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Management of Schizophrenia in Ayurveda- A Case Report

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ABSTRACT:

Schizophrenia is unarguably one of the most devastating mental illnesses. It often strikes early in life, and onset can signal the presence of an irreversible vulnerability toward psychosis that creates a lifetime of anguish and burden for patients and their loved ones. Symptoms of Schizophrenia are similar to that of *Unmada* mentioned in Ayurveda classics. This article deals with a case of Schizophrenia which was diagnosed as *Kaphaja Unmada- Pithaanubandha* according to diagnostic principles of Ayurveda. The patient is having general presentation that suggests the presence of negative symptoms, including signs such as communication difficulties, flat affect, limited emotion, social inactivity, low motivation, and retarded psychomotor activity along with some positive symptoms. She was administered with *Dhaara, Snehapaana, Virechana, Vasthi* and *Nasya* during 45 days of Inpatient management along with internal medications. The Positive and Negative Syndrome Scale (PANSS) was used to evaluate the efficacy of treatment. Total two assessments were carried out before treatment and after completion of 45 days of treatment. The results were promising and worth detailing, and the negative symptoms got complete relief on PANSS. *Panchakarma* procedures along with internal Ayurvedic medicines provided promising results for successful tapering of antipsychotic medication and also for better management of Schizophrenia along with improved life quality of the patient. The case report stresses the role of Ayurveda treatment modalities in managing similar psychiatric conditions

Key Words: Schizophrenia, Ayurveda, PANSS, Negative symptoms, *Kaphaja Unmada*

INTRODUCTION

The distinction between positive and negative symptoms originated in the field of neurology and was later adopted in psychiatry; in schizophrenia, this distinction corresponds to clinical observations and allows the disorder to be described in terms of symptom domains.

While positive symptoms reflect an excess or distortion of normal function (e.g. delusions, hallucinations, disorganized behavior), negative symptoms refer to a diminution or absence of normal behaviors related to motivation and interest (eg, avolition, anhedonia,



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asociality) or expression (e.g. blunted affect, alogia). Negative symptoms are a core component of schizophrenia and they account for a large part of the long-term morbidity and poor functional outcome in patients with the disorder.¹⁻
³Although positive symptoms are generally effectively managed with available antipsychotic medications, limited treatment options are available for negative symptoms and despite advances in understanding the epidemiology, etiology, biology, and psychopharmacology of schizophrenia, they remain an unmet medical need⁴

Numerous articles about negative symptoms of schizophrenia are available, many are focused on research and contain details that may be less relevant or helpful to clinicians who encounter patients with schizophrenia and negative symptoms in usual clinical care settings.⁵ The objective of this article is to provide understanding with a comprehensive source of information about the Ayurvedic treatment options that may be useful for clinicians treating patients with this challenging manifestation of schizophrenia.

Patient Information

A 28 year old degree student hailing from rural background was taken to the OPD by her parents having the complaints of slowness in activities, reduced mingling, lack of interest in food intake, increased fear and disturbed sleep. According to the patient, she had no complaints and she had no difficulties getting treatment. Parents also reported that she is having self-talk and muttering when she gets disturbed with some thoughts, she feels that friends and neighbors are threatening and lambasting her, and occasional inattention with surroundings with upward gaze.

On taking history in detail, it was reported that she was reasonably well until when her brother left home and went to Dehradun for his job, 3 years back. She had been worried about her brother leaving for past 1 month. She slept after crying and got up the next morning around 4AM by screaming and ran out of her house and started to check around in her new house which was under construction. She showed gestures to keep quiet when her parents enquired about this. Then she came back home and started crying and saying that her brother is in trouble and then slept off. After a few hours later she again started crying loudly and complaining that her brother had some mishap. Her brother called her through a video call, but she denied that it was her brother. She refused to take food & take bath on that day. She started saying that her brother's friends

had killed him and buried in that new house. She asked her mother to move away while she was cooking, saying that all her family members have negative energy and told she would cook by herself. Then she started to assault them and use abusive words in between. One day she started to talk by herself, standing in the courtyard and saying that gods are standing out and would start saying that she is Karthika devi. She would tell her mother that even the leaves are talking to her, and she is always looking down. This continued for 2 months

