



Research Article

www.ijrap.net



MANAGEMENT OF POSITIVE SYMPTOMS OF SCHIZOPHRENIA WITH SELECTED AYURVEDIC PROTOCOL: AN UNCONTROLLED CLINICAL TRIAL

Nasheeda Karuvattil¹, Jithesh M^{2*}

¹MD Scholar, Department of Kayachikitsa, VPSV Ayurveda College, Kottakkal, Kerala, India

²Associate professor, Department of Kayachikitsa, VPSV Ayurveda College, Kottakkal, Kerala, India

Received on: 13/08/16 Revised on: 07/09/16 Accepted on: 29/09/16

***Corresponding author**

E-mail: drjitheshm@gmail.com

DOI: 10.7897/2277-4343.075222

ABSTRACT

Schizophrenia is the commonest and widely distributed psychiatric disorder which affects the subjects, along with their families. The condition is highly compensating the quality of life of the affected. The existing medications including the antipsychotics are not operational as expected, with considerable untoward effects and also restriction in the daily routines. Effectual as well as safer combinations are the need of the hour, where the Ayurvedic principles of psychiatry, can really contribute to an enormous extent. The condition of Schizophrenia cannot be explained under a single category of Unmada or any other condition mentioned in Ayurveda, but the condition can be approached on the light of Ayurvedic principles. A selected protocol from the context of Unmada is being tried here, in managing the positive symptoms of Schizophrenia. It was an uncontrolled clinical trial with a sample size 15. Assessments were done according to Scale for the Assessment of Positive Symptoms of Schizophrenia (SAPS) and WHO Quality of Life Questionnaire BREF. There were significant changes in reducing the symptoms on SAPS and the quality of life was significantly improved.

Keywords: Schizophrenia, Positive symptoms, Unmada, Doshahara vasthi, Mahakalyanaka gritha

INTRODUCTION

The mental health is deteriorating day by day all over the world, the cause being many and varied. Among the psychiatric disorders, Schizophrenia is a major condition affecting almost 21 million people worldwide, with almost 50% of them living without adequate care and support¹. It is marked with the loss of reality incorporating the morbid symptoms such as delusions, hallucination etc. It is characterized by profound disruption in thinking, perception, sense of self and also affecting the communication skills. This is also comprised of difficulty in performing daily activities, maintaining hygiene and also socially inappropriate behavior with reduced emotional expressions². The disturbance involves the most basic functions that furnish a normal person the sense of individuality, uniqueness and self direction.

Schizophrenia is having positive and negative symptoms among which the positive symptoms such as delusion, hallucination, thought disturbances, catatonic behavior etc. are the most disruptive, on the part of management³. The modern approach with the antipsychotics are not providing a satisfactory answer to the problem, but also results in drowsiness, restlessness, stiffness, anxiety, social withdrawal etc. as untoward effects. Persistence or recurrence of the disease is also reported as well⁴.

Ayurvedic management is claimed to have significantly working in the clinics for Schizophrenia. Sodhana therapy, as per the conditional assessment of the doshas based on the clinical presentation, followed by appropriate samana drugs are the generally adopted protocol. One among them including snehapana, virechana and doshahara vasthi, followed by the samana drug was selected for this study, based on the previous trials⁵. The efficacy was tried for the positive symptoms of Schizophrenia and also the quality of life of the affected.

Aim

To improve the quality of life of those affected with Schizophrenia

Objectives

- To assess the efficacy of the selected protocol in Schizophrenia
- To compare the efficacy of the selected protocol in improving the quality of life of those with Schizophrenia

MATERIALS & METHODS

Study design: Open Label Uncontrolled Clinical Trial

Sample size: 15

Setting: Manassanthi O.P.D; V.P.S.V. Ayurveda College Hospital, Kottakkal, Kerala.

Diagnosis: Diagnosis according to D.S.M –IV criteria for Schizophrenia⁶.

Ethical committee clearance: Synopsis submitted and approved by the Research Committee and IEC (Approval No: IEC/ doc/03/ 13 dated 22.04.2013). Present study was carried out in accordance with ethical principles by following International conference of Harmonization-Good Clinical Practices Guidelines (ICH-GCP).

