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AYURVEDIC MANAGEMENT OF SCHIZOPHRENIA IN PARTIAL REMISSION – A CASE REPORT

Ayurveda

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ABSTRACT

Schizophrenia is a complex and heterogenous disorder characterised by delusions, hallucinations and cognitive impairments. The lifetime prevalence of Schizophrenia is about 0.7 % and the management includes medications, psychotherapy, and social support [1]. Symptoms of Schizophrenia comes under the broad spectrum of Unmada in Ayurveda classics. Ayurvedic management has provided significant improvement in managing the symptoms and improving the quality of life. This is a case report of Schizophrenia which can be correlated to Paittika Unmada with vata anubandha based on the symptoms. A 41-year-old female patient approached Manassanthi OPD of VPSV Ayurveda College Hospital, presenting with symptoms of frequent crying spells, anger outbursts and suspicious that others are talking about her and negative symptoms since 2008. She had multiple episodes of these symptoms and presently under partial remission (since an improvement after a previous episode is maintained). The treatment was administered for 20 days including Snehapana, Virechana, Nasya and Takradhara. The assessment was done before and after using Positive and Negative Syndrome Scale (PANSS). The score was found to be reduced and the patient had considerable relief in the symptoms.

KEYWORDS

Unmada, PANSS, Nasya, Schizophrenia

INTRODUCTION

Schizophrenia is a severe mental disorder affecting approximately 0.3-0.7 % of the general population or 24 million people worldwide as of 2020 [1]. The onset of schizophrenia occurs in late adolescence to early adulthood, with an average age of 40 years [2]. Schizophrenia is defined by abnormalities in one or more of the following five domains: delusions, hallucinations, disorganized thinking (speech), grossly disorganized or abnormal motor behaviour (including catatonia), and negative symptoms. Common symptoms experienced by such patients are hearing voices, seeing things that are not really present and strong false beliefs which cannot be changed [3].

Since Schizophrenia is a chronic illness that affects the quality of life, treatment planning is to reduce the symptoms and improve the quality of life. In Ayurveda, Schizophrenia comes under the broad term Unmada. Unmada is mainly concerned with the vibhramas in 8 domains: Mana, Budhi, Samjna, Smriti, Bhakti, Seela, Chesta, and Achara. Ayurvedic management aims at reducing these symptoms and to improve the quality of life with various procedures like sodhana, vasti, nasya etc.

Clinical Presentation With History

A 41-year-old female patient approached Manassanthi OPD of VPSV Ayurveda College Hospital, presenting with symptoms of frequent crying spells, anger outbursts and suspicious that others are talking about her (Delusion of reference) and negative symptoms (Asociality and affective flattening) since 2008.

The patient is the fourth daughter of non-consanguineous parents with an uneventful childhood. At 24, she married a two-time divorcee. From the start, her mother-in-law blamed her for everything, and her husband supported his mother. She became pregnant within two months. Five days post-delivery, she returned to her husband's home and began behaving oddly-reporting tinnitus, paranoia (people talking about her, trying to kill her). In fear of being beaten by her father, she attempted suicide by jumping into a well but was rescued. She continued to feel persecuted, heard voices, saw her husband's eyes on TV, and posters with foul words about her. She was hospitalized for 3 days (within a month of delivery), then taken to Alshifa Hospital for 3 months, where she wandered into rooms, used abusive language, and tried to comfort other patients. She received three sessions of ECT and continued medication for 3 more months. Post-discharge, she struggled with daily tasks and childcare. She remained symptom-free until 2012. After her second delivery, symptoms relapsed-hallucinations, anger, abusive language, excessive washing, and orderliness. She was hospitalized for 2 weeks, exhibited violence, ran away, and was re-admitted to Alshifa for 1 month with ECT. She stopped medication within a month. In 2021, sadness, anger, and crying spells worsened. In 2024, she became aggressive, broke things, but showed partial remission when she visited Manassanthi OPD, VPSV Ayurveda College Hospital, Kottakkal.

Family History

No family history noted.

Treatment History (Since 2008)

1. Tab. Rivotril 0.5 mg 0-0-1
2. Tab. Oxetol 300 mg 1-0-1
3. Tab. Sizodon LS 0-0-1/2

Clinical Findings

On physical examination, the patient was moderately built, pulse – 71/min, heart rate – 71/min, BP- 120/80 mm of hg, respiratory rate – 14/min.

Mental Status Examination

The patient was neatly dressed, maintained appropriate eye contact, was cooperative, and rapport was established. Speech was reduced in rate and quantity, with low-pitched, monotonous tone. Mood was sad with congruent affect. Thought was goal-directed with delusional content (reference); no hallucinations were noted. She was conscious, oriented to time, place, and person. Attention, concentration, memory, and abstract thinking were intact. Insight was at grade 5, and judgment was intact in both personal and social domains. Occasional impulsivity (suicidal attempts) was present.

Ayurvedic Mental Status Examination

Ashtavibhrama refers to distortions in cognition, behavior, and emotions, affecting various mental faculties. Manovibhrama led to impulsivity and restlessness, in her it is in the form of impairment in manonigraha (Suicidal attempts) while Budhivibhrama alters judgment, as in her case it is in the form of referential delusions. No vibrama noted in domains of Smriti, Samjna jnana, Bhakti, and chesta. Seela Vibhrama manifested as increased anger. Achara Vibhrama noted when she has increased cleanliness with regular inappropriate handwashing and washing clothes to an extended period of time.

