



Case Study

AYURVEDIC MANAGEMENT OF SCHIZOAFFECTIVE DISORDER

Ragitha.K^{1*}, Satheesh.K²

*1PG Scholar, ²Associate Professor, Manovgyana Evam Manasaroga, Department of Kayachikitsa, VPSV Ayurveda College Kottakkal, Kerala, India.

Article info

Article History:

Received: 19-11-2023
Accepted: 15-12-2023
Published: 31-12-2023

KEYWORDS:

Schizoaffective disorder, *Unmada*, Mood disorder.

ABSTRACT

Schizoaffective disorder is a chronic mental health problem characterized by symptoms of Schizophrenia such as hallucinations and delusions, as well as symptoms of a mood disorder such as mania or depression. Many people who suffer from schizoaffective disorder are frequently given incorrect diagnoses because it exhibits signs that are similar to those of multiple mental health disorders. Schizoaffective disorder occur about one-third as frequently as schizophrenia, and the lifetime prevalence appears to be around 0.3%. But men often develop the disorder at an earlier age than women. Both mood stabilizers and antipsychotics are used in contemporary management. In Ayurveda, this disorder can be included under *Unmada*, as it presents the clinical features of *Unmada*. *Unmada* includes the *Vibhrama* of 8 factors including *Manas* and *Budhi*. A 31 year old female patient hailing from Kannur district admitted at Government Ayurveda Research Institute for Mental Health and Hygiene, Kottakkal, 6 months back. She had increased fear that something bad will happen to her, the world and all people are against her, her parents are suffering due to her mistake; since 3 years. According to the informant, she had increased fear, decreased sleep, increased suspicion, suicidal thought, always tells that police is coming to arrest her, others are controlling her, since 3 years. The case was diagnosed as *Kaphavataja Unmada* considering the *Dosha* predominance and treatments included *Sodhana, Samana and Yoga*. There was significant improvement in the score of Positive And Negative Symptom Scale for the assessment of Schizophrenia and Hamilton’s Depression Rating Scale for the assessment of mood disorder, after the IP management and follow-up. The case study emphasizes the value of Ayurvedic treatment approaches in treating schizophrenia affective disorder.

INTRODUCTION

Schizoaffective disorder (SZA, SZD) is a mental disorder characterized by abnormal thought processes along with unstable mood. This diagnosis needs symptoms of both schizophrenia (usually psychosis) and a mood disorder: either bipolar disorder or depression^[1]. The psychotic symptoms have to be present for at least two weeks without any mood symptoms^[2].

Schizoaffective disorder can often be misdiagnosed when the correct diagnosis may be psychotic depression, bipolar I disorder, or schizophrenia.

This creates problem as treatment and prognosis differ greatly for most of these diagnoses^[3].

The onset of symptoms usually appears in adolescence or young adulthood. Schizoaffective disorder is categorized as having a severity between mood disorders and schizophrenia on a schizophrenic spectrum rating scale of symptom progression^[4].

Usually signs and symptoms include symptoms of Schizophrenia, which are delusions, hallucinations, disorganized speech and behavior and negative symptoms. Mood symptoms also tend to be episodic rather than continuous and can be associated with depression, mania, hypomania, mixed episodes, or mania.

Schizophrenia and mood disorders have a complex pathophysiology that involves multiple risk factors such as stress, trauma, social factors, genetics, and socioeconomic factors. First-degree relatives of people with schizophrenia may be at higher risk of

Access this article online	
Quick Response Code	
	https://doi.org/10.47070/ijapr.v11i12.3061
Published by Mahadev Publications (Regd.) publication licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0)	

developing schizoaffective disorder, and vice versa; people with schizoaffective disorder who have a first-degree relative with bipolar disorder schizophrenia or schizoaffective disorder may also be at higher risks.

Anti-psychotics, anti-depressants, and/or mood stabilizers may be used in combination depending on the requirements of the patient during treatment^[6].

