



Ayurveda Management of Schizophrenia – A Case Report

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Article Info

Article history:

Received on: 11-01-2022

Accepted on: 03-03-2022

Available online: 31-03-2022

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ABSTRACT:

Introduction- Schizophrenia is a complex, chronic mental health disorder characterized by an array of symptoms, including delusions, hallucinations, disorganized speech or behavior and impaired cognitive ability. Schizophrenia is a lifelong condition, but treatment can help manage the symptoms.

Case description- A 28 year old female presented in the OPD with headache, disturbed sleep, increased anger and feeling sadness, more in the evening, since 5 months. Detailed interrogation with her mother revealed that she had irritability, increased anger, disturbed sleep and impulsivity. On mental status examination, she was found to have restricted mood and affect in addition to somatic passivity. The case was diagnosed as Schizophrenia, based on the diagnostic criteria mentioned in International Classification of Diseases 10th revision. As per the Ayurveda clinical examination, the case can be considered as *Sannipathika Unmaada with PittaVata* predominance.

Management - The case was managed in the Inpatient department. Internal medicines were given to address the symptoms along with procedures like *takrapana* followed by *uttamamatra snehapana*, *abhyanga ushmasweda* and *virechana*. Thereafter *Nasya*, *Thalam*, *Sirodhara* And *Dhoopana* was done. Yoga and pranayama along with Smriti meditation was also done. **Result-** Significant improvement were noted in Positive and Negative Syndrome Scale (PANSS) score after treatment.

Keywords: Schizophrenia; PANSS; Ayurveda

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.² Schizophrenia is diagnosed 1.4 times more frequently in males than females and typically appears earlier in men.³ 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.⁴ 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*⁵ 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 complaints 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 *Abhyavaharana sakthi* and *Jarana sakthi* 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*, *Manobhigathatha* 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 10.⁶The assessments were done using Positive and Negative syndrome Scale (PANSS)⁷ 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 *Amarsha* (irritation), *Krodha* (anger), *Mushtibhirabhi samhananam* (attacking people with fist), *Santapaschathivelam* (continuous state of anguish), *Samrambhascha asthaane* (excitement in inappropriate occasions), *Vinidra* (reduced sleep) etc. *Vata* predominant atypical features like *Asthane rodhanam* (inappropriate crying), *Asthane akroshta* (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 *Pitha Vatha* predominance was made.⁸

Management

The internal medications given were :

1. *Drakshadi kwatha*⁹, *Panchathikthakam kwatha*¹⁰ – 10ml each + 45ml luke warm water – BD
2. *Yashti*¹¹ + *Sarpagandha*¹² + *Somalatha churna*¹³ Churna (equal) – ½ teaspoon BD with luke warm water
3. *Thikthaka gritham*¹⁴ – 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 kwatha*⁹, *Panchathikthakam kwatha*¹⁰ – 10ml each +45ml luke warm water – BD
2. *Yashti*¹¹ + *Sarpagandha*¹² + *Somalatha*¹³ Churna (equal) – ½ teaspoon BD with luke warm water
3. *Thikthaka gritham*¹⁴ – 2 teaspoon at bedtime
4. *Arukaladi kera tailam*²⁰ 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*, *Pitha* 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 *Manovahasrotas* resulting in the manifestations of symptoms of *Unmaada*²⁸.

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 *Samijnajana*, *Smriti* and *Acharya vibhrama*.

Both *Sareerika dosha* and *Manasika dosha* are involved in the pathology of present disease. Eventhough 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*¹¹. *Sarpagandha choorna* eliminates giddiness, headache, irritability of mind, induces sleep and also *Kapha vata samaka*¹². *Somalatha choorna* is *Pithasamaka*.¹³ *Thikthaka 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 in order to increase the *Agni* level of the patient.²⁹ After *Takrapana*, *Snehapana* was done with *ghrta* giving test dose in the first day and *Uthama matra* on second day.³⁰ This *ghrta* mainly act as *Kaphapittahara* and also *Srotosodhaka*.³¹ The antioxidant property of most of the drugs helps to reduce the symptoms of psychiatric disease. In general, *Ghrta* is *Vatapittahara* 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*³² *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 *Agnideepana*. *Virechana* is *Buddhiprasadaka* and *Indriya balakara*³³. 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 neck³⁴. 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, endocrinal and circulatory functions and thus showing local as well as systemic effects¹³⁵. 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 *Doshasamanatva* as well as *Indriya prasadana*³⁶. 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 sleep³⁷. 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* also³⁸. 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.

Acknowledgement : Dr Jithesh M Professor and HOD of Kayachikitsa VPSV Ayurveda college, Kottakkal Dr C V Jayadevan Principal VPSV Ayurveda college, Kottakkal

Conflict of interest statement : nil

Financial Assistant- Nil

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How to cite this article : Rinisha M, Satheesh K Ayurveda Management of Schizophrenia – A Case Report ” IRJAY.[online]2022;5(3);28-34. Available from: <https://irjay.com> DOI: <https://doi.org/10.47223/IRJAY.2022.5303>

Procedure with Rationale given in the Table 1

Procedure	Duration	Medicines	Rationale
<i>Takrapana</i>	2 days	<i>Takra</i> (1.5litr) + 10gm <i>Vaiswanara churna</i> ^[15]	<i>Rukshana, Srothosodhana, Agnivardhaka</i>
<i>Snehapana</i>	2 days	<i>Kalyanaka gritham</i> ^[16] (50ml – 200ml)	<i>Snehana, Vatha Pitha hara</i>
<i>Abhyanga</i> + <i>Ushmasweda</i>	2 days	<i>Dhanwantharam thailam</i> ^[17]	<i>Dosha vilayana</i>
<i>Virechana</i>	1 day	<i>Avipathi churna</i> ^[18] -25gm	<i>Vatanuloma, Budhiprasadhana, Agni deepana, Indriya balakara</i>
<i>Nasyam</i> <i>Thalam</i>	7 days	<i>Ksheera bala 7 avarthi</i> ^[19] 1ml each nostril <i>Arukaladi tailam</i> ^[20]	<i>Indriya dridatha Srothosodhana</i>
<i>Sirodhara</i>	7 days	<i>Triphala</i> ^[21] + <i>Samjnasthapana gana</i> ^[22] <i>Takradhara</i>	<i>Doshasamana Indriyaprasadhana</i>
<i>Dhoopanam</i>	7 days	<i>Kushta</i> ^[23] , <i>Haridra</i> ^[24] , <i>Daruharidra</i> ^[25] , <i>Jadamanchi</i> ^[26] , <i>Vacha</i> ^[27]	<i>Srothosodhana</i>

CHANGES IN PANSS SCORE BT AND AT WERE GIVEN IN TABLE 2.

Scale	Before treatment	After treatment
PANSS	75	30