



Case Study

SCHIZOPHRENIA - AN AYURVEDIC MANAGEMENT

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ABSTRACT

Schizophrenia is a severe mental condition that can cause significant disability in which people interpret reality abnormally. If neglected, it leads to serious issues that impact all facets of life. It affects about one percent of the world's population. According to World Health Organization (WHO) schizophrenia affects approximately 24 million people worldwide, which is equivalent to 1 in 300 people (0.32%). It involves a range of problems with cognition, behavior and emotions. Signs and symptoms may vary, but usually involve delusions, hallucinations or disorganized speech, and reflect an impaired ability to function. The pathomechanism of schizophrenia is not fully understood and current antipsychotics are characterized by many limitations. A 30 year old male presented with the symptoms of increased anger, impulsivity, irritability, feeling that others are talking about him and trying to harm him, somebody is following him and controlling all his actions. Others are able to access to his thoughts through mobile phone, unable to concentrate on his works, beating mother since 8 months. *Paittika unmada* symptoms such as *Amarsha* (keeping rivalry), *Krodha* (anger), *Swesham paresham va abhidravana* (harming self and others), and *Kaphaja unmada* symptoms such as *Rahaskamata* (likes sitting alone), *Thushnibaava* (reduced speech) were the presenting symptoms, so the condition was diagnosed as schizophrenia as per ICD 11 (*Paittika unmada* with *Kaphanubanda*) and treatment protocol was selected according to the predominant *Dosha* level. The assessment tool used was PANSS (Positive and Negative Syndrome Scale). After *Shirodhara*, *Snehapana*, *Virechana*, *Nasya* and *Samana* PANSS Score reduced from 66 to 34. In the current Ayurvedic protocol showed better outcome in the management of Schizophrenia. Future research should focus on the potential of the Ayurvedic protocol for better management and an enhanced quality of life.

INTRODUCTION

Schizophrenia is a chronic, frequently disabling mental disorder that affects about one percent of the world's population.^[1] In the National Mental Health Survey in 2016, the prevalence of schizophrenia spectrum disorders was found to be 0.8% in India.^[2] According to World Health Organization (WHO) Schizophrenia affects approximately 24 million people worldwide, which is equivalent to 1 in 300 people (0.32%). It involves three groups of symptoms, i.e.,

positive, negative and cognitive, and has major public health implications. Positive symptoms such as delusions, hallucinations, negative symptoms such as affective flattening, avolition apathy, alogia, anhedonia, asociality and cognitive symptoms such as impaired attention, concentration, memory.^[9] It is defined by recurrent or ongoing psychotic episodes. Delusions, disorganised thought patterns, and hallucinations- which usually involve hearing voices (auditory hallucinations)- are the main symptoms.^[3] Symptoms typically develop gradually, begin during young adulthood, and in many cases are never resolved.^[4,5]

The diagnosis is made based on observable behaviour, a mental history that includes the person's stated experiences, and the reports of others who are familiar with the person; there is no diagnostic test. The symptoms listed must have been present for at

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least six months as per DSM-5 or more than one month as per ICD-11 in order to be diagnosed with schizophrenia.^[6] The pathomechanism of schizophrenia is not fully understood and current antipsychotics has many limitations and these treatments are efficient for about half of patients only and they involve severe neurological and metabolic adverse effects.^[7]

Bhutavidya is one of the eight branches of Ayurveda that deals with mental disorders.^[20] *Unmada* is the prominent psychiatric illness described in Ayurvedic classical texts which correlates broadly with psychosis.^[21] The management of a mental illness in Ayurveda is done through three broad spectrum of treatment namely *Daivavyapasraya chikitsa* (spiritual therapy), *Yuktivyapasraya chikitsa* (biological therapy) and *Satvavajaya* (psychotherapy).^[8] The entire Ayurvedic management is more health oriented than disease oriented and even helps rehabilitation of the affected. Thus there is a big scope of utilizing Ayurvedic approach and therapeutics as an adjunct to the disease oriented therapy of modern psychiatry to afford a full treatment.

