Case Report

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AYURVEDIC MANAGEMENT OF SCHIZOPHRENIA WITH OBSESSIVE-COMPULSIVE DISORDER: A CASE REPORT

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ABSTRACT

Schizophrenia is one of the most severe mental health conditions affecting mankind that affects how a person thinks, feels and behaves. It is associated with considerable disability and may affect all areas of life, including personal, familial, social, educational, and occupational functioning. According to WHO, Schizophrenia affects approximately 24 million people or 1 in 300 people (0.32%) worldwide. Obsessive-Compulsive Disorder (OCD) is characterized by obsessions, compulsions, or both that cause significant distress to afflicted individuals. The prevalence of OCD in individuals meeting the criteria for Schizophrenia is 25%. In Ayurveda, both conditions can be managed using Unmada's principles. A 39-year-old male patient presented with complaints of increased fear due to hearing unknown voices, seeing different faces, the sensation of a foetid smell, a salty taste in the mouth, a burning sensation over the body, feeling of touching, pricking sensation, sensation of his body transforming to other persons, repeated washing of hands since 21 years. Due to the predominance of Vata Kapha (morbid humors) symptoms, the condition was diagnosed as Vata Kapha Unmada (Insanity) with Pittanubandha and appropriate sodhana (purification therapy) and samana (pacifying therapy) treatment was done. Thirty days management protocols, including sirolepa (herbal head paste application), snehapana (internal oleation therapy), virechana (purgation therapy), vasti (enema therapy), nasya (nasal administration therapy) and sirodhara (forehead oil dripping therapy) were administered. Positive and Negative Syndrome Scale (PANSS) and Yale-Brown Obsessive Compulsive Scale (Y-BOCS) were used to assess before and after treatment. After the intervention, scores were significantly reduced from 112 to 72 in PANSS and 22 to 11 in Y-BOCS. The case illustrates the importance of Ayurvedic management to relieve the symptoms and to improve the quality of life in Schizophrenia with OCD.

Keywords: Schizophrenia, Obsessive-Compulsive Disorder, Ayurveda, Unmada, Sodhana, Positive and Negative Syndrome Scale

INTRODUCTION

Schizophrenia is a mental disorder characterized by reoccurring episodes of psychosis that are correlated with a general misperception of reality[1]. It is considered a neurodevelopmental disorder with genetic and environmental factors playing a role[3]. Schizophrenia affects approximately 24 million people or 1 in 300 people (0.32%) worldwide. This rate is 1 in 222 people among adults.[2] Males are more often affected and, on average, have an earlier onset than females. The characteristic symptoms of Schizophrenia involve a range of cognitive, behavioural, and emotional dysfunctions. The diagnosis is based on behavioural observation and proper mental history, including both patient and informant versions.

Obsessive-compulsive symptoms (OCS) are frequently observed in individuals with Schizophrenia. Recent research suggests that the induction or exacerbation of OCS in individuals with Schizophrenia may also be explained by genetic risk. Specific genetic polymorphisms can make an individual with Schizophrenia more sensitive to the pharmacological mechanisms that are thought to trigger the pathogenesis of OCS/OCD. The prevalence of OCD in individuals meeting the criteria for Schizophrenia is 25%[4].

In patients with both Schizophrenia and OCD, patients should first be stabilized on a second-generation antipsychotic, and the obsessive-compulsive symptoms subsequently be treated by the addition of a selective serotonin reuptake inhibitor (SSRI). Combining antipsychotics and SRIs requires careful monitoring for drug-drug interactions and possible exacerbation of obsessional or psychotic symptoms.

In Ayurveda, sodhana (purification therapy) and samana (pacifying therapy) therapies are used for the management of the condition. Sodhana therapies to purify the channels of the body, followed by samana (pacifying therapy) with the help of drugs, dietetics and lifestyle. Also, several single and compound medhya drugs (nootropic drugs) are used for the treatment of mental disorders. They act as brain tonic and adaptogens. This treatment seems to have the least side effects in chronic mental health conditions such as Schizophrenia and OCD, which need prolonged medications.

