



Research Article

TO STUDY THE EFFECT OF *BRAHM MUHRUAT JAGRAN* ON MENTAL HEALTH WSR TO ANXIETY & DEPRESSION

Kulratan singh

Assistant Professor, Dept. of Swasthviritta & Yoga, Himaliyiya Ayurvedic Medical College, Dehradun, India.

Received on: 29/08/2015

Revised on: 15/09/2015

Accepted on: 25/09/2015

ABSTRACT

World today has lot more psychological problem than physical suffering. In fact it can be said that not only diagnosed psychiatric patients but every human being who is running for survival is facing some kind of mental or psychological disturbances. Nearly 1/4th of all the patients who seek treatment are said to be present with psychological problems. About 15% patients require immediate psychiatric help. On the basis of the description available in various treatises of Ayurveda and Astrology, *Sattvavajaya Chikitsa* is helpful in the treatment of psychiatric disorders. So we prevent our self from disorders which occurs due to imbalances, and after removing imbalances and maintaining balance between mind and body, we are able to get complete health. *Sattvavajaya Chikitsa* is taken as the major line of treatment in the management of mental disorders. Therefore it was decided to launch a clinical trial on a group of which could be safe, effective, cheap and easy for the management of mental diseases, and help to maintain mental health. For this purpose following procedures may be suggested to control the growing of stress disorders: *Brahma muhurat jagran*. 30 clinically diagnosed patients of Anxiety and Depression were treated with *Brahma muhurat jagran* for 2months. It can be concluded that there is very close correlation of Ayurveda with Astrology and Spirituality along with pathogenesis of various diseases particularly *Manas Roga* (Mental Illness) and a combined approach delivers much better results.

KEYWORDS: *Brahma muhurat jagran*, *Manas Rog*, Anxiety, Depression.

INTRODUCTION

Modern man is living in the perpetual state of ever increasing stressful situations arising from the development of science and technology, environmental pollution, highly ambitious and competitive life styles, over population, monotony and boredom of complex interpersonal relationships, job responsibilities and many other associated mental and emotional causes. All socio-economic groups of population including high pressure executives, businessman, working women and even students are affected by a variety of stresses. The stress disorder is a psychosomatic disease. The Anxiety and Depression form the major examples of such disorders.

Ayurveda lays emphasis on total health i.e. state of physical, sensorial, mental and spiritual equipoising called *Arogya*, which is a foundation of *Trivarga* i.e. *Dharma*, *Artha* and *Kama*. According to Acarya susruta an individual is considered as *Swastha* whose *Dosas*, *Agnis*, *Dhatu*s and *Malas* are in state of *Samyak* i.e., equilibrium or normalcy (Samdosah samagnischa samadhatumala kriyah) and who is¹ mentally, sensorially and spiritually in the state of calmness (Prasannatmendriya manah)¹. This touches all the four aspects of *Ayu* i.e., *Sharirendriya-Sattvatma Svathya*.

According to Ayurveda life is the manifestation of union of three entities without which life cannot exist. These are *Sattva*, *Atma* and *Sharira* and their influence on each other is obvious (Cha.Su. 1/46)². *Chittodvega* (Anxiety) has not been described as an individual disease in *Ayurvedic* treatises. But it has been mentioned under the chapter of *Unmada roga* as one of the causative factors & also mentioned as *Mano Vikara* by *Acharya Charaka*. (Cha.Ni. 7/4)³.

Thus as regards the possible measures which can be employed to tackle the problems of abnormal stress response and to prevent stress disorders, the modern system of medicine provides no definite remedies. So far as Indian medicine is concerned the following measures may be suggested to control the growing of stress disorders:

Social and environmental rectification by following the principles of *Swasthviritta*, help to make the society less stressful.

Development of stress resistance in man by inducing basic changes in the personality with the help of appropriate psychophysical practices.

The present research work has been started with following aims & objectives.

1. Clinical and conceptual studies on *Avsaad (Visaad)* and *Chittodvega* vis-à-vis Depression and Anxiety.
2. To evaluate antidepressive and anxiolytic effects of a *Brahma Muhruat Jagran* in a series of patients suffering from *Avsaad* and *Chittodvega* (Depression and Anxiety) on S.A.S and B.D.I scale.
3. To compare the efficacy of antidepressive and anxiolytic effect of the *Brahm Muhruat Jagran*.

