



## PSYCHONEUROBICS THERAPY IN TREATMENT OF IRRITABLE BOWEL SYNDROME OR IRRITABLE BOWEL DISEASE

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### Abstract

*The present study was conducted on a group of 100 patients suffering from Irritable Bowel Syndrome or Irritable Bowel Disease (IBS or IBD). The patients had varied Gastrointestinal Tract Symptoms. These included loose stool (diarrhea), abdominal pain, appetite variation, abnormality in stools passed out like presence of blood etc., abnormalities in characteristics as far as quality and quantity of stool is concerned etc. Many patients also had mental abnormalities because of this highly discomfortable disease. Now these patients were treated using an emerging scientific/ medical therapy based on the chakras present in the human body; by virtue of magnificent Nature. The Chakras/Plexuses involved in this therapy included: Manipura (Navel) Chakra/Solar Plexus and Swadhisthana (Spleen) Chakra/Sacral Plexus. These are associated with Agni Mudra (Joyful Neurobics) and Varun Mudra (Purifying Neurobics) respectively. Each Patient was treated individually in a mildly lit small room or cabin with Yellow/Orange Light (colours associated with these two involved Chakras). They were further guided to visualize 3rd Eye Healing Album - Concentrate & Cure or Health Management Kit- 3d Plates. Daily session was conducted which lasted for 20-30 minutes. Regarding duration of undergoing through psychoneurobics therapy; 32% had done so for 7-9 months, 33% for 4-6 months, 20% for 10-12 months and remaining 15% had undergone for 1-3 months. 41% patients had full relief, 32% reported mild relief and 22% informed to have moderate relief. Thereby we conclude that Psychoneurobics Therapy can cure IBD / IBS significantly.*

**Key words:** Psychoneurobics Therapy, Irritable Bowel Syndrome or Irritable Bowel Disease (**IBS or IBD**), Manipura (Navel) Chakra, Swadhisthana (Spleen) Chakra, Agni Mudra (Joyful Neurobics), Varun Mudra (Purifying Neurobics).

### Introduction

**IBS** (Irritable bowel syndrome) **or IBD** (Irritable bowel disease) is a common gastrointestinal disorder associated with abnormal contractions (motility) as well as increased sensations of the gastrointestinal tract (GIT). It is a chronic condition and therefore requires a long term treatment and management. Crohn's disease and ulcerative colitis are the principal types of inflammatory bowel

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disease.<sup>[1]</sup> Crohn's disease affects the small intestine and large intestine, as well as the mouth, esophagus, stomach and the anus, whereas ulcerative colitis primarily affects the colon (large intestine) and the rectum.

Irritable bowel syndrome is a group of symptoms that occur together, including repeated pain in the abdomen and changes in the bowel movements like diarrhoea, constipation, or both of these. With IBS, you have these symptoms without any visible signs of damage or disease. A common gastrointestinal disorder involving an abnormal condition of gut contractions (motility) and gut sensation.

### **Symptoms:**

Irritable bowel syndrome (IBS) is a common disorder that affects the large intestine. Varied forms of Signs and Symptoms are there. These include Cramps, Abdominal Pain, Bloating, Gas, Diarrhoea, Constipation etc. In spite of Crohn's and Ulcerative colitis being very different diseases, both may present with any of the following symptoms. Anaemia is the most prevalent extraintestinal complication of inflammatory bowel disease.<sup>[2][3]</sup> Associated complaints or diseases include arthritis, pyoderma gangrenosum, primary sclerosing cholangitis, and non-thyroidal illness syndrome (NTIS). Associations with Deep Vein Thrombosis (DVT) and Bronchiolitis Obliterans Organizing Pneumonia (BOOP) have also been reported.<sup>[4]</sup> Diagnosis is generally by assessment of inflammatory markers in stool followed by colonoscopy with biopsy of pathological lesions.

### **Causes:**

#### **1. Diet:-**

Dietary patterns are associated with a risk for ulcerative colitis. In particular, subjects who were in the highest tertile of the healthy dietary pattern had a 79% lower risk of ulcerative colitis.<sup>[5]</sup> Gluten sensitivity is common in IBD and associated with having flareups. Gluten sensitivity was reported in 23.6 and 27.3% of Crohn's disease and ulcerative colitis patients, respectively. A diet high in protein, particularly animal protein, may be associated with increased risk of inflammatory bowel disease and relapses.<sup>[6]</sup>

