



“बेटी बचाओ, बेटी पढ़ाओ”

## Treatment of stress disorder in relation with yogic concepts and physiotherapy

JV'n PRIYAL MAHESHWARI<sup>1</sup>, JV'n POOJA<sup>2</sup>, JV'n DIKSHIKA PATHAK<sup>3</sup>, JV'n NIWEDIKA<sup>4</sup>

Jayoti Vidyapeeth Women's university, Jharna, Jaipur, Rajasthan – 303122

### ABSTRACT

PTSD (Post-Traumatic Stress Disorder) is a condition marked by the existence of brain symptoms following exposure to a traumatic event. Mental health illnesses caused by an unusual reaction to both short and long-term anxiety caused by physical, internal, or emotional stress are known as stress-related diseases. Compulsive-obsessive disorder and post-traumatic stress disorder are two examples of these disorders. Stress is a conscious or unconscious mental feeling or physical condition that occurs as a result of physical or internal 'positive or negative pressure' overwhelming adaptive capacities.

It's a cerebral process caused by events that hinder, hurt, or challenge an organism, or that exceed available management capacities, and it's defined by cerebral adaptation reactions.

**Keywords:** Post Traumatic Stress Disorder, Anxiety Stress etc.

### Introduction:

Post-traumatic stress disorder (PTSD) is a mental health condition that's triggered by a ter Post-traumatic stress disorder (PTSD) is a mental health illness brought on by watching or experiencing a horrific incident.

Flashbacks, nightmares, and acute anxiety, as well as uncontrollable thoughts about the event, are all possible symptoms.

Most people who experience traumatic events have temporary difficulties adjusting and coping, but they normally get better with time and adequate self-care.

You may have PTSD if your symptoms worsen, linger for months or even years, and interfere with your day-to-day functioning.

It's crucial to get treatment as soon as PTSD symptoms appear in order to lessen symptoms and enhance function.

either experiencing or witnessing a terrifying occurrence

Flashbacks, nightmares, and acute anxiety, as well as uncontrollable thoughts about the event, are all possible symptoms.

Most people who experience traumatic events have temporary difficulties adjusting and coping, but they normally get better with time and adequate self-care.

You may have PTSD if your symptoms worsen, linger for months or even years, and interfere with your day-to-day functioning.

It's crucial to get treatment as soon as PTSD symptoms appear in order to lessen symptoms and enhance function

When a person's adaptive capacities are temporarily strained or overwhelmed, he or she is stressed.

Stress is very personal and is influenced by elements such as novelty, rate, severity, length, or personal interpretation of the input, as well as hereditary and experiential factors.

Anxiety disorder morbidity can be exacerbated by both acute and chronic stress. One person's enjoyment may be another's source of stress.

When a person who is predisposed to panic attacks is exposed to stressors, for example, panic attacks are more common.

Symptoms of post-traumatic stress disorder can occur as soon as a month after a traumatic experience, but they can also take years to appear.

These symptoms generate major issues in social and work circumstances, as well as in relationships.

They can also make it difficult for you to carry out your routine everyday activities

## **Review of literature**

Yoga Techniques for Mental Health In the peer-reviewed medical literature, we found about 30 review articles and 300 independent studies on yoga and mental health.

Because this is such a young field of study, it's difficult to compare one study to the next, mainly due to sample size discrepancies, trial length differences, and variations in the type of yoga. Iyengar was put to the test in a few studies (primarily asana). Others tried Sudarshan kriya (patterned pranayam movements that progress from slow and relaxing to quick and stimulating, then emotional self-expression in a supine position), savasana (deep relaxation), Sahajayoga (meditation), or pranayam. Compare and contrast different periods of time. Greater methodological rigour, notably improved randomization, would benefit research.

## **Reduce Anxiety With Yoga, Pranayama, and Mindfulness Meditation.**

Yoga is the practise of quieting the mind," the Patanjali Sutras say in a brief summary of peer-reviewed material on yoga and mental health.

"A condition of well-being in which every individual realises his or her own abilities, can cope with the usual demands of life, can work successfully and fruitfully, and can make a contribution to his or her community," according to the National Institute of Mental Health. We looked for papers that looked at yoga as a way to improve mental health in healthy adults.

However, the majority of the literature in this field is focused on.

## **Correlation with Ancient Indian Literature:**

Although yoga is commonly thought of as a form of physical exercise in modern society, yoga practise has traditionally been a multifaceted discipline involving postures and physical exercises, breath regulation techniques, attention control, and the enhancement of mindful awareness through meditation.