Dasavidhapareeksha

The patient has Kapha Pitta prakruthi, with avara satwa bala, sarvarasa satmya, and vishamagni. Aharasakthi and jaranasakthi was found to be Madhyama, with pravara roga bala and avara rogi bala. Main doshas involved in her was kapha and pitta and the dhatu was rasadhatu. Her condition affects her mind and body with lability in her emotions.

Diagnostic Assessment

The patient has already been diagnosed as Schizophrenia by a psychiatrist, now under partial remission and the symptoms can be related to Paittika unmada with vata anubandha. So, in Ayurveda the case was considered as Paittika unmada with vata anubandha.

Management

Internal Medications

1. Panchatiktakam Kashayam [4] – 90 ml bd bf
2. Aswagadha chornam + Yashti choornam + Jatamanchi choornam [5] – 5 gm bd with lukewarm water af

Table 1: Treatment Procedure With Duration

Treatment	Days	Medicine	Rationale	Observations
Virechana	1	Avipathy choorna [6] 30 g with warm water	Pittahara	Attained 6 vegas
Snehapana	2	Kalyanaka Ghritha [7] – 30 ml, 180 ml	Unmadahara	An episode of crying spell after Snehapana
Abhyanga + ushma sveda	2	Dhanwantaram tailam [8]	Shodhana poorva bahya sneha	Headache and dizziness reported
Virechana	1	Avipathy choorna 30 g with warm water	Koshtasudhi, Pittahara	Attained 15 vegas. Reported mild pain in the lower abdomen
Marsha nasya	7	Ksheerabala 7 Avarthi[9] (starting dose 1 ml, maximum dose- 3 ml)	manovikarahara	Anger reduced and quality of sleep improved
Dhoopanam	10	Vacha, kushṭa, jatamanchi, haridra, daruharidra [5]	Mana-budhi-smriti-samjna prabodhanam	Patient is comfortable
Sirodhara	5	Takra prepared with Triphala and musta Kashaya [5]	Tridoshahara	Mood improved

Follow Up And Assessment

The patient had undergone the treatments from the Inpatient department (IPD) of VPSV Ayurveda College Hospital for a period of 20 days. After treatment, the following follow up medicines were given for 1 month. Assessment was done before and after treatment using Positive and Negative Syndrome Scale (PANSS).

1. Panchatiktakam Kashayam [4] – 90 ml bd bf
2. Aswagadha chornam + Yashti choornam + Jatamanchi choornam [5] – 5 gm bd with lukewarm water af

RESULT

After her course of treatment, it was noticed that her anger decreased and there was only a single episode of crying spell. She was able to interact better with people. Delusion of reference persisted. Assessment done using Positive and Negative Syndrome Scale before and after treatment is given below;

Table 2: Positive And Negative Syndrome Scale Scoring

Date	Score
23/09/2024	41 (Before treatment)
11/10/2024	38 (After treatment)

DISCUSSION

The patient presented with paittika lakshanas like krodha (anger), seetakamksha (craving for cold), and vatika lakshanas like asthana rodana (inappropriate crying), Asthana vak (inappropriate speech)[10]. Based on these, the diagnosis was Paittika unmada with vata anubandha. Internally Panchatiktaka Kashaya was administered for its tikta rasa which alleviates pitta and tikta rasa acts as Medhya by pacifying sadhaka pitta [11]. Aswagandha choorna along with yashti choorna and jatamanchi choorna were given. Aswagandha enhances brain function, memory, and stress resilience [12]. Yashtimadhu is Vata Pitta shamaka, with cerebroprotective and memory-enhancing properties [13]. Jatamanchi is an anti-hypertensive, anti-depressant, neuroprotective indicated in manovikara and unmada [14]. Initially virechana with avipathy choorna was done for sodhana and pitta shamana, preceded by Snehapana with Kalyanaka ghritha to address psychotic symptoms and improve cognition. Abhyanga and ushma sveda were done to liquefy doshas for elimination. Virechana, as the prime pittahara therapy, promotes indriya prasada, budhi prasada, srotosudhi, agnivridhi and vata anulomana [15]. Post Virechana, the patient showed reduced crying spells and reported mental relief. Dhoopana was given for prabodhana of manas, budhi, smriti, and samjna [10]. Nasya with ksheerabala, a vatapitta shamaka, was used to eliminate doshas from the shiras. Sirodhara using takra, done with Triphala was administered to calm the mind, enhance cerebral circulation, improve sleep, and reduce stress [16]. Triphala, a Tridosha shamaka, is effective in preventing hippocampal neuron damage and improving cognition [17]. Musta, being Kapha-Pitta hara and Seeta veerya, aids in maintaining mental peace.

CONCLUSION

Schizophrenia is classified under Unmada prakarana in Ayurveda. The case was diagnosed as Paittika unmada with vata anubandha. Ayurvedic managements including Snehapana, abhyanga, ushma sveda, virechana, dhoopana, marsha nasya and takradhara were found to be effective in reducing the symptoms of Schizophrenia. Further researches are needed in order to validate and generalise these findings.

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