Sahaja Yoga: Clinical Applications for Stress and Psychosomatic diseases

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Thesis Statement

Topic: Sahaja Yoga Meditation as effective medicine for stress and psychosomatic diseases.

Thesis: Sahaja Yoga Meditation is effective medicine for the treatment of stress and therefore the treatment of psychosomatic diseases.

Abstract

In the United States, about 1 in 5 adults aged 18 or over suffer from a diagnosable mental disorder in a given year (Reiger et al., 1993). In the fast paced American Lifestyle stressors are constantly inundating us, making us more susceptible to various illnesses by way of weakening our immune defenses. “Stressors cannot be eliminated, so our goals should be to control and manage stress,” says Elaine Shepp, LCSW, a psychotherapist at Rush North Shore Medical Center, Skokie, Illinois. Meditation is increasing in popularity as a means of treating stress and enhancing psychological well being (Manocha, et. al, 2003). The role of meditation has been well established in alleviating stress-related disorders (www.sahajayoga.ca, 2003). Stress of various descriptions is regarded as a probable etiological factor in common health problems including HT, (Shapiro, 1982; Fredrickson 1990) heart disease (Rozanski, 1999) anxiety, and depression (Mcgonagle, 1990). According to the ADAA, 20 to 30 million Americans have some form of anxiety disorder (CBS, 2003). Cardiovascular diseases kill 235,000 people each year (Stress-the Facts, Health Magazine, 2002). The cost of stress to the workplace in regard to loss of productivity, worker turnover, and health and safety issues is estimated at $17 billion nationwide (Taylor, 1995). According to studies done in 1998 the Journal of Occupational and Environmental Medicine found that “health care expenditures are nearly 50% greater for workers who report high levels of stress.” It has been found that 50-80% of all illnesses are stress-related and estimated that 75 to 90% of all primary care visits are for problems affiliated with stress (Britannica Student Encyclopedia 2003; www.stress.org, 2003).

In 1970, Dr. Nirmala Devi Srivastava introduced a simple method of meditation rooted in the ancient knowledge India called Sahaja Yoga (meaning spontaneous union with the Divine). In order to cope with stress more efficiently, we need to develop a greater sense of self-awareness. The key to achieving this awareness lies in shifting one's attention from the immediate external environment to one's internal environment, which is easily learned through the practice of Sahaja Yoga (Srivastava, 1992). Sahaja Yoga Meditation is effective medicine for the treatment of stress and therefore the treatment of psychosomatic diseases. Recent studies with Sahaja Yoga Meditation in the treatment of anxiety, depression, work stress, hot flashes and other menopausal symptoms, hypertension and heart diseases, asthma, and epilepsy have shown significant results (Manocha, et. al, 2003, Rai, 1993, Chugh, 1987). Limitations of these studies, barriers to the use of Sahaja Yoga in clinical practice and the need for future research are considered.

Dr. Nirmala Devi Srivastava on Psychosomatic Disorders

Dr. Nirmala Devi Srivastava has traveled worldwide and given thousands of lectures on the Science of Sahaja Yoga. The internal mechanism of Sahaja Yoga and the subtle effects that it has on the body are very complex and not easily comprehensible without practice. (Srivastava, 1994) But, the benefits of this simple technique of meditation can easily be understood through the experience.

NIH Conference on 'Meditation and Health:'(2000)

On June 19, 2000, Dr. Srivastava, a scholar and world renowned speaker, was at the Masur Auditorium, NIH, Bethesda to explain how Sahaja Yoga Meditation helps in stress-management. At the NIH

> conference, Dr. Srivastava offered a new hypothesis about the causation of psychosomatic disorders and an alternative approach to addressing them. This hypothesis addressed some of the most fundamental issues about the etiology of disease and provided innovative methods for its prevention. The basis of this hypothesis rests on the use of a dormant energy source, known in Sanskrit as "kundalini (meaning 'coiled up')," that exists innately within us.

