

# NOVEL CHAKRA SADHANA YOGA-BASED TREATMENT APPROACH FOR POST- TRAUMATIC STRESS DISORDER (PTSD) AND DISSOCIATIVE IDENTITY DISORDER (DID)-A CASE STUDY

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**Abstract:** This study investigates the efficacy of yoga therapy in improving quality of life in a patient diagnosed with dissociative identity disorder with the application of ancient yogic chakra sadhana method. This case study is of 35-year female who had six different dissociative characters of different age groups from 6years to 74years females. All these characters are identified as a distress caused due to sexual abuse. Intervention of the applied chakra sadhana was based on the 7 central chakras prepared along our spine from our sacrum at its base and up to that crown at the uppermost point of our head. It is referenced in old-fashioned Vedic writings. After the application of this therapy for the initial 15 days along with basic yoga asanas, pre and post clinical interview results are scaled as per APA's PTSD checklist (PCL-5) and Diagnostic Statistical Manual (DSM-II). This clearly indicate the improvement of mental health in patient. Further follow up and medical check-ups are conducted weekly for post treatment of 2 months. Then the all six characters disappeared from her.

**Keywords:** dissociative identity disorder, chakra sadhana, yoga therapy, Post Traumatic Stress Disorder (PTSD), Breathing Kriya and Pranayama

## Introduction

Dissociative identity disorder is a disturbance of identity in which two or more separate distinct personality states control the individual's behavior at different times (Nester,2021). A person could have only two alters or as many as a hundred. Women are 5 to 9 times likely to have more identities than male. This work describes a new curing method for Dissociative Identity Disorder (DID), based on Yoga therapy called chakra sadhana (Field, 2016). The primary treatment for DID is long term psychotherapy and medication. There is no specific medication to treat this condition, however the drugs used to treat episodes of depression, anxiety or psychoses are recommended to use for this scenario. Typical DID treatment consists of psychodynamic psychotherapy in three phases. During the first phase the therapist with his/her approach earns the trust of patient by safe, non-abusive, attentive and emotionally balanced safety and symptom stabilization. Following this Second phase consists of trauma-focused treatment where aim is to provide psychoeducation to both patient and caretakers, to deal with emotions, thoughts, and behaviors (Cohen, 2015). In the final third phase focus is to identity integration by eliminating the characters. This approach may take a few months to several years to get back to the previous state. International Society for the Study of Trauma and Dissociation, 2011 are followed as Practice-based guidelines for treating PTSD and DID (APA, 2013). The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) has

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classified DID with standards. The aetiologic of the process is post-traumatic and dissociative disorders content may manifest in hallucinatory symptoms (Sar, 2011). Some patients with a schizophrenic disorder may present with symptoms associated with DID, thereby fitting the proposed dissociative subtype of schizophrenia (Ross, 2011). Sar et. Al in his multiple studies on Differentiating Dissociative from Non-Dissociative Disorders based on Meta-Analysis of the Structured Clinical Interview for DSM Dissociative-Disorders (SCID-D) (Mychailyszyn, 2020) insists that stress, depression and child abuse are the major factors for DID. The impact on brain due to DID is clinically studied by using urine and other neuroscience tests such as Cognitive Assessment Screening Instrument (CASI), Cognitive Function Scanner (CFS) in "I Am Not I": The Neuroscience of Dissociative Identity Disorder (Van,2021). A brief cognitive-behavioral treatment approach for PTSD and Dissociative Identity Disorder, a case report has a cure based on baseline assessment within 15 days (Lebois, 2022). Similar to literature, current case study used Yoga as curing therapy for DID apply on 35F. this method is known as chakra sadhana yoga therapy. Chakra sadhana is type of yoga (from here called as therapy) to stimulate and purify the 7 chakras of human body known as spiritual connection responsible for liberation of soul and mental health. Based Hinduism's Vedic texts these are the psychic energy centers in the body along the spine. This brief report initially discusses the notable treatments for DID and PTSD, followed by case background of present study, deals with the patient clinical details and the characters associated with case. The treatment section describes in detail about the relation between the therapy inputs such as chanting mantras and its associated nerves stimulation due to it. And role of breathing kriya (particular way of regulating breath through nostril) influence in regulating the blood pressure and depression. Also, the description of new terms related to this case research such as chakras, Panchabhuta mahabhootas (Panchabhuta bhuta) known as group of five basic elements of all cosmic creation and its association to human organs briefed. At the results section the patient's condition before and after chakra sadhana yoga therapy are measured using the PTSD checklist (PCL-5) and Diagnostic statistical manual (DSM-II) scale. This case study concludes that the proposed treatment is highly effective and able to limit the characters appearance and association with patient.