In the practise of a "yoga life-style," these practises are frequently accompanied with a particular psychology and philosophy.

Historically, yoga was a spiritual discipline whose purpose was spiritual growth, and these component practises were designed to enhance contemplative states of consciousness by creating an ideal state of psychophysiological health and optimal body and mind functioning.

In modern life, however, these yoga practises are frequently applied in a more limited context. Yoga therapy research has only lately begun.

In 1971, the Journal of the Yoga Institute published the first study of yoga in a population with psychological problems, reporting reductions in symptoms of individuals with anxiety, depression, and schizophrenia.

Professor N.S. Vahia and colleagues, a prominent Indian Psychiatrist, published several papers on yoga for psychological conditions in 1972-73, including studies published in the Indian Journal of Psychiatry and elsewhere, in which he presented the rationale for the use of yoga for psychological conditions. yoga as a therapy, as well as the outcomes of hundreds of patients in Mumbai who have received yoga treatment.

In recent yoga therapy studies, his stated rationale still holds water:

"It should be emphasised that psychophysiological therapy is a novel technique to treating psychiatric problems.

The majority of modern psychotherapy treatments are geared toward societal adjustment, i.e., interacting with the environment in such a way that brings pleasure while avoiding pain.

Many psychological problems, according to Patanjali (Vivekananda, 1966), are caused by a concern with environmental gratifications and frustrations.

The goal of this therapy is to eliminate or at least decrease this fixation.

The goal is self-realisation - a greater integration of the various aspects of one's personality.

The majority of yoga for mental health research has been on depression and/or anxiety, and the body of knowledge has evolved to the point where reviews of the literature are now being published.

The quality of clinical trials has been rising in tandem with the significant expansion in the quantity of research on yoga for mental health issues.

Furthermore, research into the usefulness of yoga for a number of conditions that have never been studied has begun, with some surprise results.

Yoga as a treatment for diseases like schizophrenia would have been regarded dubious at best just ten years ago.

Yoga research papers on PTSD, schizophrenia, obsessive-compulsive disorder, addictive behaviours, and attention deficit disorders are now available.

## **Methodology /Method**

Twenty-five healthy male and female volunteers were separated into two groups based on their age. Fifteen people between the ages of 65 and 75 were chosen, and ten people between the ages of 20 and 30 were chosen. The Kawasaki University of Medical Welfare's ethical committee approved this investigation.

For a month, participants were subjected to 90-minute yoga courses once or twice a week. The activity of salivary amylase was measured before and after yoga practise.

To examine the change in State and Trait anxiety, the State Trait Anxiety Inventory (STAI) was given before yoga on the first day and after one month of practise.

## **Methods**

For a month, participants were subjected to 90-minute yoga courses once or twice a week.

Yoga courses were held in the mornings between 10 a.m. and 12 p.m., at least one hour after eating.

They were taught to do Asanas, Pranayama, and Meditation.

The yoga programme was created with the following criteria in mind:]

1. Simple and safe postures should be used.
1. The muscles of the extremities, trunk, and neck should be stretched.
2. Must be done in all four positions: standing, sitting, supine, and prone.

**Standing position:**

1. Tadasana,
2. Ardha katichakrasana,
3. Pada hasthasana,
4. Trikonasana.

**Sitting position:**

1. Vakrasana,
2. Vajrasana,
3. Paschimottanasana,
4. Gomukhasana.

**Supine position:**

1. Pavanamuktasana,
2. Pada uttanasana - Eka and Dwipada.

**Prone position:**

1. Bhujangasana,
2. Shalabhasana - Eka and Dwipada.

At the end of asana session, they were advised to practice Shavasana for 5 min. After asanas, pranayama was practiced

1. Kapalabhati - 3 rounds each - 30 to 50 strokes,
2. Nadishodana pranayama - 3 rounds,
3. Bhramari -3 rounds, followed by 'OM' meditation for 15 minutes

Mental health disorders are one of the primary contributors to global disease burden, accounting for 10.5 percent of the total.

Mental illness is the single most common cause of disability, accounting for 23% of all disease loads.

In any given year, almost one in every four British individuals suffers from at least one mental condition. Women are more likely than males to be treated for mental health issues, with 29 percent of women and 17 percent of men being impacted.

The prevalence of common mental health issues peaks in middle age, with 20-25 percent of those in the 45-54 age bracket suffering from a neurotic condition.

As people get older, the numbers drop, with only 9.4% of people aged 70-74 years having a neurotic condition compared to 16.4% of the general population.

