

CASE REPORT

Ayurveda Management of Bipolar Affective Disorder – A Case Report

K. S. Jancy¹, M. Jithesh²

¹PG Scholar, Department of Kayachikitsa, VPSV Ayurveda College, Kottakkal, Kerala, India.

²Professor and HOD, Department of Kayachikitsa, VPSV Ayurveda College, Kottakkal, Kerala, India.

ARTICLE INFO

Article history:

Received on: 12-01-2024

Accepted on: 18-02-2024

Published on: 29-02-2024

Key words:

Ayurveda,

Bipolar affective disorder,

Kapha-Pittaja Unmada

ABSTRACT

Bipolar affective disorder (BPAD) often refers to as bipolar disorder which characterized by depressive and manic or hypomanic episodes. These disorders include: Bipolar disorder type I and bipolar disorder type II. The prevalence rate is approximately 1% across all populations and is typically treated with mood stabilizers, antipsychotics, and therapy. However, limitations include potential side effects, individual response variations, and the challenge of finding the right medication combination. Ayurvedic treatments are observed as beneficial in bipolar disorders. Few studies are only reported in this condition. The present article deals with a diagnosed case of BPAD, with current episode of depression. The Ayurvedic diagnosis was *Kapha-Pittaja unmada* and assessments were done before and after treatment, with HAM D Scale. Patient showed improvement in depressed mood, appearance and restlessness. *Sodhana and Samana Karma* play a key role in the management of BPAD. Ayurvedic treatment helps to stabilize the mood and improves the quality of life in BPAD.

1. INTRODUCTION

Bipolar affective disorder (BPAD) is a recurrent chronic disorder characterized by fluctuations in mood state and energy. Worldwide more than 1% of the population is affected irrespective of nationality, ethnic origin, or socioeconomic status.^[1] BPAD is one of the main causes of disability among young people, leading to cognitive and functional impairment and raised mortality, particularly death by suicide. A high prevalence of psychiatric and medical comorbidities is typical in affected individuals.^[1] People who live with BPAD experience periods of great excitement, overactivity, delusions, and euphoria and other periods of feeling sad and hopeless. As such, the use of the word *bipolar* reflects this fluctuation between extreme highs and extreme lows. Some important symptoms of BPAD are – low self-esteem, decreased sleep, pressured speech, racing thoughts, activity at heightened levels, goal agitation, risk-taking behaviors, weight loss/gain, mood disturbance/loss of interest or pleasure, insomnia/hypersomnia, agitation, fatigue, worthlessness, lack of focus, and suicidal ideation.^[2]

The diagnosis is frequently assigned to young patients presenting with a (first) major depressive episode. In these cases, diagnosis is exclusively based on psychiatric history provided by family and caregivers, not on the

current psychopathological assessment by the psychiatrist.^[2] Accurate diagnosis of bipolar disorder is difficult in clinical practice because onset is most commonly a depressive episode and looks similar to unipolar depression. Moreover, there are currently no valid biomarkers for the disorder. Detection of hypomanic periods and longitudinal assessment are crucial to differentiate bipolar disorder from other conditions.^[1]

There are three types of bipolar disorder – Bipolar I disorder, Bipolar II disorder, and Cyclothymic disorder. All three types involve clear changes in mood, energy, and activity levels. In Bipolar I disorder – it is defined by manic episodes that last for at least 7 days (nearly every day for most of the day) or by manic symptoms that are so severe that the person needs immediate medical care. Usually, depressive episodes occur as well, typically lasting at least 2 weeks. Episodes of depression with mixed features (having depressive symptoms and manic symptoms at the same time) are also possible. Experiencing four or more episodes of mania or depression within 1 year is called “rapid cycling.”^[3] Bipolar II disorder is defined by a pattern of depressive episodes and hypomanic episodes. The hypomanic episodes are less severe than the manic episodes in bipolar I disorder.^[3] Cyclothymic disorder/cyclothymia is defined by recurring hypomanic and depressive symptoms that are not intense enough or do not last long enough to qualify as hypomanic or depressive episodes.^[4]

Accurate diagnosis of bipolar disorder is difficult in clinical practice because onset is most commonly a depressive episode and looks

Corresponding author:

K. S. Jancy,

PG Scholar, Department of Kayachikitsa, VPSV Ayurveda College, Kottakkal, Kerala, India.

