Ayurveda Management of Schizophrenia – A Case Report

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INTRODUCTION

In day to day life, the human being has to face various challenges because of different kind of occupational, environmental and social conditions. Such frustration and worry lead to stress which adversely affects our physical, social, mental and spiritual health which may lead to psychiatric disorders. Schizophrenia is a complex, chronic mental health disorder characterized by an array of symptoms, including delusions, hallucinations, disorganized speech or behavior and impaired cognitive ability1. The early onset of the disease, along with its chronic course, make it a disabling disorder for many patients and their families. The inherent heterogeneity of Schizophrenia has resulted in a lack of consensus regarding its diagnostic criteria, etiology and pathophysiology. Worldwide, Schizophrenia is associated with considerable disability and may affect educational and occupational performance. The annual prevalence of Schizophrenia...
worldwide is 0.2-0.4/1000. The prevalence of Schizophrenia in India is 3/1000. About 90% of the patients ongoing the treatment of Schizophrenia are between 15-55 years old. Schizophrenia is diagnosed 1.4 times more frequently in males than females and typically appears earlier in men. Schizophrenia is a lifelong condition, but treatment can help manage the symptoms. Schizophrenia is characterized by disturbances in thought and verbal behavior, perception, affect, motor behavior and relationship to the external world which may cause reduced occupational and social functionality in the subjects. Pharmacotherapy is the mainstay of schizophrenia management, but residual symptoms may persist, in which psychotherapy can be administered.

Ayurveda defines ‘Ayu’ or ‘life’ as the intelligent coordination of the four parts of life: Atma (the soul), Manas (the mind), Indriya (the senses) and Sareera (the body), with the totality of life. Ayurveda focuses on maintaining a balanced integrated relationship among them. Imbalance, whether physical, mental or emotional arises when there is a disconnection between the subjective/non-physical and the objective/physical areas of life. In Ayurveda, field of psychiatry is positioned as a separate branch termed as Bhutavidya. Unmaada is a very broad term comprising of various kinds of Manovikaras. In Unmaada the impairments in the domains of Ashtavibhramas leads to the occurrence of various clinical conditions.

The present case of schizophrenia exhibited symptoms like irritability, increased anger, disturbed sleep, impulsivity and suicidal ideation along with psychotic symptoms like somatic passivity. The case was diagnosed as Unmaada because of impairment in Ashtavibhramas and a final diagnosis of Sannipata Unmaada with Pitha Vatha predominance was done based on the symptoms prominent in the subject. Treatment strategy included procedures like Snehapana, Virechana, Nasya, Shirodhara and Dhoopana.

**Clinical presentation with history**

A 28-year-old Hindu woman, who has completed MSc Computer Science, working as an insurance officer, hailing from a family of middle socio economic status from Kottayam presented with headache, disturbed sleep, increased anger and feeling sadness, more in the evening. On detailed interrogation with her mother and father’s brother, she was found to have complaints such as irritability, increased anger, suicidal attempt, disturbed sleep during night and increased sleepiness during day time along with impulsivity.

Detailed history revealed that she was very pampered and stubborn since childhood. She is the second child of non-consanguineous parents and she is excellent in her academic performance and procured a job also. At her 26 years of age, two marriages were cancelled after engagement subsequently due to incompatibility, which made her stressful. Two months later, her third proposal came and got married. She could not get along with her in-laws and they shifted to another flat within one month of marriage.

There she conceived and delivered a baby girl, who is a preterm baby and was in NICU for one month which also made her stressful. After delivery she started feeling that her husband is not caring enough for her and her child. The symptomatic picture began 5 months back and that day evening she closed her bedroom, with baby inside and said she will commit suicide. Her sister came and consoled her. After this incident, she was shifted to her own house. She had occasional anger and she outburst when stressful. She had disturbed sleep and increased sleepiness during day time. These symptoms continued and she took allopathic medication which gave her no relief.