Personal Information

A 39-year-old male patient from Malappuram, Kerala, India, was admitted at Govt. Ayurveda Research Institute for Mental Health, Kottakkal, Kerala, India, 2nd child of non-consanguineous parents born through full-term normal delivery. He was an introvert with few friends and had good scholastic performance up to 9th standard. At the age of 14, once he went out to an isolated place to play cricket with his friends, from where he saw the image of a lady in a white saree in between 2 trees. After that, he developed a fever and intense fear, so he discontinued schooling, reduced his mingling with family members, and spent most of his time in his

room. They underwent religious treatment for 1 year, but the symptoms persisted, and he started to hear the voices of men, women, and children.

The voices heard were like discussions and commanding type. The intensity and volume of people talking increases in the evening time. Then he took Allopathic treatment by which the intensity of fear decreased, but the other complaints persisted. Then he started to see different faces of people who are TV Characters, relatives, etc. Later, he sensed the smell of foetid and salty taste in his mouth. All the symptoms were aggravated by the evening. He felt that his body transformed into someone else, especially his brothers, TV characters or anyone he interacts with. At that time, he can get that person's thoughts, and it controls him. During that time, he continuously rubs his body to remove that person from his body. After 5-6 years, he started to feel contamination of his hands with urine. So, he repeatedly washed his hands and bathed 3 to 4 times daily.

Later, he started to feel that no one cared for him properly. So, he developed anger outbursts towards his mother. In 2004, he showed aggressive behaviours. So, he was hospitalized, and his symptoms were reduced. In 2010, he felt all others teasing him, hence locked himself in a room. He continued modern medication and got slight relief from fear. Six months back, he started Ayurvedic treatment for a burning sensation all over his body, from where he got referred to Govt. Ayurveda Research Institute for Mental Health, Kottakkal, Kerala, India, for better management. He was under antipsychotics and antidepressants at the time of admission and throughout the treatment.

MATERIALS AND METHODS

This treatment protocol obtained approval from the Institutional Review Board. Written consent was obtained from the patient's guardians. The patient was admitted to the Government Ayurveda Research Institute of Mental Health and Hygiene Kerala, 676501 India.

Table 1: Mental Status Examination

General description		
General appearance and behaviour Grooming and dressing	Moderate built, well-groomed and dressed	
Touch with surrounding	Maintained	
Eye contact	Direct gaze	
Attitude towards examiner	Co-operative	
Comprehension	Intact	
Gait and posture	No abnormal gait/posture	
Motor activity	Reduced	
Rapport	Established	
Voice and Speech		
Intensity and pitch	Reduced	
Reaction time	Increased	
Speed	Reduced	
Relevance and coherence	Relevant and coherent	
Disorder of volition		
Mood	Happy	
Affect	Blunt affect	
Perception	**Hallucinations**	**Observations inpatient**
	Auditory hallucinations	Voices of men, women, children
	Visual hallucinations	Seeing the faces of people
	Olfactory hallucinations	Foetid smell
	Tactile hallucinations	Touching and pricking by someone
	Gustatory hallucinations	Salty taste
Thought		
Form/ process	Continuous, goal-oriented	
Content	**Thought distortions**	**Observations inpatient**
	Delusion of reference	Others are talking and teasing him, suspiciousness towards family members.
	Delusion of control	Hearing commanding voices
	Delusion of persecution	The mother may mix poison in food, neighbours do Blackmagic towards him and mix poison in well water, and some supernatural tries to harm him.
	Delusion of grandeur	Can read the minds of persons with whom he interacts
	Thought broadcasting-	Others are getting his thoughts
	Delusion of possession	His body transforms into another with whom he interacts
	Thought insertion	Getting thoughts of persons who enter his body
Cognitive functions		
Consciousness	Alert and aroused	
Attention	Intact	
Concentration	Intact	
Orientation	Intact	
Memory	Intact	
Abstract thinking	Impaired	
Intelligence	Good	
Insight	Grade 3	
Judgment	Intact	
Impulsivity	Present	

Physical Examinations

Pulse rate- 89/min and regular,
Blood Pressure- 130/80 mmHg,
Temperature- 97.6°F,
Respiratory rate- 22/min
BMI- 19.4 with a height of 156 cm and a weight of 60 kg
Respiratory system- Normal vesicular breathing, no added sounds.
No abnormality was detected in the cardiovascular system- No murmurs, S1 and S2 heard.
No abnormalities were detected in the Integumentary system and digestive system
Nervous system – Alert and aroused, oriented to time, place, and person.

