INTRODUCTION

Ayurveda has been written in the form of Astanga Ayurveda which covers all the medical, surgical and psychological disabilities and their management by various treatment modalities like pharmacological, non pharmacological and surgical means. A wide range of psychiatric conditions have been described in Ayurveda out of them Unmada (psychosis) and Apasmara (epilepsy) are the major psychological infirmity. The disease Yoshaapasmara /Apanatranaka /Yoshaapatantrakra is commonly found in females described in Madhava Nidana Parishista, Bhaishyajya Ratnavali etc. There is no description in all major Ayurvedic texts of the disease Yoshaapasmara available in Brihattrayee (Chraka Samhita, Susruta Samhita and Astanga Hridaya). Human is rational & emotional and is being influenced by even small change in any sphere of life resulting in to various physical and psychological reactions and mostly these reactions are unfavorable. The Man of present era is living under various adversities, stresses, strains and anxiety. Various types of stresses like educational, social, official, economical, family and so many other type of stresses are present in the today’s life style which are responsible for lack of material happiness, comforts and mental peace. Continuously changing lifestyle along with ever-riding stressful psychological conditions contributes to most of the psychosomatic and psychiatric diseases. The idleness, sexual repression, perverted thoughts, fears, worries, depression, traumatism and prolong sickness etc. are the common causative factors. Since every person’s brain is unique, so also is its capacity to bear external changes. If the person is too sensitive, then there is a high chance that person might act hysterically to seemingly insignificant stimuli. Physical, emotional, or sexual abuse can be a contributing cause of conversion disorder in both adults and children. Basing on similarity in clinical features, many Ayurvedic scholars equated the Yoshaapasmara with Apanatranaka which is described in all major Ayurvedic texts. Word “Yosha” refers to female, due to more prevalence in female it is called as Yoshaapasmara but it may occur in male also who had soft temperament like females or man who cannot able to bear the hard situation or events. Ayurvedic scholars have equated this clinical entity with hysterical neurosis (now an absolute term) and in modern psychiatry it is described as ‘conversion and dissociative disorder’. Hysteria is a common form of the emotional reaction in which a patient tends to act out of his/her mental control in a dramatic way. Brain behaves in such a way to attract others to gain sympathy. The term “conversion” was first used by Sigmund Freud (1893). The term conversion disorder reflects the hypothesis that an unconscious psychological conflict is converted in to symbolic symptoms, thereby reducing anxiety and shielding the conscious self from a painful emotion and can be defined as disturbance of bodily functioning that does not conform to current concepts of the anatomy and physiology of the central or the peripheral nervous system. It typically occurs in a setting of stress and produces considerable dysfunction. The proposed etiologies are suggesting that the symptoms resolve an intrapsychic conflict expressed symbolically through a somatic symptom. Symptoms may manipulate the behavior of other persons and elicit attention, sympathy, and nurturance. Current theories about the etiology of conversion emphasize the role of communication. People, who have difficulty in verbally articulating psychosocial distress for any reason, may use conversion symptoms as a way of communicating their distress. Hystera (comprising of conversion, dissociative and somatization disorder) constitute about 6-15% of all outpatient diagnoses and 14-20% of all neurotic disorder. Approximately 5%-24% of psychiatric outpatient, 5%-14% of general hospital patient and 1%-3% of outpatient psychiatric referrals have a history of conversion symptoms. Life time prevalence of conversion disorder varied widely, ranging from 11/100000 to 500/100000 in general population samples. This disorder is more frequent in women than in men, ratio varying from 2:1 to 10:1. Dissociation is an altered state of consciousness characterized by partial or complete disruption of the normal integration of a person’s normal conscious or psychological functioning. Dissociation is most commonly experienced as a
subjective perception of one’s consciousness being detached from one’s emotions, body and/or immediate surroundings. The essential feature of the dissociative disorder is a disruption in the usually integrated functions of consciousness, memory, identity, or perception. The disturbance may be sudden or gradual, transient or chronic. According to International society for study of trauma and dissociation, some studies indicate that dissociation occurs in approximately two to three percent of the general population. Approximately 73% of individuals exposed to a traumatic incident will experience dissociative states during the incident or in the hours, days and weeks following. It begins in early adulthood and has been diagnosed more frequently in women than in men. Hysterical disorders frequently prove to be actual medical or neurological disorders, which makes it important to rule out these disorders before diagnosing a patient with hysterical disorders. Due to less awareness about disorder and clinical presentation, it seems to very emergent condition for a general people. This condition is often misdiagnosed as neurological (epileptic) disorder and many times other medical conditions like multiple sclerosis etc. were under diagnosed. Besides being a health problem, this disorder is also responsible for social and economical problems for a family. Yoshaapasmara is very difficult to treat and may occur in any stage of reproductive age i.e. till menopause. Many herbal and herbo-mineral formulations along with other therapeutic measures like Yoga, Sattvavajaya etc. are suggested for the management of the Yoshaapasmara.