They went for some religious remedies and the patient appeared to calm down for some time. Later she was taken to an Allopathic hospital. Then she appears calm and clinging to him when her brother was at home along with occasional self- talk for 10 days. 1 week later she was back to the previous worse state. After doing some preliminary tests from that hospital she was referred to a psychiatrist. There she was under IP care for 15 days, and she was having disorganized behaviour there. She would leave the toilet without cleaning or at times half the way. Reports show that she was observed to be going to temple frequently and seems to be deep in trance while at the temple. She was observed to be imitating "Devi " and hearing voices in her ears of the Gods. She was observed to be avoiding non-vegetarian food over the few months and was observed to be avoiding watching TV. Mother reports of fearfulness on going into the bathroom for bathing, observed to remove her ornaments while going for bath, observed to have fears that cameras are being placed in the bathroom as well as in ornaments and rooms. During the course in hospital she improved. Then she was under medication follow up for 2 months.

Due to natural hazard (flood) she was not able to follow up for 4 days, She was off drugs on these days. Her symptoms re-emerged and was taken to the Medical college hospital. CT was done and the report shows she is having only a gliotic change near the brain abscess (that was corrected at her 5 year of age). Then she is under IP care for 5 days. She gradually improved and she started to attend her activities. She was on medication and maintained well on it. 2 years before due to some family issues she was mostly found worrying about it and apparently tossing and turning at night. Then she appears sitting mostly mute and enunciating only when asked something. She had to be forced to take food. Even though parents are concerned about the sedative effect of antipsychotics, it continued for about 2 years. She was sitting typically preoccupied, sometimes suddenly got up during evening times irritably

and said to parents that "I was not your daughter "when they asked to take a bath or do something like this. And also she says that she was lord Karthika and started requesting to marry off her to Mr.Binu whom she started to recognize as lord Muruga. Her mother enquired about that person and the relation to a friend and realized that it is a fictional one. She also mentions another name Thomas who will marry her. This incident made them take advice from another psychiatrist and she was carried to another hospital. There it was managed with revising the medications and continued for nearly 1 year. 2 months back she started to say that friends are torturing her and she replied them by shouting loudly through window even in their absence. Now she also shows slowness in activities, reduced mingling, disturbed sleep, lack of interest in food intake along with increased fear and self-muttering. There was no history of psychiatric illness/ DSH/ suicide in her family, and no drug allergies were noted. Predisposed emotional trauma noted before every course of admission.

Clinical Findings

On the mental status examination of the patient, she was Lean and well dressed but had an uncomfortable look with expressionless facies. She was Co-operative but guarded with posturing and negativism. Decreased motor activity, occasional staring were present and the rapport established with difficulty. Hallucinatory behavior also present at the time of admission. Speaks with slow rate present only when ask something. Mood was subjectively euthymic but sad and anxious objectively with shallow affect. Inhibition in thought and thought block were present with pre occupations and delusion of persecution. Complex and 3rd person auditory hallucination present. In cognitive level, she was conscious and other than slightly impaired attention & concentration and abstract thinking all others were intact. She had grade 1 insight and intact judgment.

Ayurveda Clinical Examination

Asta Vibhrama mentioned in the context of *Unmāda* was assessed. The patient was found to have *Vibhrama* in all the seven domains described in Table 1. *Daśavidha Pareekṣa* was also done. (Table 2)

Srotas involved were *manovaha srotas* from the presenting features. Aggravating factors include sleep distortion and *Akulatha* or disturbance of the manas.

Timeline

Regular Allopathic medication for 5 years. Every episode of exacerbation has pre-mental disturbances. Flow chart 1

