Case Report
Management of Post-Traumatic Stress Disorder with Ayurveda Medication and Neuro-Linguistic Programming-A Case Study

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Abstract
A patient of moderate post-traumatic stress disorder (PTSD) was treated with multiple Ayurveda such as all body massage with Muriveena and Kottamchukkadi tail for 3 days. Then Pratimarsha Nasya with Purana Ghritha and Dhoopana with Hingyadi Varti was given for the next 3 days. Simultaneously the patient was subjected to neuro linguistic programming (NSD) which may be considered as Vismarana Cikitsa as a part of Sattvavajaya Chikitsa. This combined therapy of Yukti Vyaparsharaya & Satavajaya Chikitsa was found very beneficial in relieving the symptoms of post traumatic stress disorder

Key Words: Post-traumatic stress disorder, Neuro linguistic programming (NLP), Vismarana Chikitsa

Introduction:
Post traumatic stress disorder (PTSD) is a mental disorder that can develop after a person is exposed to a traumatic event, such as sexual assault, warfare, traffic collisions, or other threats on a person's life. Symptoms may include disturbing thoughts, feelings or dreams related to the events, mental or physical distress to trauma-related cues, attempts to avoid trauma-related cues, alterations in how a person thinks and feels, and an increase in the fight-or-flight response.

Treatment requires both internal intervention and psychotherapy. Drugs which have Medhya properties enhance the patient’s ability to cope up with the associated stress. Neuro-linguistic programming is a technique of Vismarana Chikitsa (a kind of Satavajay) where the patient is made to forget the ill effects of trauma for a specified period of time. Repeated practices of the procedure make the person able to come out of the stress.

Patient’s Information:
A 32 year old male patient from Mysuru visited the OPD on January 15th 2017 with complain of increased stress, fear of driving tractor, horrifying dreams at night which make his sleep disturbed since last 8 months. Patient a farmer met with an accident 9 months back where the tractor drove past him but luckily he escaped with minor injuries. Since then the patient started getting fear towards vehicles, especially tractors. He sold his tractor but he continued to get dreams about the incident very often which deprived him of sleep. He was very stressed on this issue and started developing a feeling that he has some invisible force in him which saved him from the accident. He was taken to different hospitals as he complained of occasional heart discomfort. Though all the cardiac reports were normal, still patient was not satisfied. Later this thought started to come out in the form of anger towards family members especially wife. On interrogation, it was found that there was no relevant psychiatric history in family. Patient did not have any episodes of psychiatric illness before the accident.

Clinical Findings: The vital findings were normal on admission with pulse of 76 per minute, blood pressure 126/80 mm of Hg, body temperature of 37.6°C and respiratory rate of 16 per minute. Appetite was poor since the onset of illness, bowel and micturition are regular and sleep is disturbed with difficult in initiation and maintenance of sleep.

Examination: Mental Status Examination of the patient showed that his eye contact was slightly restless; mood was anxious and irritable; affect was mood congruent and his thoughts were overvalued ideas. His was well dressed, normal grooming, speech content was appropriate and perception was normal. He was conscious, awake, alert and responsive, was oriented to time, place and person and his intelligence, memory, insight and judgment were intact.

Diagnostic Assessment:
Hematological evaluation, chest X-ray and ECG were done which were within normal.

a) Diagnostic challenges: all the reports came within normal. Then the patient was subjected to SPRINT questionnaire for psychological evaluation.
The results on SPRINT questionnaire came 14 which indicates a moderate score on post traumatic stress disorder (PTSD).

b) Prognostic Characters: Mild and moderate PTSD are manageable with appropriate internal medicine and counseling techniques on the principle of systematic desensitization.

Therapeutic interventions:
Informed consent was obtained from the patient before treatment.
The patient reported of more of somatic features along with the psychological ones as associated so the treatment was planned for both the complaints. External treatment aimed to improve both physical and psychological state of the patient. Along with that Satavavaya Chikitsa in form of Neuro linguistic programming (NLP) was applied. There is a connection between Neurological processes (Neuro-), Language (Linguistic) and behavioral patterns learned through experience (Programming) and these can be changed or modified to achieve specific goals in life.

Treatment modalities and Outcome:
The patient was reassessed using SPRINT questionnaire after 7 days of inpatient treatment. The score reduced from 14 to 5 which showed that the patient has improved from severe to mild levels of PTSD.

Follow up NLP sessions were continued for 2 months at an interval of 15 days. Patient reported marked improvement in stress management and it helped in overcoming his fears. He was able to get maximum performance overcoming fears, time management and lifestyle changes and personal appreciation

Discussion:
In this case, the patient was given Sarvanga Abhyanga with muriveena and kottam chukkaditaila because there was a history of trauma and complain of muscular pains was still there. Purana-Ghrita was given as pratimarsha Nasya as it has the ability to transcend the blood brain barrier and interact with the chemical messengers in central nervous system. Dhoopana was advised with hinguvadi Varti which contains Hingu which has action to impart clarity. Classics have mentioned dhoopana in psychiatric patients as a treatment modality.
The technique of NLP used in the present case was visual squash. It aids in acknowledging each part to reconstitute a whole. Each part is integrated to a higher level than what was formerly set by the limits until a state of unity and entirely is achieved. The idea of visual squash is to re condition your former thought into a more positive one. The procedure includes first de-condition then re-conditioning. De-condition means to remove the old perspective while recondition means replacing the old perspective with a new and beneficial one.

Conclusions:
In this case study case of post traumatic stress disorder (PTSD) was managed with Sarvanga Abhyanga for reduction of somatic complaints like body ache whereas counseling technique in form of neuro linguistic programming was advised for managing psychological symptoms like fear, irritability, negative thoughts.

Combine therapy of Yukti Vyapasharaya & Satavavaya Chikitsa is found beneficial in post-traumatic stress disorder.

References
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