Every human being has a "subtle body" consisting of three main nadis (or energetic pathways) that are called in Sanskrit as the Ida, Pingala, and Sushumna. These nadis correspond with the left and right PNS (the Ida Nadi on the left and the Pingala Nadi on the right side) and the CNS (the Sushumna Nadi). Aligned with these nadis there are seven major chakras (wheels of energy) that correspond to nerve plexuses in the spinal cord, respectively governing the physiological functions of the related area. The chakras, in order from the base of the spine to the top of the head, are called as Mooladhara (between the reproductive organs and the anus), Swadisthan (at the root of the reproductive organs), Nabhi (in the umbilical region), Anahata (in the heart region), Vishuddhi (situated at the level of the throat), Agnya (at the forehead, between the eyebrows), and Sahasrara (at the crown of the head, associated with the limbic system). In the sacrum bone (originating from the word meaning "sacred" in Greek), lies the kundalini energy in three and a half coils. The coiled kundalini is the dormant energy existing in latent form in every human being. During Sahaja Yoga Meditation, practitioners can actually feel this kundalini energy as a "cool breeze" as it rises up through the CNS and out of the Sahasrara chakra (Rai, 1991).

> "When the fetus is about 2 to 3 months old in the mother's womb, the column of rays of consciousness emitted through the all-pervading Divine Love, pass through the brain to enlighten it. The shape of the human brain being prism-like, the column of rays falling on it gets refracted into four diverse channels corresponding to the four aspects of the nervous system. They are: Parasympathetic nervous system, Sympathetic nervous system (right), Sympathetic nervous system (left), and the Central nervous system. The set of rays that fall on the fontanel bone pierce in the center (Sahasrara chakra) and pass straight into the medulla oblongata through a channel (Sushumna). This energy, after leaving a very thread like thin line in the medulla oblongata, settles down in three and one-half coils in the triangular bone placed at the end of the spinal cord. This is known as 'Kundalini.'"
>
> -Dr. Nirmala Devi Srivastava (1987)

There is some difficulty in establishing proof of the existence of chakras and kundalini because Western Science has not yet reached a level where it can measure these subtle (quantum) energies. But through the Science of Sahaja Yoga, anyone can verify this information through experiment and feel the vibrations of kundalini on your CNS.

What is Stress East and West?

Modern medical researchers have come to recognize the role of stress in disease and yet despite their efforts in the field, there are some very basic questions that have gone unanswered. One of the most important questions is, "What is stress?" For the Western Mind it is a very difficult feat to come up with a succinct definition for stress

and yet it pervades almost every aspect of our lives. In the Eastern view of stress, we find one of the most pragmatic and useful explanations. From the Eastern perspective, stress is defined as a byproduct of thought. The most common tendency of the mind is to relate experiences to two vast categories: the past or the future. If you introspect you will, through observation, find that this is a true condition of the human mind. Whether the experience was a quarrel with a dear friend yesterday (past event), or an upcoming interview (future event), a subconscious memory of a catastrophic childhood hardship (past event), or anxiety about the potential death of a loved one (future event) we will find that every one of these past and future thoughts results in a stress response. So, another important question that we must consider: “Is it possible to think about the absolute present?” If you experiment you will find evidence of a contradiction: thinking and being absolutely present. (Manocha, 2000) The goal of Sahaja Yoga is to cultivate and sustain “thoughtless aware ness” where we are living completely in the present moment in the state of reality.

Frontal Midline Theta and Lower Alpha log During Meditation

Stress is a manifestation of a subtle fear or anxiety caused by ever growing thoughts in the human mind. Meditation is the state of complete inner silence where the mind is thoughtless, yet completely aware.

In recent studies done at the State-Research Institute of Physiology, it was found:

> According to recent investigations, theta and alpha oscillations defined in marrow frequency bands are regarded reflecting activity of multifunctional neuronal networks, differentially associated with orienting, attention, memory, affective, and cognitive processing. In this

> respect, it is tentative to reveal how complex functions of attention and emotional processing are interwoven with these oscillations in meditation as in a model of conscious mental process, characterized by internalized attention and emerging emotionally positive experience. In the model of Sahaja Yoga Meditation that involves mental states of internalized attention and emotionally positive experience of 'bliss' the high-resolution EEG was recorded, and spectral powers along with EEG coherence estimates were analyzed in narrow EEG frequency bands. Summarizing, the most reliable effects of meditative emotionally positive state and internalized attention were differentially reflected by local theta and lower alpha power as well as theta coherence changes. There were 27 subjects included in this study; consisting of 2 experimental groups: short term meditators having lesser than ½ year of practice (n = 11, five males, six females, age: M = 35.18) and long term meditators having 3-7 years of practice (n = 16, seven males, nine females; age: M = 35)." (Aftanas, & Golocheikine, 2001)