One day, she attempted suicide by pouring kerosene over her body and her mother rescued her. She had increased anger and blew up 2-3 times a day and attempted suicide also, but her mother resisted. She always ran out of house at that time. Gradually she started harming her mother and she tied her hands. The patient is unaware of all these incidents. She continued her allopathic medication. She took medicines from OPD for 12 days and then got admitted. She complained of disturbed sleep, increased anger and lack of interest to care her baby. Her condition aggravates in the evening and at that time, she sit alone and weeps. She also reported of a strange sensation where someone pulls her both lower limbs. She also believes someone will harm her and her child.

**Family history**

Nothing relevant

**Clinical findings**

General physical examination - Pulse - 76/minute, Heart rate - 76/minute, BP-120/80 mm of Hg, Respiratory rate - 18/minute, Weight - 54kg

**Medical history**

On allopathic psychiatric medication since 3 months.

**Mental status examination**

The patient appeared well built with proper self-care, adequate grooming and was well-dressed also. She was cooperative and attentive during the interview. She maintained a normal eye contact and a working and
empathic relationship was established easily. The psychomotor behavior as well as social manner appeared to be decreased. Rate and quantity of her speech was decreased with normal tone and rhythm. The mood was restricted and the affect was found to be congruent with the mood. She formerly had elementary auditory hallucination and also believed that someone will harm her and her child. She also reported of a strange sensation where someone (some external agency) pulls her both lower limbs.

She was conscious and well oriented about time, place and person. Attention and concentration was intact. Memory was found to be intact and there was no impairment in abstract thinking, intelligence, judgment and reading and writing. Her insight was graded as six and impulsivity present.

Investigation and past medical history
Blood and urine routine investigations were within normal limits. She had gestational diabetes and now her blood glucose levels were normal. She was on psychiatric medication for the past three months.

Ayurveda clinical examination
In the Ayurveda view Dasavidha pareeksha was performed and lead to these observations. Sareerika prakriti was observed to be Pitha Kapha and Maanasika prakriti as Rajasa Tamasa. There was Pitta predominant features like irritation, anger, attacking others, excitement in inappropriate occasions and reduced sleep. Vata predominant features such as inappropriate crying, inappropriate shouting and running out of house were seen. Also Kapha predominant features like reduced intake of food and reduced speech were noticeable. She belonged to Anupa desa and the Kala was Visarga (Sisiram) . She was having Avara satwa and both Abhyavaharanaka sakti and Jarana sakti was found to be Madhyama. Manovaha srotas was involved in the pathology and the precipitating factors of the disease were found to be Madhura snigdha seeta aharas, Manobhighatha and stressful situations.

Diagnostic focus and assessment
The symptoms of the patient coincide with the diagnostic criteria of Schizophrenia as per the diagnostic criteria mentioned in WHO's International Classification of Disease 10.8 The assessments were done using Positive and Negative syndrome Scale (PANSS)9 on the 1st day and 23rd day.

Most of the domains of Ashtavibhrama seems altered in the subject and the condition was broadly diagnosed as Unmaada considering the features and etiopathogenesis. As the subject had Pitta predominant atypical features such as Anarsha (irritation), Krodha (anger), Mushtibhirabh samhananam (attacking people with fist), Santapasathivahelam (continuous state of anguish), Sanrambhascha asthaane (excitement in inappropriate occasions), Vinidra (reduced sleep) etc. Vata predominant atypical features like Asthane rodhanam (inappropriate crying), Asthane akrosha (inappropriate shouting), Ajasramadanam (speedy walking including running out of house) etc and Kapha predominant features such as Alpahara (reduced intake of food) and Alpavakyatha (reduced speech), a final diagnosis of Sannipatika Unmaada with Pitta Vatha predominance was made.9

Management
The internal medications given were:
1. Drakshadi kwatha9, Panchathikthakam kwatha10 – 10ml each + 45ml luke warm water – BD
2. Yashhti11 + Sarpagandha12 + Somalatha churna13 Churna (equal) – ½ teaspoon BD with lake warm water
3. Thikthaka gritham14 – 2 teaspoon at bedtime

Procedure with Rationale given in the Table 1

After the IP treatment the following medicines were continued up to two months
1. Drakshadi kwatha9, Panchathikthakam kwatha10 – 10ml each +45ml luke warm water – BD
2. Yashhti11 + Sarpagandha12 + Somalatha 13 Churna (equal) – ½ teaspoon BD with lake warm water
3. Thikthaka gritham14 – 2 teaspoon at bedtime
4. Arukaladi kera tailam20 for head

Yoga and pranayama were done daily

Changes in panss score bt and at were given in table number 2.

