Research Article

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FOCUS GROUP DISCUSSION ON DEVELOPMENT OF STRUCTURED SATVĀVAJAYA MODULE FOR STROKE PATIENT

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ABSTRACT

Stroke is one of the major crippling disorders which have a strong psychological and physical impact on patient. The role of Āyurveda in the management of stroke is immense and it needs to be further explored and well documented. Transition from independent to depended life alters the satva bala or mental strength of the patients and their thought process varies from anxiety to depression along with emotional imbalance. In this situation the importance of incorporating Satvāvajaya cikitsa or psychotherapy explained by Ācārya Caraka for uplifting psychological status of the patient seems evident. Structured Satvāvajaya module is not available in five the public domain till today. The aim of the study is to develop a structured approach for Satvāvajaya cikitsa which is applicable to stroke patients. A Focus Group Discussion was conducted with six participants to discuss various aspect of practical implementation of Satvāvajaya cikitsa. Based on discussion a module was prepared on domain of jñāna (self-realisation), vijñāna (knowledge about the disease), dhairya (re-assurance), smṛti (experience sharing) and samādhi (relaxation) which helps for exploring the emotional aspect of stroke survivors and to implement Satvāvajaya module for fostering stroke recovery. A sociogram was also prepared for displacing and interpreting the data from Focus Group Discussion.

Keywords: Stroke, Satvāvajaya cikitsa, psychotherapy, Focus Group Discussion, Satva bala

INTRODUCTION

Stroke is one of the major causes of mortality and morbidity.[1] It has a devastating effect on both patients and family due to burden associated along with it. Interruption of blood flow to an area of brain due to presence of a blood clot or a ruptured artery turns out to be the culprit behind stroke. Weakness or paralysis is the main characteristic features of stroke.

Apart from the physical debility, stroke may have a serious impact on mental health in terms of depressed mood, restless sleep, and anxiety about future, agitation and frustrations. Individual's psychic health takes up a crucial role in causation and recovery of stroke. Some sort of psychological distress is found in all stroke patients and studies report that about 25-80% of stroke patients have associated depression, all these ultimately interfere with final treatment outcome.[2]

Back ground and purpose of the study

In Āyurveda, due to the similarities in the symptoms Ācarya Caraka compared stroke with pakṣāvadha[3] and Ācarya Suśruta compared it with pakṣāghāta.[4] The symptomatology includes ruja (pain), vākstambha (speech difficulty), and ceṣṭahāni (paralysis).[3] Even though no direct mentioning of psychological issues in pakṣāghāta, Ācarya gave importance for the mental well-being in the treatment aspect. While dealing with treatment of pakṣāghāta Ācarya Suśruta narrates certain pre-requisites for effective treatment.[5] It is given importance that the patient should be self-restrained or self-motivated before starting the treatments. It signifies the role of will power of patient and importance of a receptive mind for the proper administration and effectiveness of treatment. Also, irrespective of the clinical presentation, by the virtue of psychological disturbance there is a likelihood of aggravation of diseases. The same way śokam (grief/ dysthymia) leads to debility.[6] All these highlights the fact that psychological problem associated with a disease need to be addressed not only to ensure the emotional well-being but also to impart a better treatment outcome.

Even though a vast array of studies on quality of life and psychological issues in stroke are available, number of publications reported with psychological intervention in stress related with stroke is less. Majority of the non- pharmacological interventions were concentrated on exercise and physiotherapy and various types of counselling methods rather than planned psychological interventions. In the Indian scenario, promising results with Yoga therapy in both physical and psychological functioning are reported.

Āyurveda explains the importance of incorporating Satvāvajaya cikitsa for uplifting psychological status of the patient.[7] A structured approach for Satvāvajaya cikitsa is not present in the community now a days. Development and implementation of the same is need of the hour especially in diseases such as stroke which has a strong psychological impact.

It is very difficult to develop a Satvāvajaya module which is practically applicable to patients who are living in this modern era, because only limited references like "Satāvjayam punaha ahitebhyo arthebhyo manonigrahah"[8] "Mānaso jn´āna vijn´āna dhairya smr´ti samādhibhi"[9]are available in text books. Therefore, inputs from multiple sources were required for such an effort. In that back ground, a Focus Group Discussion (FGD) was planned for discuss various aspects of developing such a module.

METHODOLOGY

Focus Group Discussion

Six experts were invited from different part of India including academicians, clinician's, subject experts who were working in the psychiatric field in the last 5 years. All the participants had a thorough knowledge about the concerned subjects and were ready to spend 90 minutes for discussion. FGD was organized at VPSV Ayurveda College Kottakkal, on 29th March 2016. Seating arrangement was made in such a way that all the participants had maximum freedom to interact each other. Facility for audio recording was arranged. A supporting team with six members were also arranged for note taking and for preparing sociogram.

