



Case Study

AYURVEDIC MANAGEMENT OF SCHIZOPHRENIA - A CASE REPORT

Vaishnavy.P.M^{1*}, Satheesh.K², Aparna.P.M³

¹PG Scholar, Manovigyan evum Manasroga, ²Associate Professor, Department of Kayachikitsa, V.P.S.V.Ayurveda College, Kottakkal, Kerala, India.

³Specialist Medical Officer (Manasika), Government Ayurveda Research Institute for Mental Health and Hygiene, Kottakkal, Kerala, India.

Article info
Article History:
Received: 22-04-2023
Revised: 13-05-2023
Accepted: 29-05-2023

KEYWORDS:
Schizophrenia,
Paittika
Unmada,
Ayurveda.

ABSTRACT
Schizophrenia is ranked by the World Health Organization as one of the top ten illnesses contributing to global burden of disease, commonly associated with impairment in social and occupational functioning. It is defined by abnormalities in one or more of the five domains including delusions, hallucinations, disorganized thinking (speech), grossly disorganized or abnormal motor behaviour (including catatonia) and negative symptoms. A 40-year-old female patient was admitted in the Government Ayurveda Research Institute for Mental Health and Hygiene, Kottakkal, with agitation, anger, harming tendencies along with nudity for 2 months. There were suicidal ideations and escaping tendencies. In Ayurveda, *Unmada* is the umbrella term where almost all psychotic features are enlisted. *Unmada* is defined as perversion in *Manas*, *Budhi*, *Samijnajana*, *Smruthi*, *Bhakthi*, *Seela*, *Cheshta* and *Achara*. Management of *Unmada* is based on the predominance of dosha involved in the pathogenesis. *Sodhana*, *Samana* and *Satwavajaya* are the 3 important treatment modalities used in management of *Unmada*. *Sodhana* procedure is foremost important in management of *Unmada*. The patient was treated on an IP level with a combination of Ayurvedic internal medications and procedures for 30 days. The treatment protocol including *Sirodhara*, *Snehapana*, *Virechana*, *Vasti* and *Nasya* was administered. PANSS scale was used to evaluate the symptoms before and after the treatment. There was a significant reduction in score from 115 to 45 after the intervention. This case report shows the importance of Ayurveda in the effective management of schizophrenia.


INTRODUCTION

Schizophrenia and other primary psychotic disorders are characterised by significant impairments in reality testing, and alterations in behaviour manifest in Positive symptoms such as persistent delusions, persistent hallucinations, disorganized thinking, grossly disorganized behaviour and experiences of passivity and control, negative symptoms such as blunted or flat affect and volition and psychomotor disturbances. Life time prevalence is 1% in general population with an incidence rate 0.15-0.25 per 1000^[1].

It is ranked by the World Health Organization as one of the top ten illnesses contributing to global burden of disease and is commonly associated with impairments in social and occupational functioning. Ayurveda explains psychotic symptoms under the broad term *Unmada*^[2]. Based on presentation of symptoms and causes, it is divided into *Vata*, *Pitta*, *Kapha*, *Sannipatha* and *Agantuja unmada*. The vitiated *Doshas*, cause *Manovahasrotho dushti* in *Alpa satva* individual results in *Ashta vibhrama* leading to *Unmada*.^[3]

Clinical Presentation with History

A 40-year-old Muslim Female hailing from Kannur, was seen along with her partner and his mother presented with complaints of increased fear, somebody trying to kill her and everyone around her is speaking about her for past 5 years. Detailed interrogation with her partner revealed that she runs away from home, harming him and mother, increased anger, undressing before them for last 2 months,

Access this article online	
Quick Response Code	https://doi.org/10.47070/ijapr.v11i5.2820
	Published by Mahadev Publications (Regd.) publication licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0)

aggravated for past 5 days. She was divorced seven years back and come in relationship with 20-year-old male 5 years back. She started living together with him 6 months back, initially she was calm in nature, however started to behave aggressively for past 2 months. She used to run out of home, harming family members, occasional crying spells, exhibiting nudity and suicidal attempts. She was admitted in IPD of Government Ayurveda Research Institute for Mental health and Hygiene, Kottakkal, for Ayurvedic management.

Family History

No relevant family history was obtained.