Within the Ashtangas, or eight specialized branches, of Ayurveda, the field of psychiatry is discussed under the main subject of *Bhutavidya*, also known as *Graha chikitsa*^[7]. All of these mental disorders are collectively referred to as "*Unmada*" in Ayurveda. The cardinal features of *Unmada* comes under *Ashta vibhramas* which includes, *Vibhrama* of *Manas, Buddhi, Samjna jnana, Smruthi, Bhakthi, Seela, Cheshta and Achara*^[8]. Here the diagnosed case of schizoaffective disorder has been managed with Ayurvedic treatment protocol including *Rookshana, Snehapana, Shodhana and Samana chikitsa* including internal medicines.

Presenting Complaints with Duration

A 31 year old female patient, hailing from Kannur got admitted at Government Ayurveda Research Institute for Mental Health and Hygiene, Kottakkal, 6 months back. She complains that "The world and all are against me, I did many mistakes and my parents are suffering because of that, this world and all people are fake, something bad will happen to me." On interrogation with her parents, they reported that, she has increased fear, decreased sleep, suicidal thoughts, increased suspicions, increased thoughts, tension, anxiety and crying spells since last 3 years and always telling that police will come and arrest her, others can read her mind and control her, all are talking about her since 6 months.

On detailed history, came to know that she was a pampered child, stubborn in nature, anxious, and excessively dependent on her mother during her childhood. She had increased tension and sleep issues during exam time. Completed B.Tech and got married at the age of 26 years. After that she had disputes with husband and family about going for job and husband sent her to parents. Then she was presented with complaints like increased fear, self-talk, crying spells and excessively walking inside the room. Later by the advice of an astrologer, she started to do religious rituals in excessive manner for re-joining with husband. In 2021, she joined in a company. She developed excessive tension and fear due to work pressure and rude behaviour of boss. Meanwhile, following the death of her mother-in-law, husband told her that he had filed divorce petition. She became shocked and got very sad. Again she developed symptoms like telling that, others are controlling her mind, they can control her, watching her through CCTV

etc. Then she quit the job as she couldn't concentrate in the job. She became very much worried that police jeep is coming to arrest, she also started to hear police jeep sound. She also felt hopelessness, helplessness, suicidal thoughts, decreased self esteem. She had consulted at a modern hospital in Calicut. Took antipsychotics and mood stabilizers for 1 month, stopped by her own as it was causing menstrual irregularities.

Clinical Findings

General physical examination: Pulse- 76/min, BP- 110/70mmHg, RR- 13/min, H- 76/min, weight- 65kg.

Mental Status Examination

The patient was obese, looks dull and uncomfortable, eye contact was not maintained and rapport was established with difficulty. Patient appeared disinterested on examination and socially not interested to mingle with others. Considering the speech, intensity, pitch and speed was normal and relevant but productivity was decreased. Mood and affect were sad. Comprehension was intact and motor activity was reduced. In the domain of perception, auditory hallucinations were present which were elementary (hearing the sound of police vehicle). Stream and form of thought was not goal oriented, but continuous. There was no tangentiality or circumstantiality. Content of thought included the delusion of reference, persecution and control. She had thought broadcasting, hopelessness, suicidal thoughts and guilt feelings. Attention and concentration was slightly impaired and she was well oriented to time, place and person. Her recent, remote and immediate memory were intact. There was no impairment in the areas of abstract thinking, intelligence, reading and writing. In judgment, test and personal were intact but social judgement was impaired. On assessment, the Insight was graded as Grade 2. Impulsivity was also absent in this case.

Family History

There was no significant family history related to psychiatric disorders.

Ayurveda Examination

Dasavidha pareeksha was performed in the patient and the following features were noted. *Sareerika prakrti* was *Vatakapha* and *Manasa prakrti* was *Tamasika*. Main *Doshas* involved in disease pathology were *Vata* and *Kapha*, and there was a predominance of *Tamas*. She belonged to *Sadharana desa* and *Kala* was that of *Visarga*. She was *Avara satva* person, her *Agni* was *Manda* in nature and *Abhyavaharana sakthi* and *Jarana sakthi* were *Madhyama*. *Srotas* involved were *Manovaha srotas* and *Rasavaha srotas*.

