ORIGINAL RESEARCH PAPER

Psychiatry

CASE STUDY- AYURVEDIC MANAGEMENT IN BIPOLAR AFFECTIVE DISORDER

KEY WORDS: BPAD, Kaphapittaja unmada

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ABSTRACT

Bipolar Disorder (BPAD) is notable amongst psychiatric diagnoses for manic, depressive, and psychotic symptoms all being core features. Ayurvedic description of mental disorders are mainly incorporated under the heading of Unmada. A patient with diagnosed case of BPAD is managed with Ayurvedic treatment at Govt.Ayurveda College, Thiruvananthapuram. As the current phase of the patient was predominantly depression, it could be compared with Kaphapittaja Unmada. Sodhana therapy as per the conditional assessment of doshas based on the clinical presentation followed by appropriate samana drugs were the adopted treatment protocol. Total 3 assessments were carried out before treatment, at the time of discharge, and 2 months after the treatment using QoL BD questionnaire (The quality of life in Bipolar disorder). There was reasonable improvement in symptoms and QOL of patient.

INTRODUCTION

The bipolar affective disorder (BPAD) is a serious mental disorder characterized by episodes of depression, hypomania or mania and mixed episodes, with inter episodic recovery[1]. The illness usually starts in adolescence or early adulthood and has significant negative impact on the life of the sufferer and their caregivers. It is one of the top causes of worldwide disability, with a lifetime prevalence around 1%. This disorder is associated with psychiatric and medical comorbidities and patients with a high risk of drug abuse, metabolic and endocrine disorders and vascular disease.

According to DSM- 5 criteria, Bipolar Type I is diagnosed when there has been at least one episode of full-blown mania, with or without one or more major depressive or hypomanic episodes. A diagnosis of Bipolar II is based on several protracted episodes and at least one hypomanic episode but no manic episodes[2]. The ICD-10 doesn't discriminate between bipolar types I and II. The manic episode is characterized by elevated, irritable mood, increased psychomotor activity, flight of ideas, talkativeness, distractibility and reduced sleep whereas in depressive episode, depressive mood, decreased psychomotor activity, and multiple physical symptoms like heaviness of head, vague body aches etc. Patients may have psychotic features like delusions, hallucinations, gross inappropriate behavior or stupor during mood episode or at other times[3]. Treatment of Bipolar disorder usually consists of two stages; acute stabilization and relapse prevention. Acute stabilization entails the conversion of a manic or depressive phase to a euthymic state; relapse prevention consists of maintaining the euthymic status while minimizing sub threshold symptoms and enhancing general function[4].

Ayurveda views psychiatric disorders under the dimensions of Unmada. As per Ayurveda; each patient of BPAD needs an individualized approach as the etiology and pathology are variable from patient to patient.

CASE REPORT

A 27 year old female, came along with her mother to Govt. Ayurveda College Thiruvananthapuram, Kayachikitsa OPD on 05/03/2019 OP No. 2019/6082**, with complaints of loss of interest in all activities, social withdrawal since 6 months, and suicidal thoughts since - 3 months.

HISTORY OF PRESENTING COMPLAINTS

Patient born as 2nd child of non-consanguineous parents, FTND, normal milestones was clinically asymptomatic up to the age of 21 years except some minor variation in her mood in school final level. While doing graduation (2nd year), gradually she lost interest in studies. She felt low mood, and nothing to do. It was associated with loss of appetite, and increased sleep. Parents noticed her becoming socially withdrawn and trying to keep herself away from everyone, and preferred to sit alone in a room. She was taken to a psychiatrist and put on antidepressant drugs. Symptoms gradually reduced, and she became almost asymptomatic within 4-5 months. She was asymptomatic and was on regular follow up for 2 years.

By the age of 24 years, she suddenly stopped all medicines and got married during this time. She got pregnant within a month and after 3months of her pregnancy she developed low mood and suicidal ideations, again medications were restarted and it continued for 1 year. Then suddenly her mood changed, she became aggressive in behavior with acute excitement, increased energy, over active nature, excessive talkativeness. She claimed that she is a celebrity, with many followers, and all wants her to be their role model, she was able to speak multiple languages. In this condition, she got admitted in nearby mental hospital for 2 months, and she became symptom free. This type of episodic fluctuations recurred 3-4 times in the last 2 years. Since last 6 months, patient is having loss of interest in all activities, social withdrawal, and suicidal thoughts. As she was not benefitted with modern medication, she got admitted here for further evaluation and management.