Table 2: Ayurvedic Mental Examination (Ashta Vibrama)

Faculty	Vibrama	Features
1. Mana (thoughts/mental faculties)	Present	Hallucinations, obsessive thoughts
2. Budhi (intellect)	Present	Delusions
3. Samjajnana (awareness/orientation)	Absent	
4. Smriti (memory)	Absent	
5. Bakti (desire)	Present	Social withdrawal, poor mingling with family members, anhedonia
6. Seela (habits and temperament)	Present	Increased anger, harming others
7. Cheshta (psychomotor activities)	Present	Repeated washing of hands, clothes, vessels, rubbing of body
8. Achara (routine activities of daily living)	Present	Increased cleanliness

Table 3: Dasavidha Pareeksha

Dooshya (Morbid Factors) Dosha (Biological Humors) Dhatu (Bodily Tissues)	 Vata, Pitta, Kapha Rasam, Raktam
Desa (Habitat) Bhoomi Desam (Geographical Region) Deha Desam (Anatomical Site)	 Sadharana Sarvasareeram, Manas
Bala (Strength) Rogam (Disease) Rogi (Patient)	 Pravara Madhyama
Kala (Time) Kshanadi (Season) Vyadyavastha (Stage of Disease)	 Varsham Puranam
Anala (Digestive Fire)	Vishamagni
Prakriti (Constitution) Deha Prakriti (Physical Constitution) Manasa Prakriti (Mental Constitution)	 Vata kapam Tamasa Rajasa
Vaya (Age)	Youvanam
Satwa (Psychological Endurance)	Avara
Satmaya (Adaptability)	Sarvarasasatmya
Ahara (Diet) Abhyavaharana Sakti (Capacity for Food Intake) Jarana Sakthi (Digestive Power)	 Madhyama Madhyama

Table 4: Diagnostic Assessment

Dosa	Lakshanas
Vata	Bhaya (Fear), Asabdha Sravana (Auditory Hallucination), Increase By Evening, Repetitive Actions, Hallucinations
Kapha	Nidraluthwam (Drowziness), Thooshnibhava (Reduced Speech), Rahaskamata (Sitting Alone)
Pitta	Amarsha (Keeping Rivalry), Krodha (Anger), Abhidravana (Harming Others),

Table 5: Diagnosis

Ayurvedic diagnosis	Vata Kapha Unmada with Pittaanubandha
Modern diagnosis (DSM 5)	Schizophrenia (F 20.9) OCD (F 42)

Table 6: Internal Medicines

Medicines	Dose	Rationale
Amaya (*Saussurea lappa* (L.)) (2 gm) + Yashti (*Glycyrrhiza glabra*) (2 gm) + Vacha churna (*Acorus calamus* L.) (1 gm)	5 gm BD after food with warm water	Antioxidant [7], anxiolytics [8], antidepressant[9]
Panchagavya ghrita + Mahapaisachika ghrita	10 ml at night after food	Vata- Kapha hara ghrita, indicated in Chathurdhika Unmada (fourfold classification of insanity), budhi medha smritikaram (enhancing intelligence, intellect, and memory)
Sarpagandha + Sweta sankupushpi + Gokshura choornm	1 gm BD after food	Anxiolytics[10], neuroprotective, nootropic[11], anxiolytic, antidepressant[12], anti-oxidant
Manasamithra vataka	2 BD after food	Manodoshahara (mental dosha-pacifying), improve pranja (enhancing cognitive function)
Drakshadhi kashaya	90 ml BD before food	Vatapitta hara, daaha hara (reduces morbid doshas)
Haridradhi dhoopanm	Morning and evening for 30 minutes	Srotosodhana (elimination of blockages in body channels)