Clinical Findings

General Physical examination

Pulse- 72/min, Heart rate- 70 beats/min, BP- 120/80mmHg, Respiratory rate -16/min

Mental Status Examination

The patient was moderately built and appeared shabby in appearance. She was not at all cooperative, eye contact was not maintained and cried during examination. Rapport was not established with ease. Psychomotor activity and speech were reduced, and no responses to questions were obtained. The mood was not able to elicit and affect found to be sad. From the complaints presented, there were delusion of reference and persecution in contents of thought. Regarding domains of perception no hallucinations were obtained. She was conscious, orientation to place and person were intact, however that of time was impaired. Attention, concentration, memory, intelligence, abstract thinking, ability, reading and writing, visuospatial ability, judgment were impaired. Insight was graded as 1 and impulsivity was present.

Treatment History

Patient was admitted for psychiatric complaints at about 12 year of age and was under medications since then. Medicines used were Oleanz 5mg and Benzyzine tab. Medicines were stopped by herself for past 6 months.

Ayurvedic Clinical Examination

Dasavidha pareeksha^[4] was performed which led to following observations. *Shareerika prakriti* was assessed as *Kapha*,^[5] *Pitta*^[6] and *Manasika Prakathi* as *Rajasa*^[7] *Tamasa*^[8] There were *Pitta* predominant symptoms of *Krodha*, *Vinagnabhava*^[9] and *Vatika* symptoms like *Asthane rodanam* and *Asthana vak*^[10]. She belonged to *Sadharana desha* and the *Kala* was *Hemantha*. She was having *Avara satwa* and both *Abhyavaharana sakthi* and *Jarana sakthi* were found to be *Madhyama*. *Manovahasrothas*^[11] was involved in the pathology and *Asta vibhrama* mentioned in *Unmada* was assessed. *Vibhrama* in *Manas* was present as there was impairment in *Manonigraha*, *Indaiyabhigraha*, *Ooha* and *Vichara*. Impairment in *Budhi*, *Samjna*, *Smruthi*, *Bhakthi sheela*, *Chesta* and *Aachara* were present.

Diagnosis and Assessments

The patient was diagnosed as schizophrenia as per DSM 5^[12]. She was assessed with PANSS scale [Positive and negative symptoms of schizophrenia]. She was diagnosed as *Paittika unmada* with *Vatanubandha* as per Ayurveda classics.

Management

As per the initial assessments, a treatment plan was formulated and executed as below. The following internal medications were administered.

- 1) Special powder (*Sarpagandha churna* + *Sweta sankhupushpi churna* + *Gokshura churna*)- 1gm twice daily after food with lukewarm water
- 2) *Sweta sankhupushpi churna*+ *Yashti churna*+ *Aswagandha churna* - 1/2 tsp daily after food with lukewarm water
- 3) *Tiktaka ghritha*^[13]- 2 tsp bedtime after food
- 4) *Manasamitra vatakam*^[14] 2-0-2 after food
- 5) *Somalatha Churna* - 5g bedtime after food with lukewarm water
- 6) *Thalam- ksheela bala*^[15] + *kachooradi churna*^[16] daily at evening 5 pm

Table 1: Treatment Procedures with Rationale

Treatment	Days	Medicine	Rationale	Remarks
<i>Sirodhara</i>	7	<i>Kashaya</i> made of <i>Amalaki</i> , <i>Useera</i> , <i>Guduchi</i>	<i>Pittahara</i>	Aggressive behaviour reduced
<i>Rookshana</i>	2	<i>Shaddharana tab</i> 2-0-2 <i>Pippalyasava</i> ^[17] -30ml bd	<i>Rookshana</i>	<i>Rookshana</i> prior to <i>Snehapana</i> , appetite improved
<i>Snehapana</i>	6	<i>Kalyanaka ghritha</i> ^[18] (30ml-160ml)	<i>Unmadahara</i> , address psychotic symptoms	<i>Samyak snigdha lakshana</i> attained on 6 th day (Presence of <i>Sneha</i> in stool, fatigue, <i>Aruchi</i> , nausea)
<i>Abhyangam</i> + <i>Ushma sveda</i>	3	<i>Dhanwanthara thaila</i> ^[19]	Indicated in <i>Unmada</i>	For attaining <i>Vilayana</i> or <i>Draveekarana</i> of <i>Dhatugata Doshas</i>
<i>Virechana</i>	1	<i>Ichhabhedhi rasa</i> ^[20] - 2 tablets with	<i>Koshtasudhikara</i>	Patient comfortable, 9 <i>Vegas</i>

