



Case Report

www.ijrap.net

(ISSN Online:2229-3566, ISSN Print:2277-4343)



AYURVEDIC MANAGEMENT OF SCHIZOAFFECTIVE DISORDER: A CASE REPORT

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Received on: 26/02/22 Accepted on: 19/03/22

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DOI: 10.7897/2277-4343.130227

ABSTRACT

Schizoaffective disorder is a chronic, recurrent disorder characterized by episodes of non-mood-associated psychosis and mood episodes (manic or depressed) with psychotic features. According to Ayurveda, the present case report deals with schizoaffective disorder diagnosed and treated as Vatapittaja Unmada. A 36-year-old female patient presenting with increased self-talk and thoughts was managed with internal and external medications. The assessment was done before and after treatment using PANSS and BPRS, and there was a considerable reduction in the symptoms. This single case report attempts to document the changes in symptoms produced due to the administration of Ayurveda medicines both internally and externally.

Keywords: Schizoaffective disorder, Positive symptoms, PANSS, Ayurveda

INTRODUCTION

Schizoaffective disorder is a chronic recurrent disorder with a lifetime prevalence of approximately 0.3%.¹ It is characterized by episodes of psychosis in the absence of mania or depression and mood episodes (manic or depressed) with psychotic features.² In the usual presentation, the patient experiences a mood disorder with the severe expression of symptoms that includes psychosis – depression with psychosis or mania ('classic' or mixed) with psychosis – and during an uninterrupted period of symptomatic disturbance, the mood symptoms resolve, but the psychosis persists. The primary symptoms include delusions (false, sometimes strange beliefs), depression (worthlessness, helplessness), hallucinations (hearing voices), lack of personal care (not staying clean or keeping up appearance), mania or sudden, out-of-character jumps in energy levels or happiness, racing thoughts, suicidal tendencies³.

In Ayurveda, this condition can be correlated to Unmada. The cardinal symptoms of unmada include buddhivibrama, satwapariplava (dilemma of the mind), akuladrishiti (biased thinking), adheerata (loss of confidence), abaddhavak (irrelevant talk). The vibhrama avastha of eight factors: manas, buddhi, sanjya gyana, smriti, bhakti, sheela, cheshta, and achara. Vibrama is nothing but the state of misinterpretation of the original course or a form of perversion. Depending upon the dosa predominance, the symptoms exhibited will vary from person to person.

The positive and negative symptoms of schizophrenia can be included under the eight vibramas of unmada. Antipsychotics are used for managing the symptoms, which has many side effects like nausea, vomiting, irritability, loss of appetite etc. Ayurvedic medicines are effective in controlling the condition effectively with minimal side effects. In this case, the patient was effectively managed with internal and external medications.

The study was carried out per the International Conference of Harmonization-Good Clinical Practices guidelines (ICH-GCP) or the Declaration of Helsinki guidelines.

Case report

A 36-year-old married female, middle socioeconomic status, pre morbidly well-adjusted, was brought with complaints of excessive and irrelevant self-talk. She was diagnosed to have schizophrenia-current episode maniac with psychotic symptoms. The information was taken from the patient's husband, brother, and mother due to the lack of insight. The onset of her symptoms was gradual. According to him, he was aware of her depressive condition even before marriage (2016). He had come to know the reason for her behaviour as to be due to a delay in marriage as she got married at the age of 31yrs whereas her cousins married early at the age of 23 and soon after that she lost contact with them.

He further mentioned that after marriage (2016), he noticed episodes of withdrawal from society and increased thoughts. She started engaging in meaningless conversations. In 2019 an incident occurred when the patient had answered a bell call of her maid in a filthy state and when he asked about the incident, she mentioned that she felt that she heard someone instructing her to do so. Following the incident, the family thought that she needed medical help; hence consulted a psychiatrist for the same for which she was prescribed medicines which were continued for three days continuously. The patient's husband also noticed specific behavioural changes like getting engaged in her interesting activities and completing her work without interruption like stitching. She can continue for hours together. Another habit was to dance spontaneously and touch the hand and feet of people irrespective of their age.

