



CLINICAL EVALUATION OF SARPAGANDHA CHURNAYOGA ALONG WITH SATTVAJAYA CHIKITSA IN THE MANAGEMENT OF YOSHAAPASMARA VIS-À-VIS HYSTERICAL NEUROSIS

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ABSTRACT

The disease Yoshaapasmara is commonly found in females, described in Madhava Nidana Parishista, Bhaishjya Ratnawali etc. In modern psychiatry it is known as hysterical neurosis (HN) which is now classified under "conversion and dissociative disorder." In general there are two types of managements are available for psychiatric disorders, namely pharmacological and nonpharmacological (eg. Psychotherapy, ECT etc). Ayurveda has also described the drug therapy and Sattvavajaya Chikitsa which is more or less equal to psychotherapy, but Sattvavajaya is having spiritual approach. "Sarpagandha Churna Yoga" is a herbomineral formulation which is described for the management of Yshaapasmara. Total eleven patients of hysterical neurosis were selected and subjected to "Sarpagandha Churna Yoga" along with Sattvavajaya Chikitsa. Effect of overall treatment was assessed on the basis of symptomatic improvement in symptoms and psychometric assessment was done. After three month of treatment result was very encouraging and proven to very effective management for the Yshaapasmara vis –a-vis Hysterical Neurosis.

Key words - Yoshaapasmara, Sattvavajaya Chikitsa Parada, Gandhaka, Rasa Sindura, Sarpagandha Churna Yoga.

INTRODUCTION

The Yoshaapasmara¹ /Apatantraka² / Yoshaapatantraka³ is a clinical condition commonly found in females, described in Madhava Nidana Parishista, Bhaishjya Ratnawali and Sharngadhara Samhita Parishista etc. The Brihatrayee texts (Chraka, Susruta and Astanga Hridaya) have no description about Yoshaapasmara as such but a very similar condition "Apatantraka" is described in all texts. Word "Yosha" refers to female, due to more prevalence in female it is called as Yoshaapasmara but it may occur in males also, who had soft temperament like females or man who cannot able to bear the hard situation or events. Ayurvedic scholars have equated this clinical entity with hysterical neurosis (now an absolute term) and in modern psychiatry it is classified under 'conversion and dissociative disorder'. Since every person's brain is unique, so also is its capacity to bear external changes. If the person is too sensitive, then there is a high chance that person might act hysterically to seemingly insignificant stimuli. Hysteria is a common form of the emotional reaction in which a patient tends to act out of his/her mental control in a dramatic way. He/she behaves in such a way to attract others to gain sympathy. There are so many reasons or factors that may bring on a hysterical attack. Physical, emotional, or sexual abuse can be a contributing cause of conversion disorder in both adults and children. The term "conversion" was first used by Sigmund Freud (1893). The term conversion disorder⁴ reflects the hypothesis that an unconscious psychological conflict is converted in to symbolic symptoms, thereby reducing anxiety and shielding the conscious self from a painful emotion and can be defined as disturbance of bodily functioning that does not conform to current concepts of the anatomy and physiology of the central

or the peripheral nervous system. It typically occurs in a setting of stress and produces considerable dysfunction. The proposed etiologies are suggesting that the symptoms resolve an intrapsychic conflict expressed symbolically through a somatic symptom. Symptoms may manipulate the behavior of other persons and elicit attention, sympathy, and nurturance. Current theories about the etiology of conversion emphasize the role of communication. People, who have difficulty in verbally articulating psychosocial distress for any reason, may use conversion symptoms as a way of communicating their distress. Hysteria (comprising of conversion, dissociative and somatization disorder)⁵ constitute about 6-15% of all outpatient diagnoses and 14-20% of all neurotic disorder. Approximately 5%-24% of psychiatric outpatients, 5%-14% of general hospital patients and 1%-3% of outpatient psychiatric referrals are having a history of conversion symptoms. Life time prevalence of conversion disorder varied widely, ranging from 11/100000 to 500/100000 in general population samples. This disorder is more frequent in women than in men, ratio varying from 2:1 to 10:1. Dissociation⁶ is an altered state of consciousness characterized by partial or complete disruption of the normal integration of a person's normal conscious or psychological functioning. Dissociation is most commonly experienced as a subjective perception of one's consciousness being detached from one's emotions, body and/or immediate surroundings. The essential feature of the dissociative disorder is a disruption in the usually integrated functions of consciousness, memory, identity, or perception. The disturbance may be sudden or gradual, transient or chronic. According to International society for study of trauma and dissociation⁷, some studies indicate that dissociation occurs