Concept of Avasada

The word *Avasada* is derived from the root *ava+sad+dhyani*. The synonyms are *Avasanna* (sad,lazy) *Vishada* (sadness, melancholy) and *Sadnam* (sadness, dejection). *Avasada* literally means depression, annihilation. The word *Vishada* has been mentioned in the context of *Manas Dosh* *Vikara*. *Charaka* used the term *Sadanam* to refer the sense of depression and described as *kaphaj unmaad*⁴.

Avasada

1. Sinking, fainting, and Sitting down.
2. Lack of energy, Exhaustion, Fatigue, 'Vipadeti Tavadavasdkari' (Kiratarjunia 18/23)

*Vishaad*⁵ is a word of masculine gender and it is derived by the root '*sada*' after adding the prefix '*vi*' and suffix '*Gana*' to it. It denotes *Avsada* and *Jadta* as per *vachaspathyum*

As *Acharya Charak* has mentioned that the person who recurrently suffers from *Chittodvega* (Anxiety Disorders), *Kama*, *Krodha*, *Lobha* etc. *Mansika Vikaras* is more prone to suffer from *Unmada* etc. major *Vikaras*. (Cha.Ni.7/4)⁶ or these *Vikaras* when become more extensive may lead to *Unmadadi* major mental disorder.

CHITTODVEGA VIS-À-VIS ANXIETY

The word anxiety derived from the Latin word "anxieta" meaning disquiet state of feeling anxious some other words like worry, apprehension, fear, agitation, dread, angust etc. are also used as synonyms in English literature.

There is no separate & wide description of *Chittodvega* in Ayurvedic texts. *Chittodvega* can manifest as a causative or aggregative emotional factor of various somatic disorders i.e. *Atisara* (Cha. Ci. 19)⁷. Anxiety are also caused as well as aggravated by various emotional disturbances.

Chikitsa of Manas Rog

Three modalities of treatment are ⁸

- 1) *Yuktivyapashraya Chikitsa*
- 2) *Daivavyapashraya Chikitsa*
- 3) *Satwavajaya Chikitsa*

MATERIAL AND METHODS

Following materials and methods were employed for the completion of present research project –

- 1) Selection of cases
- 2) Administration of treatment:

Selected patients of depression were divided in three groups on random basis for the treatment as follows-

(Brahma Muhurat Jagran)⁹

Treatment: wake up at early morning

Time: between 4:30-5:00 am

Duration: 2 months

All the patient were recommended dietary restriction (use only *Satvik Ahaar*) and other activities in all the three groups as per the description available in Ayurvedic classics (*Sadvrita palan*) during the course of the therapy

Criteria of assessment

All the patient registered for the clinical trial were screened for their demographic profile like age, sex, marital status, family history ,their socio-economic status, etc. during the trial and follow –up study the patients were assessed on the following parameters-

- a) Subjective improvement
 - b) Clinical improvement.
- a) All the patients registered for the trial were specifically asked for any changes in their clinical manifestations and growing feeling of well being produced by the treatment under trial.

b) For the assessment of clinical improvement the incidence of presenting features was and the severity of symptoms was rated in each case. For this purpose the following "Beck Depression Inventory(BDI) and Sinha Anxiety Scale(SAS) was used.

Duration of clinical trial and follow up studies

All the patients of three groups were followed up to 2 times i.e. on 15th day and 30th day to evaluate the therapeutic effect of treatment given. The patients were asked to fill the Beck Depression Inventory and Sinha Anxiety Scale for diagnosis before and after the treatment

Table 1: Criteria for overall assessment of therapy on Anxiety

S.No.	Improvement	Range
1	No Relief	00%
2	Mild Relief	< 25%
3	Moderate Relief	< 50%
4	Markedly Relief	<75%
5	Excellent Relief	100%

RESULTS

Table 2: Showing the "Level of Depression" in 15 Registered Cases of Avassad (Depression) Group A