Declaration of the patient consent: The authors certify that they have obtained all patient consent forms. In the document, the

patient has given his consent for his images to be used in the journal.

Mental status examination

Initially, the patient did not maintain eye to eye contact, had diminished speech and looked depressed. Memory and orientation (time, place and person) were intact.

The intensity, pitch and speed of speech were decreased, and talk was irrelevant during the initial assessment till a rapport was created.

The mood was euthymic, but the effect was primarily depressive. Her comprehension was intact. Auditory hallucinations were dominant. Stream and form of thought were goal oriented. She frequently expressed her desire to work. But the idea was assessed to be divergent, and the content was with delusions. Feelings of guilt were predominant in her speech. Attention and concentration were intact, and she was well oriented to time, place and person. Her memory was intact, and there was no impairment in abstract thinking, intelligence, judgment, reading and writing. She did not have an allergy to any drug or food item. No history of head injury, seizures or significant medical illness

was found. She was concerned about her weight gain (74 kg) and irregular menstruation.

Diagnosis, Assessment and Treatment

The case was diagnosed as schizoaffective disorder according to the diagnostic criteria of DSM IV. Positive and negative syndrome scale (PANSS) rating criteria evaluated treatment efficacy. Positive and Negative Syndrome Scale (PANSS) is a validated tool for assessing positive, negative, and general psychopathology associated with schizophrenia.⁴ It consists of 30 items, out of which seven are positive symptoms, seven are negative symptoms, and 16 are general psychopathology symptoms. The symptom severity for each item is rated according to the 7-point scale (1 = absent; 7 = extreme) to describe the presentation of the symptom best. BPRS rating scale was also used for assessing the symptoms before and after the treatment.

The patient was diagnosed as Vata-pittaja unmada⁵, according to Ayurveda and was treated with shamana snehapana (internal medicated ghee administration) and procedures like podi kizhi (powder massage), nasya (nasal medication) and vamana (therapeutic purgation), along with internal medicines, shirodhara and yoga vasthi (Table 1).

Date	Oushadha	Matra	Anupana	Time of Administration
12/08/2021 to 1/09/2021	Chitrakadi vati	Two tablets twice daily	Warm water	After food
12/08/2021 to 1/09/2021	Manasamita vati	One tablet twice daily	Warm water	After food
12/08/2021 to 1/09/2021	Kalyanaka ghritam	Two tsp twice daily	Warm water	After food
12/08/2021 to 1/09/2021	Unmadagajakesari+Aswagandha choornam	One tsp thrice daily	Honey	After food

Treatment Procedure

Date	Procedure	Medicine	Duration
12/08/2021 to 16/08/2021	Podikizhi	Udwartana choornam	5 days
17/08/2021 to 23/08/2021	Snehapanam	Kalyanaka ghritam (50ml, 80ml, 90ml, 110ml, 90ml)	5 days
23/08/2021 to 24/08/2021	Abhyanga and Baspa Sveda	Mahanarayana Tailam	2 days
24/08/2021	Vamana	Madanaphala, Vacha, Saindhava	1 day
25/08/2021	Shirodhara	Brahmi tailam	6 days
27/08/2021 to 30/08/2021	Matra vasthi	Kalyanaka ghritam-50ml and Balaguluchyadi thailam-50ml	3 days
29/08/2021 to 31/08/2021	Kashaya vasthi	Mustadi ksheerapaka kashayam	2 days

RESULTS AND DISCUSSION

The patient has been diagnosed with schizoaffective disorder with four years history. She presented with complaints of restlessness, increased self-talk, thoughts and inappropriate behaviour problems and came to our care with these positive symptoms.

Sodhana procedures are essential in the management of unmada. Hence before the administration of snehapana, rookshana was done with podikizhi to remove tamo-avarana and thereby enhance the effect of snehana. Internal deepana pachana was done by giving chitrakadi vati warm water.

Snehana⁶ was planned with Kalyanaka ghritam since it can be used in managing this condition since it is indicated in insanity (unmada), caused by sin (papma) and delusion (moha). Studies have proved its anti-stress, anti-depressant, anxiolytic properties⁷. After five days of snehapana, after attaining samyak snigdha, lakshana abhyanga and baspa sveda were done with Mahanarayana thailam. The sakhagata dosa comes to the koshta, along with which kapha utkleshakara ahara was also given before conducting vamanam.

