

## Ayurveda Psychotherapy in Stress due to COVID-19: A Single Case Study

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### Abstract:

The pandemic Covid-19 has been affecting nations across the globe and has reported to create psychological distress in people mainly due to the strategies to mitigate the disease spread. In this case study perceived stress in a male patient aged 29 with stress response aroused due to COVID-19 restrictions in life situation is assessed. The stress symptoms were graded with perceived stress scale and a value of 17 was noted indicating moderate level of stress. There was no contributory physical ailment. Ayurvedic psychotherapy structured based on the *Ashta vibrama* mentioned in the *Unmada* context of *Caraka samhita* was provided. In this method the changes were advised on patient's *Bakti* (Passion) *Sheela* (Habits) *Ceshta* (Psychomotor activity) and *Acara* (Cultural norms/practices) which regulates one's overt behaviour. The sessions were of half an hour duration provided for seven days after which stress level was reduced to 8 showing low stress level. This score was maintained after two weeks follow up session. The low stress level was maintained even after one month follow up. The Ayurveda psychotherapy measure structured on *Ashta vibrama* thus can be a developed into a measure to bring in changes in overt behaviour of individuals.

**Key words:** Ayurveda, COVID-19, Mental health, Psychotherapy

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**Introduction:**

The psychological reactions to the pandemic COVID-19 have been observed in the society across the globe since its spread. They occur in varied forms including maladaptive behaviour, emotional distress and defensive responses.<sup>[1]</sup> Physical distancing strategies adopted in order to mitigate the spread of disease have subsequently resulted in creating loneliness and isolation in the population.<sup>[2]</sup> A recent review of psychological sequel in quarantined people and of health care providers revealed numerous emotional outcomes, including stress, depression, irritability, insomnia, fear, confusion, anger, frustration, boredom, and stigma associated with quarantine, some of which persisted even after the quarantine period.<sup>[3]</sup> The uncertainty and change in life pattern including the working atmosphere due to the lockdown have also contributed in stress creation. This paper reports a case of perceived stress aroused due to COVID-19 lockdown which was managed using Ayurveda psychotherapy measures.

**Case History:**

Patient aged 29years, male working in a software company consulted with complaints of feeling emotionally unstable, irritated, reduced sleep quality, reduced appetite, tiredness and less focus in work since one month. He was apparently well before five months. Symptoms stated occurring with reduced sleep hours due to work pressure in the work from home pattern. The restricted movement due to the travel restrictions and fear of disease infection on having food from hotels added on to the causative

factors. Patient tried to be mostly at home engaged in work assignments to meet the deadlines and hence developed a sedentary lifestyle. Since past one month he had dissociated himself from social media and was feeling totally burn out. The consultation was made as the condition started affecting his occupational functioning.

On consultation no physical issues was noted and laboratory tests regarding blood routine and thyroid function were within the normal limit. The mental status examination was done and stress level was assessed with perceived stress scale.<sup>[4]</sup> A value of 17 indicating moderate stress levels was noted. Patient had Insight level of six with true emotional insight and hence management with Ayurveda psychotherapy based on the *Ashta vibrama*<sup>5</sup> mentioned by *Caraka acarya* in *Unmada prakarana* was adopted.

**Methodology/ Treatment given:**

The main considerations during the patient evaluation are described here:

