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Case Study

AYURVEDIC MANAGEMENT OF ACUTE DISSOCIATIVE REACTIONS TO STRESSFULL LIFE EVENTS - A CASE STUDY

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ABSTRACT

Mental diseases known as dissociative disorders are characterised by a sense of discontinuity and separation from one's thoughts, memories, environment, activities, and identity. People with dissociative disorders unintentionally and unhealthily flee reality, which makes it difficult for them to carry on with daily activities. Dissociative identity disorder (DID, sometimes known as multiple personality disorder), fugue, "psychogenic" or "functional" amnesia, and depersonalization disorder are examples of dissociative disorders. Other specified dissociative disorder is subcategory of dissociative disorders that describes presentations in which symptoms are typical of a dissociative disorder but do not fully match the diagnostic criteria for any of the illnesses in the diagnostic class of dissociative disorders. In Ayurveda this condition can be considered as *Unmada*. 34 year female patient hailing from Malappuram, Kerala, brought to Manasanthi OPD of VPSV Ayurveda College, Kottakkal by husband and relatives complains of lack of desire to live, wants to end her life, loss of sleep, difficulty to walk and doing daily activities since 3 days. She was very much concerned about the behavioural issues and wellbeing of her elder son since 12 years. According to the informant, the patient was having increased tension, repeated talking about her elder son, making loud noises and suicidal thoughts. Also, she had an attempt to suicide. She was treated on an IP level with a combination of Ayurvedic internal medications and *Panchakarma* procedures. The treatment protocol includes *Snehapana, Virecana, Nasya, Shirodhara*, and *Dhoopana. Satvavajaya* methods including Yoga also administered. There were considerable relief from symptoms and HAM D score was reduced from 21 to 6.

INTRODUCTION

Dissociative identity disorder (DID, also known as multiple personality disorder), fugue, "psychogenic" or "functional" amnesia, and depersonalization disorder were once categorised, along with conversion disorder, as types of hysteria. Dissociative disorder, in particular DID, experienced an "epidemic" in the 1970s, which may have more to do with enthusiasm for the label than real prevalence. Discriminating technique plagues the evidence that supports the traditional theory that trauma and other psychological stress are the causes of dissociative disorders.

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Prospective investigations of traumatized persons have not produced any conclusive examples of amnesia unrelated to brain injury, sickness, or insult. Recovery and processing of ostensibly suppressed or dissociated memories of trauma are typical treatment goals. People who have dissociative identity disorder frequently experience unexplainable intrusions into their conscious functioning and sense of self (such as voices, dissociated actions and speech, intrusive thoughts, emotions, and impulses), alterations to their sense of self (such as attitudes and preferences, and the sensation that one's body or actions are not one's own), and strange changes in perception (such as depersonalization or derealization, also including feeling detached from one's body) and d) occasional functional neurological symptoms. Dissociative symptoms are frequently temporarily exacerbated by stress, which makes them more noticeable. The term "other specified dissociative disorder" refers to presentations in which symptoms typical of a

dissociative disorder predominate and cause clinically significant distress or impairment in social, occupational, or other key areas of functioning but do not fully meet the diagnostic criteria for any of the disorders in the diagnostic class of dissociative disorders. The other specified dissociative disorder category is utilized when a doctor decides to specify why a patient's presentation does not match the criteria for a certain dissociative disorder. This is accomplished by writing "other specified dissociative disorder" followed by the particular cause (for example, "dissociative trance"). In this case, the diagnosis is classified as "other specified" for the particular cause of "Acute dissociative reactions to stressful circumstances." Acute, transient conditions fall into this group if they normally last less than a month, and occasionally they only last a few hours or days. These conditions are characterized by constriction of consciousness; depersonalization; derealization; perceptual disturbances (e.g., time slowing, macropsia); micro-amnesias; transient stupor; and/or alterations in sensory-motor functioning (e.g., analgesia, paralysis)[1]. In Ayurveda this condition can be considered as *Unmada*. In *Unmada*, there is significant impairment in the domains of *Manas, Buddhi, Samjnajnana, Smrti, Bhakti, Shila, Ceshta*, as well as *Acara* [2]. Many of the *Nidana* mentioned in *Unmada* such as *Bhaya, Mano abhighata, Vishama Ceshta* can be identified as the triggering factors in Dissociative disorder[3]. Also, symptoms as mentioned in the context of *Unmada* like *Dhivibhrama, Asthane rodana, Akrosha, Krodha, Abhidrava, Arocaka, Alpa aharavakyata, Raha priti* are manifested here[4]. Hence, considering all these factors, the Ayurveda diagnosis can be made as *Unmada*.