Diagnostic Assessment

The patient was diagnosed as having Schizophrenia as per the diagnostic criteria mentioned in WHO's International Classification of Disease 10 (ICD-10)⁶. She was assessed with Positive and Negative Syndrome Scale⁷ and the score obtained was 113, and the composite score was -7. In Ayurveda parlance, the patient was diagnosed as *Kaphaja Unmada-Pittanubandha* as she was having 8 *Kapha* symptoms like, *Arochakam*, *Anannabhilasham*, *Viviktha priyatha/Thooshnee bhaavam*, *Naghathi souklyam*, *Sthaanam eakadeshe/Raha kaamatha*, *Alpa mathi*, *Alpa prachaara*, *Alpa kadhana*, *Amarsha*, *Samrambha*, *Krodha*, *Abhihanana*, *Abhidravana/Atidravana*, *Santarjana* and *Rosha* ,and 5 *Pitha* symptoms like *Amarsham*, *Samtharjanam*, *Athyoushnyam/ Prachaya seta jala abhilaasha*, *vinidra*, *diva nabhasi tharaka pasyathi/Animitham anala jwalana upasanka*,and 1 *Vata* symptom *Asthane rodanam*. Considering the prognostic factors in schizophrenia this having mixed good and bad presentation or this is a *Yapya* state of disease.

Therapeutic Intervention Table 3

Internal medications:

- 1) Special powder (*sweta sankupushpi*¹⁹ + *sarpagandha*²⁰ + *gokhura*²¹) 1g Bd
- 2) *Sweta sankupushpi* + *Amaya*²² + *Vacha*²³ – ½ tsp Bd
- 3) *Somalatha*²⁴ churnam 1 tsp HS
- 4) *Mahath Panchagavya ghritham*²⁵ – 2 tsp HS

DISCUSSION

Mental diseases are dealt with as a separate branch of Ayurveda called *Bhutavidya* or *Graha chikitsa* in *Astanga* of Ayurveda. *Unmada*, *Apasmara*, *Atatwabhinivesha* etc are the main diseases coming under this purview. *Unmaada* is an umbrella term comprising various kinds of psychiatric diseases characterized by the perversion of manas etc. It affects our day to day activities and exhibits abnormal behaviours. *Unmada* involves *Vibhrama* of any of these factors - *Manas*, *Buddhi*, *Samijnajnana*, *Smrti*, *Bakthi*, *Seela*, *Cheshta* and *Achara*. *Viruddha ahara*, *Virudhavihara*, *Avara satva*, *Tamasika prakrti* etc are considered to be the contributing factors in the manifestation of *Unmada*. These nidanas leads to vitiation of *Sareera* and *Manasa doshas* which in turn causes *Avarana* to *Hridaya* and *Manovahasrotas* resulting in the manifestations of symptoms of *Unmaada*.²⁶ It is already

explained in the classics that the *Vata dosha* is the key controller of mind²⁷. So the treatment of *Unmada* should be planned considering the involvement of *Vata dosha*. Based on the symptomatology, the role of *Pitta* and *Kapha* should also be considered as associated *Dosha* during the management. The present case was diagnosed as having *Kaphaja Unmada*.

In Ayurveda, treatments are categorized as either *Shodhana* or *Samana*²⁸. *Shodhana* is the type of treatment in which doshas are eliminated from the body²⁹. Vagbhata mentions 'Budhi Prasada' and 'Indriya Bala' as benefits from *Shodhana* therapy.³⁰ *Virecana* is a type of *Shodhana* by which *Doṣās* are removed from the body through the anal route. *Virecana* is considered as the best treatment for diseases caused by *Pitta*³¹ dosha. Considering the involvement of *Pitta* and for anulomana of *Vatha*, initially *Virecana* was planned with 25 grams of *Avipatty choorna* for one day. This *Yoga* is described in the *Virecana Kalpa* of *Kalpastaana* of *Ashtaanga Hridaya* produces *Virecana Vegas* without causing any adverse effects (*Vyaapat*)³². It also prepared the gut for absorption of further medicines. After this, *Kashaya dhaara* was planned for 7 days with *Purana dhatri churna* and *Pancha gandha churna* so as to improve sleep and also to make the patient vulnerable for further management.

Sodhana procedures are quite essential in the treatment of *Unmada* along with or ahead of the *Samana* therapies. Before performing *Snehapana*, *Rookshana* was planned so as to enhance the effect of *Snehana*³³. For *Rookshana*, *Pippalyasava* 30 ml was given with 2 *Shaddharana* tablets twice daily. After completing 3 days of *Rookshana*, *Snehapana* was planned with *Pancagavya ghrta* + *Kalyanaka grita* considering the *Kaphapitahara* nature of the drug. Drugs in *Panchagavya grita* such as *Gomutra* are capable of removing the avarana of the mind due to *Kapha dosha* as well. And the *Kalyanaka grita yoga* is *Unmadahara*.

