CHAPTER II

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CHAPTER II

REVIEW OF LITERATURE

2.1 INTRODUCTION

This chapter provides a review of literature of the concepts studied. It includes studies conducted in homeopathy, REBT and yoganidra in treating anger and various other health disorders as hypertension, diabetes, etc. It puts forward the efficacy of the three intervention methods. However, it should be noted that not much has been done in the field of yoganidra for the treatment of anger as compared to REBT and homeopathy.

2.2 ANGER

Kassinove (1995) put forward an interesting statistics about the number of studies carried out in past 25 years on anxiety, aggression and anger, in that order, indicating that anger has been relatively ignored in the past.

Spielberger et al. (1970) formulated definitions of state-anger and trait anger. He defined state-anger as “a psychological state consisting of subjective feelings that vary in intensity from mild irritation to intense fury and would fluctuate over time as a function of frustration, perceived insults or being verbally or physically attacked”, while trait-anger was defined in terms of how often angry feelings were experienced over time by a person.

Spielberger et al. (1985) explained the characteristic ways in which people express their anger, that is, how they express anger through the ‘Anger-out’ or ‘Anger-In’ mechanism. Spielberger (1985) came up with the concept of AHA! syndrome. This is anger-hostility-aggression. The core of AHA is anger.

Averill (1993, cited in Kassinove, 1995) says “Anger can be linked to an architect’s blue print. The availability of the blue print does not cause the building to be constructed,
but it does make construction easier. In fact, without a blue print, there might not be construction at all.”

The nature of the emotion is such that it makes people imagine that it can be reduced only by expressing it against the target person. Catharsis is sometimes prescribed as a way of handling anger. But research has shown that ventilating anger is not effective at all in reducing the experience of it. Outwardly expressed anger may be satisfying only if it restores a sense of control, rights the injustice done to the person, or changes some aspect of the other person’s behavior, which is indeed less likely than it seems. On the other hand, many people, especially women, resort to denying feeling angry altogether and this suppression is again very harmful. Suppressed anger has been shown to be linked with a lot of psychosomatic conditions, among them the most prominent being cancer. It is this clear that neither the overt expression of anger nor its total suppression is of help in handling it. Nevertheless the physiological, psychological, and social effects of anger are so severe and destructive (Kassinove & Sukhodolsky, 1995; Novaco, 1975; Williams et al., 2000) that it is indeed the need of the hour to come up with effective ways of handling this emotion. As one Tibetan teacher put it “Don’t suppress it. But don’t act on it”.

Individuals who express anger by cursing, punishing or otherwise aggressing against others always feel more irritable and angry instead of feeling less irritable and angry (Berkowitz, 1970). Kassinove and Sukhodolsky (1997) conducted a study on subjects from America and Russia to examine their anger episodes. It was observed that 80% of times anger was triggered by actions of the other person. 87% of Americans and 60% of Russians selected yelling and arguing/making sarcastic remarks as their most frequent response when angry. And tendency to control anger and resolve their problem was seen in 65% of Russians and 64% of Americans. Violent acts like hitting when angry were seen in 11% of Americans and 8% of Russians.

Wilde (2004) cited Murray’s (1985) findings that showed subjects who are given an opportunity to express anger after they have been criticized often makes the subjects angrier. This finding is pertinent to this study since several of the scales and subscales of STAXI-2 (Spielberger, 1999) are concerned with anger expression and/or anger control.
One of the main contributors of mental and physical health problems in adolescents is anger. It is one of the difficult emotions in early adolescence to recognize and handle (Phifer, 1994; Yarcheski, Mahon, & Yarcheski, 1999). Pollock and Kymissis (2001) found that adolescents should be trained with skills to handle anger in ways which will allow them to cope in a productive manner. Group therapies show better creativity and effectiveness in teaching anger management in adolescents. Their investigation has shown that group therapy is as effective as individual therapy in managing anger in adolescents.

Laird and Laird (1984) found that emotions in children could be induced by modifying their physiological reactions. They were asked to contract certain facial muscles, to pull their eyebrows. These changes caused increase in their anger. Rodke, Yarrow and Konchanska (1990) studied socialization of anger in normal children. The method used was observation, in which they found that anger was less likely to grow with mother’s affection and support. Children are commanded not to express anger as they grow.