Presenting Complaints with Duration

34 year female patient hailing from Malappuram, Kerala brought to Manasanthi OPD of VPSV Ayurveda College Kottakkal, by husband and relatives complains of lack of desire to live, wants to end her life, loss of sleep, difficulty to walk and doing daily activities since 3 days. She was very much concerned about the behavioural issues and wellbeing of her elder son since 12 years. According to the informant, the patient was having increased tension, repeated talking about her elder son, making loud noises and suicidal thoughts. Also, she had an attempt to suicide. She is more concerned about the wellbeing of her elder son. On taking history, it was reported that she is the first child of non-consanguineous parents, her milestones were normal and had an uneventful childhood. She got failed in 12th exam and stopped her education. She got married at the age of 21, husband was very caring and supportive to her. She is a home maker and had a good marital life. After 1 year, she delivered a boy. Her elder son was the 1st grandson in their family. He was a pampered boy and was given extreme care and attention. From beginning itself her son was very adamant in nature, shows temper tantrums deliberately and always annoys his brother and sister. Her son throws a temper tantrum if he doesn't get desired objects. Her son use abusive words and harm her by throwing objects and beat her badly. Her son's such behavior made her worried always. Due to her son's behavior they have shifted to a new house from their ancestral home. She was very much afraid to take him to social gatherings due to her son's behavior and also, she had to manage many situations by herself. She had handled many situations alone as her husband was busy in work. So, her son always tells her "Why you are alive, go and die". This made her very sad. She used to vent her feelings to her husband and relatives. She couldn't bear her elder son's misbehavior and wanted to end this. On September 11th evening, after returning from a marriage function, her son asked for money to buy food. As she restricted, he used abusive words, thrown stones and harmed her. From that frustration and temper outburst she ran towards the well to end her life. Relatives and neighbors hold her back and saved. She attempted to bang her head towards wall. And she even asked for kerosene to end her life. She had frequent suicidal thoughts during the entire night, made loud noises, and could not get enough sleep. Next day morning on Sept 12th she was brought to Manasanthi OPD for further management.

Clinical Examination

General Physical Examination- Pulse- 76/ minute, Heart rate- 76/minute, BP-120/80mm of Hg, Respiratory rate- 18/minute, Weight- 50kg. On assessing the mental status examination of the patient, she was on wheel chair, crying, not able to respond to the questions and very tired due to lack of food, non-co-operative towards the examiner, motor activity was severely decreased, social manner was not maintained, and rapport was established. On assessing speech, rate and quantity were decreased and irrelevant, volume was decreased, and flow and rhythm were non continuous. Mood and affect were found to be sad, depressed, anxious, and fearful both subjectively and objectively. Also, mood and affect were congruent. Stream and form of thought were goal-oriented and continuous. Suicidal thoughts, hopelessness and guilt were present in content of thought. No abnormalities in perception, i.e., no hallucinations and illusions were reported. In cognition, the patient was found to be conscious and oriented to place, and person but not to time. Attention, concentration, and immediate memory were impaired but other recent and remote memory was intact. General intelligence was appropriate along with abstract thinking, reading and writing ability, and visuospatial ability. Insight was found to be grade 2

and judgment was intact. Impulsivity was present in this patient.

