

# Clinical Evaluation of ‘Chittasthirikaran Stotra’ in the Management of Manodvega

Dr. Abhijit H Joshi\*

Dean and HOD, Ayurveda Faculty, Acting Registrar, TMV, Pune, Maharashtra, India

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\*Corresponding author: Dr. Abhijit H Joshi

## Abstract

Chittasthirikaran stotra is a popular and already proved verse. Chitta is manas i.e. mind. Stthirakarana is ‘to stabilize’. Stotra means a ‘holy verse for chanting’. This stotra was selected to observe its efficiency for establishment of mental peace. Vedic Mantra recitation is a task and is difficult to chant. Proper chanting needs a proper guide, that is difficult to be obtained every time. Relatively Laukik Sanskrit Mantra is easier and Guru is available. Status of mind is assessed for various psychological conditions (manovega) like depression, anxiety, anger, etc.; before and after chanting of Chittasthirikaran stotra. The difference between the two readings is accepted as effect of chanting Chittasthirikaran stotra. Data is submitted to the statistician and the result is obtained.

**Keywords:** Chittasthirikaran stotra, scientific chanting, psychological tests, manovega assessments.

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## INTRODUCTION

Psychology of a person is extremely complicated thing. One does have unexplainable impulses many a times, for reason no one is able to understand. Anger, anxiety and such other emotions are the part and parcel of the life. It is not very easy to control them. Control on mind could prevent many a crimes in world before it happens [1]. Chittasthirikaran stotra is holy chanting which directly or indirectly helps mental stabilization [2]. Chitta is mind. Disturbed mind or chitta viplav is the cause of many psychological disorders.

## AIM AND OBJECTIVES

### Aim

To assess the clinical efficacy of chanting of Chittasthirikaran Stotra in the management of anxiety or manovega.

## OBJECTIVES

- To assess improvement in total Hamilton anxiety rating scale
- To observe change in individual components of Hamilton anxiety rating scale

## MATERIAL AND METHOD

### The Mantra to Chant Per Day

॥ श्री दत्तस्तोत्रम् ॥

अनसूयात्रिसंभूत दत्तात्रेय महामते |  
 सर्वदेवाधिदेव त्वं मम चित्तं स्थितिकुरु ॥ १ ॥  
 शरणागतदीनार्त तारकाअखिलकारक |  
 सर्वचालक देव त्वं मम चित्तं स्थितिकुरु ॥ २ ॥  
 सर्व मङ्गलमाङ्गल्य सर्वाधिव्याधिभेषज |  
 सर्वसंकटहारिन् त्वं मम चित्तं स्थितिकुरु ॥ ३ ॥  
 स्मर्तृगामि स्वभक्तानां कामदो रिपुनाशनः |  
 भुक्तिमुक्तिप्रदः प्रभुः स त्वं मम चित्तं स्थितिकुरु ॥ ४ ॥  
 सर्वपापक्षयकरस्तापदैवनिवारणः |  
 यो अभीष्टदः प्रभुः स त्वं मम चित्तं स्थिरी कुरु ॥ ५ ॥  
 य एतत्प्रयतः श्लोकपञ्चकं प्रपठेत्सुधिः |  
 स्थिरचित्तः स भवत्कृपपात्रं भविष्यति ॥ ६ ॥  
 ॥ इति श्रीमत् परमहंस परिव्राजकाचार्य श्री वासुदेवाय विरचितं  
 श्री दत्तात्रेय स्तोत्रं संपूर्णम् ॥

This stotra or Mantra is from Laukik Sanskrit. Many common people chant this mantra something for auspicious morning and mental peace [3]. Chanting mantra or verse is a tool of daivavyapashray chikitsa [4].

The small study was designed to observe the effect of stotra on anxiety. This mantra is chanted popularly for stabilizing the mind and its benefits are proven.

**Progress of Project and Data Collection**

- Total 48 volunteers were enrolled.
- 12 were Healthy volunteers- Enrolled to see whether DHRUTI, SMRUTI are benefitted and concentration is increased.
- 36 patients with varying degree of Anxiety were enrolled.
- 7 patients had poor compliance.
- Out of them 29 continued till Day 60.

