



Case Study

AYURVEDIC MANAGEMENT OF SCHIZOPHRENIA: REPORT OF TWO CASES

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ABSTRACT

Schizophrenia is characterized by disturbances in thought, verbal behavior, perception, affect, motor behavior and relationship to the external world. A good number of patients opt Ayurvedic treatment to get rid of the side effects of anti psychotic medication and also for better quality of life. The present study deals with two cases of Schizophrenia diagnosed and treated as per the lines of 'Pittaja unmada (case I) and Kaphaja unmada (case II)' respectively according to Ayurveda. The Positive and Negative Syndrome Scale (PANSS) was used to evaluate the efficacy of treatment. Total two assessments were carried out before treatment and after completion of 6 weeks (case I) and 8 weeks (case II) of treatment. Case I, came with positive symptoms, not undergone shodhana (purificatory procedure), not received hospitalized treatment and stopped anti psychotic medicines abruptly and left against medical advice. Case II, came with negative symptoms, undergone virechana karma (therapeutic purgation) and his anti psychotic medicines were tapered under observation (hospitalized). Case II got complete relief on PANSS. Panchakarma procedures along with internal Ayurvedic medicines provided promising results for successful tapering of anti psychotic medication and also for better management of Schizophrenia.

Key Words: Schizophrenia, Positive symptoms, Negative symptoms, PANSS, Ayurveda, Panchakarma

INTRODUCTION

Schizophrenia is characterized by disturbances in thought, verbal behavior, perception, affect, motor behavior and relationship to the external world. The incidence of Schizophrenia is currently about 0.5 / 1000 and the point prevalence is about 0.5-1%.¹ Schizophrenia tends to be a chronic and relapsing disorder with incomplete remissions, variable degrees of functional impairment, social disability, substance abuse and also decreased longevity. Schizophrenia is characterized by positive, negative, cognitive, mood and motor symptoms whose severity varies across patients and also throughout the course of illness in same patient. Schizophrenia is a unique disease with significant heterogeneity in terms of etiopathology, symptomatology and course of illness.²

According to Ayurveda, 'Unmada' (psychosis including Schizophrenia) is a disorder of mind caused by imbalance or vitiation of dosha's (morbid matter) i.e., vata, pitta and kapha. Based on the vitiation of particular dosha different types of Unmada like vataja unmada, pittaja unmada and kaphaja unmada have been described in Ayurvedic classics.³ Use of modern anti psychotic medicines is accompanied by various side effects like, insomnia, mood changes, dizziness, irritability, nausea and clumsiness etc; due to these many people have been opting Ayurvedic treatment to explore safe, alternative, cost effective, reliable and with no or minimal side effects for the treatment of various psychiatric disorders including Schizophrenia.⁴

A good number of patients opt Ayurvedic treatment to get rid of the side effects of anti psychotic medication and also for better quality of life. There is scarcity of literature on effective Ayurvedic formulations and panchakarma procedures (five major body cleansing procedures) in the management of

Schizophrenia. Here we are reporting two cases of 'Undifferentiated Schizophrenia' diagnosed as 'Pitaaja unmada (psychosis due to vitiation of pitta dosha) (case I) & Kaphaja unmada (psychosis due to vitiation of kapha dosha) (case II)' according to Ayurveda.⁵ Written informed consent was obtained from the patient's mother / sister for the publication of this case report.

DESCRIPTION OF CASES

Case I

A 25 year old female, diagnosed case of Schizophrenia came to our care (07.04.2016) along with her mother, with the complaints of restlessness, anger, irregular menstruation, weight gain and inappropriate behavior since last 10 years (2006). Patient also had social and emotional withdrawal, altered behavior, defiant behavior, suspiciousness, poor ADL (activities of daily living), irritable mood, reduced sleep, inappropriate laughing and dissociative states. The patient has been taking 'Setraline hydrochloride (anti depressant)', 'Trihexyphenidyl hydrochloride (used to treat extra pyramidal side effects)', 'Amisulpride (atypical antipsychotic) on regular basis. The onset of signs & symptoms was gradual immediately after completion of graduation (2006). The patient had a cultural belief that she has been possessed by evil spirit and for which she consulted faith healer and took treatment. The patient was isolated by peer groups and she has been regularly taking anti psychotic medication since last ten years (2006). Even though patient has been taking anti psychotic medication, she is getting provoked easily and become aggressive frequently, remains withdrawn socially and inappropriate smiling.

During Mental status examination, patient has not maintained eye to eye contact with diminished speech and looks depressed.

Preoccupied with the thoughts of illness and had insight of her illness. Memory and orientation (time, place and person) was maintained. Patient was non smoker, non alcoholic and not having allergy to any drug or food item. No past history of head injury, seizures and major medical illness was found. Patient has been consuming anti psychotics and anti depressants on regular basis. Patient was concerned about her weight gain (76 kg) and irregular menstruation. There were no delusions, hallucinations or self talking etc; during examination. Patient wants to get rid of anti psychotic medication as they are causing her drowsiness and weight gain. No positive family history of psychiatric disorder found. Suicidal attempts / ideas and substance abuse were not present.

