## INTRODUCTION

Bipolar Affective disorder (BPAD) is one of the world’s ten most disabling conditions, earlier known as manic depressive psychosis (MDP) is a major psychiatric disorder all around the world, which is mainly characterized by frequent and recurrent episodes of mania, hypomania, and depression. A majority of complete aetiology or pathogenesis of BPAD is unknown. As per Ayurveda, Bipolar affective Disorder shows symptoms as mentioned in unmāḍa. In unmāḍa, there is significant impairment in the domains of manas, buddhi, samjnājnāna, smṛti, bhakti, śīla, ċeṣṭa, as well as ācāra. Many of the nidāna mentioned in unmāḍa like virudha, duṣṭa, aśuci bhōjana, bhaya, mano abhighāta, viśama čeṣṭa can be identified as the triggering factors in Bipolar affective Disorder. A 18 year old female presented in the OPD with increased worries especially in the evening, hopelessness regarding her future, increased anger and sadness, occasional impulsivity, symptoms can be merely correlated with kaphajonmāḍa with anubandha of pitta. Internally she was given medicines to manage her depression and anxiety. She was also advised procedures like takrapāna followed by uttamamātra snēhapāna was done as a śodhana therapy following abhyanga and ūṣma sweda. Thereafter virecana, nasya śirodhāra and talapotichil. During this time she was also subjected to meditation and counselling techniques as well. The patient responded satisfactorily to the treatment and her symptoms improved significantly. There was marked reduction in her pessimistic attitude. HAM D scale score before treatment was 21 while it reduced to 10 after treatment. Also the HAM A scale score before treatment was 15 while it reduced to 8 after treatment.

### Keywords:
Bipolar affective disorder, HAM A Scale, HAM D Scale, Āyurveda, Srotośodhana
approximately 1% across all populations. All Bipolar disorders are chronically recurring illness associated with substantial morbidity and mortality. As more is known about the epidemiology of bipolar disorder, it has become apparent that some people do not experience manic episodes, but nonetheless do experience episodes of mood elevation that are clearly noticeable to themselves and others (hypomania)- as well as depressive episodes. To accommodate these heterogeneous clinical pictures, bipolar disorder has been divided into bipolar disorder, type 1 (mania ± depression) and bipolar disorder, type 2 (hypomania + depression). This disorder is characterized by repeated (i.e. at least two) episodes in which the patient's mood and activity levels are significantly disturbed, this disturbance consisting on some occasions of an elevation of mood and increased energy and activity (mania or hypomania), and on others of a lowering of mood and decreased energy and activity (depression). Characteristically, recovery is usually complete between episodes, and the incidence in the two sexes is more nearly equal than in other mood disorders. Manic episodes usually begin abruptly and last for between 2 weeks and 4 - 5 months (median duration about 4 months). Depressions tend to last longer (median length about 6 months), though rarely for more than a year, except in the elderly. Episodes of both kinds often follow stressful life events or other mental trauma, but the presence of such stress is not essential for the diagnosis. The first episode may occur at any age from childhood to old age. Remissions tend to get shorter as time goes on and depressions to become commoner and longer lasting after middle age. As per Ayurveda, Bipolar affective Disorder shows symptoms as mentioned in unmāda. In unmāda, there is significant impairment in the domains of manas, buddhi, samjñānāna, smṛti, bhakti, śīla, ċeṣṭā, as well as ācāra. Many of the nidāna mentioned in unmāda like virudha, duṣṭa, aśucī bhojana, bhaya, mano abhīghāta, viśama čeṣṭā can be identified as the triggering factors in Bipolar affective Disorder. Also, symptoms as mentioned in the context of unmāda like manovibhrama, astāne rodana, ākroṣa, krodha, abhīdrava, alpa vākyata, are manifested here. Hence, considering all these factors, the Ayurveda diagnosis can be made as unmāda.

Presenting complaints with history
A 18 year old female presented in the OPD with increased worries especially in the evening, hopelessness regarding her future, reduced interest in daily activities, increased negative thoughts regarding her studies, future, job, communication with others and reduced concentration in studies.

On enquiring she reported that she had developed these symptoms over the last 3 years. Further interrogation revealed that she had 2 episodes of violent behaviour including harming her family members. She developed the above mentioned symptoms gradually. On mental status examination, she was found to have depressed and anxious mood and affect in addition to her pessimistic thoughts. As the patient presented with low esteem, nihilistic thoughts, reduced concentration, liking solitude, fatigue, loss of interest / pleasure, worthlessness, hopelessness, increased anger and sadness, occasional impulsivity, symptoms can be merely correlated with kaphajonmāda with anubandha of pitta.

Clinical examinations
On assessing mental status examination of the patient, she was well dressed, co-operative towards the examiner, comprehended well, gait and posture was intact, motor activity was slightly decreased, social manner was maintained and rapport was established. On assessing speech, rate and quantity was decreased, volume was decreased and flow and rhythm was continuous. Mood and affect was found to be sad, depressed, anxious and fearful both subjectively and objectively. Also, mood and affect were congruent. Stream and form of thought were continuous. Pessimism were present in the content of thought. No abnormalities in perception, i.e. no hallucinations were reported. In cognition, patient was found to be conscious, oriented to time, place and person. Attention, concentration and general intelligence were appropriate along with abstract thinking, reading and writing ability and visuospatial ability. Immediate retention and recall, recent memory and remote memory were also intact. Insight was found to be grade 4 and judgment was also intact. Impulsivity was present occasionally.