**Gradations were given as below:**

Clinical Features were graded in 2 ways:

1. Affection – Only Psychological  
Psycho-somatic  
Both- Psychological & Somatic
2. Severity – Gradation 0-7

**Manovega****Anxiety questionnaire and data****Questionnaire to Diagnose Anxiety and Its Prognosis**

Sr. No.	Clinical Feature	Present / Absent	Duration	Predominantly Psychological	Psychosomatic	Day 0	Day 30	Day 60
1	Restlessness			Y				
2	Mental Stress			Y				
3	Fear/ Negativity/ Phobia			Y				
4	Irritability			Y				
5	Isolation			Y				
6	Less Tolerance			Y				
7	Saddism			Y				
8	Lack of concentration			Y				
9	Low Intellect			Y				
10	Depression			Y				
11	Sleep Disturbance				Y			
12	Tiredness/ Fatigue				Y			
13	Hunger Disturbances				Y			
14	Disorders of Digestion				Y			
15	Loose Motions/ Constipation				Y			
16	Tachypnoea/ Shallow Breathing				Y			
17	Dyspnoea/ Suffocation				Y			
18	Palpitation/ Chest Pain				Y			
19	Giddiness/ Black Outs				Y			
20	Tingling, Numbness in Extremities, Lips				Y			
21	Dryness of Mouth				Y			
22	Myalgia				Y			

**Gradation**

- Absence of Feature
- Occasional (Not during every Provoking Event)
- More than 50% of Provoking event
- Every time with Provoking Event
- Before and After Provoking Event
- Always

- Requires Intervention
- Not controlled/ Relieved with Intervention

**Assessment parameters based on Hamilton Anxiety Rating Scale**

None - 0; Mild -1; Moderate - 2; Severe - 3; Severe and grossly disabling – 4

S. No	Clinical parameters (Hamilton Anxiety Rating Scale)	Score on Day 0	Day 30	Day 60
1.	Anxious			
2.	Tension			
3.	Fears			
4.	Insomnia			
5.	Intellectual (cognitive)			
6.	Depressed mood			
7.	Somatic (muscular)			
8.	Somatic (sensory)			
9.	C.V.symptoms			
10.	Respiratory symptoms			
11.	G.I.symptoms			
12.	Genitourinary symptoms			
13.	Autonomic symptoms			
14.	Behavior at interview			

Total Score

### Observation and observational statistics

Factors:

- Restlessness
- Fear/ Negativity/ Phobia
- Isolation
- Sadism
- Mental Stress
- Lack of concentration
- Irritability
- Less Tolerance
- Low Intellect
- Depression.

To test whether there is any significant difference between before treatment & after treatment

grades, in on an average if factors stated above are considered.

To test the hypotheses,

The null hypothesis,  $H_0$ :

There is no significant difference between before treatment & after treatment grades on an average if factors stated above are considered.

The alternative hypothesis,  $H_a$ :

There is a significant difference between before treatment & after treatment grades on an average if factors stated above are considered.

The test used is Wilcoxon signed ranks test for two paired samples.

Mean Ranks					
Parameters	Restlessness	Fear/ Negativity/ Phobia	Isolation	Saddism	Mental Stress
Day 0	2.56	2.36	2.18	2.23	2.41
Day 30	2.03	2.10	1.99	2.16	1.99
Day 60	1.41	1.54	1.84	1.61	1.60
Mean Ranks					
Parameters	Lack of concentration	Irritability	Less Tolerance	Low Intellect	Depression
Day 0	2.56	2.36	2.35	2.16	2.43
Day 30	1.81	2.15	1.91	2.01	1.83
Day 60	1.63	1.49	1.74	1.83	1.75

Test Statistics <sup>a</sup>					
Parameters	Restlessness	Fear/ Negativity/ Phobia	Isolation	Saddism	Mental Stress
N	40	40	40	40	40
Chi-Square	46.065	34.455	13.556	29.673	32.523
df	2	2	2	2	2
P value	.000	.000	.001	.000	.000
a. Friedman Test					
Test Statistics <sup>a</sup>					
Parameters	Lack of concentration	Irritability	Less Tolerance	Low Intellect	Depression
N	40	40	40	40	40
Chi-Square	42.000	38.086	24.500	13.556	32.444
df	2	2	2	2	2
P value	.000	.000	.000	.001	.000
a. Friedman Test					

Since p value < 0.05, the level of significance for all factors; there is strong evidence to reject the null hypothesis for each factor stated above.