**SELECTION OF TRAIL DRUG**-The selection of proper drug in the management of disease is very important because proper drug will never deceive the physician in the path of success. In Ayurveda, drug or diet articles that reverses or break the Samprapti (pathogenesis) without producing any side effect is considered as ideal. Drug combinations are envisaged to serve synergistic action, combined action, toxicity neutralization action and specific action. The selected drug i.e. Sarpagandha Churna Yoga is taken from celebrated book of Ayurvedic therapeutics i.e. Rasa Tantra Sara Va Siddha Prayoga Sangraha. This formulation contains Rasa Sindura and Sarpagandha Churna.

**AIM AND OBJECTIVE**-
1. To prepare the herbo-mineral formulation by the classical methods.
2. The clinical evaluation of Sarpagandha Churna Yoga for the management of Yoshaapasmara (H N).

**MATERIAL AND METHODS**- Drug was prepared in Ayurvedic pharmacy and department of Rasa Shastra which contains 475 mg of Sarpagandha Churna and 25 mg of Rasa Sindura and filled in capsule. Rasa Sindura was prepared by classical method described in Rasa Tarangini (6/162-167).

**Ingredients**
Sarpagandha Churna- 475 mg  
Rasa Sindura- 25 mg (contain Shodhit Parada and Shodhit Gandhaka). 
Vatankura swarasa- Q.S. Triturating liquid used in making of Rasa Sindura.

**Method of Preparation**- In present work following method is used for preparation of Rasa Sindura (Rasa Tarangini 6/162-167)

<table>
<thead>
<tr>
<th>Parada</th>
<th>1 part</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gandhaka</td>
<td>2 parts</td>
</tr>
<tr>
<td>Vatankur Swarasa</td>
<td>Q.S.</td>
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</tbody>
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First of all prepare Kajjali of Parada and Gandhaka and triturate with Vatankur Swarasa for three times in Khalva Yantra, after drying powdered it and fill in Kacakupi, cover it all around with cloth smeared with mud for 7 times up to its 1/3rd. Place it in a Baluka Yantra and apply slow moderate and strong heat gradually by increasing the temperature. The mouth of the bottle which was open from the begining may be closed with cork prepared with chalk or brick according to size of mouth of bottle. The closing of bottle mouth should be done only when the extra Sulfur is burned completely and the fumes of Sulfur similar to Gorochan in colour, stops coming out from the mouth of bottle. The joint of cork and mouth should be sealed properly with molasses and lime powder made in to paste with water. After this strong heat may be applied for at least two more hours to allow the prepared compound to sublime and adhere in to neck of bottle. On cooling the subdued product (Rasa Sindura) may be collected from the neck of bottle having the red colour similar to the rising sun.

**Administration of drug**: Sarpagandha Churna Yoga was given to patient in the dose 500 mg two times in a day, filled in capsule (Sarpagandha Churna 475mg + Rasa Sindura 25 mg).

**Anupana** - Milk/Water/Gulab Jala

**CLINICAL STUDY** - Seventeen cases were selected from the Kayakhitsa O.P.D and I.P.D. S.S. Hospital I.M.S. B.H.U. Varanasi and out of them four case were dropout from study. Case selection was random regardless of age, sex, occupation and socioeconomic considerations.

**The exclusion criteria** - Patients with following examination findings or history and clinical condition were excluded.

- Age below 12 year and above 45 years.
- Females after menopause.
- Patient with history of any significant physical illness e.g. tuberculosis, diabetes mellitus, ischemic heart diseases, CVA etc.
- Patient having any diagnosed significant psychiatric illness or taking treatment.
- Patient with history of substance abuse e.g. alcohol, cannabis etc.
- Patient having endocrine or metabolic disorders.
- Patient having significant history of head injury.
- Patient having significant findings in lab investigations like EEG, CT scan head.

