

AGNIHOTRA - A USEFUL ADJUNCT IN RECOVERY OF A RESISTANT DEMOTIVATED SMACK ADDICT*

(A Case Report)

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ABSTRACT

AGNIHOTRA is a simple vedic ritual of lightening a pyramid of fire in a small copper pot and giving offering of Ghee & Rice on this fire at the time of sunset and sunrise with enchanting of two mantras. It is reported to enhance the state of tranquility of mind and is reported to be of benefit to those addicted to various types of intoxicants. We used Agnihotra in a young smack addict who was poorly motivated and resisted all efforts to help him even when he got over the physical withdrawal features. The results were encouraging. Over a period of 4 weeks, we found him to be a totally changed man who could go back to his work without any drugs. Follow up for more than a year, revealed no recurrence and positive achievements in his work performance. The paper presents practice of Agnihotra, also known as homa therapy, and discusses its role in drug addiction.

Introduction

Agnihotra is a ritual of lighting fire in a small rectangular copper pyramid pot, using dried cakes of cowdung and offering Ghee and Rice to the fire at the time of sunrise and sunset with whisper of two mantras. Its origin is traced to Rigveda where positive gains of physical and mental health and energy are preached, with regular practice of this ritual (Parakhe 1982). It has no religious or cultural bias. To counteract the environmental pollution, and enhance the tranquility of one's mind, it is practiced by increasing number of people belonging to various religions and culture both in east and west. Other than India its popularity has achieved a new height during last decade in USA, West Germany, Switzerland, France, Spain, Holland, Austria, Italy, Chile and many other countries. Amongst therapist it is popularly known as Homa

therapy (Wagner et al 1986). Homa therapist Mulay (1986) has described the effect of *Agnihotra* in curing drug addicts of their drugs viz., Heroin and Alcohol. Inspired with this we tried *Agnihotra* in drug addicts at Army Hospital, Delhi Cantt. The paper presents our observations, specifically found, in a resistant demotivated young male officer who was dependent on heroin for two years.

Case Report

An officer of 25 years age who had been a poly drug abuser in the past, was addicted to Heroin (smack) for about two years. His other drugs of abuse included tobacco smoking - 6 years, Alcohol - 4 years, Cannabis - 2 years, cocaine - twice only. He was first introduced to Heroin in the form of smack in June 1984. In the beginning he took 0.25 gram a day. Within 10 months

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reached upto 3 gram a day spending Rs. 150 to 300 per day on his drug habit. He took smack always by inhaling the burning fumes. His deteriorating general health and extra spending alarmed the parents who took him to a Psychiatrist in Delhi for dead-diction for the first time in August 1985. After about 2 weeks of forced abstinence in a controlled environment and period of turbulence managed symptomatically he came out successfully of the physical dependence. But psychological dependence persisted. Although he denied any desire for his drug i.e., smack, he had a carried strong urge for it. And soon he went back on his smack but in protracted manner.

During October 1985, when he could not get his drug at the place of his duty, he developed severe withdrawal symptoms which compelled him to seek medical help. He was hospitalised and was brought under psychiatric management. For the second time he was placed on total abstinence in closely guarded condition with supportive neuroleptics and symptomatic treatment to counteract withdrawal symptoms. He got over his physical dependence successfully, but crave for drug persisted, and became stronger day after day. He also developed few faithful loyalist around him who knowingly or unknowingly helped him to get his drug. Since his parents were in Delhi for better compliance of abstinence under family pressure and on patients own request, he was brought under our care at Army Hospital, Delhi Cantt. on 1st December 1985.

By then, he had already underwent dead-diction twice in the past, except getting over physical dependence, it did not improve him any more. Detailed psychiatric work up revealed significant psychopathology in the family. He had developed rebellious and punitive approach towards his

parents, both of whom were high working executives, but with poor family ties and cohesion. He was unmarried, economically well off with promise to inherit parental properties. But felt emotionally insecure and uncared for. It was observed that patient, who was physically fit and asymptomatic, had significantly high psychological dependence on his drug and had very poor motivation to leave his drug. The various psychotherapeutic approaches to rehabilitate him had transient effect. The urge for drug was found to develop in wave like phase at the peak of which he used to be irresistible and acted in a planned manner to get his drug, breaking up all restrains and prohibitive orders. In spite of extra guards and close environment with extra precautions he could manage to get his drug on six occasions which could be detected only by his pupillary responses.