There is a significant difference between before treatment & after treatment grades on an average, if all factors are considered.

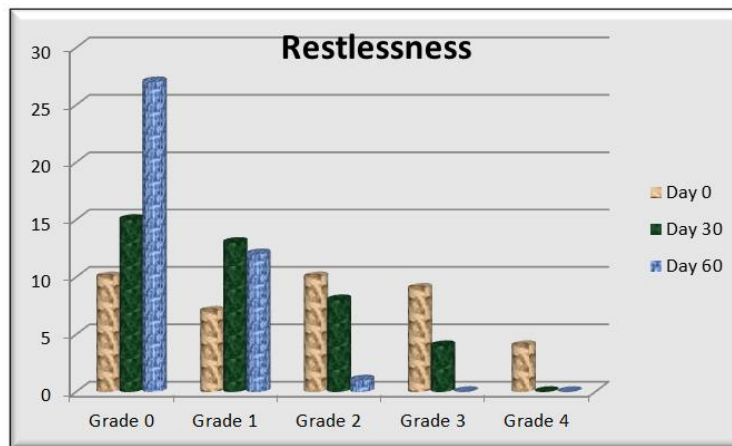
Looking at the mean rank values, the grades are reduced after the treatment significantly for all factors.

### The Tables and Charts Are Given Below

The frequency distribution of patients according to Restlessness along with its bar graph is as given below.

**Table-1: Restlessness**

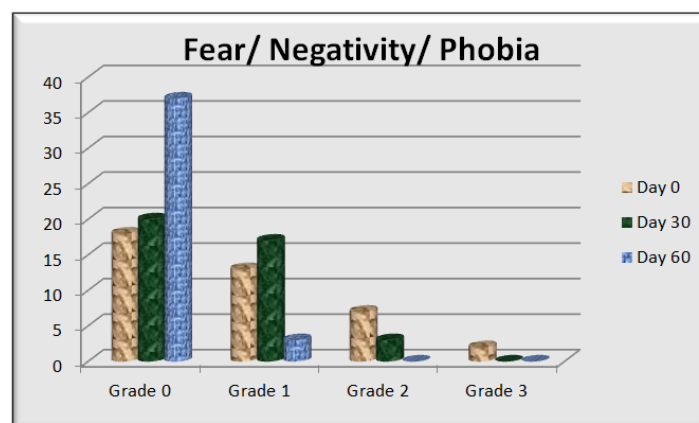
Restlessness	Day 0	%	Day 30	%	Day 60	%
Grade 0	10	25.0	15	37.5	27	67.5
Grade 1	7	17.5	13	32.5	12	30.0
Grade 2	10	25.0	8	20.0	1	2.5
Grade 3	9	22.5	4	10.0	0	0.0
Grade 4	4	10.0	0	0.0	0	0.0
Total	40	100.0	40	100.0	40	100.0



The frequency distribution of patients according to Fear/ Negativity/ Phobia along with its bar graph is as given below.

**Table-2: Fear/ Negativity/ Phobia**

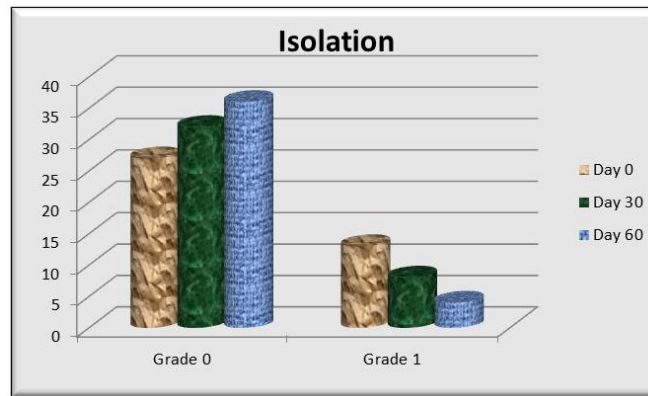
Fear/ Negativity/ Phobia	Day 0	%	Day 30	%	Day 60	%
Grade 0	18	45.0	20	50.0	37	92.5
Grade 1	13	32.5	17	42.5	3	7.5
Grade 2	7	17.5	3	7.5	0	0.0
Grade 3	2	5.0	0	0.0	0	0.0
Total	40	100.0	40	100.0	40	100.0



The frequency distribution of patients according to Isolation along with its bar graph is as given below.