The course of this study yielded several significant findings. Initially, during the EEG readings of the meditators, widespread, intense alpha wave activity was shown. Alpha wave activity is often coupled with relaxation and thought to be beneficial. Yet, most remarkably, when the meditators signaled that they had arrived into a state of "thoughtless awareness" or "oneness," theta waves became present in the EEG readings that were focused specifically in the front and top of the brain. These regions, according to yogic tradition, are associated with the chakras. The agnya is at the front of the brain

and the sahasrara chakra located in the limbic region of the brain. Through these results it could be hypothesized that the movement of the kundalini through these plexuses was, in part, responsible for the meditators' increased alpha and theta wave activity and "emotionally positive experience of 'bliss'." (Afranas, & Golcheikine, 2001)

Links between the Physical and the Emotional

Dr. Jane Butlin (2001) of the Wholistic Research Company believes that one of the fundamental components that must be considered in the process of restoring health is the emotion of patients. Strong connections have been found between the sub optimum health of people and stress, depression, or other emotional events. (Butlin, 2001) Through research done by Dr. Candice Pert, a biochemical basis for self-awareness and consciousness has been discovered, linking the mind and body as one. The studies have demonstrated that emotions are formulated in the cells of the body and brain through chemicals binding to specific receptors on the surface of the cells; thereby transmitting information into the cells. The changes in the cells are then transmitted by nerve impulses across the cell membrane to produce the corresponding changes in behavior, physical activity, and mood. Through this mechanism, repressed emotions are stored (Pert, 1997, Butlin, 2001).

It is important to recognize that most illnesses have a psychosomatic component. Psychosomatic illnesses are categorized as conditions where dysfunction or structural damage in bodily organs occurs through inappropriate activation of the autonomic nervous system and the glands of internal secretion. Hormones such as adrenaline and cortisone can and do play a significant role in the development of psychosomatic illnesses. The hypothalamus is in part a controlling center of the autonomic nervous

system and is very sensitive to internal and external changes that affect the individual's emotional equilibrium. The autonomic nervous system is intended to help maintain homeostasis of the body, but in cases of psychosomatic illnesses, the nature of the stresses and the nervous responses to them produces a pathological reaction. (Psychosomatic Symptoms, www.cyc-net.org, 2003) Psychosomatic symptoms emerge as a physiological response to an emotional state and stress is considered a major factor in these diseases (Psychosomatic Disorder, Encyclopedia Britannica, 2003).

How can the Mechanism of Sahaja Yoga Help?

It is well established that the hypothalamus is a major substation of the limbic system and one of its most important roles is to integrate complex responses via the autonomic and somatic nervous systems. Numerous effects like decreases in blood pressure, skin temperature, decreases in blood lactate and urinary vanillylmandelic acid and increases in skin resistance could be due to inhibition of the posterior hypothalamic area; or these changes could be due to the effects of the hypothalamus as it acts on the medullary centers through the reticular activating system. The influence of the hypothalamus on the adrenal medulla via the sympathetic nervous system can decrease the output of adrenaline, which can account for decreases in blood lactate. Decreases in adrenaline and lactated concentrations result in decreases anxiety symptoms. This affect, coupled with states of deep relaxation that are experienced through the rising of kundalini during Sahaja Yoga Meditation, reinforces the hypothalamus' ability to bring about tranquility. (Chugh, 1987)

According to Dr. Deepak Kumar Chugh (1987):

> Inhibition of median eminence nuclei of the hypothalamus in turn affects the anterior pituitary gland and thereby its hormones. Decreases in corticotropin releasing hormone from the hypothalamus causes the anterior pituitary to produce less ACTH, which in turn decreases the syntheses of corticoids. The corticoids are responsible for activating phenylehtanolamine N-methyl transfer (PNMT). Consequent to sympathetic inhibition and decrease in PNMT activation, there is less catecholamine formation.