Research in the past has shown that higher levels of norepinephrine accompanied with anger and aggression were suspected precursors of coronary heart disease (CHD) (Funkenstein, King, & Droletto, 1954, 1957; Mathew et al., 1977; Menninger, 1936). Norcross and Kobayashi (1999) hypothesized that anger is a ubiquitous clinical experience and most clinicians and researchers agree that it is the most challenging emotion encountered in psychotherapy.

The American Heart Association (2000) found that during a six year study, 256 individuals had heart attacks. Individuals who were most prone to anger were 2.69 times more likely to have a heart attack or sudden death than those with lowest anger ratings on a 40-point scale. Individuals with moderate score were 35 percent more likely to experience coronary event. The study used a prospective design; individuals were free of heart disease at the beginning of the study. Prospective studies provide more convincing evidence than many other types of studies because they show that anger precedes the heart attack and is not a consequence of ill health.
2.3 HOMEOPATHY

Homeopathy is one of the important systems of medicine. Hahnemann, the founder of this system, has given the classification of diseases in his organon of medicine. He has even stated how the ailments of mind can be cured with the help of homeopathic medicine’s selected on the fundamental principle of ‘similars.’ The successful application of law of similar depends on the knowledge of indisposition, individualization, constitution and temperament. Close (2005) says about indisposition that “not every case which presents itself to the physician requires medicine. It may only require the searching out and correcting of some evil habit, some error in the mode of living, such as faulty diet, unsanitary surroundings, non-observance of ordinary hygienic requirements in regard to breathing, exercise, sleeping, etc.” Indisposition gives a hint about the causative factor. But mere removal of the external causative factor is less likely to eliminate the disease. So correction of the indisposition is also of much importance.

According to Mondal (1998), individualization means every single individual reacts to the stimuli in his own characteristic manner that might be similar but definitely not the same way as the other person does. This characteristic reaction to the stimuli is the identity of that individual that differentiates him from the rest.

Constitution and temperament are inborn. One cannot make a great change in them. But they can be modified. It is here that the modification of the constitutions back to normal from diseased (deranged) state is possible by homeopathy (Roberts, 1999). The practice of constitutional medicine maximally helps in the fields of psychiatry and psychosomatic medicine (Dhawale, 2000). Anger being a disorder that manifests its symptoms on mental or emotional or physical level is treated easily and conveniently by homeopathy.

The review of literature shows the efficacy of homeopathy in treatment of mental disorders, and the physical complaints arising from them. It shows the successful attempts of treatment of anger with the help of homeopathic medicine.
As the aspect of mind is very important in homeopathy, most of the homeopathic repertories have numerous rubrics (symptoms) on mind. A few of the important repertories in homeopathy given by Barthel (1993), Boger (2002), Boneinnghausen and Boger (2003), and Kent (2006), have separate sections on mind. These sections cover most of the areas related to mind which include many symptoms related to anger. They pertain to causative factors, modalities, symptomatology, and complaints related to anger. This shows how extensively mind has been studied in homeopathy.

According to Mukherjee (2008), “homeopathy, a branch of medical science, always gives importance to the mind and mental symptoms. Psychiatry, a branch of medical science, deals with the cases of mental disease and its modern outlook, directly supports the ideology of homeopathy; hence the branch should also take support of homeopathic mode of treatment.” Aconitum-napelus, anacardium, aurum-metalicum, baryta-carbonica, cannabis-indica, conium-macculatum, gelsemium, hyoscymus, ignatia, lac-can, lycopodium, nux-vomica, opium, pulsatilla are some of the medicines used in homeopathy to treat psychiatric disorders.

Luthra (2007) has shown how complaints aroused due to life style disorder can be successfully treated with homeopathic medicines. Nux-vomica is given in cases where there is constant hurry, worry and indigestion. This gives rise to nausea, vomiting and headache. They are impatient, irritable and get angry easily. A medicine like lycopodium is given in cases where there is want of self-confidence; it is effective in case of anger and confusion, with the person, many a times, gets angry but doesn’t express his anger. There is lot of resentment. This is associated with constipation, bloating of abdomen and urinary problems.

Ali (1993) has discussed about role of homeopathy in various psychiatric disorders. He has discussed about psychosis, psychoneurotic illness, mental deficiency and antisocial behavior. He has given a list of few homeopathic medicines which are used in these disorders. They are ignatia, pulsatilla, natrum muriaticum, actea recemosa and veratrum album.