**Table-3: Isolation**

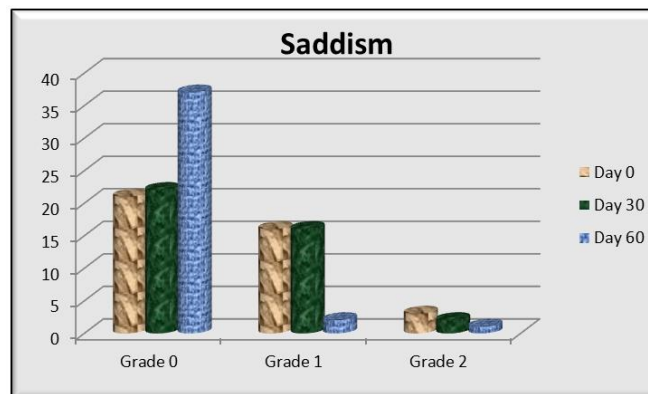
Isolation	Day 0	%	Day 30	%	Day 60	%
Grade 0	27	67.5	32	80.0	36	90.0
Grade 1	13	32.5	8	20.0	4	10.0
Total	40	100.0	40	100.0	40	100.0



The frequency distribution of patients according to Sadism along with its bar graph is as given below.

**Table-4: Sadism**

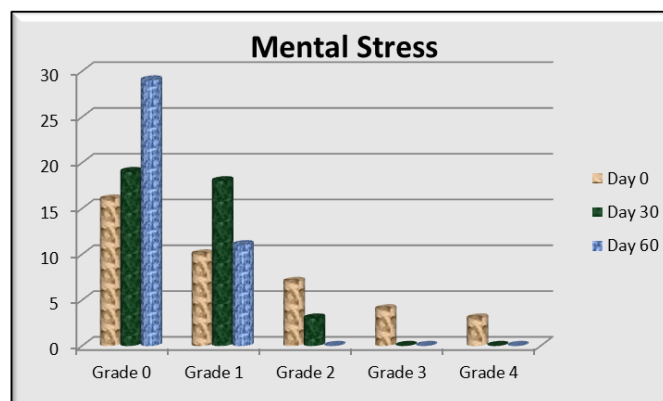
Sadism	Day 0	%	Day 30	%	Day 60	%
Grade 0	21	52.5	22	55.0	37	92.5
Grade 1	16	40.0	16	40.0	2	5.0
Grade 2	3	7.5	2	5.0	1	2.5
Total	40	100.0	40	100.0	40	100.0



The frequency distribution of patients according to Mental Stress along with its bar graph is as given below.

**Table-5: Mental Stress**

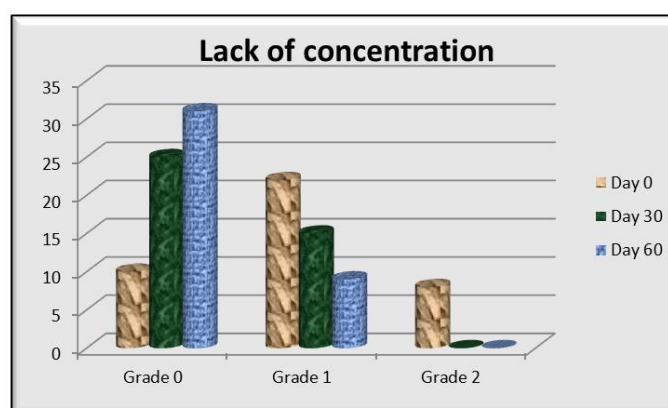
Mental Stress	Day 0	%	Day 30	%	Day 60	%
Grade 0	16	40.0	19	47.5	29	72.5
Grade 1	10	25.0	18	45.0	11	27.5
Grade 2	7	17.5	3	7.5	0	0.0
Grade 3	4	10.0	0	0.0	0	0.0
Grade 4	3	7.5	0	0.0	0	0.0
Total	40	100.0	40	100.0	40	100.0



The frequency distribution of patients according to Lack of concentration along with its bar graph is as given below.