Anatomical connections of the hypothalamus to thalamic nuclei that project to the frontal and central cortex may explain how the hypothalamus could influence alpha wave activity as recorded in electroencephalogram readings. The hypothalamus is connected to the reticular activating system in part by the mamilary tract and has the ability to influence the incoming flow of sensory stimuli through its action on synapses of all afferent sensory systems. The inhibition of the reticular activating system can lead to stoppage of the flow of irrelevant sensory information allowing certain thalamic nuclei to facilitate specific alpha wave frequencies in the cerebral cortex that indicate a relaxed state of mind. Therefore it could be hypothesized that the practice of Sahaja Yoga Meditation could help to alleviate deeply rooted stresses and tensions of everyday life and in turn could be useful in the treatment of psychosomatic diseases. (Chugh, 1987)

Evidence from Research

Approximately 18.8 million adults in America, or about 9.5% of the U.S. population aged 18 and older in a given year, have a depressive disorder (Narrow, 1998, Reiger, 1993). And approximately 19.1 million Americans aged 18 to 54, or about 13.3%

of the population this age group in a given year, have an anxiety disorder. It has been estimated that 4 million adult Americans ages 18 to 54, or about 2.8% of the population in this age group in a given year, have Generalized Anxiety Disorder. (Narrow, et al., 1998)

Recently a study was done with 24 participants that compared a 'waiting list' control group (n=10), a cognitive behavioral (CBT) based stress management group (n=6) and a Sahaja Yoga Meditation group (n=8) on patients referred for help with anxiety and depression. The severity of symptoms was measured at pre and post-treatment using the 12 item General Health Questionnaire (GHQ-12) and the Hospital Anxiety and Depression Scale (HAD). The results of the questionnaires prior to treatment showed no significant differences in the reported levels of anxiety and depression. The outcomes of the study lend support to the hypothesis that the participants in the Sahaja Yoga group would show significant decreases in their reported levels of both depression and anxiety. Post treatment questionnaires showed that the symptom severity of the Sahaja Yoga group decreased considerably. On the other hand, the control group and the CBT group did not show a similar reduction. (Manocha, et al., 2003)

In the American workplace one-fourth of employees view their jobs as the number one stressor in their lives (Northwestern National Life, 1992). Twenty-six percent of American workers reported that they are, "often or very often burned out or stressed by their work (Families and Work Institute, 1998)." In a survey done by Yale University in 1997, 29% of U.S. workers said they feel "quite a bit or extremely stressed at work." It is clear from these findings that stress is a problem for workers in America.

Ramesh Manocha (2003) and his colleagues set out to experiment with a randomized controlled trial of Sahaja Yoga Meditation for work stress. The trial was composed of three groups: a Sahaja Yoga Mediation group (using mental silence as its primary means), a relaxation meditation group (based on visualization techniques from several popularly used commercialized strategies), and a control group that was told that they were on a waiting list. The instructional program lasted for eight weeks composed of two-hour sessions that happened twice per week. The participants were also asked to practice daily on their own and were given audio and written materials to facilitate this. Both intervention groups were conducted at the same locations, on the same days, and for the same duration. Both of the meditation instructors were experienced health professionals with considerable proficiency in meditation instruction. Following the eight-week program the State Trait Anxiety Inventory (STAI) test and the Occupational Stress Inventory (OSI-PSQ) test were used to evaluate the outcomes. The most important findings of this study indicate that Sahaja Yoga Meditation is effective in reducing work related strain (more specifically, “work stress”) as measured by the PSQ-OSI and the STAI. It is clear from the results that Sahaja Yoga Meditation is more effective that the commercialized “relaxation meditation” techniques.

The symptoms of menopause involve vasomotor phenomena that may induce sweats poor quality of sleep, and hot flashes (Daly, E., et al., 1993). It has been estimated that hot flashes affect around seventy percent of women for up to several years following the onset of menopause (McKinley, S.M., et al., 1992). Dr. Manocha and Psychologist Barbara Semmar (2003) set out to discover the affect of Sahaja Yoga on hot flashes and other menopausal symptoms. Ten menopausal women engaged in the study. These

women had not undergone any other treatments for their symptoms for a period of six weeks prior. The research included an eight-week program with two-hour classes that happened twice weekly. These women were also encouraged to meditate twice daily at home. The assessment of the program included a battery of psychometric questionnaires commonly used to assess menopausal symptoms (Kupperman Index, MENQOL, Profile of Mood States, State/Trait Anxiety Index, and the Greene's Climateric Questionnaire). The analysis showed a considerable reduction in the frequency of menopausal hot flashes. Added benefits were observed in the reduction of both psychological and somatic symptoms, specifically the symptoms related to anxiety. These outcomes suggest that the practice of Sahaja Yoga Meditation may be effective in the treatment of menopausal symptoms. (Manocha et al., 2003)