		water		obtained
<i>Yogavasti</i>	8	<i>Snehavasti- Tiktaka ghritha - 80ml</i> <i>Kashayavasthi- Erandamooladi</i> <i>Kashaya -720ml</i>	<i>Manaprasadakara</i>	<i>Paithika</i> symptoms got reduced, Patient became calm
<i>Nasya</i>	3	<i>Anuthaila</i> ^[21] – 1ml in each nostril	<i>Seshadosha hara</i>	Patient comfortable

RESULT**Table 2: Positive and Negative Symptoms of Schizophrenia^[29] (PANSS Scale)**

		BT	AT
P1	Delusions	6	3
P2	Conceptual disorganisation	1	1
P3	Hallucination behaviour	4	1
P4	Excitement	1	1
P5	Grandiosity	1	1
P6	Suspiciousness/persecution	6	1
P7	Hostility	5	2
N1	Blunted affect	1	2
N2	Emotional withdrawal	1	1
N3	Poor rapport	6	2
N4	Passive/apathetic social withdrawal	6	3
N5	Difficulty in abstract thinking	6	1
N6	Lack of spontaneity and flow conversation	4	2
N7	Stereotyped thinking	1	1
G1	Somatic concern	3	1
G2	Anxiety	1	1
G3	Guilt feeling	1	1
G4	Tension	1	1
G5	Mannerisms and posturing	1	1
G6	Depression	7	3
G7	Motor retardation	4	2
G8	Uncooperativeness	6	1
G9	Unusual thought content	1	1
G10	Disorientation	5	2
G11	Poor attention	7	2
G12	Lack of judgment and insight	6	1
G13	Disturbance of volition	6	2
G14	Poor impulse control	6	1
G15	Preoccupation	5	1
G16	Active social avoidance	6	3
	Total Score	115	45

RESULTS

At the time of discharge delusions were reduced considerably, Insight was improved to Grade 6, she started mingling with others and goal-oriented thoughts were developed. In PANSS Scale, positive symptoms score reduced to 10 from 24, negative symptoms score to 12 from 25 and general psychopathology scale to 24 from 66, and there was an overall change in score from 115 to 45.

Some Important Observations

At the time of admission, she was showing agitated behaviour and restlessness with uncontrolled crying. There was improvement in symptoms of agitation and restlessness after *Kashayadhara*. During the *Rukshana* procedure appetite was improved. Patient was cooperative with *Snehapana* and on the 6th day *Samyak snigdha lakshana* was obtained. *Snehapana*

was followed by *Virechana*, with *Ichhabhedirasa* tablet where 9 *Vegas* were obtained. *Vasti* and *Nasya* were done then after and patient was cooperative for procedures and taking internal medications.

DISCUSSION

Schizophrenia is the prototype of psychotic disorders with a life time prevalence of 1%. Schizophrenia is characterised by disturbances in thought and verbal behaviour, perception, affect, motor behaviour and relationship to external world. In Ayurveda, *Unmada* is the broad term used to explain psychotic symptoms. *Unmada* is defined as the condition where *Ashtavibhramas* or perversion of *Manas*, *Budhi*, *Samjna*, *Jnana*, *Smriti*, *Bhakti*, *Sheela*, *Chesta* and *Achara* occurs. *Manoabhighata*, *Avara satwata*, *Tamasika manasa prakrithi* contributes as etiological factors, causes vitiation of *Doshas*, causing *Sthanasamsraya* in *Manovahasira* residing in *Hridaya* causing *Unmada*. *Vata dosha* have a key role in the control of *Manas* and majority of psychiatric diseases arise due *Vata doshakopa*.

Classical treatment of *Unmada* is based on the *Dosha* involved in it. In *Vatika Unmada*, *Snehapana* is the foremost among treatment. In *Unmada* due to *Avarana*, *Snehana* followed by *Mrudu sodhana* is done. *Kaphaja unmada* is managed by administering *Vamana*, where as in *Paittika unmada virechana* is done. After *Sodhana* procedure, *Samsarjana krama* is advised, followed by *Vasti* and *Nasya*.

