and his future. Suffering from anxiety disorder since three months. Had taken Allopathy medicine.</b></p>
--

	Major symptoms at the time of admission	Symptom Rating	Remarks
1.	<b>Headache</b>	<b>4</b>	<b>No organic cause</b>
2.	<b>Depression</b>	<b>3</b>	<b>Moderate</b>
3.	<b>Fear</b>	<b>4</b>	<b>Of son's future</b>
4.	<b>No interaction with others</b>	<b>4</b>	<b>Severe</b>
	<b>Total</b>	<b>15</b>	

	Major symptoms at the time of discharge	Symptom Rating	Rate of Cure
1.	<b>Headache</b>	<b>2</b>	<b>Slight</b>
2.	<b>Depression</b>	<b>2</b>	<b>Slight</b>
3.	<b>Fear</b>	<b>3</b>	<b>Moderate</b>
4.	<b>No interaction with others</b>	<b>3</b>	<b>Moderate</b>
	<b>Total</b>	<b>10</b>	

## CLINICAL PROFILE

Case No. 43
Disease category Neurosis

Name VN Age 62 Sex M Education SSLC, Married, Religion: Hindu

Case Summary Mr. VN is a married man. He was leading a lonely life. He felt inferior always. He was suffering from anxiety disorder from three years. Had Allopathy medicines.
---

	Major symptoms at the time of admission	Symptom Rating	Remarks
1.	Sadness	4	Severe
2.	Feeling of loneliness	4	Severe
3.	Depression	3	Moderate
4.	Inferiority	4	Severe
	<b>Total</b>	<b>15</b>	

	Major symptoms at the time of discharge	Symptom Rating	Rate of Cure
1.	Sadness	2	Slight
2.	Feeling of loneliness	2	Slight
3.	Depression	2	Slight
4.	Inferiority	2	Slight
	<b>Total</b>	<b>8</b>	

## CLINICAL PROFILE

Case No. 44
Disease category <b>Psychosis</b>

Name **KT** Age **62** Sex **M** Education **SSLC**, Married, Religion: **Hindu**

<p>Case Summary  <b>He was a man of doubts from early life. He was suffering from schizophrenia since six years. Had treatments of Allopathy.</b></p>
---

	Major symptoms at the time of admission	Symptom Rating	Remarks
1.	<b>Fear at night</b>	<b>4</b>	<b>Severe</b>
2.	<b>Fear of every one</b>	<b>4</b>	<b>Severe</b>
3.	<b>Auditory and visual hallucinations</b>	<b>3</b>	<b>Doctor has received money to kill him</b>
	<b>Total</b>	<b>11</b>	

	Major symptoms at the time of discharge	Symptom Rating	Rate of Cure
1.	<b>Fear at night</b>	<b>2</b>	<b>Slight</b>
2.	<b>Fear of every one</b>	<b>2</b>	<b>Slight</b>
3.	<b>Auditory and visual hallucinations</b>	<b>2</b>	<b>Slight</b>
	<b>Total</b>	<b>6</b>	

## CLINICAL PROFILE

Case No. 45
Disease category Neurosis

Name **CTY** Age **46** Sex **M** Education **PG**, Married, Religion: **Hindu**

### Case Summary

**He is from a very poor family. He had free interactions everyone in the beginning but later it led to conflict in his marital life. He was suffering from anxiety disorder from three years. He had medication of Ayurveda and Allopathy.**

	Major symptoms at the time of admission	Symptom Rating	Remarks
1.	<b>Not attending job</b>	<b>5</b>	<b>Very severe</b>
2.	<b>Problems with wife and officers</b>	<b>4</b>	<b>Severe</b>
3.	<b>Anxiety</b>	<b>4</b>	<b>Severe</b>
4.	<b>Doubts</b>	<b>4</b>	<b>Severe</b>
	<b>Total</b>	<b>17</b>	

	Major symptoms at the time of discharge	Symptom Rating	Rate of Cure
1.	<b>Not attending job</b>	<b>2</b>	<b>Slight</b>
2.	<b>Problems with wife and officers</b>	<b>2</b>	<b>Slight</b>
3.	<b>Anxiety</b>	<b>2</b>	<b>Slight</b>
4.	<b>Doubts</b>	<b>3</b>	<b>Moderate</b>
	<b>Total</b>	<b>9</b>	

## CLINICAL PROFILE

Case No. 46
Disease category Psychosis

Name **AK** Age **27** Sex **M** Education **SSLC**, Unmarried, Religion: **Muslim**

Case Summary <b>In his family there is higher level of mental illness. He was suffering from mental illness schizoprenia since five years. Had treatment of Allopathy.</b>
---

	Major symptoms at the time of admission	Symptom Rating	Remarks
1.	<b>Fear</b>	<b>4</b>	<b>Severe</b>
2.	<b>Weakness</b>	<b>4</b>	<b>Severe</b>
3.	<b>Shivering</b>	<b>3</b>	<b>Due to medication</b>
4.	<b>Visual and auditory hallucinations</b>	<b>3</b>	<b>Some one to destroy their factory</b>
5.	<b>Afraid of people</b>	<b>3</b>	<b>Moderate</b>
	<b>Total</b>	<b>17</b>	

	Major symptoms at the time of discharge	Symptom Rating	Rate of Cure
1.	<b>Fear</b>	<b>2</b>	<b>Slight</b>
2.	<b>Weakness</b>	<b>1</b>	<b>Nil</b>
3.	<b>Shivering</b>	<b>2</b>	<b>Slight</b>
4.	<b>Visual and auditory hallucinations</b>	<b>3</b>	<b>Moderate</b>
5.	<b>Afraid of people</b>	<b>2</b>	<b>Slight</b>
	<b>Total</b>	<b>9</b>	

## CLINICAL PROFILE

Case No. 47
Disease category Psychosis

Name RN Age 32 Sex M Education Degree, Married, Religion: Hindu

<p>Case Summary</p> <p><b>He is from a very orthodox Hindu family. There was interpersonal problems from his early life. He was suffering from schizophrenia from six years. Had Allopathy medication.</b></p>
--

	Major symptoms at the time of admission	Symptom Rating	Remarks
1.	<b>Excessive smoking</b>	<b>4</b>	<b>Severe</b>
2.	<b>Angry</b>	<b>3</b>	<b>Family members</b>
3.	<b>Pathological walking</b>	<b>4</b>	<b>Hours</b>
4.	<b>Self talking</b>	<b>4</b>	<b>Severe</b>
5.	<b>Laughing</b>	<b>3</b>	<b>Moderate</b>
6.	<b>Lack of sleep</b>	<b>4</b>	<b>Severe</b>
7.	<b>Visual and auditory hallucinations</b>	<b>3</b>	<b>Moderate</b>
	<b>Total</b>	<b>25</b>	

	Major symptoms at the time of discharge	Symptom Rating	Rate of Cure
1.	<b>Excessive smoking</b>	<b>1</b>	<b>Nil</b>
2.	<b>Angry</b>	<b>2</b>	<b>Slight</b>
3.	<b>Pathological walking</b>	<b>1</b>	<b>Nil</b>
4.	<b>Self talking</b>	<b>2</b>	<b>Slight</b>
5.	<b>Laughing</b>	<b>2</b>	<b>Slight</b>
6.	<b>Lack of sleep</b>	<b>1</b>	<b>Nil</b>
7.	<b>Visual and auditory hallucinations</b>	<b>3</b>	<b>Moderate</b>
	<b>Total</b>	<b>12</b>	

## Analysis

1. Significance of difference between the mean scores obtained in physiological variables at the time of admission and at the time of discharge after the package intervention is estimated using t-Test. (See table 1).
2. The significance of difference between the mean scores obtained in maladjustment variables at the time of admission and at the time of discharge after the intervention of the packages estimated using t-Test. (See table 2).
3. Significance of difference between the mean scores obtained by male and female subjects in physiological variables. (See table 3).
4. Significance of difference between the mean scores obtained by male and female subjects in psychological variables. (See table 4).
5. Significance of difference between the mean scores obtained by psychotic and neurotic subjects in physiological variables. (See table 5).
6. Significance of difference between the mean scores obtained by psychotic and neurotic subjects in psychological variables. (See table 6).
7. Significance of difference between the mean scores in clinical profile at the time of admission and at the time of discharge after the package intervention is estimated using t-Test. (See table 7).
8. Significance of difference between the mean scores obtained by male and female subjects in clinical profile. (See table 8).
9. Significance of difference between the mean scores obtained by psychotic and neurotic subjects in clinical profile. (See table 9).

10. A two-way ANOVA between duration of illness (four categories: 0-2 yrs, 2.1-5 yrs, 5.1-10 yrs and 10.1 and above) versus age (three categories: 0-30 yrs, 31-40 yrs and 41 and above) for maladjustment variables was made. (See table 10).
11. A two-way ANOVA between duration of illness (four categories) versus sex (male and female) for maladjustment variables was made. (See table 11).
12. A two-way ANOVA between duration of ill (four categories) versus disease condition (psychotic and neurotic) for maladjustment variables was made. (See table 12).
13. A two-way ANOVA between duration of illness (four categories: 0-2 yrs, 2.1-5 yrs, 5.1-10 yrs and 10.1 and above) versus age (three categories: 0-30 yrs, 31-40 yrs and 41 and above) for physiological variables was made. (See table 13).
14. A two-way ANOVA between duration of illness (four categories) versus sex (male and female) for physiological variables was made. (See table 14).
15. A two-way ANOVA between duration of ill (four categories) versus disease condition (psychotic and neurotic) for physiological variables was made. (See table 15).
16. Significance of difference between the mean scores obtained in physiological and maladjustment variables by various subgroups according to age, sex, disease category and deviation of illness is estimated. (See table 16).

