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Study of Faradarmani Therapy on Schizophrenia(A case study)

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Abstract

Faradarmani is a kind of complementary and alternative medicine in Iran. in shape of case study design in 8 months, the faradarmani therapy was performed on a woman with schizophrenia . Elham is a 40 years old woman and the diagnosis for her is acute undifferentiated schizophrenia, along with dysthymia. Her status during the period of therapy was closely observed by two psychiatrists, a neurologist, a general practitioner, an expert in clinical psychology, two faradarmani therapists and her family. And in order for determining her psychological components, the pre and post-test of MMPI II was taken use of. In the viewpoints of her doctors, psychologist, faradarmani therapists and her family, her improvements are essential. The MMPI II test, confirms the current normal psychological status of her.the results show that faradarmani had essential and noticeable effects on decreasing of schizophrenia and dysthymia symptoms. Faradarmani had no costs and side effects and decreases the need of usual therapies.

Key words : Faradarmani, complementary and alternative medicine, schizophrenia.

Introduction

Community surveys carried out over the past decade document that more than one-third of Americans use complementary and alternative medicinal treatments in a given year [1,2,3,4]. There is reason to believe that the use of complementary and alternative therapies is more common among people with psychiatric problems than the rest of the population because fatigue, insomnia, chronic pain, anxiety, and depression are among the most commonly reported reasons for the use of complementary and alternative therapies in community surveys[1,3,5]. Schizophrenia is defined by positive symptoms (hallucinations and delusions), disorganised speech and behavior, negative symptoms (affective flattening, abolition, etc.) and significant impairment of psychosocial functioning. While it has been considered a uniformly chronic and progressively debilitating disorder, recent long-term outcome studies suggest the course and outcome of schizophrenia is quite varied and that outcomes can be significantly influenced by medications and psychosocial interventions[8]Schizophrenia is also characterised by cognitive, psychophysiological, interpersonal and coping skills deficits that result in marked vulnerability to stress[6,7]. Method Faradarmani is one of the branches of approach Farakolnegari. In this approach, human being, is looked from a different view, and is defined to be as deep as the universe. The Human being is made from endless components and has two dimensions of quantitative and qualitative. Approach Farakolnegari was initiated by

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Mohammad Ali Taheri 30 years ago. Since quality is dimensionless and not limited, in this approach, for the purpose of describing the human, prototyping is preceded. Therefore, the body descriptive system has been used, and a number of four specific bodies are presented for prototyping the human: mental body, Psychological