Case II

An 18 year old male patient came to our care (06.06.2016), with the complaints of excessive worry regarding studies, disturbing thoughts, suicidal ideations, disturbed sleep, decreased concentration and memory, social withdrawal and depression since last 3 years (2013). Patient came along with his sister and mother and he was diagnosed as having 'Schizophrenia' and has been taking anti psychotic medication (Olanzapine, Sertraline, Lorazepam, Clonazepam, Propranolol and Trihexyphenidyl hydrochloride) regularly. The onset of the condition was insidious and gradually progressive. Patient has received ECT (Electro convulsive therapy) three times previously. Patient wants to shift to Ayurvedic treatment, as he has been suffering with drowsiness, decreased concentration and memory with allopathic drugs.

During Mental status examination, patient has not maintained eye to eye contact and looked depressed. Preoccupied with the thoughts of performance at college and had auditory hallucinations. Immediate and recent memory was normal but remote memory was disturbed. Orientation (of time, place and person) was maintained. Decreased psychomotor activity, slow and dropping speech, suspicious thoughts, indecisiveness, increased reaction time, stereotyped thinking and low self

esteem were found. Patient was non smoker, non alcoholic and not having allergy to any drug or food item. Poor academic performance was reported. No past history of head injury, seizures and major medical illness was found. No family history of psychiatric illness and substance abuse found. Suicidal ideations were found (no suicidal attempts). Patient has been consuming anti psychotics and anti depressants on regular basis. Hematological reports revealed (05.02.2016) revealed, 'Leucocytosis – Neutrophilia' and other hematological and biochemical investigations were normal (05.02.2016).

Diagnosis, Assessment & Treatment

Both the cases were diagnosed as having 'Undifferentiated type of Schizophrenia' (295.90) according to the diagnostic criteria of DSM IV TR (Diagnostic and statistical manual of mental disorders, fourth edition, text revision).⁶ Positive and negative syndrome scale (PANSS) rating criteria were used to evaluate the efficacy of treatment in both cases. PANSS consists 30 items (each item is score from 1-7 based on the severity) which represents positive and negative symptoms, their relationship to one another and to global psychopathology. Of the 30 items, 7 constitute a 'Positive scale', 7 a 'Negative scale' and the remaining 16 a 'General psychopathology scale'. In addition to these measures, a 'Composite scale' is scored by subtracting the negative score from the positive score which provides a bipolar index ranges from - 42 to + 42, reflecting the degree of predominance of one syndrome in relation to the other.⁷ Total two assessments were carried out on the first day of treatment and after six weeks of treatment in case I and after eight weeks of treatment in case II.

The patients were diagnosed as 'Pittaja unmaada' for case I and 'Kaphaja unmaada' for case II, according to Ayurveda⁵ and treated with shaman snehana (internal medicated ghee administration) and procedures like udwartana (powder massage), nasya (nasal medication) and virechana (therapeutic purgation) along with internal medicines (Table 1).

Table 1: Intervention

Treatment for case – I	
07.04.2016 to 13.04.2016	Maha panchagavya ghritam – 10 ml twice a day, before food with hot water
14.04.2016 to 20.04.2016	Maha panchagavya ghritam – 10 ml twice a day, before food with hot water Ashwagandha tablets (500 mg) – Two tablets, twice a day, after food with water
21.04.2016 to 19.05.2016	Maha kalyanaka ghritam – 10 ml twice a day, before food with hot water Ashwagandha tablets (500 mg) – Two tablets, twice a day, after food with water
Treatment for case – II	
06.06.2016 to 17.06.2016	Tapering of anti-psychotic medication
	Udwartana with Kola kuluthadi choornam
	Marsha nasya with Dhanwantaram – 101 avarti tailam
	Cardocalm tablets (500 mg) – two tablets, twice a day, after food with water
19.06.2016 to 30.06.2016	Virechana karma
01.07.2016 to 05.08.2016	Maha panchagavya ghritam – 10 ml twice a day, before food with hot water

Table 2: Efficacy of treatment on PANSS

Subscale of PANSS	Time of assessment	Case I	Case II
Positive scale (PS)	BT*	25	23
	AT**	26	0
Negative scale (NS)	BT	25	42
	AT	25	0
General psychopathology scale (GPS)	BT	42	69
	AT	42	0
Composite scale (CS)	BT	0	-19
	AT	1	0