## DISCUSSION OF RESULTS

### Physiological Variables

The mean score obtained for physiological variables at the time of admission and at the time of discharge after the completion of the therapy package were analysed to see the significant difference in them. A considerable decrease in breath rate is found. The breath rate is significantly reduced after the therapy intervention. According to the holistic health and *yoga* physiology a reduced metabolic rate is observed after the practice of raw diet and *yogasana* compared to the normal metabolic rate. Body weight is also significantly reduced after the therapy intervention. The weight reduction is considered a positive sign of health according to the natural cure methods. The reduction in weight is probably due to the elimination of toxic substances and fat materials from the body. This reduction is usually found to be from five kilograms to fifteen kilograms for a duration of raw diet for more than forty days. In this therapy intervention the weight estimation was made after 20 days, so the reduction is not very high. (Mean reduction three kilograms). Raw food eaters for two years or more are found to gain more weight even up to 5 kg than their normal weight when they were eating cooked food. (Baby, J., 1994).

No difference was observed in the mean scores on blood pressure, diastolic, blood pressure systolic, blood pressure, pulse rate and body temperature. Perhaps an

optimum period to show a reduction in such metabolic rate may be more than 20 days.

**Table 1**

**Significance of difference between the mean scores obtained in physiological variables at the time of admission and at the time of discharge (N=47)**

Sl.No.	Psychological Variable	At the time of admission		At the time of discharge		t
		Mean	SD	Mean	SD	
1.	Blood pressure diastolic	117.47	8.85	117.91	5.03	-0.469
2.	Blood pressure systolic	79.45	2.88	80.15	2.24	-1.405
3.	Pulse rate	76.40	8.76	76.30	7.84	0.248
4.	Body temperature	34.86	4.49	33.69	2.47	1.646
5.	Breath rate	24.55	2.47	23.74	2.10	3.699**
6.	Body weight	60.72	11.20	57.66	10.83	13.181**

*\*\* Significant at 0.01 level*

### **Psychological Variables**

The significance of differences between mean scores obtained in various subtests of the Mathew Maladjustment Inventory at the time of admission and at the time of discharge are estimated. A substantial reduction was found in all the maladjustment variables of anxiety, depression, mania, inferiority and paranoia. All the differences are significant at one percent level. The intervention package is found to be highly useful in remaining symptoms of maladjustments.

**Table 2**

**Significance of difference between the mean scores obtained in maladjustment variables at the time of admission and at the time of discharge (N=47)**

Sl.No.	Maladjustment Variable	At the time of admission		At the time of discharge		t
		Mean	SD	Mean	SD	
1.	Anxiety	11.21	4.13	3.81	1.90	11.855**
2.	Depression	15.70	5.32	8.11	1.54	9.395**
3.	Mania	6.00	3.67	1.17	1.11	8.685**
4.	Inferiority	8.70	3.99	5.19	1.86	5.554**
5.	Paranoia	9.95	4.85	2.29	0.90	11.580**
6.	Total maladjustment	54.44	7.49	22.23	4.21	29.731**

**\*\* Significant at 0.01 level**

Sex difference in physiological variables were estimated. A five percent significant difference with a high mean for female is observed in the case of systolic blood pressure only. In all other physiological variables, the mean scores of male and female do not differ significantly. (See table 3).

**Table 3**

**Significance of difference between the mean scores obtained by male and female subjects in physiological variables (N=35 males and 12 females)**

Sl.No.	Physiological Variable	Male		Female		t
		Mean	SD	Mean	SD	
1.	Blood pressure diastolic	1.20	6.88	1.75	4.99	1.364
2.	Blood pressure systolic	0.29	1.69	2.75	4.97	2.571*
3.	Pulse	0.29	3.29	0.42	1.56	0.710
4.	Body temperature	0.48	1.05	3.18	9.47	1.689
5.	Breath	1.00	1.48	0.25	1.48	1.517
6.	Body weight	3.06	1.66	3.08	1.44	0.049

*\* Significant at 0.05 level*

In maladjustment variables the male and female do not differ. (See table 4).

It is to be remembered that the female sample is small.

**Table 4**

**Significance of difference between the mean scores obtained by male and female subjects in psychological variables (N=35 males and 12 females)**

Sl.No.	Maladjustment Variable	Male		Female		t
		Mean	SD	Mean	SD	
1.	Anxiety	6.80	3.91	9.17	4.99	1.685
2.	Depression	7.89	5.49	6.75	5.86	0.605
3.	Mania	4.49	3.67	5.83	4.22	1.058
4.	Inferiority	4.20	4.46	1.50	3.34	1.916
5.	Paranoia	7.47	4.84	8.33	3.70	0.562
6.	Total maladjustment	32.19	7.87	32.25	6.27	0.026

The psychotic and neurotic do not differ in any of the physiological variables. (See table 5). But they considerably differ in three of the maladjustment variables. The neurotic has a significantly higher anxiety score and high depression score. (Both at 0.01 level). In paranoia, the psychotic have a significant high mean score. In all other maladjustment variables such as mania, inferiority and total maladjustment the neurotics and psychotics do not differ. (See table 6).

**Table 5**

**Significance of difference between the mean scores obtained by psychotic and neurotic subjects in physiological variables (N=34 psychotic and 13 neurotic)**

Sl.No.	Physiological Variable	Psychotic		Neurotic		t
		Mean	SD	Mean	SD	
1.	Blood pressure diastolic	1.26	3.52	0.00	0.00	1.287
2.	Blood pressure systolic	0.53	6.58	0.23	6.64	0.139
3.	Pulse	8.82	2.25	0.15	4.39	0.068
4.	Body temperature	1.31	5.70	0.80	1.12	0.318
5.	Breath	0.82	1.55	0.77	1.42	0.110
6.	Body weight	3.03	1.70	3.15	1.34	0.237

**Table 6**

**Significance of difference between the mean scores obtained by psychotic and neurotic subjects in psychological variables (N=34 psychotic and 13 neurotic)**

Sl.No.	Maladjustment Variable	Psychotic		Neurotic		t
		Mean	SD	Mean	SD	
1.	Anxiety	6.35	4.18	10.15	3.29	2.940**
2.	Depression	6.18	5.91	11.31	1.11	3.092**
3.	Mania	4.97	3.92	4.46	3.64	0.406
4.	Inferiority	3.91	4.39	2.46	4.16	1.027
5.	Paranoia	8.51	4.48	5.54	4.16	2.075*
6.	Total maladjustment	30.93	6.14	35.54	6.54	1.963

*\* Significant at 0.05 level    \*\* Significant at 0.01 level*

The clinical symptom rating of the total sample at the time of admission and at the time of discharge significantly differ indicating a considerable decrease in the manifestation of symptoms. (See table 7).

**Table 7**

**Significance of difference between the mean scores obtained in symptom rating of the total sample at the time of admission and at the time of discharge (n=47)**

At the time of admission		At the time of discharge		t
Mean	SD	Mean	SD	
16.57	3.68	8.72	2.42	21.439**

*\*\* Significant at 0.01 level*

The male and female subjects do not differ in their mean scores on clinical symptom rating. (See table 8).

**Table 8**

**Significance of difference between the mean scores obtained in symptom rating by the male and female subjects**

Clinical Profile	Male			Female			t
	n	Mean	SD	n	Mean	SD	
	35	7.57	2.48	12	8.67	2.53	1.314

The psychotic and neurotic categories also do not differ in the mean scores on clinical symptom rating. (See table 9).

**Table 9**

**Significance of difference between the mean scores obtained in symptom rating by psychotic and neurotic subjects**

Clinical Profile	Psychotic			Neurotic			t
	n	Mean	SD	n	Mean	SD	
	34	8.24	2.75	13	6.85	1.34	1.733

**Analysis of Variance According to Duration of Illness versus Age**

The total sample was subjected to a two-way analysis of variance according to their duration of illness versus age. No significant ratio was found in duration of illness, age and in their interaction. Here the gain scores was taken for this analysis. That is the positive reduction obtained in all the variables by subtracting the scores

at the time of discharge from the scores obtained at the time of admission. (See table 3).

**Table 10**

**ANOVA between Illness duration versus age for Maladjustment Variables**

<i>Variable</i>	<i>Sample Category</i>	<i>Sum of Squares</i>	<i>df</i>	<i>Mean Square</i>	<i>F</i>	<i>Significance</i>
Anxiety	Main Effects	156.460	5	31.292	1.930	0.114
	Duration of Illness	95.729	3	31.910	1.968	0.137
	Age	27.252	2	13.626	0.841	0.440
	2-way interaction	94.471	6	15.745	0.971	0.459
Depression	Main Effects	263.814	5	52.763	1.782	0.142
	Duration of Illness	255.684	3	85.228	2.879	0.050
	Age	49.493	2	24.747	0.836	0.442
	2-way interaction	176.074	6	29.346	0.991	0.446
Mania	Main Effects	98.493	5	19.699	1.483	0.220
	Duration of Illness	87.425	3	29.142	2.193	0.106
	Age	30.821	2	15.411	1.160	0.325
	2-way interaction	49.568	6	8.261	0.622	0.711
Inferiority	Main Effects	180.048	5	36.010	2.002	0.103
	Duration of Illness	167.191	3	55.730	3.098	0.039
	Age	16.185	2	8.093	0.450	0.641
	2-way interaction	128.188	6	21.365	1.188	0.335
Paranoia	Main Effects	131.016	5	26.203	1.313	0.281
	Duration of Illness	103.278	3	34.426	1.725	0.180
	Age	52.157	2	26.079	1.307	0.284
	2-way interaction	119.266	6	19.878	0.996	0.443
Total maladjustment	Main Effects	652.535	5	130.507	3.058	0.022
	Duration of Illness	506.503	3	168.834	3.957	0.016
	Age	120.254	2	60.127	1.409	0.258
	2-way interaction	376.598	6	62.766	1.471	0.217

This negative finding is indicative of the personal experiences of maladjustments of the patients do not differ according to their duration of illness. Their experiences may be constantly persisting without much change even after the passage of time. The same phenomena is manifested in the case of age also. Age difference was not significant in all the subtests of maladjustment. May be that the perceived maladjustment of mental patient may persist in the same way even at different age levels.