On Ayurvedic psychiatric examination, she had *Vibhramas* of *Manas*, *Budhi*, *Smruthi*, *Bhakthi*, *Seela*, *Cheshta*, and *Achara* (7 *Vibhramas*) out of 8 *Vibhramas*.

Diagnosis

Considering the detailed history and mental status examination, the case was diagnosed as

Schizoaffective disorder depressive type as per DSM 5 criteria. In Ayurveda it was diagnosed as *Vatakapha pradhana Unmada*. Assessment was done using the Positive and Negative Syndrome Scale for Schizophrenia and Hamilton Depression Rating Scale before and after the treatment.

Table No: 1 Treatment Procedures

Procedure	No. of days	Medicine	Rationale
<i>Virechana</i>	1	<i>Avipathi churna</i> ⁹ - 30gm with lukewarm water – 7AM	<i>Koshta sodhana</i> - 7 Vegas
<i>Sirodhara</i> ¹²	7	<i>Dasamula + Amalaka kashaya</i>	To reduce irritability
<i>Rookashana</i> , <i>Amapachana</i> , <i>Agni deepana</i>	2	<i>Gandharva hasthadi kashaya</i> -15ml + 45ml lukewarm water, 6AM, 6PM	To prepare for <i>Snehapana</i>
<i>Snehapana</i>	7	<i>Panchagavya ghrita</i> ¹⁰ (30ml to 220ml)	<i>Purvakarma</i> , <i>Vatakaphahara</i> , <i>Unmadahara</i>
<i>Abhyanga</i> and <i>Ushma sweda</i>	3	<i>Kottamchukkadi taila</i>	<i>Vatakapha samana</i>
<i>Virechana</i>	1	<i>Avipathi churna</i> - 30gm, with lukewarm water – 7AM	<i>Sodhana</i> - 10 Vegas
<i>Yoga vasthi</i>	8	<i>Sneha vasthi</i> - 5 days with <i>Panchagavya ghrita</i> (100ml) + <i>Vacha churna</i> (5gm)	<i>Unmada hara</i> , <i>Medhya</i>
		<i>Kashayavasthi</i> - <i>Erandamooladi</i> (600ml)	<i>Vatakaphahara</i>
<i>Marsha nasya</i>	7	<i>Purana ghrita</i> ¹¹ (1ml to 2ml)	<i>Unmadahara</i> ,
<i>Yoga therapy</i>		Pranayama, loosening exercises	To improve <i>Satvaguna</i>

Total duration of treatment was 40 days. And the internal medication during the course were

1. *Sarpagandha + Gokshura + Sweta sankhpushpi churna*- 3gm bd with warm water A/F
2. *Mahat panchagavya grutha* – 10g HS
3. *Somalatha churna* – 5g HS with warm water
4. *Manasamithra vatakam*^[12] 0-0-2 after food

RESULTS

The patient was evaluated using the Hamilton Depression Rating Scale and the PANSS both before and after treatment. There were significant improvements in both the scores.

Table: 2 Assessment Scale

Scale	BT	AT
PANSS	100	75
HAM-D	21	10

After 40 days of treatment, she got improvements in symptoms like hallucination and delusion. Patient got considerable relief from suspiciousness, anxiety and fear. Patient was able to mingle with others and started to participate in group activities.

DISCUSSION

Unmada is both *Sareerika* and *Manasika vyadhi*. It involves the derangement of both *Doshas*. *Unmada* involves the *Vibhrama* of 8 factors viz., *Manas*, *Budhi*, *Samjna jnana*, *Smruthi*, *Bhakthi*, *Seela*, *Cheshta* and *Achara*. The treatment of *Unmada* can be adopted considering the involvement of *Manas* and *Tridosha*. *Sodhana* procedure is the essential part in the treatment of *Unmada*.