### **Case background**

The identified patient is a 35-year Female possessed with 7 different lady Characters of 6 to 74years females. After preliminary questionnaire on her life history the reason identified for the cause of DID is distress caused due to sexual abuse by his paternal relations during her early adulthood. While her husband used to find these characters often in her starting from their marriage since past 14 years. These characters are much substantive only after the birth of second child. These are much prevalent during the admission to yoga treatment at cosmic yoga studios Vellore, India on March-2022. The initial observation of patient by Dr. Anju confirmed the sudden behavioral changes, mood swings and ton change in her speech for multiple intervals of time with different attitude of patient at each instance. From the spouse feedback, "During early stage there was only a single DID personality, in the period of months she developed multiple characters which were aggressive and harmful making patient even to commit for suicide and self-destruction. Later on, she developed irregular food habits and substance abuse. The current study associated with the patients from the past from January 2022 to June 2022. After two weeks of preliminary investigation the DID is confirm to patient. Through radial pulse monitoring of patient physically by doctor the imbalance in chakras and Panchabhuta of patient is found. This method of pulse monitoring to check healthiness of patient is routine in ayurvedic therapy (Rohilla, 2021). Hence the proposed method for cure is chosen as chakra sadhana. The chakra sadhana yoga therapy approach for curing this treatment is the imbalance of 2 out of 5 Panchabhuta in her which causes to imbalances in her chakras. These are 7 central chakras prepared along our spine from our sacrum at its base and up to that crown at the uppermost point of our head. Even though DID is identified through radial pulse sensing here the DES-2 and PCL-5 scale are used

to convince this approach according to APA. And after the application of this therapy for the initial 15 days along with basic yoga asanas, it resulted in the baseline parameters improvement which is observed through follow-up and medical check-ups on weekly basis. In post-treatment, within 2 months all six characters disappeared. The therapy method flow is shown in fig.1

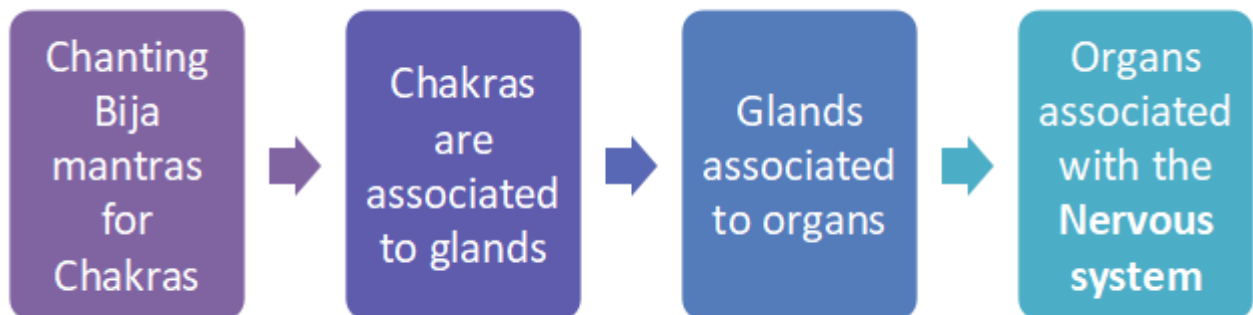


Fig.1. Flow chart describing the process of DID curing through Chakra Sadhana Yoga Therapy

### ***Chakra sadhana Yoga therapy***

Yoga therapy is not new for curing mental disorders (Brooks, 2020). Yogic therapy has proven to be effective in healing Substance Use Disorder (SUB), body pains and stress/depression. This method Chakra Sadhana Yoga Therapy from now (CSYT) deals with the identification of imbalance of Panchabhuta in patient and its causes to corresponding health issues (Madan, 1990). According to yoga, Chakras are energy centers within the human body that help to regulate all its processes, from organ function to the immune system and emotions. The chakras cannot be seen but they are also not imaginary like thoughts, they are real things beyond the physical plane in human body. The relation between these and human body organs is described in detail in table 1. Through pulse diagnosis as already mentioned in case background a healthy personality has unlikely to have these imbalances. Meanwhile, mental illness patients have at least two of these Panchabhuta's imbalances in them. According to ayurveda and Yoga, Panchabhutas are associated with overall health of human being. Any disorder in human body indicates imbalance of one or more of these elements. Yoga Tattva Mudra Vignana (Joseph, 2014) relates these five elements known as Air, water, sky, land and fire to five fingers of human being.

