



Case Report

www.ijrap.net

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



MANAGEMENT OF SCHIZOPHRENIA WITH SELECTED AYURVEDA PROTOCOL: A CASE REPORT

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Received on: 29/07/23 Accepted on: 08/09/23

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DOI: 10.7897/2277-4343.1405135

ABSTRACT

Schizophrenia is a chronic psychiatric illness characterized by disrupted thought perceptions, emotional responsiveness, and social interactions. In Ayurveda, psychiatric illness is dealt with as one of the eight specialties, Bhutavidya. As per the presentation and severity of symptoms, schizophrenia can be categorized under the disease Unmada (Psychotic disorders) explained in Ayurveda psychiatry. Protocols including sodhana (Purification therapy), samana (Pacification therapy), and rasayana (Rejuvenation therapy) are being observed as effective in the management of schizophrenia. A 15-year-old male student presented with increased anger and impulsivity associated with increased use of mobile phones from 7 months. In the last 3 months, he gave with self-talk, self-laugh, and some finger mannerisms. Parents reported reduced self-hygiene, delusions, and auditory and visual hallucinations. The condition was diagnosed as Schizophrenia as per DSM-V criteria. As per Ayurveda, the condition was dealt with as pitta kaphaja Unmada, where the anger and impulsivity were considered as pitta dosha vitiation and decreased self-hygiene, preferred to be sitting alone, as kapha dosha vitiation. The protocol was fixed on the basis of dosha assessment which included shirodhara, snehapana, virechana, vasti, nasya, shiropichu, and samana medicines. Positive and Negative Syndrome Scale (PANSS) for schizophrenia was used for evaluation. The Interventions contributed to improvement in the patient's symptoms prior to hospital discharge and there was also a significant reduction in the PANSS score.

Keywords: Schizophrenia, Sodhana, shirodhara, Unmada, PANSS

INTRODUCTION

A complicated, long-lasting mental health condition, schizophrenia is characterized by a wide range of symptoms, such as hallucinations, delusions, disordered speech or behavior, and cognitive impairment.¹ Disability frequently occurs from cognitive symptoms including attention, working memory, or executive function deficits as well as negative symptoms.² Schizophrenia affects approximately 24 million people or 1 in 300 people (0.32%) worldwide.³ Current management includes antipsychotics and their limitations is they only effective in half of the patients, act mainly on positive symptoms and side effects include sexual dysfunction, and agranulocytosis.⁴

Psychiatric illness is dealt with as one of the eight specialties of Ayurveda named Bhutavidya. In Ayurveda classic descriptions regarding the mind and its functions, mental ailments, and their management are available. According to the presentation and severity of symptoms, schizophrenia can be diagnosed under the disease Unmada in Ayurveda psychiatry. The dosha assessments can be done based on symptoms. According to dosha assessments, the treatment principle of unmada is to be taken for the management which includes procedures like shirodhara, snehapana, virechana, vasti, nasya, shiropichu, and samana medicines.

Patient information

A 15-year-old Hindu male student born in a middle socio-economic family, who discontinued his study from 6 months

studies due to aggravated symptoms. He presented at the hospital with increased anger and impulsivity. Detailed interrogation with his mother revealed that he has decreased sleep, maintains a position resembling in the photos, hears the same music for a long time for 3 months, harms others, increased anger, destructive behaviors, and increased use of mobile phone from 7 months.

For the last 3 months, he has shown self-talk, self-laugh, and some finger mannerisms. Self-hygiene reduced, not talking to anyone and sitting alone. He had delusions, auditory and visual hallucinations, and 2 weeks back self-laugh and self-talk increased, increased anger, harming others, and increased food intake.

He was born as a preterm baby, with a birth weight of 1.75 kg. The sucking reflex was attained only after 3 months, the rest of the milestones were normal. In 2019, he changed his school due to study pressure. There also he had some adjustment issues. In 2021, on a vacation, he went to his grandparents' house. When returned from there he started showing excess fear and disorganized behaviors and was on psychiatric medicine. In 2022 June, he was admitted for plus two, but teachers noticed inattention and behavioral changes, In December symptoms worsened, and admitted for further management.

MATERIAL AND METHODS

This treatment protocol obtained approval from the Institutional Review Board. Written consent was obtained from the parents of the patient. The patient was admitted to Government Ayurveda

Hospital for Mental Health and Hygiene, Kottakkal, Kerala-676501 India.

Intervention

The intervention started with shirodhara with Usira (*Vetiveria zizanioides* (Linn) Nash.) kashaya followed by rukshana with Mustharishta and Draksharishta and navayasa tablet. Then sneha pana with Kalyanaka ghrita. Abhyanga and ushma sweda was done with Dhanwantharam taila followed by Virechana with Avipathi churna. After that, snehavasti with Kalyanaka ghrita and kashaya vasti with Yashti (*Glycyrrhiza glabra* Linn.) kashaya was done. Then Nasya with Ksheerabala 101Avarthi and Shiropichu with Ksheerabala taila were also given (Table 1).

RESULTS

Clinical findings

Detailed examinations were done including dasavidha pareeksha and mental status examination of the patient before intervention (Table 2) (Table 3). The diagnosis was done on the basis of DSM-V criteria.⁹ the assessment was done by using the Positive and Negative Syndrome Scale (PANSS) which showed a total score of 111 before intervention and 68 after intervention. (Table 4).