Jaggar and Parthsarthy (1995) presented a case of anger that was treated with the medicinal group called acids. Scott (2000) has presented a case where the medicine prescribed was lac caprinum. It is used to treat anger in children suffering from attention
deficit disorder and oppositional behaviour which are successfully treated with this medicine. Sharfstein (2004) presented a case in which homeopathic medicine made from tiger’s urine was prescribed. The symptoms include the patient getting angry with trifles. Anger turns violent in which self-control is lost. The person attacks physically and abuses. There is great amount of anxiety, fear, fright, hatred, confusion and greed.

“Homeopathy is capable of stimulating profound emotional healing and has indeed helped many people with a wide variety of emotional difficulties by providing natural cure”(Fitnesshigh, 2009). Homeopathic remedy Nux-Vomica is best suitable for a person with violent anger. It is for people who are highly competitive, ambitious, and driven to achieve. They are generally type A personalities. They are restless, impatient, irritable, and often have a tendency toward outbursts of anger. They are often seen starting arguments. They can be quite bossy. They show less tolerance to contradiction, and demand that others meet their high standards. They have a strong craving for stimulants (coffee, tobacco, alcohol) but are oversensitive to all kinds of stimuli: light, noise, odors. Everything makes too strong an impression. With nerves on edge, they can easily snap at those around them or completely lose their temper. People with this type of angry personality have a short temper that can make them likely to get into road rage and even acts of violence.

Homeopathic natural anger control medicine Nux-Vomica can be very effective in curing and controlling such type of restlessness and impatience and make the person more calm and capable of controlling his/her emotions and managing anger.

Homeopaths recommend homeopathic medicine Staphysagria in person with deep suppressed anger. Homeopathic natural emotional control medicine Staphysagria is highly prescribed for those with deep anger. Though the anger may be intensely felt, it is rarely expressed. In some instances, the suppression is so strong that they may be unaware of these emotional feelings. Often such a person is an emotional doormat in the workplace or family situation. They cover their anger with sweetness or mildness. Staphysagria is prescribed to victims of rape, beatings, or emotional abuse and to those living under severe domination (such as from a spouse, parent, boss, government) where the expression of anger is not tolerated (Fitnesshigh, 2009).
Kasiviswanathan, (2005) described a case of PTSD of a four-year-old who was violently raped by the baby sitter. The child started having nightmares, aggressive tendencies, stammering, extreme phobia and attacks of violent anger. This case was treated with stramonium.

Suvarna (2007) demonstrated that homeopathic medicines are very efficient in treating emotional problems and complaints arising from them. Bryonia alba is given to patients who cannot bear disturbances, the slightest sound or movement makes them irritable. They get angry easily. Natrum muriaticum is given to patients with anorexia from grief, fear or extreme anger. They are intolerant of any help or consolation. Sulphur is prescribed when the patient is anorexic, argumentative, selfish, irritable and angry.

Bidani (2006) has discussed about the role of homeopathy in treating intermittent explosive disorder. According to him one in 20 people expresses his/her anger in uncontrollable anger attacks, road rage, abuse of the spouse or other unjustifiably violent acts. As homeopathy treats mental as well as physical symptoms it can successfully treat such cases of violent anger.

Shah (1994) presented a case of a female patient which was a typical case of socialization of the psychological reaction where certain strong negative emotions precipitated the physical disorder of Lichen Planus. As understood homeopathically, suppression of mental sufferings show effect on the physical level. Some important aspects of her as a person were also incorporated, such as: she was kind-hearted, sympathetic and cheerful person; she loved wine and coffee. Her thirst was excessive and perspiration was less. She was an obese and flabby, strong-willed person. Causticum was prescribed for this case (e-homeopathy, 2008).

Gibson (2003a) showed the indications of chamomilla in his case study. It is indicated in patients especially children who are peevish, irritable, get angry easily. The slightest thing against their will is intolerable. They cannot bear anything.

Anger is manifested on mental, emotional and physical levels and can be treated by homeopathy. Parathasarthy (2002) showed the effectiveness of Ignatia (Homeopathic remedy) in the treatment of complaints as sleeplessness, and headache arising from anger. Spring (1991) presented homeopathy’s role in treating anger, violence, and aggression:
he prescribed medicines like staphysagria, stramonium, belladonna, nux-vomica, chamomilla, sepia, lachesis, hepar sulph and veratrum.

Luthra (2007) has discussed how homeopathy can be of help to young people in distress. It is seen that the lives of many young people are filled with mixed messages and conflicting demands from their coaches, teachers, parents and themselves. Because of this they face a tug of war within themselves. This makes them aggressive in their approach, which leads to anger and violence. As homeopathy works on the totality of symptoms comprising the mental and physical symptoms of the patient, it can successfully treat teenagers, too, in distress.