### ***Treatment & Correlation of panchabhutas and seven chakras and mental health***

Anahata chakra located in between chest and heart governs the major organs of human body heart and lungs, through lungs inhalation is done, hence this also connects with one of the Panchamahabhuta called AIR (VAYU). In yogic therapy vayu means prana or vital force. The imbalance of vayu would lead to Roga (Disease) which leads to the imbalance of Manomaya kosha (Mental sheath) which is linked to the mind activities. Anahata chakra governs and controls the emotions like Hope, Ego, envy, Hypocrisy, Conscience, Arguments and Mental numbness of fear etc. When the Anahata chakra is imbalanced these mental qualities (Gunas) become imbalance. Anahatha is related to Vishudha chakra, since patient was found to having an imbalance of Anahata and Svadhithana chakra. This results in patient unable to control herself. Based on these imbalances in these chakras the treatment protocol is decided. This case treatment starts with 30minutes morning and evening walk followed by Yoga asanas with nostril air regulation (breathing kriya) for additional 30-45 minutes session daily.

During this patient is asked to repeat the bija mantras uttered by therapist, this results in regulating the nerve system. These chanting influences chakra to functioning and reinstate balancing among it. Since the chanting is directly related to the nerves, this can cure the thought process, which is the major cause of DID. These mantras are chosen based on the imbalance Panchabhutas need to be regulated in patient. Even though chanting these mantras are common in all kind of yoga-based therapy the mantras are varied based treatment (Frawley, 1994). The choice of mantras is decided by therapist. The sleeping rest pattern is set from 10:00pm to 4.30am of about 6.30minute per day. Throughout the treatment she is advised to 4 time per day Vegetarian meal and minimum 3liters of water intake. Initially the trainer used to demonstrate these yoga asanas for patient to make her familiar and to follow trainer. These asanas consist of Flexion, Extension, Rotation, Side bend and Axial extension who all are already proven to be effective in treating spine related issues through yoga (Ross, 2010). This method of yoga asanas with chanting bija mantras are known as chakra sadhana. Chakra Sadhana for treating DID and its relation with human body is in table2. Further the study of chakra sadhana includes from ancient to present extensively researched chakra system consists of six main chakras and a seventh centre that is typically not thought of as a chakra. The axial channel is lined up vertically with these places (Leland, 2017). According to Gavin Flood, the Kubjkmata-tantra, an 11th-century Kaula text, is where this system of six chakras plus the sahasrara "centre" at the crown first emerges (Johnston, 2013). In his book The Serpent Power, Sir John Woodroffe translated the chakra system at the beginning of the 20th century. The Hindu book "Sat-Chakra-Nirupana," which refers to the investigation of the seven chakras, was translated by Avalon (chakra) (Sutton, 2008). The chakras have long been used as methods for meditation. The yogi travels from lower chakras to the highest chakra, which blossoms in the crown of the head, internalizing the spiritual ascension trip (Rosu, 2005). The chakras are penetrated by a latent energy resting near or in the lowest chakra in both the Hindu kundalini and Buddhist candali traditions. Kundalini is the name given in Hindu literature, whereas Candali or Tummo is Buddhist name for it (Banerjea, 1983). The six chakras and the seventh point known as sahasrara are commonly described in new age circles. This new age version contains Newtonian rainbow hues not seen in any old Indian system (Biernacki, 2014). These chakras in human body along with its associated colors shown in fig.2

Table no.1 Panchabhutas (Five elements) and its association to yoga and human body

Bhuta (Element)	Human Body Component	Associated Finger	Characteristic principle	Sense Organs
Akasha (Space)	Astral body	Middle Finger	Sound	Ears
Vayu (Air)	Air	Index Finger	Touch	Skin
Agni (Fire)	Body Heat	Thumb	Form-colour	Eyes
Jala (Water)	Water (incl blood)	Little Finger	Taste	Tongue
Bhumi (Earth)	Flesh, bones & organs	Ring Finger	Smell	Nose