#### **Analysis of Variance According to Duration of Illness Versus Sex**

Two-way analysis of variance considering the duration of illness and male female difference was made for the total sample. The involvement of groups according to duration of illness and sex do not influence the scores in all maladjustment variables except two instances. The sex is found to be influencing in inferiority. And duration of illness is found to influence the total maladjustment score. (See table 4).

Table 11

## ANOVA between Illness duration versus sex for Maladjustment Variables

<i>Variable</i>	<i>Sample Category</i>	<i>Sum of Squares</i>	<i>df</i>	<i>Mean Square</i>	<i>F</i>	<i>Significance</i>
Anxiety	Main Effects	163.701	4	40.925	2.676	0.046
	Duration of Illness	112.510	3	37.503	2.452	0.077
	Sex	16.465	1	16.465	1.077	0.306
	2-way interaction	68.444	2	34.222	2.238	0.120
Depression	Main Effects	136.595	4	34.149	1.131	0.355
	Duration of Illness	124.640	3	41.547	1.377	0.264
	Sex	15.070	1	15.070	0.499	0.484
	2-way interaction	47.286	2	23.643	0.783	0.464
Mania	Main Effects	95.164	4	23.791	1.724	0.164
	Duration of Illness	79.872	3	26.624	1.930	0.140
	Sex	3.930	1	3.930	0.285	0.596
	2-way interaction	12.763	2	6.381	0.462	0.633
Inferiority	Main Effects	155.133	4	38.783	2.305	0.075
	Duration of Illness	93.293	3	31.098	1.848	0.154
	Sex	64.365	1	64.365	3.825	0.057
	2-way interaction	15.585	2	7.791	0.463	0.633
Paranoia	Main Effects	86.537	4	21.634	1.029	0.404
	Duration of Illness	81.254	3	27.085	1.289	0.291
	Sex	29.749	1	29.749	1.415	0.241
	2-way interaction	5.363	2	2.681	0.128	0.881
Total maladjustment	Main Effects	422.517	4	105.629	2.043	0.107
	Duration of Illness	421.823	3	140.608	2.719	0.057
	Sex	6.202E-02	1	6.202E-02	0.001	0.973
	2-way interaction	3.033	2	1.517	0.029	0.971

Perhaps the female sample is very low in the present study and so a sex wise difference is not found in the analysis of maladjustment scores except in inferiority.

## Analysis of Variance According to Duration of Illness Versus Disease Category

Two-way analysis of variance according to duration of illness and discharge category (psychosis and neurosis) was done for the maladjustment variable. It is found that the disease category influences the anxiety scores as well as depression. (See table 5).

**Table 12**

**ANOVA between Illness duration versus Disease Category for Maladjustment Variables**

<i>Variable</i>	<i>Sample Category</i>	<i>Sum of Squares</i>	<i>df</i>	<i>Mean Square</i>	<i>F</i>	<i>Significance</i>
Anxiety	Main Effects	226.532	4	56.633	3.724	0.012
	Duration of Illness	66.246	3	22.082	1.452	0.242
	Disease Category	91.038	1	91.038	5.987	0.019
	2-way interaction	10.148	3	3.383	0.222	0.880
Depression	Main Effects	187.845	4	46.961	1.936	0.124
	Duration of Illness	25.327	3	8.442	0.348	0.791
	Disease Category	166.644	1	166.644	6.872	0.012
	2-way interaction	37.277	3	12.426	0.512	0.676
Mania	Main Effects	92.754	4	23.189	1.734	0.162
	Duration of Illness	90.263	3	30.088	2.250	0.098
	Disease Category	20.464	1	20.464	1.530	0.223
	2-way interaction	40.075	3	13.358	0.999	0.404
Inferiority	Main Effects	95.081	4	23.770	1.281	0.294
	Duration of Illness	85.781	3	28.594	1.540	0.219
	Disease Category	20.196	1	20.196	1.088	0.303
	2-way interaction	15.509	3	5.170	0.279	0.841
Paranoia	Main Effects	194.528	4	48.632	3.027	0.029
	Duration of Illness	138.769	3	46.256	2.879	0.048
	Disease Category	4.581	1	4.581	0.285	0.596
	2-way interaction	193.296	3	64.432	4.010	0.014
Total maladjustment	Main Effects	774.422	4	193.606	4.541	0.004
	Duration of Illness	558.459	3	186.143	4.366	0.010
	Disease Category	207.391	1	207.391	4.864	0.033
	2-way interaction	231.113	3	77.038	1.807	0.162

The duration of illness has significant influence on paranoia also. Two-way interactions in disease category and duration of illness were found in the case of paranoia. In total maladjustment, duration of illness and disease category are found to have influence. But their interaction effect is not significant. Significant ratio was not found in any other variables.

Two way Anova was made between duration of illness and age of the total sample in physiological variables. No influence was observed. (See. table 13).

**Table 13**

**ANOVA between Illness Duration versus Age for Physiological Variables**

<i>Variable</i>	<i>Sample Category</i>	<i>Sum of Squares</i>	<i>df</i>	<i>Mean Square</i>	<i>F</i>	<i>Significance</i>
Blood pressure diastolic	Main Effects	202.718	5	40.544	0.927	0.476
	Duration of Illness	171.749	3	57.250	1.308	0.287
	Age	32.315	2	16.157	0.369	0.694
	2-way interaction	287.375	6	47.896	1.095	0.385
Blood pressure systolic	Main Effects	32.306	5	6.461	0.622	0.684
	Duration of Illness	6.245	3	2.082	0.201	0.895
	Age	27.797	2	13.898	1.339	0.275
	2-way interaction	19.618	6	3.270	0.315	0.925
Pulse rate	Main Effects	17.955	5	3.591	0.359	0.873
	Duration of Illness	17.283	3	5.761	0.576	0.635
	Age	7.256	2	3.682	0.363	0.699
	2-way interaction	16.539	6	2.757	0.275	0.945
Body temperature	Main Effects	68.874	5	13.775	0.543	0.743
	Duration of Illness	33.771	3	11.257	0.443	0.723
	Age	19.501	2	9.751	0.384	0.684
	2-way interaction	90.452	6	15.075	0.594	0.733
Breath rate	Main Effects	8.631	5	1.726	0.864	0.515
	Duration of Illness	8.443	3	2.814	1.408	0.257
	Age	4.37E-02	2	2.187E-02	0.011	0.989
	2-way interaction	18.869	6	3.145	1.574	0.184
Body weight	Main Effects	2.177	5	0.435	0.159	0.976
	Duration of Illness	1.134	3	0.378	0.138	0.936
	Age	1.636	2	0.818	0.300	0.743
	2-way interaction	15.213	6	2.536	0.928	0.487

The two way Anova result between duration of illness and sex for the gain scores of physiological variables was made. (See table 14). Duration of illness

influences temperature. Sex also influence temperature. In two way interaction effect also is demonstrated. Sex is found to have influence on systolic blood pressure also.

**Table 14**

**ANOVA between Illness Duration versus Sex for Physiological Variables**

<i>Variable</i>	<i>Sample Category</i>	<i>Sum of Squares</i>	<i>df</i>	<i>Mean Square</i>	<i>F</i>	<i>Significance</i>
Blood pressure diastolic	Main Effects	418.198	4	104.550	7.131	0.000
	Duration of Illness	347.539	3	115.846	7.901	0.000
	Sex	185.082	1	185.082	12.623	0.001
	2-way interaction	335.847	2	167.923	11.453	0.000
Blood pressure systolic	Main Effects	11.026	4	2.756	1.404	0.250
	Duration of Illness	7.311	3	2.437	1.241	0.307
	Sex	4.679	1	4.679	2.384	0.130
	2-way interaction	3.618	2	1.809	0.922	0.406
Pulse rate	Main Effects	3.597	4	0.899	0.329	0.857
	Duration of Illness	3.546	3	1.182	0.433	0.731
	Sex	3.43E-03	1	3.433E-03	0.001	0.972
	2-way interaction	3.436	2	1.718	0.629	0.538
Body temperature	Main Effects	224.163	4	56.041	1.310	0.283
	Duration of Illness	140.128	3	46.709	1.092	0.364
	Sex	123.840	1	123.840	2.895	0.097
	2-way interaction	7.169	2	3.585	0.084	0.920
Breath rate	Main Effects	77.047	4	19.262	2.228	0.083
	Duration of Illness	23.569	3	7.856	0.909	0.445
	Sex	63.506	1	63.506	7.347	0.010
	2-way interaction	8.023	2	4.012	0.464	0.632
Body weight	Main Effects	16.663	4	4.166	0.473	0.755
	Duration of Illness	13.629	3	4.543	0.516	0.674
	Sex	0.397	1	0.397	0.045	0.833
	2-way interaction	20.886	2	10.443	1.186	.0316

It is observed that the duration of illness and disease category has no influence on any of the physiological variables. (See table 15).