Table 1: Participant in Focus Group Discussion

Name	Designation	Role in FGD
Prakash Mangalasseri	Associate professor, Department of Kayacikitsa, VPSV Ayurveda College, Kottakkal	Moderator
M.P Eswara Sarma	Principal, VPSV Ayurveda College, Kottakkal	Subject expert
Suhas Kumar Shetty	Professor, Department of Manovigyan avum Manas roga, College of Ayurveda &Hospital, Hassan	Subject expert
K. Sundaran	Ex. Superintendent, Govt. Ayurveda Research Institute for Mental Diseases, Kottakkal.	Subject expert
M.V Vinod Kumar	Associate professor, Department of Samhita and Siddhanta, VPSV Ayurveda College, Kottakkal	Academician
Kiratha Moorthy P P	Professor and HOD, Department of Samhita and Siddhanta, VPSV Ayurveda College, Kottakkal	Academician

RESULT

After FGD a manual approach was done for analysing the data. Recordings were transcribed and contributions of speakers were noted down. Observational notes were also made and major findings were analysed. Finally, Satvāvajaya module was prepared on five domains of jñāna, vijñāna, dhairya, smṛti and samādhi.

DISCUSSION

The term Satvāvajaya was first explained by Ācārya Caraka as one among three important types of treatment modalities. The word meaning of Satvāvajaya is control over the mind or conquering of mind. Caraka define Satvāvajaya as taking away of mind from unwholesome objects[10].

The methodology of Satvāvajaya for practical application is not explained in the literature. But the principles and methods of treating psychological illnesses lie scattered at various places of texts and do not look so organized; many of them appear quite sensible and rational. While explaining the practical aspect of cikitsa Ācārya Caraka included Satvāvajaya cikitsa under yuktivyapasraya cikitsa (rational therapy) [11]. And yuktivyapasraya cikitsa is divided into dravyabhoota (with medicines) and adravyabhoota cikitsa (without medicines). For doing adravyabhoota cikitsa certain psychotherapeutic techniques (upāyamis´ritam) can be used. So, the different procedures ranging from simple conciliatory measures to complex psychotherapeutic shocks explained in different part of text can be adopted for the application of Satvāvajaya cikitsa.

This is secured best by controlling the mind from unwholesome objects and directing it towards wholesome objects for the cultivation of jñāna (self-realisation), vijñāna (knowledge about the disease), dhairya (re-assurance), smṛti (experience sharing) and samādhi (relaxation). Therefore, Satvāvajaya module for stroke patients are to be developed mainly under five domains of jñāna, vijñāna, dhairya, smṛti and samādhi and the discussions are divided under these five headings.

Jñāna

The philosophical aspect of jñāna, is interpreted by Cakrapāṇi as knowledge of self and soul.[9] But the practical aspect of jñāna is defined as real awareness about season (kāla), friends (mitrāṉi), native (deṣa), income (vyayāgamam), strength (śakti).[12] Ātma-deśa-kula-kāla-bala-śakti jñāna also explained as one among the measures to treat psychic diseases.[13] This ātmādi jñāna ("who I am", "what is good to my health", what are the reasons for my present conditions and what are my opportunities etc) is self-realisation or self-awareness which is lost in stroke patients. So, the main aim of this domain is to impart jñāna through direct counselling methods. The counselling techniques like active listening, clarification, reflection and effective questioning skill are used for imparting jñāna. This domain was named as Self-realisation programme.

Vijñāna

Vijñāna is defined as scriptural knowledge[9] i.e. scientific or theoretical knowledge. Most of the stroke patients lack the basic knowledge about cerebrovascular accident. If they have a little idea from the sources like internet, it was often misleading too. So, it is necessary to provide some disease specific information in this domain in a limited and specific way. Carakācārya clearly mentioned that among therapeutics, disease information is more powerful.[14] This is an educational component of Satvāvajaya cikitsa. So, the name Condition awareness programme was given.

Dhairya

Cakrapāṇi interpret dairya as anunnati cetasah.[9] Dhairya is the controlling power of mind to remain stable in all adverse situations. Mental instability is common in every stroke patients. All the time negative automatic thoughts are coming to their mind which is disturbing them a lot. So, the aim of this domain is to impart stability of mind by eliminating all unwanted thoughts. While explaining anumāna pramāṉa (inference through reasoning) it is said that dṛti (self-control) is to be examined through aloulyena (without lust) and dhairyam (braveness) through aviṣādena (lack of anxiousness).[15] So for imparting dhairya, loulyata (lust) of the patient should be controlled by motivating the patient for self-control (mano nigraha) and viṣāda (anxiety) of the patient by giving re assurance (āśvāsanādi cikitsa).