Ball (2005) presented a case of a male patient with depression, nervous collapse, headaches, anger and exhaustion. He was treated with natrum muriaticum (Natural Health Services, 2007).

Shastri (1996) presented a case of hypertension with anger as cause, and with chamomilla as remedy. Adoni (1996) used natrum muriaticum to reduce hypertension which was caused by anger. Mathew (2001) has shown the efficacy of homeopathy in the treatment of depression.

2.4. RATIONAL-EMOTIVE BEHAVIOUR THERAPY (REBT)

REBT is one of the best cognitive- behaviour therapies, which has always attracted researchers to validate its interventions in various fields of psychology. This section gives a review of studies conducted in REBT.

Beck (1976) stated that there is a strong relationship between cognition and emotion. The philosophic origins of rational emotive therapy (RET) go back to Stoic philosophers, particularly Epictetus and Marcus Aurelius. The modern psychotherapist who was the main precursor of RET was Alfred Adler. He said that it is the individual’s attitude toward life which determines his relationship to the outside world (Adler, 1964a). “The individual…does not relate himself to the outside world in a predetermined manner, as is often assumed. He relates himself always according to his own interpretation of himself and of his present problem… It is his attitude toward life which determines his relationship to the outside world” (Adler, 1964b).
“Our beliefs can be rational or irrational. A belief that promotes survival and happiness is generally considered rational. The following are some distinctions between rational and irrational beliefs.

Rational beliefs:
. Are not absolute demands or commands
. Are desires, hopes, wishes, and preferences
. Produce moderate emotions such as sadness, irritation, and concern
. Help you reach your goals.

Irrational beliefs:
. lead to inaccurate deductions
. are often overgeneralizations
. are demands, commands, “should’s,” and needs
. lead to disturbed emotions such as depression, rage, and anxiety
. hinder you from reaching your goals.

REBT maintains that the primary irrational belief leading to anger is the demand that “Things should be the way I want them to be”. Anger is created by some type of demand, and that demand typically is formulated with words such as should, must, ought to, have to, etc. to avoid becoming angry avoid making demands” (Levinson, 2006).

Ellis (1977) has stated “the following four statements represent fairly accurately the main ideas that angry people generally hold:

1. “How awful for you to have treated me so unfairly”.
2. “I can’t stand your treating me in such an irresponsible and unjust manner”.
3. “You should not, must not, have behaved that way toward me”.
4. “Because you have acted in that manner toward me, I find you a terrible person”.

who deserves nothing good in life, and who should get punished for treating me so.”

A direct relationship exits between these four statements. Note that besides the negativity contained in each of the statements, they include another unifying factor- the tendency to merge the action with the person or to equate the evaluation of the person’s negative action with the whole person. We saw this same type of overgeneralization in the
E-prime theory, in the sentence. “John is mentally ill”, we assigned John, once and for all, inseparably to the concept “mentally ill” as though we cannot reasonably expect any other forms of behavior from him”(Ellis, 1977).

Ellis (1979) has put forward the non-absolute view of reality. In which REBT opposes dogmatism or fixed thinking. He has associated positive mental health with tolerance, sel-interest, self-direction, social interest, acceptance of ambiguity, acceptance of reality, calculated risk-taking, commitment. Full range of healthy emotions are experienced by mentally healthy people.

Froggatt (2001) has explained the practice of REBT in brief. REBT proposes a biopsychosocial explanation as to how human beings come to feel and act as they do, suggesting that a combination of biological, psychological, and social factors are involved. The most basic premise of REBT is that almost all human emotions and behaviours are the result of what people think, assume or believe (about themselves, other people, and the world in general). It is what people believe about situations they face not the situations themselves that determines how they feel and behave. REBT, however (along with most other CBT theories), argues that a person’s biology also affects their feelings and behaviours (an important point, as it is a reminder to the therapist that there are some limitations on how far a person can change). Also involved are the events and circumstances faced by a person as he goes through life.

Froggatt (2001) has described the rules (core beliefs) given by Ellis. Ellis has postulated twelve irrational beliefs, which are believed to be main cause of emotional disturbances. What specific events mean to someone (how they are evaluated) depends on the underlying, general rules he/she holds.

“1. I need love and approval from those significant to me and I must avoid disapproval from any source.

