



Research Article

www.ijrap.net



AYURVEDIC MANAGEMENT OF MANODUKKAJA UNMADA: A CASE REPORT

Keshav R ^{1*}, Savitha H P ², Suhas Kumar Shetty ³, Ajith Kumar ¹

¹PG Scholar, Department of Mano Vigyan Avum Manasa Roga, Shri Dharmashathala Manjunatheshwara College of Ayurveda and Hospital, Hassan, Karnataka, India

²Associate Professor, Department of Mano Vigyan Avum Manasa Roga, Shri Dharmashathala Manjunatheshwara College of Ayurveda and Hospital, Hassan, Karnataka, India

³Head of Department, Department of Mano Vigyan Avum Manasa Roga, Shri Dharmashathala Manjunatheshwara College of Ayurveda and Hospital, Hassan, Karnataka, India

Received on: 06/08/18 Accepted on: 05/10/18

*Corresponding author

E-mail: keshavbharath08@gmail.com

DOI: 10.7897/2277-4343.096176

ABSTRACT

Manodukkaja Unmada has become a common psychiatric disorder affecting people of middle aged group especially due to their psychosocial issues. A combined approach of detoxification and psychotherapy through the principles of ayurveda will help the subject to overcome those stressors. A 46year old female patient was admitted in Shri Dharmasthala Manjunatheshwara Ayurveda Hospital, Hassan with chief complaints of depressive mood, lack of motivation towards daily activity, persistent thoughts about the past and feeling of loneliness since 8 years. She hasn't consulted any hospital regarding the issues. On admission subject was treated based on symptoms presented and planned kapha medo hara chikitsa. The treatment protocol included vamana, nasya karma and satvajaya chikitsa and shamana aushadis. There was remarkable improvement such as maintaining good rapport with neighbours, maintaining hygiene, involving in daily activities and reduced thoughts of past events. On follow up after 30 days subject reported with greater relief in life better than before.

Key words: Manodukkaja Unmada; Sattvavajaya chikitsa; Reactive depression; Ayurveda

INTRODUCTION

Manodukkaja unmada is an Agantuja mano vyadhi caused due to exogenous factors¹. External causes like traumatic life event leads to derangement in functions of mind and causes the disease. The patient suffers from depressed mood, crying spells, lack of interest in daily routine activities, feelings of hopelessness and unresponsiveness to surroundings. Repeated exposure to such traumatic events worsen the condition and patient may end up with psychotic features thus leading to confusion, impaired judgement and perverted way of expressing his/her subconscious feelings². The condition may be correlated to reactive depression.

Reactive depression is caused "in reaction to" an external event or circumstances that the people experience to a major stressor such as a break up, divorce, workplace harassment or any psychosocial incident that causes individual to react. Symptoms include anxiety, anger and confusion, crying spells, drug abuse and insomnia, feeling hopelessness, social isolation, suicidal thoughts and worries⁴.

PATIENT INFORMATION

A 46 year old female subject who was a software engineer was admitted in In Patient Department of Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan, Karnataka, India (IP-25945) with complaints of depressive mood, lack of motivation towards daily activity, persistent thoughts about the past and feeling of loneliness since 8 yrs. And the subject has not visited any health care centre for the above said complaints. Patient also complained of constipated bowel, pain during defecation, weight gain and irregular menstrual cycle. Subject is not a known case of type 2 DM and Hypertension.

The patient's mother complained of repeated washing of hands, shouting at others, not maintaining hygiene, watching TV for long durations, improper sleeping habit and being non-cooperative with family members.

Patient had a history of abortion. There is no history of psychiatric illness in family. No relevant treatment history was found.

CLINICAL FINDINGS

On examination, patient was obese weighing 88kg, height 5.1ft; her vitals were within normal limits. Patient appeared dull, depressed, not well groomed. She was found to be very keen on her issues and talk excessively. On Mental Status Examination subject was conscious, well oriented, with intact memory shown repeated thoughts about her past. There was severe disturbance in her intelligence, thinking and was unable to make proper decision.

History of the patient revealed a series of trauma by her husband such as using of abusive words, physical & sexual tortures, using all her assets bankrupting her for over a period of 4months which happened 8 years back. When she returned home from abroad to her parents she was unwelcomed, ill treated by her family members.

DIAGNOSTIC ASSESSMENT

Based on the symptoms presented the diagnosis was made to be manodukkaja unmada (likely to be Reactive depression) with moderate features of attavabhinivesha(OCD). And on routine blood investigation patient's blood sugar level was found to be in higher level with FBS -187.1mg/dl PPBS-231.4mg/dl.

THERAPEUTIC INTERVENTION

The treatment plan (table 1) included detoxification therapy and psychotherapy. Total duration of treatment was 22 days. On first three days of admission, planned for deepana, pachana was given with panchakola phanta and 1tea spoon of Avipattikara churna with hot water at night time. After two days of deepana pachana she started with menstruation, so treatment was postponed for two days. Later she was given with snehapana with kalyanka ghritha for 5days 230 ml of ghee was taken on last day. On the 6th day sarvanga abhyanga with murchitha taila and bashpa swedana was done. On the 7th day visrama kala for advised to have diet which is predominant of kaphakara such as milk sweets and curd rice. On the 8th day subject was posted for vamana (emesis therapy) with madanaphala yoga. Subject had 8 vegas of vamana and advised peyadi samsarjana krama (dietary food) for next six days. After the dietary regimen she was advised with nasya karma for 5 days with kalyankha ghitha. Simultaneously subject was undergoing psychotherapy such as Dhee-dhairya atmadi chikitsa, insight oriented supportive cognitive approach, positive reinforcement, reverse psychology, family counselling and recreational therapy.