Manonigraha

Manonigraha or self-control is an important component of Satvāvajaya cikitsa (ahitebhyo arthebhyo manonigraha). Mano nigraha can be both subjective and objective. The various procedures explained in yogic science can be used for subjective type of manonigraha. Carakācaya explains tadvidyaseva (expert advice) as a measure for objective type of mano nigraha.[16]Here physician's interference is essential for patient's mind control. Also, pratidwanda cikitsa or replacement of opposite emotions can

be also used as a measure for self-control.[17]Various exercises like behavioural activity scheduling, homework assignments, graded task assignment, behavioural rehearsal, diversion techniques etc. can be made use for replacing the emotions.

For imparting manonigraha Cognitive Behavioural Therapy (CBT) method was adopted. CBT helps individual for replacing maladaptive emotions, behaviours, thoughts, etc with more adaptive ones by challenging an individual's way of thinking and the way that they react to certain habits or behaviours.[18] Here the aim is help the patient for identifying negative instinctive thoughts and to correct it by himself. The doctor will give only some exercises or suggestions, not any advises. The basic aim of various exercises designed in this domain is replacing the negative instinctive thoughts by new cognitive, emotional and behavioural responses which are beneficial for the health.

Āśvāsanādi cikitsa

Ācārya Caraka has described several psychological supportive techniques or āśwāsanādi (re-assurance) therapy for mental ailments. It is basically aimed at pacification of illness by treating associated symptoms of the disease. Ayurvedic literature has used the words āśwāsanām(re-assurance), sāntwanam(conciliation),[19] cittaprasādanam(mental propitiation),[20] repeatedly in the management of disease like insanity and epilepsy.

Social skill deficits lead to a lot of behavioural problems in stroke patients.[21] So the aim of āśvāsanādi cikitsa is correction of behavioural deficits by improving the social skills through various exercises. For improving fine motor skills exercises like "copying words" (ask him to write the main headings of newspaper in a note book) "tracing over letters" and adaptive skill training like writing with non-dominant (unaffected) hand, eating with unaffected hand etc are given. For improving the concentration skills, reading exercises with fixed reading goals are given. And for improving coordination skills playing exercises like chess, caroms, coin pick up, squeeze stress ball, catching beads (In this exercise a round is drawn and beads are kept around it, and the goal is to move all the beads inside the round by dragging or picking with affected hand. Ultimately, all these exercises help the patient for improving fine movements of the fingers and also improves coordination. On completing each level complexity of the game is increased by decreasing the bead size and increasing the distance to the round) are given.

Mental resilience is defined as the ability of an individual to adapt successfully with adverse life situations. Due to similarities in concept this session was named as Mental Resilience Programme.

Smṛti

Smṛti is defined as anubhūtartha smranam[9]. i.e. it is the recollection of heard, seen or experienced events. Most of the stroke patients are unaware about the causative factors or past experiences that led to the stroke. So, recollection of past experiences is an important component of this domain. Face to face interview method is used for recollecting past experiences.

Experience sharing is also a part of smṛti domain. It is done through a group therapy. When a group of patients interact, they start sharing their experiences like; how it happened? What are the challenges they faced? How they overcome their physical and emotional barriers? What are all the factors helped to keep their hope active etc. This kind of experience sharing can make a change in the attitudes towards his or her disabilities. This shared knowledge become a part of their memory and they starts implementing in their life. It is the duty of the doctor to promote only positive experience sharing. Motivational talk/ video clippings of successful survivors are also shown here.

But the patient having loss of memory, the technique alone cannot be adopted; here along with medicines some memory boosting exercises are needed. This can be also done in group therapy. Also, memory boosting games like sharing balls (memory is working there), do simple mathematical calculations without using pen and paper, memory sketching exercises etc. are also given. Also provide general information about memory enhancers like keep regular sleep schedule, don't skip physical exercises like morning walk etc. This session can be named as experience sharing session.

Samādhi

Samādhi in philosophical aspect is a specialised subject of yoga. It is a psychological technique aimed at developing an ideal human personality through mind body control. Mind and body have an inevitable relationship with prāṉavayu.[22]So revitalisation of prāṉa will positively influence the mind and disease. Probably this can be achieved by fine exercises, relaxation exercises, awareness meditation, cyclic meditation, deep relaxation, and possible tailor made basic set of āsanās. Decide the appropriate yoga methods with the help of a yoga expert. Any techniques that stabilise the mind and intellect will be considered under this section. So, it is essential to re think about the area samadhi as a Relaxation programme.