**Table 15**

**ANOVA between Illness Duration versus Disease Category for Physiological Variables**

<i>Variable</i>	<i>Sample Category</i>	<i>Sum of Squares</i>	<i>df</i>	<i>Mean Square</i>	<i>F</i>	<i>Significance</i>
Blood pressure diastolic	Main Effects	49.430	4	12.358	0.289	0.884
	Duration of Illness	46.106	3	15.369	0.359	0.783
	Disease category	0.367	1	0.367	0.009	0.927
	2-way interaction	162.615	3	54.205	1.266	0.299
Blood pressure systolic	Main Effects	12.313	4	3.078	0.308	0.871
	Duration of Illness	2.885	3	0.962	0.096	0.962
	Disease category	10.825	1	10.825	1.084	0.304
	2-way interaction	2.885	3	0.962	0.096	0.962
Pulse rate	Main Effects	20.401	4	5.100	0.559	0.694
	Duration of Illness	20.204	3	6.735	0.738	0.536
	Disease category	6.68E-02	1	6.685E-02	0.007	0.932
	2-way interaction	20.037	3	6.679	0.732	0.539
Body temperature	Main Effects	26.877	4	6.719	0.262	0.901
	Duration of Illness	25.782	3	8.594	0.335	0.800
	Disease category	2.225	1	2.225	0.087	0.770
	2-way interaction	19.491	3	6.497	0.253	0.859
Breath rate	Main Effects	8.898	4	2.225	1.050	0.394
	Duration of Illness	8.881	3	2.960	1.397	0.258
	Disease category	0.160	1	0.160	0.076	0.785
	2-way interaction	6.780	3	2.260	1.067	0.374
Body weight	Main Effects	3.676	4	0.919	0.322	0.862
	Duration of Illness	3.320	3	1.107	0.388	0.762
	Disease category	2.70E-02	1	2.695E-02	0.009	0.923
	2-way interaction	1.334	3	0.445	0.156	0.925

The following analysis are made on 'gain scores'. That means, the difference between the pre-intervention and post - intervention scores. All the scores were in positive direction.

The significant differences in psychological and maladjustment variables by various subgroup samples are presented in table 16. (Non significant scores are avoided). The patients up to thirty years of age have a high mean in total maladjustment compared to those who are within the age from thirty years to forty years. The results indicate that the passage of age increases maladjustment. This is a usual observation in many studies.

The neurotics manifested a 0.01 level significance in their high means course in anxiety and depression. However they have a significantly low mean in paranoia. These results are in agreement with the already established clinical picture of neurotic and psychotic symptoms.

The group having the duration of illness up to two years are having significantly high means scores compared to the two to five years group and the five to ten years group in total maladjustment. They also have a high mean scores in anxiety with the five to ten years group and above ten years group. But this group has a low mean scores in inferiority compared to the five to ten years group. This group is having a high mean scores in mania compared to that group having a duration of illness above ten years. The group having duration of illness for five to

ten years have a significantly low mean score in depression compared to the group having duration of illness above ten years. The group from two to five years duration of illness has a significantly high mean score in depression compared to the group above ten years of duration. This analysis considering the duration of illness clearly indicates that the maladjustment scores are more in early period of their disease. Perhaps they get acquainted with the symptoms by the passage of time and thus the severity of the symptoms are getting reduced.

In the analysis of the significance of difference between the mean scores obtained in physiological variables by various subgroups of samples, it is observed that only in breath rate has some difference. The group having a duration of illness up to two years significantly differ from the two to five years group and five to ten years group with a high mean score in breath rate. Low breath rate is related to decrease of symptoms, which is a sign of cure. In all stressful condition the breathing rate is high indicating pathology. In all holistic health procedures the breath rate and similar metabolic rate are brought to an optimal level, which is low, compared to the general average especially when the individual is completely on raw food.

Table -16

Significant differences in means scores of physiological and mal adjustment variable obtained by different sample group. (non - significant results are avoided in this table.

Variables	Group	N	Mean	SD	T
Total maladjustment	Age up to 30 years	20	34.55	6.75	2.198*
	Age between 30 years to 40 years	18	29.69	6.86	
Anxiety	Psychotics	34	6.35	4.18	2.940**
	Neurotics	13	10.15	3.29	
Depression	Psychotics	34	6.18	5.91	3.092**
	Neurotics	13	11.31	1.11	
Paranoia	Psychotics	34	8.51	4.48	2.075*
	Neurotics	13	5.54	4.16	
Total maladjustment	Duration of illness up to 2 years	14	36.79	8.02	2.819**
	Duration of illness between 2 to 5 years	10	28.50	5.50	
Anxiety	Duration of illness up to 2 years	14	9.86	3.44	2.502*
	Duration of illness between 5 to 10 years	14	6.50	3.41	
Total maladjustment	Duration of illness up to 2 years	14	36.79	8.02	2.144*
	Duration of illness between 5 to 10 years	14	31.21	5.41	
Anxiety	Duration of illness up to 2 years	14	9.86	3.44	3.019**
	Duration of illness above 10 years	9	5.00	4.24	
Inferiority	Duration of illness between 2 to 5 years	10	1.80	3.39	2.163*
	Duration of illness between 5 to 10 years	14	4.93	3.56	
Mania	Duration of illness between 2 to 5 years	10	6.90	4.65	2.011*
	Duration of illness between 10 years and above	9	3.00	3.67	
Depression	Duration of illness between 5 to 10 years	14	5.29	6.24	2.257*
	Duration of illness above 10 years	9	10.44	3.43	
Breath	Duration of illness up to two years	14	1.57	1.16	2.103*
	Duration of illness between two to five years	10	.40	1.58	
Breath	Duration of illness up to 2 years	14	1.57	1.16	2.354**
	Duration of illness between 5 to 10 years	14	.29	1.68	

\* Significant at 0.05 level \*\* Significant at 0.01 level

**EFFICACY OF HOLISTIC METHODS IN THE  
CURE OF CERTAIN MENTAL ILLNESSES**

**Thesis submitted to the University of Calicut  
for the Degree of  
DOCTOR OF PHILOSOPHY  
in Psychology**

**BENNY VARGHESSE**

**DEPARTMENT OF PSYCHOLOGY  
UNIVERSITY OF CALICUT  
2005**

Chapter 5

# Summary and Conclusion

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## SUMMARY

The present study aims at the investigation of the efficacy of holistic methods in the cure of certain mental illness. The theoretical bases of these procedures are from Ayurvedic and Orthopathic consciences.

Based on the review of relevance of the theoretical concepts of the holistic methods the study is designed. The following are the hypothesis formulated.

1. Mental diseases (psychosis and neurosis) can be cured by holistic methods of raw food (*yogic food*) *yogasana* and similar *panchabhootha upasana* techniques.
2. The holistic methods can bring in a significant change in physiological measures conducive to increased health.
3. Duration of illness, disease category and sex difference influences the rate of cure in holistic methods of cure.
4. Various sub groups according to age, sex, disease category and duration of illness differ in their scores in physiological and maladjustment variables.

## Method

The sample was collected from an institute where holistic methods were practiced in the cure of mental illness. The patients who were admitted in the institute for a package programme of therapy for 20 days. The sample constituted of

47 patients, 35 male and 12 female, out of which 34 were psychotics and 13 neurotics.

### **Tools And Variables**

- a. Personal data sheet
- b. Mathew maladjustment inventory, measuring anxiety, depression, mania, inferiority, paranoia and total maladjustment.

The Physiological variables of blood pressure, pulse rate, body temperature, breath rate and body weight also were subjected for investigation.

### **Results And Discussion**

The clinical profiles of all the patients before interventions and after interventions of the therapy package are presented.

The analysis of results were made considering the total sample and subgroup sample based on sex difference, disease category, duration of illness and age using t-test and anova for all physiological and maladjustment variables under study.

### **CONCLUSION**

1. The holistic treatment package programme is found to be highly effective in the cure of mental illness. So the first hypothesis is verified.
2. The treatment package programme of holistic methods could bring in a significant change (reduction) in the physiological measures of breath rate

and body weight conducive to increased health. In other physiological variables no significant change was observed. So the second hypothesis is partially verified.

3. The duration of illness has influence only in few maladjustment variables such as inferiority, depression, and total maladjustment, and in physiological variables, body temperature only. (b) Age has no influence in any of the variables. (c) The sex difference is found to have influence in maladjustment variables of inferiority and physiological variables of body temperature and systolic blood pressure. (d) The disease category has no influence in any of the variable. So the third hypothesis is not verified in most of the variables except the above referred. So the third hypothesis is verified only in a few variables.
4. Various subgroups according to age disease category and duration of illness differ in their scores in some physiological and maladjustment variables. The male and female difference is not observed in any of the variables. The fourth hypothesis is partially verified.

## **LIMITATIONS**

1. The sample size of the female and neurotic categories are low. So the inferences should be considered on this limitation.
2. The treatment package should have been given for at least 40 days which is supposed to be an optimum period of cure for such holistic interventions.

## SCOPE FOR FURTHER RESEARCH

1. The study should be repeated on large samples of various disease categories.
2. The influence of each therapy methods such as diet, *yogasana*, and psychotherapy on cure should be discriminatively assessed by controlling variables and groups.
3. More psychological and physiological variables can be considered in later studies of similar nature.

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**DEPARTMENT OF PSYCHOLOGY  
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2005**

# Appendices

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APPENDIX I

UNIVERSITY OF CALICT  
DEPARTMENT OF PSYCHOLOGY

HOLISTIC HEALTH RESERCH CAMP (Batch No.....)

Place .....Date : from.....to.....

Name ..... Sex : Male / Female

Date of Birth ..... Age ..... Education .....

Occupation ..... Religion ..... Sub Caste .....

Body weight .....kgs Height ..... cms Blood group .....

Address .....

.....

..... Phone No. ....

CLINICAL HISTORY (brief outline) .....

.....

.....

.....

TREATMENTS UNDERTAKEN

Symptoms Medical intervention Duration - Outcome

.....