Fig.2 Chakras and its position in human body

Table 2. Seven chakras and its description

Name and meaning of chakra	Location across spine	Corresponding color	Remarks
Sahasrara (Thousand petaled)	crown	Violet (also called as multicolor)	Complete self-consciousness
Ajna or Agya (Command)	Middle of eye brows	indigo	2 lotus petals represents either for positive or negative decision taking capability
Vishuddha (Purest)	throat	blue	It makes one free form desires
Anahata (Unstruck)	heart	Green	To communicated with cosmic sound OM (AUM)
Manipura (Jewel city)	navel	Yellow	Activating this chakra is middle stage of yogic discovery
Svadhishthana (Where the self is established)	Root of sexual organ	Orange	It forms the control over self
Muladhara (Root)	Base of spine	Red	4 petals for 4 propensities of mind controlled by chakra

## Results and Discussion

As mentioned above Anahatha chakra is related to past, present and future (Vishadha) last stage of the physical body. It connects with your conscious or subconscious mind. Whilst, Manipura chakra (Agni or fire) imbalance causes all qualities such as fear, anger, hatred, infatuation uncontrollable either as hyper and hypo. As per the initial report the patient was having an imbalance of gunas due to imbalance of theses chakras, During the treatment patient starts possess control all the qualities of her, which is confirmed through Structed clinical interview and radial pulse monitoring. Post treatment the patient demonstrated the improved mental emotions control, this is reconfirmed with questionnaires and observation of medical supervision and by family feedback. The fig. 3 and 4 shows a slow increase in score during the last two weeks represents the patient condition with limited medical aid for self-healing. Meanwhile the results are validated with the PCL-5 and DES-2 check list with previous cases (Islam, 2022). Two weeks after repeating the CSYT treatment to the patient under direct observation of the medical supervisor, the observation shows limiting the appearance of multiple personalities is reduced to 3 characters. And also, the most aggressive characters among its who is a possessing of 74-year-old lady used to abuse everyone and try to commit suicide is less likely to influence the patient and her appearance in 2<sup>nd</sup> week is limited to 1 out of 7 nights compare with 4 pout of 7 nights in 1<sup>st</sup> week. Also, the two personalities who are middle aged women are less likely to appear and unable to identify themselves in the patient. And yet the 6 year and 14-year girl characters are common. After that, the PTSD checklist (PCL-5) and Diagnostic statistical manual (DSM-II) through interview and observation are collected again. This shows the PCL-5 Score to around 30 and DSM-II score to 22 as shown in figure 4 and 3. Further remaining two weeks the treatment is continued and results are obtained again but now the patient has given pills to sleep properly during night since most of the characters are appearing at mid night. Know the results are shown in figure 4 and 3. This time the PCL-5 and DSM-II scores are less than 20 which is a clear indication of curing the DID as per APA DSM-5 manual. Even though the person is cured she is further subjected observation for 3 more weeks where his treatment is continued and severity and identification scores are obtained for every two weeks. This is recommended along with a vegetarian food diet. These results are obtained for the next 5 times with 15 days of intervals 15 days of Yoga Therapy sessions helped to improve.