Patient Information

A 30 year old male seen along with his mother admitted at GARIM (Government Ayurveda Research Institute for Mental Health and Hygiene), 2nd child of non-consanguineous parents, born through FTND. Apparently normal childhood, strong academically. After plus two he joined for B.Tech, from there he fell in love with a girl during 3rd year. She broke up with him after 2 years of relationship because of certain disagreements between them. It caused him to have psychological distress. After this many times he tried to get back the relation but she rejected it. He started

Current Medications

1. Tab. Risperidone 0.5 mg 1 BD after food
2. Tab. Lorazepam 1 HS

to withdraw from all of his friends after this incidence. In 2016 he went abroad for job. Few years went uneventful. In 2021, One day he went out drinking with his friends. After this he started to remember old college days and he felt as if he is with his college friends and all they are mocking at him due to his breakup. He got anger at them, became very suspicious and felt that his friends are indenting to harm him. He was very much detached with his friends after this incidence.

In 2023 March, he took his mother with him to abroad. His mother observed some behavioural changes in him. Despite his strong attachment to his mother, he stopped speaking to her as soon as she arrived. He said to his mother that somebody is haunting him and somebody trying to control all his activities. Someone hacked his phone and took all his information and also developed symptoms such as increased anger, disturbed sleep, increased negative thoughts, harming his mother, forgetting important information regarding his work, feeling others can understand his thoughts, others are talking about him, someone kept jammer and moving his head towards that. Someone kept camera inside bathroom, trying to trap him through GPS. In October 2023, he was admitted for five days to a psychiatric facility after he became extremely impulsive one day. Then he started taking modern medicines but mild improvement in impulsivity was noted not in other symptoms. So they consulted and admitted at Government Ayurveda Research Institute for Mental Health and Hygiene, Kottakkal, for further management.

Premorbid personality

Sensitive to negative comments, becomes attached easily, extrovert.

Table 1: Mental status examination

General description	
General appearance and behavior 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	No abnormal motor activities
Rapport	Established
Voice and Speech	
Intensity and pitch	Reduced
Reaction time	Intact
Speed	Reduced

Relevance and coherence	Relevant and coherent
Disorder of volition	
Mood	Sad
Affect	Sad
Perception	No abnormal perceptions
Thought	
Form/Process	Thought broadcasting through mobile and camera
Content	Delusion of persecution, reference, and control, guilt
Cognitive functions	
Consciousness	Alert and aroused
Attention	Impaired
Concentration	Intact
Orientation	Intact to time place and person
Memory	Intact
Abstract thinking	Intact
Intelligence	Good
Insight	Grade 4 (caused due to something unknown in self)
Judgement	Intact
Impulsivity	present

Pulse rate- 74/min and regular Blood Pressure- 120/78 mmHg Temperature- 97.6°F Respiratory rate- 18/min. BMI- 19.4 with a height of 178cm and a weight of 71kg. Respiratory system- Normal vesicular breathing, no added sounds. No abnormality was detected. Cardio vascular system- No murmurs, S1 and S2 clearly heard. Integumentary system- No abnormalities were detected. Digestive system was found to be unaffected. Nervous system – Alert and aroused, oriented to time, place, and person.

Prakrti of the patient was *Kapha Pitta*. *Dosha's* vitiation was *Pitta Kapha dosha*. *Satwa* (psyche) was *Avara*. *Sara* (excellence of tissues), *Samhanana* (compactness of organs), *Aharasakthi* (digestive power), *Vyayamasakthi* (capacity of exercise), *Satmya* (suitability), and *Pramana* (body proportion) of the patient were of *Madhyama* level on assessment.