.....

.....

.....

LAB INVESTIGATIONS

	Tested on	Tested on	Tested on
B.P	.....	.....	.....
Pulse rate			
Temperature			
Breath rate			
Weight			

APPENDIX II

MMI

V. George Mathew

B.Sc., M.A., Ph.D.

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1975

REPRINT : 1983

നിങ്ങളെപ്പറ്റി ചില വിവരങ്ങൾ (പെരുമാറ്റരീതികളും, അനുഭവങ്ങളും) അറിയുകയാണ് ഈ ചോദ്യാവലിയുടെ ഉദ്ദേശം. ഇത് നിങ്ങളുടെ കഴിവുകൾ അളക്കാനുള്ള ഒരു രെസ്സ് അല്ല. താഴെ കറേ ചോദ്യങ്ങളും പ്രസ്താവനകളും കൊടുത്തിരിക്കുന്നു. ഇവ ഓരോന്നും വായിക്കുക. പറഞ്ഞിരിക്കുന്ന അനുഭവം താങ്കളേതെന്നു കൂടുതൽ ഉള്ള ആളാണോ കുറവുള്ള ആളാണോ നിങ്ങൾ എന്നാണ് അടയാളപ്പെടുത്തേണ്ടത്. അനുഭവം സാധാരണക്കാരുടെ അപേക്ഷിച്ച് കൂടുതലുള്ള ആളാണ് നിങ്ങളെങ്കിൽ ആ ചോദ്യത്തിന് നേരെയുള്ള കാളത്തിൽ '+' അടയാളം ഇടുക. അതുപോലെ നിങ്ങൾക്ക് ആ ശീലം മററുള്ളവരെക്കാൾ അല്ലെങ്കിലും കുറവായതുകൊണ്ട് '-' അടയാളമാണ് ഇടേണ്ടത്. ഏതെങ്കിലും ചോദ്യം വായിച്ചിട്ട് മനസ്സിലാക്കാതെയോ നിങ്ങൾക്ക് ആ സ്വഭാവം കൂടുതലാണോ, കുറവാണോ എന്ന് പറയാൻ ഒട്ടും സാധിക്കാതെയോ വരികയാണെങ്കിൽ മാത്രം '?' അടയാളം ഇടാവുന്നതാണ്.

ഒരു ചോദ്യവും വിട്ടുപോകാതെ ശ്രദ്ധിക്കുക. ഉത്തരം തുറന്നുപറയാൻ വിഷമം തോന്നിയേക്കാവുന്ന തരത്തിലുള്ള ചോദ്യങ്ങളൊന്നും ഇതിൽ ഉൾപ്പെടുത്തിയിട്ടില്ല. നിങ്ങളുടെ ഉത്തരങ്ങൾ ഹെഡ്സൂമായി സൂക്ഷിക്കുന്നതാണ്. കൂടുതൽ ആലോചിച്ച് സമയം കളയേണ്ട ആവശ്യമില്ല. ആദ്യം തോന്നുന്നതനുസരിച്ച് ഉത്തരങ്ങൾ അടയാളപ്പെടുത്താവുന്നതാണ്.

പേര് ..... വയസ്സ് ..... സ്ത്രീ/പുരുഷൻ .....  
സംജൂൾ/കോളേജ്/മേൽവിലാസം .....

★

1. അർത്ഥശൂന്യമായ ഒരു ചിന്ത മനസ്സിൽ വീണ്ടും വീണ്ടും വന്നുകൊണ്ടിരിക്കുമോ? .....
2. ഉയർന്നവരുടെ മുൻപിൽ ചെല്ലുമ്പോൾ പരുങ്ങൽ അനുഭവപ്പെടുമോ? .....
3. അർത്ഥശൂന്യമായ ചില പ്രവർത്തികൾ വീണ്ടും വീണ്ടും ചെയ്യണമെന്നു തോന്നുമോ? .....
4. കഴിഞ്ഞതുപോലെ സംഭവങ്ങളെപ്പറ്റി ആലോചിച്ച് തല പുണ്ണാക്കാറുണ്ടോ? .....
5. മററുള്ളവരുടെ മുൻപിൽ ഒരു പോലായ്മ അനുഭവപ്പെടുമോ? .....
6. നിങ്ങളുടെ പ്രശ്നങ്ങൾ ആരു മനസ്സിലാക്കുന്നില്ല എന്ന് തോന്നൽ .....
7. എപ്പോഴും എന്തോ ആപത്തു സംഭവിക്കാൻ പോകുന്നു എന്ന് തോന്നൽ .....
8. ഒരിടത്ത് അടങ്ങിയിരിക്കാൻ പ്രയാസമായി തോന്നുന്നുണ്ടോ? .....
9. സ്ത്രീകളുടെ/പുരുഷന്മാരുടെ മുൻപിൽ നാണം തോന്നുമോ? .....
10. നിങ്ങളെ അസഹ്യപ്പെടുത്താൻ ചിലർ മനഃപൂർവ്വം ശ്രമിക്കാറുണ്ടോ? .....
11. പററിയ അബദ്ധങ്ങളെപ്പറ്റി വീണ്ടും വീണ്ടും ചിന്തിക്കുമോ? .....
12. വേണ്ട എന്തെങ്കിലും വിചാരിക്കുന്ന കാര്യങ്ങൾ ചെയ്തുപോകുമോ? .....
13. ആരെങ്കിലും നിങ്ങളെ കൊച്ചാക്കുന്നത് സഹിക്കാൻ പ്രയാസം തോന്നുമോ? .....
14. പ്രധാനപ്പെട്ട സന്ദർഭങ്ങളിൽ പരിശ്രമം ഉണ്ടാകാറുണ്ടോ? .....
15. മററുള്ളവരുടെ കണ്ണിൽപ്പെടുന്നത് അസഹ്യമായി തോന്നുമോ? .....
16. വാഹനങ്ങളിൽ സഞ്ചരിക്കുമ്പോൾ ഭയം തോന്നുമോ? .....
17. തനിച്ചിരിക്കുന്നത് അസഹനീയമായി തോന്നുമോ? .....
18. അപരിചിതരുടെ മുൻപിൽ ഒരു അസ്വസ്ഥത തോന്നുമോ? .....
19. നിങ്ങൾക്ക് കിട്ടേണ്ടത് മററുള്ളവരിൽ നിന്നും കിട്ടുന്നില്ല എന്ന് വിചാരിക്കുമോ? .....
20. സ്വന്തം കുറവുകളെപ്പറ്റി വിചാരിച്ചു വിഷമിക്കാറുണ്ടോ? .....
21. പലരും നിങ്ങൾക്കെതിരെ നിങ്ങളെപ്പറ്റി ദുഷ്യം പറയുമോ? .....
22. ആരെങ്കിലും വഴക്കുപറഞ്ഞാൽ കരച്ചിൽ വരുമോ? .....
23. മററുള്ളവരെക്കാൾ മോശക്കാരനാണെന്നു തോന്നൽ .....
24. മററുള്ളവർ നിങ്ങളോട് കള്ളങ്ങൾ പറയാറുണ്ടോ? .....
25. പലതിനെയും പററി വിചാരിച്ചു വിഷമിക്കുമോ? .....
26. മനസ്സിൽ തോന്നുന്നതെല്ലാം വിളിച്ചുപറയുമോ? .....
27. ആളുകൾ പൊതുവെ ശല്യക്കാരാണ് എന്ന് വിശ്വസിക്കുമോ? .....
28. കളിയാക്കുന്നത് സഹിക്കാൻ പ്രയാസം തോന്നുമോ? .....
29. മരിക്കുകയിൽ നന്നായിരുന്നു എന്ന് തോന്നൽ .....
30. മററുള്ളവർ പെട്ടെന്ന് നിങ്ങളുമായി പിണങ്ങുമോ? .....
31. നിസ്സാരകാര്യങ്ങളെപ്പറ്റി വ്യാകുലപ്പെടുമോ? .....
32. കാരണമില്ലാതെ ശരിക്കൊക്കെ വിരമിക്കുമോ? .....
33. ആളുകൾ നിങ്ങളെ വിഡ്ഢിയാക്കാൻ ശ്രമിക്കാറുണ്ടോ? .....

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## APPENDIX III

### RELAXATION: THE YOGASANA WAY\*

John Baby Ph.D.\*\*

*This is a self-help manual for therapists, trainers and trainees. There are altogether about 108 methods of yogasana training. They are slightly different as their purposes are different. One asana can have various versions. The fundamental Yoga postures are about 30 and its combinations make several thousands of asanas. This course deals with such 23 basic postures and is based on empirical and experiential insights derived from almost a 150 Yogasana training courses the author has conducted.*

#### YOGA: A UNIVERSAL HERITAGE

Yoga is derived from *tantra* an ancient time-tested science describing different systems for increasing the speed of human evolution. The Sanskrit word 'Tan' means 'expansion of consciousness' and 'tra' means 'liberation of energy'. The merge of *tantra* with the philosophy of *Vedanta* formed the system of Yoga (Saraswathi, S.S., 1983). Yoga and *tantra* do not belong to India, but a common inheritance of all mankind. The tantric philosophy and belief is to let the mind be, for what it is and where it is, not to interfere. There is no need to fight with the mind, follow it and know it well.

According to *tantra* and psychology we must observe analyse and respect whatever thoughts or experiences come to our mind. The aim of *tantra* is to liberate the mind from the bonds of matter *prakrithi* that is from patterns, formations and impressions. Religions restrict us from 'bhoga' but *tantra* says *yoga* and *bhoga* should be integrated.