in approximately two to three percent of the general population. Other studies have estimated a prevalence rate of 10% for all dissociative disorders in the general population. Approximately 73% of individuals exposed to a traumatic incident will experience dissociative states during the incident or in the hours, days and weeks following. It begins in early adulthood and has been diagnosed more frequently in women than in men. Due to less awareness about disorder and clinical presentation, it seems to very emergent condition for a general people. This condition is often misdiagnosed as neurological (epileptic) disorder and many times medical conditions like multiple sclerosis etc. were under diagnosed. Besides being a health problem, this disorder is also responsible for social and economical problems of family. Yoshaapasmara is very difficult to treat and may occur in any stage of reproductive age i.e. till menopause. Ocean of Ayurvedic formulatory has many herbal and herbo-mineral formulations along with other therapeutic measures like Sattvavajaya, Yoga etc. for the management of the Yoshaapasmara.

SATTVAJAYA CHIKITSA (AYURVEDIC PSYCHOTHERAPY AND COUNSELING)-

Acharya charaka has defined it as a method of controlling or restraining of the mind from unwholesome Arthas, literally we can say overcoming of mind or victory over mind or control of mind which can be achieved by increasing Sattva to subdue the exaggerated Rajas and Tamas. Bhagavat Geeta suggests that there are two ways to get victory over mind i.e. Abhyasa (practices) and Vairagya (detachment). According to *Chraka Sattvavajayah punarahitebhyo arthebhyo manonigrahah*⁸, here Asatmendriyarthas Samyoga (incompatible contact of Indriyarthas) has been regarded as one of the principle causes of diseases. So avoidance of excessive, deficient or erroneous (Atiyoga, Hinayoga and Mithyayoga), use of Manoarthas (Chintya, Vicharya, Uhya, Dheyaya and Sakalpa along with Sukha, Dukha etc) as well as Indriyarthas (Sabda, Sparsha, Roopa, Rasa, Gandha) should serve to cure the mental disorders. Chraka says that by improving thinking through Jnana-Vijanana etc. mental faculty is being normalized, that is the basis of Sattvavajaya. The word Manonigraha is refers to control of Manas is nothing but Sattvavajaya Chikitsa. A person whose Dhi (intellect), Dhriti (patience) and Smriti (memory) are impaired, subjects himself to Pragyaparadha by virtue of his actions and then he perceps wholesome to unwholesome and vice versa. Pragyaparadha can be avoided by improving Dhi, Dhriti, and Smriti, resulting in to the control of mind. As said by

Acharya Chraka *Manasojnanavijnanadhairyasmritisamadhibih*⁹, the mental disorders can be treated by applying the Jnana (True understanding or spiritual knowledge), Vijnana (Specific knowledge or scriptural knowledge), Dhairya (Improving the mental tolerance to various emotional situations resulting in minimizing the emotional responses), Smriti (Memory is responsible for recalling the experiences) and Samadhi (mental equanimity or meditation). Acharya Vagbhata has also mentioned that *Dhidhairyatmadi vijnanam manodoshoushadham param*¹⁰, means Dhi, Dhairya, and Atmadivijnana are the ideal therapeutic measures for the management of mental illnesses

Aim and Objective-

- 1- To prepare the Sarpagandha Churna Yoga herbomineral formulation by the classical methods.
- 2- Use of Sattvavajaya chikitsa as adjuvant therapy for Yoshaapasmara (H N).
- 3- The clinical evaluation of Sarpagandha Churna Yoga along with Sattvavajaya Chikitsa for the management of Yoshaapasmara (H N).