Inclusion Criteria

- Patients diagnosed as Schizophrenia as per the DSM-IV criteria.
- No discrimination of gender, caste, religion and economic status.
- Age group: 20 to 50 years.
- Those willing to give a written consent

Exclusion Criteria

- Associated with organic brain disorders, mental retardation
- Major metabolic disorders and co morbid psychiatric disorders
- Substance abuse, those undergoing psychiatric medication
- Not fit for snehapana, virechana, vasthi

Table 1: Selected Treatment Protocol for the study

Treatment	Drug	Dose and duration	Time
Snehapana	Mahakalyanaka gritha ⁷	Up to 7 days	6 am
Abyanga and Ooshmasweda	Dhanwantara taila ⁸	15 minutes for 3 days	3 pm
Virechana	Avipathy choornam ⁹	30 gm for 1 day	9 am
Snehavasthi	Dhanwantaram mezhukupakam	100 ml 5 alternate days	2 pm
Doshahara vasthi ¹⁰	Erandamoola kwatha – 480 ml Vacha, hingu, satahwa, suradaru, rasna – 5 gm each Dhanwantaram tailam – 240 ml Madhu – 240 ml Saindhavam – 15 gm	On 3 alternate days as yogavasthi	10 am
Samana drug	Swetha sankupushpi ¹¹ Sarpagandha ¹² Gokshura ¹³ – equal parts	2 gram for 15 days	9 am 7 pm

Assessment

Assessment was done using the Scale for the Assessment of Positive Symptoms of Schizophrenia (SAPS)¹⁴ and the WHO Quality of Life questionnaire – BREF¹⁵. Assessment was done at the commencement and also at the end of the protocol. The data was statistically analyzed using the student paired t test¹⁶.

years in women and 66% of the total subjects were from the low socio economic group. 60% of the included were having only primary or secondary education. 82% were having a history of unsatisfactory relationship with spouse and 20% were already divorced.

OBSERVATIONS

Data related to clinical picture

In this study, 77% of the patients were males and 23% were females. The average age of onset was 28 years in men and 36

In about 50% of the subjects, acute stress episodes like the death of a nearest relative, divorce etc. in the preceding months resulted in the primary manifestation. One-third of them were having pre-morbid paranoid personality.¹⁷ 40% were having suicidal ideation in response to delusion or hallucination and in 50% among them, immediate memory seems impaired.

Data related to efficacy of clinical trial

Table 2: Effect of the selected protocol on SAPS score

Symptom	Mean + SD		% of relief	t	P
	BT	AT			
Auditory Hallucination	2.7 + 2	1.6 + 1.5	48	4	< 0.01
Voices commanding	1.7 + 2.1	0.8 + 1.3	52	2.475	< 0.05
Voices conversing	1.5 + 2.1	0.4 + 0.7	72	2.543	< 0.05
Visual hallucination	2.2 + 2.2	1.1 + 1.35	48	3.552	> 0.05
Global rating of hallucination	3.9 + 0.7	1.8 + 1.12	52	8.327	< 0.001
Persecutory delusion	3.2 + 1.8	1.6 + 1.1	50	5.526	< 0.001
Delusion of jealousy	1.7 + 2.1	0.5 + 0.9	70	2.384	< 0.05
Grandiose delusion	1.7 + 2.2	1.5 + 1.7	12	0.564	> 0.05
Religious delusion	1.9 + 2.4	0.86 + 1.5	53	2.415	< 0.05
Somatic delusion	1.6 + 2.3	0.9 + 1.4	42	2.467	< 0.05
Delusion of reference	3.4 + 1.4	1.8 + 1.3	47	5.526	< 0.001
Delusion of mind reading	1 + 1.9	0.5 + 1.1	50	2.32	< 0.05
Global rating of delusion	4.4 + 0.63	2.4 + 0.83	43	7.25	< 0.001
Clothing and appearance	3.2 + 1.1	1.1 + 1	66	7.793	< 0.001
Social and sexual behavior	4 + 0.65	1.5 + 0.8	63	5.49	< 0.001
Aggressive and agitated behavior	3.5 + 1.12	1.4 + 1.06	58	7.75	< 0.001
Repetitive or stereo type	2.8 + 2.1	1.2 + 1.4	57	3.886	< 0.01
Global rating of bizarre behavior	3.8 + 0.67	1.5 + 0.83	59	9.933	< 0.001
Derailment	1 + 1.7	0.4 + 0.8	60	2.201	< 0.05
Tangentiality	1.7 + 2.25	1 + 1.36	42	2.75	< 0.05
Illogicality	3.2 + 1.56	1.6 + 1.45	50	5.526	< 0.001
Pressure of speech	2.9 + 1.6	1.2 + 1.26	59	5.772	< 0.001
Distractible speech	3.6 + 1.6	2 + 1.1	45	7.714	< 0.001
Global rating of positive formal thought disorder	3.46 + 1.06	1.6 + 1.2	53	7.299	< 0.001
Inappropriate affect	3.4 + 1.18	1.8 + 1.14	48	8.918	< 0.001
Total score	72.9 + 12.8	35.5 + 16.1	51	15.661	< 0.001