CONCLUSION

A lot of psychological issues are present in stroke patients which ultimately interfere with patients Quality of Life and Activities of Daily Living. A Satvāvajaya module for stroke patients was prepared with the aim of uplifting the mental strength of the patients. Further studies need to be conducted to assess the effect of the developed module on Cognitive and Emotional quotients as well as Quality of Life of patients having stroke.

ANNEXURE 1

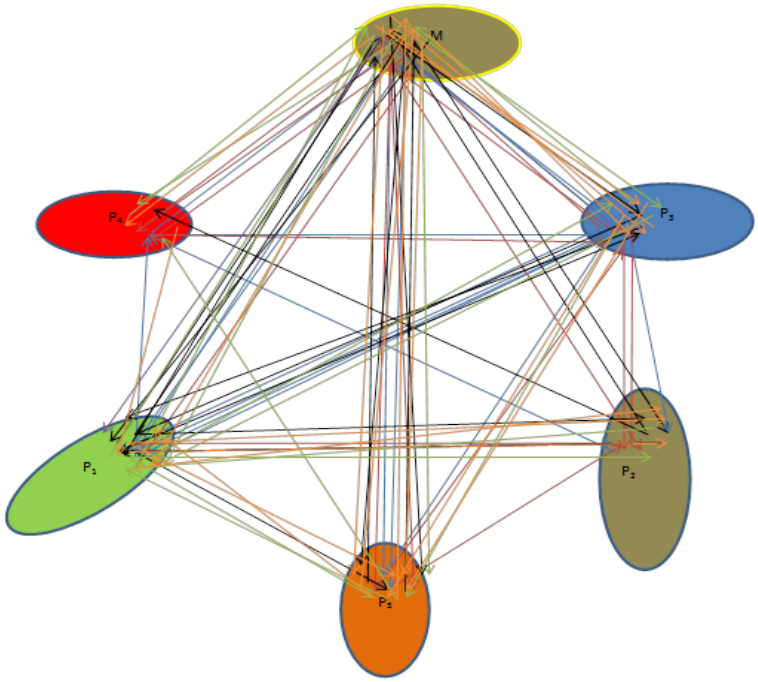

Figure 1: Sociogram

ANNEXURE 2

SATVĀVAJAYA MODULE

Jñāna (Self Awareness Programme)

Method - Direct counselling
Contents

- What are the strengths of the patient?
- What are the weaknesses of the patient?
- What are the threats of the patient?
- What are the opportunities of the patient?
- About his position in the family and his responsibilities towards society and family,

Vijñāna (Condition Awareness Programme)

Method - Direct teaching

- Theoretical knowledge.
- Disease specific knowledge.
- Treatment specific knowledge.
- Dos and don'ts and follow up medication.
- Psychological stress specific information and general information's regardin sadvṛtta.

Dairyam (Mental Resilience Programme)

Two parts
1. Manonigraha (Self-control programme)
2. Āśvāsanādi cikitsa (Re-assurance)

1. Mano nigraha (Self-control programme)
   Method - Cognitive Behavioural Therapy

Exercises

- Writing down / recording emotions
- Counting up to 100
- Spiritual advices
- Deep breathing exercises

2. Āśvāsanādi cikitsa (Reassurance)

Table 2: Exercises in āśvāsanādi chikitsa

1. Reading exercises	2. Writing exercises	3. Playing exercises
Underlining similar words	Copying words	Caroms, chess, Catching beads, squeeze stress ball.
Identification of repeated alphabets	Tracing over Letters	Rubber band around finger exercise.
Writing the summery after reading	Adaptive skill training	Coin picks up exercise,

Smṛti (Experience Sharing Programme)

1. Recollecting past experiences through face to face interview
2. Group therapy
3. Video clippings/motivational talk of successful survivors
4. Memory improving exercises
   - Simple mathematical calculations
   - Sequential word exercises
   - Memory sketching exercises
5. Provide general information about memory enhancers

Samādhi (Relaxation Programme)

1. Śavāsana
2. Joint exercises
   Toes movement /Ankle rotation /Knee rotation /Finger movement /Wrist rotation/ Elbow movement /Shoulder rotation
3. Tādāsana, Śītalitādāsana, Dandāsana, Śithiladandasana
4. Prāṉāyāma – Nadiśodhana / Bramari/ Candranulomana
5. Chanting - A-kāra / U-kāra / MA-kāra

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