



SMRITI MEDITATION WITH SELECTED AYURVEDIC MEDICINES IN CHRONIC LBA ASSOCIATED WITH STRESS - A CASE REPORT

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ABSTRACT

Introduction: Pain is a general term that describes uncomfortable sensations in the body, often caused by any damaging or intense stimuli. International Association for Study of Pain (IASP) widely used definition defines Pain as an unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage. In medical diagnosis, pain is regarded as a symptom of an underlying condition. The latest neuroscience research explains how stress can fuel persisting or chronic pain. The psychosocial approach can only help them better by reducing high levels of physiological stress that often worsen pain since the pharmacological approach as a temporary solution led to drug dependency and may side effects.

Smrithi meditation is a guided interactive psychotherapy technique developed by Dr. KV Dilip Kumar for diagnosing and management for psychosomatic symptoms. It is based on the Ayurvedic theory of *Satvāvajaya chikitsa* (Psychotherapy).

Study Design: A single case study

Place and Duration of Study: *Kāyachikitsa* OPD of VPSV Ayurveda college hospital Kottakkal, Malappuram, Kerala

Presentation of Case: This is a single case study in which a female of 44 years was suffering from chronic low back pain (CLBP) for 8 years, which was aggravated for 2 years. She was under Allopathic medication for 5 years and Ayurvedic treatment for 1 year. She has been prescribed Ayurvedic medicines and 5 sessions of *Smrithi* meditation for 1-2 hours each within 30 days. The follow-up was done after 15 days.

Results: Assessment was done on the 0th & 30th days and a follow-up after 2 weeks (45th day). The assessments were done by using the Perceived Stress Scale (PSS), the Oswestry Low Back Pain Disability questionnaire, the Visual Analogue Scale (VAS), and the WHOQOL BREF Scale. Assessment for the quality of *Smṛiti* meditation was recorded after each session of *Smṛiti* meditation in the assessment record under two headings 1. Evaluation by the meditator and 2. Evaluation by the participant.

Conclusion: *Smṛiti* Meditation with selected Ayurvedic medicines was found to be effective in relieving chronic low back pain within 30 days and the effect was retained up to a follow-up of 45 days.

Keywords: *Smṛiti* meditation, *Satvāvajaya chikitsa*, chronic low backache, PSS, VAS, Oswestry low back pain disability questionnaire, WHO QOL-BREF questionnaire.

INTRODUCTION

Low back pain (LBP) is a very common complaint in the country, as it is the second most common reason people see a physician. LBP has a variety of causes, such as improper posture, improper biomechanics, falls, and overuse—such as lifting too much weight, etc. Possible treatments for LBP include medications, steroid injections, education, physical therapy, or surgery.

Usually, if LBP persists after 3-6 months is considered chronic LBP. Pain is a complex experience that includes a close interaction of physical and psychological factors. The subject and the health care provider together can manage and overcome the pain. Psychological therapies can be really helpful with back pain. They help lessen pre-existing psychological vulnerabilities, change the pain perception, and also alleviate the psychological factors (such as anxiety and anticipation) that trigger the pain.

The clinical condition where the lower region of the spine is painful is described in Ayurveda in different names like *Kaṭīśūla*¹, *Kaṭītoda*, *Kaṭīgraha*^[2, 3, 4] *Kaṭī Vedana*, *Trikasūla*⁴, *Trikagraha*, *Trikavedana*, etc. *Vāta doṣa* is projected as the major factor behind the whole pathogenesis involved in *Kaṭīgraha*^[5, 6]. The major symptom of *Kaṭīgraha* is the presence of pain. Acharya Caraka explains the *Adhistana* of *Vedana* includes the mind and the body along with the senses. As Carakacharya says when disease persists for long, psychic diseases like *Kāmādi*, and somatic diseases like *Jyarādi*, at times get combined with each other⁷. So, it is important to remember that there is a dynamic relationship between the state of mind and the

physical condition, also the management should include a dynamic approach, especially in chronicity.

PATIENT INFORMATION

A 44-year-old-female came for the first time with a physician's referral to evaluate and treat his complaint of chronic low back pain in Manasānhi OPD Ayurveda college hospital Kotakkal on 15th November 2021. She was suffering from this problem for the last 8 years. The subject was experiencing pain in his low back that began about 8 years ago and had been gradually worsening. She took several medicines for the same for the last 6 years but didn't get any significant relief. After detailed history taking, she was diagnosed with chronic LBA associated with stress and treated accordingly at the OPD level.