#### **2. Microbiota:**

As a result of microbial symbiosis and immunity, alterations in the gut microbiome may contribute to inflammatory gut disease. IBD-affected individuals have been found to have 30–50 percent reduced biodiversity of commensal bacteria, such as decreases in Firmicutes (namely Lachnospiraceae) and Bacteroidetes. Further evidence of the role of gut flora in the cause of inflammatory bowel disease is that IBD-affected individuals are more likely to have been prescribed antibiotics in the 2–5 year period before their diagnosis than unaffected individuals. The enteral bacteria can be altered by environmental

factors, such as concentrated milk fats (a common ingredient of processed foods and confectionery) or oral medications such as antibiotics and oral iron preparations.<sup>[7]</sup>

### **3 Breach of intestinal barrier:**

Loss of integrity of the intestinal epithelium plays a key pathogenic role in IBD. Dysfunction of the innate immune system as a result of abnormal signaling through immune receptors called toll-like receptors (TLRs)—which activates an immune response to molecules that are broadly shared by multiple pathogens—contributes to acute and chronic inflammatory processes in IBD colitis and associated cancer<sup>[8]</sup> Changes in the composition of the intestinal microbiota are an important environmental factor in the development of IBD. Detrimental changes in the intestinal microbiota induce an inappropriate (uncontrolled) immune response that results in damage to the intestinal epithelium.

### **4. Genetics**

A genetic component to IBD has been recognized for over a century. Research that has contributed to understand the genetics includes studies of ethnic groups (e.g., Ashkenazi Jews), familial clustering, epidemiological studies, and twin studies. With the advent of molecular genetics, understanding of the genetic basis has expanded considerably, particularly in the past decade. The first gene linked to IBD was NOD2 in 2001. Genome-wide association studies have since added to understanding of the genomics and pathogenesis of the disease. More than 200 single nucleotide polymorphisms (SNPs or "snips") are now known to be associated with susceptibility to IBD. One of the largest genetic studies of IBD was published in 2012<sup>[9]</sup>. The analysis explained more of the variance in Crohn's disease and ulcerative colitis than previously reported. The results suggested that commensal microbiota is altered in such a way that they act as pathogens in inflammatory bowel diseases. Other studies show that mutations in IBD-associated genes might interfere with the cellular activity and interactions with the microbiome that promote normal immune responses.<sup>[10]</sup>

### **Diagnosis**

The diagnosis is usually confirmed by biopsies on colonoscopy. Fecal calprotectin is useful as an initial investigation, which may suggest the possibility of IBD, as this test is sensitive but not specific for IBD. Liver function tests are often elevated in inflammatory bowel disease, and are often mild and generally return spontaneously to normal levels.<sup>[11]</sup> The most relevant mechanisms of elevated liver functions tests in IBD are drug-induced hepatotoxicity and fatty liver.

### **Treatment:**

#### **1. Surgery**

Ulcerative colitis and Crohn's disease are chronic inflammatory diseases that are not completely curable. For ulcerative colitis proctocolectomy is being done although this may not eliminate extra-intestinal symptoms. Alternatively, a pouch can be created from the small intestine which serves as the

rectum and prevents the need for a permanent ileostomy. Surgery may be needed to treat Crohn's disease associated abscesses, strictures or fistulae.<sup>[12]</sup> Severe cases may require surgery, such as bowel resection, strictureplasty or a temporary or permanent colostomy or ileostomy. In Crohn's disease, surgery involves removing the worst inflamed segments of the intestine and connecting the healthy regions, but unfortunately, it does not eliminate the disease. At some point following the first surgery, Crohn's disease may recur in the healthy parts of the intestine adjoining the resection site.

## 2. Medical therapies

Medical treatment of IBD is individualized as well as specified for each patient. The drugs to be used and also the route to administration them (oral, rectal, injection, infusion) depend on factors including the type, distribution and severity of the patient's disease. Some biochemical prognostic factors and patient preferences should also be kept in mind. For example, mesalazine is more useful in ulcerative colitis than in Crohn's disease. Generally, depending on the level of severity, IBD may require immunosuppressant drugs.

Steroids such as prednisone, are frequently used to control disease flares. Once Biological therapies, especially the TNF inhibitors, are used in people with more severe or resistant Crohn's disease and also occasionally in ulcerative colitis.<sup>[13]</sup>

## 3. Nutritional and dietetic therapies

Nutritional deficiencies play a versatile role in IBD. Malabsorption, diarrhoea, and gastrointestinal blood loss are common presentations seen in IBD. Deficiency of vitamin B, fat-soluble vitamins, essential fatty acids, and minerals such as magnesium, zinc etc. are extremely common; therefore replacement therapy is being required. Dietary interventions, include specific carbohydrate diet implementation as well.<sup>[14]</sup>

Anaemia is commonly present in both ulcerative colitis and Crohn's disease. Enteral nutrition especially combined with erythropoietin has been found to be efficient to improve hemoglobin levels in patients with inflammatory bowel disease.<sup>[15]</sup>