Selection of Trail Drug-The selection of proper drug in the management of disease is very important because proper drug will never deceive the physician in the path of success. In Ayurveda, drug or diet articles that reverses or break the Samprapti (pathogenesis) without producing any side effect is considered as ideal. Drug combinations are envisaged to serve synergistic action, combined action, toxicity neutralization action and specific action. The selected drug i.e. Sarpagandha Churna Yoga¹¹ is taken from celebrated text book of Ayurvedic therapeutics i.e. Rasa Tantra Sara Va Siddha Prayoga Sangrha. This formulation contains Rasa Sindura and Sarpagandha churna.

MATERIAL AND METHODS

Drug was prepared in Ayurvedic pharmacy and department of Rasa Shastra, IMS, BHU, which contains 475 mg of Sarpagandha Churna and 25 mg of Rasa Sindura and filled in capsule. Rasa Sindura was prepared by classical method described in Rasa Tarangini (6/162-167).

Ingredients of single dose

Sarpagandha churna- 475 mg

Rasa Sindura – 25 mg (contain Shodhita Parada and shodhita Gandhaka).

Vatankura Swarasa- Q.S. as triturating liquid used in making of Rasa Sindura.

Method of Preparation- In present work following method is used for preparation of Rasa Sindura¹² (Rasa Tarangini 6/162-167)

Parada	– 1 part
Gandhaka	– 2 parts
Vatankura Swarasa	– Q.S.

First of all prepare Kajjali of Parada and Gandhaka and triturate with Vatankura Swarasa for three times in Khalva Yantra, after drying powdered it and fill in Kacakupi, cover it all around with cloth smeared with mud for 7 times, up to its 1/3rd. Place it in a Baluka Yantra and apply slow moderate and strong heat gradually by increasing the temperature the mouth of the bottle which was open from the begning may be closed with cork prepared with chalk or brick a/c to size of mouth of bottle. The closing of bottle mouth should be done only when the extra Sulfur is burned completely and the fumes of Sulfur similar to GoroChan in colour, stops coming out from the mouth of bottle. The joint of cork and mouth should be sealed properly with molasses and lime powder made in to paste with water. After this strong heat may be applied for at least two more hours to allow the prepared compound to sublime and adhere in to neck of bottle. On cooling the sublimed product (Rasa Sindura) may be collected from the neck of bottle having the red colour similar to the rising sun.

Administration of drug: Sapagandha Churna Yoga was given to patient in the dose 500 mg two times in a day, filled in capsule (Sarpagandha Churna 475mg + Rasa Sindura 25 mg).

Anupana - Milk/Water/Gulab Jala

Clinical study – Thirteen cases were selected from the Kayachikitsa O.P.D and I.P.D. S.S. Hospital I.M.S. B.H.U. Varanasi and out of them two cases were dropout from study. Case selection was random regardless of age, sex, occupation and socioeconomic considerations.

The Inclusion criteria- Patient who fulfill the DSM IV diagnostic criteria for conversion or dissociative disorder were selected along with other considerations like -

- Patients ranging between 12-45 years of age were registered only.
- Females before menopause.
- Patients having no significant medical illness viz., hypertension, diabetes mellitus, pulmonary tuberculosis etc were registered only.
- Patients having no significant psychiatric illness viz. depression, schizophrenia etc. were registered only.
- Patients having no significant H/o surgical interventions viz. hysterectomy, neurosurgery, spinal surgeries etc. were registered only.
- Patients having no significant H/o trauma viz. spinal cord injuries etc. were registered only.
- Patient not having any drug dependence or addiction like alcohol etc.
- Patient having no significant finding in different lab investigations like EEG, CT scan of head etc.

The exclusion criteria- Patients with following examination findings or history and clinical condition were excluded.