Her past medical history and investigation were not revealing any unusual findings. The subject reported having no other significant Orthopaedic issues, but her history shows that she had localised pain for the past 6 years and it radiated to right lower limb along with numbness from the last 2 years. She also reported she had recurrent headaches and mouth ulcers. She had extreme difficulty moving around in his home with her daily routines. At best, his pain level was 7/10 on the Visual Analogue Scale (VAS). She was experiencing a 9/10 at the time of evaluation, and 10/10 when the pain was at its worst.

EXAMINATION, AND EVALUATION

General examination: Lean and tall lady with moderate build and nourishment without any pallor or oedema of body parts.

Systemic examination: Genslens test =+ve B/L; Pump handle test =+ve B/L; Straight leg raise +ve at 30° (right)

Neurological examination: slight difficulty in memory and concentration (subjects' words), Minimal status examination within normal limit

Ayurveda rogi pareeksha: shown in table 01

Table 01: Shows *Daśavidha Pareekṣha*

<i>Daśavidha Pareekṣha</i>	Findings
<i>Dūṣya</i>	<i>Dosha-Vāta Pitha & Dhātu-Rasa rakta</i>
<i>Deśa</i>	<i>Bhoomi desha-Anoopasādhāraṇa & Deha Deśa- Manas and Kati pradasha</i>
<i>Bala</i>	<i>Roga Bala-Madhyama & Rogi Bala-Avara</i>
<i>Kāla</i>	<i>Kṣaṇādi Kāla-Hemantha & Vyādhyavastha Kāla-Purāṇa</i>
<i>Anala</i>	<i>Avaram</i>
<i>Prakṛti</i>	<i>Deha Prakṛti- Vāta Pitha & Mānasika Prakṛti-Tāmasa Rajasika</i>
<i>Vaya</i>	<i>Bāla</i>
<i>Satva</i>	<i>Avara</i>
<i>Sātmya</i>	<i>Sarvarasa</i>
<i>Ahara</i>	<i>Abhyavaharaṇa Śakti-Avara & Jaraṇa Śakti-Avara</i>

THERAPEUTIC INTERVENTION

Selected Ayurvedic medicines

- *Gandharvahasthaadi kashayam (Sahasrayogam)*^[8]
15 ml concentrated Kashaya+45 ml lukewarm water, 6 AM
[anupaana: -Gulam (jaggery)-2g, Saindhavam (rock salt)-1g]
- *Sahacharādikashayam (Astangahridayam chikitsa)*^[9]
21) 15 ml concentrated Kashaya+45 ml lukewarm water, 6 PM

Smṛiti meditation

- Total number of sessions- 5 sessions
- Duration: one to two hours
- Period of intervention: 30 days
- 1st and 2nd session within 1 week, 3 days gap
- 3rd session in 2nd week
- 4th and 5th session 3rd and 4th week

Intervention includes conventional management following in *Kāyachikitsa* OPD for chronic LBP ie, *Gandharvahasthādi kashaya*, and *Sahacharādi kashaya* for 30 days along with 5 sessions of *Smṛiti* meditation. *Gandharvahasthādi Kashaya* mentioned in *Sahasrayoga* ingredients are *Eranda, Chiruvilva, Chitraka, Viswa, Pathya, Punarnava, Dusparsaka,*

and Bhumyamlaki. All drugs have *Ushnavērya Dēpana, Vata Kapha Shamaka,* and *Vatānulomana* properties. The reduction in the symptoms of Katigraha can be attributed to two major factors i.e., reduction of pain that may be due to analgesic and anti-inflammatory effects of drugs or/and due to increased nourishment to the spine and disc¹⁰. *Sahacharādi Kashayam* mentioned in *Astanga hridaya chikitsa stana*, is a decoction prepared out of three herbal ingredients, namely *Sahachara, Devdaru,* and *Sunthi*. All the drugs included in this *Kashaya* are having *Vata-Kapha samaka, Vedanasthapana, Sula-hara, Sothahara,* and *Naadi-uttejaka* (Nerve stimulant) properties along with strengthening and nutritive therapy for various musculature and structure in lumbar region and extremities¹¹

It is observed that while taking the internal medicines the intensity of pain reduced but it did not show any significant reduction in stress level. Ayurveda, it is clearly explaining the involvement of the mind and body in causing a disease¹². So, both components should take into consideration. So, in any chronic disease, the involvement of the psychic component has to be considered. For addressing such pathogenic emotions *Smṛiti* meditation was given.