**Table-6: Lack of concentration**

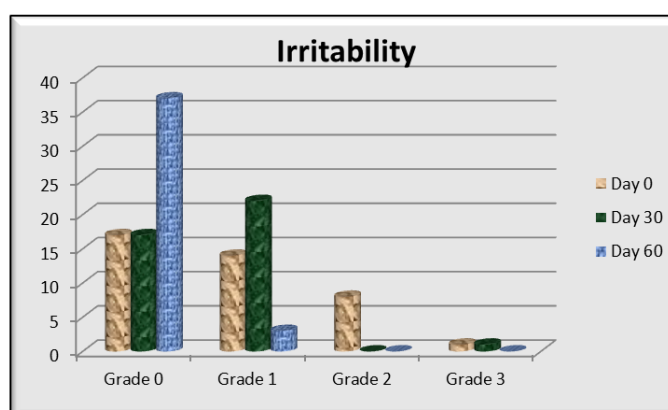
Lack of concentration	Day 0	%	Day 30	%	Day 60	%
Grade 0	10	25.0	25	62.5	31	77.5
Grade 1	22	55.0	15	37.5	9	22.5
Grade 2	8	20.0	0	0.0	0	0.0
Total	40	100.0	40	100.0	40	100.0



The frequency distribution of patients according to Irritability along with its bar graph is as given below.

**Table-7: Irritability**

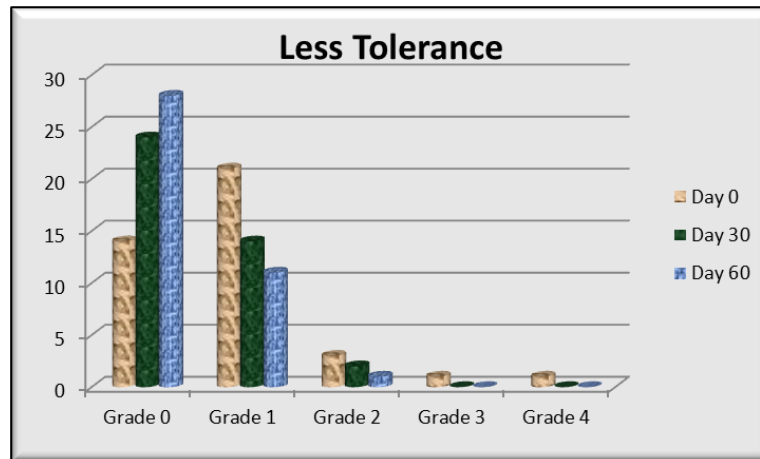
Irritability	Day 0	%	Day 30	%	Day 60	%
Grade 0	17	42.5	17	42.5	37	92.5
Grade 1	14	35.0	22	55.0	3	7.5
Grade 2	8	20.0	0	0.0	0	0.0
Grade 3	1	2.5	1	2.5	0	0.0
Total	40	100.0	40	100.0	40	100.0



The frequency distribution of patients according to Less Tolerance along with its bar graph is as given below.

**Table-8: Less Tolerance**

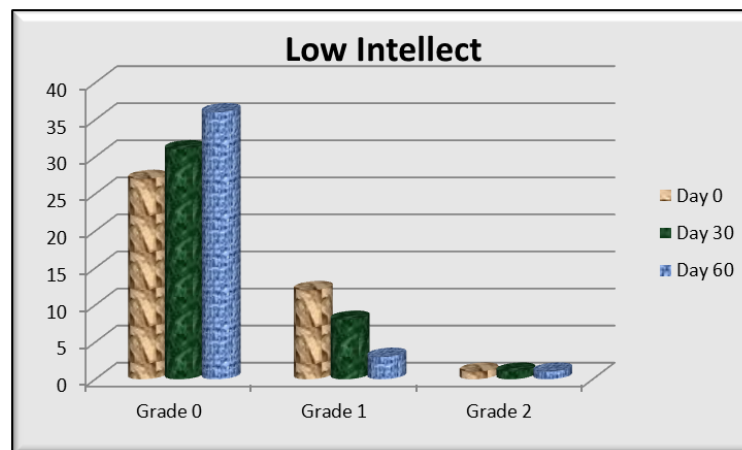
Less Tolerance	Day 0	%	Day 30	%	Day 60	%
Grade 0	14	35.0	24	60.0	28	70.0
Grade 1	21	52.5	14	35.0	11	27.5
Grade 2	3	7.5	2	5.0	1	2.5
Grade 3	1	2.5	0	0.0	0	0.0
Grade 4	1	2.5	0	0.0	0	0.0
Total	40	100.0	40	100.0	40	100.0



The frequency distribution of patients according to Low Intellect along with its bar graph is as given below.