- Age below 12 year and above 45 years.
- Females after menopause.
- Patient with history of any significant physical illness e.g. tuberculosis, diabetes mellitus, ischemic heart diseases, CVA. etc.
- Patient having any diagnosed significant psychiatric illness or taking treatment.
- Patient with history of substance abuse e.g. alcohol, cannabis etc.
- Patient having endocrine or metabolic disorders.
- Patient having significant history of head injury.
- Patient having significant findings in lab investigations like EEG, CT scan head.

ASSESSMENT OF DRUG RESPONSE –

Clinical Assessment- It was based on relief found in the signs and symptoms of the disease. For this purpose main signs and symptoms were given a suitable score according to their severity before and after treatment. Study consisted of three follow ups, initially at 15 day interval for two follow-ups thereafter two follow-ups of one month interval each. During each follow up patients were interviewed regarding symptomatic improvement, general examination, systematic examination and psychiatric examinations.

Psychometric Assessment- following scales were used for this purpose -

- Middlesex Hospital Questionnaire (M.H.Q. – O. N. Srivastava And V. K. Bhatt
- Adjustment Scale - By R.R. Tripathi

The M.H.Q. is a short, clinical diagnostic self rating scale for psychoneurotic patients, constructed by Crown and Crisp (1966). It gives a “quantitative clinical profile” as the test consists of six subscales having 8 questions each and study was concentrated on Hysterical personality traits (HYS) subscale. The Hindi version of the M.H.Q. is a very sensitive,

reliable and valid instrument for differentiating the neurotics from normal. Hindi version was prepared by O.N. Sriwastava and V.K. Bhat, Department of Psychiatry I.M.S. B.H.U. Varanasi (1973). In this study we have used an Adujstment Scale (Samayojana Suchika) prepared by Prof. R. R. Tripathi published by Raghuvver Publication Varanasi (1989). This scale simply aims at screening an individual for minor departure from adjustmental norms the baseline for which must be in terms of dimensions of healthy adjustment.

RESULT AND DISCUSSION

Sarpagandha Churna Yoga is indicated¹³ in the management of insomnia, Apatantraka (hysterical neurosis), Unmada (psychosis), hypertension and newly diagnosed epileptic disorders. Rasa Sindura¹⁴ mainly acts on Kapha Dosa, Rasa-Rakta-Mamsa Dhatu, Amashaya, Hridaya and Kaphasthana. It regulates 5 types of Vata and maintains proper functioning of nerves, hence gives pleasure to those who use it. It regulates the sense organs. Urine, faeces etc. waste materials are excreted from the body without any trouble. It is Pittasarak and best among invigorating agents. It is Pramehahara (antidiabetes) and also acts on Rajayakshma (tuberculosis), Pandu (anemia) and Sthaulya (obesity). Other properties like Medhya (intellect promoting), Parama Rasayana, Mutrala (diuretic), Dhatukriya-Pravardhaka (promoting tissues functions), Hridya (cardiotonic), Kamagni Sandeepana (aphrodisiac) etc. are mentioned in different texts. Rasa Sindura acts on Trimarma (heart, brain and bladder). Rasa Sindura (Red sulphide of mercury) is promoter of enzymes. It also works on 5 types of Pitta, which are responsible for Deepana- Pachana (digestive and assimilative function), Raktavardhana (blood forming), Medha (intellect), Dristi (vision), Balakara (strength), Kantivardhana (lusture promoting) and Kusthahara (treating skin disorder). Parada¹⁵ have Shadrasa and Sara, Guru, Snigdha Guna, Ushna virya, Madhura vipaka and Tridosghna. It has properties like Vrisya (aphrodisiac), Balya (strength forming), Rasayana, Yogavahi, Sarvarogajita (treating all disorders), Shodhana (purifying), Ropana (healing) and Krimighna (deworming). Parada balances the Tridosa (Tridosghna), increases Buddhi (intelligence), Medha (intellect), Smriti (memory), Kanti (lusture), Prabha (glow) and Bala (strength) and is best aphrodisiac (Mahavrisya). Gandhaka¹⁶ is having properties like Kushtaghna, Rasayana, Pitta vardhak and Kapha Vata hara. This element is present in many polypeptides, proteins, and enzymes. Sarpagandha¹⁷ is Kapha-Vata shamaka, Mastiska Shamaka, Nidrajanana (hypnotic), Krimighna, Ampacaka and Hridayavasadak (cardic depressant). It shows Anticholinergic, Hypotensive, Anticontractile, Sedative, Relaxant, Hyperthermic, Antidiuretic, Hypnotic, Vasodilator, Antiemetic, Nematicidal, and Antifungal activity. Therapeutic use of Sarpagandha is documented in various mental and neurological disorders like Unmada, Apasmara, Anidra etc. It is used as antihypertensive and Tranquilizer. It is first herbal antipsychotic drug. Rauwolfia serpentina had been known as “Pagalpan Ki Jadi” (medicine for insanity) in folk medicine for centuries. This herb had been used as an aid to meditation, reportedly even by Mahatma Gandhi. The first report in the medical literature of the use of Rauwolfia¹⁸ was published in 1931 in an Indian Medical Journal by Gananath Sen and K. C. Bose. They reported that this drug reduced blood pressure, and also improved “violent maniac symptoms” and also documented