Ayurveda clinical examinations
Aśṭa vibhrama as mentioned in unmāda was assessed. Vibhrama in manas was found to be present as there was impairment in manonigrahā, āha and vičāra as she was unable to resist her pessimistic thoughts. No impairment in buddhi, samjñānāna, and smṛti was present. Bhakti showed slight impairment as her desire for food was very more. Śīla was also impaired as she had reduced sleep. Ćeṣṭā and ācāra were impaired as she had no habit of cleanliness Daśavidha parīkṣha was also done.
Dosha - Kapha - Pitta
Dushya - Ras Dhatu
Rogi Bala - Madhyama
Prakriti - Kapha - Pitta
Mānasika Prakriti - Tamo - Rajas.
Adhisthan - Mana
Satva - Avara
Sara - Avara
Abhyavaharaṇa Śakti - Madhyama
Jaraṇa Śakti - Madhyama

Diagnosis and assessments:

The patient was diagnosed as having Bipolar affective disorder as per ICD 10\(^9\) and kaphajonmāda with anubandha of pitta as per Ayurveda. She was assessed with HAM D \(^9\) and HAM A \(^10\) scale and treatment protocol is given in Table 1. \(^{11-23}\)

DISCUSSION

Ayurvedic descriptions of mental illness are mainly incorporated under the heading of unmāda. Unmāda is characterized by the disturbances of Manas (mind), Buddhi (decision taking capacity), Samjñā jnāna (orientation and responsiveness), Smriti (memory), Bhakti (desire), Śīla (personality), ċeṣṭā (psychomotor activity) and Acāra (conduct). As the patient presented with low esteem, nihilistic thoughts, reduced concentration, liking solitude, fatigue, loss of interest / pleasure, worthless, hopelessness, increased anger and sadness, occasional impulsivity, symptoms can be merely correlated with kaphajonmāda with anubandha of pitta. The vibhrama of manas and buddhi gives an impression of an evident srotośodha which needs to be considered while formulating the treatment protocol. Hence, while planning the treatment, the derangement of all the doṣa were considered along with an implication for srotośodhana. \(^{24}\)

Considering her severity of symptoms, she was given the following internal medicines:

1. Aśwagandhārishtam \(^{25}\) 30 ml, bd, after food
2. Alert capsule 1-0-1, bd with Ariśhta
3. Drākṣadi Kaṣhvāya \(^{26}\) 90 ml, bd, before food
4. Aśwagandhha \(^{27}\) + Yaṣṭi \(^{28}\) + Śveta Sankhupuṣṭhi Čurṣa \(^{29}\)
   – 1/2 tsp twice daily after food with lukewarm water
   Thereafter, with a view to do śodhana, she underwent Takrapāṇa as Rūkṣaṇa for 2 days. Uttanamātra Snehapāṇa was done with Brahmī Ghṛṭa which has a property of medhākyṛ with a starting dose of 30 ml and went up to 200 ml in 2nd day. Abhyanga and Ğushma sweda was done followed by Vireṇcana with Avipatti Čurṣa 25 gm.

Various types of pharmacological and non-pharmacological treatments are available for curing and maintaining the bipolar disorder. In Ayurveda, the prime focus while treating any disease is to identify the impaired equilibrium of the tridosa and thereby incorporating treatment modalities that address the vitiated doṣa and bring them back into normalcy. We also need to understand that along with internal medicines as well as external treatment procedures, techniques like counselling, relaxation and meditation also has an important role to play in helping the patient deal with problems. The selected protocol was observed to be effective in Bipolar affective disorder especially in managing the depression associated with it. Furthermore evaluations regarding follow ups along with more documentations are required for...
generalization of the observed results.

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Table 1 Treatment Time line

<table>
<thead>
<tr>
<th>PROCEDURE</th>
<th>NUMBER OF DAYS</th>
<th>MEDICINES</th>
<th>DOSE</th>
<th>RATIONAAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Snehabāṇa</td>
<td>2</td>
<td>Brahmi Gṛṭa [12]</td>
<td>30ml – 1st day</td>
<td>Snehana</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>30 ml– 2nd day</td>
<td></td>
</tr>
<tr>
<td>Abhyanga + Ąushma Sweda</td>
<td>1</td>
<td>Dhānwantaram Taila [13]</td>
<td></td>
<td>Snehana and Swedana</td>
</tr>
<tr>
<td>Virecana</td>
<td>1</td>
<td>Avipatti Cūrṇa [14]</td>
<td>25gm</td>
<td>Sodhana</td>
</tr>
<tr>
<td>Nasya</td>
<td>3</td>
<td>Vilvādi gulika [15]</td>
<td>1st day – 1ml each</td>
<td>Srotośodhana</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2nd &amp; 3rd day – 2ml each</td>
<td></td>
</tr>
<tr>
<td>Dhūpana</td>
<td>14</td>
<td>Haridra [16], Dāruharida [17], Kuṣṭha [18], Vaça [19], Jaṭāmānchi [20]</td>
<td>20 minutes</td>
<td>Srotośodhana</td>
</tr>
<tr>
<td>Pratimarśa nasya</td>
<td>10</td>
<td>Vilvādi gulika [15]</td>
<td>4 drops per each nostril</td>
<td>Dośaśamana</td>
</tr>
<tr>
<td>Śirodhāra</td>
<td>7</td>
<td>Triphala [21] &amp; Daśamūla kashāya [22]</td>
<td>1 hour</td>
<td>Dośaśamana</td>
</tr>
<tr>
<td>Talapotichil</td>
<td>3</td>
<td>Samjnasṭhāpana gana [23]</td>
<td>1 hour</td>
<td>Dośaśamana</td>
</tr>
</tbody>
</table>