Yogasanas lead us to *dhyana* (meditation) through the stages of *prathyahara* and *dharana*. The classical definition of meditation in Patanjali's *Yoga Sutra* is that when "the mind has been able to transcend the knowledge of smell, sound, touch, form and taste and at the same time the consciousness is functioning around one point". Concentration is not *dhyana* but the way to *dhyana*. There are no techniques for *dhyana*. It is a state that arises spontaneously. Yogasanas and meditation will help us happen that spontaneous state of *dhyana*. Any forceful effort to attain it may affect adversely.

Yoga is union – the integration of body mind and psyche through heumoural and hormonal balance, elimination of toxic substances from body, increased blood circulation, and alerted immune functions through proper dispersion of *prana* all over the body. Individual transformation through experiencing is more important than intellectual reading or discussions on yoga. Yoga does not belong to any particular religion. It is a worldwide heritage.

It is always better to learn yogasanas from a teacher (*guru*). But it is not impossible to learn Yoga from properly prepared audio video and print media devices. The success depends on our motivation and enthusiasm. Be very alert about the following:

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\* Workshop presented in November 1999 at the UGC National Seminar on Health Psychology at Saketh P.G. College, Ayodhya. Thanks to Sri. N. Veeramanikandan for demonstrating the postures in the workshop.

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1. Judge a teacher for his yogic temperament. Avoid professional *gurus* and showmanship groups.
2. All movements should be slow and steady (as if the slow motion in movie) without any jerking, shivering and wavy motions. Excess, sweating, reddening of eyes, back pain, cramps and unhappiness after doing *asanas* are indicative of wrong doing. However such problems are likely in the initial stages of training.
3. An *asana* should be done in physical and mental relaxation. More relaxation leads to more perfection in postures.
4. Yoga is opposite of ego. So the psychological transformation is more important than bodily postures. Do not approach yoga as a bodily exercise.

### **SALIENT FEATURES OF THIS COURSE**

1. The participants are instructed to observe silence (*mouna*) during the entire session.
2. Participants are allowed to breath according to their requirement. Slow deep and steady breathing is encouraged. No any specific instruction when to inhale or exhale.
3. A meditation technique of observing breathing is merged with the *asanas*.
4. Mixing of bodily exercises with yogasanas is not allowed in this course. Exercises are relatively *rajasic* as they mostly activate the muscles. But Yoga is for the mind. Yoga aims at calming down not warming up as in excercises.

### **GENERAL INSTRUCTIONS**

1. Do *yogasanas* on a mat or sheet (nonsynthetic) in order to avoid earthing of the energy that gets converged in body.
2. While practicing *asanas* in group, please do not look at other participants and make comparisons. Follow instructions from the teacher and see demonstrations.
3. Do not do *asanas* when you are ill, extremely tired or upset. However tiredness and mental upset can be relieved by Savasanam and meditation. Avoid *asanas* during menstrual periods.
4. Avoid *asanas* after a heavy meal. Practice *asanas* in empty stomach in the morning and in the evening, practice at least 4 hours after a meal. This restriction is not applicable for those who live on raw food alone (fruits, nuts and vegetables in the uncooked form).
5. Morning around 5 to 6 is the ideal time for yogasanas. Evening sessions also can be held.
6. Yogasanas should not be a torture or violence on body and mind. Limit practice according to your mental setting.
7. Practice nonviolence (*ahimsa*) on all creatures and extend awareness to immediate and distant surroundings and nature.
8. Reading the writings by sages will accelerate the transformation in us. Have an open mind to receive truth.
9. Practice yogasanas in empty stomach after defecation. But if you have problem of constipation, do not bother, yogasanas will rectify such problem in due course.
10. Avoid animal food, stimulants and intoxicants. If you find it difficult, do not worry. Yogasana practice will help you to avoid them.

11. The effect of yoga in you can be realised by the development of virtues in you along with the improvement of postural perfection.
12. Many people ask whether stopping yogasana practice will adversely affect their health. No. No harmful effects. But you will not get the benefit of it. That is all.
13. You can limit your asanas to a few which you like the most, especially when you have less time for practice. However in such situations the number of forward-bending *asanas* and backward-bending *asanas* should be included almost equally. The sequence of yogasanas in this course is made accordingly.

### INSTRUCTIONS FOR INSTRUCTORS

1. The instructor should sit in *Padmasana* while giving instructions. He should be very alert, calm and relaxed. He should be visible to all participants and all participants should be visible to him.
2. The tone of instruction should be pleasing and gentle. Harsh tone and words should not be used. Instructions should be natural and genuine. Elongating a word may induce hypnotic trance (especially in *Savasana*) which should be avoided. Hypnosis is anti-yogic (Refer 'Rajayoga' by Swami Vivekananda for details).
3. Your instructions should be minimum and well edited. Too much of talking should be avoided. After the first three or four sessions instructions should be the bare minimum so as to enable the participants to experience silence. Once they have grasped the details you need announce only the name of the asana.
4. Silence should be induced throughout the session. Tell the participants that talking and doing *asanam* is harmful. Discourage a participant if he indulges in conversation. Request him to voluntarily control his tendency to talk.
5. Request the participants not to look at others (including the instructor) while doing an *asana*. In a posture if you turn your head to look at another person it becomes a wrong posture which will be harmful.
6. Usually this basic course should be held for 10 continuous days. The 23 postures should be taught in the first 6 sessions and the next 4 sessions should be used for corrections of postures. *First Session* - postures 1 to 6. *Second session* - postures 1 to 8. *Third session* - 1 to 12. *Fourth session* - 1 to 16. *Fifth session* - 1 to 18. Sixth session 1-23. Before closing each session *Savasana* should be given for 3 to 5 minutes followed by the meditation for 2 minutes and then chanting the *OMKARA Manthra* three times.
7. This course can also be held in 3 days or in 5 days camps. If so there should be evening sessions too. Postures may be taught in the first 6 sessions and follow up sessions may be held afterwards for corrections of postures (Courses can also be held for two day's sessions per week for 5 weeks).
8. During the first two-three sessions each *asana* can be repeated twice or thrice. But by the third session learnt *asanas* need be done only once in order to keep up time. A session should be complete in one hour.
9. Yogasana postures should be self-initiated movements. The instructor should not support or lift any body part of the practitioner. As far as possible, the instructor should not touch a trainee except on falling or locked up position. Supporting body on wall also is wrong.

10. Please avoid describing the benefits of a particular *asana* as all *asanas* are having benefits in one way or other. Prescribing an *asana* for a particular disease symptom is undesirable.
11. This course can be administered to cardiac patients also however those who have undergone cardiac surgery, valve replacement etc. should do *yogasana* according to medical advise only.
12. Onlookers should not be allowed to watch the participants doing *yogasana*. Aspirants may be allowed to watch sitting in a yoga posture on the floor.
13. Participants should be allowed to do *asanas* which they can do. Never force to do *asana* especially in the case of patients. Throughout the session there should be warmth and do not spoil it by strict regimentation.

### BEGIN THE YOGA SESSION

Arrange the Yoga session in a calm, airy and safety-feeling place where all the participants should be visible to the instructor. The demonstration of postures whenever necessary can be done by the instructor or another expert in front of the instructor. You can make use of a participant who is good in postures for demonstration. If the instructor himself is demonstrating he should avoid talking while demonstrating. The instructor should legibly and clearly give the following instructions:

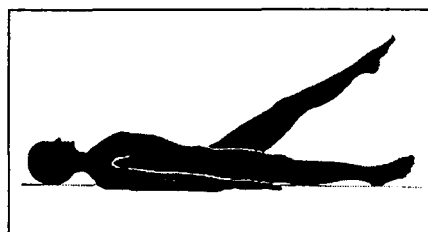
“This is a basic course of 23 postures. We will begin with a meditation for calming down. We will not be mixing any bodily exercises in this course. Exercises are predominantly for muscles for *warming up* but yoga is for the mind and is aimed at *calming down*. Sooryanamaskaram also is not included here as it is an exercise”.

Sit in Padmasana or Vajrasana (need not be in its perfect posture in the beginning) or sit cross legged comfortably and relaxed. Spine erect. Have a pleasant face which indicates relaxation. Slowly close your eyes. Deep breathing long steady breathing without making noise audible to others and without too much stretching of the chest. When you sit in such silence all sorts of thoughts may come to your mind. Please do not try to control your thoughts. Let the thoughts come and go. You pay attention (not concentration) to the air entering your lungs and going out of the lungs. Continue observing this breathing in relaxed body for about two minutes. (Always practice *asanas* only after this meditation). Now your spine is erect which facilitates the smooth flow of *prana* or bioenergy to all parts of the body which is a primary requirement of health. Your long, steady and slow breaths enables your lungs to function fully, resulting more absorption of oxygen and improved blood circulation.

Remain in silence for 2 minutes, observing your breaths in complete relaxation.

### 1. ARDHA HALASANAM-A (one leg each)

Lie on your back (supine position) legs close ... hands stretched close to body ... palms downwards ... head straight. All movements should be slow and uniform. No wavy motions shivering and jerks. Slowly raise your right leg without bending the knee and stretching the toes forward. Raise only upto one and a half or two feet... not more than that, while raising the



right leg, your left leg and other parts of the body should be relaxed. Hold the leg in that position for a while and slowly bring down. All movements should be slow and steady. Now slowly raise the left leg without bending the knees and stretching its toes forward. Remain in that position for a while and bring down slowly. Keep the right leg and other part of the body relaxed while raising the left leg. Let your face be pleasant. Breathing slow and steady without much noise as per your bodily requirements. Repeat the same twice or thrice ... not more than three times.