RESULT

Table 02: Assessment chart

SCORE		0 th day (Initial visit)	30 th day (After treatment)	45 th day (Follow up)
Perceived stress scale		26	17	10
Visual analogue scale		9	5	2
WHO-QOLBREF Questionnaire	D1	13	45	69
	D2	6	52	69
	D3	44	50	69
	D4	44	50	75
Oswestry LBP Questionnaire		28	16	4

DISCUSSION

It is important to remember that there is a dynamic relationship between the state of mind and the physical manifestations. But it is not just pre-existing causes that worsen the pain. The pain itself can rewire our brains and act as a cause of stress. When pain first occurs, it impacts the pain-sensitivity brain circuits. It continues with the stress factor, and this aggravates the pain when got unmanaged. But when pain lasts, the related brain activity switches away from the pain circuits to circuits that process emotions. So, the intention of the intervention is to break this cycle. When pain becomes chronic with stress, structural changes are seen in multiple brain regions involved in emotional and attentional aspects of pain modulation, possibly leading to a diminished ability in pain regulation. Studies show that psychology-based treatments such as meditation may also act in a neuro-protective manner to prevent or reverse these pain-related changes in brain structure and function. *Smṛiti* meditation is a guided interactive meditation technique developed based on *Satvāvajaya cikitsa* put forth by Achārya Caraka which is the ayurvedic psychotherapeutic technique. A small description of the *Smṛiti* meditation explained primarily to the subject in which we are trying to address the unaddressed psychological conflicts that cause stress to the subject. Then the subject was made to sit in a comfortable position. Then her problem was discussed. And set a goal for meditation after networking and funnel-

ing of stated problem then the goal was restated again. Up to this can consider as *Jnana- Vijnana* process. Then reassured the subject by helping them to find out better coping strategies (*Dhairya* process). In most of the sessions, it took nearly ½ -1 hour. Later Instructions had given to relax the subject. Verbal guidance and leading techniques were used to bring them into a deeper layer of consciousness with appropriate intervention. This is the hardwood part of *Smṛiti* meditation. Most of the participants took 1 ½ to 2 ½ hours for this phase. In this, the subject was asked to observe sensory and internally oriented experiences. Once the negative emotions get expressed, the meditator can transcend to the state of *Samādhi*. Such transcended states often expose to some revelation that helps to realize and correct the root cause of the problem. While taking the history it is observed that she had a permanent feeling of some sort of fear, anger issues, anxiety, sadness, stress, guilty feeling, and difficulty concentrating on their work or day-to-day activities. She had a persistent feeling that she didn't get enough care from her family, and they all took her issues as not much concern. So, she set different goals for each session of meditation to address these issues. Imageries depending on the type of goal to be achieved were given to the participants after proper relaxation to enter and maintain the deeper level of meditation. During the first sitting, the subject revealed her fears along with a behavioural change towards her family that is formed because of these fears. The subject also had an emotional out-

burst during the session and somatic expression of emotions was observable. She can overcome panic in such situations and this will give her more confidence to move into further sessions. In the second and third sessions, she was guided to meditate on multiple negative emotions that which she experienced, which in turn revealed factors like childhood fear, phobia towards water reservoirs (Aquaphobia), and health concerns regarding herself like fear of getting corona virus. During the fourth sitting of *Smṛiti* meditation, the subject started to realize the improper defense mechanisms that she regularly follows, and she tried to change her behaviour acceptable to others also and be healthy. Following this, she felt very much happy, and she got relieved from her mental and physical pain and was able to think positively about the future. A fifth sitting was carried out to check and probe any remaining emotions that were left unaddressed. Following this, the subject reported follow-up visits with a gap of 15 days and was symptom-free during this period.

CONCLUSION

Pain management is still a topic of discussion- because pain interferes with many daily activities and one of the goals of chronic pain management is to reduce the effect of pain on the functional aspect of the subject and maintain a positive mood and quality of life. Caraka regards *Upadha* as a root cause of all miseries and suggests detachments as a means of relief from the illnesses¹³. The dynamic approach by considering both *Sarēra* and *Mānasa* doshas will ensure a positive outcome. Repeated practice helps to condition positive attitudes and willpower. Gradually the practitioner becomes capable of getting detached from emotions like anger, sorrow, fear, excitement, depression, envy, jealousy anxiety, dissatisfaction, passion, and greed.¹⁴

This case highlights the need for a holistic approach to managing such disorders, wherein the therapeutic outcome was achieved by a synergistic action of ayurvedic treatment modalities including pacifying therapy (*Samana*), and *Satvavajaya chikitsa* (ayurvedic psychotherapy). A comparison of changes from

the initial stage moreover shows, the benefit of *Smṛiti* meditation, as a form of ayurvedic psychotherapy, was demonstrated in managing the subject with chronic LBP associated with stress.

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