the actions like hypnotic effect, a calming effect on agitated, mentally deranged patients, and a hypotensive effect in arterial hypertension. That same year, 1931, two Indian chemists, Siddiqui, and Siddiqui, first extracted several alkaloids including Ajmaline and Serpentine from Rauwolfia in 1931. In an extensive study published in the prestigious British Heart Journal (1949), Rustom Jal vakil reported the antihypertensive effect of Rauwolfia. In 1954, Nathan Kline reported therapeutic efficacy of Reserpine in schizophrenia. Comparative effects¹⁹ of Rauwolfia vomitoria and chlorpromazine on locomotor behaviour and anxiety in mice shows that the Root bark extract from Rauwolfia vomitoria produced better behavioural effects with less distortion in motor coordination when compared to chlorpromazine and so has a great potential as an alternative antipsychotic agent compared to chlorpromazine. Since Reserpine did not produce same effects as Rauwolfia vomitoria, the effect of Rauwolfia vomitoria may not be due solely to Reserpine as claimed. Ajmaline²⁰, a Rauwolfia derivative, has been found to possess potent antiarrhythmic effects Ajmalin is an effective drug for the treatment of serious digitalis-toxic cardiac arrhythmias. Response of patients to the therapeutic trial was assessed through clinical, physiological and psychometric parameters. Clinical assessment was done on the basis of statistical calculations. Sattvavajaya chikitsa is the Ayurvedic treatment modality for the management of mental disorders. Although it is considered as equivalent to modern psychotherapy but later one is more developed in comparison to Sattvavajaya. Ayurveda focuses more on preventive aspect of treatment and detailed study of Sattvavajaya reveals that by following the guidelines of lifestyle suggested, not only treat the diseases but also prevent to come up the same. Shortly Sattvavajaya is centered on assurance, replacement of emotions, regulation of thought process, reforming of ideas, channelization of presumptions, correction of objectives and ideas, proper control of patience, proper guidance and advice for taking decision.

After treatment it was found that there was no statistically significant change in speech, attention, concentration, memory, mood, Vyayama sakti (physical work capacity) and Sattva(mental strength). Although there was no statistically significant changes were founded but improvement was

