

Post Disaster Psychological Issues - Ayurvedic Approach

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Abstract: In the current social scenario, trauma is on the rise, which leads to physical, mental as well as social consequences. If the coping skill of an individual is not able to manage the stress, it may lead to an acute stress reaction. If it retains more than 1 month and satisfies the diagnostic criteria, Post Traumatic Stress Disorder (PTSD) is the condition. It can be considered as the alteration of the functions of manas as per Ayurveda due to the resulted irreplaceable loss. The acute stress reaction needs psychological support and in case of PTSD, Ayurvedic medication along with selected satwavajaya techniques and yoga therapy tends to produce better results. Selected sodhana procedures along with internal medications including rasayanas are useful in this regard. The prime knowledge so as to diagnose a case of PTSD is a must for a general practitioner as the prevalence is on the rise and immediate intervention produces better results.

Keywords: PTSD, Adhija unmada, psychological first aid, satvavajaya, janapadodwamsa.

INTRODUCTION

Our society is now continuously afflicted by various traumatic events of both natural and also by manmade disasters such as mass violence. An event is described as traumatic, if it creates a psychological disturbance and it is outside the limits of normal human experience and causes marked distress to anyone.

The sudden nature and unexpected occurrence of these events makes it an overwhelming experience and hence among the disaster victims, the psychological impairments are reported to be considerably high [1]. A person in post disaster phase gets affected by thoughts regarding the various losses, they have faced. The material losses and physical damages are often mitigated with support of society, government and non-government organizations. Those which stay unresolved are concerns over loss of safety, trust in future, self image, hope and control over one's life. This mental state of uncertainty is a normal psychological response within the first 24 hrs of traumatic event. If psychological symptoms are manifested during the first 3 weeks, then intervention is to be provided in the form of psychological first aid.

Need of Psychological First Aid

Psychological first aid has been defined by World Health Organisation as "a human supportive response to a fellow human being who is suffering and who may need support". It is an active outreach approach which is non- interventional and helps the

individual to manage the transient stress reactions, so as to improve the adaptive functioning [2]. In conditions of maladaptation or impairment in coping skills, then the individual presents with symptoms of conditions such as Post Traumatic Stress Disorder, depression, anxiety disorder, insomnia or other psychosomatic manifestations [3]. Here the vulnerability is more for children, the elderly, people with disabilities or serious mental illness, those with substance abuse or those living in poverty [4].

Much care is therefore given to this population during the rescue and rehabilitation phase. They are generally having low resilience or the ability to withstand external stressors. Enhancing the resilience and helping them look after themselves is the main aim of the psychosocial care and interventions provided to the disaster victims. Majority of survivors may not present with psychiatric illness as they have high level of resilience arising out of acceptance of situation [5].

Ayurvedic scenario

The Ayurvedic classical texts are highlighting the measures to augment the individual's coping skills, have been explained under the context of Satvaavajaya, one of the management modalities mentioned for any mental illness [6]. Here Satva means mind and hence measures to uplift the mental capability are incorporated accordingly. Relevance of Satvaavajaya measures seems indispensable in the management of such traumatic events. The awareness and use of Dhee, dhairya, atma, druti and samadi are the functional tools, during this process [7].

Imparting dhairya or mental strength through proper dhee or understanding of the reality is the primary step to be adopted. A comprehensible knowledge of the self with one's abilities and possibilities is created in the individual, through atmadi vijnanam or self realization as the next step. A person's tendency to wander behind the negative constructs of mind ie. ahita arthebhyo manonigraha is also regulated and insights of optimism is created in the individual through rectification of druti or mental stability [8]. The necessary help for person's relaxation and spiritual needs is addressed by Samadhi. A person often considers traumatic events, as beyond human possibilities of recovery and hence resort to spiritual measures, to cope with the induced stress. These coping measures are never to be refuted as long as it is helping in the constructive development of the individual.

The people who are having less resilience includes children, aged persons, women especially pregnant and other people who are not having the physical as well as mental strength, to withstand external stressors, mentioned as of heena satwa. Such persons have a premorbidity to develop a psychiatric illness on exposure to stressful situations such as disasters. Understanding this basic causation, Acharya Caraka bestows due consideration to manasika bhava ie. emotional state of the people affected in a catastrophic events. Such a disaster affecting a large population is termed as Janapadodwamsa. Expression of feeling of empathy ie. bhoota daya is mentioned as a leading requisite for management of such disasters [9].

Management

In those people who develop an acute stress disorder or post traumatic stress disorder the presentations resemble that of classical explanation of Adhija Unmada [10]. In Adhija unmada, the causative factor explained is irreplaceable loss of wealth, position or even affectionate ones. The sad and depressed disposition is mentioned by the symptom of soka klisha mana ie. depressed mood. The intrusion symptoms of recollection of memories and flashbacks could be better understood as the feature tat gunan bahu manyate (increased recollection of the event) and resulting lamentation. The physical manifestation of stress is presented as pandu (pallor), heena (lethargy), muhur

moha (repeated faintings) resulting from the intolerable stress [11].

Satvavajaya Chikitsa

The management for this condition has been explained in the form of providing santvana (consolation) and aswasana (emotional support) [12]. So providing emotional support and proper ventilation of patient was acknowledged as the initial approach in such condition from earlier days. If the initial approach including the effective listening and personal motivation is not sufficient, then specific pharmacotherapy is to be adopted. The management protocol explained in the context of Unmada is to be adopted after assessing the status of functional entities, termed as doshas. In severe manifestation, Sodhana chikitsa is performed and samana chikitsa in rest of the cases, followed by appropriate rasayana therapy.

Regarding the management, a highly individualistic approach after taking into account of all the contributory factors for disease manifestation including change in lifestyle, interpersonal relationship, sociocultural background, the hereditary causes, premorbid personality etc. is to be incorporated here. An evaluation of the normalcy of the patient is done initially through manasa prakruti (personality) and the symptom manifested is assessed as the extend of deviant from the same. Along with medication proper supportive measures or Satvavajaya is provided so as to bring a rectification in cognition and perception of the individual.

CONCLUSION

Any disaster leaves behind both physiological as well as psychological footprints in which the latter have long-term impact upon the affected. The identification of psychological symptoms presented by them and early intervention is thus immensely essential so as to avert them from developing any sort of psychiatric affections. An understanding of such incidences is reflected in a very imperative manner in the Ayurvedic parlance and is capable of managing conditions such as Post Traumatic Stress Disorder. The much developed psychotherapeutic techniques when combined with the vast knowledge of Ayurvedic discipline may be extra ordinarily effective in this regard. The gap between science and practice can be reduced by imparting this outlook effectively in disaster management. Further researches in this regard are the real need of the hour and are the responsibility of the medical fraternity.

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