During the course of the treatment subject felt increased appetite, reduced irritability, cutting down activities such as washing hands, getting dressed properly, maintaining hygiene were observed (table 2)

FOLLOW-UP AND OUTCOMES

On first follow up after 30 days there was no recurrent episode of depression with repeated activity of washing hands and clothes reduced. Subject was advised with manasa mitra vati 2 tid, kalyanaka ghritha 3tsp bd on discharge. There was significant improvement in quality of life and subjective well-being was noticed.

DISCUSSION

Here in the present case treatment plan was based on the symptoms presented and the involvement of morbid dosha. Based on the presenting complaints and clinical observation, it was observed that the involvement of vitiated kapha dosha was more along with meda dhathu. Detoxification therapy (Vamana) was planned as it is the best mode of treatment for alleviation of kapha dosha⁵. Treatment was started with deepana pachana with panchakola phanta for increasing the appetite and for proper absorption. Snehapana with panchagavya ghritha in arohana matra for 5 days, as panchagavya ghritha is tamohara and has nootropic effect⁶. Sarvanga abhyanga with moorchitha taila along with bashpa sweda for dosha to reach kosta. And after visrama kala for a day madanaphala yoga was given as a part of emesis therapy. As patient had pravara shuddi (8 vega) advised peyadi karma for 7days. Nasya karma was done as it is the root for siras⁷. Kalyanka ghritha was instilled with an intention of sanjna probhodana. Simultaneously along with this treatment dhi dhariya atmadi vijana considered to be best mode of treatment for manas was practiced⁸. Yoga and pranayama techniques were taught as it helps in control of thoughts and brings equilibrium of mind⁹.

Table 1: Course of the treatment

Date & duration	Treatment	Medicine	Remarks
08/09/17-11/09/17	Amapachana	Panchakola phanta, udvartana	Kapha and medo hara
16/09/17-21/09/17	Snehapana	Pancha gavya ghritha	Medo kapha hara
22/09/17	Visrama Kala	Kapahakara ahara vihara was advised ksheera, ghritha, payasa, dadhi, tila	
23/09/17	Vamana	Madanaphala yoga	Pravara suddhi 8vegas
24/09/17-01/10/17	Samsarjan Krama	Peyadi krama	7days
02/10/17-07/10/17	Nasya karma	Kalyankha ghirtha	5days

Table 2: Observation during the treatment protocol

Midpoint	Observation
During Amapacana	Appetite of the patient increased
Snehapana	Irritability decreased
Satvavajaya chikitsa (10 sessions)	In the first session rapport was built with the subject. And in the successive sessions subject started to open up her feelings. Dhee-dhairya atmadi chikitsa <ul style="list-style-type: none"> • Insight oriented supportive cognitive approach • Positive reinforcement • Reverse psychology • Family counselling • Recreational therapy
After Emesis therapy (vamana)	<ul style="list-style-type: none"> • Lightness of body • Judgement got improved • Activities such as repeated washing of hands, frequent thoughts of past life were reduced. • Started engaging in daily routine
Nasya karma	Clarity of thoughts, started to think innovatively and showed involvement in daily activities.
Yoga and pranayama	Daily practice (6-7am and 4-5pm)



Picture 1: Subject undergoing emesis therapy

CONCLUSION

A combined detoxification and psychotherapy was found to be effective in managing manodukkaja unmada. There was a significant improvement in the behaviour and attitude of the patient.

ACKNOWLEDGEMENT

The authors sincerely extend their gratitude to the patient and Principal, Department of Mano Vigyan Evum Manasa Roga and staff of SDM College of Ayurveda & Hospital Hassan, for supporting us to carry this study.

REFERENCES

1. Murthy Srikantha KR, editor. Susrutha Samhita of Susrutha, Uttara Stana; Unmada adhyaya:Chapter 61, Verse 4. Varanasi: Chaukhambha Orientalia, 2012; 409.
2. Murthy Srikantha KR, editor. Susrutha Samhita of Susrutha, Uttara Stana; Unmada adhyaya:Chapter 61, Verse 12. Varanasi: Chaukhambha Orientalia, 2012; 410.
3. Breslau Naomi, Devis C Glenn, Andreski Patricia et al. Traumatic Events and Posttraumatic Stress Disorder in an Urban Population of Young Adults. Arch Gen Psychiatry.1991;48(3):216-222
4. <https://mentalhealthdaily.com/2014/03/25/reactive-depression-symptoms-causes-treatment-options/> 30/07/18
5. Dubey Sarvesh, Tripathi J S, Gupta Sanjay, Reddy K R C. A Comparative clinical trial on the role of Panchakarma therapy in Unmada Gajankusha Rasa in the cases of major depressive disorder vis-a-vis kaphahaja unmada. Ayu.2010 Apr-Jun; 31(2): 205-209.
6. R N Madhushree, Shetty Kumar Suhas, H P Savitha, B Prakash Narayan. Role of Panchagavya Ghritha in theManagement of Attavabhinivesha(Obessive Compulsive Disorder). IAMJ: Volume 3: Issue 9; September 2015.
7. Kumar Vipin. A Conceptual Study on Mode of Action of Nasya. IJARP: July 2017: Vol 5: Issue 7.
8. Gaur Vishwavas, editor. Astangahrdayam by Vagbhata, Sutrasthan, Ayuskamiyadhyaya: Chapter 1, Verse 26. Varanasi: Chaukhambha Orientalia, 2010; 13.
9. Upadhyay Devanand. An Approach to Healthy Life through Yoga in Ayurveda. IJR; Vol-1; Issue 3; April 2014.

Cite this article as:

Keshav R et al. Ayurvedic management of manodukkaja unmada: A case report. Int. J. Res. Ayurveda Pharm. 2018;9(6):84-86
<http://dx.doi.org/10.7897/2277-4343.096176>

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.