Ayurveda Clinical Examination

Ashta vibhrama as mentioned in *Unmada* was assessed[2]. *Vibhrama* in *Manas* was found to be present as there was impairment in *Chintha*. Impairment in *Buddhi* was also present as she felt suicidal thoughts, lack of desire in daily activities. Impairment in *Samjnajnana* was due to disorientation to time. *Smrti vibhrama* was slightly present due to immediate memory loss, and also impairment in her learned behaviors. As her appetite was quite low, *Bhakti* displayed a minor impairment. *Shila* was also impaired as she had loss of sleep. *Ceshta* was impaired as she was not able to walk etc and *Acara* was also impaired as she was reluctant to do daily activities[5]. *Dashavidha pariksha* was also done[6]. *Dūshya* was found to be *Tridosha* and *Rasa dhatu*. She belonged to *Jangalasadharana desha* and *Deha desha* was found to be *sarvasareera* and *Manas*. Although *Rogi Bala* was *Madhyama*, *Roga Bala* was *Pravara*. *Kshanadi kala* was *Sarath* while *Vyadhyavastha kala* was *Nava*. *Anala* was *Manda*. *Deha prakrti* was of *Vata-kapha* while *Manasika prakrti* was *Tamo-raja*. *Vaya was Madhyama*. She was assessed to be of *Avara satva* and *Madhura rasa satmya*. *Abhyavaharana shakti* was *Avara* while *Jarana shakti* was *Madhyama.*

Diagnosis and Assessments

The patient was diagnosed as having Acute dissociative reactions to stressful life events as per DSM 5[1]. She was assessed with HAM D- 21[7]. The condition was broadly classified as *Unmada* taking into account the characteristics and etiopathogenesis because the majority of Ashtavibhrama's domains seemed altered in the subject. As the subject had *Pitta* predominant atypical features such as *Amarsha* (irritation), *Krodha* (anger), *Santapaschathivelam* (continuous state of anguish), *Samrambhascha asthaane* (excitement in inappropriate occasions), *Vinidra* (reduced sleep), *Abhidravanam* etc. *Vata* predominant atypical features like *Asthane rodhanam* (inappropriate crying), *Asthane akrosha* (inappropriate shouting), etc and *Kapha* predominant features such as *Alpahara* (reduced intake of food) and *Alpavakyatha* (reduced speech), *Arochaka* (loss of taste), *Rahaprithi* etc a final diagnosis of *Sannipatika Unmaada* with *Pitta Vata* predominance was made.

Table 1: Treatment Procedure with Rationale

	Procedure	Number of days	Medicine	Rationale
1	*Virechana*[8]	1	*Icchabhedirasa*[9]- 2 tablets with cold water at 6AM	*Pittasamana*
2	*Pratimarsa nasya*[10]	7	*Anu taila*[11]- 2 drops in each nostril	*Srotosodhana*
3	*Dhupanam*	7	*Kushta*[12], *Haridra*[13], *Daruharidra*[14], *Vacha*[15], *Jatamansi*[16]	*Srotosodhana*
4	*Talam*	14	*Panchagandha churnam+Chandanadi tailam*[17]	*Dosha samana, Nidra janana*
5	*Marsa nasya*	3	*Anutaila*[11] 1ml–3ml in each nostril	*Dosha samana*
6	*Sneha pana*	7	*Tiktaka ghrita*[18]- 30ml to 200ml	*Snehana*
7	*Abhyanga ushmasweda*	2	*Dhanwantaram tailam*[19]	*Sneha, Sweda*
8	*Virechana*	1	*Avipathi churna*[20]- 30gm with warm water at 6AM	*Sodhana*
9	*Usheera shirodhara*	7	*Useera Kashaya*	*Samana*
10	Yoga[21]	45 Minutes daily	**Loosening exercises** **Standing *Asanas*** • *Thadasanam* • *Padahasthasanam* • *Ardha chakrasanam* • *Ardha kadichakrasanam* • *Vrukshasanam* **Sitting asanas** • *Vakrasanam* • *Vajrasanam* • *Sasankasanam* • *Uthana mandookasanam* • Tiger breathing **Prone position**	Reduces anxiety Improves emotional stability

			• *Bhujangasanam* • *Dhanurasanam* • *Salabhasanam* **Supine position** • *Uthana padasanam* • *Pavana mukthasanam* ***Pranayama*** • *Kapalabhathi* • *Nadi sudhi* • *Bhrahmari* **Meditation** • *A'kara chanting*	

RESULTS

Assessment Tool	BT Score	AT Score
HAM D	21	6

Patient got considerable relief from all her symptoms and HAM D score was also reduced to a minimum value.