**The Inclusion criteria** - Patient who fulfill the DSM IV diagnostic criteria for conversion or dissociative disorder were selected along with other considerations like -

- Patients having any significant medical illness viz., hypertension, diabetes mellitus, pulmonary tuberculosis etc were registered only.
- Patients having no significant medical illness viz., depression, schizophrenia etc. were registered only.
- Patients having no significant H/o surgical interventions viz. hysterectomy, neurosurgery spinal surgeries etc. were registered only.
- Patients having any significant H/o trauma viz. spinal cord injuries etc. were registered only.
- Patient not having any drug dependence or addiction like alcohol etc.
- Patient having no significant finding in different lab investigations like EEG, CT scan of head etc.
ASSESSMENT OF DRUG RESPONSE –

Clinical Assessment- It was based on relief found in the signs and symptoms of the disease. For this purpose main signs and symptoms were given a suitable score according to their severity before and after treatment. Study consisted of three follow ups, initially at 15 day interval for two follow ups thereafter two follow-ups of one month interval each. During each follow up patients were interviewed regarding symptomatic improvement, general examination, systematic examination and psychiatric examinations.

Psychometric Assessment- following scales were used for this purpose -

- Middlesex Hospital Questionnaire (M.H.Q. – O. N. Srivastava And V. K. Bhatt
- Adjustment Scale - By R.R.Tripathi

The M.H.Q. is a short, clinical diagnostic self rating scale for psychoneurotic patients, constructed by Crown and Crisp (1966). It gives a “quantitative clinical profile” as the test consists of six subscales having 8 questions each and study was concentrated on Hysterical personality traits (HYS) subscale. The Hindi version of the M.H.Q. is a very sensitive, reliable and valid instrument for differentiating the neurotics from normal. Hindi version was prepared by O.N.Srivastava and V.K. Bhat, Department of Psychiatry I.M.S. B.H.U. Varanasi (1973). In this study we have used an Adjustment Scale (Samayojana Suchika) prepared by Prof. R. R. Tripathi published by Raghuveer Publication Varanasi. This scale simply aims at screening an individual for minor departure from adjustmental norms the baseline for which must be in terms of dimensions of healthy adjustment.

