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AYURVEDIC MANAGEMENT OF CONVERSION DISORDER – A CASE REPORT

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ABSTRACT Conversion disorder or Functional Neurological Symptom Disorder, involves one or more neurological symptoms that are inconsistent with known medical or neurological conditions. These symptoms can affect motor or sensory function. The condition is believed to arise from psychological factors expressed through physical symptoms. DSM-5 reports an annual prevalence of about 2–5 per 100,000, with higher rates in women and in individuals under stress. The diagnosis is made based on positive clinical signs showing internal inconsistency rather than exclusion of medical causes. [1] Functional Neurological Symptom Disorder (FND) may be understood as Vatika Unmada, and also it shows some symptoms of Yoshapasmara, mentioned in Madhava nidana, where Gati/ Samvedhana (motor or sensory functions) are lost in the absence of underlying neurological conditions. [2] A 40-year-old male consulted Manassanthi OPD, VPSV Ayurveda College Hospital, Kottakkal, presenting with uncontrolled vocal outbursts preceding seizures and hearing unclear voices since 2018. Treatment administered over 22 days included Snehapanam, Abhyangam, Virechanam, Nasyam, and Sirodhara. Hamilton Anxiety Rating Scale and Insomnia Severity Index were used and assessments showed reduced scores with marked symptom relief.

KEYWORDS : Yoshapasmara, Hamilton anxiety scale, Insomnia Severity Index, Functional Neurological Symptom Disorder, Conversion disorder

INTRODUCTION

Functional Neurological Symptom Disorder (FND), previously known as Conversion Disorder, causes neurological symptoms like weakness, abnormal movements, sensory loss, or seizure-like episodes without underlying neurological disease. The Prevalence is 2–5 per 100,000 annually, higher in women and those under psychological stress.

According to DSM-5, FND is characterised by incompatibility between clinical findings and neurological conditions, affecting motor, sensory, or speech domains. Common manifestations include limb weakness, tremors, gait disturbances, psychogenic non-epileptic seizures, and speech changes often from emotional conflicts expressed physically.

In Ayurveda, as per the symptomatology, FND roughly correlates with Vatika Unmada or Yoshapasmara, involving mental disturbances causing temporary loss of Gati (motor) or Samvedana (sensory) without structural pathology, mainly from Vata imbalance due to Chinta, Bhaya, Shoka, and other manasika factors. Ayurvedic management aims to restore dosha balance and stabilise mental functioning via Snehapanam, Abhyangam, Nasyam, Basti, and Sirodhara. Internal medications including Medhya Rasayana to relieve symptoms, reduce stress, and enhance quality of life.

Clinical Presentation with History

A 40-year-old male consulted Manassanthi OPD, VPSV Ayurveda College Hospital, Kottakkal, presenting with uncontrolled vocal outbursts followed by seizures and hearing multiple unclear voices since 2018. He appeared gloomy throughout the interview; informant confirmed recent sad mood.

He is fourth child of non-consanguineous parents, born full-term via normal vaginal delivery with normal developmental milestones. Febrile seizures occurred at ages 5 and 8, followed by left-sided hemi-atrophy development. Due to parental conflicts, paternal grandparents raised him. Neuropsychiatrist recommended surgery for suspected clot, declined by grandparents; he received two years of medication and remained seizure-free until 2002.

Medication discontinuation (2002-2003) triggered frequent seizures. Elite Mission Hospital prescribed six months of counselling and anti-epileptics, discontinued after symptom relief. 2008 episode led to Jubilee Mission Hospital (normal EEG); medications restarted briefly with temporary stability.

Married on 2015, seizure with loud vocalization and unconsciousness occurred within one month. Wife divorced him three months later upon learning lifelong nature of condition. PK Das Hospital (2016) advised treatment continuation. Remarried on 2017; seizure with severe headache/vomiting three months later caused major interpersonal conflicts.

Intermittent juice shop work abandoned due to illness; relied on coconut sales and friends' support. In 2018 due to financial insufficiency, he was forced to live at wife's home along with her family. Her brother secured him an abroad job (held until 2022). Couple had children in 2018, 2019. He persistently had conflicts with his wife and her family for not backing up financially.

Seizure-free past five years, though loud vocalizations persist as warning signs. Sleep disturbances improved during OP level management. He currently seeks separation or financial help from wife's family, feeling emotionally and financially unsupported regarding his condition.

Family History

No family history.

Treatment History

Stopped psychotropics since 2024.

Clinical Findings

Physical Examination

Lean build, pulse 66/min, heart rate 66/min, BP 110/70 mmHg, respiratory rate 14/min.

Nervous System Examination

Higher functions and cranial nerves were intact. Motor exam showed normal tone and power, but reduced left limb bulk versus right. Sensory exam found intact touch, pain, temperature, vibration, and graphesthesia bilaterally. Proprioception, stereognosis, and barognosis were normal throughout. Knee and ankle reflexes were intact bilaterally.

Mental Status Examination

He was neatly dressed, cooperative with good eye contact and rapport. Speech was slow, reduced, low-pitched, and monotonous. Mood sad with congruent affect. Thoughts goal-directed with referential delusions and claimed auditory hallucinations (no observed behaviour). Intact Consciousness, orientation, memory. Impaired attention, concentration, abstract thinking, and visuospatial ability. Grade 3 insight; intact personal/social judgment. Occasional impulsivity with suicidal threats, temper tantrums, and object-throwing.