PANSS - Positive and Negative syndrome Scale
BT - Before treatment
AT - After treatment

DISCUSSION
Unmaada is a very broad term comprising of various kinds of psychiatric diseases which is characterized by the perversion of Manas. It affects our day to day activities and exhibits abnormal behaviours. In Unmaada, vibhrama of eight factors – Manas, Budhi, Samjna jnana, Smriti, Bhakti, Seela, Cheshta and Achara are seen. Sareerika doshas – Vata, Pitta and Kapha as well as Manasa doshas – Rajas and Tamas are involved in the pathology. Unmaada nidaana leads to vitiation of Sareera and...
Manasa doshas which in turn causes Avarana to Hridaya and Manovalahasrotas resulting in the manifestations of symptoms of Unmaada.

In the present case of Schizophrenia, the subject was having Avara satva and was exposed to psychological stressors like Krodha (anger), Soka (grief), Chinta (excessive thoughts), and Udvega (anxiety). Considering Manodosha, Rajo dosha was found to be aggravated in the pathology. Among Ashtavibhrama, impairment was found in all domains except Samijnajnana, Smriti and Achara vibhrama.

Both Sareerika dosha and Manasika dosha are involved in the pathology of present disease. Even though three doshas are involved, Pitta dushti and Vata dushti is more prominent. Important Pitta predominant symptoms were irritation, anger, attacking others, excitement in inappropriate occasions and reduced sleep. Vata dushti symptoms were inappropriate crying, inappropriate shouting and running out of house. Also Kaphadushti symptoms like reduced intake of food and reduced speech were noticeable. Considering all these symptoms, a diagnosis of Sannipathika Unmaada with Pitta Vata predominance was made and treatment was done accordingly. In order to address the Pitta Vata predominance of the symptoms, the samana drugs selected were Drakshadi kwatha and Panchathikthaka kwatha along with a combination of Yashti, Sarpagandha and Somalatha choorna. Yashti choorna is Vata pitta samaka. Sarpagandha choorna eliminates giddiness, headache, irritability of mind, induces sleep and also Kapha vata samaka. Somalatha choorna is Pithasamaka. Thithakha gritha was also given in a Samana dose. All these Samana drugs were given initially for 12 days in an OPD basis.

After admitting the patient, Takrapana was done for two days inorder to increase the Agni level of the patient. After Takrapana, Snehapana was done with ghrita giving test dose in the first day and Uthama matra on second day. This ghutra mainly act as Kaphapitthahara and also Srotosodhaka. The antioxidant property of most of the drugs helps to reduce the symptoms of psychiatric disease. In general, Ghrta is Vatapitthahara and Ojovardhaka which plays a major role in alleviating psychiatric disorders. Lipophilic nature of the blood brain barrier is also a reason for selecting Ghrta. Snehapana also brings about Utkleshana of vitiated Doshas which in turn can be easily eliminated through Sodhana therapy. After Snehapana, reduction in anger was observed and Abhyanga with Ushmasweda was done for two days which was intended to bring about liquefaction of the vitiated Doshas.

After Abhyanga and Ushmasweda, Virechana was done which gave Vatanulomana and Agni deepana. Virechana is Buddhiprasadaka and Indriya balakara. After Virechana, reduction in anger and irritability were noticed and sleep were also improved. Nasya and Thalam was done for seven days after Virechana. Nasya procedure purges and rejuvenates the tissues and organs of the head and neck. Ayurveda describes nose as the doorway to the brain. Nasya aushadhi reaches to brain via nasal route and acts on higher centres of brain controlling different neurological, endocrinial and circulatory functions and thus showing local as well as systemic effects. Following Nasya and Thalam, reduction in symptom of low mood and improvement in sleep was noted.