RESULT AND DISCUSSION

Sarpagandha Churna Yoga is indicated10 in the management of insomnia, Apanatranaka (hysterical neurosis), Unmada (psychosis), hypertension and newly diagnosed epileptic disorders. Rasa Sindura11 mainly works on Kapha Dosa, Rasa-Rakta-Mamsa Dhatu, Amashaya, Hridaya and Kaphasthana. It regulates 5 types of Vata and maintains proper functioning of nerves, hence gives pleasure to those who use it. It regulates the sense organs. Urine, feaces etc. waste materials are excreted from the body without any trouble. It is Pittasara and best among invigorating agents. It is Pramehara (antidiabetic) and also works on Rajayakshma (tuberculosis), Pandu (aneamia) and Sthulya (obesity). Other properties like Medhya (intellect promoting), Parama Rasayana, Mutrala (diuretic), Dhathukriya-Pravardhaka (promoting tissues functions), Hridaya (cardiotonic), Kamagni Sandeepana (aphrodiasic) etc. are mentioned in different texts. Rasa Sindura works on Trimarma (heart, brain and bladder). Rasa Sindura (Red sulphide of mercury) is promoter of various enzymes. It also works on 5 types of Pitta, which are responsible for Deepana-Pachana (digestive and assimilative function), Raktavardhana (blood forming), Medha (intellect), Dristi (vision), Balakara (strength), Kantivardhana (lustre promoting) and Kusthahara (treating skin disorder). Parada12 have Shadarsasa and Sara, Guru, Snigdha Gunaka, Ushna Virya, Madhura Vipaka and Tridosgna. It has properties like Vrisya (aphrodiasic), Balya (strength forming), Rasayana, Yogavahi, Sarvarogajita (treating all disorders), Shodhana (purifying), Ropana (healing) and Krimighna (deworming). Parada balances the Tridosha (Tridosgna), increases Buddhi (intelligence), Medha (intellect), Smriti (memory), Kanti (lustre), Prabha (glow) and Bala (strength) and is best aphrodisiac (Mahavrisya). Gandhaka13 is having properties like Kushthagha, Rasayana, Pitta vardhak and Kapha Vata hara. This element is present in many polypeptides, proteins, and enzymes. Sarpagandha14 is Kapha-Vata shamaka, Mastiska shamak, Nidrajanan (hypnotic), Krimighna, Amapaka and Hridayavasadak (cardiac depressant). It shows Anticholinergic, Hypotensive, Anticontractile, Sedative, Relaxant, Hyperthermic, Antidiuretic, Hypnotic, Vasodilator, Antiemetic, Nematicidal, and Anti fungal activity. Therapeutic use of Sarpagandha is documented in various mental and neurological disorders like Unmada, Apsamara, Anidra etc. It is used as antihypertensive and Tranquilizer. It is first herbal antipsychotic drug. Rauwolfia serpen tina15 had been sold as “Pagalpan Ki Jadi” (medicine for insanity) in folk medicine for centuries. This herb had been used as an aid to meditation, reportedly even by Mahatma Gandhi. The first report in the medical literature of the use of Rauwolfia was published in 1931 in an Indian Medical Journal by Ganamath Sen and K. C. Bose. They reported that this drug reduces the blood pressure, and also improves the violent manic symptoms and also documented the actions like hypnotic effect, a calming effect on agitated, mentally deranged patients, and a hypotensive effect in arterial hypertension. That same year, 1931, two Indian chemists, Siddiqui, and Siddiqui, first extracted several alkaloids including Ajmaline and Serpentine from Rauwolfia19. In an extensive study published in the prestigious British Heart Journal (1949), Rustom Jal vakil reported the antihypertensive effect of Rauwolfia. In 1954, Nathan Kline reported therapeutic efficacy of Reserpine in schizophrenia. Comparative effects16 of Rauwolfia vomitoria and chlorpromazine on locomotor behavior and anxiety in mice shows that the Root bark extract from Rauwolfia vomitoria produced better behavioral effects with less distortion in motor coordination when compared to chlorpromazine and so has a great potential as an alternative antipsychotic agent compared to chlorpromazine. Since Reserpine did not produce same effects as Rauwolfia vomitoria, the effect of Rauwolfia vomitoria may not be due solely to Reserpine as claimed. Ajmaline17, a Rauwolfia derivative, has been found to possess potent antiarrhythmic effects. Ajmalin is an effective drug for the treatment of serious digitalis-toxic cardiac arrhythmias. Response of patients to the therapeutic trial was assessed through clinical, physiological and psychometric parameters. Clinical assessment was done on the basis of statistical calculations. After treatment it was found that no statistically significant change were observed in speech, attention, concentration, memory, mood, Vyayama Sati and Sattva. Although there was no significant changes were found but improvement was observed in symptoms like irregular bowel habit, paralysis, paresis and sensory deficit. After treatment statistically significant changes (improvement) was found in symptoms like Ama (t=2.00, p<0.05) appetite (t=2.00, p<0.05), urinary retention/difficulty in micturition (χ^2=11.5, p<0.05), and restlessness (χ^2=10.31, p<0.05) and highly significant results in symptoms like muscle cramps (χ^2=14.5, p<0.01), frequency of episodes of unconsciousness (χ^2=32.9,p<0.01), duration of unconsciousness episodes (χ^2=20.73, p<0.01), abnormal body movements/tremors (χ^2=17.95, p<0.01) and headache (χ^2=22.72, p<0.01). There was a very good improvement was observed in case of some symptoms but they were statistically insignificant, like menstrual abnormality in females (χ^2=4.00), breathlessness (χ^2=4.00), chest pain (χ^2=4.00) and pain abdomen (χ^2=8.00). Here it is necessary to mentioned that symptoms of specific dissociative disorder like amnesia, fugue and
depersonalization etc. were not founds in any of registered patients. In this series under psychometric assessment we have use two scales namely Adjustment Scale by R.R.Tripathi and Middlesex Hospital Questionnaire (MHQ). It was observed that effect of trial treatment on adjustment scale (t=3.89, p<0.01 HS) that was highly significant. Now we can conclude that most of the patients were found more adjusted than earlier. Effect of trail treatment on MHQ (t=5.50, p<0.01 HS) was also highly significant.

**CONCLUSION**

Yoshaaapasmara vis-à-vis hysterical neurosis commonly found in females is very difficult to treat due to its variable etiology and manifestation in different patients. Doshic involvement in Yoshaaapasmara are Vata and Kapha and Rasa Sindura is having the Kapha shamaka, Parada is having Tridosghna, while Gandhaka and Sarpagandha are having the Vata-Kapha shamaka properties, which are the ingredient of trial drug. *Rauwolfia serpentina* is established herbal antipsychotic drug which is the main ingredient of Sarpagandha Churna Yoga. Although it is time bounded small sample study but it was found that it is the very effective formulation for the management of hysterical neurosis and after treatment patients were more adjusted than earlier. The findings of this study enlighten the future clinical trial of this drug in insomnia, psychosis and newly diagnosed epileptic disorders.

**REFERENCES**