From 1988 to 1994 twenty-three percent of the American population had hypertension. In the year 2000, twenty-three thousand seven hundred and sixty-one people died from hypertension. (Hypertension, www.cdc.gov, 2003) In 1987 Chug embarked on a sixteen-week study to research the affects of Sahaja Yoga Mediation on patients suffering from essential hypertension. Fifteen participants practiced Sahaja Yoga Mediation. Ten subjects did not engage in Sahaja Yoga. For all of the participants: blood pressure (recorded bi-weekly), blood lactic acid, urinary VMA, and galvanic skin resistance were recorded. The results for the Sahaja Yoga group provided outstanding, consistent reductions in systolic and diastolic blood pressure; significant reductions in levels of urinary VMA; a considerable decrease in blood lactic acid levels; and substantial increases in galvanic skin resistance. Whereas, the group not practicing Sahaja Yoga showed some variation in blood pressure, blood lactic acid, urinary VMA, and

galvanic skin resistance but no significant reductions. This evidence may lead one to assume that the practice of Sahaja Yoga could be a beneficial treatment for patients with essential hypertension.

In 1998 approximately 17.7 million and people in the U.S. reported having asthma. In 2000 there were four thousand four hundred and eighty-seven deaths from asthma. (Asthma, www.cdc.gov, 2003) A study was done (Manocha et al., 2003) on the affects of Sahaja Yoga on medicated asthma patients. Twenty-one asthmatics were assigned to the Sahaja Yoga group and twenty-six people were assigned to a group practicing general relaxation techniques. Each person attended weekly two-hour sessions for two months (all the while they continued their medication). Researchers found that the meditation could improve lung function and reduce the frequency of attacks. The Sahaja Yoga group showed improved airways and some benefits on overall quality of life and mood. Sahaja yoga had more positive effects than the relaxation techniques alone. (Smith, M., www.webmd.com, 2002)

In 1996 it was recorded that nearly 1.4 million Americans had epilepsy. In 1988 Professor Umesh C. Rai sought out to document the affects of Sahaja Yoga on patients diagnosed with epilepsy. The study divided its subjects into three groups. The first group (n=10) was comprised of epileptics who were on anti epileptic drugs and practiced Sahaja Yoga for a period of six months. The second group (n=10) was comprised of epileptics who were on anti epileptic drugs and practiced postural exercises mimicking Sahaja Yoga for a period of six months. The third group (n=12) was comprised of epileptics who were on anti epileptic drugs and did not participate in Sahaja Yoga or mimicking exercises. For group number one results yielded very remarkable improvement, showing a decrease in

the duration, frequency, and severity of seizures. But, in groups two and three, no such evidence of reductions in seizures was found.

Conclusion

After reviewing literature on the subject, I have discovered convincing evidence that Sahaja Yoga Meditation could be considered as effective medicine for the treatment of stress. I have also found that the treatment of stress could be considered as a means for treating psychosomatic diseases; and that anxiety, depression, work stress, hot flashes, hypertension, asthma, and epilepsy are among those treatable diseases. The data included in this thesis from Sahaja Yoga trials with psychosomatic diseases was gathered from research that was quite limited. It is important to consider the fact that the trials conducted for research were with small numbers of participants and for limited periods of time. Another important aspect to consider is that none of the researchers involved in the studies claimed to have complete expertise in the Science of Sahaja Yoga. One of the outstanding barriers to the use of Sahaja Yoga in a clinical setting is the fact that the Science of Sahaja Yoga is a spiritual experience. I would assess that much more diligent research is needed in order further understand the possibilities involved in using Sahaja Yoga as medicine (Manocha et al., 2003; Rai et al., 1993). My investigation in Sahaja Yoga led me to the hypothesis that Sahaja Yoga Meditation could be useful as medicine. Moreover, the literature shows that Sahaja Yoga Meditation could be considered effective for the treatment of stress and therefore the treatment of psychosomatic diseases.

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