2. To be worthwhile as a person I must achieve, succeed at whatever I do, and make no mistakes.
3. People should always do the right thing. When they behave obnoxiouosly, unfairly or selfishly, they must be blamed and punished.
4. Things must be the way I want them to be, otherwise life will be intolerable.
5. My unhappiness is caused by things that are outside my control so there is little I can do to feel any better.
6. I must worry about things that could be dangerous, unpleasant or frightening otherwise they might happen.
7. I can be happier by avoiding life’s difficulties, unpleasantness, and responsibilities.
8. Everyone needs to depend on someone stronger than themselves.
9. Events in my past are the cause of my problems and they continue to influence my feelings and behaviors now.
10. I should become upset when other people have problems, and feel unhappy when they are sad.
11. I shouldn’t have to feel discomfort and pain; I cant stand them and must avoid them at all costs.
12. Every problem should have an ideal solution and it’s intolerable when one can’t be found”.

Wilde (2004) has presented the condensed form of these twelve postulates into four fundamental irrational beliefs:

1. Self worth or self statements (often leading to depression).
2. Demanding or should statements (often leading to anger).
3. Awfulizing statements (often leading to anxiety).
4. Low frustration tolerance statements.

Deffenbacher et al. (1996) have listed the beliefs that angry individuals possess. These are because of the number of cognitive distortions which make the person angry. Cognitive errors often committed by angry people are:
1. Poor estimation of probabilities: individuals having anger problems generally under-estimate positive outcomes and over-estimate negative outcomes.

2. Attributional errors: angry people think/attribute that someone is purposely trying to harm them.

3. Overgeneralization: angry people use broad terms to describe time; e.g. always.

4. Dichotomous thinking: also known as black and white thinking.

5. Inflammatory labeling: angry people use such words that would chare up the situation and make the other person more angry.

6. Demandingness: others should behave the way I want.

7. Catastrophic thinking: angry people tend to evaluate demands which are not met in an exaggerated manner i.e. it’s terrible I haven’t gone my way, I am a waste.

Adler (1931) put the A-B-C or S-O-R theory of human disturbance. Adler’s motto was everything depends on opinions. After Adler many psychotherapist worked on RET(Corsini, 1984).

Albert Ellis founded REBT. He put forward that a person’s reaction to surroundings depends on the way he thinks, believes and tells himself about them, and thus his surroundings are not responsible for his reaction. When the person believes and thinks optimistically, is cheerful and hopeful, he is happy. When he believes and thinks pessimistically, he feels sad and depressed.

It starts with “which is the problem you would like to start with”? The therapist asks the client to describe his problems in detail. At the same time therapist breaks the problem into A-B-C model. When the client tells about A (activating event), the therapist asks about C (consequences) and vice versa. A and C are the easiest components noticed by the client. The therapist also helps the client to distinguish between the primary and the secondary problems. The secondary problems are assessed before primary problems because these often require prior therapeutic attention (Dobson, 1988).

After identification of A and C, the therapist asks the client to concentrate on his self-talk (the intermediate process B). The iBs (irrational beliefs) are exposed with the help of intellectual insight that the client had received after discussing the problems with the therapist. While intellectual insight is an acknowledgement that irrational belief leads to
emotional disturbances, this emotional disturbance gives rise to dysfunctional behavior. When this irrational belief is challenged in disputation D, it is changed to a rational belief. As the rational belief-system is reinstated the person gets rid of emotional disturbance and health is attained (Ellis, 1963).

Werner and Smith (1982) said that “Humans vary in their suggestibility: while some humans emerge relatively unscathed emotionally from harsh and severe childhood regimes, others emerge emotionally damaged from more benign regimes” (cited by Dryden, 1996). Dryden (1996) has noted that irrationalities in a person - procrastination, for example – run counter to the teachings of significant others.

Ellis (1957) published his first study on the effectiveness of his rational-emotive therapy (RET). In this he formed three groups, which were treated by analytically oriented approach, orthodox psychoanalysis, and RET, respectively. The group treated with orthodox psychoanalysis showed minimal improvement, that treated by analytically oriented therapy showed moderate improvement and that with RET showed major improvement.

People’s mood state is significantly influenced by the self-belief and self-talks. This hypothesis was supported by Velten (1967) who conducted an experiment on female college students, where one group concentrated on 60 self-referent statements intended to produce elation, second group concentrated on 60 statements intended to produce depressed moods, and a third group concentrated on statements that were neither self-referent nor pertaining to mood. Significant differences were found in the moods of all the three groups, with elation and depression treatments, respectively, inducing elation and depression (cited in Ellis & Grieger, 1977). Trexler and Krast (1972) treated the problem of public speaking anxiety with RET. They found it to be more effective than placebo and no treatment.