DISCUSSION

Unmada is a broad term comprising various kinds of psychiatric diseases that affect manas. The present case is diagnosed as pitta Kaphaja unmada. Anger and impulsivity result from pitta dosha vitiation and decreased self-hygiene, and preferring to be sitting alone is related to kapha dosha vitiation. The protocol including sodhana, samana and rasayana chikitsa was observed as effective.

Initially, shirodhara was done with Usheera kashaya which alleviates Pitta dosha and has a calming property. Then rukshana which has Kaphahara and amapachana properties drug used are Mustharishta, Draksharishta and navayasa tablet. For Snehapana, the drug used was Kalyanaka ghrita with properties of smriti medha kara and agni deepana. Abhyanga and ushma sweda were done with Dhanwanthara taila which is Vata Kapha hara. After that virechana with Avipathi churna was given to alleviate Pitta dosha. Vasti enhances mana-sareera sudhi and the drug of choice alleviates tridosha kopa in the body. Nasyam was done with Ksheerabala 101 avarthi which has an action more on urdwanga which improves functions of the mind. Lastly, Shiropichu was done with Ksheerabala taila which has Vatapittahara action, and also for brimhana.

After treatment significant reduction was attained in PANSS score. Changes noted at the time of discharge were the absence of hallucinatory behavior and delusions. Anger reduced and comprehension became intact.

Table 1: Therapeutic intervention

Procedure	Duration	Medicines	Dose	Rationale
Shirodhara	7 days	Usira (<i>Vetiveria zizanioides</i> (Linn) Nash.) kashaya	2L	Pittahara
Rookshana	5 days	Mustharishta + draksharishta Navayasa tablet	20 ml after food twice daily 2 tablets twice daily	Amapachana, deepana kaphahara
Sneha pana	6 days	Kalyanaka ghrita ⁵	30 ml, 60 ml, 90 ml, 120 ml, 150 ml,150 ml	Smriti medha karam, agni deepanam,
Abhyanga Ushma sweda	2 days	Dhanwantharam taila ⁶	100 ml	Vata Kapha hara
Virechana	1 day	Avipathi churna ⁷	25 gm	Pittahara, anulomana
Snehavasti	5 days	Kalyanaka ghrita	75 ml	Smriti medha karam, agni deepanam, Vata Pitta haram
Kashaya vasti	3 days	Yashti (<i>Glycyrrhiza glabra</i> Linn.) Kashaya Honey Saindhava Dhanwantharam Mezhukupakam ⁶	750 ml 100 ml 15 gm 100 ml	Pittahara and Vatanulomana
Nasyam	3 days	Ksheerabala 101Avarthi ⁸	1 ml	Vata Pittahara
Shiropichu	5 days	Ksheerabala taila	15 ml	Vata Pittahara

Table 2: Dasavidha pareeksha

Dosha	Pitta Kapha
Dhatu	Rasa
Bhoomi desam	Sadarana
Deha desam	Sarvasareera, Manas
Rogabalam	Pravara
Rogibalam	Madhyama
Kalam: kshanadi	Vasantha
Vyadhyavastha	Nava
Analam	Madhyama
Prakriti	
Dosha prakriti	Kaphapitta
Manasa prakriti	Rajasa Tamasa
Vaya	Vardhakya
Satwa	Madhyama
Satmya	Sarvarasa satmya
Abhyavaharana sakti	Madhyama
Jarana sakti	Madhyama

Table 3: Mental status examination

General appearance and behavior grooming and dressing	Well groomed; congruent to the setting, lean, shabby appearance
Facial expression	Anger
Eye contact	Not maintained, upward gaze occasionally
Attitude towards examiner	not co-operative
Comprehension	Impaired
Gait and posture	Normal
Motor activity	Reduced
Social manner	Inappropriate behavior
Rapport	Not Established
Mannerisms	Fingers rubbing, upward gaze with face moving upside
Speech Rate and quantity	Less reduced pitch Increased Normal
Volume and tone	
Reaction time	
Flow and rhythm	
Mood	Irritable
Affect	Blunted affect
Thought	Interrupted, thought block Grandiose delusion- he has the power of Krishna auditory and visual hallucination
Form and Stream	
Content and Perception	
Cognition	Conscious and oriented Intact Intact
Consciousness Orientation	
Time, Place & Person	
Attention & Concentration	
Memory	Intact Intact Impaired
Immediate	
Recent	
Remote	
Intelligence	Impaired
Abstract thinking	impaired
Reading and writing	impaired
Visuo-spatial ability	Intact

Table 4: Assessment of outcome

Scales	Score initial assessment	Score on 19 th day	Score after treatment
PANSS	111	96	68

CONCLUSION

Schizophrenia is a serious mental illness associated with considerable disability. If left untreated, it results in severe problems that affect every area of life. The significant side effects of the current medications open a need for better interventions. Ayurveda protocols including sodhana, samana, and rasayana provided promising results in the management of schizophrenia, and the scope of Ayurveda protocol for better management and improving quality of life is more to be considered for future research.

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Cite this article as:

Sharika Vipin, Jithesh M and Aparna PM. Management of schizophrenia with selected Ayurveda protocol: A Case Report. Int. J. Res. Ayurveda Pharm. 2023;14(5):5-7
DOI: <http://dx.doi.org/10.7897/2277-4343.1405135>

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

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