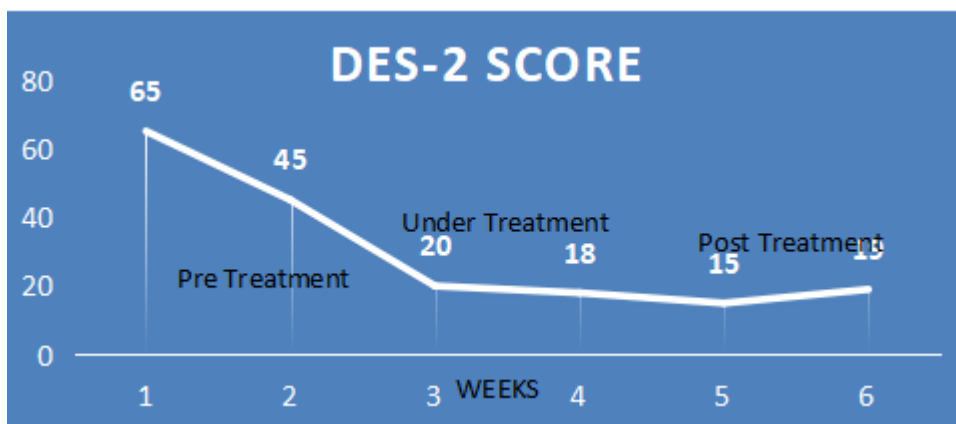


Fig.3 DES-2 Score difference of pre and post treatment

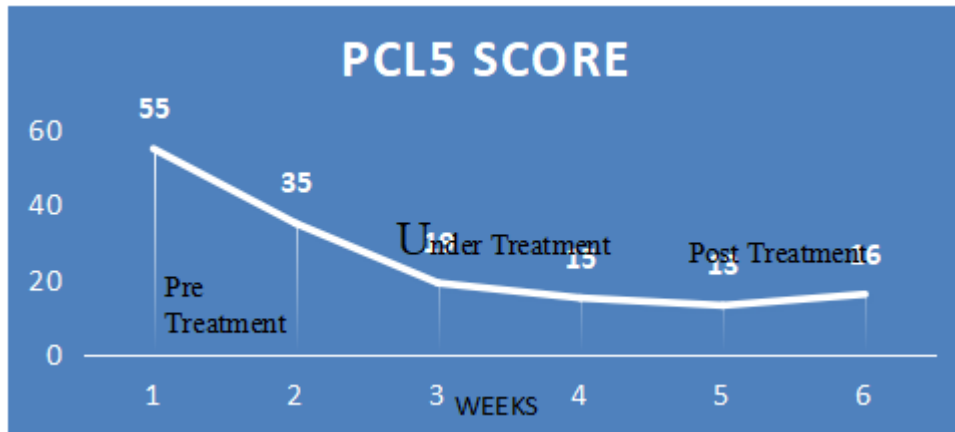


Fig.4 PCL-5 Score difference of pre and post treatment

## Conclusion

The work presented chakra sadhana yoga therapy (CYST) as a treatment for PTSD and DID. When compared to regular methods this approach takes 2 to 3 months of time to cure the patient. The patient history current and past stress disorders are given in brief. The method of chakra sadhana and role of Panchabhutas in human body is explained for the first time for this kind of therapy. The PCL-5 and DES-2 checklist scores reflects the potential of this method to be recognized as a regular treatment. Even though this method demonstrates substantive results further examination is needed on multiple cases of DID with it to reconfirm the efficacy of the proposed method. Nevertheless, the further investigation is continued for longer tenures of about more than six months and the proposed method impact need to be reexamined after the change of diet and yoga asanas daily.

## Author Contributions

Anju Sakthivel: Findings, Therapy explanation, Kalyan palnati: data collection; Rita rani Bhattacharjee: Investigation, Proof reading; Alajingi ramkumar: Writing, Corresponding.

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## Data Availability Statement

Data available made on reasonable request.