body, Astral body, Physical body. In the definition of mental body, it has been argued that mental body involves millions of different parts, which their task is receiving and processing information about the individual. This set of activities and qualitative instruments are perceived as a specific and definable pack that is called mental body. Mental body has a mental filter, which consists of lots of software and different operators. Based on this definition, mental body is a strong detector, selector and processor that filters or processes the information received from cortex in accordance with a pre-determined pattern. In fact, the information, after being received from hardware of own self, such as peripheral and central nervous systems, are transmitted to the mental filter, and there, will be processed and matched by the software and pre-determined acquired operator. According to approach Farakolnegari, we can have a qualitative view over the whole or the detail of the universe and find a continual and steady relation between these two, meaning that, the detail has the properties of the whole and the whole is made from the properties of the detail. It was mentioned that the qualitative system of the human entity, as his/her quantitative systems, has a specific defensive and modifying mechanism, and the information of this defensive system exists in the eco system of the whole. Since the detail could have the qualitative properties of the whole, by receiving the information from the whole, it can modify its self. The health of this system could be interpreted by the behavioral analysis and individual's specific and non-specific reports. In the therapies concerning this approach, the patient enters into the relationship with the whole by means of the therapist, and the therapist is the one who causes the modification of patient's software set by establishing relations between the whole and the detail. In fact, the therapist only plays the role of intermediate, and the modifications are fulfilled by the whole. As a relationship forms between the patient (the detail) and the whole, it is so called that the signs of Escan are originated in the individual. escan is inspecting the detail in order to find the defect of the software. Among the signs of escan we can mention to seeing the colors, seeing the light, a feeling like energy flowing through the body, warming up, chilling, feeling pain in some points of the body, twinge, beating etc. In this approach, the universe is consisted of three elements of sense, energy and the material, in a way that these elements could transform into each other and change. A disordered interpretation of the information in mental body, is so called, the virus of mental body. These mental viruses could cause disorders in individual's information reception. For instance, by changing the selective domain of visual software, this virus could cause mistakes or abnormal influences. For example, the wavelength of visible light for humans is 350 nm-750 nm; the virus is capable of changing this length by generating disorders in the optical operator, so that the mental processing system would not be able to filter the shorter or longer waves. In this manner, individual receives waves not defined for others, and gives irregular reports. For further description about the virus, we are to mention that a mental operator is so intelligent that could render changes in the filter of Mental body by generating wrong information and by ways of its specific cycles. This condition could lead, for instance, to unreal imaging and illusions and end to visual hallucinations for the individual. In fact, what is fulfilled in the filter system of mental body is the determination of limits for information reception of sense modalities (hardware systems) and creating definable ranges and domains for operators. In the step of interpreting individual's mental health, we proceed to study the different symptoms and characteristics of him/her. If the results were in accordance with individual's expectations, we call it normal, and if not, we define mental body as having viruses or software operational defects. If another mental software, different from individual's software, interferes with individual's software, the normal processes and trends of Mental body could be subject to changes and the individual might quit the normal state. These mental viruses, which are definitely as intelligent as the mental operators of Mental body, are capable of influencing the information processing and selecting of Mental body. Therefore, Mental body is exposed to the whole and modifies its self. The modification of cell's and body's mental management system and the qualitative modification of the software are called faradarmani. This therapy discusses the viruses of Mental body. These viruses, similar to the software of mental body, are very intelligent, hence, could resist against Mental body clearing the viruses. This clearing process is defined with a mechanism called acting out. Acting out could be revealed with temporal intensification of some of the physical symptoms, spiritual derangement, changes in sleeping habits etc. The types and the trends of these symptoms are different among individuals, and we must be patient with the acting outs until the treatments are accomplished [8].

Case description and conceptualization

Elham is a 40 years old woman; she is white and is divorced. After a short while, symptoms of intense compulsion for washing the body, depression, frequent self-mutilation, sense of inferiority, lack of confidence, prolonged isolations, avoiding social relationships, paranoid states for people, and serious insomnia began to appear. In addition to the continuance of former problems, neck tic, stutter, delusions, slight hallucinations, and a sense of

dumbness were added to her problems. She, sometimes, took medicines, while afterwards experienced a sense of numbness and diurnal hypersomnia. Years after, she committed suicide for two times and was hospitalized in a psychiatric hospital. The diagnosis for her is acute undifferentiated schizophrenia, along with dysthymia. In this research, it is supposed that her softwares seriously suffer from disorder and viruses have contaminated them. These viruses are distinguished by abnormal behaviors, personal torment and relationship limitation. It is also supposed that according to the definition, her softwares are related to whole and are gradually improved by establishing connection to decrease the Elham's sickness symptoms. In addition, discharge happening is predictable in her as the sickness is chronic. Reducing the positive and negative symptoms of schizophrenia, depression and anxiety were among the therapeutic goals for Elham.

Materials and Methods

Every day, nine specific times were determined for her to take tele-connection at home. She attended an a days at the clinic for two months and half, and then for one month and half she attended the clinic once a week and met the therapist. The rest of the days, she took tele-connection. For four months, regarding the considerable improvement of patient and her familiarity with the methods of therapy, only tele-connections were made, and she was regularly in phone contact with her therapist and under his/her supervision and her therapist visit her rarely. It is noticeable that the clinic's atmosphere was so simple to decrease the Placebo effect and there was not any advertisement for effectiveness of the treatment, in a way that one of the reasons for emphasizing on tele-connection was aligned with this objective. The personal meetings, upon Elham's needs, lasted from 15 to 45 minutes and tele-connections were managed by Elham upon her ability and will. Her status during the period of therapy was closely observed by two psychiatrists, a neurologist, a general practitioner, and an expert in clinical psychology, two faradarmani therapists and her family. Moreover, in order for determining her psychological components, the pre and post-test of MMPI was taken use of. For years, Elham was under the supervision of two psychiatrists in Tehran who were completely blind to her action on complementary medicine. The rest of the committee members were associated to the Faradarmani clinic and were supervising the Elham's changes.