In this case of schizophrenia, as initially patient showed aggressive and agitated behaviour, *Virechana* was planned initially with *Avipathi churnam* however patient was uncooperative to take the medicine and thus it was cancelled. Then *Sirodhara* was done with *Kashaya* made of *Amalaki*, *Useera* and *Guduchi* to reduce *Pitta* and to make patient calm. After the *Sirodhara* there was significant improvement in symptoms of agitation and aggressive behaviour. *Snehapana* was done with *Tiktaka ghritha* as *paittika* symptoms were predominant in nature. Prior to *Snehapana*, initially *Rookshana* was done for two days using two *Shaddharana* tablet and 30ml *Pippalyasava* twice for two days. *Snehapana* was done for six days with a starting dose of 30ml and was increased up to 160ml. *Virechana* was done later as symptoms were predominantly *Pitta*, and was done with *Ichhabhedirasa* tablet after doing *Abhyanga* and *Ushma sweda* with *Dhanwanthara thaila* for 3 days. *Yogavasti* was done following rest and *Samsarjana krama* after *Virechana*, with *Tiktakam ghritham* for *Sneha vasthi* and *Erandamooladi kashaya* for *Kashaya vasti*. *Nasya* was done with *Anuthaila* for 3 days after *Vasti* for *Seshdosha harana*. The patient was discharged after the treatment protocol with internal medications.

Internal medicine includes special powder at a dose of 1g twice daily after food and was aimed at

decreasing agitation. *Churna* combination of *Sweta sankhupuspi*, *Yasti*, *Aswagandha* was given to reduce restlessness. *Tiktakam ghritham* has good role in reducing *Paittika* symptoms and was given 2 tsp at bed time. *Somalatha churna* was administered at a dose of 5g at night to improve sleep. *Manasamitra vatakam* at a dose of 2 tablets twice a day was given to reduce psychotic symptoms. *Thalam* with *Kachooradi churna* and *Ksheerabala* given externally to reduce *Paittika* symptoms.

CONCLUSION

Schizophrenia is a common presentation in psychiatric practice. *Unmada* is a broad umbrella term for psychiatric diseases in Ayurveda. Symptoms are categorised under 8 *Vibhramas* mentioned in the context of *Unmada*. Treatment of *Unmada* is planned based on predominance of *Doshas* involved in *Samprapthi* of disease. In this case, *Pitta* predominant symptoms were present at the time of admission and were managed effectively with the selected Ayurveda protocol. This case report put in to light the importance of *Sodhana* therapy in management of *Paittika unmada*.

REFERENCES

1. Tripathi P. Review of Psychiatry. 6th edition. S.L.: Jaypee Brothers Medical P; 2020.
2. Agnivesha, Caraka Samhita, Ayurveda Dipika Commentary of Cakrapanidatta, Edited by Vaidya Jadavji Trikamji Acharya, Choukambha Krishnadas Academy, Varanasi, reprint-2015, Pp: 738, Pg: 223, Nidana Sthana, Ch-7, Sloka-5.
3. Agnivesha, Caraka Samhita, Ayurveda Dipika Commentary of Cakrapanidatta, Edited by Vaidya Jadavji Trikamji Acharya, Choukambha Krishnadas Academy, Varanasi, reprint-2015, Pp: 738, Pg: 468, Chikitsa Sthana, Ch-9, Sloka-5.
4. Agnivesha, Caraka Samhita, Ayurveda Dipika Commentary of Cakrapanidatta, Edited by Vaidya Jadavji Trikamji Acharya, Choukambha Krishnadas Academy, Varanasi, reprint-2015, Pp: 738, Pg: 27, Vimana Sthana, Ch-8, Sloka-100-122.
5. K.R. Srikantha Murthy (Ed.), Ashtanga Hridaya of Vagbhata, Sareerasthana; Angavibhaga sareera: Chapter 3, Verse 90-95 (6th ed.), Chaukhamba Krishnadas Academy, Varanasi (2012), p 403
6. K.R. Srikantha Murthy (Ed.), Ashtanga Hridaya of Vagbhata, Sareerasthana; Angavibhaga sareera: Chapter 3, Verse 96-103 (6th ed.), Chaukhamba Krishnadas Academy, Varanasi (2012), p 404
7. Srikantha Murthy K.R. Sushruta Samhita Vol I (Sareera sthana). Varanasi; Chaukhambha Orientalia; 2012. p.13
8. Srikantha Murthy K.R. Sushruta Samhita Vol I (Sareera sthana). Varanasi; Chaukhambha Orientalia; 2012. p.13