Depression	Total Number of Patients	Percent (%)
Not Present	00	00.00%
Mild	03	20%
Moderate	12	80%
Severe	00	00.00%

Table 3: Showing the "level of Anxiety" in 15 Registered cases of Chittodvega (Anxiety) group B

Anxiety	Total Number of Patients	Percent (%)
Very low	01	10%
Low	09	56.66%
Normal	05	33.34%
Severe	00	00.00%

Effect of Therapy on BDI

Effect of Brahma Muhurat Jagran on BDI: the initial mean score was 22.8 having reduction of 14.6 with 35.965 % decrease of BDI Score was noted, which was statistically highly significant ($P < 0.001$).

Effect of Therapy on SAS:-

Effect of Brahma Muhurat Jagran on SAS: the initial mean score was 1.3, reduction of 0.3 with 23.077% decrease of SAS Score was noted, which was statistically non significant ($P > 0.05$).

Overall Effect of Brahma Muhurat Jagran on 15 patients of Depression (Group A): It shows that 10% of the patients was observed with complete cure, maximum number of patients i.e.50 % marked improvement and 30% were moderately improved. None of the patients was improved and unchanged.

Overall Effect of Brahma Muhurat Jagran on 15 patients of Anxiety (Group B): It shows that 30% of the patients were markedly improved, 30% of the patients were moderately improved and 10% were observed with excellent relief and mild relief, whereas 20 % showed no improvement.

DISCUSSION**Probable Mode of Action of Brahma Muhurat Jagran**

The dim dawn signal served to cut short the body's production of melatonin in the morning hours, which probably contributed to the increased ease of awakening. "Twilight exposure appears able to promote circadian phase adjustments, morning melatonin suppression, regularized sleep patterns, increased ease of awakening, with more alertness and energy and antidepressant responses. The eyes may be primed at twilight hours for reception of changing intensities of low-level light."

Lack of environmental illumination and other stresses might lead to altered serotonin levels, neurodegeneration, depression, cognitive deficits, and ultimately dementia. A both seasonal and non-seasonal depression has been shown to have relationships with environmental illumination. Theories regarding the

body's seasonal cycles, which affect depression and may also affect cognition, are mostly based on the regulation of the body's circadian rhythms by the hypothalamic suprachiasmatic nuclei (SCN). The SCN are modulated by various factors such as body temperature and physical activity, but are in particular modulated by light received by retinal sensors at optimal wavelengths close to sunlight's dominant wavelength of 477 nanometers. The SCN regulate the body's sleep cycle, body temperature, blood pressure, digestion, immune system, and various hormonal systems. Dysfunctional circadian rhythms and sleep disorders, which can occur from inadequate environmental light, have been associated with cognitive deficits. One of the SCN's regulatory functions are their inhibition of the pineal gland from turning serotonin into melatonin during the presence of daytime light

Studies that have tested the effects of artificial light on cognitive abilities have found that increased light exposure leads to increased alertness and a variety of changes in regional brain activity. In addition, different spectral wavelengths have been found to have differing effects on memory and other cognitive abilities.

CONCLUSION

Following conclusion can be drawn from the current research project.

1. On the basis of their clinical manifestations the disease *Avsaad* and *Chittodvega* can be correlated with the Depression and Anxiety respectively as described in modern medical science.
2. Anxiety is a broader terms which covers condition like GAD, OCD, Panic disorders, phobic disorders, specific disorder etc.
3. Observations & results obtained in a series of patients of *Avsaad* and *Chittodvega* (Depression and Anxiety), treated with *Brahma muhurat jagran* have shown the good recovery in clinical manifestations of the disease confirming the potent antidepressive and anxiolytic effects of *Brahma muhurat jagran*.