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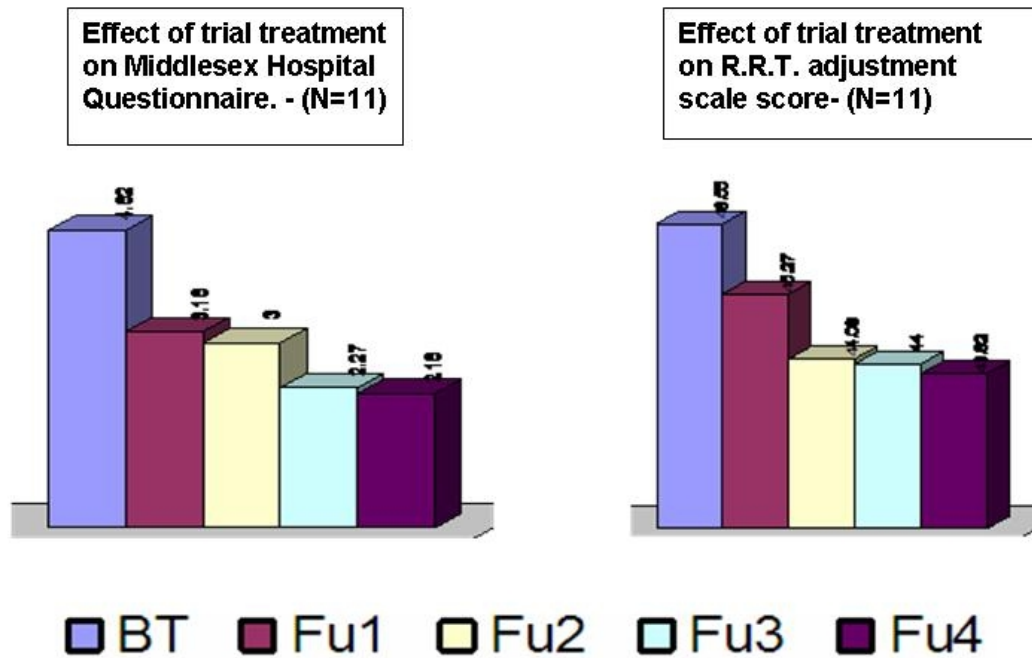
observed in symptoms like irregular bowel habit, paralysis, paresis and sensory deficit. There was a very good improvement was observed in case of some symptoms but they were statistically insignificant, for example in muscle cramps, tremors/abnormal body movements, pain abdomen and restlessness. After third follow-ups, significant results were found in symptoms like Ama ($t=2.00$, $p<0.05$ S), decreased appetite ($t=1.89$, $p<0.05$ S), menstrual abnormality in females ($\chi^2=10.66$, $p<0.05$ S), breathlessness ($\chi^2=9.36$, $p<0.05$ S) and in chest pain ($\chi^2=12.00$, $p<0.05$ S), while statistically highly significant result were founded in symptoms like frequency of episodes of unconsciousness ($\chi^2=30.42$, $p<0.01$ HS), duration of unconsciousness episodes ($\chi^2=21.18$, $p<0.01$ HS), headache ($\chi^2=17.49$, $p<0.01$ HS) and status of Agni ($t=2.58$, $p<0.01$ HS). In this series under psychometric assessment we have use two scales namely Adjustment Scale by R.R.Tripathi and Middlesex Hospital Questionnaire (MHQ). It was observed that effect of trail treatment on adjustment scale ($t=4.19$, $p<0.01$ HS) that was highly significant. Now we can conclude that most of the patients found more adjusted than earlier. Effect of trail treatment on MHQ ($t=5.82$, $p<0.01$ HS) was also highly significant.

CONCLUSION

Yoshaapasmara vis-à-vis hysterical neurosis commonly found in females is very difficult to treat due to its variable etiology and manifestation in different patients. Dosic involvement in Yoshaapasmara are Vata and Kapha and Rasa Sindura is having the Kapha shamaka, Parada is having Tridosghna, while Gandhaka and Sarpagandha are having the Vata-Kapha shamaka properties, which are the ingredients of trail drug. Rauwolfia serpentina is established herbal antipsychotic drug which is the main ingredient of Sarpagandha Churna Yoga. Sattvavajaya provides the mental support to the patient and family. Although it is time bounded small sample study and etiology and manifestation also varies in patient to patient but it was found that it is the very effective approach for the management of hysterical neurosis and patients were more adjusted than earlier. The findings of this study also enlighten the future clinical trial of this drug in insomnia, psychosis and newly diagnosed epileptic disorders

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