After *Snehapana* for 6 days, *abhyanga* and *usmasveda* was performed using *Danvantara taila* which is *Unmada haram*. *Vamana* was planned as the initial *Sodhana* so as to get rid of the overindulged *Doshas*. As the *satva* of the patient was *Avara* and the subject was not ready for *Vamana*, *Virecana* was done with *Avipatty churna* 30 gram in warm water. After providing rest for one day with dietary regulations, *Yogavasti* module of *Nirooha* was intended from the next day onwards. *Snehavasti* was planned with *Pancagavya ghrta* added with 5 grams of

vaca and 5g *Guduci churna*. *Guduci* was used considering the *Medhya* action as a *Rasayana*. *Vaca* was added to augment the potency of *Pancagavya ghrta* and thus impart more *Kaphahara* action due to its *Tikshna* nature. *Kashayavasti* was administered with *Yashti kashaya*, it is a gentle relaxant. After performing *Yogavasti*, *Nasya* was planned with *Pancagavya ghrta* at a dose of 1ml – 2ml for 7 days. The patient was discharged after the protocol with internal medication.

Internal medicine included *Somalatha choorna* at a dose of 10 gram during night to ensure proper sleep. Also 10gms of *Mahapaisachika ghrta* was administered during night which was having an action of improving *buddhi* and *medha*. A combination was also given which includes equal proportions of *Sweta sankupuspi*, *Amaya* and *Vacha* powders at a dose 1gram twice daily after food with lukewarm water. 1g Special powder was prescribed during morning and night after food which can reduce the nature of anxiety and agitation.

RESULTS

At the time of admission she is indifferent for an IP treatment. After *Virechana* she started cooperating with the treatment. After *Dhara* her sleep got improved and the delusions disappeared gradually. During the *Rookshana* procedure her appetite improved. During *Sneha paana*, it is observed that she becomes more irritable and shows disinterest in continuing the treatment for the first 2 days, slowly she becomes obedient. She had tiredness and loose bowel for the last 3 days of *snehapana* and she seems comfortable after *virechana*. She appeared more energetic for doing her daily routine and showed interest in doing yoga and reading books. She was a little anxious and depressed on the first day of *vasti* because of thinking about the unknown procedure and also relaxed after doing the same. Also she shows increased psychomotor activity with irritable facial expression during the time of *vasti*. After that at the time of *nasya* her anger outburst persists for the first 2 days and then appeared calm most of time and relaxed. Before and after the completion of treatment, the patient was assessed with the PANSS assessment scale for Schizophrenia where much improvement was noted. On assessing PANSS scale, positive scale showed changes from 25 to 9, Negative scale from 32 to 8 and General psycho-pathology scale from 56 to 17 before and after the therapy.

CONCLUSION

Negative symptoms are common in schizophrenia; up to 60% of patients may have prominent clinically relevant negative symptoms that require treatment. Negative symptoms can be primary symptoms or secondary symptoms. While secondary negative symptoms can improve as a consequence of treatment to improve symptoms in other domains (ie, positive symptoms, depressive symptoms or extrapyramidal symptoms), primary negative symptoms generally do not respond well to currently available antipsychotic treatment. Negative symptoms clearly constitute an unmet medical need in schizophrenia, and new and effective treatments are urgently needed³⁴. Negative symptoms of schizophrenia disorder is one of the least explored areas in the field of psychiatry as per reported studies.

The symptoms of the disease can be grouped under the eight *vibhramas* explained in the context of *Unmada*, in Ayurveda. Treatment should be planned considering the dosha predominance and usually varies from case to case. In the present case *Kapha dosha* is predominant with the association of other doshas. The condition was effectively managed with the selected protocol from the Ayurveda system of medicine even though it cannot be generalized as such. Further vibrant research works have to be conducted and should be documented for the advancement of Ayurveda psychiatry and for the compassionate care of the affected.