**Table-9: Low Intellect**

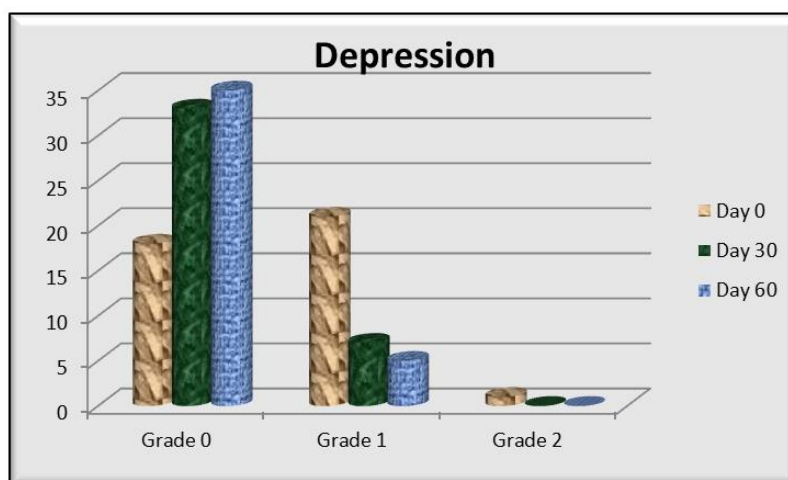
Low Intellect	Day 0	%	Day 30	%	Day 60	%
Grade 0	27	67.5	31	77.5	36	90.0
Grade 1	12	30.0	8	20.0	3	7.5
Grade 2	1	2.5	1	2.5	1	2.5
Total	40	100.0	40	100.0	40	100.0



The frequency distribution of patients according to Depression along with its bar graph is as given below.

**Table-10: Depression**

Depression	Day 0	%	Day 30	%	Day 60	%
Grade 0	18	45.0	33	82.5	35	87.5
Grade 1	21	52.5	7	17.5	5	12.5
Grade 2	1	2.5	0	0.0	0	0.0
Total	40	100.0	40	100.0	40	100.0



## DISCUSSION

Anxiety or manodvega is output of mental reactions [5]. Achar rasayan is a the best treatment for getting stability and strength of mind.

Mantra represents mystical energy encased in sound structure. Every mantra contains power within its vibrations and continuous chanting of these mantras allows its energy to flow through the human body and act as a tool for maintaining homeostatic condition [6]. Non interference in the body physiology and support to 'Swabhavoparama' tendency of living body is the best way to manage the diseases. Medicine anyway has side effects; whether Ayurvedic or Homeopathic and therefore Daivavyapashraya chikitsa could be the best way if it cures the diseases.

For aged persons, for small babies, children and weaklings, such non medicine remedial method like Daivavyapashraya chikitsa could be most welcome.

## CONCLUSION

Chittasthirikarana stotra is effective in arresting anxiety. The mantra is one of the tools of for 'Daivavyapashraya chikitsa'. Hence Daivavyapashraya

chikitsa is indisputably effective without supplementation of the medicine.

## REFERENCES

1. Editor Venimadhav shastri joshi, Narayan Hari Joshi, ayurved paribhasha kosha, Maharashtra:1968.
2. Shri vasudevanand saraswati virachit Nitya Upasana, shri vasudev nivas publiication 2017 rajya sahitya ani sanskriti mandal, Mumbai 1968.
3. Shri vasudevanand saraswati virachit Nitya Upasana,shri vasudev nivas publiication 2017. Ayurved dipika vyakhya by Chakrapani on, charak samhita by acharya charak, vimansthanam, chapter8, verse no 87, Choukhamba publications, Varanasi, 2004 edition.
4. Ayurved dipika vyakhya by Chakrapani on, charak samhita by acharya charak, chikitsasthanam, chapter1, part 4, verse no 35, Choukhamba publications, Varanasi, 2004 edition.
5. Ayurved dipika vyakhya by Chakrapani on, charak samhita by acharya charak, sutrasthanam, chapter 16, verse no 27, Choukhamba publications, Varanasi, 2004 edition.