4. It appears that *Aradhana* when administered with *Brahama muhurat jagran* acts synergistically producing remarkable antidepressive and anxiolytic effects in a series of patients of *Avsaad* and *Chittodvega* (Depression and Anxiety) in form of producing psycho activity and tranquility of mind.
5. The antidepressive effect produced by *Brahama muhurat jagran* when administer alone in patients of group B has shown highly significant improvement in patients of *Avsaad* (Depression) after the course of the therapy in current research project.
6. The anxiolytic effects produced by *Brahama muhurat jagran* when administer alone in patients of group A has shown mild improvement in patients of *Avsaad* and *Chittodvega* (Depression and Anxiety) after the course of the therapy in current research project.
7. When assessed in term of its anxiolytic effects in a series of patients of *Avsaad* and *Chittodvega* (Depression and Anxiety) has witnessed significant improvement in various symptoms of the disease.
8. The effect of follow up study shows that modalities provided better improvement, but the follow up therapy in *Brahama muhurat jagran* group was very poor and the patients had to be motivated to continue the treatment.
9. *Brahama muhurat jagran* are costless procedure, freely available and almost everywhere may be applied and easily administrable by *Hina Sattva* patients of mental illness as an added advantage for administration of these procedures in the management of patient of *Avsaad* and *Chittodvega* (Depression and Anxiety).
10. It was observed that certain practices of meditation complemented the antidepressive and anxiolytic effect of *Brahama muhurat jagran* producing an early response in the patients.

Therefore it can be concluded that *Brahama muhurat jagran* (with Dawn light) may be used effectively separately or in combination together for the management of patients of *Avsaad* and *Chittodvega* (Depression and Anxiety) safe.

Cite this article as:

Kulratan singh. To Study the Effect of Brahm Muhruat Jagran on Mental Health wsr To Anxiety & Depression. International Journal of Ayurveda and Pharma Research. 2015;3(9):92-95.

Source of support: Nil, Conflict of interest: None Declared

ACKNOWLEDGEMENT

I pay my extreme humble respect and deep sense of gratitude to my respected preceptor and honorable Guide Dr.Kamalesh Kumar Sharma, Asso. Prof. Dept. of Swasthvritta, N.I.A., Jaipur.

REFERENCES

- 1 Dr.Anantram sharma, Sushrut samhita sutrasthanam, Doshdhatumaalchhaya-vriddhivigyaniya adhaya 15/48. reprint 2005, Chaukhamba subbharati publication, Varanasi;p-130
- 2 Dr.Brahmanand Tripathi, Charak samhita, Shutra sthana, Dirghyajivitiya adhaya 1/46. Vol-1 edition 2012 Chaukhamba surbharti publication, Varanasi;p-17
- 3 Dr.Brahmanand Tripathi, Charak samhita, charaka-chandrika hindi commentary Nidan sthana, Unmaadnidaan adhaya 7/4. Vol-1 edition 2012 Chaukhamba surbharti publication, Varanasi;p-639-640
- 4 Dr.Brahmanand Tripathi, Charak samhita, Chikitsa sthana, Unmaadchikitsiya adhaya 9/79. Vol-1 edition 2012 Chaukhamba surbharti publication, Varanasi;p-400
- 5 Sri Taranatha Tarakvachaspati Vachaspatyam, Chaukhambha Sanskrit Series, Varanasi,1970.Vol. V, Page no. 4933.
- 6 Dr.Brahmanand Tripathi, Charak samhita, Nidana sthana, Unmaadnidaan adhaya 7/4.. Vol-1 edition 2012 Chaukhamba surbharti publication, Varanasi;p-639-640
- 7 Dr.Brahmanand Tripathi, Charak samhita, Chikitsa sthana, Aatisaarchikitsa adhaya 19/12. Vol-1 edition 2012 Chaukhamba surbharti publication, Varanasi;p-675
- 8 Dr.Brahmanand Tripathi, Charak samhita, Sutra sthana, Trieshaniya adhaya 11/54.,Vol-1 edition 2012 Chaukhamba surbharti publication, Varanasi;p-248
- 9 Kaviraj aatrideva gupt, Asthanghridayam, sutrasthana, Dincharyaadhya 2/1., reprint 2007, Chaukhamba Sanskrit sansthan, Varanasi;p-26

***Address for correspondence**

Dr. Kulratan singh

Assistant Professor,
Dept. of Swasthvritta & Yoga,
Himaliyiya Ayurvedic Medical
College, Dehradun, India.

Mobile: 09917894568

Email: kulratan_singh@yahoo.in