Table 7: Therapeutic Interventions

Treatment	Medicines	Duration	Dose and medium	Remarks
Virechana (Purgation Therapy)	Avipathi churna	1 day	20 gm with warm water	6 vegas
Sirolepa (Herbal Head Paste Application)	Purna Dhathri, Mustha	7 days		Reduced burning sensation of the body, reduced volume of auditory hallucination, reduced fear
Rookshana	Gandravahasthadi kashaya Shaddaranam gulika	2 days	15 ml Kashaya+ 45 ml warm water BD before food 2 tablets 2 times after food	No improvement reported
Snehapana (Internal Oleation Therapy)	Panchagavya ghrita + Maha paishachika ghrita	7 days	30 ml - 280 ml	The intensity of the foetid smell decreased, and Auditory hallucinations and visual hallucinations reduced
Abhyanga (Oil Massage) + Ushmasweda (Sudation Therapy)	Danwantara taila	2 days	100 ml /day	No improvement reported
Virechana (Purgation Therapy)	Avipathi churna	1 day	20 gm with warm water	4 vegas, fear reduced
Yoga vasti (Enema Therapy)	Sneha vasti- Pancha gavya ghrita + Kalyanaka ghrita Kashaya vasti- Erandamooladi Kashaya vasti	8 days		All symptoms reduced, especially obsessive thoughts and compulsions
Nasya (Nasal Administration Therapy)	Ksheerabala (7A)	3 days		Fear reduced
Sirodhara (Forehead Oil Dripping Therapy)	Purana Dhatri, Usheera, Guduchi	3 days		No change reported

RESULTS AND DISCUSSION

Table 8

Scale	BT	AT (After 30 days)
PANSS	112	72
Y-BOCS	22	11

BT: Before Treatment, AT: After Treatment

OCD is known to be highly comorbid with Schizophrenia and may influence the course of Schizophrenia. This makes the diagnosis and treatment even more challenging. Also, it's a condition with a poorer prognosis.

In Ayurveda, the etiological factors include avarasatwata (low mental strength), manoabhigata (psychological trauma), virudhahara (incompatible food combinations), etc, leading to manasika and sareerika dosha dushti, which affects hrdaya (heart) and manovahasrotas (channels of mind) resulting in Unmada lakshanas (insanity symptoms). Based on the symptoms, the diagnosis was made as Vata Kapha Unmada with Pittanubandha. The patient was given both samana (purification therapy) and sodhana (pacifying therapy) therapies. Initially, virechana (purgation therapy), with Avipathy choorna, was given by considering the Pitta symptoms, such as a burning sensation all over the body and increased fear. Gandharvahasthadi Kashaya and Shaddharana tablets were given for rookshana and correction of agni (digestive fire).

Since the patient was predominantly having Vata-Kapha symptoms such as psychotic features, disorganized thoughts, negative symptoms and obsessive thoughts, snehapana (internal oleation therapy) was done with Mahapaishacika ghrita and Panchagavya ghrita in 1:1 ratio and got considerable relief from hallucinations. The Pittahara property of virechana (purgation therapy), with Avipathy choorna, helped to reduce fear.[13]

Yoga vasti (enema therapy) was given with Erandamooladi kashaya vasti, which is Vata Kapha hara and Sneha vasti (medicated oil enema) with a combination of Panchagavya ghrita and Kalyanaka ghrita, which is tridosahara and having the action in cognitive level, were used. The patient got considerable relief from all his symptoms, including obsessive thoughts, compulsion, and intensity of auditory hallucinations. Fear and sensation of other hallucinations were entirely resolved. Here, Vata Kapha hara's nature of kashaya vasti (medicated decoction enema) may have helped remove the Kaphanubandha[14]. Vata is the main dosha that controls the mind, and Vayu is the element that spreads other dosas all over the body[15]. Hence, the corrected Vata by vasti (enema therapy) reduced most symptoms.

Then marshanasya (nasal administration therapy) was administered for sirasodhana (purification of head channels) with Ksheerabala taila (7A), which is indriyaprasadhana (enhancement of sensory functions) as well as manaprasadhana. The rasayana (rejuvenate) property of Ksheerabala also provides neuroprotective action in such chronic psychiatric conditions[16].

CONCLUSION

Comorbid OCD/OCS is associated with a greater severity of schizophrenia phenotype and has a poorer prognosis. In Ayurveda, the condition can be explained under the Unmada based on the involvement of three dosas. Given treatment protocol could reduce the severity of the Schizophrenia and OCD symptoms and enhance the quality of life of the patient. Here comes the importance of Ayurvedic management of chronic mental illness without side effects. Different drug combinations should be explored in the area according to the dosas involved for the better management of this severe mental illness.

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