Table 2: Ayurvedic Mental Examination (Ashta vibrama)

Faculty	Vibrama	Features
1. <i>Mana</i> (thoughts/mental faculties)	<i>Vibrama</i> Present	Increased negative thoughts
2. <i>Buddi</i> (intellect)	<i>Vibrama</i> Present	Delusions present
3. <i>Samja</i> (awareness/orientation)	<i>Vibrama</i> absent	
4. <i>Smriti</i> (memory)	<i>Vibrama</i> absent	
5. <i>Bakti</i> (desire)	<i>Vibrama</i> Present	Likings and disliking changed, increased mobile use
6. <i>Seela</i> (habits and temperament)	<i>Vibrama</i> Present	Increased anger
7. <i>Cheshta</i> (psychomotor activities)	<i>Vibrama</i> Present	Impulsivity present
8. <i>Achara</i> (routine activities of daily living)	<i>Vibrama</i> Present	Reduced social mingling, impulsivity, unable to work properly

Diagnostic Assessment

The patient has *Paittika* symptoms such as *Amarsha* (keeping rivalry), *Krodha* (anger), *Swesham paresham va abhidravana* (harming self and others), and *Kaphaja* symptoms such as *Rahaskamata* (likes sitting alone), *Thushnibaava* (reduced speech).^[21]

The diagnosis is *Paittika unmada* with *Kaphanubanda*
As per ICD 11 - 6A20- Schizophrenia^[9]

Diagnostic criteria as per ICD 11

6A20- Schizophrenia^[9]

The patient was characterized by disturbances in multiple mental modalities, including thinking delusions such as delusion of persecution, Reference and control was present, disorganisation in the form of thought – Thought broadcasting through mobile phone and camera, Self-experience - experience that one's

feelings, impulses, behaviour are under the control of an external force, Impaired cognition - impaired attention, verbal memory, and social cognition, Volition - loss of motivation, Affect - sad, and behaviour

that appears bizarre or purposeless, unpredictable or inappropriate emotional responses that interfere with the organisation of behaviour. Symptoms persisted for 8 months.

Therapeutic Interventions

Table 3: Internal medicines

Medicines	Dose	Rationale
<i>Aswagandha (Withania somnifera (L.)) (3gm)^[10] + Yashti (Glycyrrhiza Glabra) (2gm)^[11] + Aparajitha churna (Clitoria ternatea L.) (3gm)^[12]</i>	All mixed together 3+2+3gm BD after food with warm water	Anxiolytic, adaptogenic, neuroprotective
<i>Thiktaka gritha^[13]</i>	10ml at night after food	<i>Pittakaphahara</i> Indicated in <i>Unmada</i>
<i>Somalatha churna (Sarcostemma acidum) ^[14]</i>	10 gm at night after food with warm water	CNS depressant, antipsychotic and anxiolytic, induce sleep
<i>Manasamithra vataka^[15]</i>	2 BD after food	<i>Manodoshahara</i> , to improve sleep

Table 4: In - patient procedures

Treatment	Medicines	Duration	Dose and medium	Remarks
<i>Virechana</i>	<i>Avipathi churna^[16]</i>	1 day	25 gm with warm water	8 Vegas
<i>Shiro dhara</i>	<i>Usheera Kashaya (Vetiveria zizanioides (Linn) Nash.)</i>	7 days	2 L	On 3 rd day, sleep became sound, anger reduced, felt calm and relaxed
<i>Rookshana</i>	<i>Gandravahasthadi Kashaya Shaddaranam gulika</i>	3 days	15ml <i>Kashaya</i> + 45ml warm water BD before food 2 tablets 2 times after food	Appetite and sleep improved
<i>Snehapana</i>	<i>Thiktaka gritha^[13] + Kalyanaka gritha^[17]</i>	7 days	2:1 Ratio Minimum dose was 30ml and maximum dose was 340ml	2 nd day of <i>Snehapana</i> onwards-irritability increased, gradually anger increased, impulsivity present, beaten his mother, increased suspiciousness, sleep sound
<i>Abyanga + Ushmasweda</i>	<i>Danwantara taila^[18]</i>	3 days	100ml /day	Above said symptoms persists
<i>Virechana</i>	<i>Avipathi churna^[16]</i>	1 day	25 gm	After <i>Virechana</i> , anger, impulsivity and irritability reduced
<i>Nasya</i>	<i>Thiktaka gritha^[13]</i>	5 days	2ml	Feels comfortable, anger and impulsivity reduced, suspiciousness reduced, insight on disease improved, delusions became ideas of delusion (less strong)

RESULTS

The assessment was done by using the Positive and Negative Syndrome Scale (PANSS) which showed a total score of 61 before intervention and 34 after intervention (Table 5).