Here the present case can be explained under *Vatakaphaja unmada*. For initial *Koshta sodhana* and considering the involvement of *Pitha*, *Virechana* has been done with 30gm of *Avipathi churna*. After this *Sirodhara*^[13] with *Dasamula+ Amalaki kashaya* has been done for improving the sleep and to make the patient vulnerable for further treatment. After this, the patient's sleep got improved and level of irritability reduced.

Then for preparing for *Snehapana*, *Rukshana*^[14] has been done with *Gandharvahasthadi kashaya* for 2 days. After improving *Agni* of the patient *Snehapana* has been done with *Panchagavya ghrita*, which is *Vatakaphahara* and has action in thought correction. The *Avarana* of mind with *Kapha* may be eliminated by the *Tikshna guna* of the *Ghrita*. After *Snehapana* at the

doses 30ml, 60ml, 90ml, 120ml, 160ml, 190ml and 220ml for 7 days, *Abhyanga* and *Ushmasveda* was performed using *Kottamchukkadi taila*, as it is *Vatakaphahara* in nature. *Snehapana* also brings about the *Utkleshana* of vitiated *Doshas* which makes it to be easily eliminated by *Sodhana* therapy. As the patient was having *Avara satva*, *Vamana* procedure couldn't be performed and *Virechana* with *Avipathi churna* has been done. Obtained 10 *Vegas* and patient was administered with diet regimen and rest for 1 day. *Virechana* brings about *Indriyaprasada*, *Buddhi prasada*, *Srothovisuddhi*, *Laghuta*, *Agnivridhhi*, *Anamayatva* and *Vathanulomana*^[15]. After *Virechana* suspiciousness, fear, anxiety etc got considerably reduced. Following that, *Yogavsthi* has been done. In that *Snehavasthi* has been done with *Panchgavya ghrta + Vacha churna*. *Vaca* was added to augment the potency of *Pancagavya ghrta* and thus imparting more *Kaphahara* action due to *Tikshna guna*. *Kashayavasti* was administered with *Eranda mooladi*. Improvements in delusional thoughts were noted after this treatment. After performing *Yogavasti*, *Nasya* has been done with *Puranaghrta* which is having *Unmadahara* property and *Tikshna guna*. Along with this Yoga therapy including *Pranayama* and loosening exercises were administered to the patient. After this, she was directed to goal oriented activities. Her mood got improved gradually and was able to mingle with others and started to engage in group activities.

Internally, *Somalatha choorna* at a dose of 5gm during night was prescribed to promote sound sleep. Also 10gm of *Mahatpanchagavya ghrta* was administered during night which is having an action on improving cognitive impairments. A combination of equal proportion of *Swetasankupuspi*, *Gokshura* and *Sarpagandha* at a dose 1gm each twice daily after food with lukewarm water was given to the patient, for symptomatic management of psychiatric conditions. Two *Manasmitra vataka* tablets were prescribed during night which might calm the mind and also it's supportive action in all psychiatric conditions.

CONCLUSION

The well-being of *Manas* and *Sareera* is constantly emphasized in Ayurveda. Psychiatric problems are treated in Ayurveda by incorporating the use of both *Yukthi vyapasraya* and *Satvavajaya*. In the present case, schizoaffective disorder has been treated under the line of *Unmada*. The patient was effectively managed with the treatment protocol including *Sodhana*, *Samana* and *Yoga* therapy. Considerable improvement has been noted in both psychotic features and mood symptoms. Patient was able to do her daily activities, vegetative functions become normal and was directed to goal oriented activities. For the purpose of improving Ayurvedic psychiatry and providing the afflicted with compassionate care, more

dynamic research projects must be carried out and documented.