Results

After 9 months of attending the clinic and having tele-connections for many times during the days, her state of depression was vanished to some extents. Her sleeping state became natural and her ability of establishing relationships, having eye contacts and starting a simple dialogue and continuing it, were improved. Her family confirmed her improvements and reduction of abnormal symptoms. After these improvements and good cooperation of Elham, she stopped taking medications under the supervision of the doctor. Since her tenth attendance in the clinic, she started her discharge. During 9 months of being under supervisions, the intensity of discharge was gradually decreased, and simultaneously, the patient became more close to the goals of therapy. Her sleeping state became completely normal. Her hallucinations and delusions were almost disappeared. Her job skills, skills of establishing social relationships and retaining them, eating status, and her confidence became completely normal. Her frequent cries and pessimisms were substantially decreased, and she no more fired her personal stuffs. Elham is fully aware of her therapeutic process. In the viewpoints of doctors, psychologist, faradarmani therapists and her family her improvements are essential. The pre MMPI test showed abnormal status in schizophrenia and depression, but the post test confirms the current normal psychological status of her.

Discussion

Schizophrenia is perceived as one of the most complicated psychiatric disorders Nevertheless; the best therapeutic practices for these patients are reported to be the therapeutic approaches relying on biochemical therapies. In the method of therapy utilized in this research, we have this viewpoint that the software of patient's Mental body (mind-stuff-apparent-sheath) are inflicted with viruses and errors in their normal function, therefore, due to the exposure to the whole, by means of the therapist, Mental body will be subject to modification. This re-modification will clean the Mental body from viruses, and particularly in schizophrenia, cleaning the viruses will affect the positive and negative symptoms of schizophrenia. As time passes and discharge periods finish, Elham returns to its common state and normal function. Several simultaneous disorders which were chronic in Elham, vanished step by step and by passing the discharge period, her normal performance began again. It became closer to the normal state from the

third month and after that , over the next six months , she could make her normal state more stable and improve it. Her delirious and illusion situations, which are clearly symptoms of software disorders, decreased in her, while self-confidence and self-effectiveness increased. Excessive cries and abnormal seclusion reduced, and also disorders in her softwares, which are related to whole, decreased. This software improvement can be found in the patient's consent and the process of getting normal. Using faradarmani has not any side effect, cost and limitation and all the people are permitted to use it. Because the most of complementary medicines affect on neurotic psychological disorders, quick affect of Faradarmani the disorder recovery, without relapse over the 9 months, are remarkable. Hope that faradarmani will be considered and used in primary, secondary and third stages of prevention of diseases and will reduce the torment of thousands of patients suffering from schizophrenia, their families and society.

References

1. Eisenberg DM, Kessler RC, Foster C, Norlock FE, Calkins DR, Delbanco TL: Unconventional medicine in the United States: prevalence, costs, and patterns of use. *N Engl J Med* 1993; 328:246–252.
2. Paramore LC: Use of alternative therapies: estimates from the 1994 Robert Wood Johnson Foundation National Access to Care Survey. *J Pain Symptom Manage* 1997; 13:83–89.
3. Druss BG, Rosenheck RA: Associations between use of unconventional therapies and conventional medical therapies. *JAMA* 1999; 282:651–656.
4. Eisenberg DM, Davis RB, Ettner SL, Appel S, Wilkey S, Van Rompay M, Kessler RC: Trends in alternative medicine use in the United States, 1990–1997: results of a follow-up national survey. *JAMA* 1998; 280:1569–1575.
5. Astin JA: Why patients use alternative medicine. *JAMA* 1998; 279:1548–1553.
6. Zubin, J. (1986). Possible implications of the vulnerability hypothesis for the psychosocial management of schizophrenia. In J. Strauss (Ed.), *Psychosocial management of schizophrenia* (pp. 175-185).
7. Seidman, R. (1984). Schizophrenia and brain dysfunction: An integration of recent neurodiagnostic findings. *Psychological Bulletin*, 4, 195-235.
8. Taheri MA. *Human from an other outlook.iran* : Bijan press.2008.