## Conflicts of Interest

Authors declare no conflict of interest

## References

- American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders. *Diagnostic and Statistical Manual of Mental Disorders*, 5(5). <https://doi.org/10.1176/appi.books.9780890425596>
- Banerjea, Akshaya Kumar (1983). *Philosophy of Gorakhnath with Goraksha-Vacana-Sangraha*. Motilal Banarsidass. pp. 175–184. ISBN 978-81-208-0534-7.
- Biernacki, L. (2014). Religion and the Subtle Body in Asia and the West: Between Mind and Body, written by Geoffrey Samuel and Jay Johnston. *Asian Medicine*, 9(1-2), 277–279. <https://doi.org/10.1163/15734218-12341333>
- Brooks, J., Lawlor, S., Turetzkin, S., Goodnight, C. W., & Galantino, M. L. (2020). Yoga for Substance Use Disorder in Women: A Systematic Review. *International Journal of Yoga Therapy*. <https://doi.org/10.17761/2021-d-20-00008>
- Cohen, J. A., & Mannarino, A. P. (2015). Trauma-focused Cognitive Behavior Therapy for Traumatized Children and Families. *Child and Adolescent Psychiatric Clinics of North America*, 24(3), 557–570. <https://doi.org/10.1016/j.chc.2015.02.005>
- Field, T. (2016). Yoga research review. *Complementary Therapies in Clinical Practice*, 24, 145–161. <https://doi.org/10.1016/j.ctcp.2016.06.005>
- Frawley, D. (1994). Mantra and the Energetics of Sound. *International Journal of Yoga Therapy*, 5(1), 19–23. <https://doi.org/10.17761/ijyt.5.1.q4863t536580535n>
- Gopal, Madan (1990). K.S. Gautam (ed.). *India through the ages*. Publication Division, Ministry of Information and Broadcasting, Government of India. p. 79
- Islam, Md. S., Ferdous, Most. Z., Sujan, Md. S. H., Tasnim, R., Masud, J. H. B., Kundu, S., Mosaddek, A. S. Md., Choudhuri, M. S. K., Kira, I. A., & Gozal, D. (2022). The psychometric properties of the Bangla Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5): preliminary reports from a large-scale validation study. *BMC Psychiatry*, 22(1). <https://doi.org/10.1186/s12888-022-03920-4>
- Joseph Le Page, & Lilian Le Page. (2014). *Mudras for Healing and Transformation*.
- Lebois, L. A. M., Ross, D. A., & Kaufman, M. L. (2022). “I Am Not I”: The Neuroscience of Dissociative Identity Disorder. *Biological Psychiatry*, 91(3), e11–e13. <https://doi.org/10.1016/j.biopsych.2021.11.004>
- Leland, Kurt (2017). "The Rainbow Body: How the Western Chakra System Came to Be". *Quest Magazine*. Theosophical Society in America. 105 (2 (Spring 2017)): 25–29.
- Mychailyszyn, M. P., Brand, B. L., Webermann, A. R., Şar, V., & Draijer, N. (2020). Differentiating Dissociative from Non-Dissociative Disorders: A Meta-Analysis of the Structured Clinical Interview for DSM Dissociative Disorders (SCID-D). *Journal of Trauma & Dissociation*, 1–16. <https://doi.org/10.1080/15299732.2020.1760169>
- Nester, M. S., Schielke, H. J., Brand, Bethany. L., & Loewenstein, R. J. (2021). Dissociative Identity Disorder: Diagnostic Accuracy and DSM-5 Criteria Change Implications. *Journal of Trauma & Dissociation*, 1–13. <https://doi.org/10.1080/15299732.2021.1989123>
- Rohilla, K., Kaleeswari, G., Kalyani, Cv., & Jayarani, J. (2021). Effect of yoga on pulse rate and blood pressure among women. *Journal of Family Medicine and Primary Care*, 10(10), 3670. [https://doi.org/10.4103/jfmpe.jfmpe\\_113\\_21](https://doi.org/10.4103/jfmpe.jfmpe_113_21)
- Ross, A., & Thomas, S. (2010). The Health Benefits of Yoga and Exercise: A Review of Comparison Studies. *The Journal of Alternative and Complementary Medicine*, 16(1), 3–12. <https://doi.org/10.1089/acm.2009.0044>



Ross, C. A. (2011). Possession Experiences in Dissociative Identity Disorder: A Preliminary Study. *Journal of Trauma & Dissociation*, 12(4), 393–400. <https://doi.org/10.1080/15299732.2011.573762>

Rosu, A. (2005). David Gordon White, Kiss of the Yogimī : “Tantric Sex” in its South Asian Context. *Archives de Sciences Sociales Des Religions*, 131-132, 215–311. <https://doi.org/10.4000/assr.3242>

Samuel, G., & Johnston, J. (2013). *Religion and the Subtle Body in Asia and the West*. Routledge.

Sar, V. (2011). Epidemiology of Dissociative Disorders: An Overview. *Epidemiology Research International*, 2011, 1–8. <https://doi.org/10.1155/2011/404538>

Sutton, N. (2008). *The Tantric Body: The Secret Tradition of Hindu Religion*. By Gavin Flood. *The Journal of Hindu Studies*, 1(1-2), 156–159. <https://doi.org/10.1093/jhs/hin014>

Van Minnen, A., & Tibben, M. (2021). A brief cognitive-behavioural treatment approach for PTSD and Dissociative Identity Disorder, a case report. *Journal of Behavior Therapy and Experimental Psychiatry*, 72, 101655. <https://doi.org/10.1016/j.jbtep.2021.101655>

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