Email: jancyksurendran@gmail.com

similar to unipolar depression. Moreover, there are currently no valid biomarkers for the disorder. Therefore, the role of clinical assessment remains the key. Detection of hypomanic periods and longitudinal assessment are crucial to differentiate bipolar disorder from other conditions. Current knowledge of the evolving pharmacological and psychological strategies in bipolar disorder is of utmost importance.^[2] Treatment of bipolar disorder conventionally focuses on acute stabilization, in which the goal is to bring a patient with mania or depression to a symptomatic recovery with euthymic mood. Treatment of both phases of the illness can be complex, because the same treatments that alleviate depression can cause mania, hypomania, or rapid cycling, and the treatments that reduce mania might cause rebound depressive episodes.^[3]

Ayurveda embraces aspects of well-being of living creatures, physical, mental, and spiritual health. It systematizes and applies the knowledge to restore this health and to cure disease through means of *Shodhana* and *Samana* treatments are explained in the classics, where there is function of *Manas* (mind) deranged, including *Dhee* (improving intelligence), *Budhi* (cognition), and *Smriti* (memory). *Ayurveda* not only deals with the techniques for the symptomatic relief but also covers various measures which eliminate the deep-rooted pathologies of the ailment.

In *Ayurveda*, *Unmada* is a common entity which comprises a wide array of psychiatric disorders. According to Charaka, *Unmada* is the impairment in the psychological domains of *Manas*, *Budhi*, *Samjna*, *Jnana*, *Smrti*, *Bhakti*, *Sila*, *Cestha*, and *Acara*.^[4] The present case of bipolar disorder presented with increased irritability and anger, harming the parent, inability to do day-to-day works, decreased sleep, decreased appetite, and restlessness.

Ayurveda also explains a systematic treatment protocol for *Unmada*, the focus in the acute symptomatic phase is on the *Yuktivyapasaraya chikitsa*, which involves treatments including *Deepana*, *Pachana*, *Snehapana*, *Mridu sodhana*, and *Samsarjana Krama*.

The aim of this treatment is to balance the vitiated doshas and facilitate the normal psychological functions. Further, treatment is planned to modulate the residual morbid doshas and for maintenance purpose, which involves (1) “*Basti*” (medicated enema), (2) “*Shirovirechana*” (medicated nasal errhines), and (3) “*Samjna prabodhana*” (medications to improve awareness and orientation). Along with these, several polyherbal formulations having disease-modifying effects are also administered for a prolonged duration.

The current case was provisionally diagnosed as *Unmada* due to the impairment in *Mano vibhrama*, *Buddhi vibhrama*, *Bhakti vibhrama*, *Sila vibhrama*, *Cesta vibhrama*, and *Acara vibhrama*. Based on the symptoms prominent in the subject, *Kaphaja Unmada* with Pitha anubandha was the final diagnosis. A *Sodhana*-based treatment strategy was adopted in the case which includes *Snehapana*, *Virechana*, and *Vashti* along with the internal administration of *Samana* drugs.

2. CASE HISTORY

A 35-year-old male attended the OPD with complaints of sleeplessness, increased tension, unable to mingle with others, anger outburst, and difficulty to concentrate. The patient was apparently normal before 3 years. His family life was not in harmony, so he spent his childhood in his mother’s home. He was above average in studies and completed electrical engineering diploma. After completing the studies, he started work in a medicine manufacturing company for a few months. Later, he went abroad and worked in a CFL manufacturing company for

3 years. During that period, he had some health issues such as gastritis and head ache, then he came back to hometown and took treatment but did not get relief. He strongly believed that everything happen to him as a result of black magic did by someone else. To neutralize this effect, he had done some religious rituals. Then, he joined for a PSC coaching and secured good rank in examination, unfortunately the rank list was cancelled. Then, he tried for another job and started to work as a salesman in a shop. He got married in 2020. His wife has noticed some behavior changes in him such as stubbornness and anger outburst toward her. He became aggressive during the time when his wife went her home for delivery. He showed self-harm, head banging, wandering in room, sleeplessness, etc. He was admitted in a nearby hospital for 3 days. Later, he showed suicidal ideations and consulted a psychiatrist and is on psychiatric medication.

2.1. Medical History

- 15 year back he took treatment for headache and gastritis for many months
- 1 year back he started psychiatric medications
- Now he is on resperidone 2 mg 0-0-1
- Propranolol 2 mg 1-0-0
- Escitalopram 10 mg 1-0-1.

2.2. Family History

There is no reported psychiatric illness in his family.

2.3. Clinical Findings

Pulse rate was 69/min and regular; blood pressure was 120/80 mmHg, temperature was 97.60F, and respiratory rate was 18/min. BMI was 19.4 with height 182 cm and weight 65 kg.