Nearly five months had already passed in close hospital environment but all efforts to change his motivation failed and he kept on giving challenge that no sooner he is out of psychiatric ward he would go back to his drug. When totally exhausted of all our efforts to break his resistance and improve his motivation, we took up to put him on *Homa* therapy i.e. practice of *Agnihotra* which is claimed to have curing effect. (Mulay 1986)

Although he was unwilling in the beginning for *Agnihotra* and to leave smack, in the moment of sobriety he accepted to watch the *Agnihotra* being done. On 5, March 1986 for the first time he was exposed to *Agnihotra* practice morning and evening. After 3 days he developed inclination for it and voluntarily joined the group *Agnihotra* and by seventh day he took up to perform it himself. *Agnihotra* was performed as per the method described in

Bhartiya Satsang (1986) reproduced in appendix 'A'. According to this *agnihotra* can be performed by any one irrespective of age, sex and marital status either single or in a group. But the performer should follow meticulously, the timings, details of ritual and its various steps described; twice a day i.e. at sunrise and sunset and be regular, to have beneficial effect on the mind and environment.

Results

A simple rating scale as given in Table 1 was developed based on our past experience to roughly quantify and compare the improvement. It had subjective as well objective scoring.

The urge scoring for the day was taken as total of highest subjective and objective rating found in 24 hours. And was rated mild for 1 to 2 score, moderate for 3 to 4 and severe if total score was above 5. Similarly motivation to abstain from the drug was scored as poor, fair and good if the motivation score was 0 to 2, 3 to 4 and above 5 respectively. While working out motivation score best objective rating thought was the inverse scoring of urge factor hence score was worked out six minus total urge score. It was added with subjective rating given by the patient as under in Table 2.

Average intake of heroin (Smack) in gram per day is charted in figure 1. This was based mainly on the account given by patient in the state of sobriety while under treatment when adequate rapport was established and subsequent confirmation on recovery, the account from parents and other informants. While on smack he did not take any other drug of intoxication except tobacco, cigarettes smoking.

It was possible to observe the urge and motivation of the patient since December

Table 1
Drug urge rating score

A. Subjective rating score (Verbal Expressions)	Urge Score
I have no desire	0
I can do without it	1
I want it	2
I cannot do without it	3
I will get it at any cost	4
B. Objective rating score (Behaviour Observed)	
Busy in diversional activity. No urge expressed by deeds and words. Maintained high motivation for abstaining.	0
Preoccupied, not taking adequate interest in diversional and recreational activity.	1
Restlessness, Sleeplessness.	2
Developing new contacts, asking for money, wanting to go out of ward under various pretext.	3
Asking for drug and expressing frank irresistible desire.	4
Getting violent, aggressive and making attempt to escape.	5
Escaped, procured smack and consumed	6

Table 2
Subjective motivation rating score

Subjective Expression	Score
I do not want to leave smack	0
I want to leave and want help and guidance	1
I have no desire for it at all	2
I have left it. I will never take it	3

1985 onward only. The scoring of urge and motivation is charted in figure 2. The average of highest score recorded by two different observers independently during a day was taken.

Practice of *Agnihotra* resulted in improving his motivation to abstain from smack and decreased his urge for it. Improved motivation further suppressed this urge. It broke his resistance in an insidious but progressive manner in 4 weeks of *Agnihotra* practice. It reinforced his voluntary efforts to abstain from the drug and thus enhanced the motivation and reduced the

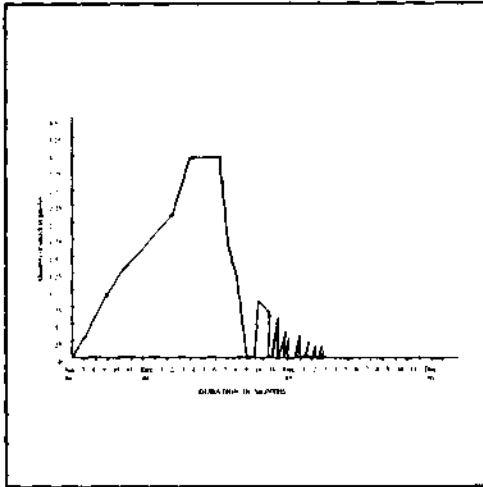


Fig. 1 (Daily intake of smack in gm per day)