REFERENCES

1. World Health Organization. ICD-10 Version: 2010. AITBS Publishers & distributors; Delhi-51; 2007. p. 105.
2. Malaspina D, Owen MJ, Heckers S, Tandon R, Trump D, Schultz S, Barch DM, Gaebel W, Gur RE, Tsuang M, Van Os J, Carpenter W (May 2013). "Schizoaffective disorder in the DSM-5". *Schizophrenia Research*. 150 (1): 21-5. doi:10.1016/j.schres.2013.04.026
3. Kaplan, HI; Saddock, VA (2007). *Synopsis of Psychiatry*. New York: Lippincott, Williams & Wilkins. ISBN 978-0-7817-7327-0.
4. Vardaxi, Chrysoula Ch.; Gonda, Xenia; Fountoulakis, Konstantinos N. (1 February 2018). "Life events in schizoaffective disorder: A systematic review". *Journal of Affective Disorders*. 227: 563-570
5. Laursen TM, Munk-Olsen T, Nordentoft M, Bo Mortensen P. A comparison of selected risk factors for unipolar depressive disorder, bipolar affective disorder, schizoaffective disorder, and schizophrenia from a danish population-based cohort. *J Clin Psychiatry*. 2007 Nov; 68(11): 1673-81.
6. Ahuja N. *A Short Textbook of Psychiatry*. 7th ed. Jaypee Brothers medical publishers, (p) Ltd; 2011: 87
7. Bhisagacarya HV, *Ashtanga Hridayam* composed by Vagbhata with commentaries of Arunadatta and Hemadri. 10th ed. Varanasi: Choukhambha Orientalia; 2011:p.5.
8. Acarya VYT, editor, *Carakasamhita* by Agnives'a with the Ayurveda Dipika Commentary. Varanasi: Choukhambha Sanskrit Sansthan; 2017:223
9. Bhisagacarya HV, editor. *Ashtanga Hridayam* composed by Vagbhata with commentaries of Arunadatta and Hemadri. 10th ed. Varanasi: Choukhambha Orientalia; 2011; 743.
10. Bhisagacarya HV, editor. *Ashtanga Hridaya* composed by Vagbhata with commentaries of Arunadatta and Hemadri. 10th ed. Varanasi: Choukhambha Orientalia; 2011; 803.
11. Sushruta, *Sushruta Samhita*, Nibandha sangraha commentary of Sri Dalhanacharya and Nyaya Chandrika Panjika of Sri Gayadasacharya on Nidanasthana, edited by Vaidya Jadvji Trikamji Acharya & Narayan Ram Acharya 'Kavya Tirtha', Choukhambha Sanskrit Sansthan Varanasi, reprint-2012, Sutra Sthana, 45th chapter, verse:108 commentary, pp:205, pg:824.

12. Sahasrayoga 31st ed (Krishnan K.V, Gopalapillai S, comme, Malayalam) Alappuzha: Vidyarambham press; 2012.
13. Pooja, Rani & Subash, Sahu. (2022). A Review Paper on the Role of Shirodhara A Non-Pharmacological Intervention in the Management of Insomnia. International Research Journal of Ayurveda & Yoga. 05. 137-141. 10.47223/IRJAY. 2022.5120.
14. Bishagacarya HY, editor. Ashtanga Hrdaya composed by Vagbhata with commentaries of Arunadatta and Hemadri. 10th ed. Varanasi: Choukhambha Orientalia; 2011; 225
15. Acarya VYT (2011) Caraka samhita by Agnivesha with the Ayurveda Dipika Commentary. Varanasi: Chaukhamba Sanskrit Sansthan; 93. 16/5-6

Cite this article as:

Ragitha.K, Satheesh.K. Ayurvedic Management of Schizoaffective Disorder. International Journal of Ayurveda and Pharma Research. 2023;11(12):111-115.

<https://doi.org/10.47070/ijapr.v11i12.3061>

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

***Address for correspondence**

Dr. Ragitha.K

PG Scholar,

Manovgyana Evam Manasaroga,

Department of Kayachikitsa,

VPSV Ayurveda College, Kotakkal.

Ph.No: 9400842410

Email: ragitha.k@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.