BT: Before Treatment, AT: After Treatment

On assessment, highly significant difference (< 0.001) were observed in the symptoms of Global rating of hallucination, Persecutory delusion, Global rating of delusion, Clothing and appearance, Social and sexual behavior, Aggressive and agitated behavior, Global rating of bizarre behavior, Illogicality, Pressure of speech, Distractible speech, Global rating of positive formal thought disorder and the Inappropriate affect. Auditory

hallucination, repetitive and stereotype behavior were significant at 1% level.

Minimal significance was attained in voices commanding, voices conversing, delusion of jealousy, religious delusion, somatic delusion, delusion of mind reading, derailment and tangentiality. The other symptoms were observed as unchanged. There was also highly significant difference in the total score, after the intervention.

Table 3: Effect of the selected protocol on the quality of life – WHO BREF

Symptom	Mean + SD		% of relief	t	P
	BT	AT			
Overall quality of life and general health	25 ± 1.63	68 ± 11.4	63	10.776	< 0.001
Domain 1 Physical health	32.1 ± 8.9	55.4 ± 7.6	42	8.877	< 0.001
Domain 2 Psychological	26.1 ± 9.6	55.5 ± 8.7	53	10.85	< 0.001
Domain 3 Social relationships	16.6 ± 10.7	54.7 ± 13	69	7.039	< 0.001
Domain 4 Environment	20.4 ± 12	53.9 ± 14.6	62	10.512	< 0.001

BT: Before Treatment, AT: After Treatment

There was highly significant difference in all the domains of the assessment for the quality of life, after the intervention. While comparing the percentage of relief, 7% got marked improvement ($> 75\%$), 47% got moderate improvement ($> 50 - 74\%$) 40% got mild improvement ($> 25 - 50\%$) and the rest 6% were unchanged.

DISCUSSION

Approach to Schizophrenia

The condition resembles doshaja Unmada mentioned in Ayurveda, mainly Vathaja and Pittaja, the dosha combination varies as per the clinical presentation. Vatha dosha is mainly deranged resulting in the alteration of the various functions of the manas.¹⁸ Majority of the symptoms are also comparable with that of the Unmada and grahas¹⁹. The positive symptoms such as bizarre behavior, inappropriateness of affect, stereotyped behavior, bizarre clothing and appearance are well explained by Vagbhata, along with Vathika Unmada. Aggressive and agitated behavior, impulsivity, visual hallucination etc. are explained as that of Pittaja Unmada. Distractible speech, incoherence, tangentiality, illogicality are explained in graha conditions like Pishaacha graha²⁰. The detailed protocol mentioned for Unmada, on a conditional basis is promising here, in the case of efficacy. Snehapana was performed with Mahakalyanaka gritha, which subsides the three doshas and also effective in Unmada due to graha. After ideal sweda, virechana was performed with Avipathy choorna, which was felt ultimate here as the association of Pitta, was well established. The selected enema was Doshahara vasthi as it is ideal for the normalisation of Vatha responsible for the normal functioning of mind and also promotes intellect and clears the srotus or channels. The samana drug which is a combination of sankupushpi, sarpagandha and gokshura enhances intellect, sleep, cognition, cures psychiatric illness and is also rasayana in action.

Overall effect of the therapy

Those patients with the higher grade of insight responded more to the protocol. On MMSE, attention and concentration was increased, orientation about the place and person improved and immediate and recent memory was better. There was considerable improvement in the suicidal ideation. Both the quality and quantity of sleep improved. Significance at 0.1% level was observed in the total score of SAPS. All the four domains of the quality of life, improved in a highly significant manner.

CONCLUSION

Schizophrenia is causing significant decline in the quality of life of those affected, instead of all the advancements in the modern psychiatry, apart from the adverse effect of the therapy. Ayurvedic management protocols are being tried with a significant outcome in psychiatric conditions, but are still not precise. Selected protocol seems to be effective in the positive symptoms of Schizophrenia as per SAPS and QOL BREF. But in disorders like Schizophrenia with a wide spectrum, several studies with a specific protocol have to be conducted, before realization of a conclusion. The ultimate aim of the Ayurvedic treatment is a balanced state of body, mind and the sensory faculties (indriyas) and is helpful for conditions like Schizophrenia²¹. There is hope for the affected, as the clinical efficacy along with lack of untoward effects has been reported, in a promising manner in several studies.