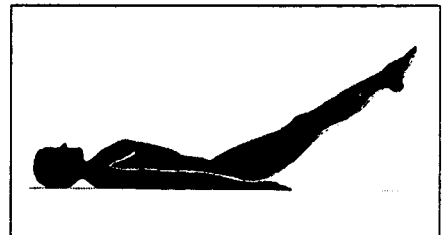
#### BRIEF SAVASANAM TO BE DONE IN BETWEEN EVERY POSTURES

Lie on supine position .... legs a little apart .... hands apart .... palms upward .... turn your head to left or right or keep it straight as you wish, loosen the neck. Slowly close your eyes. Relax your entire body ... no tension anywhere in the body ... loosen every part of the body. Breathe slowly, deeply and steadily (without making noise audible to person lying near you). Take long breaths and observe breathing. Pay attention to air entering the lungs and going out of your lungs. Do not control your thoughts ... observe breathing ... feel the air entering and going out of your lungs in complete relaxation. You can avoid thoughts by observing breaths... you can attain thoughtless moments.

*Note:* The duration of this brief Savasana after every posture may be limited according to the availability of time for you. In the initial stages of practice you may require one or two minutes and after attaining mastery you need less time.

## 2. ARDHA HALASANAM-B (Both the legs together)

Lie down on back ... legs close ... hands close to body .... palms downward. Head straight. Slowly raise both the legs together without bending the knees and keeping the toes stretched forward. Raise only up to one and a half or two feet... not more than that. Remain in that position for a while and bring down very slowly. Now relax in savasana. While raising the legs all other parts of the body should be relaxed. Repeat twice or thrice.

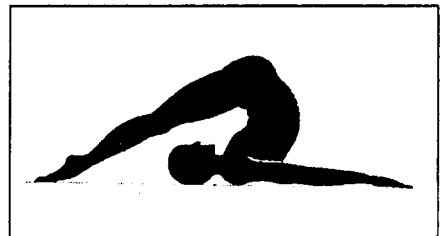


Breathing slow and steady as per your requirements. All movements should be slow and uniform without waving shivering or jerking.

Relax in Savasana.

## 3. POORNA HALASANAM

Lie on back, hands close to body palms down ... legs close ... raise both the legs without bending the knees and stretching the toes forward ... and bring the legs behind your head by raising the buttock and bending the spine. Do not struggle for the final posture. Do only up to what you can do. Overstraining is harmful. Now remain in savasana.

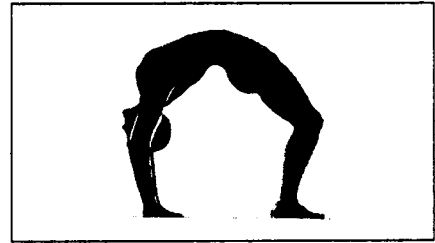


(The instructor in group session should be vigilant and should help if any individual is unable to bring back his body to the earlier position. Instances of participants struggling in locked up condition may happen).

Breathing slow and steady as per your bodily requirements. Relax in Savasanam. Repeat the *asana* twice or thrice.

#### 4. CHAKRASANAM

Lie on back. Keep your legs slightly apart and fold them bringing the heels near your buttock. Raise your hands and place it behind shoulders keeping the palms downward on floor ... fingers towards the shoulders. Slowly raise your buttock first then abdomen, chest and shoulder area and then your head. Remain like an arc and loosen the neck and keep the head hung. Remain in this final posture for a while and come down very slowly ... bring down the head and touch the floor and then the shoulder and chest area, the abdominal area and finally the buttock. Unfold the legs and bring back the hands.

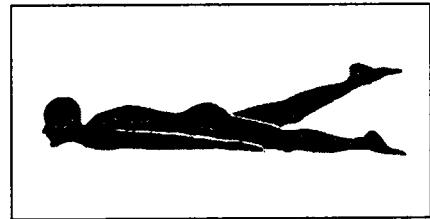


Breathing slow and steady as per your requirements. Relax in Savasanam.

#### 5. ARDHA SALABHASANAM

(one leg each)

Lie on stomach stretching the entire body ... hands close to body ... palms upward tuck below your thighs. Rest your head on chin. Straighten your head so as to bring your gaze parallel to the floor. Slowly raise your right leg (one and half or two feet height) without bending the knees and keeping the toes stretched. Remain in this final position for a while and bring down the leg slowly. When the leg is raised all other parts of the body should be relaxed. Repeat the same with the left leg.

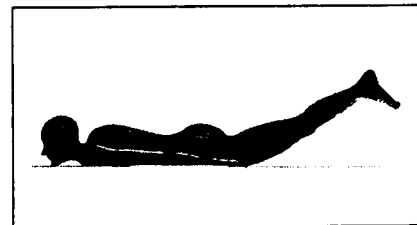


Breathing slow and steady as per your requirements. Relax in Savasanam in the same lying on stomach position. Fold your hands and rest your head on it like a pillow.

#### 6. SALABHASANAM

(both the legs together)

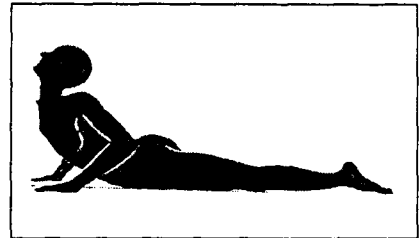
Lie on stomach stretching the entire body ... hands close to body ... palms upward, tuck below thighs. Rest your head on chin. Straighten your head so as to bring your gaze parallel to the floor. Slowly raise both the legs together without bending the knees and keeping the toes stretched back. Remain in this final position for a while and bring down the legs slowly. When the legs are raised all other parts of the body should be relaxed.



Breathing slow and steady as per your bodily requirements. Relax in Savasanam.

## 7. BHUJANGASANAM

Lie on your stomach. Fold your hands and place the palm just beneath the shoulders... arms close to body. Keep your forehead on the floor and raise the head backward and slowly raise the head and spine upwards without exerting force on the hands. Keep your legs relaxed. Do not keep them raised on the toes. Remain in this final posture for some time and come down to earlier stage by bringing down the spine and head and bent down until the head touches the floor. Unfold the hands.



Breath slow and steady without much noise as per your requirements. Relax in Savasanam.

## 8. DHANURASANAM

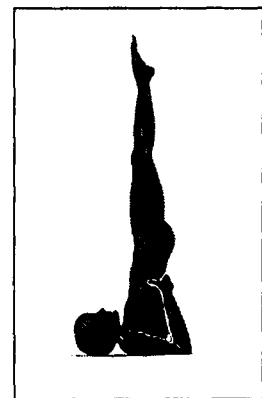
Lie on stomach. Fold your legs and hold them by hands just below the heels. Slowly pull the legs backward (do not pull by hands) so as to raise the leg region and the head region simultaneously of the same height. Remain in this final position for a few seconds and come back to earlier position.



Breathing slow and steady as per your requirements. Relax in Savasanam.

## 9. SARVANGASANAM

Lie on safine position. Slowly raise your legs and buttocks and bring the legs behind the head (as in poorna halasan) and slowly raise it upwards so as to remain the body on the back of the head, neck and shoulders and arms keeping the knees and toes stretched upward at 90°. Support your body with hands holding at the sides of the abdomen. (Thumb towards the belley and the other fingers at the back). Remain in this final posture for a while and come back to earlier position by unfolding the hands and keeping it on floor fold the legs ... bring it behind your head ... then slowly bring down the buttocks and then the legs on the floor.



Breathing deep, slow and steady as per your bodily requirements. Relax in Savasanam.

## 10. MALSYASANAM

Sit in padmasan – that is keep your right leg on the left thigh (close to navel region) and the left leg on the right thigh. Then slowly lie down supporting your body on each elbows, first the right elbow and then the left elbow. Raise your hands upwards and bring them behind your shoulders ... keep the ventral palm on floor (fingers towards the shoulders). Supporting on the hands

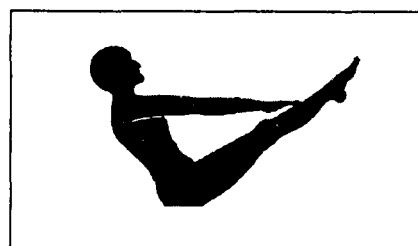


raise the chest area and bend the head backward and rest the head on head-top. Bring forward the hands and rest it on thighs touching the elbows on floor.

Breathing slow and steady. Relax in Savasanam.

### 11. NAUKASANAM

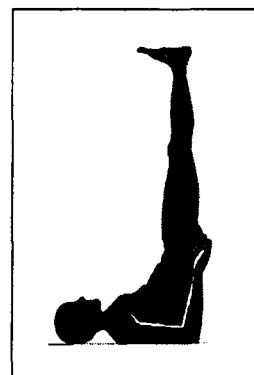
Lie on your back stretched, legs together hands close to body and head straight. Slowly raise your legs without bending the knees and keeping the toes stretched forward and simultaneously raise the spine area keeping the head straight and stretch the hands forward. Keep the hands parallel to the floor. Now body rests on buttock alone, remain in that final posture for a few seconds and come back to earlier lying position.



Breathing slow, steady and deep. Relax in Savasanam.

### 12. VIPARITHA KARANI

Lie on your back stretched. Legs together, hands close to body palm downward. Bring your legs back to your head as in Poornahalasana and lift your legs and buttock upward without bending the knees and not stretching the toes. Support your buttock with the hands. Keep the legs at 90° upwards and remain in this final posture for a while and then come back to earlier position by folding the legs and bringing them back at your head ... keep your hands on the floor ... bring down buttock and then the legs to the floor.



Breathing slow and steady. Relax in Savasanam.