Table 5: Outcome assessments

Scales	Before Treatment	5 th day of <i>Snehapana</i>	After <i>Virechana</i>	After <i>Nasya</i>
PANSS	66	68	46	34

DISCUSSION

Schizophrenia is a serious mental illness that affects how a person thinks, feels, and behaves. People with schizophrenia may seem like lost touch with reality, which can be distressing. It's important to recognize the symptoms of schizophrenia and seek help as early as possible. Many people on antipsychotic medications experience adverse effects such as weight gain, dry mouth, restlessness, and drowsiness when after starting these medications. Ayurvedic management of schizophrenia focuses on helping to manage symptoms, improve day-to-day functioning, and achieved personal life goals and can be used as adjuvant treatment in order to augment the effects of medicines and to reduce the untoward effects.

Unmada is a broad term comprising various kinds of psychiatric diseases that affect *Manas*. The present case is diagnosed as *Paittika unmada* with *Kaphanubanda*. The patient had *Paittika* symptoms such as *Amarsha* (keeping rivalry), *Krodha* (anger), *Swesham paresham va abhidravana* (harming self and others), and *Kaphaja* symptoms such as *Rahaskamata* (likes sitting alone), *Thushnibaava* (reduced speech). The protocol including internal medicines, *Sodhana* therapy was found to be effective. Initially *Koshtashodhana* was given in order to alleviate *Pitta dosha*. Then *Shirodhara* with *Usheera Kashaya* was administered to make the patient calm, and to improve the sleep. Then *Rookshana chikitsa* was given for three days as it is having has *Amahara* and *Kaphahara* properties thereby improving appetite.

The drug used for *Snehapana* was a combination of *Thiktaka gritha* and *Kalyanaka grithain* a ratio of 2:1 as the patient had *Pitta kapha* symptoms such as anger, harming others and psychotic symptoms, in order to pacify the specific *Dosha* the particular combination of *Gritha* was selected. Every symptom worsened during the *Snehapana*. The reason for this could be that *Dosha Utkleshana* (increasing all *Doshas*) during *Snehapana*. *Virechana* was administered with *Avipatti churna* which is *Pittahara* and the patient got relived of the symptoms such as anger, impulsivity, irritability, insight on disease also improved. *Marsha Nasya* (nasal instillation of medication) is delivering drugs preferentially to through the nasal route. It was given with *Tiktaka gritha* which is *Pitta kaphahara*. The drugs administered through nose may stimulate the higher centers of brain which might regulate the nervous system functions and may prove to be beneficial in neurobehavioral disorders.^[19] The results were sustained after one month of Inpatient management

and PANSS score significantly reduced during follow up (from 66 to 32), further follow ups needs to be done to see the sustenance of the results.

CONCLUSION

Schizophrenia is a severe mental condition that can cause significant disability. If neglected, it leads to serious issues that impact all facets of life. In the current Ayurvedic protocol showed better outcome in the management of Positive and Negative symptoms of Schizophrenia. Future research should focus more on the potential of the Ayurvedic protocol for better management and an enhanced quality of life and also there is further need to take up studies to assess the relative efficacy of various compound preparations as well as the individual ingredients.