Ayurvedic Mental Status Examination

Ashtavibhrama involves cognitive, behavioral, and emotional distortions affecting mental faculties. Here, Manovibhrama manifested as impaired manonigraha (suicidal threats) and

impulsivity; Budhivibhrama as referential delusions. No abnormalities in Smriti, Samjna-jnana, or Bhakti. Seela vibhrama noted from temper tantrums; Chesta vibhrama from seizures; Achara vibhrama from avoiding work and obligations.

Dasavidhapareeksha

He has Kapha Prakruti, avara satwa bala, sarvarasa satmya, and vishamagni. Aharasakthi and jaranasakthi are Madhyama, with pravara roga bala and avara rogi bala. Main doshas are Vata-Pitta; dhatu is Rasa.

Diagnostic Assessment

Normal brain MRI led to DSM-5 Conversion Disorder diagnosis. Considering the symptoms, Ayurveda correlates FND with Yoshapasmara. Or Vatika Unmada.

Management

Internal Medications

1. Drakshadi Kashayam 90 ml bd bf
2. Aswagandha + Yashti + Sankhapushpi Ch – 5 gm warm water bd af
3. Aswagandharishtam + Balarishtam – 25 ml bd af
4. Nirgundyadi Gulika 1-0-1 af

Table 1: Treatment Procedures (22 days)

Treatment	Days	Medicine	Rationale	Observations
Rookshanam	2	Vaiswanara choornam (15 g) in takram (1.5 L) (per day)	Rookshanam prior to snehapanam	Disturbed sleep
Snehapanam	5	Kalyanaka Ghritham – (50-180 ml)	Unmada, Apasmara	Burning sensation of stomach after 1st day of snehapanam
Thalam	5	Ksheerabala tailam + Kachuradi Choornam	Nidranasha	Sleep improved on the 3rd day
Abhyangam + Ushma svedam	3	Dhanwantaram tailam	Shodhana poorva bahya sneha	
Virechanam	1	(B)Antrakudaram Gulika – 2 tablets	Koshtasudhi, Bhedanam	Attained 2 vegas
Marsha Nasyam	7	Ksheerabala 7 Avarthi (1 ml-3ml)	Manovi-karahara	Patient is comfortable
Dhoopanam	8	Vacha, kush□a, jatamanchi, haridra, daruharidra	Mana-budhi-smriti-samjna prabodhanam	Tension reduced on the 6th day
Sirodhara	3	Takra with Amalaki Kashaya and musta	Tridoshahara	Mood and sleep improved

Follow Up

Same internal medicines continued along with:

1. Kalyanaka Ghritham 1 tsp HS
2. Pratimarsa Nasyam - Ksheerabala 101 Avarthi 3 drops each nostril (evening)

Assessments

Assessments were done using Hamilton Anxiety Rating Scale (HAM A) and Insomnia Severity Index (ISI) before and after the treatment.

Result

Treatment improved anxiety and sleep with no seizures during the course in the hospital.

Table 2:

Date	HAM A	ISI
09/04/2025	24	12
30/04/2025	15	7

DISCUSSION

FND challenges arise from non-structural dysfunction, poor neurological response, heterogeneous symptoms, and comorbidities needing multidisciplinary care.

The patient's symptoms suggested yoshapasamara along with Vatika Unmada features such as krsangata, asthana rodana, asthana akrosha, anga vikshepa, and venu sabdanukaranam, leading to a diagnosis of Vatika Unmada. Internally Drakshadi Kashayam addressed Vata pitta and anxiety. [3,4] Aswagandha, yashti and swetha sankhupushpi choornam were given. Aswagandha enhances brain function, memory, stress resilience.[5] Yashtimadhu addresses Vata Pitta, with cerebroprotective benefits. [6] Swetha Sankhupushpi choornam acts as brain tonic, sedative, for insomnia and giddiness. It Improves dhatu and mala purification. [7] Aswagandharishtam targets moorcha, unmada, apasmara, karsya. [8] Balarishtam aids vataja rogas, enhances bala/pushti. [9] Nirgundyadi Gulika pacifies Vata kapha, and Deepana-pachana.[10]Kalyanaka ghritham is indicated for unmada and apasmara and enhances medha and smriti. [11]

Initially rookshana was done with vaiswanara choornam in takram, then Snehapanam with Kalyanaka ghritham for mental functions.[12] Kachuradi choornam in ksheerabala tailam- Thalam improved sleep by day three.[13] Abhyangam and ushma sveda were done as a sodhana poorva bahya sneha. Virechanam, as the prime pittahara therapy, promotes indriya prasada, budhi prasada, srotosudhi, agnivridhi and vata anulomana.[14] (B)Antrakudaram Gulika aided bhedanam and koshta sodhanam.[15] Marsha nasyam with ksheerabala 7 avarthi (vatapitta shamaka) eliminates doshas from shiras. Dhoopanam brings prabodhana of manas, budhi, smriti, and samjna.[16] Patient reported anxiety reduction by day six. Sirodhara with takra, amalaki kashaya and musta calmed mind, improved sleep, and reduced stress.[17] Amalaki is tridosha samana and is neuroprotective.[18] Musta, being Kapha-Pitta hara and Seeta veerya, aids in maintaining mental peace.[19] Patient reported improvement in mood and sleep.

CONCLUSION

Conversion Disorder roughly correlates with Yoshapasmara or Vatika Unmada. Ayurvedic management including snehapanam, virechanam, thalam, sirodhara, nasyam, and dhoopanam along with internal medicines effectively reduced FND symptoms. Further researches are needed in order to validate and generalise these findings.

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