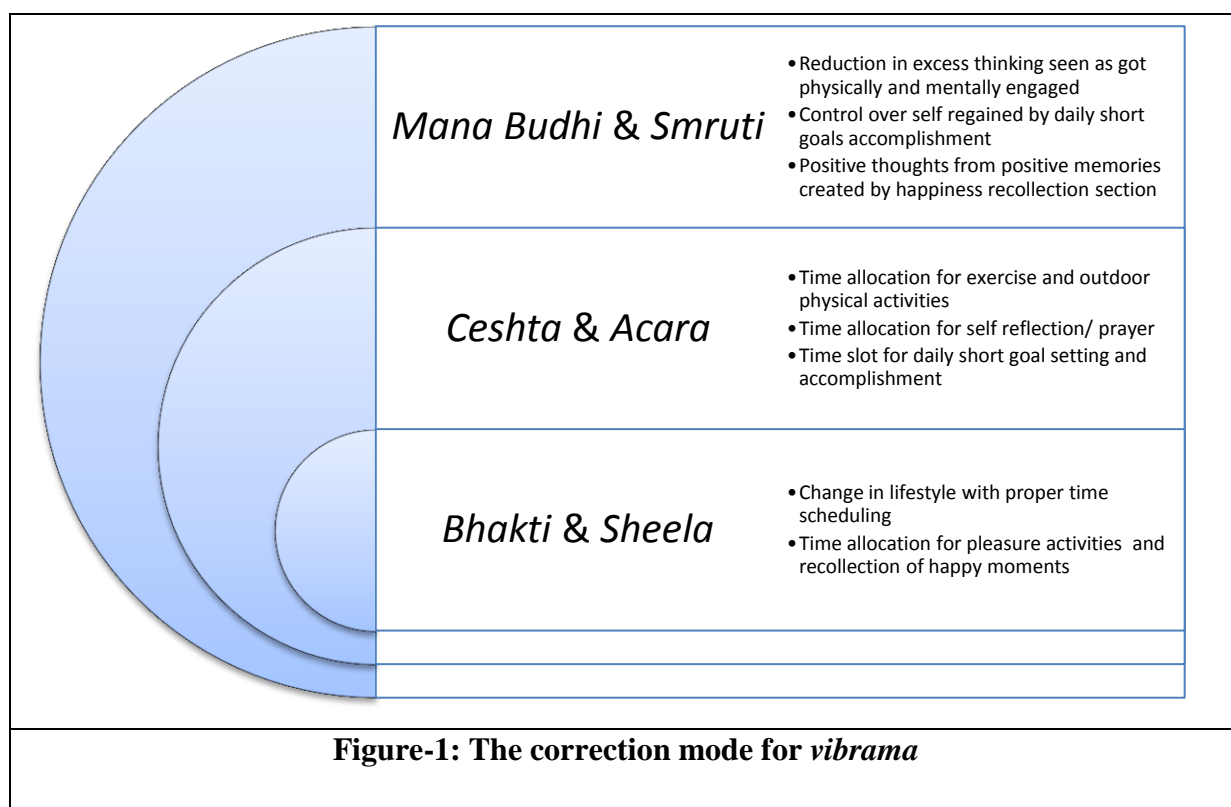
*Prakruti* assessment of the patient revealed *vata kapha* type and the *manasa bhava* was mainly *vataja*. *Rasa vaha srotodushti* was observed with symptoms as *shabda asahishnuta* (Irritability) and *glani* (Lethargy). The *satva* state was *madhyama* as patient had resilience with support of others. *Satmya* food as moderately spicy and its deprivation have also caused distress. The *avastha* of the disease is considered *nava* and as having good prognosis. The evaluation of the affection in state of *Ashta vibrama* level (Table-1) was done and correction therapy (Figure-1) was advised based on it.

The sessions were of half hour duration daily with assessment and therapy advice on the first day followed by review and corrections on the following days for seven

days. Follow up and evaluation was done after two weeks and subsequently after one month.

**Table-1: The assessment of *vibrama* state:**

State evaluated	Symptom seen
<i>Manas</i>	<i>Ati cintana</i> (excess thinking)
<i>Budhi</i>	<i>Niscayatmikavta</i> affected (uncertainty)
<i>Samnaja jnana</i>	Intact
<i>Smruti</i>	<i>Ayadhavat smarati</i> (negative thoughts and memories being created)
<i>Bhakti</i>	<i>Aniccha</i> (lack of desire in previous pleasures)
<i>Sheela</i>	Change in basic routine of life
<i>Ceshta</i>	Reduced psychomotor activities
<i>Acara</i>	Loss of interest in cultural and spiritual practices



**Result and Discussion:**

The therapy was continued for one week and new behaviour pattern was adopted by the patient. The perceived stress scale score after one week was 8 and this was indicative of low level of stress. The follow up after two weeks still had score of 8 and after one month had score of 11 showing the maintenance of low level of stress but which is fluctuating within the normal limits.

The evaluation of *vibrama* state showed that the person has distress due to the changes occurred in the overt behaviour domain .i.e *Bhakti*, *Sheela* and *Ceshta*. Hence correction was advised on these levels to bring change in the covert behaviour states of *Mana Budhi* and *Smruti*. The *prakruti* of the person was *vata kaphaja* and hence the restrictions in movement and sedentary activities made the *kapha* component rise up leading to a *tamasika* nature. On the other hand *manasa bhava* of *vata* got unsatisfied due to reduction in *calatva* or activities. The correction module was focused on regulating the *rajas* through activities and thus brings a balanced state of *tamas* and *rajas*. In that balanced state of these two, *manodosha* works as *mano guna* providing *sthithi* or stability to mind from wandering into excess thoughts and keeps the active nature of mind restrained though physical activities. This balance brings in *satva guna* or clarity in mind functioning without excess emotional perception. The patient was able to bring correction in his lifestyle with elements of previous hobbies and pleasure activities added. The *Bhakti* restored through these measures thus help in creating positive and happy memories or *Smruti*. Though the certainty of life's

events was lost due to social situation, the measure to add short goals helps the patient to feel in control of the self.

**Conclusion:**

The Ayurvedic psychotherapy measure with correction in *Ashta vibrama* could bring in changes to perceived stress level from moderate stress level of 17 to mild stress level of 8 with one week regular sessions. Hence the scope of Ayurveda psychotherapy based on *Ashta vibrama* to bring in behavioural changes can be explored further.

**Limitation of study:**

Limitation of the study was absence of a validated Ayurvedic scale to record the changes in distress of the patient caused by altered *sareerika* and *manasika dosha*.

**Consent of the patient:**

Informed consent of the patient was received to publish the case report without revealing the personal details.

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