HISTORY OF PAST ILLNESS

There is no significant medical, surgical, or psychiatric past history.

DRUG HISTORY

Tab. Lanitor 100mg. 0-0-1 since 6 months
Tab. Quetiapine 25mg. 0-0-1 since 6 months.

FAMILY HISTORY

Maternal uncle- Psychiatric illness of similar nature. (Details not known)
Father- Substance abuse, alcoholism
No h/o Suicide, MR, Epilepsy
Positive f/h/o S.HTN, T2DM

PERSONAL AND SOCIAL HISTORY

Infancy, Childhood history, Anti-natal, Natal, post-natal

history- Uneventful

All milestones normally attained. According to mother she had no health problems in her early age.

No history of maternal deprivation, Childhood neurotic symptoms-absent

EDUCATIONAL HISTORY

Started at 5 year of age 10th std- 50%, 12th std- 70%, BA English – passed (private). Average academic performance. No learning difficulties present. While studying in 10th std, she became down in studies, and there was reduced interaction with friends and reduced participation in extracurricular activities. Because of her silent and introvert nature none of her friends mingled with her. When she was in plus1, she became over active, talkative, increased memory, and recall, took part in so many extracurricular activities, and won many prizes. Her friends were astonished and asked about her changes. In the same high mood she completed her plus2.

PUBERTY

Menarche- 14 years. Response- normal, no mood changes.

SEXUAL AND MARITAL HISTORY

Arranged marriage with her consent. Explained about her illness to husband. Marriage at 24years. Age of spouse-27 years. Duration of marriage-3years, Sexual information from husband, Sexual relationship with husband 4-5 times/week, No history of sexual abuse. No history of premarital or extramarital relationship.

PERSONAL HISTORY

Appetite - irregular
Bowel- once/day (well-formed stool)
Bladder - 3/4 times per day
Sleep - increased (with medication)
Allergy - NYD
Addictions - nil

PREMORBID PERSONALITY- cyclothymic
Interpersonal relationship - No in depth relationship
Leisure time - watching TV
Attitude to self and others - reduced
Attitude to work and responsibility- reduced
Fantasy of life - Absent
Religious beliefs - Believer

GENERAL EXAMINATION

Appearance-Conscious, oriented, well built, well nourished
Poor grooming and dressing adequate medium hygiene.
Height -164cm
Weight-75kg
BMI-27.9kg/m

MENTAL STATUS EXAMINATION

SL.No.	STATUS	OBSERVATION
1	General Appearance And Behavior	Well built, well nourished, depressed facies
2	Dressing And Self-Care	Poor grooming, medium personal hygiene, self-care reduced
3	Attitude Towards Examiner	cooperative, attentive, less interested
4	Comprehension	intact
5	Gait And Posture	Normal
6	Psychomotor Activity	Reduced
7	Social Manner And Non-Verbal Beliefs	Mood swings present, easily gets tear, eye contact reduced
8	Rapport	Poorly established, no hallucinatory behavior
9	Speech	Less, not spontaneous, have to repeat for answers. Volume, Tone- reduced
10	Flow And Rhythm Of Speech	Smooth, no circumstantiabilty, no flight of ideas
11	Mood And Affect	Depressed
12	Thought	Stream and flow- normal, content- no phobias or delusion
13	Guilty Feeling	Present. She is the cause of destroying her husband's life, her kid's future, unable to succeed in life. Worthlessness and suicidal ideas present.
14	Perception	Normal, no auditory or visual hallucinations, no illusions, no depersonalization. No somatic passivity phenomenon
15	Cognition	Conscious, oriented
16	Attention And Concentration	impaired
17	Memory, Intelligence And Abstract Thinking	intact
18	Insight	present