*Before treatment; **After treatment

DISCUSSION

Case I, has been suffering with undifferentiated Schizophrenia with ten years history. She has been taking anti psychotic medicines irregularly. She stopped anti psychotic medicines abruptly without medical advice and developed restlessness, anger, sleeplessness, inappropriate behavior etc; problems and came to our care with these positive symptoms. As the patient was not willing to get hospitalized and not ready for panchakarma procedures, internal Ayurvedic medicines were prescribed. Patient was bothered about her weight gain and irregular menstruation. Initially 'Maha panchagavya ghrita' was prescribed for two weeks. Patient got good relief in all signs & symptoms especially in restlessness, anger, inappropriate behavior and sleeplessness with 'Maha panchagavya ghrita' and 'Ashwagandha (Withania somnifera Linn)' tablets. Later 'Maha kalyanaka ghrita' was prescribed for the period of one month (Table 1). Patient was stable and got good relief for 6 weeks of Ayurvedic treatment and all of a sudden she has developed aggressiveness, restlessness and inappropriate behavior. Patient was not ready to get hospitalized and to receive Ayurvedic panchakarma procedures for the management of acute episode and left against medical advice. Stopping anti psychotic medicine abruptly, not getting panchakarma / shodhana procedures and not getting hospitalized treatment may be the causes for recurrence of acute psychotic episode and consequent drop out of case I. Before starting Ayurvedic treatment the total score on PANSS was 92 (Positive scale – 25, Negative scale – 25 and General psychopathology scale – 42) and after 6 weeks of treatment the total score was 93 (Positive scale – 26, Negative scale – 25 and General psychopathology scale – 42). It indicates worsening of positive symptoms (Table 2).

Case II, has been suffering with undifferentiated Schizophrenia with three years history. He has been taking anti psychotic medicines regularly and came to our care with predominant negative symptoms like, depressed mood, social withdrawal, poor concentration and memory, decreased psychomotor activity and suicidal ideations. Patient was hospitalized and his anti psychotic medicines were tapered under observation from 06.06.2016 to 17.06.2016. To tackle withdrawal symptoms, Nasya (nasal medication) with 'Dhanwantaram 101 avarti tailam', 'Cardocalm' tablets and Udwartana (powder massage) were administered. Patient didn't get any withdrawal problems during tapering of anti psychotic medication.

After successfully tapering anti psychotic medication, 'Virechana karma' was planned. As patient was not willing for 'Vamana karma' (therapeutic emesis) which is indicated for 'Kaphaja Unamada', 'Virechana karma' was selected. Patient has received snehapana (internal administration of cow's ghee) for the period of 5 days with gradually increasing doses (30 ml on day-1, 70 ml on day-2, 120 ml on day-3, 180 ml on day-4 and 250 ml on day-5). After attaining samyak snigdha lakshana's (signs and symptoms to assess proper snehapana), patient has received sarvanga abhyanga (full body massage) and bashpa

sweda (sudation in steam chamber) for the period of 3 days before the day of virechana. For virechana purpose, 100 gm of 'Trivrit avalehyam' is prescribed at once on early morning on empty stomach. Patient got 12 vega's (loose motions) without any discomfort. After virechana, 'Samsarjana krama' (post therapeutic diet regimen) was observed for the period of 3 days. After doing virechana, patient got discharged and 'Maha panchagavya ghritam' is prescribed for the period of 1 month (Table 1).

Before starting Ayurvedic treatment the total score on PANSS was 134 (Positive scale – 23, Negative scale – 42 and General psychopathology scale – 69) and after 8 weeks of treatment the total score was 0 (Positive scale – 0, Negative scale – 0 and General psychopathology scale – 0) (Table 2). It indicates complete relief on PANSS. Patient got wonderful relief on signs & symptoms after completion of virechana karma. Auditory hallucinations, persecutory delusions, depression, concentration & memory problems, sleep disturbances, social withdrawal, excessive worries and disturbing thoughts were completely vanished after virechana karma (30.06.2016) and also after one month of virechana karma (05.08.2016) (Table 1). Patient's participation in social activities and academic functioning got improved and tremendous improvement in quality of life is found. Patient was no more dependent on anti psychotic medication (successfully tapered and stopped without any adverse events) and managed only on one medicine i.e., 'Maha panchagavya ghrita' successfully with complete relief in all signs & symptoms of Schizophrenia without any recurrence and with improved quality of life.

Even though the present study findings can't be generalized, it seems that, both positive and negative symptoms of Schizophrenia can be managed in a better and efficient way with Ayurvedic panchakarma procedures followed by internal medicines and also with Ayurvedic treatment anti psychotic medication (side effects created by them after long term use) could be tapered successfully without any adverse events. The drawback of the present study is its short duration and absence of long term follow up.

CONCLUSION

Ayurvedic panchakarma procedures followed by internal medicines resulted in improvement in 'Undifferentiated type of Schizophrenia' as evidenced by the reduction in PANSS without any treatment emergent adverse events. Both positive and negative symptoms of Schizophrenia can be managed in a better and efficient way along with improved quality of life with Ayurvedic treatment. Various side effects induced by the long term use of anti psychotic medication and also for their successful tapering, Ayurvedic treatment proved beneficial.

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