Vamana was planned with Madanaphalam, vacha and saindhavam, number of vegas- four. The patient got a considerable amount of relief on signs and symptoms after

completion of vamana karma. Auditory hallucinations disturbing thoughts were reduced after the procedure.

Shirodhara was done with Brahmi thailam⁸, which helped reduce her restlessness and the frequency of getting up at midnight and talking to herself decreased considerably. Nasyam with malkangni thailam was administered, after which her depressive features were reduced. In the last course of treatment, yoga, vasthi was administered with mustadi ksheerapaka kashayam to ensure that pitta dosha doesn't get aggravated.

Before and after treatment, the patient was assessed with a PANSS assessment scale for Schizophrenia. On considering the PANSS scale, the positive scale showed changes from 32 to 12, the Negative scale from 20 to 10 and the General psychopathology scale from 47 to 28 before and after the therapy.

CONCLUSION

Schizoaffective disorder is one of the disorders that remain neglected. Almost all the symptoms mentioned in modern parlance can be included or correlated to the eight vibhramas explained in Unmada in Ayurveda. Treatment of the same should be planned to consider the dosha predominance, which usually varies from case to case. In the present case, Vata dosha is seen predominant with the association of other doshas. The condition

was effectively managed with internal and external medications, and there was a significant reduction in the positive and negative symptoms of the patient. As there are no generalized treatment protocols for this disease, there is a need for more research works that have to be conducted on a large scale, and it has to be validated.

REFERENCES

1. Lawrie SM, Hall J & Johnstone EC. Schizophrenia and related disorders. Companion to Psychiatric Studies, 2010;391–426. <https://doi.org/10.1016/B978-0-7020-3137-3.00015-2>
2. Depp CA, Loughran C, Vahia I, Molinari V. Chapter 5 - Assessing Psychosis in Acute and Chronic Mentally Ill Older Adults. In: Lichtenberg PA, editor. Handbook of Assessment in Clinical Gerontology (Second Edition) [Internet]. Second Edition. San Diego: Academic Press; 2010. p.123–54. Available from: <https://www.sciencedirect.com/science/article/pii/B9780123749611100053>
3. Schizoaffective Disorder: Symptoms, Causes, Diagnosis, Treatment. (n.d.). Retrieved February 20, 2022, from <https://www.webmd.com/schizophrenia/mental-health-schizoaffective>
4. Gupta, Kshama & Mamidi, Prasad. Vataja Unmada: Schizophrenia or Dementia or Mood Disorder with Psychosis. International Journal of Yoga - Philosophy Psychology and Parapsychology. 2020;8:75-86. DOI: 10.4103/ijny.ijoyppp_24_19.
5. Acharya JT, editor. Agnivesha, Elaborated by Charaka and Dridhabala, Commentary by Chakrapani, Charaka Samhita, Nidana Sthana, Unmada Nidanam Adhyaya, 7, 6-1. Varanasi: Chaukhamba Surbharati Prakashan; 2014. p. 223.
6. Agnivesha, Charaka Samhita-English translation by PV Sharma, Chaukhambha Orientalia Prakashana. Reprint 2008,1st vol. Chikitsa Sthana Chapter 9 Unmada Chikitsa, verse 5.p.160
7. Gupta K, Mamidi P. Ayurvedic management of schizophrenia: Report of two cases. J Pharm Sci Innov 2016;7:41-4.
8. Sarkar S, Mishra BR, Praharaj SK, Nizamie SH. Add-on effect of Brahmi in the management of schizophrenia. J Ayurveda Integr Med. 2012 Oct;3(4):223-5. DOI: 10.4103/0975-9476.104448. PMID: 23326095; PMCID: PMC3545244.

Cite this article as:

Sriman Narayanan S and Arathi PK. Ayurvedic management of schizoaffective disorder: A case report. Int. J. Res. Ayurveda Pharm. 2022;13(2):14-16 <http://dx.doi.org/10.7897/2277-4343.130227>

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

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