## 4. Microbiome

There is evidence of infections in inflammatory bowel disease in some patients who may need antibiotic therapy, such as with rifaximin. The evidence for a benefit of rifaximin is mostly limited to Crohn's disease with less convincing evidence in ulcerative colitis. Fecal microbiota transplant is a new treatment therapy for IBD which has attracted attention since the year 2010. A 2014 review stated that more randomized controlled trials were being required.<sup>[16]</sup>

## 6. Novel approaches

Stem cell therapy is undergoing vast research as a possible mode of treatment for IBD. A review of studies suggests a promising role along with associated substantial challenges; like cost and characterization of effects, which limit its current use in clinical practice.

### **Psychoneurobics:**

Psychoneurobics is a sound way of life. Psychoneurobics' profound breathing and reflection rehearses help in cultivating an internal move from daily agendas including family's needs, budgetary concerns and relationship battles to something somewhat greater than the issues you confront.

The stomach related framework returns on track when extending in Psychoneurobics is combined with a sound and natural eating regimen. Isometric exercises are one of the best ways to build core strength. Isometric, stemming from the words "same" and "length," simply translates to holding one position without moving. Power Psychoneurobics uses isometric exercises along with other postures that are designed to make the core and back stronger. One can increase the strength and health of the entire body. Generally a high-temperature room is being used while exercising to keep the muscles warm and release additional toxins from the body.

The chakras involved in this therapy included: Manipura (Navel) Chakra (Solar Plexus) and Swadhisthana (Spleen) Chakra (Sacral Plexus) these are associated with Agni Mudra (Joyful Neurobics) and Varun Mudra (Purifying Neurobics) respectively.

### **Manipura (Navel) Chakra:**

Worry and suppressed emotions sit in the navel center and block this chakra.. This drains away our energy and takes us out of the total awareness and bliss of this moment. Worry is a terrible waste of time, thought and energy, 99% of our worries never come true and the one percent that do, end up being good for us. Many **stomach problems**; skin diseases and pains are related to the navel center.

### **Swadhisthana (Spleen) Chakra:**

This chakra is located two inches below the navel and is the place where fear attacks us.. This weakens our immune system and leads to depression, illness, aging, infertility and impotency. It creates the diseases of kidney also. Fear primarily falls into four categories:

- i. Fear of loss of status, wealth or comfort
- ii. Fear of illness or loss of body part
- iii. Fear of loss of family members, friends etc.
- iv. Fear of death

Fearlessness is the absence of fear as well as the presence of courage to face the fear and experience it fully. If you truly enter into the space of fear and experience it, it can never affect the person deeply.

## **Material And Methods:**

Patient was treated individually in a mildly lit cabin with Yellow/Orange Light (colours associated with the involved Chakra). They were further guided to visualize Health Management Kit-3d Plates or 3rd Eye Healing Album - Concentrate & Cure. Daily session was conducted which lasted for 20-30 minutes; regarding duration of undergoing through psychoneurobics therapy; 32% had done so for 7-9 months, 33% for 4-6 months, 20% for 10-12 months and remaining 15% had undergone for 1-3 months.

This study was conducted on a group of 100 people in varied age groups. Most of the people were in the age group 40-60 years.

- The most recurring duration of the Illness was 6-24 months and was seen in 40% of the subjects. 13% of the subjects had longer duration of Illness ie. more than 4 years. 77% of the subjects were scared of eating whereas 2% had normal appetite.
- Coming towards mental status 72% of the Patients were always stressful, 14% felt restless occasionally, 9% felt mentally sick and rest 5% felt as usual.
- Moving to abdominal symptoms 60% of the patients had a feeling of fullness, 49% felt discomfort, whereas 36% felt tenderness and 27% felt pain.
- Talking about nature of preferred diet 77% patients were fond of spicy food, 6% non-spicy food, 8% consumed milk and milk products and rest 9% preferred intake liquid diet.
- Noticing the number of motions passed, there was enormous variation as 20% reported 1-2motion /day.13% passed stools 3-5times /day, 60% 6-8motions /day and 7% of the patients reported more than 8 motions per day.
- According to observance of the quality of stool passed by the patients, 56% of the subjects mentioned that they passed loose stools, 29% reported that the stool carried mucous and blood, 12% patients had solid stool presentation and remaining 3% patients were having constipation.
- Now talking about quantity of stool passed, 7% reported having normal stool, 6 % had history of scanty stool, 82% reported having more copious and remaining 2% reported very copious faecal matter passed out.
- Stickiness of stool varied from normal to varied forms. 8% of the subjects had normal stool, 7% patients had adherent, 60% patients had fatty whereas remaining 25% patients had mucoid stool.