CLINICAL ASSESMENT AYURVEDIC ASPECTIVE- ON THE BASIS OF DEFINITION OF UNMADA

Sl. No.	FACULTY	STATUS
1	Manas	Indriyabhigraha and Manonigraham - impaired Ooham and Vichara - normal
2	Budhi	Impaired
3	Samja jnana	Orientation to time, place and person - intact Attention , concentration – impaired
4	Smrithi	Immediate, recent, remote- intact
5	Bhakthi (desire)	Ahara, vyavaya, vesa, ranjanam- slightly affected
6	Seela (code of conduct)	Diet-occasional dislike towards food. Sleep-increased No addictions/drug abuse. Daily routine activities impaired.
7	Chesta	Psychomotor activity- Reduced
8	Achara	Personal standards, social standards - impaired No obsessions in work

DASAVIDHA PAREEKSHA

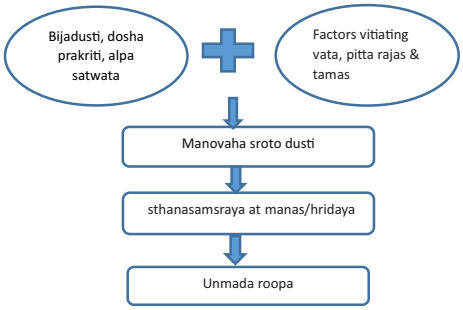
SL.NO.	ASSESMENT	STATUS
1	**Dosha**	Saririka - kapha pitta Manasika -rajas ,tamas
2	**Dhathu**	Rasa, Raktha, Mamsa, Meda, Asthi, Majja, Sukra
3	**Desha**	Bhoomi - jangala sadharana Deha- sarira and manas
4	**Bala**	Rogabala- madyama Rogibala-avara
5	**Kala**	Ksanadi -Greeshma Vyadhyavasta – Purana
6	**Anala**	Vishamagni
7	**Prakrithi**	Saririkaprakruthi kapha ,vata Manasa prakruthi Tamo Guna Pradhana Rajasa Prakruthi
8	**Vaya**	Balya
9	**Satmya**	Madhyama
10	**Ahara Sakthi**	Jarana sakti and Abhyavaharanasakthi - avara

NIDANA

Predisposing factors- heena sathwa

-dosha prakruthi- both saririka and manasika
- beeja dushti
Precipitating factors- different at different episodes
eg. Pregnancy, psychogenic stress, family issues, marriage, drugs
Perputative factors - same psycho-social, and familial issues.

SAMPRAPTHI



PURVA RUPA-
anannabhilasha, arochaka, soucha dwesha, udwegashcha asthane

RUPA-
Sthanam ekadeshe, Thoorni bhava, Alpa chamkramanam, Anannabhilasha
Rahaskamatha, Soucha dwesha, Swapna nithyatha, Amarsha, Krodha
Samrambhasha asthane

SAPEKSHA ROGA NIRNAYAM – Unmada

VYAVACHEDAKA ROGANIRNAYAM - Vathika, Pittaja, Kaphaja, Sannipathika Unmadam

ROGA NIRNAYA- Kapha Pitha Unmada (BPAD- current episode depression)

AYURVEDIC TREATMENT APPROACH

	ANTHARPARIMARJANA	BAHIRPARIMARJANA	RATIONALE
STAGE 1			
	1. Gandharva hasthadi kashayam 90ml bd/BF 2. Vaiswanara choorna 5g bd with hotwater	1. Thikshna nasya with rasnadi choornam (4pinch) for 3 days 2. Dhoopana with sidharthakadi churna for 3 days 3. Anjana with vilwadi gulika(2) with honey for 3 days	Initial deepana pachana. As the patient with severe kapha lakshana (depression predominant)
STAGE 2			
	1. Snehapana for 7days with maha paisachika ghritha upto 450ml	1. Abhyanga and oshma sweda with sarshapa taila for 1day	As purva karma for vamana. Till samyak snigdha
	2. Vamana with Madana phala churna2.5g, vacha 5g, yashti7.5g, saindhava and honey (1day)		Pithantham
	3. Peyadi krama and prakrithi bhojana for 7days		Agni deepthi
	4. Snehapana for 7days with Mahapaisachika gritha (450ml)	2. Abhyanga and oshma sweda for 3days with Sarshapa taila	As poorva karma for virechana
	5. Virechanam with Avipathi churnam 40g with honey morning 7am empty stomach		14vegas, Madhyama sudhi
	6. Peyadi krama and prakrithi bhojana for 3 days		Agni deepthi
	7. Nasya with Anutaila 2.5ml each nostril for 7days		Murdhni sudhi
STAGE 3			
	1. Draksha samangadi kashaya 90ml bd AF	1. Sirodhara with Ksheerabala taila	As samana and sthanika chikitsa
	2. Kalyanaka Ghritha 10g bd BF	2. Nasya with Anutaila 2.5ml each nostril for 3 days	
	3. Manasamithra Vataka 2-0-2	3. Thalapothichil with Brahmi kalka, Aswagandha churna, mustha and Amalaki for 5days	