9. Agnivesha, Caraka Samhita, Ayurveda Dipika Commentary of Cakrapanidatta, Edited by Vaidya Jadavji Trikamji Acharya, Choukambha Krishnadas Academy, Varanasi, reprint-2015, Pp: 738, Pg:468, Chikitsa Sthana, Ch-9, Sloka-12.
10. Agnivesha, Caraka Samhita, Ayurveda Dipika Commentary of Cakrapanidatta, Edited by Vaidya Jadavji Trikamji Acharya, Choukambha Krishnadas Academy, Varanasi, reprint-2015, Pp: 738, Pg: 468, Chikitsa Sthana, Ch-9, Sloka-10.
11. Agnivesha, Caraka Samhita, Ayurveda Dipika Commentary of Cakrapanidatta, Edited by Vaidya Jadavji Trikamji Acharya, Choukambha Krishnadas Academy, Varanasi, reprint-2015, Pp: 738, Pg: 468, Chikitsa Sthana, Ch-9, Sloka-5.
12. American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 5th ed. Arlington, VA: American Psychiatric Association; 2013.
13. K.R. Srikantha Murthy (Ed.), Ashtanga Hridaya of Vagbhata, Chikitsasthana; Kushta chikitsa: Chapter 19, Verse 2-7 (5th ed.), Chaukhamba Krishnadas Academy, Varanasi (2003), p 472
14. K.V.Krishnan Vaidyan and S.Gopala Pillai. Sahasrayogam, Sujanapriya commentary, edition 34. Alappuzha; Vidyarambham publishers, July 2016, p139
15. K.R. Srikantha Murthy (Ed.), Ashtanga Hridaya of Vagbhata, Chikitsasthana; Vatasonitha chikitsa: Chapter 22, Verse 45-46 (6th ed.), Chaukhamba Krishnadas Academy, Varanasi (2012), p. 357
16. K.V.Krishnan Vaidyan and S. Gopala Pillai. Sahasrayogam, Sujanapriya commentary, edition 34. Alappuzha; Vidyarambham publishers, July 2016, p168
17. Sarangadhara, Sarangadharasamhita, translated by Dr.P.Himasagara Chandra Murthy, Chowkhamba sanskrit series, Varanasi, 2001, Madhyama khanda, P 236.
18. K.R.Srikantha Murthy (Ed.), Ashtanga Hridaya of Vagbhata, Uttarasthana; Unmada pratishedha: Chapter 6, Verse 26-31 (6th ed.), Chaukhamba Krishnadas Academy, Varanasi (2012), p 61
19. K.R. Srikantha Murthy (Ed.), Ashtanga Hridaya of Vagbhata, Sareerasthana; Garbhavyapadasareera: Chapter 2, Verse 47-52 (4th ed.), Chaukhamba Krishnadas Academy, Varanasi (2012), p 387-388
20. Sri Sharma Sadananda. Rasa Tarangini. Edited by Pandit Kashinatha Shastri, 11th edition. Varanasi: Motilal Banarasidas Publication; 1979. 24th Taranga, Verses 321-328, 706pp.
21. Charak Samhita edited by Acharya Trivikrama Yadav and Narayanarao Acharya, Chokhamba Surbharati prakashan Varanasi 2000, Sutrasthana 5/63-65 Page 41

Cite this article as:

Vaishnavy.P.M, Satheesh.K, Aparna.P.M. Ayurvedic Management of Schizophrenia - A Case Report. International Journal of Ayurveda and Pharma Research. 2023;11(5):106-110.

<https://doi.org/10.47070/ijapr.v11i5.2820>

Source of support: Nil, Conflict of interest: None Declared

***Address for correspondence**

Dr. Vaishnavy.P.M

PG Scholar,

Manovigyan evum Manasroga,

Department of Kayachikitsa,

V.P.S.V. Ayurveda College,

Kottakkal, Kerala.

Email:

vaishnavymanoharan@gmail.com

Disclaimer: IJAPR is solely owned by Mahadev Publications - dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. IJAPR cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of IJAPR editor or editorial board members.