2.4. Mental Status Examination (MSE)

The patient was moderately built. He was not comfortable about the interview and behave as restless. Eye contact was hesitant and rapport was established with ease. The psychomotor activity was slightly increased and talking very slowly, feeling unable to find anything to say. The productivity was decreased and the tone was low. On assessment, the mood was found to be depressed and fluctuations were present. The affect was congruent with the mood. The thoughts appeared to be no goal-directed and conveyed hopelessness, helplessness, or thinking about death or suicide in speech. No perceptual distortions were elicited. He was conscious and oriented about the time, place, and person. The cognitive assessment of attention, concentration, intelligence, reading and writing, abstract thinking, and judgment all were intact. The insight was graded as 5 because the patient had the ability to understand the situations and symptoms. The ayurveda pareeksha was also performed which mentioned in Table 1.

2.5. Diagnostic Assessment

Considering the detailed history and MSE, the case was diagnosed as Bipolar II disorder with current episode of depression as per DSM 5, requires elevated (euphoric) and/or irritable mood, plus at least three of the following symptoms (four if mood is only irritable): grandiosity, decreased need for sleep, increased talking, racing thoughts, distractibility, overactivity (an increase in goal-directed activity), psychomotor agitation, and excessive involvement in risky activities.^[4] This observable change in functioning should not be severe enough to cause marked impairment of social or occupational functioning or to require hospitalization.

Based on Ayurvedic understanding of psychological impairment of mental factors such as *Mano vibhrama* (dysfunction at the level of thinking, critical thinking, and analysis), *Buddhi vibhrama* (lack of concentration, false decision making, misinterpretation of things, delusions), *Bhakti vibhrama* (change in desires and likes), *Sila vibhrama* (change in behavior, habits, emotions), *Cesta vibhrama* (improper mannerism/gestures), and *Acara vibhrama* (change in daily routine and hygiene), and also considering the typical features of doshas mentioned in Table 2 the disease was diagnosed as *Kaphaja Unmāda* with *Pitta anubandha*.

2.6. Management

The following internal medications were administered in first 10 days of treatment:

1. *Drakshadi kashaya*-15 mL Kashaya+45ml lukewarm water BD, B/F
2. *Yashti*^[7]+*swetha sankhapushpi*^[6]+*Aswagandha churna* ½ tsp BD
3. *Manasamaithra vataka*^[8] 2-0-2 A/F
4. *Somalatha churna* 1tsp bd A/F
5. *Dhoopana-Haridradi dhoopana* (*haridra, daruharidra, kottam, jadamamsi, vacha*)
6. *Thalam-Chandhanadi thaila*^[9]+*Kachuradi churna*. 31 days treatment procedure was also administered which mentioned in Table 3.

3. DISCUSSION

Bipolar disorders are a complex group of severe and chronic disorders that include severe mood swings. The present case was diagnosed as BPAD II with current episode of depression. Based on Ayurvedic understanding of psychological impairment of mental function, the disease was diagnosed as *Kaphaja Unmāda* with *Pitta anubandha*. The treatment aimed at *Srothoshodhana*, *Tridoshasamana* including *Pitta and Kapha samana*. Treatment aspects include *Deepana, Pacana, Snehana, Swedana, Virecana, and Vasthi* along with *Kashaya dhara* for reducing the anger and restlessness. The patient was administered orally with a combination of *Swetha Sankupushpi, Aswagandha*, and *Yashti*. The combination as a whole is proven anti-stress and anxiolytic drugs and also psychostimulant medicines in the conventional practice.

The treatment procedures were started with *Kashayadhara* with *Dasamula, Panchagandha* for 10 days. *Rukshana* was done with *Gandharvahasthadi Kashaya* and *Shaddharanam tab.*^[10,11] *Shodhanaga Snehapana* in *arohana matra* was done with *Kalyanaka gritha* indicated in *Unmaada*. As the patient had *Kapha Pitha* predominant features, *Kalyanaka gritha* was selected for *Snehapana* considering the *Kapha Pithahara* nature.^[12] The *Snehapana* was administered for 5 days. On the next 2 days, *Abhyanga* and *Ushma sweda* were done with *Dhanwantharam taila*^[13] in order to bring about the liquefaction of Doshas. Next day, *Virechana* was administered with *Avipathi churna* 25 g, with lukewarm water.^[14] Properly administered *Virechana* brings *Srothosuddhi, Indriya visuddhi*, and also increases the *Agni*.^[15]

After the *Samsarjana krama* the appetite increased and there was an improvement in the social behavior, sleep, and speech. However, the informant reported that irritability was persisting and considering the *Vata dosha* predominance,^[16] *Yogavasthy* were done. *Mahat panchagavya gritha+tiktaka gritha* was opted for *Snehavasthy* to address the *Kapha Pitta doshas* which is the controller of mental functions and one of the important remedy for the treatment of disturbed *vatha*.^[17] *Doshahara vasthy* was used for *Kashayavasthy*. After *vasthy*,

usheera dhara was administered which is *Pitha samana* and which is also useful to calm the mind and enhance sleep.^[18] Assessment was done with Hamilton depression rating scale and score reduced from 20 to 12 after 1 month of the treatment.