- Passage of stool was associated in 67% of the patients with moderate pain, in 16% of the patients with minor pain, 13% patients had severe pain and remaining 4% patients reported nil pain.
- Feeling of nausea (vomiting sensation) also varied widely. in 62% of the subjects it occurred many times, 24% of the patients had that always, 10% patients never felt that and rest 4% had that sensation occasionally.
- Noticing presence of vomiting, positive history of vomiting was in 38% patients occasionally, in 25% after taking meals, 32% patients had that many times and 5% subjects never vomited
- According to history of weight loss, 41% lost 2 kg per 6 months, 29% lost 5-6 kg per year and 22% patients had severe weight loss and 8% subjects never got affected.
- Moving towards fruit intake , 46% patients reported intake of semi-solid fruits (ex-papaya mango), 36% reported intake of juicy fruits(ex-citrus fruits like orange kinow), 12% reported intake non juicy fruits (ex-bananna) and rest 7% had history of intake of hard- dry fruits(ex-almond and walnuts)
- Enquiring about preference of liquids, 67% consumed milk products (ex-lassi), 12% aerated drinks, 16% fruit juices and remaining 5% reported intake milk.
- Patients' observance for duration of undergoing through psychoneurobics therapy, 32% had done so for 7-9 months, 33% for 4-6 months, 20% for 10-12 months and remaining 15% had undergone for 1-3 months.

The patients were made to do the following Neurobics.

### **JOYFUL NEUROBICS:**

**Principal Benefits:** The Joyful Neurobics is equivalent to jogging. Without exerting the large muscle groups the heart rate is accelerated. Metabolic waste is cleared and the digestive system is strengthened. Without happiness our live becomes dull and our digestive system gets affected.

#### **Benefits of Joyful Neurobics**

- (i) Cleanse metabolic waste from the body
- (ii) Accelerate heart rate
- (iii) Strengthen digestive system
- (iv) Increase appetite

#### **Procedure to do:**

**Step– 1:** First warm up yourself by inhaling through the right nostril and exhaling through the left. While doing so, use the right hand thumb for closing right nostril and ring finger for closing left nostril and also hold the left hand in— Agni mudra. While inhaling one should also visualize inhaling golden

yellow coloured gas and spreading in abdominal area. Visualize dark toxins getting released through left nostril. Feel inner happiness.

**Step– 2:** Now breathe in slowly and deeply by visualizing golden yellow coloured gas.

**Step– 3:** Breathe out forcefully through the mouth emptying the abdomen fully, by tightening the intestines completely (Similar to abdominal laughing like a child).

**Step– 4:** While exhaling, feel all black toxin gases are released.

**Step– 5:** Now repeat the above steps minimum 21 times for easy digestion. In case of diabetes, repeat this exercise 51 to 100 times slowly.

### **Purifying Neurobics:**

**Principal Benefits:** This exercise eliminates many hereditary diseases. It makes the skin very soft and disease free. Purifies the blood and reduces blood pressure. Increases the immune system and defense mechanism of the body.

### **Benefits of Purifying Neurobics**

- (I) Eliminates many hereditary diseases
- (ii) Makes skin very soft & disease free
- (iii) Purifies blood & reduce the chances of blood pressure
- (iv) Increases immune system and strengthen defence mechanism of body

### **Procedure to do:**

**Step – 1:** Sit in Sukhasan or in comfortable position in Varun mudra. Inhale and exhale deeply and slowly, five times by both nostrils. Visualize orange colour while inhaling (feel orange gas is spreading and purifying all blood cells in the whole body inside) and visualize dark fumes while exhaling (feel all toxins are coming out).

**Step – 2:** Close your right nostril by right thumb (left hand in Varun mudra) and inhale and exhale deeply and slowly five times from your left nostril, without making any sound. Also visualize and feel the same colours as in step 1.

**Step – 3:** Now close your left nostril by left thumb (right hand in Varun mudra) and inhale and exhale deeply and slowly five times from your right nostril, without making any sound. Also visualize and feel the same colours as in step 1.

### **Conclusion:**

Effectiveness of therapy shown by patients is as follows

- 41% patients had full relief, 32% reported mild relief, 22% informed to have moderate relief and 5% subjects were not effected.
- Now enquiring regarding their willingness to refer other patients to undergo similar therapy, 80% subjects gave strong recommendation, 8% answered maybe, 7% showed indecisiveness and remaining 5% subjects were negative for recommendation.



To conclude finally, we can say that timely Psychoneurobics Therapy can cure IBD/IBS significantly.

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