In the working-age population of the United Kingdom, one in every three adults will have a mental health problem.

One in every six people in the working age population will suffer from depression, anxiety, or stress-related issues. All

For 6–7 months, three groups get standard psychiatric treatment, which includes consultations with a medical doctor, treatment, and manual-based Cognitive Behavioural Therapy.

The first group receives standard treatment, while the second and third groups receive Basic-Body Awareness Therapy or mixed physical exercise as additional treatments.

For a total of 20 weeks, each physical activity is supplied with an individual 1-hour consultation per week.

The study's major goal is PTSD symptoms; other endpoints include despair and anxiety, as well as quality of life, functional capacity, pain management, body awareness, and physical fitness.

A psychiatrist diagnosed the participants with PTSD in this study.

Their treatment consisted of a therapeutic procedure that included exertion on a bicycle ergo metre, regulated diaphragmatic breathing exercises, tension-relieving exercises in the head and shoulder region, and massages to the neck, upper, and lower back regions.

The results were gathered using questionnaires (PCL-S, SF36, PSQI, score HAD) that were administered both before and after the 4-week therapy.

## **Result & Discussion/ Data Analysis & conclusion**

Although physical therapy is most commonly used to treat patients with ailments such as back pain, neck discomfort, and shoulder injuries, it can also be utilised to help persons with mental illnesses.

Techniques, according to physical therapy, are crucial in lowering the signs and symptoms of anxiety. People who suffer from attention challenges, sleep problems, irregular eating patterns, low self-confidence, and a loss of interest in their usual hobbies can benefit from physical therapy. In the treatment of epileptic seizure disorders, yoga is increasingly becoming a focal area of therapy and study. It provides an ancient, yet remarkably modern, method of treating seizures.

Yoga is a physical discipline that aims to re-establish a balance (union) between the parts of a person's health that induce seizures as a form of rehabilitation.

Meditation was found to improve the brain wave activity of persons with seizure disorders, resulting in fewer seizures, according to research. The incidence of seizures was shown to be reduced in patients who learned to control their breathing. Yoga, as an art and science, is being found for the first time as a helpful tool for seizure self-control. The stress system mediates the stress response, which happens when equilibrium is disturbed.

This system's central (hypothalamic hormones like AVP, CRH, and pro-opiomelanocortin- derived peptides, as well as peripheral (glucocorticoids, norepinephrine, and epinephrine) and peripheral (glucocorticoids, norepinephrine, and epinephrine) effectors regulate the brain's cognition, reward, and fear systems, as well as the

Stress system dysfunction may impact growth, development, behaviour, and metabolism, potentially leading to a variety of acute and chronic illnesses. Our way of life and the environment.

## **References**

1. da Silva TL, Ravindran LN, Ravindran AV (2009) Yoga in the treatment of mood and anxiety disorders: A review. *Asian J Psychiatr*.
1. [https://stress about .com](https://stress.about.com) in modern societies seem to be particularly permissive for such stress-related disorders.
1. Kessler RC, Ustun TB. *The WHO world mental health surveys: global perspectives on the epidemiology of mental disorders*. New York: Cambridge University Press; 2008.
2. American Psychiatric Association. *Diagnostic and statistical manual of mental disorders*, 5 edn. Washington, DC: American Psychiatric Association; 2013.

3. NICE. Post-traumatic stress disorder: management <https://www.nice.org.uk/guidance/cg26/chapter/1-Guidance#the-treatment-of-ptsd>. Accessed 20 Aug 2017.

Hoskins M, Pearce J, Bethell A, Dankova L, Barbui C, Tol WA, van Ommeren M, de Jong

1. J, Seedat S, Chen H, et al. Pharmacotherapy for post-traumatic stress disorder: systematic review and meta-analysis. *Br J Psychiatry*. 2015;206(2):93–100. doi:10.1192/bjp.bp.114.148551.
2. Cipriani A, Williams T, Nikolakopoulou A, Salanti G, Chaimani A, Ipser J, Cowen PJ, Geddes JR, Stein DJ. Comparative efficacy and acceptability of pharmacological treatments for post-traumatic stress disorder in adults: a network meta-analysis. *Psychol Med*. 2017
3. Lee DJ, Schnitzlein CW, Wolf JP, Vythilingam M, Rasmusson AM, Hoge CW. Psychotherapy versus pharmacotherapy for posttraumatic stress disorder: systematic review and meta-analysis to determine first-line treatment. *Depress Anxiety*. 2016;33(9):792–806. Doi: 10.1002/da.22511.
- 8.