On clinical observation [Table 4 and Table 5], after the 1 month of treatment, patient started to maintaining normal grooming habits, engage in social interactions comfortably, mood became normal and also have stable energy, rate and rhythm of speech increased, ideas of gut changed, able to mingle with others, and also he got good sleep patterns.

4. CONCLUSION

While considering the aspects of BPAD, there have been significant advances in the management of the depressive episodes. Evidence from a number of studies shows that antidepressant monotherapy is mood destabilizing and can induce mixed manic and hypomanic episodes and rapid cycling. *Ayurveda* therapy including *Kashayadhara, Snehapana, Vamana, Virecana*, and *Yogavasthi* along with oral medicines is effective as well as safe in BPAD with current episode of depressive features. It helps in relieving the symptoms of low mood, low energy, restlessness, sleeplessness, anger outburst, etc., and thus improving the performance of the patient in his daily activities. Furthermore, evaluation regarding follow-ups is required for the generalization of the observed results.

5. ACKNOWLEDGMENTS

None.

6. AUTHORS' CONTRIBUTIONS

All the authors contributed equally in design and execution of the article.

7. FUNDING

Nil.

8. ETHICAL APPROVALS

This study not required ethical clearance as it is case study.

9. CONFLICTS OF INTEREST

Nil.

10. DATA AVAILABILITY

This is an original manuscript and all data are available for only review purposes from principal investigators.

11. PUBLISHERS NOTE

This journal remains neutral with regard to jurisdictional claims in published institutional affiliation.

REFERENCES

1. Grande I, Berk M, Birmaher B, Vieta E. Bipolar disorder. *Lancet* 2016;387:1561-72.
2. Brunello N, Tascadda F. Cellular mechanisms and second messengers: Relevance to the psychopharmacology of bipolar disorders. *Int J Neuropsychopharmacol* 2003;6:181-9.

3. Geddes JR, Miklowitz DJ. Treatment of bipolar disorder. *Lancet* 2013;381:1672-82.
4. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 5th ed. Arlington, VA: National Institute of Mental Health, American Psychiatric Association; 2013. Available from: <https://www.nimh.nih.gov/health/topics/bipolar-disorder> [Last accessed on 2023 Dec 12].
5. Murthy KR. Ashtangahridaya Uttarasthana, 6/23-26. Varanasi: Chowkhamba Krishnadas Academy; 2008. p. 60.
6. Agarwa P, Sharma B, Fatima A, Jain SK. An update on Ayurvedic herb *Convolvulus pluricaulis* Choisy. *Asian Pac J Trop Biomed* 2014;4:245-52.
7. Kurup V. Sahasrayoga, Gutika Prakarana/40 Vaidhyapriya Vyakhyana. 1st DBS edition. Kodungallur: Devi Book Stall; 2017.
8. Thakral KK. Sushruta Samhita-Dalhana Commentary Nibandha Sangraha, Chikitsa Sthana 1/6. Varanasi: Chaukhamba Orientalia; 2019. p. 205.
9. Sharma PV. Dravyaguna Vigyana Chandanadi Varga - 4/15. Varanasi: Chowkhamba Bharti Academy; 2011.
10. Kurup V. Sahasrayoga, Vaidhyapriya Vyakhyana. 1st DBS edition. Kodungallur: Devi Book Stall; 2017. p. 233.
11. Murthy KR. Ashtangahridaya Uttarasthana, 6/23-26. Varanasi: Chowkhamba Krishnadas Academy; 2008. p. 60.
12. Agarwa P, Sharma B, Fatima A, Jain SK. An update on Ayurvedic herb *Convolvulus pluricaulis* Choisy. *Asian Pac J Trop Biomed* 2014;4:245-52.
13. Kurup V. Sahasrayoga, Gutika Prakarana/40 Vaidhyapriya Vyakhyana. 1st DBS edition. Kodungallur: Devi Book Stall; 2017.
14. Thakral KK. Sushruta Samhita-Dalhana Commentary Nibandha Sangraha, Chikitsa Sthana 1/6. Varanasi: Chaukhamba Orientalia; 2019. p. 205.
15. Sharma PV. Dravyaguna Vigyana Chandanadi Varga - 4/15. Varanasi: Chowkhamba Bharti Academy; 2011.
16. Dash SB, editor. Commentary Dipika of Chakradatta on Charaka Samhita of Charaka, Chikitsa Sthana; Unmada Chikitsa. Ch. 9. Verse 25-28 (reprint ed.). Varanasi: Chaukhamba Sanskrit Series; 2019. p. 421-2.
17. Murthy KR. Ashtanga Hridaya Uttara Sthana. 4th ed., Vol. 3. Varanasi: Chaukhamba Krishnadas Academy; 2000. p. 406. 14/34.
18. Murthy KR. Ashtanga Hridaya Chikitsa Sthana. 4th ed., Vol. 2. Varanasi: Chaukhamba Krishnadas Academy; 2000.