Urge Score Motivation Score

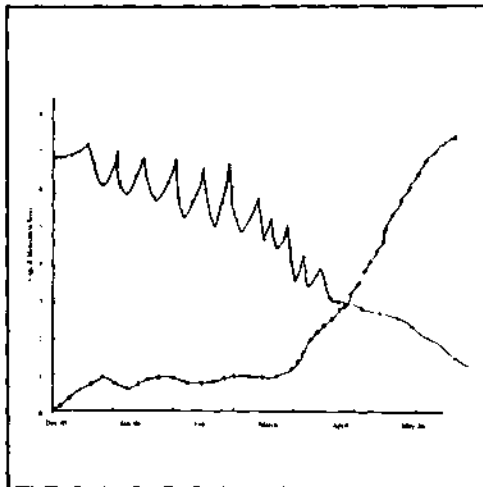


Fig. 2 (Severity of urge for smack and motivation for abstaining from it)

psychological dependence. He was followed up for nearly fifteen months during which twice he came for his medical re-categorisation and was observed for about a fortnight each time in closely guarded environment. But, no evidence of recurrence of his drug habit could be found. Enquiries from his colleagues, friends and family members confirmed his keeping away from the drug. His Commanding Officer con-

firmed the positive gains in his health, efficiency at work and social interaction. His savings also improved considerably. The patient had continued the practice of *Agnihotra* for another 2 months after his recovery but discontinued it thereafter as he could not maintain the regularity. However, he confirmed that discontinuance of *Agnihotra* did not result in his going back to drugs.

Discussion

The problem of drug addiction is a global one. In recent past dependence on hard drugs have increased and in India also, specially in metropolitan cities, it has become a great challenge to the professional, police and social services. It may be easy to dead-dict a well motivated person, but not a fully demotivated one. All the psychotherapeutic advances fall short at this point. The inadequacy of resources, both trained professional and material one, also fall short in dealing with the menace of drug addiction. The result of our preliminary experience with *Agnihotra* in this case is a new hope in the field. It can be used for a group of persons and is easy to perform and practice. Our experience affirms the claim made by Mulay (1986). We feel that the performance of *Agnihotra* had significant effect on our patient in changing his motivation and curbing the psychological dependence on smack. At this stage it is difficult to comment on the cause and effect relationship between *Agnihotra*, mental tranquility and deaddiction; but, it appears that *Agnihotra* might have acted by producing a state of mind with enhanced tranquility which countered the urge for drug and curbed the imagery of pleasant experience on its consumption. The biophysical effect of *Agnihotra* and its effect on psyche of a person needs to be studied further in all its aspects. The propogo-

nist of *Agnihotra* quoting the vedic writings say that it is not the fume fragrance or the chemical effect of burning ghee, rice and cowdung, but the vibrations generated during the ritual of *Agnihotra* performed at sunrise and sunset time which are important in producing its beneficial effect. The term vibration can be translated to mean to a physicist the various electro magnetic waves and radiation which might be produced in the copper-pot during *Agnihotra*. If that be so, then, we may find the secret of this enhanced tranquility of mind in some of these electro magnetic waves which may be in synchronisation with, so to say, cosmic radiation present at the time of sunrise and sunset. It is also field for further research; so far unbelievable to the present scientific community.

Conclusion

Our experience with *Agnihotra* and the case reported in particular, indicate that *Agnihotra* can serve as an useful adjunct in treating psychological dependence in drug addiction and may have lasting effect in preventing recurrence if practised regularly.

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APPENDIX 'A'*Performing Agnihotra***I. Requirement****A. Material**

1. Copper pot 6" × 6" × 3" with pyramid shape, (Bottom 2" × 2")
2. Unbroken pieces of rice, 3. Cow's Ghee (melted clarified butter from Cow's milk),
4. Dried cow dung cakes,
5. Match box.

B. Local timings of sunrise and sunset.**II. Mantra****a. At Sunrise**

Sooryaya Sayaha, Sooryaya Idam Na Mama.
Prajapataye Savaha, Prajapataye Idam Na Mama.

b. At Sunset

Agnaye Svaha, Agnaya Idam Na Mama.
Prajapataye Svaha, Prajapataye Idam Na Mama.

III. Method

1. SIT Down on the ground/floor facing the sun in a quiet place.
2. Lit a few pieces of cowdung smeared with Cow Ghee in the Copper pot a few minutes before sunrise or sunset. The fire should be fully ablaze by the local timings of sunrise and sunset.
3. Take a few grains of rice in your left palm smear with a drop of Ghee.
4. Exactly at local time of sunrise/sunset utter the appropriate mantra and offer a portion of rice twice onto the fire in pot with utterance of each line of the Mantra.
5. Sit quietly in squatting posture for a few minutes as the fire cools down/extinguishes in the pot.

Perform this ritual regularly twice a day morning and evening synchronising with sunrise and sunset timings.

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