Considering severe stress of the subject, Sirodhara was done for seven days. Sirodhara gives Doshasamana as well as Indriya prasadana. In the procedure of Sirodhara, prolonged and continuous pressure due to trickling of medicated liquid over forehead causes tranquillity of mind and reduces stress by modulating the nerve stimulation. Probably Sirodhara normalizes the two important neurotransmitters Serotonin and Norepinephrine, which regulates a wide variety of neuropsychological processes along with sleep. Improvement in sleep was noticed after Sirodhara. It is a purifying and rejuvenating therapy which eliminates toxins and mental exhaustion as well as relieves stress and any ill effects on the central nervous system.

For her psychotic symptom and aggressive nature, Dhoopana was done for seven days, which is Srotosodhaka also. These medicinal fumes may help in tranquilising and pacifying the patient. Reduction in symptoms of poor attention were noticed after Dhoopana. Along with the above procedures, the patient practised Yoga and Pranayama daily which helped in alleviating her symptoms. Smriti meditation was also done in two sittings. After this meditation, she could set a goal in her life and herself aimed to achieve this goal.

There was considerable reduction in the scores of PANSS after the management. Earlier, she was reluctant to take care of her child, but at the time of discharge, she always kept her child besides giving immense love and care. Her anger reduced, never had suicidal thoughts and was very happy thereafter. At the time of discharge, the same medicines prescribed in the OPD basis was given for two months. In the follow up period, only one anger episode happened to her and she could overcome all the obstacles in her mind and could continue her job with satisfaction.
CONCLUSION
Ayurveda is based on the principle of maintaining a balance between the interrelated relationships within the body and mind. Ayurveda medicine maintains its holistic approach to health and treatment of diseases. Psychiatric ailments are discussed under the branch of Bhutavidya in which Unmaada is described as a broad term. This case report summarizes a case of Schizophrenia, diagnosed as Sannipathika Unmaada with Pittavata predominance and the subject was managed effectively. Furthermore, evaluations regarding follow-ups along with more documentation are required for generalisation of the observed result.

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Procedure with Rationale given in the Table 1

<table>
<thead>
<tr>
<th>Procedure / Procedure</th>
<th>Duration</th>
<th>Medicines</th>
<th>Rationale</th>
</tr>
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<tbody>
<tr>
<td>Takrapana</td>
<td>2 days</td>
<td>Takra (1.5litr) + 10gm Vaiswanara churna\textsuperscript{[15]}</td>
<td>Rukshana, Srothosodhana, Agnivardhaka</td>
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<tr>
<td>Snehapanam</td>
<td>2 days</td>
<td>Kalyanaka gritham\textsuperscript{[16]} (50ml – 200ml)</td>
<td>Snehana, Vatha Pitha hara</td>
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<td>Abhyanga + Ushmasweda</td>
<td>2 days</td>
<td>Dhanwantharam thailam\textsuperscript{[17]}</td>
<td>Dosha vilayana</td>
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<tr>
<td>Virechana</td>
<td>1 day</td>
<td>Avipathi churna\textsuperscript{[18]} -25gm</td>
<td>Vatanuloma, Budhiprasadhana, Agni deepana, Indriya balakara</td>
</tr>
<tr>
<td>Nasyam Thalam</td>
<td>7 days</td>
<td>Ksheera bala 7 avarthi\textsuperscript{[19]} 1ml each nostril Arakaladi tailam\textsuperscript{[20]}</td>
<td>Indriya dridatha Srothosodhana</td>
</tr>
<tr>
<td>Sirodhara</td>
<td>7 days</td>
<td>Triphala\textsuperscript{[21]} + Samjnasthapana gana \textsuperscript{[22]} Takradhara</td>
<td>Doshasamana Indriyaprasadhana</td>
</tr>
<tr>
<td>Dhoopanam</td>
<td>7 days</td>
<td>Kushta\textsuperscript{[23]}, Haridra\textsuperscript{[24]}, Daruharidra\textsuperscript{[25]}, Jadamanchi\textsuperscript{[26]}, Vacha\textsuperscript{[27]}</td>
<td>Srothosodhana</td>
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CHANGES IN PANSS SCORE BT AND AT WERE GIVEN IN TABLE 2.

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<th>Scale</th>
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<tr>
<td>PANSS</td>
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