REFERENCES

1. Sadock, Benjamin james, Virginia Alcott, Synopsis of psychiatry. 10th edition, Lippinkott Williams and Wilkins, Newdelhi, 2008, Ch 5, 13, p 467
2. Niraj Ahuja, A short text book of psychiatry, 7th Edition, Jaypee brothers medical publishers, New delhi, p 54
3. Murali Madhav S, Epidemiological study of prevalence of mental disorders in India, Indian Journal of community medicine, 2010, Vol 26, No 4, p 10-12
4. MS Bhatia, Essentials of Psychiatry, 2nd Edn, CBS Publishers and distributors, 1996, New Delhi, p 174-175
5. Anoop MS, MPE Sarma, Sodhananga snehapana with Mahakalyanaka gritha followed by virechana in Vathikonmada vis-à-vis Schizophrenia, MD Dissertation, KUHS, 2012, p 76-78
6. American Psychiatrist Association, DSM IV TR, Diagnostic and Statistical Manual for mental disorders, 4th edn, Jaypee brothers, New delhi, 2005, p 56
7. Vagbhata, Astangahrdaya, Sarvangasundara commentary of Arunadutta, Chowkhamba Orientalia, Varanasi, 2007, Uttarasthana verse 6/26-33, p 799
8. Vagbhata, Astangahrdaya, Sarvangasundara commentary of Arunadutta, Chowkhamba Orientalia, Varanasi, 2007, Sareerasthana verse 2/47-53, p 383
9. Vagbhata, Astangahrdaya, Sarvangasundara commentary of Arunadutta, Chowkhamba Orientalia, Varanasi-2007, Kalpasthana verse 2/21-23, p 743

10. Vagbhata, Astangahrdaya, Sarvangasundara commentary of Arunadutta, Chowkhamba Orientalia, Varanasi-2007, Kalpasthana verse 4/32, p 758 - 759
11. JLN Shastry, Dravya guna vijnana, Chawkhamba orientalia, Varanasi, 2nd Edn, 2012, Vol II, p 359
12. JLN Shastry, Dravya guna vijnana, Chawkhamba orientalia, Varanasi, 2nd Edn, 2012, Vol II, p 334
13. JLN Shastry, Dravya guna vijnana, Chawkhamba orientalia, Varanasi, 2nd Edn, 2012, Vol II, p 98
14. John M etal, National Institute of Mental Health, Schizophrenia and psychosis treatment, Part I, psychocentral.com/disorders/ schizophrenia treatment, p 452-4 (cited on 12 Nov 2006)
15. WHO Geneva. The ICD classification of mental and behavioural disorders. Clinical description and diagnostic guidelines. AITBS publishers and distributors, Newdelhi, 2005, p 12-13
16. Kothari CR, Research Methodology methods and techniques, new Age International Publishers, 3rd Edn, 2008, p 197-199
17. Femioyebode, Sims' symptoms in mind: An introduction to descriptive psychology, 4th Edn, 2008, p 211-213
18. ARV Murthy, The mind in Ayurveda and other Indian traditions, 1st Edn, Chawkhamba Sanskrit Prakashan, New delhi, 2004, p 340-342
19. Agnivesa, Carakasamhita with the commentary of Cakrapanidatta, Nidanasthana verse 7/5, Varanasi Krishnadas academy, 2009, p 223
20. Vagbhata, Astangahrdaya, Sarvangasundara commentary of Arunadutta, Uttarasthana verse 6/26-33, Chowkhamba Orientalia, Varanasi-2007, p 721-722
21. Ujwala Vamanrao Pawar. Comparative study of ancient textual and present etiological factors in psychosomatic disorders. Int. J. Res. Ayurveda Pharm. 2014;5(2):159-162 <http://dx.doi.org/10.7897/2277-4343.05232>

Cite this article as:

Nasheeda Karuvattil, Jithesh M. Management of positive symptoms of schizophrenia with selected Ayurvedic protocol: An uncontrolled clinical trial. Int. J. Res. Ayurveda Pharm. Sep - Oct 2016;7(Suppl 4):67-70 <http://dx.doi.org/10.7897/2277-4343.075222>

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

Disclaimer: IJRAP is solely owned by Moksha Publishing House - A non-profit publishing house, dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. IJRAP cannot accept any responsibility or liability for the site content and articles published. The views expressed in articles by our contributing authors are not necessarily those of IJRAP editor or editorial board members.