DISCUSSION

In clinical practice, it is observed that the dissociative disorders are very commonly associated with extreme anxiety followed by stress which indicates the derangement of *Vata* in the individual. Also, the person had increased thoughts, excessive anxiety and reluctant to do daily activities, it can be inferred that she had impairment in *Manas* and *Budhi*. Also, she had all other *Vibhrama* due to presenting complaints. Due to excessive stress, she had developed *Krodha*, and also impairment in sleep which clearly indicates the involvement of *Pitta*. Also, in the above-mentioned case, as a result of her constant anxiety, she developed symptoms of depression clearly indicating the presence of *Kapha* as well. The *Vibhrama* of *Manas* and *Buddhi* gives an impression of an evident *Srotorodha* which needs to be considered while formulating the treatment protocol. Hence, while planning the treatment, the derangement of all the *Dosha* was considered along with an implication for *Srotoshodhana*[22].

Considering her severe anxiety, stress, and digestion problem she was given the following internal medicines: -

1. *Drakshadi kashayam*[23] 15ml with 45ml warm water before food twice a day.
2. *Manasamithra vatakam*[24] 1-1-1
3. *Aswagandharishtam*[25] 25ml, 3 times after food

Initially a *Virechana* is done for alleviating Pitta, and to make the patient adaptive for further treatment. After this *Pratimarsa nasya* with *Anutaila* is given for *Srotosodhana* and to remove the *Avarana* by *Kapha*. Also, it is mentioned that *Pratimarsa nasya* done in *Pratha kala* is *Manaprasadakara*. Along with these *Dhupana* also done with *Srotosodhaka* drugs. *Talam* was also given for improving the sleep and reducing the anxiety. During these times she was also subjected to *Yoga* and meditation techniques, for reducing the anxiety and improving the attention. After these she was subjected to *Marsa nasya* for removing the *Kaphavarana* and to make her fit for *Snehapaana*. After 3 days, *Uthama mathra Snehapana* [initial dose 30ml and on the 2nd day 200ml] done with *Tiktaka ghrita* which helps to reduce *Pitta* and *Vata*. Following that, *Abhyanga* with *Dhanwantara taila* and *Ushmasweda* have been done. Later *Virechana* with *Avipathi churna* is done. After this *Sodhana* therapy, *Sirodhara* with *Useera kashaya* has been done for reducing the anxiety and improving sleep quality. Along with the above procedures, the patient practiced *Yoga* and *Pranayama* 45 minutes daily from the AYUSH Wellness Centre located in VPSV Ayurveda College, Kottakkal institute which helped in alleviating her symptoms and improvement of emotional stability.

She got good relief from somatic symptoms within 3 days itself. Then her tension and anxiety also got relieved by further management. At the time of discharge, she was able to do all daily activities. Her mental strength also got improved by the combined treatment with yoga and meditation. The HAM D score came to 6 from 21.

Discharge Medicine

1. *Drakshadi kashaya*- 90ml at 6am and 6pm
2. *Aswagandha*[26]*+ Yashti*[27]*+ Swetasankhapushpi*[28] *churna*- ½ tsp bd with warm water
3. *Aswagandharishtam*- 30ml bd after food
4. *Anutaila pratimarsa*- 2 drops in each nostril

The restlessness and aggression of patient got relieved by the *Virechana* itself. She started responding to the questions and regained orientation after that. Her increased worries and thoughts got reduced considerably by *Pratimarsa Nasya* and *Dhupana.* Also, her sleep got improved by *Talam.* Following the Yoga and Meditation therapy, gradually her anxiousness got reduced and also *Satvabala* got improved. Then after

doing *Marsha nasya*, the *Srothorodha* and *Kapha vruddhi* also got reduced and patient became fit for *Snehapana*. After *Sodhana* therapy all *Dosha* came to normalcy. From the *Sirodhara*, all her anxiety and worries got subsided. By all these treatments, her *Satvabala* increased and she became able to fight with the stressors of her life.

CONCLUSION

In Ayurveda, the prime importance has been given to normalize the vitiated *Doshas*. Normalizing *Tridosha* and *Triguna* along with providing symptomatic relief is the aim of Ayurveda treatment. Ayurveda maintains its holistic approach to health and treatment of diseases. The dissociative disorder can be managed with proper treatment along with yoga and meditation through Ayurveda. Furthermore, evaluations regarding follow-ups along with more documentation are required for generalization of the observed result.

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