DISCHARGE ADVICE
1. Draksha samangadi Kashaya 90ml bd BF
2. Manasamithra Vataka 2-0-2 AF
3. Aswagandharishtam 30ml bd AF

DISCUSSION
Bipolar disorder is a highly relapsing condition associated with psychosocial dysfunction and socio-economic burden. Despite, clinical predominance of manic symptoms, individuals with bipolar disorder spend larger proportion of their lives in a depressed state. It is believed that BPAD is caused by complex interaction of genetic, biological, and psychosocial factors, which is also known as the "Diasthesis stress" model. Some of the hypothesis postulates that alterations in circadian rhythm and metabolic pertuberances triggers oxidative stress, leading to mitochondrial dysfunction and autophagy triggering its pathogenesis. Changes in the level of glutaminergic neurotransmitter and hyper excitability are inevitable factors contributing to the progression of disease[5]. Available management in Modern medicine is effective in reducing a few aspects of BPAD, but they are reported not to greatly influence the course of the disease.

Ayurvedic descriptions of mental illnesses are mainly incorporated under the headings of unmada. Unmada is characterized by the disturbances of manas, budhi, samja, jnana, smrithi, bhakthi, sheela, cheshta, and achara[6]. Bipolar disorder resembles doshaja unmada in Ayurveda, mainly Kaphapittaja. As the current episode in the patient is depression predominant the symptoms like arochaka, alpa ahara, alpa vakyatha, raha preethi, soucha vidwesha,

nidradikyam[7], thoorni bhava are observed in the patient. In psychiatric disorders, Ayurvedic management includes, daiva vyapasraya chikitsa (spiritual/divine therapy), sathwavajaya chikitsa(psychotherapy) and yukthi vyapasraya chikitsa (rationale use of medicine). Sodhana therapy as per the conditional assessment of doshas, based on the clinical presentations, followed by appropriate samana drugs are the generally adopted protocol. Acharya Charaka describes the importance of sodhana chikitsa in Unmada as "Hridhi indriya sirakoshte samsudhe vamanadibhi, manaprasadam aapnothi smrithi samjam cha vindathi". i.e., by purificatory methods, one could achieve clarity of mind, improved memory and concentration[8]. Similar methods are followed here, and total 3 assessments were carried out in the patient, before treatment, at the time of discharge, and 2months after the treatment using QoLBD(The Quality of life in Bipolar Disorder) Questionnaire[9].

On QoL BD scale the initial score was 64, at the time of discharge the score was 80, and the score on follow up after 2 months was 86, which indicates improvement in QOL of the patient. There was significant improvement in energy levels, physical wellness, satisfactory sleep, happiness, concentration and memory. There was considerable improvement in suicidal ideation, feeling of worthlessness, recurrence and severity of symptoms. Patient became able to lead a satisfactory family life.

CONCLUSION

Bipolar Disorder is notable amongst psychiatric diagnoses for manic, depressive, and psychotic symptoms. It can be assessed by the purview of Unmada in Ayurveda. Ayurvedic management is claimed to have significantly working in clinics for improving QoL and decreasing recurrence in Kaphapittaja Unmada. Further researches are required with large sample size to substantiate the present findings.

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