How to cite this article:

Jancy KS, Jithesh M. *Ayurveda* Management of Bipolar Affective Disorder – A Case Report. *IRJAY*. [online] 2024;7(2):14-18.

Available from: <https://irjay.com>

DOI link- <https://doi.org/10.48165/IRJAY.2024.70203>

Table 1: Ayurvedic clinical examination

<i>Prakriti</i>	<i>Kapha pitha</i>
<i>Vikriti</i>	<i>Kapha dushti with pithanubandha</i>
<i>Manasika prakriti</i>	<i>Tamasa-rajasa</i>
<i>Satva</i>	<i>Avara Satva</i>
<i>Abyavaharana sakti</i>	<i>Avara</i>
<i>Jarana sakti</i>	<i>Avara</i>
<i>Srotas</i>	<i>Manovaha srotas</i>
<i>Nidana</i>	<i>Ruksha alpa amla, katu and seetha ahara, Mano vyakulatha and exposure to stressful situations</i>

Table 2: Symptoms based on *Dosha*

Dosha	Symptoms
<i>Vata</i>	<i>Rodhana, ajasramadanam^[5]</i>
<i>Pitta</i>	<i>Krodha, abhidrava, alpa nidratha, asahishnuta^[5]</i>
<i>Kapha</i>	<i>Arochaka, alpehara, raha kamatha, tushni bhava, mandha vak/cheshta^[5]</i>

Table 3: Treatment procedure

Procedure	Duration	Medicines	Rationale	Observation
<i>Sirodhara</i>	10 days	<i>Dasamula, Panchagandha churna</i>	Pacify the aggravated <i>pitta</i> , for reducing the anger and restlessness	Restlessness Increased tension crying spells Sleeplessness present
<i>Rookshana</i>	2 days	<i>Gandharvahasthadi kashaya Shaddharanam tab 2-0-2</i>	<i>Rukshana, Srothosodhaka, Agni vardhaka</i>	Irritable mood Increased anger and use of abusive words
<i>Snehapana</i>	5 days	<i>Kalyanaka Gritha starting dose 50 mL to 300 mL</i>	Help to alleviate <i>Kapha-Pitta dushti</i>	Increased anger noticed Restlessness present
<i>Abhyanga and Ushma sweda</i>	2 days	<i>Dhanwantharam Thaila^[17]</i>	<i>Dosha vilayana</i>	Restlessness reduced
<i>Virechana</i>	1 day	<i>Avipathi churna^[18] 25 g</i>	<i>Manodosha hara, Pittasamana, Koshta sodhanartha</i>	8 vegas obtained Decrease in anger, crying spells, improvement in mingling
<i>Yoga vasthi</i>	8 days	<i>Sneha vasthi-mahat panchagavya gritha+Tiktaka gritha Kashayavasthy-Doshahara vasthy-kwatha-Erandamula kashaya Drugs-vacha, satapushpa, suradaru, rasna, hingu</i>	<i>Agni Sthapana, Mana budhi prasadana, Indriya Prasadana</i>	Increased anger and irritability, sad mood was noticed
<i>Usheera Kashaya dhara</i>	3 days	<i>Usheera</i>	<i>Pitta samaka, calm the mind and sleep</i>	Anger reduced sleep improved Able to relax

Table 4: Scores on assessment

Scales	Initial assessment	-20th day assessment	30th day assessment
Hamilton depression rating scale	20	14	12

Table 5: Clinical observations

Symptoms	Before treatment	After treatment
Appearance	Restless, Hesitant eye contact, not well groomed	Maintained eye contact and maintained grooming
Mood	Sad/depressed	Euthymic
Speech	Slowness and loss of spontaneity	Spontaneous, tone and rate improved
Thought	Hopelessness, worthlessness	Ideas of hope, enthusiastic
Socialisation	Social withdrawal	Engaged in social interaction
Psychomotor activity	Decreased	Normal
Sleep	Decreased	Improved