### 13. BHADRASANAM

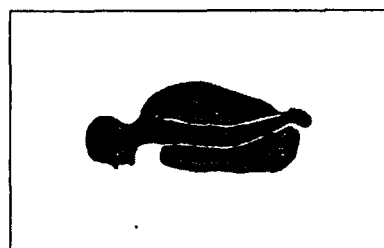
Sit on the floor keeping the bottom of your feet facing each other and hold them by your hands interlocking the fingers... spine erect... pull the heels towards the anal area... bring down the thighs. Remain in this final posture for a few seconds and come back to earlier position.



Breathing slow and steady. Relax in Savasanam or in Sukhasanam. SUKHASANAM: Sit, stretching your legs forward and leaning back supporting your hands behind... fingers towards back... spine erect... raise head to about 45 degree. Deep breathing... observe breathing.

### 14. YOGAMUDRA - 1 (in Padmasanam)

Sit in Padmasana – that is – keep your right leg over the left thigh and the left leg over the right thigh ... sit straight ... spine erect. Bring your hands supinated behind the hip and keep the right hand over the left hand. Then slowly bent forward so as to touch the forehead on the

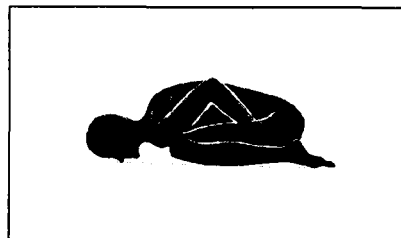


floor. Remain in this final posture for a few seconds and come back to earlier position. Do only as much you can. Do not struggle to touch forehead on floor if you cannot.

Breathing slow and steady without much noise as per your requirements. Relax in Savasanam or in Sukhasanam.

### 15. YOGAMUDRA - 2 (In Vajrasanam)

Fold your legs and sit on your feet keeping them like a ring. The right buttock on the right leg and the left buttock on the left leg. The big toes should touch each other while the right heel should be bent towards the right and the left heel towards the left so as to contain the buttocks comfortably on. Now fold your hands to make fists and place the right fist at the right bottom side of the abdomen and the left fist at the left bottom side of the abdomen. Do not keep the fists at the middle of the abdomen. Now slowly bent forward and touch the forehead on the floor. Keep the elbows close to body without raising the buttock from the heels. Remain in the final posture for some time and come back.



Breathing slow and steady as per your requirements. Relax in Savasanam or in Sukhasanam.

### 16. VAKRASANAM

Sit stretching both the legs forward. Fold the right leg and place the right heel at to the left knee. Lift the right hand bring it back and place it on the floor behind (right hand fingers directing toward back). Raise your left hand and bring it over the right knee and catch the right ankle. Now bring the spine erect and slowly turn your head through the right side towards back upto 180 degrees. Feel the twisting of each vertebral column. Remain in that final posture for a while and come back very slowly, bringing back to earlier position of sitting legs stretched.



Now fold the left leg and place the left heel at the right knee. Lift the left hand bring it back and place it on the floor behind (left hand fingers towards back). Raise your right hand... bring it over the left knee and catch the left ankle... spine errect... slowly turn head through left side and turn back upto 180 degrees. Feel the twisting of each vertebral column. Remain in that final posture and come back.

Breathing slow and steady and deep. Relax in Savasanam/ or in Sukhasanam.

### 17. ARDHA MALSENDRASANAM

Sit stretching both the legs forward. Fold the right leg and bring it beneath the left thigh. Fold the left leg and place the left foot at the right side of the right leg. Fold the left hand and keep it across the back touching the dorsal hand tight at the back side. Raise the right hand bring it over the left knee

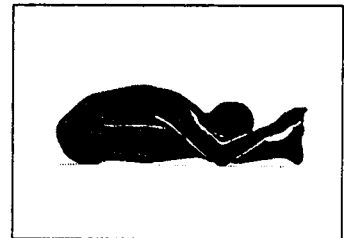


and catch the left ankle. Now turn the head towards left and look back turning the head 180°. Remain in this final posture for some time and then come back to earlier state of sitting with legs stretched forward. Fold the left leg and bring it beneath the right thigh. Fold the right leg and place the right foot at the left side of the left leg. Fold the right hand and keep it across the back touching the dorsal palm tight at the right side. Bring the left hand over the right knee and catch the right ankle. Now turn the head towards right and look back turning the head upto 180°. Remain in this final posture for some time and then come back to the earlier position.

Deep breathing... remain in Savasanam or in Sukhasanam.

### 18. PACHIMOTHARASANAM

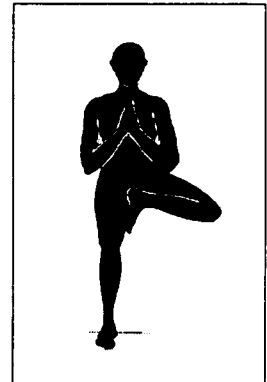
Sit stretching the legs forward. Raise your hands and bent forward until your forehead touches the knees. Hold the big toes with each hands touching the elbows on the floor. Remain in the final posture for a few seconds and then come back to earlier position.



Breath slowly steadily and deeply. Relax in Savasanam or in Sukhasanam.

### 19. VRIKSHASANAM

Remain standing... legs close. Lift your right leg and hold it with both hands... keep the sole on the left thigh and pull the heel upward so as the heel should touch the anal region ... toes downward. Remain in the left leg properly balancing the body... raise your hands up and join the palms above your head and bring them down at the middle of the chest. Slowly close the eyes and balance the body. Remain in that final posture for a while and come back to the initial standing position.



Repeat the same procedure for the left leg also. Slow, steady and deep breathing. Relax in Savasanam or in Sukhasanam.

### 20. ARDHAKADI CHAKRASANAM

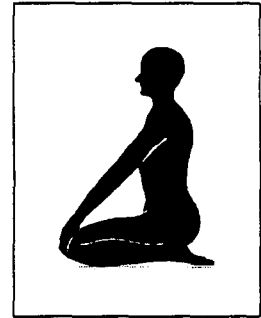
Remain standing, legs close. Hands close to body, head straight and spine erect. Slowly lift your right hand upto 90°, turn the palm upward and raise it further until the arm touches your right ear and still further applying force with the hand turn the head and spine towards left while the left hand is gliding down tightly through the left side. Remain in this final posture for a while and slowly bring back the right hand ... at 90° turn the palm downward and then bring down the right hand. Similarly do the same way with left hand.



Breathing slow and steady. Relax in Savasanam.

## 21. VAJRASANAM

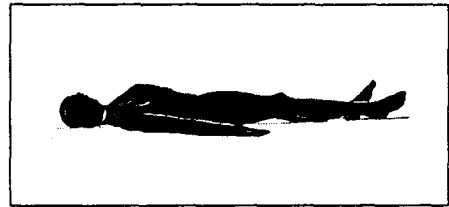
Sit on legs. Keep the knees close. The right buttock on the right leg and the left buttock on the left leg. The big toes should touch each other while the right heel should be bent towards the right and the left heel towards the left so as to contain the buttocks comfortably on. Spine erect and place your hands on the knees stretched. Remain in that final position for some time and then come back.



Breathing slow and steady. Relax in Savasanam.

## 22. SAVASANAM

Lie in supine ... legs apart ... hands apart palms up ... turn your head to left or right or straight ... slowly close the eyes. Relax your body completely ... no tension anywhere in the body ... deep breathing – without making noise ... slow and steady breathing ...



Now bring your awareness to particular body parts I announce and relax that part without any movement at that part.

Now bring your awareness to your feet ... relax the feet ... relax the upper part of the feet ... the ankles bring your awareness to the knees ... relax them ... relax your thighs ... Be aware of your buttock area ... relax that area. Relax your abdominal area .. be aware of the chest area and relax that area. Now bring your awareness to your hands ... relax the fingers ... the forearms... the elbows and the arms ... be aware of the shoulders ... relax them ... loosen your neck ... relax your neck ... bring your awareness to your cheeks ... relax your cheeks ... relax your glottis ... the tongue ... do not hold the teeth clenched, relax them ... do not hold your lips tight ... be aware of the nose area ... relax ... loosen your eyelids ... relax them ... eyes be half closed ... relax the eyebrows ... relax your forehead muscles...

Now your entire body is relaxed ... no tension anywhere in your body ... deep breathing ... you be aware of the complete relaxation of your body ... deep breathing. Now you can relax further your body totally as I count from one to ten ... one ... two ... three ... more and more relaxation ... four ... five ... six ... more and more relaxation ... seven ... eight ... more and more relaxation ... nine... and ten ... Now your body is completely relaxed ... deep breathing ... slow and steady long breaths ... be aware of the breathing ... pay attention to air coming in your lungs and air going out of your lungs ... feel the air coming in and going out. Remain in this complete relaxation without diverting your attention from the breaths for 5 minutes in silence ... decide not to fall asleep. Observe your breathing for 5 minutes in silence. (After 5 minutes) ... Now slowly ... very slowly open your eyes and sit in Padmasanam and continue to observe breathing ... that is do the meditation ... we did at the beginning.

### 23. PADMASANAM

Sit cross legged. Keep your right leg over your left thigh and the left leg over the right thigh. Spine erect. Stretch your hands and keep them on your knees – ventral side upward. Make a circle touching the tip of the index finger and the thumb of each hand (*Chinmudra*).



Continue meditation for two or three minutes. Pay attention to breathing.

Feel the air coming into your lungs and going out of your lungs. Slow deep and steady breathing.

Have a pleasant face (not to smile).

Now chant omkar (or any other manthra of your preference like 'allah' or 'haleluyya') three times

Chant together when I say 'Start'.

Take a deep breath ..... start ..... Om .....

Take a deep breath ..... start ..... Om .....

Take a deep breath ..... start ..... Om .....

*Now slowly open your eyes.*

*Now it is time for you to ask doubts about any aspects of Yogasanam.*

\* \* \*



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