Ellis (1977) stated the use of REBT in anger management, where every human being has the capacity to change his irrational beliefs and defeating emotions. “RET consistently states that if you want to change your feelings and your actions in the quickest, most efficient and effective way you’d better pay attention to changing your belief- system”. The roots of anger are in the irrational and illogical beliefs.
Hauck (1974) stated that the common denominator for anger is the irrational thinking process. When a person reacts with anger, hostility, rage, and blaming people it is armful to him. It prevents the person from handling the problem, which produces emotional distress. Hauck (1975) used the technique of RET for the management of worry and fear. In this he explained that with the help of RET one can challenge the thoughts if something is dangerous or fearsome.

Milam and Ketcham (1981) put forward a cognitive behavior therapy for the treatment of guilt in the alcoholic, and anger in the relatives of the alcoholic. Rational-emotive therapy was used for de-stigmatization of the negative feelings of the alcoholics and their relatives.

Mathew (2001) reported on depression, with REBT and homeopathy as interventions. He found significant reduction in depression with both the treatments, but, found more so in REBT group than homeopathy one. On the other hand, there was no change in the control group, which was on placebo.

2.5. YOGANIDRA

This section presents an overview of the research that has been conducted in the field of yoga, especially yoganidra, in the treatment of anger. Yoga, which has been widely studied all over the world, known for its use in helping people to move from mental and physical discomfort to comfort, is widely verified. However, yoganidra has not been so widely explored. The research work done in the field of yoganidra and its applications are limited to Munger, Bihar, and a few parts of the world. Swami Satyanand Saraswati from Munger, Bihar, India, explored and validated yoganidra. He was motivated to do so from his personal experiences of yoganidra. There have been a number of studies on yoga and medical ailments as stress, blood-pressure, diabetes, and so on. It has been seen that in meditation and yoganidra, relaxation causes alpha rhythm of the brain waves, by which the individual attains deep relaxation. It is evident from a number of studies that alpha rhythm is established during the practice of meditation (e.g., Dostalek et al., 1979; Warrenburg et al., 1977). Green et al. (1973) conducted an experiment to record the various levels of consciousness that a person could enter at will. The experiment was
conducted on an Indian yogi, Swami Rama, who progressively relaxed his physical, mental and emotional structure through yoganidra. The EEG reading was metered continuously. There were prominent changes seen in the electrical activity of brain shown by EEG, when he willingly entered the various stages of consciousness. First he entered yoganidra state for five minutes with EEG showing alpha waves, then dream state showing theta waves, and in deep sleep slow delta waves were seen, but he was alert and conscious throughout the experiment. He could recall the questions asked by the scientists during the experiment.

Deshmukh (1971, 1972, 1978) found the effectiveness of yoga in treatment of neurotic, psychotic and psychosomatic conditions. The positive effects of relaxation in the control of cardiovascular disorders have been well demonstrated (Bar, Basil & Benson, 1984; Benson 1976). Somasundaran (2002) has shown efficiency of traditional relaxation techniques in somatization disorder, generalized anxiety disorder, and mild depression.

Yoganidra has proved its efficacy in treating stress very efficiently (Swami Satyanand Saraswati, 1993). It has shown its efficacy in managing stress, hypertension and diabetes in women (Deuskar, 2004).

2.6 SUMMARY

This chapter presented the research done on anger. It showed various methods used by researchers to study anger, its cause and its effect on health. This chapter also presented the efficiency of homeopathy, REBT and yoganidra in treating psychological and psychosomatic disorders. It highlighted the importance of alternative methods of treatment (homeopathy), psychotherapy (REBT), and yoganidra in treating anger disorders without side-effects, which are gathering worldwide attention. The review of literature supported the inclusion of homeopathy, REBT and yoganidra in the treatment of anger. It presented the evidence of treatment of various disorders including anger with homeopathy. The chapter reflected through various studies on REBT, that by changing irrational beliefs to rational beliefs one can attain peace in life. However, very few studies have been conducted on the treatment of anger with REBT. Thus, the present study was
an addition to it. Yoganidra which is a method of relaxation with resolve-making, has helped to deal with a number of disorders of physical body as well as that of mind. The review of literature highlighted the efficacy of yoganidra in handling stress. But not much research has been carried out in the direction of treatment of anger with yoganidra.