REFERENCES

- Insel TR. Rethinking schizophrenia. Nature. 2010 Nov 11; 468(7321): 187-93.
- Murthy R. S. (2017). National Mental Health Survey of India 2015-2016. Indian journal of psychiatry, 59(1), 21-26.
- Owen MJ, Sawa A, Mortensen PB (July 2016). Schizophrenia. The Lancet. 388 (10039): 86-97.
- Health topics. US National Institute of Mental Health. April 2022. Retrieved 22 August 2022.
- Diagnostic and Statistical Manual of Mental Disorders: DSM-5 (5th ed.). Arlington, VA: American Psychiatric Association. 2013. pp. 99-105.
- Owen MJ, Sawa A, Mortensen PB (July 2016) Schizophrenia. The Lancet. 388 (10039): 86-97.
- Stepnicki P, Kondej M, Kaczor AA. Current concepts and treatments of schizophrenia. Molecules. 2018 Aug 20; 23(8): 2087.
- Shastri Kashinath, Chaturvedi Gorakh nath edited Charak Samhita of Ag nivesha, Revised by Charak and Dridhabala, Part I, Chaukhamba Bharati Academy, Varanasi, Reprint., 2004; Sutra Sthana 11/54: P-238.
- World Health Organization. (2022). ICD-11: International classification of diseases 11th edition.
- Chengappa KR, Brar JS, Gannon JM, Schlicht PJ. Adjunctive use of a standardized extract of *Withania somnifera* (Ashwagandha) to treat symptom exacerbation in schizophrenia: a randomized, double-blind, placebo-controlled

- study. The Journal of Clinical Psychiatry. 2018 Jul 10; 79(5): 22496.
11. Prajapati SM, Patel BR. Phyto pharmacological perspective of Yashtimadhu Glycyrrhiza glabra LINN A review. Int J Pharm Biol Arch. 2013; 4(5): 833-41.
 12. Jain NN, Ohal CC, Shroff SK, Bhutada RH, Somani RS, Kasture VS, Kasture SB. Clitoria ternatea and the CNS. Pharmacology Biochemistry and Behavior. 2003 Jun 1; 75(3): 529-36.
 13. K R Sreekantha Murthy (Translator). Ashtanga Hridaya Chikitsasthana. Kushta chikitsa-19 Volume 2. Chaukhamba Krishnadas Academy: 2010; p472-73.
 14. Ittiyavirah SP, Rahees T. Evaluation of psychopharmacological activity of ethyl acetate extract of Sarcostemma acidum (Roxb). Voigt. The Journal of Phytopharmacology. 2013; 2(5): 1-7.
 15. Srikalyani V, Ilango K. Chemical Fingerprint by HPLC-DAD-ESI-MS, GC-MS Analysis and Anti-Oxidant Activity of Manasamitra Vatakam: A Herbomineral Formulation. Pharmacognosy Journal. 2020; 12(1).
 16. Subhaarati Prakashan, Editor, Vagbhata, Ashtanga Hridaya, Arunadatta, Hemadri, edn 1, Chaukhamba Varanasi, 2007, Kalpa Sthana 2/21-23, p. 743.
 17. K R Sreekantha Murthy (Translator). Ashtanga Hridaya Uttaraasthana. Unmada Pratisheda-6 Volume 3. Chaukhamba Krishnadas Academy: 2010; P61.
 18. KR Sreekantha Murthy. Ashtanga Hridaya Sareerasthana. Edition 4. Volume 1. Chaukhamba Krishnadas Academy: 2004; p387-88. 2/47-52.
 19. Ramteke Rajkala S. Patil Panchakshiri D, Thakar Anup B. Efficacy of Nasya (nasal medication) in coma: A Case Study. Anc Sci Life. 2016; 35(4): 232-235.
 20. KR Sreekantha Murthy (Translator). Ashtanga Hridaya Sutrasthana. Ayushkameeya Chapter 1. Volume 1. Chaukhamba Krishnadas Academy: 2010.
 21. Ram karan sharma, Vaidya Bhagavan dash (Translator). Caraka Samhita. 2007th ed. Vol.2. Unmada nidana. Varanasi: Chowkhambha Sanskrit series office. Nidana sthana. Chapter 7.

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