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Flow chart 1 Timeline

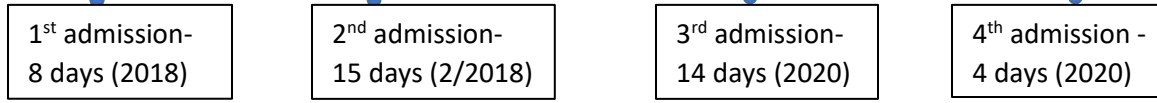


Table 1 Shows Ayurveda Clinical Examination

Domain	Symptom of Vibhrama in patient
<i>Mana</i>	Inability to control mind, hallucinations, impaired thoughts
<i>Budhi</i>	Inability to distinguish good and bad, Delusions
<i>Samjnājnāna</i>	Slightly impaired attention and concentration
<i>Smṛti</i>	Intact
<i>Bhakti</i>	Reduced interest in food and grooming
<i>Śeela</i>	Increased anger, disturbed sleep, anxious mood
<i>Ācēṣṭa</i>	Decreased motor activity, shouting to others
<i>Ācāra</i>	All actions takes more time for completion

Table 2 Shows Daśavidha Pareekṣa

Daśavidha Pareekṣa	Finding
<i>Dūṣya</i>	<i>Dosha-Kapha Pitha</i> <i>Dhātu-Rasa rakta</i>
<i>Deśa</i>	<i>Bhoomi desha-Anoopasādhāraṇa</i> <i>Deha Deśa- Manas and sarva sareeram</i>
<i>Bala</i>	<i>Roga Bala-Pravara</i> <i>Rogi Bala-Avara.</i>
<i>Kāla</i>	<i>Kṣaṇādi Kāla-Hemantha</i> while <i>Vyādhyavastha Kāla-Purāṇa</i>
<i>Anala</i>	<i>Manda</i>
<i>Prakṛti</i>	<i>Deha Prakṛti- Kapha Pitha</i> while <i>Mānasika Prakṛti-Tāmasa Rajasika</i>
<i>Vaya</i>	<i>Bāla</i>
<i>Satva</i>	<i>Avara</i>
<i>Sātmya</i>	<i>Sarvarasa</i>
<i>Ahara</i>	<i>Abhyavaharaṇa Śakti-Avara</i> <i>Jaraṇa Śakti-Avara</i>

Therapeutic Intervention Table 3

Procedure	No. of days	Medicine	Rational
<i>Virechanam</i>	1	<i>Avipatty churna</i> ^[8] 25g	<i>Pitta samana</i>
<i>Kashaya dhara</i>	7	<i>Sushkamalaki</i> 200g + <i>Pancha gandha churna</i> ^[9] 50g	To induce sleep and to make more liable
<i>Rookshana</i>	3	<i>Pippalyasavam</i> ^[10] (30ml-0-30ml) + <i>Shaddharnam</i> tablet ^[11] (2-0-2)	To provide <i>Rookshana</i> prior to <i>Snehana</i>
<i>Snehapaanam</i>	6	<i>Panchagavyam gritam</i> ^[12] + <i>Kalyanakam gritam</i> ^[13] (equally) 30ml to 200 ml	<i>Kapha pitta samana</i> , <i>Unmadahara</i>
<i>Pichu</i>	5	<i>Sankhupushpadi tailam</i> ^[14]	To improve sleep
<i>Abhyanga+Ushma sweda</i>	3	<i>Danvantaram taila</i> ^[15]	To bring <i>Doshas</i> in to <i>Kosta/gut</i> , <i>Unmadahara</i>
<i>Virechanam</i>	1	<i>Avipathi churnam</i> - 25g	<i>Dosha sodhanam</i>
<i>Yoga vasthi</i>		<i>Snehavashi-panchagavya grita</i> = <i>Vacha</i> 5g= <i>Guduchi</i> ^[16] 5g <i>Kashaya vasthi</i> – <i>Yasti</i> ^[17] <i>kwatha</i>	<i>Unmadahara</i> and <i>medhya</i> <i>VataPitta samana</i>
<i>Nasyam</i>	7	<i>Mahapaishachika gritam</i> ^[18] (1ml-2ml)	<i>KaphaPitta samana</i>